

Report on Market Research Results and Conclusions

Prepared for

CLIENT

Version 1.0

FINAL

September 24, 2007



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Document Revision History

Date	Version	Description
5-Sep-07	Draft v1.0	First draft of the market research report released to client
24-Sep-07	Final v1.0	Final draft of market research report to client

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1. Executive Summary

The Client (CLIENT) is seeking to replace the current information system (MEDITECH) and provide existing and new veterans homes with an enterprise-wide health care and financial system which meets long-term care (LTC) and other functional and business requirements. Additionally, the CLIENT intends to seek the services of a solution vendor to design, develop, implement, and support the planned Enterprise-wide Information System (Ew-IS). CLIENT requested that FOX Systems, Inc. conduct market research to identify possible Ew-IS solution vendors and LTC solutions available in the marketplace. The intent of the market study was to gather information in anticipation of developing the formal request for proposal (RFP), including a determination of potential vendors and an evaluation of several acquisition-related concerns.

An initial list of eighty-four vendors with existing products, systems, or integrated systems that could potentially meet the CLIENT functional requirements, and seventeen systems integration vendors capable of integrating multiple disparate systems, particularly the United States Department of Veterans Affairs (USDVA) VistA, were identified. The list was refined prior to sending out the vendor survey instrument. A transmittal letter along with the survey instrument was sent to forty product vendors and seventeen integrators. Twelve responses were received with ten firms providing complete responses and two firms declining. The ten vendors that returned completed surveys range in size from a privately held firm with a single employee, to a FORTUNE 500 corporation. Vendor solutions range from niche long-term care products to broader and more encompassing capabilities that span acute and extended care settings. Some vendors are long-standing stakeholders in the LTC arena, whereas others are either relatively new entrants or have a significant history in the acute market and are seeking to establish themselves in the long-term care market. FOX feels that the ten vendors who responded with a completed survey are representative of the range of potential companies who might respond to the Ew-IS RFP.

The market study raised several considerations for the acquisition strategy:

- The Ew-IS acquisition will likely focus on a system integration approach for off-the-shelf (OTS) products, whether commercial, Government, or open source. No vendor that responded to this market study can meet all CLIENT requirements unless their product, or suite of products, is supplemented and integrated with one or more additional product(s).
- Vendor experience in system integration needs to be strongly considered with weight given in the evaluation process to appropriate vendor background and successful past performance in integrating systems similar in scope and complexity to the proposed Ew-IS. The acquisition will require the selected vendor to provide CLIENT a single point of responsibility for implementation, maintenance, and support. The experience and past performance of the 'prime' vendor in managing their subcontractors/partners

also needs to be evaluated during the acquisition process. Consideration of vendor stability for all corporate members of the 'prime' vendor's team should be evaluated.

- VistA understanding and integration experience is available in the market, but the response to this survey question by such qualified vendors was disappointing. The survey was sent to several system integrators, including those on the VistA Contractor Services (VCS) blanket purchase agreement awarded December 2006, and several product vendors who have integrated VistA into their offerings. Only one vendor, Document Storage Systems (DSS), responded (in partnership with Accu-Med).
- Although vendor responses indicate that the terms of the State Model Contract will not be a 'show stopper' for this acquisition, the Model Contract still remains a risk for achieving a successful award. CLIENT needs to create vendor awareness of the issues involved in complying with the Model Contract. The acquisition should use a two-step RFP process (i.e., Draft Bid/Proposal and Final Bid/Proposal) to ensure that contract negotiations with the chosen solution provider do not delay contract start interminably beyond the "intent to award" date.

Additional factors will contribute to project risk if not approached from a realistic perspective. Recommended next steps to address identified issues and mitigate potential risk during acquisition and after award include:

- ***Refinement and Prioritization of Ew-IS Requirements:*** CLIENT has continued to develop detailed functional and technical requirements that are aligned with those used in the market research. These detailed requirements should be reviewed, together with the findings of this market study, to determine the constraints and limitations imposed by the use of off-the-shelf products. The requirements should be modified, refined, or restated as needed to more accurately reflect realistic operational requirements before inclusion in the final request for proposal (RFP).
- ***Informal Product Demonstrations:*** CLIENT should plan for informal but structured vendor demos before the start of the formal procurement period (i.e., during early Fall of 2007). This would provide an educational experience for CLIENT stakeholders, expose CLIENT to the products in a non-operational environment, and begin to set user expectations for available functionality relative to detailed requirements.
- ***Acquisition Strategy Considerations:*** The Ew-IS acquisition strategy needs to outline a process that can be expeditiously executed, identifies key issues, and minimizes risk. CLIENT should utilize an operational capabilities demonstration, involving the participation of CLIENT user and stakeholders as observers, participants, and evaluators in the acquisition to help mitigate risk, both for the acquisition and for the resulting contract.

2. Introduction

The Client (CLIENT) is seeking to replace the current information system (MEDITECH) and provide existing and new veterans homes with an enterprise-wide health care and financial system that meets long-term care (LTC) and other functional and business requirements. Additionally, the CLIENT intends to seek the services of a solution vendor and/or systems integration contractor to design, develop, implement, and support the planned Enterprise-wide Information System (Ew-IS).

CLIENT has requested that FOX Systems, Inc. conduct a market research study to identify possible Ew-IS solution/integration vendors and commercial off-the-shelf (COTS) LTC solutions available in the marketplace. The intent of this study was to gather information in anticipation of developing the formal request for proposal, determining possible vendors and providing answers to several acquisition-related questions:

1. **Single Product Solution:** The Department realizes that their functional requirements are relatively complex and has previously acknowledged (in their FSR and ITPP) the need for product integration and/or a solution provider that is also a systems integrator. CLIENT needs encompass numerous levels of care, more than are typically found in similar environments such as the Oklahoma Department of Veterans Affairs. The Department also requires a robust cost accounting functionality to capture and track the costs of providing care to their Residents, including the cost of both services and supplies (e.g., materiel management and durable medical equipment).

Therefore, the first question is “To what extent will any solution vendor be able to provide a system that will support the entire range of CLIENT functionality with one product or, more specifically, with one suite of products?”

2. **Acquisition Considerations for Off-the-Shelf (OTS) Products:** An acquisition for an enterprise system based on the use of off-the-shelf products, whether commercial, government (e.g., USDVA VistA), or open source, carries with it certain known issues and risks stemming from the use of an ‘off-the-shelf’ solution as opposed to one that is custom developed. These known issues and risks include: amount of configuration and/or integration involved, interoperability with legacy systems, and natural constraints (e.g., usability, data architecture, interface specifications). CLIENT needs an acquisition strategy that anticipates these issues and mitigates risk.

Therefore, the second question is “What impact do the results of this market study have on the development of an Ew-IS acquisition strategy and the resulting RFP with respect to anticipating and addressing issues and mitigating potential risks?”

3. **VistA Interoperability:** ‘Interoperability’ can range from developing a product based on VistA (e.g., FOIA’d, open-source, or proprietary version) to the exchange of data with the USDVA VistA, policy permitting. Technically, the question of interoperability is addressed by the second question but FOX has called this issue out specifically because of its high-visibility.

The third question is “What is the maturity of the LTC vendor community in addressing the CLIENT need to interoperate with the USDVA VistA?”

4. **State Model Contract Concerns:** In the past, vendors have expressed concern with working under the terms of the State’s model contract, resulting in additional costs for CLIENT. Consequently, CLIENT requested that FOX ask each potential vendor if they had any reservations about doing business with the State under the terms of the State Model Contract.

The fourth question is “What is the potential risk to this procurement if the resulting engagement is to be conducted under the terms of the State Model Contract?”

To address these issues, FOX conducted a market study, focusing on both the needs of CLIENT for LTC and enterprise functionality. This deliverable presents the results from the Ew-IS market study, including:

- A description of the methodology used to conduct the study to determine if off-the-shelf products and services exist that fully or partially meet CLIENT requirements.
- A high-level review of commercial vendors and products that responded to the vendor survey instrument, indicating whether each vendor could possibly meet the functional requirements being established for the CLIENT environment.
- Summary of findings, relative to the four questions posed above, intended to help provide high-level information on potentially viable solutions available to CLIENT, both for off-the-shelf products and integration services.
- Recommendations for how to shape the next steps in the acquisition process based on observations gleaned through the market research study.

3. Methodology

The FOX approach to conducting this market study was based on Commercial-Off-the-Shelf System Evaluation Technique (COSSET). COSSET is the preferred approach for the Department of Defense (DoD) Military Health System to identify, evaluate, and select COTS products. It includes the following steps:

1. Identify and prioritize requirements
2. Perform technology search
3. Conduct technical evaluation
4. Conduct product demonstration (optional)
5. Finalize market study results.

COSSET provides a repeatable process for quick, yet comprehensive product surveys and initial evaluation. The approach can be tailored to meet custom needs of the project, but provides the overall framework for completing the survey effort. FOX limited the effort to Steps 1, 2, 3, and 5 with an evaluation based on the responses returned by the vendors relative to the study. Due to time constraints, Step 4 “Conduct product demonstration”, an optional step, was not performed during this analysis. FOX, however, has recommended that CLIENT consider arranging informal demonstrations with several of the vendors who responded to this market study prior to the start of the formal procurement process.

3.1 Identify and Prioritize Requirements

The purpose of this step was to review any current requirements that had been developed by CLIENT for completeness and consistency, to identify and establish any new requirements based on existing needs for system integration and implementation concerns, and to prioritize all requirements relative to a potential new acquisition. The output of this initial effort was a consolidated, high-level set of requirements covering the functional areas identified by the CLIENT for the Ew-IS.

- **Identification of Requirements:** Together with CLIENT, FOX Systems identified high-level requirements that a potential Ew-IS solution should be capable of supporting. FOX developed this initial set of high-level requirements and features that the Ew-IS must meet by synthesizing information from several sources, including:
 - Discussions with the CLIENT Ew-IS Project Team on May 30, 2007.
 - Group exercise with CLIENT stakeholders, facilitated by FOX, on June 6, 2007.
 - An Electronic Health Record (EHR) Acquisition model, developed by FOX, and tailored to meet CLIENT needs.

- **CLIENT Ew-IS Team Inputs.** The CLIENT Project Team provided additional background information and, together with FOX, established some new requirement categories based on the concerns regarding system integration, implementation, and enterprise deployment. FOX organized and expanded the technical section of the survey to reflect some of the major considerations that surround the integration of any new system into an enterprise environment.
- **Prioritization and Organization of Requirements:** Requirements were categorized as described in Table 4-1. Categories include vendor business/background, professional services offered, an overview of the proposed solution, and features and functions of the product(s). These categories addressed functional and technical characteristics, vendor services and support, and other significant vendor-related characteristics that indicate size, stability of the vendor, and willingness to engage with CLIENT under the terms of the State Model Contract.
- **Develop Vendor Survey Instrument:** The requirements¹ were then translated into a market survey instrument which served as the primary data collection tool for the study. Requirements were not prioritized and were kept at a high-level to maximize the number of potential products for initial evaluation, thereby determining the range of potential COTS solutions currently in the marketplace. FOX organized the requirements in a vendor survey instrument. This instrument was provided in electronic form to a list of potential vendors identified in the technology search.

3.2 Perform Technology Search

The purpose of this step is to conduct a survey of the LTC industry sector in order to identify the available products and potential vendors. Select vendors were contacted requesting completion of the vendor survey instrument. The outcome of this step is a final list of potential vendors and products for further evaluation of this industry sector.

- **Initial Technology Search:** FOX first performed a technology search to determine the availability of commercial products with the potential to meet CLIENT requirements identified in the previous task. The search included the use of the following sources/techniques:
 - Previous Projects and Analysis, including reviews of requirements and analytical methods used in previous efforts and based on FOX Project Team's experience with specific types of products and technology
 - Internet searches on the ever-expanding array of products, processes, technologies, and applications

¹ These were not detailed requirements but covered the basic categories for the more detailed requirements that were developed during the JAR sessions conducted in July 2007 and the validation site visits made in August 2007.

- Trade Journals and Newsletters specific to long-term care (e.g., Nursing Homes Long Term Care Management)
 - Industry Associations for specific technologies and applications (e.g., American Health Care Association and The National Center for Assisted Living)
 - Federal Standards setting organizations (e.g., the Certification Commission for Healthcare Information Technology or CCHIT)
 - Independent Technology Assessment or Industry Reports by specialized organizations on their areas of expertise (e.g., The California HealthCare Foundation)
 - USDVA sites and procurements
- **Vendor Identification:** A list of prospective vendors was presented to CLIENT in the interim Deliverable 2.1, Market Survey - Initial Vendor Listing, dated June 19, 2007. The list contained:
 - Eighty-four (84) COTS vendors with existing products, systems, or integrated systems that could potentially meet the CLIENT functional requirements, and
 - Seventeen (17) systems integration vendors capable of integrating multiple disparate systems—particularly VistA² — to provide an enterprise-wide system solution.

