SERVICES CONTRACT

THIS SERVICES CONTRACT is made and entered into by and between YAMHILL COUNTY, a political subdivision of the State of Oregon, acting by and through its Health and Human Services Department, hereinafter referred to as the "County", and ENSOFTEK INC., an Oregon corporation whose Federal Employer Identification No. is 93-1309318 hereinafter referred to as the "Contractor".

RECITALS

WHEREAS, The County requires the services of a software provider to provide software and implementation services for an Electronic Health Records (EHR) System; and

WHEREAS, The County procured the services of the Contractor through a Competitive Sealed Procurement pursuant to the relevant provisions of ORS 279B and YCC 3.20.047; and

WHEREAS, The Contractor was selected because the Contractor possess the particular training, abilities, knowledge, qualifications, and experience the County requires as set forth herein; and

NOW, THEREFORE, in consideration of the promises and the mutual covenants and conditions set forth herein, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, it is hereby agreed by the parties as follows:

AGREEMENT

1. TERM. This Contract shall become effective, and services required hereunder shall commence, on earlier of (i) the date the Contract is executed by both parties, or on (ii) July 1, 2025 (the "commencement Date"), whichever is sooner, and shall terminate on June 30, 2030 (the "Initial Term"), unless otherwise terminated or extended as provided herein. At the expiration of the Initial Term, this contract will automatically renew for a successive term (each a "Renewal Term" and collectively with the Initial Term the "Term") unless either party provides the other party with written notice of its intent not to renew this contract at least sixty (60) days prior to the expiration of the then current term (either the Initial Term or any Renewal Term). In no event shall the Contract term exceed ten (10) years from the commencement date.

2. CONSIDERATION. As consideration for the performance of all terms and conditions set forth in this Contract, the County shall pay the Contractor a sum not to exceed $6,740,260.90. Specifically, the County shall pay the Contractor amounts not to exceed the following:

Total Ten-Year Investment	
Discounted One-Time Costs	$ 819,425.00
Estimated Travel Costs	$ -
Recurring Subscription Costs Years 1-10	$ 5,485,933.34
Other In-Scope Costs	$ -
Recurring Maintenance Years 1-10	$ 151,494.56
CCBHC Module 2.0 (Out-of-Scope/Add-On Module)	$ 225,000.00
Total Ten-Year Investment (not including optional costs)	**$ 6,681,852.90**

Optional Costs	$ 58,408.00
Total Ten-Year Investment (including optional costs)	**$ 6,740,260.90**

a. Additional Payment Terms.

    i. **Invoicing and Payment.** Annual subscription fees and recurring maintenance fees begin on the Commencement Date and are payable annually on the anniversary of the Commencement Date with Net 30 terms. Onetime costs are payable based on milestones, as provided in the attachment "Yamhill County Project Payment Schedule." All third-party fees begin on first availability or upon "Go-Live" and are payable within 30 days. If the County disputes all or a portion of any invoice, the County shall inform the Contractor in writing of the nature of the dispute as soon as practicable after invoice receipt. The Contractor shall resubmit an invoice with only undisputed amounts listed, and upon resolution of any items under dispute, the Contractor shall resubmit those resolved items on a separate invoice which the County agrees to pay within 30 days of original invoice receipt date. The County's written notice to the Contractor of a dispute must contain reasonable detail and supporting documentation so that the Contractor can investigate and respond to the issue. The Contractor shall respond to the County's notice within ten (10) business days with (i) a justification of the invoice, (ii) an adjustment to the invoice, or (iii) a proposal addressing the issues presented in the County's notice. The County and the Contractor shall negotiate and resolve the issue within ten (10) days after the Contractor's response, and the County shall pay such resolved invoice within ten (10) days from the date of resolution. The parties hereto shall make reasonable efforts to resolve all remaining issues, if any. The Contractor shall not suspend delivery of services described herein as a result of invoice(s) that are under dispute in accord with the terms above; provided, that the parties continue to actively negotiate a resolution of any dispute in good faith.

    ii. **Fees.** Except as otherwise noted herein, (i) fees are based on services and content subscriptions purchased and not actual usage, (ii) payment obligations are non-cancelable except as otherwise set forth in this Contract.

    iii. **Late Charges and Collection Costs.** In the event that any undisputed amounts payable hereunder by the County to the Contractor are not paid within thirty (30) days of the due date, then the amount otherwise payable shall bear a late charge from and after the date when such amount was due (without regard to any cure period) at a rate which is equal to the lesser of (i) eighteen percent (18%) per annum or (ii) the maximum amount allowed by applicable law, compounded monthly. In addition, if the Contractor engages the services of a collection agency, organization, or firm and/or the services of legal counsel to collect any amount payable hereunder, then the County shall be liable to the Contractor for, in addition to the amount actually due plus applicable interest and late charges, all costs incurred by the Contractor in collecting such amounts, including (without limitation) the charges of any collection agencies, firms, or organizations; the costs and charges of investigators; and all court costs, attorney's fees, paralegal fees, and like charges incurred by the Contractor in collecting any amounts due hereunder. Services may be suspended pending payment.

iv. **Suspension of Service and Acceleration.** If any amount owed by the Customer under this or any other agreement is thirty (30) or more days past due, the Contractor may without limiting other rights and remedies, accelerate Customer unpaid obligations under such agreements so that all obligations become immediately due and payable, and suspend services until such amounts are paid in full. The Contractor shall give the County at least 10 days' prior notice that the account is overdue before suspending services.

v. **Change in Fees.** The Contractor shall notify the County of any change in subscription fees effective ninety (90) days before such change becomes effective.

vi. **Fees for third-party add-ons** are subject to change at any time with a thirty (30) day prior notice, effective thirty (30) days from the date notice was sent.

b. Exclusive Compensation provided for the Contractor herein shall be exclusive, and the County shall neither pay nor provide the Contractor with any fringe benefits, including, but not limited to, retirement, health insurance, workers' compensation insurance, unemployment insurance, or sick leave. No additional compensation or alternate form thereof shall be payable by the County to the Contractor for any purpose whatsoever unless otherwise agreed in writing. The Contractor shall be responsible for paying all income taxes, Social Security or self-employment taxes and any other taxes or assessments imposed by any governmental body incurred by reason of the County's payment of compensation hereunder to Contractor.

3. SERVICES. The Contractor shall provide to the County services as specified in Exhibit A, attached hereto and by reference incorporated herein (also referred to herein as "DrCloudEHR"). Other optional services may be added later at the discretion of the County.

a. Monthly updates and fixes issued by the Contractor shall be available to all current subscribers of DrCloudEHR at no additional costs. DrCloudEHR is a scalable solution that is continually evolving with new features and functionality to meet future requirements of our users. The Contractor has quarterly/yearly planned updates to the DrCloudEHR platform. Future costs associated with major upgrades or third-party costs shall be shared with the County as available.

b. The Contractor shall not employ any products or services that utilize artificial intelligence without first obtaining written authorization of the County and after applicable safeguards in place for the protection of the County's data and informational systems.

c. EnSoftek shall conduct a minimum of one risk assessment for DrCloudEHR annually.

d. EnSoftek shall conduct cybersecurity assessments that include in-house assessments and third-party assessments, including penetration testing at least every 2 years.

e. EnSoftek shall share reports of the risk assessments, cyber security assessments, and penetration tests upon written request.

f. In addition to abiding by the terms and conditions stated herein, the Contractor shall abide by and conform to all obligations asserted by the Contractor in the Contractor's bid, quote, or proposal, attached hereto as Exhibit B and incorporated herein. If any discrepancy exists between a provision in this Contract and a provision in Exhibit B, the provisions of this Contract shall prevail.

4. BUSINESS ASSOCIATE AGREEMENT. In accordance with attached Exhibit C, the terms of this Contract create the relationship of "Covered Entity" and "Business Associate" between the County and the Contractor. HIPAA and the Privacy and Security Rule, as amended by the

Health Information Technology for Economic and Clinical Health Act (HITECH Act), require "Covered Entities" and "Business Associates" to enter into a Business Associate Agreement to protect certain health information. The Business Associate Agreement between the County (the Covered Entity) and the Contractor (the Business Associate) is set forth in the attached Exhibit C and is incorporated herein by this reference.

5. WARRANTY OF SERVICES. The County has relied upon the professional ability, qualifications, and training of the Contractor as a material inducement to enter into this Contract. Accordingly, the Contractor represents and warrants that: (i) the Contractor shall perform all services set forth herein in a good and workmanlike manner, in conformance with the terms, conditions, and requirements of this Contract, and in accordance with the highest applicable professional and/or industry standards; (ii) the Contractor warrants that each of the Contractor's employees assigned to perform services under this Contract has the proper skill, training, and background to be able to perform the services in a competent, timely, and professional manner and that all services shall be so performed; and (iii) the Contractor shall at all times maintain and keep current all professional licenses, certifications, and professional liability insurance required to perform the work set forth in this Contract.

6. INDEPENDENT CONTRACTOR. This Contract is not a contract of employment. The County does not seek to hire Contractor as an employee(s) of the County nor does the Contractor desire to be an employee(s) of the County for performance of the services described herein. The parties intend that the Contractor, in performing the services specified herein, shall be and act as an independent contractor and shall have professional control of the work and the manner in which it is performed. The Contractor shall have the sole authority to determine the manner and means of performing the services described herein, and the County shall not interfere with, control, or direct the manner or method in which such services are performed; provided, the County shall direct Contractor as to the work to be assigned and shall have the right to direct the required results to the extent such direction may be consistent with the nature of the Contractor's services. The Contractor shall not be considered an agent of the County, and the County shall not be responsible for any claims, demands, or causes of action of any kind or character arising in favor of any person, on account of personal injuries, or death, or damage to property occurring, growing out of, incident to, or resulting directly or indirectly from the operations or activities of the Contractor.

7. AMENDMENT. This Contract may be amended to the extent permitted by applicable statutes, administrative rules, ordinances, and local ordinances. No amendment shall bind either party unless in writing and signed by both parties.

8. COMPLIANCE WITH ORS 279B.220. For all services provided under this Contract, the Contractor shall: (i) pay promptly, as due, all persons supplying labor or material; (ii) pay all contributions or amounts due the Industrial Accident Fund, if applicable, from the Contractor or any subcontractor; (iii) not permit any lien or claim to be filed or prosecuted against the County or any subdivision thereof; and (iv) pay to the State of Oregon Department of Revenue all sums withheld from employees pursuant to ORS 316.167. If the Contractor does not pay promptly any claim that is due for the services furnished to the Contractor by any subcontractor in connection with this Contract, the County may pay such claim and charge that payment against any payment due to the Contractor under this Contract. The County's payment of a claim does not relieve the Contractor or its surety, if any, from their obligations for any unpaid claims.

9.   HOURS OF LABOR; COMPLIANCE WITH PAY EQUITY PROVISIONS.
   a. Pursuant to ORS 279B.235(3), the Contractor shall pay the Contractor's employees who perform work under this Contract at least time and a half for all overtime in excess of 40 hours a week, and for work performed on any legal holiday as specified in ORS 279B.020, except for employees who are excluded under ORS 653.010 to 653.261 or under 29 U.S.C. 201 to 209 from receiving overtime.
   b. Pursuant to ORS 279B.235(1)(b), the Contractor shall comply with the prohibition set forth in ORS 652.220. Such compliance is a material element of this Contract and failure to comply is a breach that entitles the County to terminate the Contract for cause.
   c. Pursuant to ORS 279B.235(1)(c), the Contractor shall not prohibit any of the Contractor's employees from discussing the employee's rate of wage, salary, benefits or other compensation with another employee or another person and may not retaliate against an employee who discusses the employee's rate of wage, salary, benefits or other compensation with another employee or another person.
   d. Pursuant to ORS 279B.235(5)(b), the Contractor shall notify, in writing, any person employed by the Contractor under this Contract, either at the time of hire or before work begins on the Contract, or by posting a notice in a location frequented by employees, of the number of hours per day and days per week that the Contractor may require the employees to work.

10.   WORKERS' COMPENSATION. If the Contractor is a subject employer for workers' compensation or unemployment insurance purposes, the Contractor shall provide such workers' compensation and unemployment coverage benefits at its sole cost and expense and shall provide proof of such insurance and benefits at the County's request. The parties hereto specifically agree that this Contract will render the Contractor and the Contractor's employees, if any, ineligible for benefits under ORS 656.029 and that the County shall not be liable for, responsible for, or in any way or manner be required to provide, workers' compensation benefits for the Contractor or the Contractor's employees.

11.   COMPLIANCE WITH LAWS. The Contractor shall comply with all federal, state, and local laws, codes, regulations and ordinances applicable to the provision of services under this Contract, including, without limitation, the provisions of: (i) Title VI of the Civil Rights Act of 1964; (ii) Section V of the Rehabilitation Act of 1973; (iii) the Americans with Disabilities Act of 1990 (Pub L No 101- 336), ORS 659.425, and all amendments of and regulations and administrative rules established pursuant to those laws; and (iv) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and regulations. Any violation by the Contractor of any applicable law required in the provision of services hereunder shall constitute breach of this Contract, and Contractor shall be solely liable for any and all claims arising out of, connected with, or as a result of the violation.

12.   INDEMNIFICATION. The Contractor shall defend, indemnify, and hold harmless the County, its officers, agents, and employees from any claims, liabilities, demands, damages, actions, or proceedings arising from or relating to the negligent acts or omissions of the Contractor in connection with the performance of any services required hereunder. The Contractor shall be responsible for any damage to property, injury to persons, and any loss, expense, inconvenience, and/or delay that may be caused by, or result from, the carrying out of services under this Contract.

13.   INSURANCE. The Contractor shall, at its expense, obtain the following insurance coverage and keep them in effect during the entire term of this Contract:
   a.   Comprehensive General Liability Insurance (including contractual liability and completed operations coverage) with a per occurrence limit of not less than $2,000,000 and an aggregate limit of not less than $4,000,000, covering all activities and operations of the Contractor;
   b.   Commercial Automobile Liability Insurance, with a per occurrence limit of not less than $2,000,000 and an aggregate limit of not less than $4,000,000, for all owned, non-owned, and hired vehicles used in the performance of the services required hereunder; and
   c.   Professional Liability Insurance, including Errors and Omissions coverage, with a per occurrence limit of not less than $2,000,000 and an aggregate limit of not less than $4,000,000, to protect against all loss suffered by the County or third parties, including financial and consequential loss, caused by error, omission, or negligent acts related to the work or services provided under this Contract.
   d.   Additional Insurance Requirements:
      i.   All insurance policies shall be written on an occurrence basis and be in effect for the term of this Contract. Written authorization from the County is required for any insurance policy written on a claims-made basis. Any insurance policy authorized to be written on a claims-made basis shall be in effect for the term of this Contract plus for three (3) years after the termination of this Contract.
      ii.   Insurance coverage shall apply on a primary and non-contributory basis.
      iii.   Prior to commencing services, the Contractor shall furnish current Certificate(s) of Insurance for all required insurance to the County. The insurance must be provided by an insurance company or entity that is authorized to transact the business of insurance and issue coverage in the State of Oregon, with an AM best rating of at least A-. The Certificate shall provide, by policy endorsement, if necessary, that the County, it's officers, employees, agents, and volunteers are additional insureds with respect to the Contractor's services provided under this Contract and that there shall be no cancellation, termination, non-renewal, material change to, potential exhaustion of aggregate limits, or reduction of limits of the required insurance without at least 30 days written notice from the Contractor or its insurer to the County. If requested, the Contractor shall provide complete copies of insurance policies to the County.

14.   TERMINATION.
   a.   Termination for Convenience. Either the Contractor or the County may terminate this Contract in whole or in part whenever such party determines that termination of the Contract is in the best interest of the County, provided that such termination shall only occur at the end of the Initial Term. The terminating party will provide a written notice of a termination for convenience at least hundred and eighty (180) calendar days before the intended termination date. Such termination shall be without liability or penalty, and in no circumstance shall the Contractor be entitled to lost profits for work not performed due to termination. No termination for convenience shall prejudice any obligations or liabilities of either party already accrued prior to the effective date of termination.

b. <u>County's Termination for Cause</u>. The County may immediately terminate this Contract without liability or penalty for either of the following causes by the mailing of written notice to the Contractor at the Contractor's address provided herein, specifying the cause:

    i. The Contractor breaches any of the provisions of this Contract;

    ii. The Contractor no longer holds all licenses or certificates that are required to perform the services required under this Contract;

    iii. The County lacks lawful funding, appropriations, limitations, or other expenditure authority at levels sufficient to allow the County, in the exercise of its reasonable discretion, to pay for the Contractor's services; or

    iv. Federal, state, or local laws, regulations, or guidelines are modified or interpreted in such a way that either the services under this Contract are prohibited, or the County is prohibited from paying for such services from the planned funding source.

c. <u>Contractor's Termination for Cause</u>. The Contractor may terminate this Contract for cause if the County fails to pay the Contractor pursuant to this Contract. The Contractor may also terminate this Contract for cause if the County commits any material breach or default of any covenant, warranty, obligation, or agreement under this Contract and such breach or failure is not cured within thirty (30) calendar days after delivery of the Contractor's notice, or such longer period as the Contractor may specify in such notice.

d. <u>Termination Option for Chronic Problems.</u> Either party may terminate this Contract without liability or penalty by notifying the other party within ten (10) days following the occurrence of either of the following:

    i. Customer experiences more than five (5) Unscheduled Downtime periods in any three (3) consecutive calendar month period; or

    ii. Customer experiences more than eight (8) consecutive business hours of Unscheduled Downtime due to any single event.

Such termination will be effective immediately after receipt of such notice by the terminating party.

e. <u>Suspension.</u> If Contractor is materially hampered in fully performing hereunder for any reason outside of Contractor's reasonable control including without limitation any Force Majeure Event (all of which events are herein called "Disability") County may suspend use of the Web Services and its obligations to make subscription fee payments to Contractor during the period of such Disability.

f. Termination of County account shall include (i) removal of access to all Web Services, and (ii) deletion of login protocols. Promptly after the effective date of termination, and upon payment of all outstanding balances, the Contractor shall send the County an electronic copy of its "Customer Data" in a machine readable and commercially reasonable electronic format (such as MS SQL or comparable) of the Contractor's choosing. The Contractor shall make every reasonable effort to provide the data to the County but will not be held liable if the County does not make necessary arrangements for receipt of data within ninety (90) days of termination.

15. FORCE MAJEURE. Neither the County nor the Contractor shall be held responsible for delay or default caused by fire, riot, civil disobedience, acts of God, or war where such cause was beyond the reasonable control of the County or the Contractor. The Contractor shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under this

Contract. The risk of loss or damage to the subject matter of this Contract shall be upon the Contractor until such time as the County has accepted the services required hereunder.

16.   ASSIGNMENT; DELEGATION; SUCCESSOR. The Contractor shall not assign, delegate, nor transfer any of its rights or obligations under this Contract without the County's prior written consent; provided, however, it shall not be deemed to be an assignment or transfer of this Contractor, if the Contractor has a change of control in which more than 50% of the issued and outstanding stock of the Contractor is transferred to a third party. The County's written consent does not relieve the Contractor of any obligations under this Contract, and any assignee, transferee, or delegate is considered the Contractor's agent. The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties to the Contract and their respective successors and assigns.

GOVERNING LAW, JURISDICTION, VENUE, & ATTORNEY FEES. This Contract shall be governed and construed in accordance with the laws of the State of Oregon, without resort to any jurisdiction's conflict of laws rules or doctrines. Any claim, action, suit, or proceeding (collectively, "the claim") between the County (and/or any other agency or department of Yamhill County) and the Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of Yamhill County for the State of Oregon; provided, however, if the claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. The Contractor hereby consents to the *in personam* jurisdiction of said courts. Each party shall be responsible for the party's attorney fees, costs and disbursements at all times including appeals.

17.   RECORDS. The Contractor shall maintain all fiscal records relating to this Contract in accordance with generally accepted accounting principles. In addition, the Contractor shall maintain any other records pertinent to this Contract in such a manner as to clearly document the Contractor's performance hereunder. The Contractor acknowledges and agrees that the County, the Oregon Secretary of State's Office, the Federal Government, and their duly authorized representatives shall have access to such fiscal records and all other documents that are pertinent to this Contract for the purpose of performing audits and examinations and making transcripts and excerpts. All such fiscal records and pertinent documents shall be retained by the Contractor for a minimum of six (6) years (except as required longer by law) following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.

18.   NOTICES. All notices, bills, and payments shall be made in writing and may be given by personal delivery or by mail. Notices, bills, and payments sent by mail should be addressed as follows:

County: Yamhill County Health & Human Services
            ATTN: Lindsey Manfrin
            535 NE 5th Street
            McMinnville, Oregon 97128
            manfrinl@yamhillcounty.gov

Contractor: Ensoftek
            ATTN: Anurag Naidu

735 SW 158th Avenue, Ste 140
Beaverton, OR 97006
anu@ensoftek.com

19.   NOT A FOREIGN CONTRACTOR. The Contractor is an Oregon corporation and is otherwise qualified to transact and conduct business in the State of Oregon.

20.   TAX CERTIFICATION. The Contractor hereby certifies that it is not in violation of any Oregon Tax Laws and that the Contractor shall continue to comply with Oregon Tax Laws during the Term of this Contract. Pursuant to ORS 279B.045, the Contractor's failure to comply with the Oregon Tax Laws is considered a default for which the County may terminate the Contract and seek damages and other relief as available. For purposes of this certification, "Oregon Tax Laws" means those programs listed in ORS 305.380(4).

21.   WAIVER. The failure of either party to enforce any provision of this Contract shall not constitute a waiver by that party of that or any other provision of this Contract, or the waiver by that party of the ability to enforce that or any other provision in the event of any subsequent breach.

22.   ENTIRE AGREEMENT. This Contract, together with the other agreements described herein constitutes the entire agreement between the parties on the subject matter hereof. No waiver, consent, modification or change of terms or provisions of this Contract shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Contract.

23.   COUNTERPARTS. This Contract and any subsequent amendments may be executed in any number of counterparts (including by facsimile, PDF, or other electronic transmission), each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one agreement binding on all parties.

24.   SEVERABILITY. If any provision of this Contract shall be held invalid or unenforceable by any court or tribunal of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision, and the obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.

25.   SURVIVAL. All rights and obligations shall cease upon termination of this Contract, except for those rights and obligations that by their nature or express terms survive termination of this Contract. Termination shall not prejudice any rights or obligations accrued to the parties prior to termination.

THIS CONTRACT, TOGETHER WITH THE OTHER AGREEMENTS DESCRIBED HEREIN, CONSTITUTES THE ENTIRE CONTRACT BETWEEN THE PARTIES. NO WAIVER, CONSENT, MODIFICATION OR CHANGE IN TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY BOTH PARTIES. SUCH WAIVER, CONSENT, MODIFICATION OR CHANGE, IF MADE, SHALL BE EFFECTIVE ONLY FOR THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS OR REPRESENTATIONS, ORAL OR WRITTEN NOT

SPECIFIED HEREIN REGARDING THIS CONTRACT. THE CONTRACTOR, BY SIGNATURE OF ITS AUTHORIZED REPRESENTATIVE, HEREBY ACKNOWLEDGES THAT HE/SHE HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

IN WITNESS WHEREOF, the parties hereto have executed, or caused to be executed, this Contract on the date indicated by their duly authorized officials.

ENSOFTEK, INC

By: _____
        (signature)

Date: ___*6/10/25*___

_____
Ramana Reddy
       (printed name)

_____
President/CEO
        (title)

YAMHILL COUNTY, OREGON

Kit Johnston
8E58DDAC84AB478...
KIT JOHNSTON, Chair
Board of Commissioners
      Date: 6/27/2025

Lindsey Manfrin
FEB18FF1C3564C2...
LINDSEY MANFRIN, Director
Department of Health & Human Services
      Date: 6/30/2025

FORM APPROVED BY:

Christian Boenisch
42D9EF9444634DC...
Christian Boenisch
County Counsel

      Date: 6/27/2025

APPROVED AS TO CONTENT:

By *Shane Hoffman*
2117F9BB90B442B...
Shane Hoffman, I.T. Manager

      Date: 6/27/2025

Date: _____

Approved by the BOC on: 06/26/2025
via Board Order No.: 25-193

Exhibit A

YAMHILL COUNTY

Electronic Health Record System

STATEMENT OF WORK

Purpose

This document defines the services and deliverables being provided by EnSoftek, Inc. (hereafter "EnSoftek") to the Yamhill County Health & Human Services (YCHHS) Department, located in Willamette Valley of Oregon. The activities associated with implementing the system have been identified through a set of tasks itemized within this Statement of Work (SOW), and through the EnSoftek proposal submitted in response to the YCHHS' request for proposals. To the extent any conflicts arise between quantities or levels of service as between this SOW and the EnSoftek proposal, the higher standard or measure of work or quantities shall prevail.

The SOW defines the principal activities and responsibilities of all parties for the Software and Implementation Services for an Electronic Health Records (EHR) System (hereafter "EHR" or "DrCloudEHR") to support Yamhill County (hereinafter called the "County") Health and Human Services. Unless otherwise indicated from the context in which it is used, the word "system" will refer to the compilation of the foregoing subsystems, interfaces, and ancillary systems.

Deliverables Overview

This section lists and defines the project deliverables that EnSoftek will provide based on the RFP statement of work. The scope of services covered in the RFP is to provide the YCHHS with Software and Implementation Services of DrCloudEHR that allows YCHHS to modernize and improve upon the YCHHS back-office and citizen facing services.

- Assess current business processes and workflows.
- Define areas of alignment to the proposed software solution as well as gaps and define action plans to better align any processes and gaps to out-of-the box software functionality within a reasonable tolerance.
- Train YCHHS Super Users on the use/configuration/maintenance/security/etc., of the proposed software solution.
- Provide and assist with the development of training documentation.
- Assist with the configuration of the software solution.
- Develop defined integrations with other software systems.
- Lead the data conversion/migration process from legacy systems to the selected system.
- Assist with testing of the proposed software solution, including resolution of defects and configuration errors.
- Support the overall implementation process with those tasks and deliverables as is commonplace to the implementation of an enterprise software solution including but not limited to.
  - Project management.
  - Project governance.
  - Organizational change management advising.
  - Communication strategies, and.
  - Preparation of YCHHS for live production use of the proposed software solution.

The following information establishes the expectation of the minimum level of project management documentation to be provided by EnSoftek as a part of, but not exclusively, the resulting implementation services offered.

Exhibit A

As part of the implementation scope, following the signing of a contract, EnSoftek shall develop and provide YCHHS with the following items:

- Project Management Plan: a detailed Implementation Project Plan that, at a minimum, includes the following:
    - Objectives.
    - Deliverables and Milestones.
    - Project Schedule.
    - Resource Management Processes.
    - Scope Management Processes.
    - Schedule Management Processes.
    - Risk Management Processes.
    - Quality Management Approach.
    - Communication Management Approach.
    - Organizational Change Management Approach.
    - Status Reporting.
- Training Plan.
- System Interface Plan.
- Testing and Quality Assurance Plan.
- Pre- and Post-Implementation Support Plan.
- System Documentation.
- Risk Register.

Additional documentation about each Plan may be found in EnSoftek Technical Proposal.

Project Organization and Management

Project Management

Both County and EnSoftek will maintain a designated project manager who will direct the efforts and serve as the primary point of contact throughout the project.

EnSoftek will designate a senior experienced Project Manager that will be assigned for the duration of the project. This person provides a direct point of contact for the County. Coordinate and conduct the Project Kickoff Meeting. Develop and maintain the joint Project Plan. Provide frequent Status Reports as agreed upon by both parties.

The responsibilities of the EnSoftek Project Manager are included in EnSoftek Technical Proposal.

EnSoftek shall perform its obligations as set forth in this Statement of Work and the EnSoftek Technical Proposal. In addition, EnSoftek shall provide sufficient, qualified, knowledgeable personnel capable of performing EnSoftek's obligations as set forth in the Statement of Work and Technical Proposal. EnSoftek shall assign and meet the required staffing and resource needs for its provision of its Services. If the County notifies EnSoftek that it is dissatisfied with the services of any person supplied by EnSoftek, the County shall provide EnSoftek with a written description of such unsatisfactory services, and EnSoftek shall try in good faith to promptly resolve any concerns. If the County continues to be dissatisfied with such person due to issues related to performance, workplace conduct, or behavior, EnSoftek will remove that person from the situation and will assign another qualified person to the County work as soon as possible. EnSoftek agrees to use commercially reasonable efforts to maintain consistency of project personnel (subject to personnel employment status, promotion, leave of absence) and commits that replacement staffing resources will have sufficient project knowledge, qualifications and experience, without

Exhibit A

additional cost to the County, in order to render services in accordance with this Agreement. In such a case, EnSoftek will provide a replacement within a commercially reasonable time while preserving overall project timelines.

EnSoftek shall require each of its agents, officers, and employees to abide by any County policies that are communicated or provided in writing to EnSoftek, including those prohibiting sexual harassment, pandemic response, security, firearms, and smoking, as well as all other reasonable work rules, safety rules, or policies regulating the conduct of persons on County property at all times while performing duties pursuant to the Agreement. EnSoftek and its agents, officers, and employees performing services on County premises and otherwise using County software, hardware, or equipment, shall comply with all County security and information technology policies and practices. EnSoftek agrees and understands that a violation of any of these policies or rules will constitute a breach of the Agreement and will be sufficient grounds for termination of the Agreement by the County.

EnSoftek warrants that its Services will be performed in a good, timely, thorough, and workmanlike manner, in accordance with the Agreement and in a manner consistent with the same degree of skill and care ordinarily exercised by professionals performing similar services in the same locality or industry, at the same site, and/or under the same or similar circumstances and conditions. EnSoftek shall be responsible for the professional and technical accuracy and the coordination of all work furnished under this Agreement as further set forth in the Statement of Work and Technical Proposal. EnSoftek shall furnish appropriate qualified and competent professional services for each aspect and task for which it is assigned per the Statement of Work so that detailed checking or reviewing by the County is not necessary. Notwithstanding any provision to the contrary, County review, approval, testing, acceptance or payment for any of the Deliverables, Services, equipment, and/or materials furnished shall not be construed to operate as a waiver of any rights under this Agreement or any cause of action arising out of the performance of this Agreement. Without limiting the generality of other provisions of this Agreement, in the event that any aspect of EnSoftek's performance fails to comply with applicable law or Statement of Work due to EnSoftek's negligence, EnSoftek shall make all necessary corrections at no cost whatsoever to the County.

County will designate a Project Manager who will coordinate the County's efforts and serve as the primary point of contact for the County.

Project Organization (Kick-off) Meeting

Objective: Project Organization tasks include the establishment of the EnSoftek and County project managers, project team and the provision of a Project Kickoff/Organization Meeting. This task also identifies and communicates specific project tasks to be undertaken by EnSoftek and County. Timeframes will be established for the development of related project management deliverables under this Statement of Work, including the Project Plan.

Description: EnSoftek will facilitate the initial project organization meeting with County project manager as a work session designed to establish project organization and reporting and to set

Exhibit A

initial parameters on the overall project implementation. A key objective of this meeting is to provide implementation assistance to county personnel and answer outstanding questions and concerns related to the project.

Completion Criteria: This section is complete when a Project Kickoff Session has been held with EnSoftek and County representatives in attendance. With minutes and recording having been documented and distributed to all parties by EnSoftek.

Project Definition and EHR Functional Orientation

Objective: Establish base DrCloudEHR system setup in default configuration and conduct an EHR Review Workshop session and provide County with a current feature list of EnSoftek EHR functionality (EnSoftek RFP Response).

Description: EnSoftek project staff will meet with County assigned project team members and Super Users to provide a project overview to discuss project expectations, and to review intended outcomes as related to the EHR. The purpose of this task is to review the functional capabilities of the system software and contracted services to ensure that county personnel understand the conceptual details of the systems and understand the systems' operational parameters.

EnSoftek will discuss the intended use of each provided operational module with County personnel, define extended system parameters and other information that will be required to allow EnSoftek to configure the system for installation at the customer site. Review the County operational procedures and identify any County-specific requirements to meet general system level State Reporting requirements and other identified system operational requirements. Review data conversion approach.

This workshop provides an overview of the various EHR code tables and the requirements for gathering the data to build these files. The workshop also provides worksheets and reviews data import options to populate standardized tables. The session provides an overview of options available to County for performing County specific system tailoring and determining operational system parameters, as well as identifying areas where clinical practices or procedures may need to be amended to work with the system.

Completion Criteria: This task is considered complete when EnSoftek has set up the base DrCloudEHR system and conducted the EHR Review Workshop session and provided County with a review of EnSoftek EHR functionality and current state reporting interfaces. Completion shall be documented by EnSoftek and accepted by the County in writing.

Project GAP and Existing Practices Review

Objective: Review existing high-level County processes, current system utilization, and RFP requirements with EnSoftek Response to assist EnSoftek installation team in understanding general operational practices and developing the Gap Analysis Document for review and sign-off. Review the functional capabilities of the existing system software with a specific focus on identifying configuration recommendations and anticipated workflow changes to be implemented as part of DrCloudEHR.