This list of potential COTS vendors was refined for the purpose of sending out the vendor response instrument:

- Only those vendors who clearly indicated that their product was capable of serving long-term care facilities were retained in the pool of candidate solutions, reducing the number of potential COTS solutions to sixty-nine (69).
 - Only those vendors who scored the highest arithmetical total of high-level functionality present (i.e., direct/Resident management, pharmacy, lab, radiology, “other,” administration, finance and operations support) and level of care/care setting capabilities (i.e., acute, sub-acute, SNF, LTC Nursing, assisted living, CCRC, and outpatient) were kept. Vendors that met four (4) or more of the high-level functionality or level of care/care setting requirements advanced to the next round of initial evaluation. This further reduced the number of potential COTS solutions to forty (40).
- **Contact Selected Vendors:** The market study requested that vendors indicate and explain what requirements they felt they could or could not meet. A transmittal letter was prepared that described the CLIENT objective for the Ew-IS procurement, requested completion of the response form, and solicited supporting literature,

² VistA, the Veterans Health Information Systems and Technology Architecture, is an enterprise-wide information system used throughout the US Department of Veterans Affairs (VA) medical system, also known as the Veterans Health Administration (VHA). VistA is built around an electronic health record and is public domain software that is available through the Freedom of Information Act (FOIA) or through commercial VistA developers/distributors.

product documentation, and/or web site information. The vendor survey instrument requested vendors provide the following information:

- Willingness to engage with the State under contract terms
- Concerns regarding procurement scope or focus
- Systems integration experience
- Long-term care functionality
- Experience with VistA
- Levels of care supported
- Technology platform
- Resident/patient care functionality and features
- Resident/patient administration/finance functionality and features
- Enterprise support operations functionality and features
- System support tools.

The transmittal letter and response form were e-mailed to seventeen (17) systems integrators and 40 product vendors identified previously. The vendor survey instrument and transmittal letter that were sent to the vendors and integrators is presented in Appendix D. Appendix E-1 provides an alphabetical listing of the software vendors; Appendix E-2 provides an alphabetical listing of the vendors who are systems integrators.

3.3 Conduct Technical Evaluations & Formulate Results

FOX distributed the Systems Requirement Matrix established in COSSET Step 1 to the honed list of vendors from COSSET Step 2. Based on their evaluation of the survey instrument, ten vendors responded, with two others formally declining participation.

FOX believes that a representative sample of vendors responded. FOX reviewed each response and provided an evaluation of each vendor/product. A matrix was developed comparing vendor capabilities as to functionality and support for levels of care against the set of general functional and technical requirements, and all vendors that responded to the vendor survey instrument were evaluated based on their compliance with these requirements. Each product was charted using the list of criteria and features outlined in the vendor survey instrument. An individualized review of their capabilities was also prepared. This analysis is the basis upon which FOX provided a summary assessment that addressed the four questions posed in Section 1. Each vendor's completed survey and supporting material is provided in Appendix F.

3.4 Summarize Market Survey Results

FOX next summarized the results of the market assessment, addressing the acquisition-related questions posed in Section 2 based on the vendor responses received. Section 4 provides the summary of findings, identifies the vendors and products that appear to be the most viable candidates based on our review of the products, and provides observations upon which CLIENT

can base decisions regarding acquisition. FOX also reviewed these observations in light of any further considerations needed to ensure acquisition success. There are three elements to these considerations, discussed further in Section 4, include:

- Refinement and prioritization of Ew-IS requirements for use in the acquisition process, as the basis for evaluation, and for post-award acceptance testing
- Informal product demonstrations that serve to educate the CLIENT community on current EHR capabilities
- An acquisition strategy based on the use of ‘off-the-shelf’ products and the need for some level of system integration that can be expeditiously executed and minimizes risk. The approach needs to be based on the system or technology under consideration and address, at a minimum, elements such as market share, vendor stability, product maturity, scalability, and technical architecture as well as the more esoteric elements such as usability, efficacy, and the impact on both CLIENT clinical and business operations. Eventually, these objectives must be clearly and objectively stated for a full and open competition.

4. Assessment of Long-Term Care Systems

This section provides the results of the market research process, identifying solutions that can potentially support the needs of the CLIENT. Section 4.1 presents evaluation criteria and discusses how they were mapped to system requirements. Section 4.2 summarizes the process followed to obtain the information. Section 4.3 summarizes the analysis of each vendor. Section 4.4 summarizes the findings.

Each vendor was contacted in order to assemble a comprehensive set of product information. Appendix E lists the vendors contacted and their response. Information from ten vendors was obtained for evaluation purposes. Each vendor’s completed survey and supporting literature is provided in Appendix F

4.1 Preliminary Set of Requirements

The market survey was initiated by first establishing a set of preliminary requirements, both functional and technical, and then, working with CLIENT, outlining potential selection criteria. The activities described in the “Identify and Prioritize Requirements” section yielded over 68 distinct requirements. Table 4-1 summarizes the structure of the major survey categories.

Table 4-1: Vendor Survey Instrument Major Categories

Category	Description
Vendor Business/Background	<p>The vendor should be well-established, stable, and demonstrate a commitment to long-term care with recurring revenue from long-term care and a confirmed long-term care client base.</p> <p>Additionally, CLIENT is interested in the vendor’s experience as a systems integrator and whether the vendor has had any direct experience with VistA and The State Medical.</p>
Professional Services	<p>The vendor should support its product(s) by providing adequate training, implementation and installation services, interoperability with external systems, system/software maintenance, user support, consulting and customization, and enterprise licensing.</p>
Solution Overview	<p>The vendor shall be able to describe its solution in terms of overall functionality, technology, and any specific accreditation, certification, regulation, and technology standards that it currently meets.</p>
Features and Functionality	<p>The software should provide the functions and features outlined in the Survey Response Form for :</p> <ul style="list-style-type: none"> ▪ Long-term care functionality ▪ Resident/patient care ▪ Resident/patient administration/finance ▪ Enterprise support operations ▪ System support tools

4.2 Product Search Results

Using Internet search engines, current periodicals and trade publications, and information from vendors, potential products were identified as candidates for further study. Information was obtained from vendors' websites for each product, and preliminary reviews were performed to determine basic functionality. Many products demonstrated insufficient functionality and were, therefore, eliminated from further consideration. If the basic functionality of a product had a potential match to CLIENT needs, a more comprehensive review of the information presented for that product at a high level was obtained for further study.

The focus of the research centered on finding systems that would meet with CLIENT objectives, integrate with State and Federal systems, and provide operational efficiencies and potential savings to the CLIENT. Vendor stability is an important issue.

As discussed in Section 3.2, FOX issued a transmittal letter and survey response form to 40 product vendors and 17 systems integrators. Ten responses were received:

- One from a systems integrator (InterSystems);
- One partnered submission between a systems integrator and a “niche” LTC vendor : DSS with Accu-Med
- Eight (from either niche LTC solutions or large vendors with products serving acute care and long-term care environments: ADL Data Systems, Answers on Demand (AOD), Ball Research, Health Care Software (HCS), HealthMEDX (HMX), InfoSys, McKesson, and Medical Information Technology (MEDITECH). Of these, Ball Research was excluded from further analysis due to its size.

Two software vendors formally declined submitting information for consideration:

- IntraNexus declined to respond but submitted information on their KLAS award-winning Sapphire product nonetheless; and
- Dairyland Healthcare Solutions, based in Canada, declined to respond citing their focus on the Canadian market.

Surprisingly, several software vendors did not respond. Among these were Keane Care, which provides long-term care software to both nursing homes and post-acute care settings, and Medsphere, which partnered with Accu-Med and Hewlett-Packard in providing a solution to the Oklahoma Department of Veterans Affairs. Summaries of each vendor, excluding Ball Research, and findings are covered in the next section.

4.3 Vendor Evaluations

The ten vendors that returned completed surveys range in size from a privately held company with a single employee, to a FORTUNE 500 corporation. Capabilities range from providing niche long-term care solutions to broader and more encompassing solutions that span acute and

extended care settings. Some vendors are long-standing stakeholders in the long-term care arena, whereas others are either relatively new entrants or have a previous history in the acute market and are seeking to establish themselves in the long-term care arena. Table 4-3 summarizes the responses that FOX received from each vendor and is followed by specific comments on each vendor. It should be noted that if a vendor named a specific third-party system or otherwise referenced a recommended third party system or partner as a component of their proposed solution, the “yes” icon was used.

Table 4-2: Legend for Vendor Summary Table

Legend:	
○	= no, or not available or not supported
●	= yes, most or all functionality supported
◐	= partial support
?	= indeterminable
NA	= not applicable
NR	= no response
SI	= systems integrator
V	= vendor

Table 4-3: Vendor Response Summary

High-Level Criteria and Requirements		V	V	SI + V	V	V	V	SI	V	V
		ADL	AOD	DSS-Accu-Med	HCS	HealthMEDX	InfoSys	InterSystems	McKesson	MEDITECH
General:										
	Long-term care	●	●	●	●	●	●	NA	◄	●
	Levels of care	●	●	●	●	●	●	NA	◄	◄
	- Acute	○	○	●	●	○	●	NA	○	◄
	- Sub-Acute (ICF)	●	●	●	●	●	●	NA	◄	◄
	- Skilled Nursing Facility (SNF)	●	●	●	●	●	●	NA	●	◄
	- LTC/Nursing	●	●	●	●	●	●	NA	○	◄
	- Assisted Living Facility (ALF)	●	●	●	●	●	●	NA	○	◄
	- Continuing Care Ret Comm (CCRC)	●	●	●	●	●	●	NA	○	◄
	- Outpatient	●	●	●	●	●	●	NA	○	◄
	- Adult Day Care/Health	●	●	●	●	●	●	NA	○	◄
	- Hospice	●	●	●	●	●	●	NA	●	◄
	- Home Health	○	●	●	●	●	●	NA	●	◄
	- Retirement Home	●	●	●	●	●	●	NA	○	◄
	- Other (e.g., dom, BH, LTAC, PACE, MRD)	●	●	●	●	○	●	NA	●	◄
	Vista experience	○	?	●	○	○	○	NA	◄	○
Integration Experience:		◄	◄	●	●	◄	◄	●	●	●
Technology:										
	Thin Client	●	●	●	●	●	●	NA	●	●
	Hosting/ASP	◄	◄	●	○	●	●	NA	●	●
	Standards Support	●	●	●	●	●	●	NA	●	●
Features and Functionality:										
	Patient Care									
	CPOE/RR	●	●	●	●	●	●	NA	●	●
	Elect Health Record	●	●	●	●	●	●	NA	●	●
	Charting/PN	●	●	●	●	●	●	NA	●	●
	Care Planning	●	●	●	●	●	●	NA	●	●
	Consults/Opinions	●	●	●	●	●	●	NA	●	●
	Referrals	○	●	●	?	●	●	NA	●	●
	PHR	○	●	○	○	◄	●	NA	●	●
	Consents/Auths/Releases	●	●	●	●	◄	●	NA	●	●
	Problem Lists	●	●	●	●	●	●	NA	●	●
	Meds Mgmt	●	●	●	◄	●	●	NA	●	●
	TAR	●	●	●	●	●	●	NA	?	●
	User-Defined Assessments	◄	●	●	●	●	●	NA	●	●
	MDS	●	●	●	●	●	●	NA	?	●
	Clinical Task Lists/Workflow	●	●	○	●	●	●	NA	●	●
	Monitoring Device Interfaces	●	●	●	●	●	●	NA	●	●
	Special Services	◄	◄	●	●	◄	◄	NA	◄	●
	Pharmacy	◄	○	●	●	◄	○	NA	●	●
	Laboratory	○	○	●	○	○	○	NA	●	●

CLIENT Procurement Project

High-Level Criteria and Requirements		V	V	SI + V	V	V	V	SI	V	V
		ADL	AOD	DSS-Accu-Med	HCS	HealthMEDX	InfoSys	InterSystems	McKesson	MEDITECH
Features and Functionality:										
<i>Resident Admin/Finance</i>										
	Record Locator/MPI	●	●	●	●	●	●	NA	NR	●
	ADT/Reg/Enrollment	●	●	●	●	●	●	NA	●	●
	Scheduling/Appointments	●	●	○	●	●	●	NA	?	●
	Billing	●	●	●	●	●	●	NA	●	●
	HIPAA Compliant Transactions	●	●	●	●	●	●	NA	●	●
	Claims Processing	●	●	●	●	●	●	NA	●	●
	Census	●	●	●	●	●	●	NA	●	●
	Outcomes	●	○	●	●	●	●	NA	●	●
	QA/AI	●	●	●	●	●	●	NA	●	●
	Risk Mgmt/Incident Rptg	●	●	●	●	●	●	NA	●	●
	Personnel	●	●	○	●	●	●	NA	●	●
	Medical Records	●	●	●	●	○	●	NA	●	●
<i>Enterprise Support Operations</i>										
	On-line Purchasing	○	●	○	●	○	●	NA	?	●
	Contract Management	○	●	○	●	○	●	NA	?	●
	Inventory/Materials Mgmt	○	●	○	●	○	●	NA	?	●
	Fixed Asset Mgmt	●	●	○	●	○	●	NA	?	●
	Facilities Mgmt	○	●	○	●	○	●	NA	?	●
	Fiscal Mgmt	●	●	○	●	○	●	NA	?	●
	Resident Fin Mgmt	●	●	●	●	●	●	NA	?	●
<i>System Support Tools</i>										
	Document Mgmt	●	●	●	○	●	●	NA	?	●
	Business Rules Engine	●	●	●	○	●	●	NA	●	●
	Workflow Mgmt	○	●	○	●	NR	●	NA	●	●
	e-Signature	●	●	●	●	●	●	NA	●	●
	Report Mgmt	●	●	●	●	●	●	NA	●	●
	Decision Support	●	○	●	●	●	●	NA	●	●
	Mgmt & Admin Tools	●	●	●	●	●	●	NA	●	●
	Dictation/Transcription Tools	○	●	●	○	○	○	NA	●	●
	Nurse Call System	○	●	○	○	○	○	NA	●	○
	Wandering/Elopement Mgmt	○	●	○	○	○	○	NA	?	●
Vendor Support:										
	Training	●	●	●	●	●	●	●	●	●
	Implementation and Installation	●	●	●	●	●	●	●	●	●
	Interoperability w/External Systems	●	●	●	●	●	●	●	●	●
	System/Software Maintenance	●	●	●	●	●	●	●	●	●
	User Support	●	●	●	●	●	●	●	●	●
	Consulting and Customization	●	●	●	●	●	●	NR	●	●
	Licensing/Pricing Discounts	●	●	●	○	●	●	●	?	●
Vendor Stability:										
	Years in Business	30	34	17	37	8	20	19	174	38
	% revenue from LTC	100%	100%	?	40%	70%	40%	NR	NR	?
	Number of active LTC installations	499	500	5000	614	1500+	2000	NR	800+	332

The following discussion summarizes the results of each vendor's response to the market survey. Line item detail to the vendor response instrument may be found in Appendix F.

4.3.1 ADL Data Systems, Inc.

Founded in 1977, ADL Data Systems, Inc. (ADL) appears to be a stable, dedicated LTC software vendor, offering a respectable system solution that is used by long-term care clients.

Based in Hawthorne, New York, ADL derives 100 percent of their revenue from long-term care. Of their 55 employees, 14 are in product development and 22 are in support capacities.

The ADL “Optimum Series” software is Windows-based, comprised of over 40 fully integrated modules. It serves a variety of care settings including nursing homes, skilled nursing facilities (SNFs), adult daycare, Alzheimer units, hospital-based SNFs, Intermediate Care Facilities/Mentally Retarded Developmentally Disabled (ICF/MRDD), assisted living facilities (ALFs), Continuing Care Retirement Communities (CCRCs), group homes, rehabilitation, sub-acute care, post-acute care, comprehensive outpatient rehabilitation facilities (CORFs), and some of the largest Veterans Administration (VA) facilities in the country. The system does not support acute care.

The ADL solution addresses all the general areas within the CLIENT requirements, although there are notable exceptions in each:

- **Resident/Patient Care Functionality:** ADL appears to have a robust MDS module that creates and prepares MDS assessments for submission in accordance with state and federal requirements. Although the software can satisfy most CLIENT requirements in this area, the exceptions include electronic referrals, personal health records, or any of the specialized services. The system lacks laboratory functionality (although it has been interfaced with Cerner) and the pharmacy module does not include inventory management. Dietary functionality is accomplished through a third-party interface to SureQuest. One of their strengths is the variety of peripheral devices they support or provide including badge readers, touch screens, wireless devices, barcodes and scanners, vital signs monitors, and palm pilots.
- **Administration/Finance Functionality:** Most requirements in this area are met with the notable exceptions of appointment scheduling and personnel management. The ADL response that their “Planner” module links to the rehabilitation module for scheduling was ambiguous and requires clarification. For personnel-related functions, ADL uses a third-party system, ABRA.
- **Enterprise Operations Functionality:** Only a limited number of requirements are met by ADL. Fixed asset management and Resident financial management are fully met, whereas fiscal management is partially met (i.e., no cost accounting). ADL system support tools include document management, electronic signatures, report management, decision support, and management and administrative tools. They support some business rules engines, with others in development.

ADL does not have any direct experience interfacing with VistA, but they do have experience with developing HL7 interfaces to various hospital systems. They would “entertain the thought of interfacing common data for a fee for consistent data between ADL and VistA.” ADL also acknowledges that they would need to discuss some of the terms in the State Model Contract.

4.3.2 Answers on Demand

In business since 1973, Answers on Demand (AOD) appears to be a stable, dedicated LTC vendor that develops and markets special application software serving the long-term care and senior health care industries. AOD was McKnight's 2005 LTC News Readers' Choice Award Winner³. With over 500 installations in 45 states, AOD derives 100 percent of its revenue from long-term care. Of over 50 employees, approximately ten are in product development and 12 are in support capacities. AOD is owned and directed by Magic Software Enterprises, Ltd., a self-described enterprise software provider of rapid application development, deployment and integration tools.

AOD's "ELITE SOLUTION" is comprised of 44 integrated modules, written in "Magic," which reportedly allows for rapid creation and customization of large-scale and complex distributed applications. Their flagship product "Answers Elite" reportedly manages over 25 percent of the CCRC facilities in the country. The system does not support acute care.

- **Resident/Patient Care Functionality:** AOD products appear to meet most of the CLIENT Resident/patient care requirements, although it lacks pharmacy and laboratory, modules. AOD will recommend a 3rd party for a complete dietary program.
- **Administration/Finance Functionality:** The only function not supported appears to be Patient Outcomes, although AOD notes that this is scheduled for future release. AOD is one of the three respondents who indicated they have cost accounting, the other two being InfoSys and MEDITECH. Most system support tools are available and AOD appears to offer full vendor support.
- **Enterprise Operations Functionality:** AOD indicates that their product suite supports most enterprise support operations; they will recommend 3rd party software for Contract Management.

AOD states they have systems integration experiencing, citing "numerous interfaces and over 44 fully integrated modules." They further indicate that they have experience with VistA although their reply "Yes, AOD provides full Implementation, Training and interfacing services as well as custom coding" does not clearly substantiate this claim.

The AOD solution supports most of the CLIENT requirements and remains a strong candidate with respect to core functionality for LTC despite apparently limited systems integration experience and a lack of VistA knowledge.

³ McKnight's is a business new magazine serving the institutional long-term care field. McKnight's had reported on events that affect care delivery across the long-term continuum of care since 1980.

4.3.3 Document Storage Systems, Inc. with Accu-Med Services

Document Storage Systems, Inc. (DSS) partnered with Accu-Med Services (Accu-Med) for this submission. DSS with Accu-Med appears to have the potential to meet many of the CLIENT requirements, either directly or through additional integration with third party products.

DSS is a software development and integration company based in Juno Beach, Florida. The company was incorporated in 1990, and has 146 employees. A member of the VistA Software Alliance, DSS is one of several service providers that can assist in assessing, implementing, and supporting the use of VistA in healthcare organizations. DSS is the only respondent that appears to have prior VistA experience. DSS claims that its solutions operate in the VA's current environment (e.g., client-server, thin-client, and web-server). Moreover, DSS states that its "core competency is **software integration for the Veterans Administration's VistA/CPRS System**. DSS, Inc. specializes in developing VistA/CPRS integrated VHA Electronic Medical Record and Administrative programs and co-developing VistA/CPRS interfaces with Commercial Software (COTS) vendors/partners." DSS VistA integration partners include InterSystems, who also responded to the survey, Welch Allyn, and PocketMD that provide monitoring device/systems and handheld software applications, respectively.

DSS provides on-site, long-term support contracts "for no less than one year (2,000 hours)". Pricing is based on a "highly discounted" GSA Scheduled rates. DSS has developed DSS VistA Gateway, a proprietary tool that enables 3rd party developers to integrate their COTS applications into the Department of Veterans Healthcare Administration (VHA) legacy database. The DSS VistA Gateway reportedly "possesses programming properties and methods to retrieve and input data into the VistA database. All development procedures strictly adhere to VHA Business Rules and Practices."

For this response, DSS partnered with Accu-Med, which claims to be the largest provider of software and related services to long-term care, serving more than 5,000 facilities. Accu-Med is a wholly-owned subsidiary of Omnicare, which provides pharmaceutical care to skilled nursing, assisted living, and other healthcare facilities in 47 states and Canada. DSS with Accu-Med did not provide any information on their percent of revenue attributable to LTC, but Accu-Med has more than 20 years of focusing exclusively on long-term care. DSS with Accu-Med indicated that the system solution does support acute care settings.

The Accu-Med product family includes Orcas Clinical/Financial Suite, Accu-Care Clinical Software, Add-On Financial Software, Cypress Therapy Management, Chart2Go Portable Electronic Charting, and Pro-Tracking Clinical Outcomes Management.

Together, the DSS with Accu-Med solution appears to meet many of the CLIENT requirements:

- **Resident/Patient Care Functionality:** This product suite supports most CLIENT Resident/patient care high-level requirements. Personal health record and clinical task lists/workflow are not supported, however.

- **Administration/Finance Functionality:** DSS with Accu-Med also supports most administrative/financial functions, with the exception of scheduling/appointments and personnel; the absence of scheduling/appointments may be a significant limitation of this partnership's potential solution.
- **Enterprise Operations Functionality:** Support for the enterprise support operation requirements is limited; Resident financial management functions are the only capabilities supported. Most system support tools are present except for workflow management.

DSS with Accu-Med appears to be a respectable partnership between two stable companies with the potential to meet many of the CLIENT requirements, either directly or through additional integration with third party products.

4.3.4 Health Care Software, Inc.

Exclusively dedicated to healthcare information technology since 1969, Health Care Software, Inc. (HCS) is a well established, stable LTC software company with a system solution that could potentially meet many of CLIENT core functional requirements. HCS employs 80 people based out of corporate headquarters in Farmingdale, New Jersey. Included in this count are 9 technical project managers, 20 account managers, 15 programmer/analysts, 16 members involved in research and development, and 11 marketing staff. Long-term care represents 40 percent of the company's revenue.

The HCS product, INTERACTANT, is installed at facilities across the continuum of care including 369 nursing homes, 89 assisted living facilities, 76 retirement communities, 45 home health agencies, 18 long-term acute care hospitals (LTAC), and 17 hospitals. The integrated relational database is SQL/ODBC/JDBC compliant. HCS supports both a wide range of proprietary interfaces, as well as a variety using HL7 standards (Note: HCS is an organizational member of HL7). HCS currently uses HL7 Version 2.3. INTERACTANT runs in native mode on the IBM eServer i5 Platform, an open system that can be attached to almost any network, including VPN, Microsoft 2000, XP, or Novell. HCS supports thin client. They do not provide hosting/ASP services.

- **Resident/Patient Care Functionality:** INTERACTANT appears to provide many of the Resident/patient care requirements. It has a robust MDS, a pharmacy application that integrates with First DataBank's formulary, and provides wireless, hand-held devices that can be used for point-of-care computing. It does not support personal health records, laboratory, PDR electronic libraries and possibly referrals.
- **Administration/Finance Functionality:** With respect to Resident administration/finance, all high-level CLIENT requirements appear to be supported.

- **Enterprise Operations Functionality:** All of the enterprise support operations appear to be supported in full or in part. A full cost accounting system is not provided; however, the ability to define the cost to deliver/provide a service is included. System support tools are also present, although document management, business rules engine, dictation/transcription, nurse call, and wandering/elopement management are not. They appear to offer full vendor support.

HCS has no direct experience with Vista. However, the company claims to specialize in integrating solutions from third parties to the INTERACTANT system, stating that they have extensive experience in creating interfaces to a variety of systems. Interfaces include on-line, real-time, batch, bi-directional, EDI, and FTP.

The HCS product solution could potentially meet many of CLIENT core functional requirements, despite lacking some of the underlying system capabilities such as document management and business rules engine.

4.3.5 HealthMEDX

Founded in 1999, HealthMEDX (HMX) is a privately owned company based in Ozark, Missouri, and may be a viable candidate for further consideration. Of the 85+ employees, 41 percent are in development and quality assurance, 21 percent in technical support, 20 percent in customer service, 11 percent in marketing/sales, and 7 percent in administration. HMX claims to be the leading provider of Web-based information system solutions for the extended care market. HMX indicates that they have over 140 contracts and over 1,500 locations in 38 states. They derive approximately 70 percent of revenue from long-term care, and invest approximately 25 percent of their development resources annually toward new innovation to maximize the useful life of their products.

The HealthMEDX product, CareMEDX, provides software solutions for long-term care, home health care and rehabilitation—including post acute care, CCRC, skilled nursing, assisted living, independent living, rehab, adult day care, home health care, and hospice. The system does not support acute care. CareMEDX is based on Internet standards with a multi-tier architecture that isolates each system layer (i.e., business rules, data access and presentation/user interface). The architecture results in a true thin-client implementation where only a standard browser exists on a user's desktop. No special software or components are required on end-user machines.

The HMX development methodology utilizes object-oriented practices, where system components are developed once and reused for efficient maintenance and enhancement. Microsoft platforms and tools are fully utilized to ensure adherence to industry standards. The Microsoft .NET and Windows Distributed interNet Applications Architecture (Windows DNA) is currently implemented.

A relatively young company, HMX is active on the CCHIT committee defining certification criteria and intends to become CCHIT-certified as soon as it is available. Many system support tools appear to be available although HMX did not indicate in the survey response form if CareMEDX supports workflow management. EMR capabilities incorporate tablet PCs, laptops, touch-screens, hand-held devices, telephony, and telehealth.

- **Resident/Patient Care Functionality:** The CareMEDX product suite appears to support all Resident/patient care requirements, either fully or partially, with the exception of lab. Personal health records, consents/authorizations/releases, special services, and pharmacy are partially supported.
- **Administration/Finance Functionality:** CareMEDX also appears to support most Resident administrative/financial requirements. However, HIPAA Compliant 270/271 Transaction Sets are not supported and E-HIM support and paper records management tools are also not supported. Of the Personnel requirements, only licensing and credentialing component functionality appear to be present.
- **Enterprise Operations Functionality:** Resident Trust Accounting is the only enterprise support operations function provided; all others would require a 3rd party application.