Description: The session(s) are intended to review the current processes related to the EHR and develop a high-level, internal overview document summarizing the County's current workflow steps.

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The County will work with EnSoftek to develop a process flow summary document that will include a generalized description of the process. Additionally, EnSoftek will advise the County to develop Use Cases to define steps of the existing processes in specific program areas with an appropriate level of detail to assist with system configuration and be the baseline for User Acceptance Testing (UAT) to verify functionality and usability. The process document is not considered a specific project deliverable; however, the County will share the documents with EnSoftek. The process document will be used as an internal configuration scoping assessment for EnSoftek configuration recommendations and identification of identified system functional gaps. Identified functional gaps will be summarized and reviewed with the County project team as part of the configuration workshops.

Dependencies: Resource availability to demonstrate the existing system use.

Completion Criteria: This task is considered complete when EnSoftek has completed the EHR Process Review session and provide a process flow document to the County and identified enhancements discovered as part of the workshop as a project software configuration document. Completion shall be documented by EnSoftek and accepted by the County in writing.

Project Plan

Project Plan Development

The EnSoftek Project Manager will write the baseline Project Plan and deliver to the County EHR Team by way of County Project Manager for review and approval. The County Project Manager, along with YCHHS, will provide all necessary information and assist with tailoring, review, and approve the Project Plan.

The DrCloudEHR Project Plan shall describe tasks by: Objective, Description, Deliverables, Responsibilities of both Parties, Dependencies on other tasks, Completion Criteria, and Estimated Duration for all project components defined within the Statement of Work. The EnSoftek Project Plan shall describe the elements and define associated deliverables and resources. EnSoftek Project Manager will do adjustments to the initial project plan and will write and submit a detailed baseline Project Plan to the County for approval. Once approved, any changes to the baseline project plan will be processed through approved change control procedures. The Project Plan will include components as defined further in the deliverables section.

Completion of Project Plan Development upon acceptance of the baseline project plan, including all agreed upon elements, by the County EHR team by way of County Project Manager. Completion shall be documented by EnSoftek and accepted by the County in writing.

If EnSoftek is solely responsible for material delays in the project or completion of tasks, or providing such information or documentation required by the County to complete its tasks and obligations, the County shall not be responsible for any additional costs incurred as a result of schedule changes. If EnSoftek should cause any such material delays, failure or delay to complete its tasks or obligations or otherwise provide the County with the necessary information, tools, documents or deliverables to complete County tasks or responsibilities, the project schedule under the statement of work so shall be extended to not impact the agreed-upon timelines for the County to complete its tasks and obligations at no additional cost to the County. The County shall not be responsible for any costs associated with timeline extensions/delays cause by EnSoftek, including unavailability of staff, delays in staffing assignment/reassignment, conflicts in scheduling due to other EnSoftek engagements, lack of responsiveness, inability to meet agreed-upon deadlines, and lack of product or applicable commercial and operational knowledge of municipalities

Exhibit A

Project Schedule
Project Schedule Tasks

Objective: Establish and deliver the Project Schedule as a working document.

Description: The Project Schedule will be finalized and mutually agreed upon between the parties.

Deliverables: Baseline Project Schedule, Change Requests, Project Schedule Updates

Dependencies: Completion of the project organization meeting and review of the County implementation requirements.

Completion Criteria: This task is considered complete upon the approval of the preliminary project schedule as mutually agreed between EnSoftek and County Completion shall be documented by EnSoftek and accepted by the County in writing.

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Interface Specification and Plan

Objective: Specify required interfaces for DrCloudEHR, investigate feasibility for system interfacing, plan and schedule interface development, and implement required interfaces for the County.

Description: All system interfaces will be developed and deployed in accordance with the EnSoftek interface specifications and plan as accepted by the County. Once accepted, the development interface specifications and plan will be the final documents and be incorporated into the contract forthwith. All interfaces are subject to dependencies and are partially reliant on factors beyond the control of EnSoftek. As such, the deliverable items related to all interfaces are directly dependent on the availability of external resources (connections to foreign systems, data, and other external components). EnSoftek interface will be installed; however, EnSoftek has no control over other vendors and their timeline/ability to bring their side of the interface operational. Delays related to the required dependencies are not the responsibility of EnSoftek.

All interfaces with other products will be completed as quickly as possible, however without the cooperation of the third-party software vendors, implementation could be delayed. This would not be the responsibility of EnSoftek and outside the scope of the SOW.

In the event current vendors change between execution of the contract to implementation phase, a Change Order Form will be required for the new interface. Where possible, EnSoftek will attempt to use existing interfaces for new requirements. In the event that a new interface needs to be developed/ established, EnSoftek reserves the right to require additional costs, to be defined through change control procedures.

Deliverables: Interface Specification and Plan Documents, Accepted Change Orders, Interface Requirements updates, Interface Plan updates, System Interfaces with verified functionality

EnSoftek's Interface Plan is included as part of the Technical Proposal response below.

Implementation Plan

EnSoftek's detailed Implementation Plan is included as part of EnSoftek Technical Proposal.

Data Conversion Plan

EnSoftek's detailed Data Conversion Plan is included as part of EnSoftek Technical Proposal.

Training Plan

Training Plan Tasks

EnSoftek's training philosophy starts with understanding the YCHHS staff's experience, expectations, and point of view of how the solution best integrates into current processes and protocols. EnSoftek will work closely with the YCHHS to identify the staff and the role they will play to adapt our training session(s) best suited to their needs. EnSoftek will support the County to apply multiple strategies to ensure staff receives the training they need.

Super User Training "Train the Trainer"

Objective: Ensure designated Super Users are able to use DrCloudEHR and comprehensively train all users with various roles in the system. EnSoftek will support the county to ensure users can operate all necessary components of DrCloudEHR with ease and understand the necessary tools and resources they have access to (answer staff questions or refresh their knowledge).

Exhibit A

Description: EnSoftek will train designated County Super Users according to the Training Plan described in the Technical Proposal.

Deliverables: Tailored training sessions, easy-to-understand documentation, and multiple knowledge transfer sessions. Training Materials as defined in the Technical Proposal response.

Dependencies: Requires system to be setup to review during the training.

Completion Criteria: Training session is provided.

EHR User Training

Objective: Provide support for County Super Users as they deliver training to County Users training in accordance with Training Plan.

Description: YCHHS designated Super Users will provide training to EHR users throughout the county utilizing "Train the trainer" services from EnSoftek as described and agreed to by both parties in the Training Plan.

Deliverables: Training Documentation, User Manuals, Training Plan Updates, In-training Incident Support

Dependencies: User Access, Materials and Use Cases developed, appropriate training data transferred/ entered

Completion Criteria: This task will be completed once on-site training classes for both County staff and County-selected end-users have been conducted as specified on the training plan.

Acceptance Testing Plan

Acceptance Testing Plan Tasks

Objective: Define, plan, and execute all required acceptance tests to verify system functionality and capability to successfully implement DrCloudEHR.

Description: User Acceptance Testing will occur through the course of DrCloudEHR Implementation. User Acceptance Testing requirements, if required, are defined as part of the completion criteria for each specific component of the implementation to which they pertain.

EnSoftek Project Manager will work with the County project team, develop an "Acceptance Test Plan" to provide a general procedure for user acceptance testing and consolidate testing requirements defined for components of the implementation defined within this Statement of Work. The EnSoftek Project Manager will assist the County in the development of the system acceptance criteria for each task/ project component with specified acceptance criteria in the Implementation Plan and develop the Acceptance Test Plan that will detail the procedures to be utilized for the acceptance tests.

Deliverables: Acceptance Testing Plan Document, Approved Change Order Forms, Project Plan Updates

Dependencies: System modules, functions, interfaces, etc. are established prior to testing, clearly defined business requirements for system functionality.

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Completion Criteria: This task is considered complete upon mutual acceptance of the written Acceptance Test Plan by EnSoftek and County project manager(s).

Go-Live Plan

Ensoftek will work with the County to develop a Go-Live Plan to be accepted by the county.

Post Go-Live Plan

Ensoftek will work with the County to develop a Post Go-Live Plan to be accepted by the county. The plan will commit both parties to: See DrCloudEHR SLA and Web Services Agreement included in EnSoftek Technical Proposal.

Project Completion and Sign Off

EHR Final Acceptance

Objective: Complete post go-live final system acceptance with the following tasks associated with the final acceptance milestones.

Description: Perform a series of acceptance tasks based on the following time periods.
1. Within three (3) days of completion of final phase of system "Go-Live" EnSoftek will certify completion of the EHR system set up in writing to the County.
2. Upon receipt of notification EnSoftek and County project managers and YCHHS will ensure that all work per this Statement of Work, and any project change orders, has been completed and will acknowledge go-live acceptance of the system in accordance with the Acceptance Testing Plan.

Completion Criteria: This task is considered complete when the system acceptance criterion, as described in the Acceptance Plan, has been met and final system acceptance has been acknowledged in writing by the County.

Acceptance Processes

EnSoftek shall coordinate and facilitate procedures to review, inspect and test deliverables and services and to gain County feedback and complaints, all to identify defects, deficiencies and problems with the Project during all stages of this SOW. All materials, equipment, work and services of any kind or nature be in conformance with the requirements of this SOW, the Technical Proposal, and the Agreement. Following EnSoftek's review, inspection and testing and its prompt correction of all defects or deficiencies in the materials, equipment, work and services, it shall determine, in accordance with the standard of care set forth in the Agreement, whether said materials, equipment, work and/or services is ready for County acceptance. If no, then EnSoftek shall take such actions as may be necessary to correct the inadequacy. If yes, then EnSoftek shall certify to the County its conclusions with all back up documentation, and request County written acceptance of such deliverables or services.

The County shall, within seven (7) business days or as otherwise mutually agreed to, accept or reject each service, milestone, or deliverable and notify EnSoftek of the same.

If the County does not agree the particular service, milestone, or deliverable meets the specifications identified in the SOW, or lacks the documentation necessary to make that determination, the County shall notify EnSoftek, in writing, with reasoning within seven (7) business days of receipt of the service, milestone, or deliverable.

EnSoftek shall address any deficiencies and redeliver the service, milestone, or deliverable within a mutually agreed upon timeframe based upon the complexity of the deficiencies. The County shall

Exhibit A

then have five (5) business days, or as otherwise mutually agreed to, from receipt of the redelivered service, milestone, or deliverable to accept or again submit written notification of reasons for rejecting the service, milestone, or deliverable.

This acceptance process will continue until the County Accepts each deliverable.

County failure to timely reject a service, milestone, or Deliverable shall not be construed as a constructive acceptance. In such an event where EnSoftek is without fault, EnSoftek's sole remedy shall be an equitable extension of time in performance.

DR CLOUD EHR

ENSOFTEK

Software and Implementation Services for an Electronic Health Record (EHR) System

TECHNICAL PROPOSAL

for

YAMHILL COUNTY 1843

HEALTH AND HUMAN SERVICES

Due Date: March 20, 2024

Submitted By:		Submitted To:
Name:	EnSoftek, Inc.	Yamhill County
Address:	735 SW 158th Avenue, Suite 140	638 NE Davis Street
	Beaverton, OR 97006	McMinnville, OR 97128
POC Name:	Jeff Miller	Exhibit B
Email:	jmiller@drcloudehr.com	B.O. 25-193 Terry Malay
Phone:	(503) 643 1226 x 129	YCHHS Administration, Contracts

www.drcloudehr.com

TABLE OF CONTENTS

List of Abbreviations and Acronyms

Abbreviations and Acronyms	
MBE	Minority Business Enterprise
ONC	Office of the National Coordinator
HIT	Health Information Technology
EHR	Electronic Health Record
CMS	Centers for Medicare and Medicaid Services
MIPS	Merit-based Incentive Payment System
HIPAA	Health Insurance Portability and Accountability Act
PI	Promoting Interoperability
MU3	Meaningful Use Stage 3
FedRAMP	Federal Risk and Authorization Management Program
HIE	Health Information Exchange
DoD	Department of Defense
IT	Information Technology
OHA	Oregon Health Authority
ADA	Americans with Disabilities Act
NISTIR	NIST Interagency/Internal Report
UCD	User-Centered Design
ERA	Electronic Remittance Advice
MOSA	Modular Open System Architecture
HL7	Health Level-7
FISMA	Federal Information Security Management Act
CONUS	Continental United States
AWS	Amazon Web Services
PMO	Project Management Office
PM	Implementation Project Manager
SME	Subject matter Experts
UI	User Interface
HITECH	Health Information Technology for Economic and Clinical Health
eMAR	Electronic Medical Administration Record
ADL	Activities of daily living
ICD	International Classification of Diseases
MDTP	Multi-Disciplinary Treatment Plan
CCR	Continuity of Care Record
EPCS	Electronic Prescriptions for controlled Substances
PDMP	Prescription Drug Monitoring Program
CPOE	Computerized Physician Order Entry
RCM	Revenue Cycle Management
AR	Accounts Receivables
CQMs	Clinical Quality Measures
CCBHC	Certified Community Behavioral Health Clinic
CDNs	Content Delivery Networks
AI/ML	Artificial intelligence (AI) and machine learning (ML)
CCBHD	Clackamas County Behavioral Health Division
ONCHIT	Office of the National Coordinator for Health Information Technology
SaaS	Software as a Service
MCHHS	Marion County Health and Human Services
SLA	Service Level Agreements
DCS	DrCloudEHR Client Services
OHP	Oregon Health Plan
YCHHS	Yamhill County Health and Human Services

ATTACHMENT A — PROPOSAL FORMS

Tab 1 — Company Introduction and Relevant Experience

A. TRANSMITTAL CERTIFICATION

By signature on the Proposal, the Proposer certifies that it complies with:

1. The laws of the State of Oregon and is licensed or qualified to conduct business in the State of Oregon.
2. All applicable local, state, and federal laws, codes, and regulations.
3. A condition that the Proposal submitted was independently arrived at, without collusion.
4. A condition that the offer will remain open and valid for the period indicated in this solicitation; and any condition that the firm and/or any individuals working on the contract do not have a possible conflict of interest.

If the Proposer fails to comply with the provisions stated in this paragraph, the County reserves the right to reject the Proposal, terminate the contract, or consider the Proposer in default.

Table 1-01: Transmittal Certification and Primary Contact Information

Field	Response
Name of the Proposer Representative/Primary Contact	Ramana Reddy
Title	President / CEO
Email Address	ramana@ensoftek.com
Name of Company	EnSoftek, Inc.
Address	735 SW 158th Avenue, Suite 140 Beaverton, OR 97006
Telephone Number	(503) 643 1226
Authorized Signing Officer (if different than above)	Ramana Reddy
Email Address	ramana@ensoftek.com
Signature of Authorized Officer of the Firm	
A signature provides the County with the Proposer's acknowledgement and acceptance of the RFP terms, requirements, and conditions, and the execution of same during the discharge of any succeeding contract.	
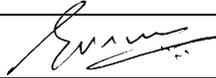
B. TRANSMITTAL LETTER / EXECUTIVE SUMMARY

Terry Malay
YCHHS Administration, Contracts
638 NE Davis Street, McMinnville, OR 97128

Subject: EnSoftek's response to Yamhill County Health & Human Services, Software and Implementation Services for an Electronic Health Records (EHR) System.

Terry Malay,

State of Oregon certified Minority Business Enterprise (MBE) EnSoftek, with headquarters in Beaverton, Oregon, presents its proprietary cloud-based Electronic Health Record (EHR) system, DrCloudEHR™ for Yamhill County Health & Human Services (YCHHS) consideration in its search for a comprehensive EHR system.

Overview

The pace of change in public and behavioral health has accelerated in the face of COVID-19 and its accompanying crises. The players across the behavioral health and public health landscape need to innovate to better serve the needs of people. Technological advancements (integrated care, increased care access, interoperability, artificial intelligence (AI)), and empowered consumers are creating a new future in "**whole-person care**". Yamhill County, adopting an innovative EHR system, can be transformative.

EnSoftek is keenly aware of the broad spectrum of essential services provided by YCHHS, encompassing behavioral health, developmental disabilities, and public health to all residents of Yamhill County. Through a combination of providing direct services and system coordination and development, YCHHS strives to enhance community health and safety in every part of the county. EnSoftek subscribes to YCHHS' mission *"-- to promote the public's physical, emotional, and social well-being through services, prevention, education, and partnerships"*. EnSoftek's vision aligns with this mission.