With less than a decade of experience, HMX appears to have amassed a large customer base with its robust clinical and financial software suite. The company does not have any Vista experience, but claims to have experience in systems integration utilizing HL-7.

4.3.6 InfoSys, Inc.

In business since 1987, InfoSys offers a fully integrated system solution. InfoSys is a privately held company headquartered in Schaumburg, Illinois and employs approximately 100 people, 70 in development, 7 in customer support, 8 in training, 9 in sales and marketing, 3 in consulting, and 3 in administrative capacities. Approximately 40 percent of InfoSys revenue is derived from long-term care.

CareVoyant is developed on the Microsoft .NET Framework and written in the associated Microsoft C++ and C# programming languages. The software is built with a highly extensible n-tier component-based technology and leverages the latest Microsoft SQL Server 2005 database. The InfoSys CareVoyant product is Microsoft GOLD Certified, and HIPAA and HL-7 compliant.

InfoSys indicates that their solution currently supports all CLIENT care settings, including a small acute provider with less than 50 beds. Their MDS appears to meet all Federal and State requirements for assessments, care plans, billing, and reporting and they have clients in The State that do LTC Medical billing:

- **Resident/Patient Care Functionality:** In addition to providing most Resident/patient care related functionality, a notable feature of CareVoyant is its electronic physician portal and electronic patient portal. CareVoyant does not include pharmacy or lab; dental, ophthalmology, and nutrition/dietary are also not supported.
- **Administration/Finance Functionality:** CareVoyant supports all administration/finance requirements; acuity-based staffing is currently not available, but is scheduled for release in 2008.
- **Enterprise Operations Functionality:** InfoSys is one of only three respondents that indicated they can support cost accounting. Most system support tools are available, and InfoSys indicates that Dragon Dictate and Voice Recognition will be available in the “near future.” Nurse call and wandering/elopement management systems are not available, however.

InfoSys does not have VistA experience and their response to systems integration experience was somewhat vague (i.e., “Yes, the system is HL7 compliant”).

However, the CareVoyant product line appears to offer integrated clinical, financial, and administrative long-term care functionality, is based on current technology platforms, and is used by a substantial base of LTC customers. The absence of pharmacy, laboratory, and VistA experience notwithstanding, InfoSys appears to be a viable candidate.

4.3.7 InterSystems

In business since 1978, InterSystems is the wholesaler and OEM of the enabling database technology, Caché, for VistA. Caché is installed at all USVA medical centers, Indian Health Services facilities, and US Military Health location. It also is an underlying technology that supports numerous commercial products. InterSystems has a dedicated Caché support and engineering team for VistA that can prototype interface development between VistA and other systems. Of their 500 employees worldwide, 50 are in development and 100 in support capacities. InterSystems is headquartered in Cambridge, Massachusetts.

In addition to Caché, InterSystems provides the “Ensemble” integration engine product which was released in 2003. InterSystems would offer CLIENT the option to deploy its system solution on either Ensemble or Caché, although InterSystems makes a case for using Ensemble instead of Caché as the database platform to create a framework for health information exchange, minimizing any risks that would affect interoperability.

In its response, InterSystems discussed several options for sharing with or passing data out of or into VistA. One approach would be to establish “point-to-point” coding for each interface between VistA and the CLIENT system. This method requires the establishment and use of a VA approved namespace, to which CLIENT should be able to acquire access. This approach would also require careful documentation of each interface and be subject to ongoing testing and

quality assurance with updates being done to both VistA and CLIENT code. A more elegant and less obtrusive way would be to use the Ensemble integration engine to communicate with and pass data to and from VistA.

4.3.8 McKesson

McKesson is the nation's largest health care information technology company, with its pharmaceutical wholesaling roots dating back to 1833. Ranked 18th on the FORTUNE 500 with \$93 billion in annual revenue, and having a customer base that includes (but is not limited to) 10,000 long-term care sites,

The McKesson Extended Care Solutions Group (ECSG) is a division of McKesson Provider Technologies, which is headquartered in Springfield, Missouri and has been providing software for home-based health services for the past 27 years. The McKesson Extended Care Solutions Group has 37 employees in development, 55 implementation/services, 67 in support, 11 in product management, 30 in sales and marketing, and ten in administration.

McKesson ECSG currently has an installed base of 460 customers comprised of home health, hospice and private duty agencies. Although portions of the company have experience with VistA (e.g., Medical Imaging and Surgical Manager business units), the long-term care business unit has not worked with VistA nor do they have experience in integrating with VistA. McKesson's interface methodology is based on HL7 messaging and transaction system. McKesson participates in national committees addressing interoperable EHRs in hospital and ambulatory care settings, including the HIMSS Electronic Health Record Vendors' Association.

The proposed system solution appears to be comprised of a combination of McKesson's Horizon Homecare and Hospice, Horizon Ambulatory Care, and Horizon Practice Plus. Horizon Homecare and Hospice software has been in use since 1983, was ranked best in 2007 KLAS Mid-Year Report for both homecare and hospice, and is used by over 450 customers at over 800 locations. Since McKesson's long-term care solutions appear to be geared towards home health and hospice agencies rather than residential nursing homes or institutional settings, functionality and scalability may pose risks with this vendor's solution. In particular, McKesson's system solution appears to lack an MDS. Given the importance of the MDS to long-term care settings, the absence of this functionality might possibly preclude McKesson from strong consideration

- **Resident/Patient Care Functionality:** McKesson appears to support many of the high-level Resident/patient care requirements. However, responses to long-term care specific questions on the survey were extremely brief and worded in a way that suggest unfamiliarity with LTC functionality at best, or lack of functionality at worst. For example, McKesson's response to the MDS Assessment and TAR requirements was "need more information."
- **Administration/Finance Functionality:** The McKesson system solution appears to support most of the administration/finance functions although there was no response

to the question concerning record locator/MPI and the response to scheduling/appointments functionality was ambiguous.

- **Enterprise Operations Functionality:** For all enterprise support operations requirements, McKesson indicated that they need more information in order to respond. They appear to have many of the system support tools, though responses to some requirements (e.g., document management and wandering/elopement) were ambiguous.

4.3.9 Medical Information Technology, Inc. (MEDITECH)

MEDITECH is a privately held corporation that has been in business for 38 years. The company is based out of Boston, Massachusetts and has over 2,600 staff members; 607 are in product development and 1,024 are in support roles. Total sales and service revenue in 2006 was over \$344 million; percent of revenue from long-term care is not available. Clients served include hospitals, ambulatory care centers, physician offices, behavioral health and long-term care facilities, and home health organizations. MEDITECH's customer base includes 332 nursing homes and 2,142 hospitals. MEDITECH's largest customer in The State for long-term care is the 14 long-term acute care Kindred Hospital facilities. They indicate that software and software services would continue to be provided by Centennial/FileTek as Prime Contractor.

MEDITECH focuses on developing their own applications using consistent technology, rather than acquiring other companies and their disparate systems. MEDITECH does not have experience interfacing its products with the USDVA VistA system. However, MEDITECH claims to have successfully created over 2,000 interfaces between MEDITECH and other vendor systems. MEDITECH follows the HL7 standards for interface specifications.

- **Resident/Patient Care Functionality:** MEDITECH indicates that they support all CLIENT Resident/patient care requirements.
- **Administration/Finance Functionality:** MEDITECH also indicates that they support all CLIENT Resident administration/finance requirements.
- **Enterprise Operations Functionality:** Similarly, MEDITECH states that they support all enterprise operations. Most system support tools appear to be available, except wandering/elopement management functionality is only partially supported and nurse call system is not at all supported.

CLIENT implemented MEDITECH in the mid-1990s. Since then, MEDITECH has taken steps to add long-term care functionality and improve system integration. MEDITECH states that their LTC Clinical Suite has a Resident assessment instrument (including MDS) that is fully compliant with CMS, is integrated with billing, clinical documentation, and care planning, and can be adapted for use throughout all levels of care. The LTC Clinical Suite can be adapted to

use in all levels of care area listed in the vendor response instrument. The product allows its standard content be adapted to the needs of a given facility, including the documentation and care planning. Thus, a facility can modify the system to meet the individual needs of any care setting.

With respect to integration of LTC with acute care system functionality, the web site indicates that features are available to:

- Share demographics stored during prior visits, and link long term care visits with hospital visits all in one file
- Automatically create a long term care Pre-Admission upon Hospital discharge, based on discharge disposition
- Bill ancillary charges for orders processed at the Hospital from the long term care Revenue Cycle functionality
- Transmit LTC Revenue Cycle data to the hospital's General Accounting product
- Feed long term care/billing data to the hospital's General Accounting product.
- Process LTC ancillary orders, and automatically transmit orders to the acute care facility's Laboratory and Microbiology and Imaging and Therapeutic Services products
- Share height, weight, and allergy information between Long Term Care and the acute care Enterprise Medical Record systems
- View LTC Ancillary results in the Enterprise Medical Record under the Long Term Care account.

MEDITECH has one advantage in that they are they are the current solution provider for CLIENT. This, however, may or may not be an issue given their reputation with the Department.

4.4 Summary

The ten vendors that returned completed surveys range in size from a privately held company with a single employee, to a FORTUNE 500 corporation. Capabilities range from providing niche long-term care solutions to broader and more encompassing solutions that span acute and extended care settings. Some vendors are long-standing stakeholders in the LTC arena, whereas others are either relatively new entrants or have a longstanding history in the acute market and are seeking to enter the long-term care market. FOX feels that the ten vendors who responded with a completed survey are representative of the range of potential vendors who might respond to the Ew-IS RFP.

In Section 2, four questions were posed as the objectives for this market survey. The following summarizes our observations relative to the four questions:

1. **Single Product Solution:** To what extent will any solution vendor be able to provide a system that will support the entire range of CLIENT functionality with one product or, more specifically, with one suite of products?

No vendor will meet all the CLIENT requirements with a single product, although several vendors appear able to support a majority of the required functionality. However, their product, or suite of products would have to be supplemented and integrated with one or more other vendor(s)' product(s).

Each vendor has specific strengths and weaknesses and the appropriate solution will depend on the emphasis which CLIENT places on the product features as described in Table 4-4.

Table 4-4: Examples of Considerations for Vendor Selection

Consideration:	Impact on Potential Vendors
Robust long-term care functionality is a primary driver	Smaller, niche vendors: ADL, AOD, HCS, HMX, or InfoSys should be considered. Of the larger vendors, MEDITECH is the most viable.
LTC COTS solution must support acute care	DSS with Accu-Med, HCS, InfoSys, and MEDITECH indicate that their product(s) or product suite can support acute care settings.
Pharmacy and lab are equal in priority to LTC functionality.	Larger vendors like McKesson, MEDITECH, or DSS with Accu-Med would be considered.
Robust scheduling/appointing is required	AOD, HCS, HMX, InfoSys, and MEDITECH would warrant further consideration.
Cost accounting is essential	Only AOD, InfoSys, and MEDITECH would be viable options.
Enterprise support operations functionality is required	AOD, InfoSys, MEDITECH, or possibly HCS are the best options; McKesson's response was insufficient to determine their capabilities in this area.
System tools that support functionality such as document management, workflow management, both administrative and clinical, and ease of access to a business rules engine that streamlines configuration of the Ew-IS without custom programming are required	Most functionality was universally offered by all vendors, except some potential solutions did not include some key functionality such as document management, business rules engines, and workflow management.

2. **Acquisition Considerations for OTS Products:** What impact do the results of this market survey have on the development of an Ew-IS acquisition strategy and the resulting RFP in order to anticipate and address issues and mitigate potential risks?

The fact that no single vendor offers a complete solution to meet all the CLIENT functional requirements requires that CLIENT must consider an approach that incorporates some level of system integration if all functional Ew-IS requirements are to be met. CLIENT needs to establish the overall scope for the entire Ew-IS, including the scope for various functional areas, most importantly the Enterprise Support Operations and certain aspects of Resident Administration / Finance (e.g., staffing). CLIENT should consider aligning Ew-IS implementation activities and schedule, not just with the deployment schedule for the various Homes, but possibly with the major components of the Ew-IS itself. For example, clinical functions under Resident Management would be implemented initially together with key financial or administrative functions that involve reimbursement but cost accounting could be delayed until several Homes have transitioned to the new system.

Vendor experience in system integration will be a strong consideration, directly affecting how vendor background and past performance will be weighted in the evaluation process. DSS with Accu-Med, McKesson, MEDITECH, and possibly HCS could all be viable candidates based on their system integration experience.

The RFP should encourage appropriate teaming or partnerships among vendors. However, the RFP will also require one vendor to serve as the ‘prime,’ providing a single point of responsibility for CLIENT for both the implementation and maintenance and support after final acceptance. The experience and past performance of the ‘prime’ vendor in managing their subcontractors/partners needs to be evaluated to ensure stability of all members of the proposed team.

3. ***VistA Interoperability:*** What is the maturity of the LTC vendor community in addressing the CLIENT need to interoperate with the USDVA VistA?

The CLIENT and the USDVA have a present and continuing relationship regarding the care of the Residents. This relationship will be accentuated with the opening of the new Homes. The CLIENT has been exploring methods to integrate the proposed Ew-IS with the USDVA facilities, including:

- Access to the USDVA VistA from within the new Homes. However, this approach leaves many open issues involving the exchange of not only patient/Resident information between the CLIENT and USDVA, but also the use of supplies, medications, and other services.
- Use of a CLIENT version of CPRS/VistA, preferably based directly on a FOIA’d version of VistA from the USDVA, so that interoperability between the Federal and State facilities is seamless, at least from the technical standpoint.
- Data exchange between the systems located at Federal and State facilities, but with the State using an off-the-shelf product that is commercial, including (possibly) a proprietary version of VistA. Here, the emphasis would be on developing a bi-

directional interface between the USDVA VistA system and the CLIENT Ew-IS solution.

VistA understanding and integration experience is available in the market but, in this regard, the response to this survey was disappointing. The survey was sent to 17 vendors who have cited direct experience with VistA, including those integrators that support the Federal Veterans Administration, the Military Health System, and Indian Health System (IHS) (as the main systems used by Department of Defense and IHS are closely aligned with VistA), and current VA procurements, including the VistA Contractor Services (VCS) blanket purchase agreement in December 2006. FOX also reviewed the list of integrators provided in the Enterprise Wide Information System Feasibility Study Report, dated December 6, 2006. Only DSS with Accu-Med responded.

With respect to interoperability with USDVA VistA, only DSS plus Accu-Med has direct experience. DSS has built their practice around customizing and supporting VistA. Despite their extensive VistA experience, the DSS with Accu-Med partnership lacks certain required functionality such as scheduling/appointments, workflow management, and most enterprise support operations. They state that they would have to integrate third party product(s) into the solution, requiring the same considerations as would be needed for any system integration project.

4. **State Model Contract Concerns:** What is the potential risk to this procurement if the resulting engagement is to be conducted under the terms of the State model contract?

Table 4-5 summarizes vendor responses to the question posed regarding the State model contract. MEDITECH, based on their current involvement with CLIENT, was the only totally negative response. Of the remaining vendors, most responded favorably, although FOX has indicated a caution where the vendor did qualify their response.

Table 4-5: Vendor Response Regarding State Model Contract

Vendor	Response
◆ ADL	ADL takes exception to a few specific terms that need to be discussed.
◆ AOD	AOD states that they favor the development of Business Partnerships, generally negotiating and individualizing their agreement forms to the client needs.
◆ DSS	DSS did not elaborate on the question.
◆ HCS	HCS does not have any reservations about doing business with the State.
◆ HMX	HMX stated that they have no concerns at this time.
◆ InfoSys	InfoSys did not elaborate on the question.
◆ InterSystems	InterSystems did not elaborate on the question.
◆ McKesson	McKesson stated that, at this time, they do not have any reservations, but added that they are not that familiar with the State Model Contract.
◆ MEDITECH	MEDITECH currently provides software and software services to CLIENT as subcontractor to FIRM. MEDITECH would use FIRM as a Prime for this Long Term Care proposal.

While the responses to this market survey indicate that the terms of the State Model Contract will not be a ‘show stopper’ for this acquisition, FOX still feels that it remains a risk for achieving a successful award. Therefore, CLIENT needs to create vendor awareness. FOX would support the use of the two-step RFP process (i.e., Draft Bid/Proposal and Final Bid/Proposal) to ensure that contract negotiations with the chosen solution provider do not delay contract start interminably beyond the “intent to award” date.

5. Acquisition Next Steps

Industry response to this market survey revealed both large, established vendors whose origins are in the acute care market but whom have acquired or developed long-term care functionality, and smaller vendors—most with established histories but some relatively newcomers—whose origins are and remain in the long-term or extended care market and whom likely have proven and robust long-term care functionality. However, based on the breadth of the CLIENT functional requirements, there appears to be no single system solution and potentially no single vendor solution. Meeting all CLIENT functional requirements will require a solution provider whom is a system integrator, experienced in developing solutions from off-the-shelf components and capable of providing their client with single point of responsibility for both implementation and maintenance.

Additional factors that influence the acquisition include: expectations of CLIENT as to functionality, drivers that include an aggressive roll-out schedule for both new and existing Homes, and replacement of the current MEDITECH system. All these factors are risks to the project if not approached from a realistic perspective. Recommended next steps to address any issues and mitigate potential risk include:

- ***Refinement and Prioritization of Ew-IS Requirements:*** Work has continued in parallel with this market survey to develop, refine, and validate a set of detailed Ew-IS functional and technical requirements that are consistent with the systems requirements matrix developed for the market survey. These detailed requirements should be reviewed, using the findings of this market survey, to determine the constraints and limitations imposed by the use of off-the-shelf products and be modified, refined, or restated as needed to more accurately reflect realistic operational requirements. Requirements will then be prioritized and weighted according to still-to-be established criteria so that the resulting requirements matrix can be used as an evaluation tool for the RFP, help guide the form and structure of the product evaluation team (e.g., incorporation of clinicians), and provide the initial basis for a test and evaluation plan. CLIENT needs to identify those requirements that, if not supported, would eliminate a vendor from further consideration.
- ***Informal Product Demonstrations:*** The COSSET process includes an optional step – product demonstrations – to allow Ew-IS stakeholders to observe a thorough exhibition of the various products’ capabilities and gain understanding of the underlying design and technology in a non-operational environment. Invited vendors conduct an interactive presentation of the functional and technical attributes of their product(s) to an audience consisting of CLIENT-selected representatives. The presentation is informal but structured to highlight constraints and/or discriminators of the product(s).

This process is intended to be educational to CLIENT, allowing the stakeholders to become better informed and establish expectations as to what is available in the industry. CLIENT clinicians must be key participants in this process, both those who may be apprehensive about using an EHR due to a lack of experience or those who have prior expectations based on experience with MEDITECH, VistA/CPRS, or another system altogether. Vendor presentations need to be balanced with introductions to major operational systems, such as a USDVA Medical Center (VistA/CPRS), Kaiser, or another long-term care facility accessible to CLIENT staff.

These demonstrations are not part of the formal acquisition process and need to be accomplished before the start of the formal procurement period (i.e., during early Fall of 2007). The CLIENT Project Team needs to define a proposed approach and schedule commensurate with the procurement schedule.

- **Acquisition Strategy Considerations:** The Ew-IS acquisition strategy needs to outline a process that can be expeditiously executed, identifies key issues, and minimizes risk. The results of the market survey underscore various factors that need to be considered during acquisition, including:
 - Product functionality and technology used
 - Vendor support strategy, including professional services
 - Vendor background, past performance, and stability including experience with system integration, USDVA VistA, and veterans organizations
 - Vendor experience and/or willingness to engage in business with the State

User acceptance of the Ew-IS is critical to its success. ***Therefore, it is absolutely essential to get user buy-in to the OTS elements of the solution during acquisition to avoid long delays and costly rework later in the program.*** The acquisition strategy should call for each top vendor to participate in an operational capability demonstration (OCD). The OCD will be based on several scenarios developed by CLIENT to demonstrate test system functionality, efficacy, interoperability, usability, availability, and possibly cost savings. CLIENT users need to participate fully in the OCD as observers, participants (e.g., hands-on with the solution), and evaluators, assessing the ability of the proposed OTS-based solution to meet the functional, technical, and performance requirements as defined by the requirements and, ultimately, the system specification.

Appendix A: Acronyms/Definitions

ADL	ADL Data Systems, Inc.
ALF	Assisted Living Facility
ANSI	American National Standards Institute
AOD	Answers on Demand
ASP	Application Service Provider
CCHIT	Certification Commission for Healthcare Information Technology
CCRC	Continuing Care Retirement Community
CLIENT	Client
CMS	Centers for Medicare & Medicaid Services
CORF	Comprehensive Outpatient Rehabilitation Facility
COTS	Commercial Off-The-Shelf
CPRS	Computerized Patient Record System
DOD	Department of Defense
DSS	Document Storage Systems, Inc.
EDI	Electronic Data Interchange
Ew-IS	Enterprise-wide Information System
FOIA	Freedom of Information Act
FSR	Feasibility Study Report
FTP	File Transfer Protocol
HCS	Health Care Software, Inc.
NEW	NEW
HL7	Health Level 7
HMX	HealthMEDX
ICF	Intermediate Care Facility
IHS	Indian Health Service
ITPP	Information Technology Procurement Plan
MDS	Minimum Data Set
MRDD	Mentally Retarded Developmentally Disabled
MUMPS	Multi-User Multi-Programming System
OCD	Operational Capability Demonstration
OTS	Off-The-Shelf

CLIENT Procurement Project

SNF	Skilled Nursing Facility
TAR	Treatment Authorization Request
USDVA	United States Department of Veterans Affairs
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
VCS	VistA Contractor Services

Appendix B: Reference Documents/Web References

1. Documents:

- a. “Enterprise Wide Information System Study Report”, dated December 6, 2006.

2. Web Sites – Product Vendors

- a. Accu-Med Services www.accu-med.com/
- b. Achieve Healthcare Technologies <http://www.achievehealthcare.com/>
- c. ADL Data Systems <http://www.adldata.com/>
- d. American Data <http://www.americandata.com/>
- e. American Health Care Software <http://www.ahconline.com/>
- f. American HealthTech <http://www.healthtech.net/>
- g. Answers on Demand <http://www.getaod.com>
- h. Ball Research <http://www.ballresearch.com/>
- i. Campana GoldCare www.campana.com/goldcare
- j. CareTracker/Resource Systems <http://www.resourcesystem.com/>
- k. CareVoyant from Infosys http://www.carevoyant.com/ltc_intro.asp
- l. Cerner with Etreby <http://www.cerner.com>
- m. Clarity Healthcare Solutions <http://www.clarityhealthcare.net>
- n. Computata Health Corporation <http://www.computatahealth.com/>
- o. Consolidated Cybernetics Medisoft <http://www.cyberneticsindia.com>
- p. Dairyland Healthcare Solutions http://www.dhsnet.com/long_term_care.php
- q. GiftRAP Corp <http://www.giftrapcorp.com/>
- r. HCI Solutions - MDSEase <http://www.hcisolutions.com/>
- s. HCS Interactant <http://www.hcsinteractant.com>
- t. HealthMEDX - CareMEDX <http://www.healthmedx.com/>
- u. Hi-Tech Software Solutions <http://www.hi-techsoftware.com>
- v. Interactive Health Network <http://www.ihnet.com/market.html>
- w. IntraNexus Sapphire www.intranexus.com
- x. Keane Care <http://www.keanecare.com/>
- y. Lintech COMET <http://www.lintechsoftware.com/>

- z. McKesson <http://www.mckesson.com/>
 - aa. MDI Technologies (with Monette) <http://www.mditech.com/>
 - bb. Meditech <http://meditech.com/>
 - cc. Medsphere <http://medsphere.com/>
 - dd. Momentum Healthware
Monette (with MDI Tech) <http://www.momentumhealthware.com/>
<http://www.monette.com/>
 - ee. Optimus <http://www.optimusemr.com/>
 - ff. QuickCARE http://www.quickcare.com/qc3net_why.asp
 - gg. RH+ Computer Systems <http://www.rhpositive.com/>
 - hh. SigmaCare <http://www.ehealthsolutions.com/>
 - ii. SOS Corp <http://www.sosc.com>
 - jj. SureQuest Systems <http://www.surequest.com/>
 - kk. Threshold - Galaxy <http://www.thresholddata.com/>
 - ll. Wescom Solutions PointClickCare <http://www.wescomsolutions.com/>
 - mm. WinCare <http://www.wincare.com/>
3. Web Sites – System Integrators
- a. ACS <http://www.acs-inc.com/>
 - b. CSSS.NET <http://csss.net/>
 - c. dNovus RDI <http://dnovus.com/>
 - d. Document Storage Systems (DSS) <http://docstorsys.com/>
 - e. DSS VistA Experts <http://vistaexperts.com/>
 - f. Electronic Data Systems (EDS) <http://www.eds.com/>
 - g. Fujitsu <http://www.fujitsu.com/global/services/>
 - h. Hewlett-Packard <http://www.hp.com>
 - i. Initiate Identity Hub <http://www.initiatesystems.com>
 - j. Integic a subsidiary of Northrop Grumman
<http://www.it.northropgrumman.com/>
 - k. InterSystems <http://www.intersystems.com>
 - l. Merlin International <http://merlin-intl.com/>

Appendix C: Ew-IS Requirements Overview

Based on discussions with CLIENT on May 30, 2007 and a group exercise, facilitated by FOX, on June 6, 2007, a high-level set of preliminary business functions/requirements for the Ew-IS was identified and organized as shown in Figure 1. FOX used this information as the basis for developing the vendor survey instrument contained in Appendix D.