DrCloudEHR is certified by the Office of the National Coordinator (ONC) Health Information Technology (HIT) as a "Meaningful Use Stage 3 - Promoting Interoperability (PI)" certified EHR, meets the 21st Century Cures Act guidelines and is implemented and deployed at multiple county health departments in Oregon with a similar size and scope to YCHHS.

DrCloudEHR enables an innovative and proven service delivery model that dramatically improves healthcare outcomes. DrCloudEHR's System Architecture is expressly configurable, permitting tailored workflow enhancements to align with YCHHS needs. It will assist YCHHS staff in streamlining administrative requirements, operational processes, and the patient experience while supporting the staff's workload in a centralized EHR solution.

Whole-Person Care Solution to meet YCHHS' Mission

DrCloudEHR delivers a unique "whole-person care" solution encompassing Public Health, Behavioral Health Integration (BHI) and Social Determinants of Health (SDOH) to meet the YCHHS' mission and ever-changing and growing demands, processes, and care delivery approach, supporting each individual's abilities, needs, and desires.

The system has the flexibility and robustness needed to manage and integrate behavioral, social and physical health fields for care coordination. It is helpful to YCHHS staff and patients with self-service tools, allowing robust information exchange to support integrated care across YCHHS and its partners. It streamlines operations, enables YCHHS to have better access to complete and accurate information, giving your patients better physical and mental care and outcomes.

DrCloudEHR's value-based offering empowers YCHHS to provide services across a variety of settings, from public health, adult, youth and family behavioral health services, and intellectual and developmental disabilities (IDD) programs.

DrCloudEHR will exceed Yamhill County's objectives and goals

As a solution provider for multiple counties in Oregon, such as Washington, Clackamas, and Marion, we fell DrCloudEHR is the perfect integrated solution to fulfill the YCHHS mission. Our platform is built on the fusion of human-centered design, advanced data analytics, and innovative artificial intelligence and machine learning (AI/ML) capabilities.

Enhanced Collaboration

DrCloudEHR enhances collaboration among YCHHS clinicians and staff by providing a single point of access to patient records. It ensures that every member of the care coordination team is on the same page, fostering improved decision-making and better outcomes.

Intuitive Design

DrCloudEHR offers an intuitive design that makes navigation simple, ensuring all functionalities are straightforward and accessible. Its empathetic user experiences engage clients and empower staff.

Efficient Documentation

DrCloudEHR's user-friendly interface allows for easy documentation, reducing administrative overhead, and allowing providers more time to focus on patient engagement and outcomes.

Scalability

YCHHS needs are ever-growing and changing. DrCloudEHR is built to be scalable, which means it grows with the county's needs without the need for significant additional investments in new software or platforms.

Data Security

DrCloudEHR tackles one of the biggest concerns in healthcare management: data security. With advanced security measures in place, it ensures that sensitive patient data, including information about developmental disabilities, is handled with the utmost care and in compliance with all regulatory standards.

Customizable Workflows

As patient loads fluctuate and services evolve, YCHHS requires an EHR system that can adapt. DrCloudEHR's custom workflows can be tailored to meet the unique needs of YCHHS's diverse patient demographics and service requirements.

Actionable Analytics/Reporting

Equipped with robust analytics and AI/ML models, DrCloudEHR provides comprehensive data reporting tools and actionable insights to improve population health, predict and proactively mitigate risks, and demonstrate program impact. Whether it's tracking the spread of a public health epidemic or analysing behavioral health trends, the platform delivers insights that empower YCHHS to make informed decisions.

Patient Portal

Increased quality of care and services with an integrated Patient Portal that allows a secure messaging component that patients can use to communicate. The portal allows patients to register, search, setup, cancel or reschedule, fill out required forms, review lab reports, complete and sign forms electronically.

Oregon-Specific Interfaces

The Oregon-specific configuration of DrCloudEHR includes connectivity to the state reporting interfaces, integration with local and national lab interfaces, ER Visits, MOTS, ALERT IIS, Oregon MMIS, and ePrescribing, including PDMP support for controlled substances.

Revenue Cycle Management

DrCloudEHR is a comprehensive solution that streamlines your billing processes and maximizes revenue potential. Our integrated billing module provides a wide range of features, including payment allocation, statement generation, AR reports, and denials management.

Project Management, Implementation and Support

EnSoftek believes it is essential to understand YCHHS's need for a new EHR and demonstrate its commitment to becoming your trusted technical partner for today and well into the future. EnSoftek will configure DrCloudEHR to meet YCHHS-specific workflows and requirements, as well as meet and exceed your training and data conversion needs. Your organization will not be locked into a predetermined solution and will have control over its ability to meet your current and unique future requirements.

As part of our EHR implementations, we apply our proprietary DrAgile implementation methodology that comprises planning and analysis, agile development, and support phases. We will work closely with YCHHS' key stakeholders to gather requirements during the planning and analysis phase. Our team will analyze and create user stories to develop workflows, forms, interfaces, and reports, develop a transition plan and data migration process, incorporate sufficient user training, provide ongoing support, and secure uninterrupted access to DrCloudEHR.

EnSoftek has a well-established customer support/help desk organization, the DrCloudEHR Client Services (DCS) team, that will provide day-to-day support to YCHHS based on the agreed Service Level Agreement (SLA). The DCS team uses ServiceDesk and JIRA (Issues and bug tracking) software for gathering information and troubleshooting issues. The DCS team logs and reviews all user issues, requests, and suggestions. They track the issue and update the user until it is resolved.

Once your site goes live, YCHHS will have a Customer Success Manager who will provide insights and direction on continually using and extending DrCloudEHR to maximize efficiencies and ongoing configurations. EnSoftek will dedicate itself to exceeding expectations during implementation and throughout our partnership. With headquarters in Beaverton, Oregon, and local implementation and support staff, we are committed to being available for on-site meetings for the life of the project to ensure delivery of contractual obligation and 100% customer satisfaction.

In summary, we differentiate ourselves by not simply providing a product, but by offering a full-service solution to help YCHHS achieve the Quadruple Aim:

1. Improving health outcomes at the population level through coordinated, whole-person care.
2. Reducing costs through streamlined operations and data-driven decision support.
3. Enhancing client experience and engagement with user-friendly tools and expanded access to services.
4. Boosting staff satisfaction and productivity with intuitive workflows and reduced administrative burden, we believe DrCloudEHR meets YCHHS' requirements "out-of-the-box" and are dedicated to delivering an EHR solution that exceeds YCHHS's expectations.

As we will demonstrate further in our response, we are dedicated to providing a fully compliant and configurable system that integrates external agencies, wrap-around services, and other systems to provide accessible care for Yamhill County residents. By enabling better access to care, DrCloudEHR ultimately plays a role in creating value-based care and increasing access to health, recovery, and positive therapeutic outcomes through evidence-based, interoperable clinical information.

We have developed and organized our response as per the RFP's instructions, with no discrepancies or deviations from the outlined requirements. We acknowledge the receipt and review of Addendums No. 1, 2, 3, and 4. This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed—in whole or in part—for any purpose other than to evaluate this proposal without EnSoftek consent. Thank you for the opportunity to submit our response.

Sincerely,

Ramana Reddy
President/CEO

C. COMPANY BACKGROUND AND HISTORY

1. Proposer to provide a comprehensive historical statement of the firm, including any mergers, assignments, or other corporate changes during the past 10 years.

EnSoftek specializes in health & human services "whole-person care" solutions for commercial and government market sectors. Our mission is to optimize our customer's business drivers and integrated, value-based delivery incentives with our innovative, care coordination solution, DrCloudEHR. With headquarters in Oregon, and regional offices in Washington, DC, and Chicago, IL, EnSoftek has over 23 years of technology experience in building complex enterprise software solutions consistently using proven methodologies.

EnSoftek has assisted over 190 public and private sector enterprises and non-profits around the Country in an array of EHR and Health IT projects. We have also assisted our clients to evaluate cloud-based solutions and achieve "Authority to Operate" at the highest level, based on NIST and other federal information assurance standards.

2001-2006 ("Wave 1")	• Founded and operated EnSoftek as a software development & systems integration consulting company.
2006-2010 ("Wave 2")	• Launched Government Solutions vertical, won and executed several federal, state, and commercial contracts and Government Wide Acquisition Contract (GWAC) vehicles.
2010-2014 ("Wave 3")	• Launched Health IT vertical & created a modern **SaaS-based EHR solution, DrCloudEHR** for Primary Care with Health IT integration services. Built and deployed custom EHR solutions to the US Peace Corps and US Armed Forces Retirement Home.
2014 - 2022 ("Wave 4")	• Extended DrCloudEHR as a health and human services "complex care community" integrated care solution for commercial and government market sectors that enables value-based care, and meets the need for integrated/hybrid service delivery and consumer engagement. Achieved "Meaningful Use Stage 3" - "Promoting Interoperability" certification.
2022+ ("Wave 5")	• Extend DrCloudEHR to a true standards-based, interoperable EHR to provide home and community-based services; empower first responders/crisis managers/providers with tools and technologies to transform the level of care (increase access to health, recovery, and positive therapeutic outcomes); transform the way providers manage and share patient data (AI Analytics).

EnSoftek has had no mergers, assignments, or other corporate changes during the past 10 years.

2. Proposer shall complete the Company Background and History Table as provided below. If a partnership with third-party company is a part of the Proposal, the Company Background and History table shall be provided for each entity. It is expected that all points shall be addressed for each company involved in the Proposal, prime or third party. Proposer to copy the table as needed for each Partner/Third-Party Firm proposed and fill out for each.

Table 1-02: Company Background and History

Metric	Response
Name of Proposer:	EnSoftek, Inc.
(*Copy form and Complete if applicable for each*) **Name of Partner/Third-Party Firm:**	EnSoftek is not collaborating with any third-party company for this endeavour.
Total number of employees	Over 80 staff members.
Type and number of employees committed to the product and support being proposed	EnSoftek has a team of 52 skilled professionals who are experts in developing, implementing, and supporting EHR solutions. Our staff includes leaders in project management,

	support, and training to ensure comprehensive service delivery for this project.
Office locations (City and State)	Headquarters: Beaverton, OR Chicago Office: Hinsdale, IL Washington DC Office: Washington, DC
Total number of active public health clients	50+
Total number of active local government Health and Human Services clients using the proposed solution	DrCloudEHR is deployed and in active use at seven (7) Health and Human Services (local government) departments.
Total years offering proposed software solution	13 Years.
Total number of Oregon Government clients with breakout by Municipality, County, Other	DrCloudEHR is deployed and in use at Marion, Clackamas, and Washington County Health and Human Services organizations in Oregon.
Total number of completed implementations of the proposed product and version	DrCloudEHR v2025 has been successfully implemented, deployed, and is used at over fifty-five (55) organizations with thousands of users nationwide.
Largest active public health installation, including population	Washington County Health and Human Services: Washington County is a suburban county on the western edge of Portland, Oregon. Its boundaries extend from the City of Portland to the coast range. The current population is approximately 600,000 people.
Smallest active public health installation, including population	Marion County Health and Human Services: Located in the heart of the Mid-Willamette Valley, Marion County has a population of 345,920, stretches from the Willamette River to the Cascade Mountains and encompasses nearly 1,200 square miles. The county has 20 cities, including Oregon's capital, Salem.
Other products offered by the company	EnSoftek is currently focused on its proprietary EHR solution, DrCloudEHR.

D. RELEVANT EXPERIENCE

Relevant Experience

	Please describe your relevant experience working with Oregon entities (Counties, Municipalities, etc.)
1.	EnSoftek, an Oregon-based company, is dedicated to serving the needs of Oregon and its vibrant communities. Our mission goes beyond just providing an excellent EHR. We believe in fostering partnerships that benefit our valued customers in Oregon. Our dedication to this goal extends to the configuration of the "Oregon-Specific Solution" of DrCloudEHR with seamless connectivity to state reporting interfaces, integration with local and national lab interfaces, MOTS, ALERT IIS, Oregon Medicaid, and ePrescribing. We offer a comprehensive solution designed to make a difference in the lives of those we serve. DRCLOUDEHR OREGON DEPLOYMENTS
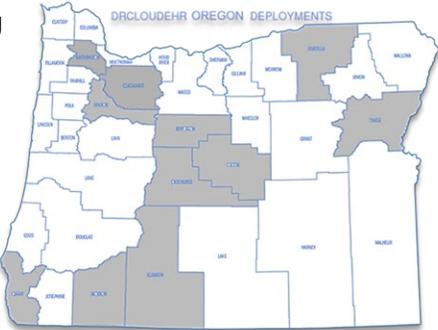
Oregon Counties, Customers & Services

- Oregon County Health and Human Services experience - Marion County, Washington County, and Clackamas County.
- There are currently over 15 Oregon agencies with over 1,500 professionals using DrCloudEHR to improve upon their business processes.
- Other provider in Oregon - BestCare Treatment Services, Addictions Recovery Center, OnTrack, Turning Point Recovery Services, Eastern Oregon Alcohol Foundation, New Directions NorthWest, Pfeifer and Associates, and others.

Local Presence

- Beaverton based MBE firm incorporated and certified in Oregon.
- Oregon-based implementation and support staff with extensive expertise in implementing and supporting EHR systems.
- Oregon-based executive team accessible within two hours drive.
- Easily accessible for on-site meetings with no travel costs.

Local Collaborations

- As an Oregon-based solution provider, we will continuously meet Oregon State's requirements.
- EnSoftek has worked with the Oregon Health Authority (OHA) and collaboration members to deploy a best-in-class automated Measures and Outcomes Tracking System (MOTS) module.
- DrCloudEHR integrates with the Oregon Medicaid Management Information System (MMIS), to access eligibility information for Oregon Health Plan members.
- DrCloudEHR provides seamless integration with Collective Medical for tracking and monitoring emergency services interactions for current and potential individuals receiving Diversion, Crisis Intervention, or other county-provisioned services.
- DrCloudEHR integrates with ALERT IIS, a state-owned immunization information system.

Oregon Associations & Partners

- Oregon Associations like the Oregon Council for Behavioral Health (OCBH).
- Oregon Partners like Reliance Health Information Exchange (HIE) provide input to the betterment of the DrCloudEHR community and solution.
- User groups with Oregon customers that meet quarterly.

	Please describe any relevant experience working with similarly situated public health departments, including any unique factors that arise during the implementation process.
2.	EnSoftek shares YCHHS's dedication and commitment to provide exceptional healthcare services to residents in Yamhill County. We have very relevant experience in transitioning Marion County Health

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and Human Services (MCHHS) from Raintree to DrCloudEHR. MCHHS was using Raintree for a similar length of time and so we intimately understand the challenges faced by YCHHS staff. We are committed to equipping counties with technology solutions and services that enable "whole person" care delivery.

Similar to YCHHS, MCHHS also has over 350 users and provides similar services and programs to its residents. The DrCloudEHR Oregon-specific solution was configured to meet the day-to-day varying workflows and needs of various MCHHS programs into one system, such as

Connect all your County Programs

- Communicable disease control
- Maternal child health services
- Early childhood nursing
- Environmental health
- Emergency Preparedness
- Immunizations
- Reproductive health
- HIV AIDS
- Sexually transmitted infections
- Women, Infants, and Children (WIC)
- Residential and support services
- Intensive services and support
- Adult outpatient mental health
- Child and Youth outpatient mental health
- Acute care
- Forensic & diversion services
- Emergency Services

EnSoftek also successfully implemented its fully integrated revenue cycle management features, General Ledger (GL) interface and analytics reporting, providing MCHHS with a comprehensive view of their organization. With this valuable insight, MCHHS staff are empowered to make informed decisions to further improve the care delivery process and so can YCHHS.

Unique factors that came up during implementation:
- The County had to change their internal Project Manager three times.
- We had no direct access to SMEs.
  - We had to work closely with the County to reduce any impact this could have on the project timeline.
- One of our largest DrCloudEHR implementations during COVID-19.
  - We had all our discussions and requirements meetings remotely.

DrCloudEHR is also deployed at Washington County Health and Human services, and Clackamas County Behavioral Health Division, which has similarly diverse programs with varying needs. Implementing DrCloudEHR at these Public Health departments has had a positive impact on the community by enabling prevention, early intervention, and treatment for better health and well-being.

	Identify two recent project implementations that are most comparable to the County's proposed implementation, and provide a project profile for each, including: scope of modules; project duration; any unique requirements or circumstances that were a part of, or came up during, the project; etc.
3.	DrCloudEHR transforms the way Oregon County's meet their growing needs by streamlining processes and enhancing quality care delivery. Our powerful solution caters to individual abilities, requirements, and preferences. It seamlessly integrates with all programs to handle practice and client management, scheduling, reporting, interoperability, and patient access. We've configured DrCloudEHR to facilitate seamless information exchange with external entities for enhanced integration and collaboration in County-wide healthcare initiatives. The table below showcases three recent project implementations of DrCloudEHR, featuring similar programs and modules to YCHHS.

Table 1-03: Similar Implementations to YCHHS

Scope of Modules	Marion County Health and Human Services	Washington County Health and Human Services	Clackamas County Behavioral Health
Multi Program Support	✓	✓	✓
Behavioral Health	✓	✓	✓
Developmental Disabilities	✓	✓	
Public Health	✓	✓	
Healthcare Records Management	✓	✓	✓
Patient Registration/Referral	✓	✓	✓
Calendar & Scheduling	✓	✓	✓
Intake and Eligibility	✓	✓	✓
Immunizations	✓	✓	✓
Assessments	✓	✓	✓
Case Management/Care Treatment	✓	✓	✓
Discharge / Outgoing Referral / Closing	✓	✓	✓
E-Prescription and eMAR	✓	✓	✓
Computerized Physician Order Entry (CPOE)	✓	✓	✓
Patient Education Materials	✓	✓	✓
Clinical Decision Support	✓	✓	✓
Clinical Quality Measures	✓	✓	✓
Patient Portal	✓	✓	✓
Telehealth	✓	✓	✓
eFaxing	✓		✓
Reporting and Analytics	✓	✓	✓
Revenue Cycle Management	✓	✓	✓
Customer Support Services	✓	✓	✓
On-site Training	✓	✓	✓
Security and Compliance	✓	✓	✓
Agile Implementation approach	✓	✓	✓
Multi-Facility Support	✓	✓	✓
Project Duration	24 months	12 months	12 months

4.

Please describe implementation barriers or challenges that have been experienced working within Oregon on implementations. What proactive steps are planned in this proposed project to mitigate similar challenges?

Based on our experience implementing DrCloudEHR for similar counties in Oregon, below describes the project areas that have the most barriers or challenges and proven mitigation practices EnSoftek has employed to minimize them.

Interoperability: There are 3 or more partners that must collaborate to assure the proper platform, design, and data sharing. If not coordinated properly, the project is put at risk. EnSoftek understands it is imperative to have all parties at the table when planning and deploying an interoperable solution. This is a task that must be completed timely with the right resources.

Mitigation: EnSoftek Project Manager takes the responsibility to coordinate all the parties and provide reporting on the overall collaboration so that the project objectives are met while closely monitoring participation for on-time and on-budget completion.

Failure to lock down final specifications: As with any task, if the finish line is not well defined, you can never truly know that the objectives have been met. Scope changes and missed sign-off dates are an assured occurrence, causing the need for an additional budget. Accurately defining the deliverable and how success will be measured is imperative from the early stage of a project.

	Mitigation: To start the project, EnSoftek meets with stakeholders to define deliverables based on the outcomes needed. Drilling down each deliverable to detail the data collection, design, processes, and required results tied back to the objectives allows EnSoftek and the YCHHS to define the finish line. Understanding that things can and likely will always change over time, following the same Gap Analysis process for updating the required outcomes leads to success.

Project staff allocation: Every project requires participation from agency staff regardless of how much of the project build is completed by the vendor. There is no way to guarantee the precise time that is required from YCHHS staff before the engagement. When YCHHS allocation of time is not flexible or if insufficient attention is placed on involvement during implementation, the project will experience missed stakeholder objectives and miss guided deployment results.

Mitigation: EnSoftek manages each project with measures that analyses resources to ensure that the project stays on track. Using a set of key performance indicators, the project team will monitor potential resource risks to recognize, communicate, and make the proper adjustments. During the project planning and gap analysis phase, and again throughout the project, a review of the type of resources and the quantity of resources that are needed will be completed and reviewed for change.

Staying focused: Consider that changes are inevitable. Requirements change, processes change, priorities change, people change, etc. Projects that do not stay aligned with stakeholder goals and objectives or new directives enacted over time cannot deliver on time, on budget, or target.

Mitigation: Setting the right expectations and discussing the potential risks upfront sheds light on areas that may render project risk. EnSoftek uses a combination of communication planning, CCB, attendance tracking, project documentation, and ongoing reviews that forces the project deliverables to stay in focus. |
| | **What sets the product(s) and services that your firm proposes apart from competitors' products and services? Why should the County select your firm to partner with?** |
| **5.** | In today's healthcare environment, YCHHS is harnessing the power of technology to coordinate data from multiple sources to maximize the value of healthcare. At EnSoftek, we understand the importance of seamless data integration, real-time collaboration, and secure patient engagement. Our goal is to empower organizations with an EHR solution they trust, enabling them to fully focus on the well-being of their community.

Over the past twenty years, we've seen many changes in the EHR industry. Today's products are characterized by precise structure and architectural direction with limited ability for configurations/customizations. EnSoftek sets itself apart in this landscape. Our DrCloudEHR isn't just a disciplined system, but one that's thoughtfully personalized for every customer with an easy-to-use user interface. We provide superior configuration options—for screen layouts, process management, and data reports (easy access to your data)—ensuring that it adapts to YCHHS' unique requirements. DrCloudEHR's exceptional standards of configuration, coupled with our commitment to continuous product evolution, interfaces, and integrations, make it a robust, feature-rich solution.
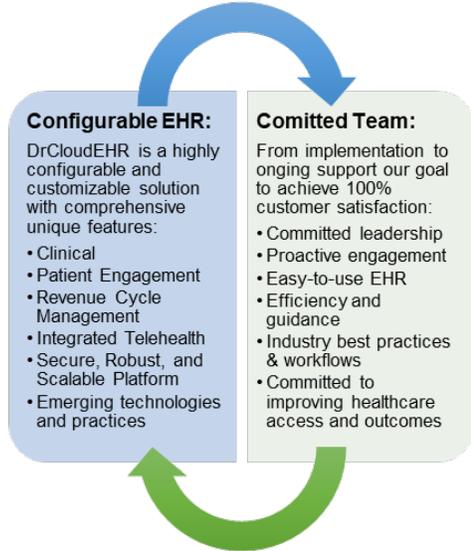
Configurable EHR: DrCloudEHR is a highly configurable and customizable solution with comprehensive unique features:
• Clinical
• Patient Engagement
• Revenue Cycle Management
• Integrated Telehealth
• Secure, Robust, and Scalable Platform
• Emerging technologies and practices

Comitted Team: From implementation to onging support our goal to achieve 100% customer satisfaction:
• Committed leadership
• Proactive engagement
• Easy-to-use EHR
• Efficiency and guidance
• Industry best practices & workflows
• Committed to improving healthcare access and outcomes |
| | **Describe any relevant experience migrating clients from Raintree Electronic Medical Record, if applicable.** |
| **6.** | EnSoftek Raintree data migration experience includes our recent implementation of DrCloudEHR at Marion County. We worked closely with Marion County to identify the data that needed to be migrated and removed potential roadblocks. We developed import strategies (data analysis, review of import templates/data, and training) to mitigate any challenges and prepared a detailed timeline that included data migration, management, and backup plans. |

	Our team mapped all the existing patient information onto the DrCloudEHR platform. We ensured that all essential data, such as demographics, diagnoses, notes, and medication histories, were thoroughly collected and transferred. With this recent relevant experience, EnSoftek is committed to making YCHHS's transition to DrCloudEHR a seamless experience.
7.	Please describe any experience working with an agency that has hired an implementation consulting firm to aid in EHR vendor selection/implementation. Describe the experience, challenges/benefits. EnSoftek has experience working hand in hand with healthcare implementation consulting firms like Open Minds, Zane Networks and others involved in selection and implementation of DrCloudEHR. We collaborated with them for RFP clarifications and worked closely to present our solution to stakeholders. Working with the implementation consulting firms' Project Manager, we developed and delivered project plans, staffing plans, risk and communication management plans, change management plans and collaborated closely during implementation to meet all the deliverables. A prime example of this collaboration is our partnership with an implementation firm selected by the Peace Corps to work with EnSoftek in creating a customized global EHR system known as PCMEDICS. This system was specifically designed to capture the healthcare provided abroad by Peace Corps Medical Officers and clinical staff in the United States and around the world. Recently, as part of the District of Columbia's Home and Community-Based Services (HCBS), Promoting Interoperability (PI) program, EnSoftek worked with Zane Networks (an eHealth DC technology assistance program manager), to transition eight (8) HCBS provider (inclusive of behavioural health, long-term support services, disabilities services, and housing support services) to DrCloudEHR. We worked together to ensure a seamless experience for HCBS providers and offered a range of support services to assist with the demonstration of new EHR technology and implementation. The benefits of implementation consulting firms we have experienced include implementation knowledge/expertise and client specific requirements guidance. During the system configuration and customization phases, they efficiently managed the project by coordinating with agency stakeholders, staff allocation, keeping the team focused, and understanding the roadblocks. Challenges were communication and consulting firm staff availability.

E. USE OF SUBCONTRACTORS

The Proposer shall identify any of the required Services that are proposed to be subcontracted, if any. This table is to be copied and filled out for each proposed subcontractor.

Table 1-04: Subcontractor Questions

Question	Response
Does your firm complete the implementations of the product being proposed or is this effort outsourced?	EnSoftek has a dedicated team of skilled professionals who are experts in developing and supporting DrCloudEHR implementations and does not outsource any services.
Has or will any portion of the proposed work be completed by subcontractors or contract employees?	We do not rely on subcontractors or partners to implement, maintain, and support DrCloudEHR. Our full-time staff members are committed to delivering the highest level of service and innovation to our clients.
This below portion of the table is to be copied and filled out for each proposed subcontractor.	
Name of subcontractor and address	Not Applicable.
Summary of Service and estimated percentage of Work the subcontractor will be providing.	Not Applicable.
Reasons for subcontracting	Not Applicable.
Experience	Not Applicable.
Detailed subcontractor responsibilities	Not Applicable.
Previous history of projects using the named subcontractor	Not Applicable.
Any additional relevant information	Not Applicable.

The County reserves the right to request a copy of the prime contractor/subcontractor contract verifying the prime contractor has the sole responsibility for any and all Services under this RFP and is financially liable, without exception, to the County for all Services contracted by the Proposer and the subcontractor under this RFP. The County reserves the right to request additional information regarding the subcontractor(s) as it relates to references, history of the firm, and other relative information that has been required of the Proposer to submit in this RFP. The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the County.

By signature (electronically or via ink) below on the Certification of Subcontractors/Partners, the Proposer and the Subcontractor/Partner certify that the Proposer has received the permission of the third-party to include the scope of software and services under the cover of the submitted proposal. Proposers are instructed to return a copy of this Certification table signed by an authorized firm agent as part of proposal responses.

Table 1-05: Certification of Subcontractors/Partners

Entity	Company Name	Representative Name	Title	Telephone Number	Email Address
Proposer	EnSoftek, Inc.	Ramana Reddy	President / CEO	(503) 643 1226	ramana@ensoftek.com
Partner/Third-party software provider	NA	NA	NA	NA	NA

Tab 2 — Software Solution, Data Conversion, Architecture, Security, and Hosting

DrCloudEHR is a Meaningful Use Stage 3–Cures Update certified HIPAA compliant robust, scalable EHR solution designed for reliability and high availability to support thousands of concurrent users. We understand that treatment requires a comprehensive, multi-disciplinary, and evidence-based approach, and we know an EHR must support this practice.

With a focus on providing Integrated Care, DrCloudEHR uses a hub and spoke model for data design and storage. Patient Demographic information is the hub, and documentation to support the various aspects of health services is the spokes. DrCloudEHR connects your continuum of care by integrating assessments, treatment plans, service notes, surveys, and revisions. Multiple tools are available to providers in one central system to edit, manage, monitor, and report on the delivery of comprehensive services for patients. Staff from multiple programs can collaborate on service delivery and ensure authorized documentation is completed as required.

We also integrate staff across multiple facilities and varying workflows and programs (behavioral health, developmental disabilities, public health) into one working DrCloudEHR environment. Ensuring secure access is imperative in protecting patient privacy, DrCloudEHR simultaneously upholds stringent limitations to prevent unauthorized staff from viewing sensitive health records outside their purview. This is similar in scope to YCHHS's needs and another example of how technology should fulfill the needs of the user—software servicing the user!
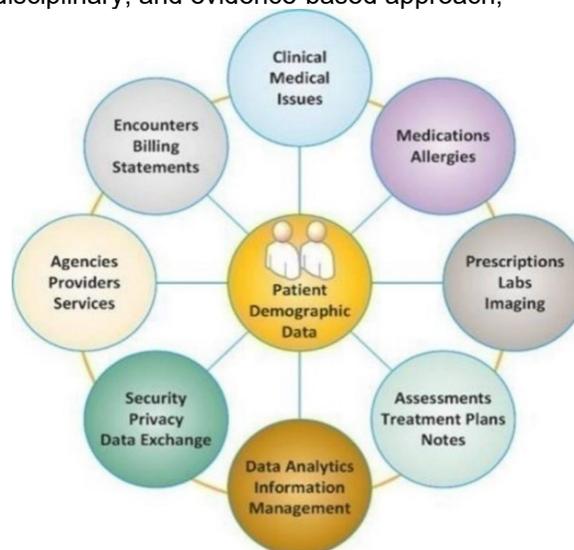
Patient-Centric System

DrCloudEHR Features and Functionality

EnSoftek fully understands the numerous challenges that organizations like YCHHS experience and has built its DrCloudEHR solution to help solve those challenges. DrCloudEHR has the following built-in functionality/modules to meet or exceed YCHHS's needs of service delivery, documentation, interface, and reporting requirements. During the implementation phase, our staff will work with YCHHS to understand and configure DrCloudEHR to meet the workflows and compliance requirements. We will build any required interfaces & integrations to support YCHHS.

➢ Ease of Use.
  o Customizable user interface (UI).
  o Mobile access.

➢ Intake Management.
  o Referral tracking integrated with pre-admission/admission movements.
  o Pre-admissions with waitlist management.
  o Bed management, leave of absence, and scheduling care in one integrated record.
  o Patient demographics and history, including all medical and nursing care, documented electronically following HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) privacy and operational regulations.
  o Active Problems, medications, allergies, immunizations, lab results, radiology images, medical procedures, vital signs, and personal statistics.

➢ Service Delivery.
  o Integrated assessments, problem lists, treatment plans, and service notes.
  o Centralized schedule and calendar management.
  o Activities of Daily Living (ADL) Management.
  o Intellectual and Developmental Disabilities (IDD) services.
  o Nursing, Therapy, Shift Reports, 24-Hour Nursing Summary.

- o Integrated Electronic Medical and Treatment Administration Record (eMAR/eTAR).
- o Group session management and group progress notes.

➢ Revenue Cycle Management.
- o Sessions and services tracking, custom coding support.
- o International Classification of Diseases (ICD) 9/10 support.
- o Billing/Accounts Receivable.
- o Integrated Electronic Claims Submission using Availity/OfficeAlly.
- o Integrated Patient Ledger.
- o General Ledger (GL) Interface with Quantum (Geneva).

➢ Document Management System.
- o Upload and store scanned files of any type by authorized staff.
- o Automatically indexed by patient ID, document type, service type, and date of service, and can be attached to a particular visit or encounter.
- o Stored on durable cloud drives and easily retrievable.

➢ Golden Thread™ (Proprietary Quality Management System)
- o The DrCloudEHR Quality Engine uses scalable, modular, evidence-based algorithms to meet compliance and audit requirements.

➢ Connections Suite for Interfaces and Interoperability.
- o Lab interfaces to place orders electronically to LabCorp, Quest, and Cordant.
- o Lab interfaces to receive results electronically from LabCorp, Quest, Sterling Labs, Millennium Health, Westox, Clinical Science Labs, Cytocheck, and Redwood Toxicology.
- o HL7 interface module to share patient data using ADT messages.

➢ General.
- o Alerts / Notification Management.
- o Security Management for Role-Based Access (Executive, Front Desk, Clinical, Medical, Financial, Billing, QA/Compliance, Auditor, Administrative, etc.)
- o Multiple Facility Support, Chart Review–advanced powerful charts and notes.
- o Standard Reports including Meaningful Use reporting.
- o Custom Reporting and Analytics, Executive Dashboard.

➢ Patient Portal
- o Collect pre-admission and ongoing patient information.
- o Collect credit card and debit card payments.
- o Provide secure access to the patient and the patient's authorized representatives.
- o Patients can request appointments, consults, and wellness visits.

➢ DrCloudEHR | Unplugged (Disconnected Solution)
- o Ideal for low bandwidth environments or when there is no internet access.
- o Secure encrypted access to your data for continuity in service delivery.
- o Synchronize encrypted data to your device automatically when connectivity is available; ensuring full HIPAA compliance and accurate record keeping.
- o Disaster recovery planning.
- o Data security with a remote system wipe - even if the laptop or tablet is compromised (e.g. lost), DrCloudEHR with industry-standard, remote-wipe capabilities, keeps your data safe.