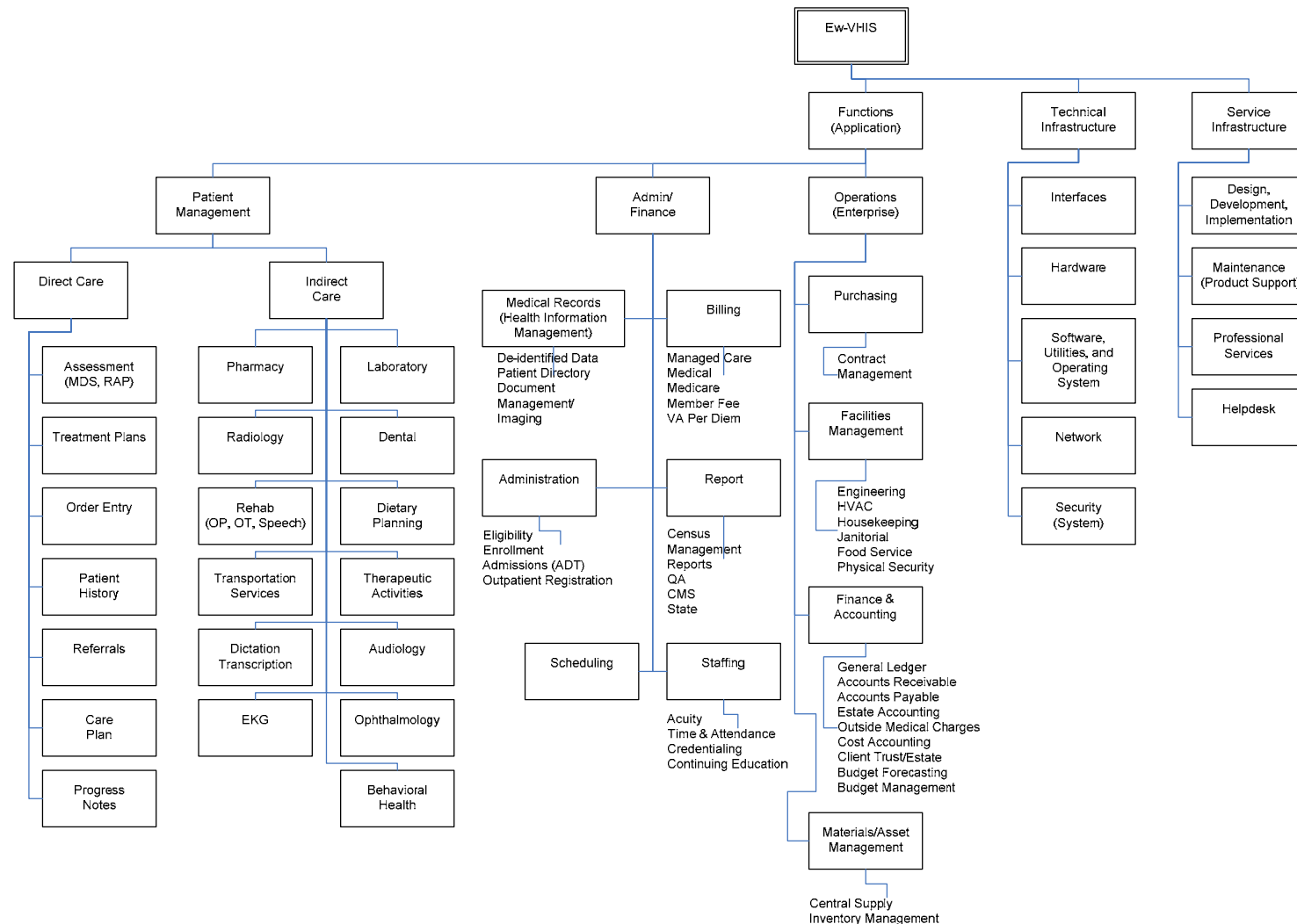


Figure 1: CLIENT Ew-IS Requirements Depiction for Market Survey

Appendix D: Vendor Survey Instrument and Transmittal Letter

This appendix contains the sample survey instrument / vendor response form and accompanying transmittal letter. The response form and letter were sent to the list of forty (40) product vendors and seventeen (17) system integrators. The following was requested from the vendors who were contacted:

- Completion of the attached response form by August 17, 2007
- Provide supporting literature, product documentation, and/or web site information
- Willingness to engage with The State under contract terms (See question #6 under “Vendor Business/Background”.)
- Concerns regarding procurement scope or focus

Transmittal Letter

The following transmittal letter accompanied the vendor response form. The letter describes the CLIENT objective for the Ew-IS procurement, the requirements for the response, the point of contact will be for collecting the information, and the schedule.

CLIENT Procurement Project

Dear Vendor:

Client (CLIENT) seeks to identify a commercial off-the-shelf (COTS) solution that can meet their needs for an enterprise-wide information system, that is a) focused on the unique aspects of long-term-care, b) meet their enterprise requirements, c) support the development of consistent business practices throughout the CLIENT enterprise, and d) integrate with critical Federal and State systems, including VistA for the exchange of information to support existing and future sharing agreements between the State and the Federal VA, and State information systems for financial and business needs. Specifically, CLIENT is looking to enhance or replace their current automation solution with an information system that can support the operational needs of the three existing CLIENT homes and the expansion into five (5) new locations.

FOX Systems, Inc. a healthcare consulting company, is conducting a market survey on behalf of CLIENT to identify potential Long Term Care (LTC) commercial off the shelf (COTS) systems. Consideration is being given to solutions that 1) have developed an electronic health record, 2) have demonstrated flexibility in adapting their billing and reimbursement functionality to unique environments (such as needed by CLIENT for the State Medicaid and VA fund accounting), and c) have achieved interoperability with other enterprise systems, such as VistA.

First, we would like to apologize for the apparent length of this survey but feel that it should take no more than one to two hours to complete. We also apologize if this effort appears to repeat any other recent survey you may have completed. We have tried to develop a set of questions that highlights what CLIENT is looking for from a vendor, including an overview of your business and background in long-term care, the professional services you provide, an overview of your product solution, and the features and functionality that it supports. We have not requested any prices – we do, however, want to know whether your organization is on any accessible Government schedules (such as GSA or CMAS) and what your licensing/pricing arrangements are for an enterprise solution.

Both CLIENT and FOX anticipate that a complete enterprise system will probably involve the integration of several products. If your system does not completely satisfy all the features and functions listed in this market survey, PLEASE respond to what you can provide. We are extremely interested in locating products that can be part of a total solution, as well as the integrated solution itself.

Also, based on the results of the market survey, CLIENT is planning a series of vendor demonstrations to the CLIENT community in the fall. Therefore, we encourage you to complete the market survey in order to allow CLIENT to structure the vendor demonstrations, possibly as a vendor day, most advantageously to both the Department and to the vendor community.

Please review and complete the attached survey. Respond to any questions, indicating Y or N if appropriate, and providing additional information in the explanation/comment area. We encourage you to provide any product literature, system documentation, or link to a Web site that can help us in our evaluation. If you respond to a question with literature, please direct us to where that item is discussed in your documentation by a note in the explanation/comments field for that particular item. **Please provide all additional information electronically, unless other arrangements are made.**

Please email the completed survey to Ew-IS@CLIENT.ca.gov **as soon as your survey is complete. We would like your completed survey by Friday, August 17, 2007.** If you have any questions regarding this survey, please contact Ms. Barbara Filkins at 805-524-4282 or by e-mail at Barbara.Filkins@foxsys.com.

Thanks in advance for your participation!

The Ew-IS Survey Team

Vendor Survey

Vendor Business/Background

	Requirements	Y/N	Explanation/Comments
Background/Instructions: Provide the following information on your organization and its experience:			
1.	Organization Overview: a. Corporate status, number of years in business, and primary location(s). b. Number of employees, indicating number in product development and number in support c. Percent of revenue from long-term care		
2.	Customer Base: Indicate the number and size of active installations for: a. Nursing homes b. Retirement communities c. Home health agencies d. Hospitals e. Assisted living facility f. Other LTC related facilities		
3.	Do you have experience in systems integration?		Describe
4.	Does your organization have any experience with VistA (e.g., implementing, interfacing, developing, training)?		Describe
5.	Have you any experience with the State Medicaid in general and LTC in particular?		Please explain
6.	Do you have any reservations about doing business with the State under the terms of the State Model Contract that can be found at the following link (http://www.pd.dgs.ca.gov/modellang/ModelContracts.htm)?		

Professional Services

	Requirements	Y/N	Explanation/Comments
<p>Background/Instructions: CLIENT anticipates specific services will be required from the vendor. Please provide an overview of your services as requested below. Feel free to attach any literature, such as product specifications, white papers, or standard agreements, in lieu of a detailed answer, indicating in the explanation/column where the information for that item can be found. Note: Under "Customization and Consulting Services", CLIENT anticipates custom services may be required of the vendor to include: 1) vendor participation in business re-engineering efforts to develop processes based on the new automated system, 2) configuration of the system using standard tools (i.e., no custom programming or modification of underlying product), and 3) custom programming.</p>			
1.	<p>Training: Describe</p> <ul style="list-style-type: none"> a. Standard training programs/courses for end-users and system managers. b. Training delivery methods (e.g., on-site, instructor led, Web-based, CBT) 		
2,	<p>Implementation and Installation Services: Describe</p> <ul style="list-style-type: none"> a. Implementation, services, including configuration support and data conversion b. Installation services 		
3.	<p>Interoperability with External Systems:</p> <ul style="list-style-type: none"> a. Describe your standard approach / tools to establish an interface with an external clinical system. b. CLIENT is entering into several sharing agreements with the Federal VA. One impact of this is the possibility of integrating with the Federal VistA for the exchange of medical information on a Resident. Does your organization have previous experience interfacing or integrating your product with the USDVA VistA system? 		<p>Describe</p> <p>Describe, citing at least one relevant project.</p>
4.	<p>System / Software Maintenance:</p> <ul style="list-style-type: none"> a. What services are included in your software maintenance/update program? b. What is the normal cycle for standard releases? c. What is the normal distribution path for standard releases? d. What is distribution path for emergency releases/hot fixes? (Is it the same as for standard releases?) e. What documentation is normally provided with your standard 		

	Requirements	Y/N	Explanation/Comments
	releases?		
5.	User Support: a. Is user support considered part of your system / software maintenance agreement? b. Do you provide: i. Toll-free telephone number? ii. Web-based site? iii. Real-time support (e.g., helpdesk) iv. User groups v. Other support services (describe)		Please describe any limitations of your user support services, such as hours of normal operation for your helpdesk. Please describe any 'other' support services.
6.	Consulting and Customization Services: a. Describe your standard tools for configuring the system (i.e., no custom programming). b. Describe your standard professional services		
7.	Licensing/Pricing: a. Describe your pricing/licensing model for enterprise solutions, including any discount tiers for product licensing and support services. b. Are your products and /or services available to CLIENT on any Government schedules such as GSA schedule, etc.?		Provide information on your GSA and other relevant schedules.

Solution Overview

	Requirements	Y/N	Explanation/Comments
<p>Background/Instructions: Provide an overview of your product, addressing the specific concerns for each area as outlined below. In lieu of any detailed information, feel free to attach any literature, such as product literature, white papers, or system specifications, indicating in the comments column where the information is provided. Note: CLIENT is especially interested in obtaining a system that meets the specialized needs of our long-term care environment, specifically meeting CMS and the Stare requirements for Resident assessments, care planning, and billing and reimbursement, including calculations and costs involving the Federal VA.</p>			
1.	<p>Long Term Care Functionality: Federal: a. Describe your MDS functionality indicating the following: i. Is your system compliant with CMS requirements for the Resident Assessment Instrument (RAI)? ii. Does your system automate / drive the creation of long-term care plans based on MDS responses and Resident Assessment Protocols (RAPs)? iii. Is your MDS functionality integrated with your billing functionality to provide billing for LTC Medicare? iv. Does your system calculate RUG and RAP scores according to CMS guidelines for Medicare billing? v. Does your system provide automatic generation of the CMS 672 (Census and Conditions) and CMS 802</p>		Provide additional information to 1 a as appropriate to question I through v.