➢ DrCloudEHR Telehealth Module.
- o Start telehealth sessions and complete documentation with access to the complete chart.
- o Patients can join the meeting using mobile devices from the comfort and privacy of their home, office, or other desired locations.
- o HIPAA compliant with cohesive, role-based clinical workflows, the secure sharing of multi-media (image, video, audio, and text) PHI with remote specialists.
- o Supports bi-directional, patient-centric collaboration across specialties and locations. Supports virtual video visits - multiple participants in one video session.

➢ DrCloudEHR Report Server [Shared Server Environment] Back-end Table Access.
- o Data stored in a secure MySQL database with access over SSH.
- o Reporting tools of your choice to access tables that are refreshed with current data daily.
- o Reports are managed outside DrCloudEHR. Additional Reporting tools are required.

- ➢ DrCloudEHR Advanced Report Writer Named User.
  - o Embedded DrCloudEHR Report Writer for custom real-time, ad hoc report generation.
  - o Generate clinical, financial, and management reports within DrCloudEHR.
  - o No additional tools are necessary for the Advanced Report Writer.

- ➢ DrCloudEHR Foresights Analytics Suite.
  - o Secure access to your Business Intelligence (BI) database, which is refreshed daily.
  - o Leverage an existing Reporting Suite that contains a continuously growing list of established dashboards and reports created through the Microsoft Power BI and Apache Superset tools published in DrCloudEHR.
  - o Dashboards and reports integrated into DrCloudEHR and available to be accessed by authorized and subscribed users.
    - ▪ Sample list of existing dashboards/reports include the Executive Dashboard, Expected Revenue Summary, Units Summary, Visits Summary, AR/Collections and Aging Report, Discharges, and Duration Report, Patients by Diagnostic Code, etc.

DrCloudEHR supports the following 3rd party Interfaces:

- ➢ Billing clearinghouses – Waystar, Availity, Emdeon, Office Ally clearing houses, Pay.gov, and PHTECH payment processing interfaces.

- ➢ Integrated Nuance 360 – Dragon Medical - Speech Dictation Service: Provides an easy-to-use cloud-based dictation service.

- ➢ Laboratory/Radiology Information Systems–Quest, LabCorp, Sterling Labs, Millennium Health, Westox, Clinical Science Labs, Cytocheck, and Redwood Toxicology.

- ➢ Secure Direct Messaging–Direct Trust certified interface partner EMR Direct.

- ➢ Integrated secure electronic faxing service using Upland Software/InterFAX.

- ➢ Televox Appointment Reminder Service.

- ➢ EPrescribing–DrFirst eRx interface with single sign-on for a unified experience.

- ➢ ChartMeds–Integrated ChartMeds eMAR solution to track all necessary information for administering medications.

- ➢ Document Management - Upload scanned documents, import documents received through our built-in internet faxing module, and index them into personalized folder structures for meaningful organization, quick search, and easy retrieval.

- ➢ Apache Superset and Microsoft Power BI for data analytics-leverage an existing Reporting Suite that contains a continuously growing list of established dashboards and reports created through Power BI and Apache Superset.

- ➢ Zoom and Webex Video conferencing for telehealth support.

- ➢ Credit Card Processing Integration with Global Payments Integrated.

- ➢ Integrated Patient Ledger, General Ledger (GL) Interface with Quantum (Geneva)

- ➢ American Society of Addiction Medicine (ASAM) CONTINUUM & Co-Triage.

- ➢ Oregon Measures and Outcomes Tracking System (MOTS)

- ➢ Immunization registry - ALERT IIS, the state of Oregon's computerized immunization information system, based on CDC system reporting requirements.

- ➢ Addiction treatment tracking - Methasoft Treatment Management System to track methadone doses dispensed to patients in the treatment of opiate addiction.

- ➢ Oregon Medicaid Management Information System (MMIS)

- ➢ Collective Medical PreManage - tracking and monitoring ER visits/interactions for individuals receiving Diversion, Crisis Intervention, or other provisioned services.

- ➢ Oregon Reliance eHealth Collaborative HIE.

- ➢ Signature Pads (Scriptel, Topaz, and Bamboo).

A. SUMMARY DESCRIPTION OF EACH FUNCTIONAL AREA

DrCloudEHR is an enterprise solution inclusive of the EHR, practice management, and scheduling in one database. All health data is stored as attributes of a single demographic record, enabling DrCloudEHR to promote effective care coordination of patients across Public Health, Behavioral Health and Developmental Disabilities.

Clinical Documentation and Case Management

Clinical Documentation

Past Encounter History

DrCloudEHR has an easy-to-use, intuitive user-friendly interface. Our intuitive design streamlines daily activities, ensuring accurate and efficient documentation and charting for YCHHS. With DrCloudEHR, staff can effortlessly complete assessments, treatment plans, service notes, surveys, reviews, and revisions. Plus, our Running History feature allows you to access previously entered information quickly without interrupting your workflow. It provides immediate access to pertinent patient information in a comprehensive, multi-disciplinary, and evidence-based approach.

Experience the power of DrCloudEHR with our proprietary Golden Thread™ rules engine. Our integrated quality management system generates instant alerts and notifications for pre-defined events. The system can define specific fields in the form and make them mandatory to streamline the clinical documentation at the point of care and assist with the decision-making process.

Consolidated Patient Summary

DrCloudEHR gives access to all essential patient information in one place with the consolidated patient summary. It easily lets you document and view clinical reminders, appointments, notes, vitals, allergies, medications, immunizations, and more in one place.

We have an ever-growing list of over 500 forms, assessments, and screening tools available in DrCloudEHR. Listed below are some relevant templates for the YCHHS.

ASAM Criteria based Alcohol & Drug Assessment - 6-dimensions assessment tool	Columbia-Suicide Severity Rating Scale (C-SSRS)
Clinical Assessment Base	Child/Adolescent Comprehensive Assessment
Functional Assessment	Initial Psychosocial Assessment
Mental Status Exam	Inpatient Psychosocial Assessment
Mini Mental Status Exam	Multi-Axial Problem Gambling Assessment
Nursing Assessment	Nutrition Intake Assessment
Nutrition Assessment	Generalized Anxiety Disorder (GAD-7)
Bio-Psycho-Social Assessment	Patient Health Questionnaire (PHQ-9)
Daily Assessment for Inpatient Psychiatry	Psychiatric Assessment
Admission Assessment	Recreation Therapy Assessment
Adult Mental Health Intake Evaluation	Risk Assessment
ASAM Re-Assessment	SNAP Assessment
Assessment of Self-Administration of Medications	WAC Assessment
Annual Physical Exam	Youth Psychiatric Assessment
Medical Assessment	7-week Family Assessment
Child and Adolescent Needs and Strengths (CANS)	Geriatric Depression Scale
Adult Needs and Strengths Assessment (ANSA)	Review of Systems

Biopsychosocial Assessment

Progress Note

Form Builder

DrCloudEHR provides comprehensive forms workflow, whereby multiple staff members can collaborate on a form together and sign as required. Sections of the forms are separated into pages or tabs so staff can move to different tabs even if required fields are missing.

The application provides a progress bar for forms completion and options for staff to leave forms in draft and return to them at a later time to complete. The order of the forms is completely configurable by authorized users. Once a workflow is created, it can be added to the forms cabinet to guide staff through the required forms. A powerful option available throughout DrCloudEHR is the "Copy Forward". This will allow information to populate from one form to another and be shared throughout the system, not requiring the data to be entered twice.
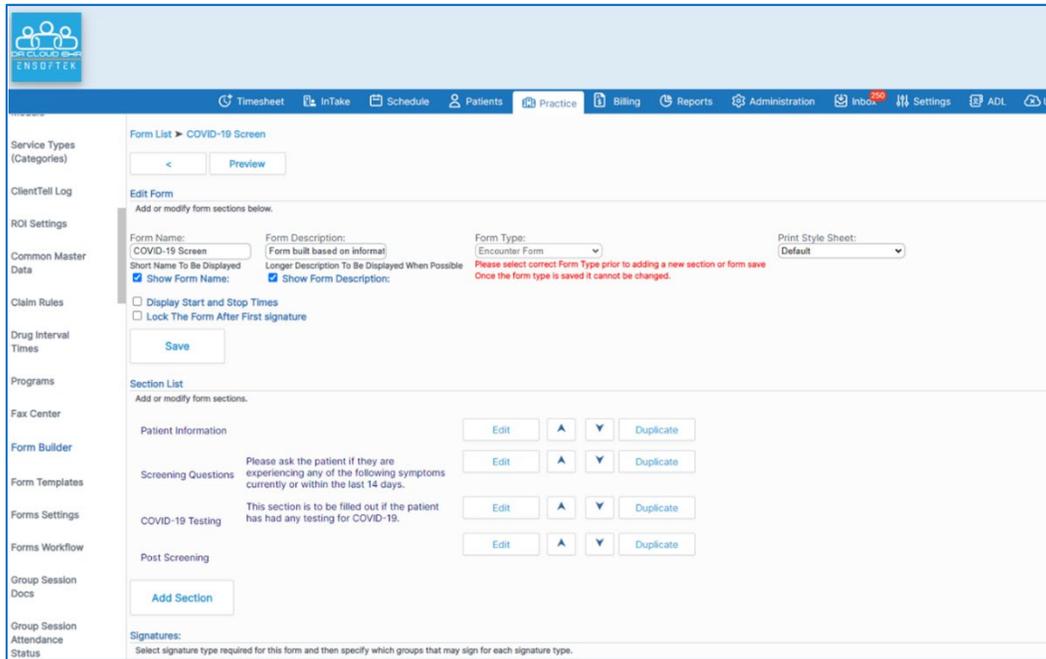
Form Builder

The DrCloudEHR "Form Builder" tool enables staff to build required forms in the system, including all existing YCHHS forms. It features simple fields, large text fields, drawing tool support for image annotation, character limits, audit trails, and multiple other options to enable users to capture documentation easily and intuitively complying with business process requirements and regulations. All the data is indexed and normalized to levels determined based on function, type of data, and expected results. This structure supports ad hoc querying and reporting for any form fields.

The Form Builder leverages the lists editor and pulls system data from other parts of the record to minimize free-form data entry. Staff can create multiple versions of a form and publish them for use. Staff can set up form workflows and update workflows to include the newer versions of the form while discontinuing the older versions. This enables organizations to build and use standardized forms in one centralized system, promoting consistent information and data capture processes across locations and multiple programs, avoiding redundancy.

Case Management

DrCloudEHR includes multiple tools tailored for case managers into one integrated system, designed to streamline the management of caseloads and elevate the reporting on the comprehensive care services delivered. With DrCloudEHR, YCHHS gains the capability to facilitate admissions for clients across various programs simultaneously, and staff from multiple programs can collaborate on service delivery and ensure documentation is completed per program requirements. DrCloudEHR offers an array of dynamic features–including an integrated inbox/activity center, automated messaging reminders, a robust scheduling system, comprehensive referral management, and a detailed encounter history. These features assist case managers, enhance the coordination of patient care, advocate for patient safety, while providing effective treatment options.

Our value-based offering significantly enhances the capabilities of YCHHS in maintaining and enhancing its program/service delivery through efficient data collection, streamlined care coordination, diligent referral tracking, and thorough outcome monitoring. Our seamless GoldenThread integration promises secured data interactions within YCHHS teams and between staff and patients, ensuring privacy and efficiency. DrCloudEHR empowers case managers to coordinate patient care with a particular emphasis on areas such as preventive measures, acute care scenarios, chronic disease management, and immunizations. It serves as a vital tool for case management staff, enabling them to access and evaluate patient details promptly, which is paramount for collaborative clinical decisions.

DrCloudEHR also assists staff in streamlining administrative requirements, operational processes, and the patient experience while supporting the staff's caseload in a centralized EHR system. Moreover, DrCloudEHR facilitates a reduction in administrative burdens, fine tunes operational workflows, and augments the overall patient experience. By congregating caseload management within a unified EHR system, DrCloudEHR lends a significant advantage to your staff, allowing them to concentrate on delivering quality healthcare instead of being impeded by manual data handling.

Reporting and Medical Records

DrCloudEHR provides easy access to your data and supports multiple methods to generate reports:

Standard Built-in Reports
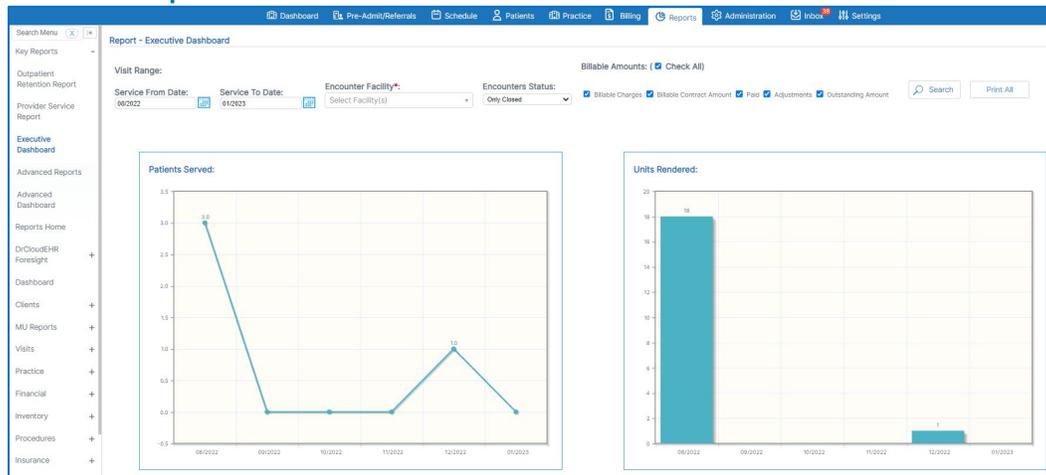
Built-in Reports

DrCloudEHR includes a library of standard easy-to-use built-in categorized reports for regulatory and operational needs, including meaningful use reporting. The DrCloudEHR database structure meets storage, high-performance, and reporting requirements and focuses on ensuring data integrity. All data is indexed and normalized to levels determined based on function, type of data, and expected results. This is done to support easy, ad hoc querying and reporting.

DrCloudEHR is an integrated solution that is standards-based and interoperable. It complies with federal mandates and state-reporting requirements and delivers real-time information for efficient healthcare delivery and reporting meeting compliance requirements. DrCloudEHR outputs data in CSV, SQL, XML, PDF, ISO/IEC 26300 - Open document Text and Spreadsheet, Word, LATEX, and other formats.

Custom Reports Generator

Along with the built-in standard reports, DrCloudEHR includes an integrated custom reports generator that provides an interface to generate various ad hoc reports and run self-designed queries to support clinical and management reporting, including the client outcomes required by the YCHHS. It helps improve treatment adherence monitoring, measuring, and reporting to local, state, and national stakeholders. The DrCloudEHR data model generates valuable reports that integrate demographics and associated services data easily and accurately. After some initial training, YCHHS users can easily create reports on their own. The DrCloudEHR Golden Thread quality and compliance management module provides tools to build rules, and the required reporting to ensure documentation compliance and staff adherence to quality.

This enables optimal data formats, conducive to ad hoc querying and searches using our Custom Reports Generator. All system and user-defined fields are available in the Custom Reports Generator for users to

query. We offer direct database access to a near real-time copy of the production database. The reports generator includes the ability of end-users to control access options to create reports and share them with specific user groups when needed. The custom report has the query saved for future use and is displayed under the Custom Reports Menu as a link so users with access can run it. It offers multiple sorting and grouping options along with standard built-in filter lists, such as facility lists, provider lists, and others. For those organizations that require access to the database for reporting with third-party tools, access to a reporting server, either in a dedicated, or a shared services environment, is deployed.

In addition, along with the built-in Custom Reports Generator, we also offer interfaces to third-party Business Intelligence (BI) and analytics tools:

- Microsoft Power BI for data analytics called DrCloudEHR Foresights.
- Interoperate with third-party systems through custom adapter plugins or APIs.

DrCloudEHR Foresight (Analytics)

DrCloudEHR Foresights supports a variety of data warehousing needs. Along with direct access to the data, we offer DrCloudEHR Foresight (Analytics) which works with DrCloudEHR's existing reporting suite and adds a library of interactive, graphical statistics/analytics reports and capabilities that allow you to gain deeper insights from your practice data. Powered by the **Microsoft Power Business Intelligence (BI) and/or Apache Superset** tools, Foresight securely refreshes practice data daily to dashboards and reports for up-to-date, actionable statistics/analytics. All reports are interactive, meaning the data display updates depending on the visual element you select. Most reports also include filters you can use to choose the data to display.