	Requirements	Y/N	Explanation/Comments
	<p>(Resident Roster)?</p> <p>State:</p> <ul style="list-style-type: none"> a. Is your system compliant with any state-specific-implementation of the Federal Minimum Data Set)? (Please indicate which states.) b. Are you familiar with the requirements for the State LTC Medical? c. Are you familiar with the State state-specific Section S, Special Quarterly or Special Tracking form requirements or other State reporting requirements? <p>Veterans Specific</p> <ul style="list-style-type: none"> d. Are you familiar with member fee calculations / processing involving Residents eligible for VA benefits, to include the capture of VA per-diem and aid and attendance (A&A)? 		
2.	<p>Levels of Care: Indicate which care settings or levels of care your solution currently supports:</p> <ul style="list-style-type: none"> a. Acute b. Sub Acute (Intermediate Care Facility (ICF)) c. Skilled Nursing Facility (SNF) d. LTC/Nursing e. Assisted Living Facility f. Continuing Care Retirement Communities (CCRC) g. Outpatient h. Adult Day Care i. Hospice j. Home Health k. Retirement Home l. Other (describe) 		
3.	<p>Technology: Summarize the technology that supports your product including:</p> <ul style="list-style-type: none"> a. Hardware (server and client including mobile devices, handheld wireless, and touch screen), operating systems, 		

	Requirements	Y/N	Explanation/Comments
	and major system utilities (e.g., backup) b. Database architecture, products used, and interface standards supported c. Interfaces including both standard devices (e.g., printers) and any specialty devices by functional area (e.g., pharmacy, laboratory, radiology, central supply) d. Product support for business continuity / disaster recovery		
4.	Does your product support thin client?		Provide brief description.
5.	Do you provide hosting or ASP services?		Provide brief description or attach literature.
6.	Standards Support: Summarize indicating the following: a. Accreditation related (e.g., JCAHO, CCHIT for EHR) b. Regulation related (e.g., HIPAA) c. Technology related (e.g., messaging, HL-7)		

Features and Functionality

	Requirements	Y/N	Explanation/Comments
Background/Instructions: Provide the features and functionality afforded by your product.			
Patient Care			
1.	Computerized Physician Order Entry/Results Reporting		
2.	Electronic Health Record		
3.	Electronic Charting / Progress Notes		Describe any specific formats used, unique tools or features.
4.	Care Planning (Treatment/Service Plans)		Include any specific service libraries
5.	Consults/Opinions		Can your product capture external consults and/or opinions provided electronically?
6.	Electronic Referrals		
7.	Personal Health Record		Describe any 'self-service' capability for patients in scheduling appointments, reviewing results, or communicating with their provider
8.	Consents/Authorizations/Releases		
9.	Patient Problem Lists		
10.	Medication Management to include: <ul style="list-style-type: none"> • Drug-drug interaction • E-prescribing • Medication Administration Record (MAR) • PDR electronic libraries 		
11.	Treatment Authorization Record (TAR)		
12.	User-Defined Assessments		Describe your tools.
13.	MDS Assessment		
14.	Clinical Task Lists/Workflow		
15.	Interfaces with Monitoring Devices / Capture of Information into EHR		Describe interfaces with external devices and whether you capture data directly to the EHR..
16.	Specialized Services <ul style="list-style-type: none"> a. Dental Services b. Ophthalmology c. Therapy Services d. Rehabilitation 		

	Requirements	Y/N	Explanation/Comments
	<ul style="list-style-type: none"> e. Transportation f. Nutrition / Dietary g. Durable Medical Equipment 		
19.	Pharmacy <ul style="list-style-type: none"> a. Medication Management b. In-patient c. Outpatient d. Remote pharmacy (e-scripts, 3rd parties) e. Pharmacy Inventory Management 		
20.	Laboratory <ul style="list-style-type: none"> a. Inpatient b. Interface with external laboratory services 		
Resident Administration/Finance			
21.	Electronic Record Locator/Master Patient Index (MPI)		
22.	ADT/Registration/Enrollment <ul style="list-style-type: none"> a. Pre-Admission Tracking/Screening b. Registration/Enrollment c. Electronic Transfer Orders d. Discharge Plans / Summary 		Does your product support a process that allows consistency across the record?
23.	Scheduling/Appointing Note: CLIENT is looking for a 'community-based' approach to scheduling across each Home. Does your patient scheduling interface w/ other resource scheduling activities such as transportation and human resources?		
24.	Billing <ul style="list-style-type: none"> a. Electronic Billing / Claims b. Consolidated Billing (Medicare) 		
25.	Use of HIPAA Compliant Transaction Sets <ul style="list-style-type: none"> a. HIPAA 270/271 b. HIPAA 837/835 c. Other 		Has your product been used to submit claims to the State?
26.	Claims Processing		
27.	Census Functions and Reporting		

	Requirements	Y/N	Explanation/Comments
28.	Patient Outcomes (measure and reporting)		
29.	Quality Assurance / Quality Indicators		
30.	Risk Management / Incident Reporting		
31.	Personnel <ul style="list-style-type: none"> a. Licensing, Credentialing, and Privileges Management b. Acuity-Based Staffing c. Workload Management d. Time and Attendance e. Electronic Time clock Interface f. Continuing Education Management g. In-Service Tracking 		
32.	Medical Records <ul style="list-style-type: none"> a. E-HIM support b. Paper records management tools 		
Enterprise Support Operations			
33.	On-line Purchasing		
34.	Contract Management		
35.	Inventory/Materials Management		
36.	Fixed Asset Management		
37.	Facilities Management <ul style="list-style-type: none"> a. Facility Maintenance (Work Orders, Records) b. Equipment Maintenance c. Space Planning d. Building Automation e. Other Services 		
38.	Fiscal Management <ul style="list-style-type: none"> a. Two Fund Accounting b. General Ledger/Accounts Receivable/Accounts Payable c. Budgeting d. Cost Accounting 		
39.	Resident Financial Management <ul style="list-style-type: none"> a. Resident Financial Profile b. Resident Banking / Trust Accounts (Resident Check Creating 		

	Requirements	Y/N	Explanation/Comments
	for withdrawals, bill paying, etc.) c. Estate Accounting / Processing		
System Support Tools			
40.	Document Management / Imaging		Is this component integrated with your clinical tools?
41.	Business Rules Engine		Does your product have the ability to create, capture, and route message based on user-defined roles and care guidelines? (e.g., abnormal values from test results, trending in condition, preventative health checks, patient recalls/reminders)
42.	Workflow Management		Is this integrated with your clinical workflow/task lists? What functionality do you use to provide alerts/updates? (e.g., email, pager, telephony)
43.	Electronic Signature Capability a. Compatible with Federal standards b. Compatible with State standards		Does your product support an electronic co-signing capability? Is e-signature fully integrated with your clinical and business functions?
44.	Report Management a. Standard Reports b. Ad-Hoc Reports c. Interface to external tools (e.g. Cognos)		Describe the standards/methods for providing an interface.
45.	Decision support/analysis/graphics/dashboards tools		Does your product provide a dashboard ability to assist physicians/providers in tracking and managing priority communications in either clinical event or administrative events?
46.	Management and Administration Tools a. Privacy/Security b. Auditing c. HIPAA Compliance		
47.	Electronic Tools for Dictation/Transcription		
48.	Nurse Call System		
49.	Wandering/Elopement Management Systems		

Appendix E-1: Vendor Contact Information – Product Vendors

#	Vendor	URL	Contact Info
1	Accu-Med Services-an Omnicare Co	www.accu-med.com/	For more information, contact Mike in our Sales Department 800.777.9141, Ext. 1404 Electronic mail: sales@accu-med.com
2	Achieve Healthcare Technologies	http://www.achievehealthcare.com/	Corporate Headquarters Achieve Healthcare Technologies 7690 Golden Triangle Drive Eden Prairie, MN 55344-3732 800-869-1322 952-995-9800 952-995-9735 - fax
3	ADL Data Systems	http://www.adldata.com/	NEED CONTACT INFO
4	American Data	http://www.american-data.com/product/cover.html	American Data P.O. Box 640 Sauk City, WI 53583 Toll free: 800-464-9942 Email: info@american-data.com
5	American Health Care Software	http://www.ahconline.com/	Physical Address: 99 Swift Street, Suite 300 South Burlington, Vermont 05403 Sales Phone Number: 802-872-3484 Email Irene Wright wrighti@ahconline.com

#	Vendor	URL	Contact Info
6	American HealthTech	http://www.healthtech.net/	<p>Mailing Address:</p> <p>American HealthTech PO Box 12310 Jackson, MS 39236</p> <p>Physical Address:</p> <p>American HealthTech 460 Briarwood Drive Suite 210 Jackson, MS 39206</p> <p>Phone: 800-489-2648 (x1051) Fax: 601-952-1241</p>
7	Answers on Demand	http://www.advancefortc.com/redirect.aspx?IL=863991&HT=7&IID=0&IN=&HS=3&TT=1&TID=0&F=0&SOID=0&U=http%3a%2f%2fwww.getaod.com	<p>Corporate:</p> <p>8100 North University Drive Third Floor Fort Lauderdale, Florida 33321 Phone: 954.724.9809 800.311.8252 Fax: 954.720.5978</p> <p>Regional:</p> <p>1650 Tri Park Way Suite C Appleton, WI 54914 Phone: 920.996.2380</p>
8	Ball Research	http://www.ballresearch.com/	<p>Mailing Address</p> <p>Ball Research, Inc. P.O. Box 1411 East Lansing, MI 48826 Phone (517) 332-5070</p>

#	Vendor	URL	Contact Info
9	Campana GoldCare	www.campana.com/goldcare	<p>GoldCare (US) Suite 702 - 3430 E. Jefferson Avenue Detroit, Michigan 48207</p> <p>Phone: 800.463.2688 ext. 399 Fax: 519.746.4421</p> <p>General Information: info@campana.com Sales: salesinquiries@campana.com</p>
10	CareTracker/Resource Systems	http://www.resourcesystem.com/	<p>Company headquarters</p> <p>Resource Systems 140 South Friendship Drive New Concord, Ohio 43762</p> <p>Ph: 800.338.3681 Fax: 740.826.4324</p> <p>Email: info@tdpi.com</p>
11	CareVoyant from Infosys	http://www.carevoyant.com/ltc_intro.asp	<p>Company Headquarters 1821 Walden Office Square Suite 350 Schaumburg, Illinois 60173 Info Tel: 847.925.9148 Sales Tel: 888.INFOSYS (463.6797) Fax: 847.925.9421</p>

#	Vendor	URL	Contact Info
12	Cerner with Etreby	http://www.cerner.com/public/Cerner_3.asp?id=128	<p>Corporate Headquarters Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117</p> <p>Main Number (816) 201-1024</p> <p>Sales (816) 201-0054</p> <p>Solution Support (866) 221-8877 ClientCareCenter@cerner.com</p>
13	Clarity Healthcare Solutions	http://www.clarityhealthcare.net	<p>Clarity HealthCare Solutions</p> <p>10 Alhart Drive Toronto, ON M9V 2M9</p> <p>Telephone: 416-747-5953 ext. 1 1-866-833-5953 (for call outside the Toronto Area) Fax: 416-744-6769</p>
14	Computata Health Corp	http://www.computatahealth.com/software/long-term-care-management-software.asp	<p>Corporate Office Computata Health Corporation 333 South Market Street, P.O. Box 431 Selinsgrove, PA 17870 800-326-9385 • Fax: (570) 374-3714 E-Mail: info@computatahealth.com</p>

#	Vendor	URL	Contact Info
15	Consolidated Cybernetics Medisoft	http://www.cyberneticsindia.com/index.php?option=com_content&task=view&id=36&Itemid=147	USA Consolidated Cybernetics Inc, 294 Dorset Dr Piscataway, NJ 08854 Tel : +1 732 333 1979 Email : ccina@cyberneticsindia.com
16	Dairyland Healthcare Solutions	http://www.dhsnet.com/long_term_care.php	Dairyland Healthcare Solutions 625 South Lakeshore Drive Glenwood, MN 56334 800-323-6987 Fax: 320-634-5316 Email General: info@dhsnet.com Email Sales: sales@dhsnet.com
17	GiftRAP Corp	http://www.giftrapcorp.com/	Address: GiftRAP Corporation 4229 SW High Meadows Avenue Palm City, FL 34990 Sales / Information: Phone: 800-619-4243 sales@giftrapcorp.com
18	HCI Solutions - MDSEase	http://www.hcisolutions.com/	800.437.0020 info@hcisolutions.com

#	Vendor	URL	Contact Info
19	HCS Interactant	http://www.hcsinteractant.com/LTCProviders/	Health Care Software, Inc. (HCS) P.O. Box 2430 Farmingdale, NJ 07727-2430 Phone: 800-524-1038 Fax: 732-938-5380 Email: marketing@hcsinteractant.com
20	HealthMEDX - CareMEDX	http://www.healthmedx.com/	HealthMEDX, Inc. 5100 N. Towne Centre Drive Ozark, MO 65721 417.582.1816 Toll Free: 877.875.1200 Fax: 417.582.0296 info@healthmedx.com
21	Hi-Tech Software Solutions	http://www.hi-techsoftware.com/products.htm	Hi-Tech Software, Inc. 10 Silver Street Skowhegan, ME 04976 Phone: 207-474-7122 Fax: 207-474-7124 Sales: lynne@hi-techsoftware.com
22	Interactive Health Network	http://www.ihnet.com/market.html	Interactive Health Network 17 Executive Park Dr. Suite 250 Atlanta, GA 30329 Ph 404-634-9900 Ph 800-321-4191 Fax 404-634-9901 General Information: info@ihnet.com

#	Vendor	URL	Contact Info
			Sales: sales@ihnet.com
23	IntraNexus Sapphire	www.intranexus.com	
24	Keane Care	http://www.keanecare.com/	Jim E. Ingalls Director of Sales 800-426-2675 ext 2262 fax 425-307-2250 James_E_Ingalls@Keane.com
25	Lintech COMET	http://www.lintechsoftware.com/	LINTECH One Parker Plaza, 16th Floor Fort Lee, NJ 07024 Sales Toll-Free # : 1-877-4-LINTEC (1-877-454-6832) Main Tel.: (201) 944-3235 Main Fax: (201) 944-5702 Sales: Sales@LINTECHsoftware.com
26	McKesson	http://www.mckesson.com/	Corporate Headquarters One Post Street San Francisco, CA 94104 415.983.8300

#	Vendor	URL	Contact Info
27	MDI Technologies ULTRACARE (with Monette)	http://www.mditech.com/	Sales inquiries: 1-866-469-3766 Email info@mditech.com Smithfield, Virginia (ULTRACare Staff) P.O. Box 607 Smithfield, VA 23431 Toll free: 1-800-666-3883 Fax: 757-357-5163
28	Meditech	http://meditech.com/	MEDITECH Medical Information Technology, Inc. MEDITECH Circle Westwood, Massachusetts 02090 U.S.A. Phone: 781-821-3000 Fax: 781-821-2199
29	Medsphere	http://medsphere.com/	Medsphere Systems Corporation 120 Vantis, Suite 405 Aliso Viejo, CA 92656 (949) 297-4050 office (949) 266-8937 fax
30	Momentum Healthware	http://www.momentumhealthware.com/ ca/Index.aspx	Momentum Healthware Corporate Office 308-131 Provencher Blvd. Winnipeg, MB R2H 0G2 Canada Phone: 1.877.231.3836 Email: contact@momentumhealthware.com