Executive Dashboard
- Summarize complex practice data points into easily digestible charts to better manage patient health and organization operations with data-driven decisions.

Expected Revenue Summary
- Forecast revenue by source to drive growth and address potential shortfalls.

Units Summary
- Gain insight into your practice rates, payment for specific procedures, and effect on revenue cycle.

Visits Summary
- Better understand patient visit trends with data from across data sources, including insurance, facility, provider, and patient.

AR/Collections and Aging Report
- Optimize your revenue cycle with interactive data identifying the age of open invoices and helping to manage slow-paying clients.

Discharges and Duration Report
- Monitor and improve your patient discharge process with graphical data for discharges, length of stay, and facility.

Patients by Diagnostic Code
- Get the latest status on your patients' health, what services were performed, and why.

Encounters by Provider ID
- Monitor encounter data to improve accuracy of revenue and productivity.

Drill Down on Data in an Interactive Foresight - The drill-down functionality in DrCloudEHR enables you to drill down on hierarchical data in bar graph reports. For example, depending on the graph, you can select a bar indicating a year and then drill down to update the chart to display data for each quarter, then each month, and then each day.

Drill Through Data in an Interactive Report - The drill-through functionality in DrCloudEHR enables you to focus on a category to view finer detail in specific charts. When you drill through a graph, the application displays a focused page containing the details.

Patients by Funding Source

Finance

DrCloudEHR's integrated Billing Module provides a full spectrum of Revenue Cycle Management (RCM) functions. It comprehensively covers billing functions, including real-time eligibility checking, data validation, error-checking, claims generation, review, submission of claims status, ERA processing, payment allocation, statement generation, Accounts Receivables (AR) reports, and denials management. DrCloudEHR supports defining fee schedules per payer as fixed or sliding scales and is easily accessed by staff. Financial Analysis is made simple through dashboards and standard and custom reporting. DrCloudEHR provides business intelligence, giving YCHHS both foresight and reflective insights into their agency performance.

The RCM tools integrate seamlessly into one interface to reduce a multitude of manual activities, preventing errors and providing the ability to manage its receivables following its specific business requirements. Availity, Office Ally, Change Healthcare, PHTECH, and Waystar are among the clearinghouses that DrCloudEHR collaborates with to provide billing services. DrCloudEHR can be easily configured to interface with other clearinghouses as required by YCHHS.

In a "Waterfall" model, DrCloudEHR enables the sequential application of fees and payments, where services are billed depending on whether they are shown as patient responsibility or payor responsibility. The waterfall model bills primary insurance first, then secondary, then any additional insurance if applicable, and finally any self-pay or patient balances are deemed patient responsibility which an agency may choose to collect or adjust per policy.

Producing complete claims for each third-party payor/guarantor is the primary aim of the DrCloudEHR billing manager. The charges are created automatically when the services are confirmed as delivered. Charges are automatically adjusted and can be further adjusted for specific reasoning. Before generating bills (a.k.a. Claims), DrCloudEHR will recognize the records as complete and compliant based on having the documentation (notes and Care/treatment plans) approved and signed. After the chart verification is complete, the billing manager will then review the details of the claim for required information, such as authorizations, identifiers, crosswalks, etc.

The Billing Rules engine, Claim Rules engine, and Contract Manager work together with the Billing Manager and Claims Manager to assist billers in claims processing and management. DrCloudEHR supports 837I, 837P along with CMS-1500 and UB-04 claims to Medicaid, Medicare, and any commercial insurance and different rules can be defined for each type of claim and payer. DrCloudEHR billing module supports multi-day claims on the CMS-1500 claim form to support payer requirements. The Billing Manager has multiple filters when searching for claims. They can be grouped by dates of service, claim

type, payer, and admission dates, amongst others. Most of these filters are available on the Claims Manager, Denials Manager, and Golden Thread error report.

DrCloudEHR includes a General Ledger interface to exchange data with Geneva Quantum, providing secure real-time financial data exchange. The Data export includes accounts receivable, accounts payable, and general ledger information so it can be viewed within a single unified platform. Integrating DrCloudEHR with Geneva Quantum ensures that all financial transactions are accurately recorded in the General Ledger automatically, eliminating the need for manual data entry.

Registration, Enrollment, and Authorizations

Demographics

Demographic information, such as the patient's address, date of birth, picture, insurance, and other information, can be updated on DrCloudEHR by authorized users. The patient summary in DrCloudEHR provides a holistic view of the patient. The patient demographic screen displays highlighted information in the top pane and the demographics information in the center pane. It also provides a search option to identify patients, including name, id, and date of birth (DOB). A thumbnail image of the patient photograph is shown in the title pane for quick and easy identity verification of the patient. The information in the title pane can also be customized to include the most recent vital information–specific values, program admission, along with key identity data elements.
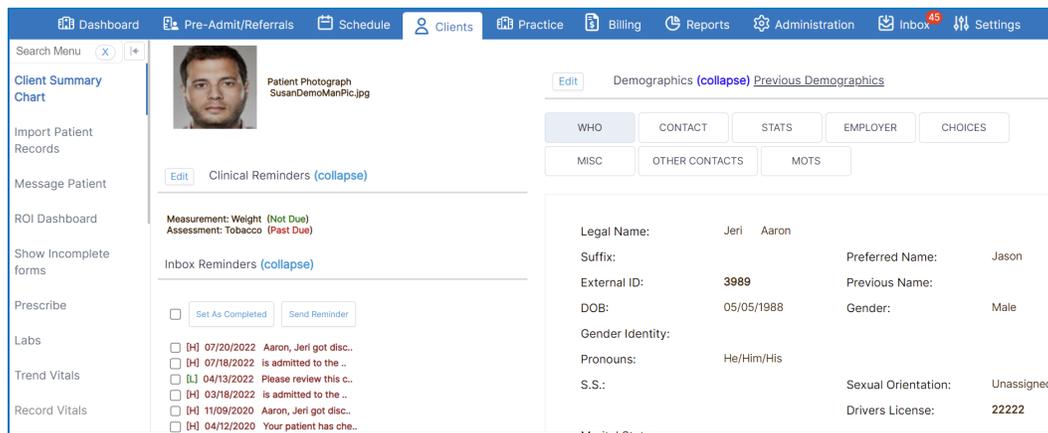
Demographics

All historical patient information is also available in DrCloudEHR and can be accessed as needed. This data includes past medical histories, lab results, diagnosis codes, medications prescribed, and other relevant clinical data. Updates to a patient's information can be performed by authorized users with role-based access. By doing so, the YCHHS providers are also complying with HIPAA and making sure all demographic updates are accurate and up-to-date.

Referrals

DrCloudEHR offers a referral module that enables outside professionals to send referrals to YCHHS by generating a web link that can be placed on your website or other appropriate forums. The referral module offers an integrated, online data capture webpage for use by referral sources to send all the information with attached files in a simple, secure manner. It facilitates the entry of complete referral information into the EHR for fast, easy evaluation and acceptance of the consumer. These inbound referrals are routed to the intake department, where the details can be processed appropriately within DrCloudEHR. The referral module provides configurable referrals capability to capture detailed information for new or existing client referrals, including the ability to capture insurance information and check eligibility.

Waitlist

The waitlist feature in DrCloudEHR is an important tool for YCHHS providers and administrators. It allows for patient scheduling, status tracking, and notifications of changes or updates to the waitlist. Patients can be placed on a waitlist when they request an appointment, but no available slots exist. When a slot becomes available, DrCloudEHR can notify the provider and patient of the change. This provides YCHHS with an efficient way to manage waitlists and identify newly eligible patients to become active patients in the system. By automating this process, waitlist management becomes much easier with DrCloudEHR.

Waitlist

Authorization tracking

DrCloudEHR supports authorization tracking by capturing and storing all the required data necessary to make an informed decision about eligibility, such as family history, medical history, functional abilities, psychosocial factors, and more. In addition, DrCloudEHR can provide evidence-based reports that apply to the authorization process, based on screenings and assessments. Within DrCloudEHR, authorizations received can be documented quickly and accurately. The system then tracks the services provided against encounters/visits. Authorizations can be set up by service code, units, amount, and number of sessions. These can be tied to a payor and specific programs or admit periods. DrCloudEHR can also be configured to notify staff based on thresholds established in the prior authorization record. This can help to ensure that a patient's care is continued with no interruption.

Medication Management

ePrescribing

e-Prescribing

DrCloudEHR has a seamless interface with DrFirst Rcopia ePrescribing solution which allows for electronic ordering of prescriptions and diagnostics in a unified manner. DrFirst includes complete capabilities for prescribing controlled substances (EPCS) and also for the organization to complete required prescription drug monitoring program (PDMP) reporting.
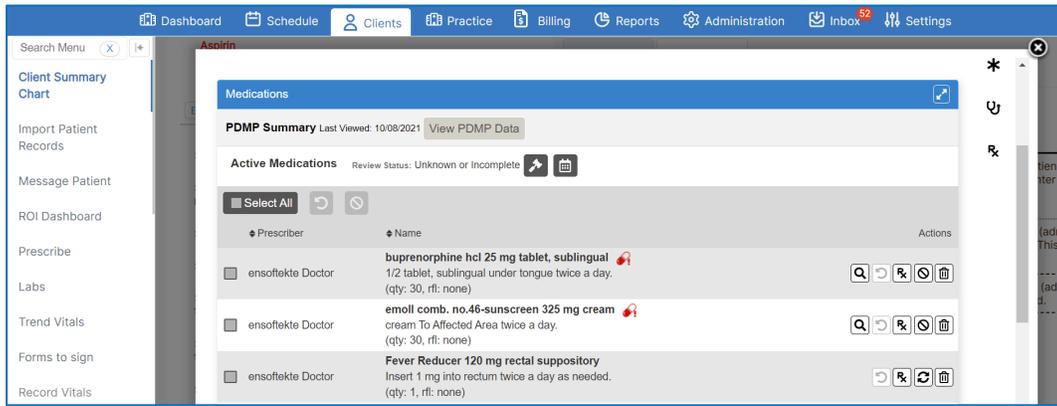
PDMP Summary

The DrCloudEHR ePrescribing interface enables providers to not only prescribe, modify, and refill medications but also maintain the medication history. DrCloudEHR has integrated checks for drug-drug/drug-allergy/drug-formulary interactions based on client medications and medical problems (diagnosis). A database of pharmacies is included so prescribers can look up and associate with preferred pharmacies. The system maintains a list of preferred pharmacies and educational resources which are available to staff to pick from. DrCloudEHR also includes a robust address book to store entries of various types and populate them into various forms.

eMAR

Right from the client chart, a provider can seamlessly start ePrescribing of medications that will then flow to the integrated electronic Medication Administration Record (eMAR). DrCloudEHR has a fully integrated ChartMeds eMAR solution to track all necessary information of administering medications. DrCloudEHR synchronizes medication and prescription information along with dosage information in the background and integrates it into the client chart, eliminating the need for duplicate entry of prescribed information. This information is then uploaded into the eMAR along with dosage information. Authorized staff can review these orders, dispense the medication, and put them on the MAR so clinical staff can use it for their medication rounds. DrCloudEHR also integrates with Methasoft Treatment Management System to track methadone doses dispensed to patients in the treatment of opiate addiction.
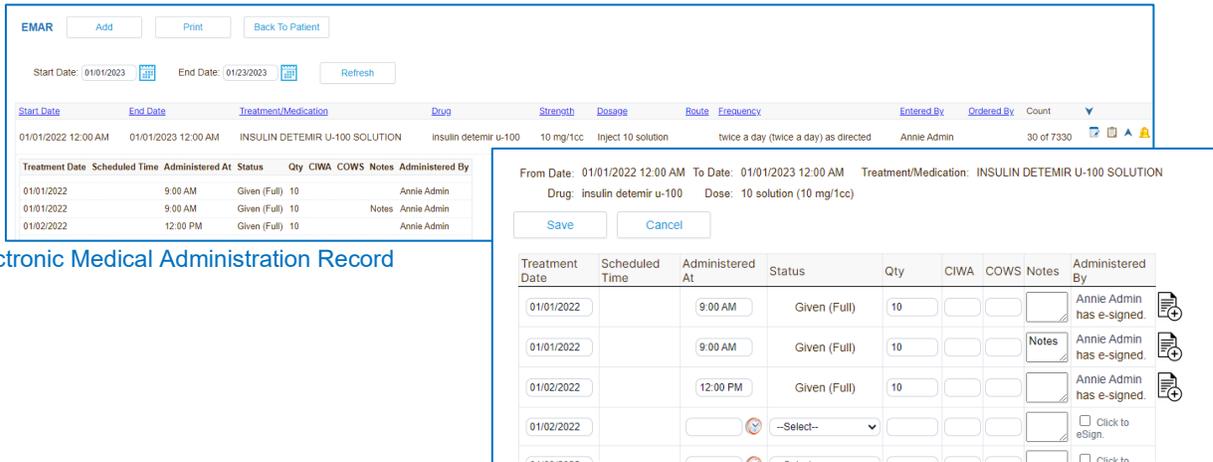
Electronic Medical Administration Record

Labs

DrCloudEHR integrates a Gold-Certified Lab interface for Quest (orders and receives results) and can place orders electronically to LabCorp and Cordant. We also support Quest, LabCorp, Sterling Labs, Millennium Health, Westox, Clinical Science Labs, Cytocheck, and Redwood Toxicology to receive results. DrCloudEHR can generate orders/lab requests based on the uploaded compendium and match the results to the client. The results are then incorporated and made available in the client chart, along with any reports/documents received from the lab partner. Authorized staff and physicians can review the lab results and sign them electronically.

Electronic Lab Ordering

Scheduling

DrCloudEHR is built around improving efficiency and productivity for healthcare delivery, which is why the integrated Calendar & Schedule module plays an important role in the clinical workflow. Setting up appointments, cancelations, and rescheduling for multiple providers and multiple facilities is supported by the module. The calendar supports daily/weekly/monthly viewing, searching, and printing, including searches for the next available appointment for a provider.

Certain activities like creating the encounter, fee sheet, and forms that are part of the configured workflow can be automatically started by configuring the Calendar & Schedule module. This presents many advantages to guarantee documentation is complete and coding being correctly done for various services performed.

Calendar & Scheduling

Individual sessions, group appointments, walk-in services, and appointments for any custom event can be created and color-coded. When patients are checked in for an appointment, the system can automatically create a billable encounter. The scheduler supports appointments that are tied to workflow or ad hoc documentation of care, e.g., walk-in appointments or emergency services. When adding a new event or appointment, staff can put notes in the comments field and these notes will appear when hovering over the appointment in the built-in calendar on the Schedule tab.

B. SOFTWARE DOCUMENTATION FEATURES AND FUNCTIONS

DrCloudEHR stands out from other EHRs not just for its robust clinical features and compliance with standards, but also for the exceptional user-friendly documentation that accompanies it. Recognized for its intuitiveness, the help system is designed with a wiki-style interface, making navigation and finding answers an effortless process for both end users and technical staff. Our goal is to provide timely, accurate, and effective help to a user who has questions on a particular feature or function.

This thorough documentation is integrated with a powerful custom search along-with contextual links to articles, step-by-step videos, that provide relevant information, making it easier for YCHHS staff to find what they need without interrupting their workflow and reducing the learning curve for staff. The DrCloudEHR documentation goes beyond mere user guides; it acts as a knowledgeable companion, paving the way for efficient use of DrCloudEHR, benefiting all who interact with it.

DrCloudEHR takes pride in not only providing cutting-edge technology but also in offering exceptional customer support in addition to the in-depth documentation. Our team of solution experts are available to assist with questions or concerns that may arise while using DrCloudEHR. Our responsive customer support, along with the user-friendly documentation, reflects our commitment to creating an exceptional user experience. In addition, we continuously update and improve our documentation based on user feedback, ensuring that it remains current and relevant.

C. PROPOSED SOFTWARE MODULES TABLE

Proposer to complete the table below. Proposed modules that are required to satisfy the requirements associated with the functional areas identified below cannot be proposed as complementary or optional.