#	Vendor	URL	Contact Info
31	Monette (with MDI Tech)	http://www.monette.com/	MDI Technologies, Inc. P. O. Box 607 Smithfield, VA 23431 Sales: 866-469-3766 E-mail: info@mditech.com
32	Optimus	http://www.optimusemr.com/	Corporate Offices 17802 Sky Park Circle, Suite 105 Irvine, CA 92614 Phone: (949) 553-0083 Fax: (949) 553-0093 Sales Inquiries 1-888-242-9080 option 3 sales@optimusemr.com
33	QuickCARE	http://www.quickcare.com/gc3net_why.asp	QuickCare Software Services, L.P. 3801 Parkwood Boulevard, Suite 300 Frisco, TX 75034 Local: 214.618.7500 Toll Free: 800.259.7633
34	RH+ Computer Systems	http://www.rhpositive.com/	Address: 246 E. Campus View Blvd. Columbus, Ohio 43235 Phone 800-662-7991 Sales: sales@RHPositive.com Information Request: info@RHPositive.com

#	Vendor	URL	Contact Info
35	SigmaCare	http://www.ehealtholutions.com/	<p>eHealth Solutions, Inc. 360 West 31st Street Suite 302 New York, NY 10001 (212) 268-4242 (tel) (212) 244-5038 (fax)</p> <p>Sales (877) 4-SAFE-RX or (877) 472- information@ehealtholutions.com</p>
36	SOS Corp	www.sosc.com	<p>Sales and Pre-Sales: sales@sosc.com or 800.432.7672</p> <p>Office Locations:</p> <p>SOS/Corporation 4709 Crossroads Park Drive Suite 101 Liverpool, New York 13088</p> <p>SOS/Corporation PO Box 1589 Pinehurst, North Carolina 28370</p>
37	SureQuest Systems	http://www.surequest.com/	<p>SUREQUEST SYSTEMS, INC. Physical Address: 13606 T.I. Boulevard Dallas, Texas 75243</p> <p>Telephone: 972-238-7200 Facsimile: 972-238-7733</p> <p>Sales & Product Info 800-383-1999 x 1 inquiry@surequest.com</p>

#	Vendor	URL	Contact Info
38	Threshold - Galaxy	http://www.thresholddata.com/	<p>Threshold Data Technology, Inc. 23900 Commerce Park Road Cleveland, Ohio 44122</p> <p>Phone: 1-877-888-4599 Fax :(216) 292-1040</p> <p>Email : info@thresholddata.com</p>
39	Wescom Solutions PointClickCare	http://www.wescomsolutions.com/	<p>Wescom Head Offices in US:</p> <p>Minneapolis, MN Phone: (800) 277-5889 Phone: (877) 557-4080 Fax: (905) 858-2248</p> <p>For Pointclickcare Rehab: Phone (888) 897-9136 Fax (801) 720-4385</p>
40	WinCare	http://www.wincare.com/	<p>Mailing Address:</p> <p>WinCare LLC. PO Box 39 Medford, Oregon 97501</p> <p>Sales/Product Information: 800-423-1083 sales@wincare.com</p>

Appendix E-2: Vendor Contact Information – System Integrators

#	Integration Vendor	URL	Contact Info
1	ACS	http://www.acs-inc.com/	ACS Corporate Headquarters 2828 North Haskell Dallas, TX 75204 Tel: 214-841-6111 Email: info@acs-inc.com
2	CSSS.NET	http://csss.net/	Corporate Office Bellevue, Nebraska 3906 Raynor Parkway Suite 201 Bellevue, NE 68123 Telephone 402.393.8059 Fax 402.393.1825
3	dNovus RDI	http://dnovus.com/	dNovus RDI - Corporate Headquarters 1355 Central Parkway South, Suite 100 San Antonio, TX 78232 Phone: (210) 497-7744 Fax: (210) 497-7709 Glen Shaffer, President & COO gshaffer@dNovus.com
4	Document Storage Systems (DSS)	http://docstorsys.com/	Document Storage Systems, Inc. 12575 US Hwy 1, Suite 200 Juno Beach, FL 33408 Main Phone Number: 561.227.0207 Sales & Marketing Stephanie Binch

#	Integration Vendor	URL	Contact Info
			Region 4 – West 561.308.8722 Cell
5	DSS VistA Experts	http://vistaexperts.com/	
6	Electronic Data Systems (EDS)	http://www.eds.com/	Contact Us EDS 5400 Legacy Drive Plano, Texas 75024 1 972 604 6000

#	Integration Vendor	URL	Contact Info
7	Fujitsu	http://www.fujitsu.com/global/services/	<p>Hawaii Tel: +1-808-395-2314 Fax: +1-808-396-7111 Address: 6660 Hawaii Kai Drive Honolulu, HI USA 96825</p> <p>New York Tel: +1-212-599-9800 Fax: +1-212-599-4129 Address: 733 Third Avenue New York, NY USA 10017</p> <p>Washington Tel: +1-202-331-8750 Fax: +1-202-331-8797 Address: Republic Place, 1776 Eye Street, N.W., Suite 880 Washington, DC USA 20006</p>
8	HP	http://h18013.www1.hp.com/products/servers/management/integration/ms_integration.html	<p>Government, Health & Education</p> <p>Public Sector, Health, & Education 800-727-2472</p>
9	Initiate Identity Hub	http://www.initiatesystems.com/web/products/identity_hub_software.aspx	<p>United States Public Sector Sales</p> <p>+1 703 904 4344</p>

#	Integration Vendor	URL	Contact Info
10	Integic subsid Northrop Grumman	http://www.it.northropgrumman.com/officer/technologies/epower.html	<p>Sector Headquarters:</p> <p>Northrop Grumman Information Technology 7575 Colshire Drive McLean, VA 22102 (703) 556-1000</p> <p>Commercial, State and Local: 13825 Sunrise Valley Drive Suite 120 Herndon, VA 20171 (703) 713-4100 (703) 713-4100</p>
11	Intersystems	http://www.intersystems.com/gcombo/?gclid=CNHKvZ-q2YwCFQ3CYAod3QyNgw	<p>World Headquarters InterSystems Corporation One Memorial Drive Cambridge, MA 02142 USA Tel: +1.617.621.0600 Fax: +1.617.494.1631</p> <p>info@intersystems.com</p>
12	Merlin International	http://merlin-intl.com/	<p>Corporate Office 4B Inverness Court East, Suite 100 Englewood, CO 80112</p> <p>Telephone 303-221-0797 Toll free 877-430-3021 Fax 303-221-0534</p> <p>General Information: info@merlin-intl.com</p>

#	Integration Vendor	URL	Contact Info
13	Northrup Grumman	http://www.is.northropgrumman.com/profile/systems_integration.html	<p>Integrated Systems Headquarters El Segundo, CA Northrop Grumman Corporation One Northrop Grumman Avenue El Segundo, CA 90245 POC: Jim Hart Telephone: (310) 331-3616</p> <p>Integrated Systems Western Region Headquarters El Segundo, CA Northrop Grumman Corporation One Northrop Grumman Avenue El Segundo, CA 90245 POC: Rene Freeland Telephone: (858) 618-7606</p>

#	Integration Vendor	URL	Contact Info
14	Patriot Technologies	http://patriottechnologies.net/	<p>Pennsylvania Office</p> <p>Parkview Tower 1150 First Avenue Suite 910 King of Prussia, PA 19406</p> <p>Phone: 610.783.1500 Fax: 610.783.1501</p> <p>Virginia Office</p> <p>Colonial Place Three 2107 Wilson Boulevard Suite 301 Arlington, VA 22201</p> <p>Phone: 703.312.9400 Fax: 703.312.9420</p> <p>info@patriottechnologies.net</p>

#	Integration Vendor	URL	Contact Info
15	Perot Systems (SRA subcontractor)	http://perotsystems.com/	<p>Corporate Headquarters Perot Systems Corporation 2300 West Plano Parkway Plano, TX 75075 United States of America</p> <p>toll free: +1 888 31 PEROT main: +1 972 577 0000</p> <p>To contact an industry expert: Healthcare: healthcare@ps.net Government: government@ps.net Commercial: commercial@ps.net</p> <p>To contact a services expert: Consulting Solutions: consulting@ps.net Business Process Solutions: processes@ps.net Applications Solutions: applications@ps.net Infrastructure Solutions: infrastructure@ps.net</p>
16	SAIC	http://www.saic.com/integration/	<p>SAIC Headquarters 10260 Campus Point Dr. San Diego, CA 92121</p> <p>1-800-430-7629</p>

#	Integration Vendor	URL	Contact Info
17	SRA International (Perot prime)	http://www.sra.com/	<p>Corporate Headquarters</p> <p>SRA International, Inc. 4300 Fair Lakes Court Fairfax, VA 22033 Phone: (703) 803-1500 Fax: (703) 803-1509</p> <p>CALIFORNIA</p> <p>Sacramento 8950 Cal Center Drive, Suite 345 Sacramento, CA 95826 Phone: (916) 366-4646 Fax: (916) 366-4647</p>

Appendix F: Vendor Information and Survey Response

Note: Due to the size of the vendor responses, the following information is being provided on a companion CD. This section outlines the contents of the CD:

	Title	Size (KB)
FOLDER	Appendix F -- Vendor Responses to Survey	
FILE	Appendix F1 ADL Survey Response Form.doc	1,262,592
FILE	Appendix F2 AOD Survey Response Form.doc	205,312
FILE	Appendix F3 Ball Research Survey Response Form.doc	185,344
FILE	Appendix F4 DSS Accu-Med Survey Response Form.doc	245,760
FILE	Appendix F5 HCS Survey Response Form.doc	245,760
FILE	Appendix F6 HealthMEDX Survey Response Form.doc	200,192
FILE	Appendix F7 InfoSys Survey Response Form.doc	216,576
FILE	Appendix F8 InterSystems Survey Response Form.doc	208,384
FILE	Appendix F9 McKesson Survey Response Form McKesson.doc	241,152
FILE	Appendix F10 MEDITECH Survey Response Form.doc	383,488
FOLDER	ADL	
FILE	2007SpecSheets.pdf	1,887,536
FILE	CLIENT_Market_Survey_Response_Form.doc	1,262,592
FOLDER	Answers on Demand	
FILE	0312scheduleCcont.xls	37,888
FILE	CLIENT_Market_Survey_Response_Form Master.doc	210,432
FILE	Functions and Features032006.pdf	505,910
FILE	LunchAndLearnCrystalReports.pdf	152,867
FILE	Traditional Implementation Process2006.pdf	558,480
FOLDER	Ball Research	

	Title	Size (KB)
FILE	CLIENT_Market_Survey_Response_Form.doc	185,344
FOLDER	DSS	
FILE	CLIENT_Market_Survey_Response_Form (DSS 20070817).doc	241,152
FILE	DSS Software Solutions.pdf	2,016,230
FOLDER	HCS	
FILE	HCS Response to CLIENT_Market_Survey_Response_Form.doc	245,760
FOLDER	HealthMEDX	
FILE	CareMEDX Dvlp Strategy.pdf	311,602
FILE	HealthMEDX Implementation Services Overview.pdf	298,235
FILE	HealthMEDX Response to CLIENT_Market_Survey_Response_Form.doc	200,192
FILE	Long-Term Care 2007.pdf	1,140,598
FOLDER	InfoSys	
FILE	Butte Home Health & Hospice _case study.pdf	154,031
FILE	CLIENT InfoSys Hardware Requirements Appendix B.pdf	161,905
FILE	CLIENT Sample Project Implementation Plan Appendix A.doc	62,976
FILE	ChildServe Consolidates & Streamlines.pdf	397,111
FILE	CompanyProfile_final.pdf	413,990
FILE	Completed CLIENT_Market_Survey_Response_Form.doc	216,576
FILE	ePartnersMD%20Solution%20Overview.pdf	1,353,259
FILE	heritage.pdf	128,539
FILE	homecare_booklet_email.pdf	707,893
FILE	LIFEFinal4-07-06.pdf	487,754
FILE	LTC_for e-mail.pdf	2,557,689
FILE	MedSys_overview_F.pdf	358,290
FILE	Microsoft Healthcare ERP Movies.doc	218,624
FILE	PACE_email.pdf	552,269
FILE	RockyMtHeal_Infosys.pdf	90,622

	Title	Size (KB)
FILE	walker_final.pdf	783,118
FOLDER	InterSystems	
FILE	CLIENT_Mrkt_Surv_InterSystems.doc	208,384
FOLDER	McKesson	
FILE	CLIENT_Market_Survey_Response_Form with ambulatory responses_final.doc	241,152
FILE	Connection fact sheet.pdf	55,710
FILE	Disaster Recovery Service.pdf	51,581
FILE	Homecare Overview 7-07.pdf	6,972,851
FILE	hwspecs 010106.pdf	694,193
FILE	Support.pdf	63,805
FILE	Test-MTA.PDF	232,374
FILE	Web Chart.pdf	52,755
FOLDER	Meditech	
FILE	01 Cover Page.doc	428,032
FILE	02 Cover Letter.pdf	620,017
FILE	03 CLIENT Market Survey.doc	383,488