Table 2-01: Proposed Functional Areas/Modules

Proposed Software Information
Product Component/Suite *(Name and Version of the Proposed Software Solution)*
DrCloudEHR is an enterprise solution inclusive of the EHR, practice management, and scheduling in one database. It covers all YCHHS functional areas/modules in one integrated solution, with all health data stored as attributes of a single demographic record, enabling DrCloudEHR to promote effective care coordination of patients across Public Health, Behavioral Health and Developmental Disabilities.
Time on Market
13 Years.
Release Date of Most Current Version
March 2024.
Next Major Release Date
July 2024.
Next Minor Release Date
April 2024.
Was the product proposed originally developed by your firm, or, was the product acquired from another developer/entity?
Yes, EnSoftek built DrCloudEHR under the guidance of a corporate medical advisory board experienced in family practice/primary care, public health, behavioral health, long-term care, radiology, cardiology, US Department of Defense (DoD) healthcare delivery, and Health IT system.
Was the proposed product originally developed for Mental Health? Was the proposed product adapted for Mental Health, Public Health, and Developmental Disability? If so, what was the product's original intended user?
EnSoftek created and launched a modern, cloud based proprietary EHR, DrCloudEHR, to meet the needs for integrated service delivery and consumer engagement, starting with primary care functionality and extending to mental health and substance abuse. Over the years, the DrCloudEHR enterprise solution was purposefully expanded with specialized modules to support behavioral health, public health, assisted living, and developmental disability related functionality to support our intended users. Working closely with BestCare Treatment Services, (the largest provider of Behavioral Health services in Central and Southern Oregon, managing services to Jefferson and Crook County HHS) and its Chief Medical Officer Dr. Michael Price, EnSoftek extended its Oregon-Specific Solution of DrCloudEHR with seamless connectivity to state reporting interfaces, integration with local and national lab interfaces, MOTS, ALERT IIS, Oregon Medicaid, and ePrescribing. EnSoftek has had Dr. Price from BestCare on the Board of Advisors for DrCloudEHR for the past 10 years. He received his MD at OHSU and practiced family care in Redmond, Oregon. Following that, he got his substance abuse certification and joined BestCare. He was a primary contributor to the development of the behavioral health module for DrCloudEHR. Dr. Price currently lives in McMinnville.
If the proposed product was acquired, what was the date of acquisition?
DrCloudEHR is a proprietary solution built by EnSoftek.

What is the future roadmap for the proposed product? Is there an end of sales or support date for the product?

The DrCloudEHR future roadmap is guided by a national advisory board, featuring expert input from medical professionals and industry leaders. Through their expert insights, EnSoftek is dedicated to providing innovative technology, intuitive, easy-to-use solutions that help providers deliver care effectively and efficiently.

There is currently no end of sales or support date.

2024	2025	2026
CCBHC Module 2.0	AI/ML-Smart Notes/ Documentation 2.0	IDD Module 3.0
Actionable Workflows 2.0	Actionable Analytics 2.0	Autonomous Coding 2.0
AI/ML-Smart Notes/ Documentation 1.0	Robotic Process Automations 2.0	Actionable Workflows 3.0
Provider App for iOS & Android 1.0	Population Health Management 2.0	AI/ML Treatment Planning 2.0
Robotic Process Automations 1.0	Patient Portal App for iOS & Android 2.0	Actionable Analytics 3.0
Autonomous Coding 1.0	Provider App for iOS & Android 2.0	Population Health Management 3.0
Patient Engagement 2.0	IDD Module 2.0	Patient Engagement 3.0
ADA Software Support 2.0	ADA Software Support 3.0	ADA Software Support 4.0

Does your company have plans to release a differing product that offers the same or similar functionality in the next 5-10 years?

No, EnSoftek currently does not have any plans to release a differing product that offers the same or similar functionality. As a technology company, we are continuously improving our DrCloudEHR platform.

Licensing Information

Describe how the software is licensed (e.g., named user, concurrent users, enterprise/site, power user) and the options available for licensing.

DrCloudEHR is offered as a Software-as-a-Service that is accessible by named users. It is an annual subscription per named user.

How many licenses have been proposed for each license type?

DrCloudEHR is a SaaS solution and offers only one type of user subscription (license type) for all types of users.

Are the same licenses required for all users, or would some users have a different license type than other users?

Yes, DrCloudEHR offers only one type of user subscription (license type) for all types of users.

How are new users added to the system? Are there incremental costs per user?

Additional named user subscriptions may be added as needed by YCHHS administrators or the DrCloudEHR client services team at an additional cost.

If an existing user separates from service at the County, may their license be re-assigned to a new staff member, or, must a license remain assigned to that staff?

When a staff member that has been assigned a subscription to DrCloudEHR leaves YCHHS, their password is deactivated, and the subscription is automatically ready to be reassigned to another staff member without additional cost to YCHHS. This pricing allows YCHHS to have controlled and predictable costs throughout its subscription agreement.

For external users (e.g. providers) that may periodically access the system, would a separate license be required?

All users accessing the system would require an active subscription.

Deployment Model			
Deployment Models Proposed to the County *(Corresponding Attachment C1 Cost Worksheets shall be completed for each separate deployment model proposed)*	County-Hosted (Perpetual License)	Proposer-Hosted (Perpetual License)	Software-as-a-Service (Subscription)
	☐	☐	☒

Summary of Modules Proposed			
No.	Functional Area	Name of Proposed System Module(s) to Address Requested Functional Area	Previous Third-Party Partnerships and/or Solutions Successfully Integrated* With
1	Clinical Documentation and Case Management	DrCloudEHR Enterprise Integrated Solution	N/A
2	Reporting and Medical Records	DrCloudEHR Enterprise Integrated Solution	N/A
3	Finance	DrCloudEHR Enterprise Integrated Solution	N/A
4	Registration, Enrollment, and Authorizations	DrCloudEHR Enterprise Integrated Solution	N/A
5	Medication management	Integrated DrFirst ePrescribing and ChartMeds eMAR Solution	N/A
6	Scheduling	DrCloudEHR Enterprise Integrated Solution	N/A
8	Pre-Registration	DrCloudEHR Enterprise Integrated Solution	N/A
9	Training	DrCloudEHR Enterprise Integrated Solution	N/A

Successful integration should include only those instances where both the software and the client are in production environments.

OPTIONAL AND COMPLEMENTARY MODULES
What other system modules or products, not included in the scope of your proposal, would the Proposer recommend to be complementary or optional to the Project Scope? Please include the module name and a brief narrative description of each such item.

EMR Direct Trust Mailbox: Securely share PHI through the Direct Trust Network for EHRs that are Meaningful Use certified.

Autonomous Coding: Computer assisted professional coding for billing and claims generation.

GenerativeAI based Documentation: The DrCloudEHR GenerativeAI Notes Module will assist authorized staff with their day-to-day documentation needs and save time.

DrCloudEHR Unplugged: DrCloudEHR Unplugged enables authorized staff the ability to use DrCloudEHR without an internet connection, store the data locally until the device can sync the data. It is ideal for:

- Low bandwidth environments or when there is no internet access.
- Secure encrypted access to your data for continuity in service delivery.
- Synchronize encrypted data to your device when connectivity is available; with HIPAA compliance.
- Disaster recovery planning.
- Data security with a remote system wipe - even if the laptop or tablet is compromised (e.g. lost), DrCloudEHR with industry-standard, remote-wipe capabilities, keeps your data safe.

D. PARTNERSHIPS/THIRD-PARTY PRODUCT RELATIONSHIP

Proposer to fill out the below table for each of the Partnership/Third-Party software product proposed.

☐Not applicable, no Partnership/Third-Party software proposed

Table 2-02: Partnership and/or Third-Party Product Identification

Name of Partnership/Third-Party Software Firm	Name of Software Product	Name of existing clients using DrCloudEHR system and the Partnership/Third-Party Software	Number of years Client has been using the two products together
DrFirst ePrescribing	RCopia	Over 40 clients currently using the integrated DrFirst ePrescribing, including BestCare, Marion County, Clackamas County, Leyden Family Service, Advanced Behavioral Health, etc.	Over 5 years
ChartMeds eMAR	ChartMeds	Three (3) clients currently using the new integrated ChartMeds eMAR, including Addictions Recovery Center, OnTrack Rogue Valley, and Marion County.	Over 1 year
Labs	LabCorp	Over 10 clients currently using LabCorp, including BestCare, Advanced Behavioral Health, Connections Counselling, etc.	Over 5 years
Global Payments Direct Credit card processing	Hosted Payment Page	Over 15 clients currently using the integrated Global Payments, including Addictions Recovery Center, On Track Rogue Valley, Key Recovery, etc.	Over 2 years
Waystar Billing Clearinghouse	Waystar	Over 10 clients currently using the Waystar Clearinghouse, including Leyden Family Service, Total Family Care Coalition, Federal City Recovery, Families First Counselling & Psychiatry, etc.	Over 3 years
Cisco Webex Telehealth	Webex	over FIVE (5) clients currently using the integrated Webex for Telehealth services, including Leyden Family Service, Advanced Behavioral Health, Liberty Health, etc.	Over 1 years
Upland Software eFaxing	InterFAX	Over 10 clients currently using the integrated InterFAX solution for eFaxing, including Marion County, BestCare, Families First, Maximon, etc.	Over 4 years

Name of Partnership/Third-Party Software Firm	Name of Software Product	Name of existing clients using DrCloudEHR system and the Partnership/Third-Party Software	Number of years Client has been using the two products together
Nuance 360 Transcription Services	Dragon Medical	Over 20 clients currently using the integrated Dragon Medical for transcription services, including Marion County, BestCare, Leyden Family Service, Advanced Behavioral Health, Liberty Health, etc.	Over 6 years
Televox Appointment Reminders	Televox	Over 10 clients currently using the integrated Appointment Reminder services, including Marion County, Clackamas County, Leyden Family Service, Advanced Behavioral Health, Liberty Health, etc.	Over 2 years
Signature Pads	Scriptel	Over 20 clients currently using Scriptel Signature pads for signatures, including Marion County, BestCare, Leyden Family Service, Advanced Behavioral Health, Liberty Health, etc.	Over 7 years
American Society of Addiction Medicine (ASAM)	CONTINUUM & Co-Triage	Six (6) clients currently using ASAM CONTINUUM & Co-Triage, including DC Recovery Community Alliance, Federal City Recovery Services, Total Family Care Coalition, etc.	Over 1 year
Microsoft	Power BI	Two (2) clients currently using Power BI for analytics, including Advanced Behavioral Health and Liberty Health.	Over 3 years

Partnership/Third-Party Information			

1. For each product proposed as a Partnership/Third-Party product, detail the options available to the County as it relates to contracting relationship between the County and the Partnership/Third Party

YCHHS would need the following contracts with Third-Party products to be supported.

Table 2-03: Third-Party Contracting Relationship

Third-Party Feature	Software	Contract to be established by
Labs	LabCorp	YCHHS
Credit card processing	Global Payments	YCHHS
Clearinghouse	Waystar	YCHHS
ePrescribing	DrFirst	EnSoftek
eMAR	ChartMeds	EnSoftek
Telehealth	Webex	EnSoftek

eFaxing	InterFAX	EnSoftek	
Transcription Services	Dragon Dictation	EnSoftek	
Appointment Reminder Services	Televox	EnSoftek	
Signature Pads	Scriptel	EnSoftek	
ASAM Criteria assessment	CONTINUUM & Co-Triage	EnSoftek	
BI Analytics	Power BI	EnSoftek	

2.	Proposer to provide the approach and responsibilities for managing the implementation and acceptance testing for each of the proposed Partnership/Third-Party products
	DrCloudEHR is fully integrated with the above third-party products and has successfully tested their interfaces. EnSoftek will allocate resources (time and effort) for Acceptance Testing to validate the credentials provided to YCHHS by third-party products. The EnSoftek implementation team will assess all current integration options available to YCHHS during the Gap Analysis phase. A Change Request (CR) will be necessary to address the gaps identified.
3.	Proposer to provide the approach and responsibilities for the SLA/maintenance related to the Partner/Third-Party provider
	EnSoftek supports the following SLA/maintenance for the proposed Third-Party products.

Table 2-04: SLA/maintenance for Third-Part Products

Third-Party Feature	Software	SLA Responsibility	
		Level 1	Level 2
Labs	LabCorp	LabCorp	EnSoftek
Credit card processing	Global Payments	Global Payments	EnSoftek
Clearinghouse	Waystar	Waystar	EnSoftek
ePrescribing	DrFirst	EnSoftek	DrFirst
eMAR	ChartMeds	EnSoftek	ChartMeds
Telehealth	Webex	EnSoftek	Webex
eFaxing	InterFAX	EnSoftek	InterFAX
Transcription Services	Dragon Dictation	EnSoftek	Dragon Dictation
Appointment Reminder Services	Televox	EnSoftek	Televox
Signature Pads	Scriptel	EnSoftek	Scriptel
ASAM Criteria assessment	CONTINUUM & Co-Triage	EnSoftek	ASAM
BI Analytics	Power BI	EnSoftek	Microsoft

4.	Proposer to submit references and qualification statements for each of the proposed Partners/Third-Party firms and attach as an Exhibit to Tab 2 and provide confirmation here of attaching the exhibit.
	References and qualification statements for each of the proposed Third-Party firms are attached as an Exhibit to Tab 2.
5.	Proposer shall indicate if the proposed approach utilizes a systems integrator or consulting firm as the third-party.
	EnSoftek's approach does not rely on a systems integrator or consulting firms.

E. GENERAL SOFTWARE QUESTIONS

General Software Questions	
	Proposer shall fully describe the integration/interface/data exchange capabilities of the proposed system, including available APIs, middleware, web services, etc.
1.	DrCloudEHR is built on Modular Open System Architecture (MOSA) principles that are scalable, modular and interoperable. The architecture enables DrCloudEHR to interface and communicate seamlessly with other systems like labs, billing clearinghouses, state reporting agencies, etc., ensuring our ability to exchange health information between providers and healthcare systems. It also promotes engagement by integrating into existing networks and interfacing with third-party systems. DrCloudEHR supports interfacing and exchanging data via: • HL7 file exchange, • APIs based on FHIR and web services (SOAP), • RESTful services, • Secure file exchange over Secure File Transfer Protocol (SFTP), • Send/receive CCD/CCDA data, • ADT messages, • Or other custom mechanisms. For more information, please refer to https://drcloudehr.com/drcloudehr-api-documentation/
2.	For available APIs, does the proposed pricing include access to the entire API library? What functionality is exposed in the systems' APIs?
	Yes, the proposed pricing includes access to the entire API library.
3.	Can you describe your proposed reporting features native to the system, and how County staff will be trained to develop and configure their own reports? Are there standardized reports? If yes, are they editable? Describe how standardized reports are created, archived, or purged.
	DrCloudEHR includes the following options for reporting: 1. A library of standard easy-to-use built-in categorized reports for regulatory and operational needs, including meaningful use reporting. These standard reports are customizable at an additional cost. These reports are created archived and purged by the DrCloudEHR product management team based on feedback from customers. Our implementation team will work with YCHHS to configure the required reports from the library per YCHHS approval. 2. Along with the built-in standard reports, DrCloudEHR includes an integrated Custom Reports Generator that provides an interface to generate various ad hoc reports and run self-designed queries to support clinical and management reporting, including the client outcomes required by the YCHHS. These reports are created and managed by YCHHS staff. Our training plan includes training on report writing and courses to help YCHHS staff easily create and manage reports on their own. 3. Direct secure access to the Reporting database, so YCHHS staff can use the tool of their choice to develop reports and analytics. We provide a detailed data dictionary for YCHHS reference. 4. In addition, we also offer interfaces to third-party Business Intelligence (BI) and analytics tools as part of the DrCloudEHR Foresights module. 　　a. Microsoft Power BI 　　b. Apache Superset
4.	What strategic decisions or direction is your firm taking or making related to the product being proposed today?
	EnSoftek is committed to innovate and improve the DrCloudEHR platform to provide a best-in-class EHR solution to health and human services agencies. Our Product Management and Engineering team is continually researching ways to improve the end-user experience and deliver day-to-day workflow improvements, by meaningfully applying technologies such as Robotic Process

Automation, Artificial Intelligence (AI)/ Machine Learning (ML), Predictive Analytics and so on. From time to time, our product team considers future state technology platforms that lead to enhanced service quality and reduced overheads. Ensoftek next generation product enhancements are focused around AI documentation and process optimization, to provide nimble, flexible and extendable solutions.

5.

Proposer to provide a description of the proposed system and application architecture for the proposed application.

EnSoftek's proposed EHR solution, DrCloudEHR, is a HIPAA-compliant browser-based application that uses the LAMP (Linux, Apache, MySQL, PHP) stack to deliver HTML5 and CSS based functionality to authorized users and YCHHS staff. DrCloudEHR is hosted on the FedRAMP-compliant Microsoft Azure Cloud Platform with infrastructure at multiple state-of-the-art data centers with physical security per established industry standards. EnSoftek has enterprise services and business associate agreements with Microsoft, enabling DrCloudEHR to be hosted on Microsoft Azure and Azure Government.
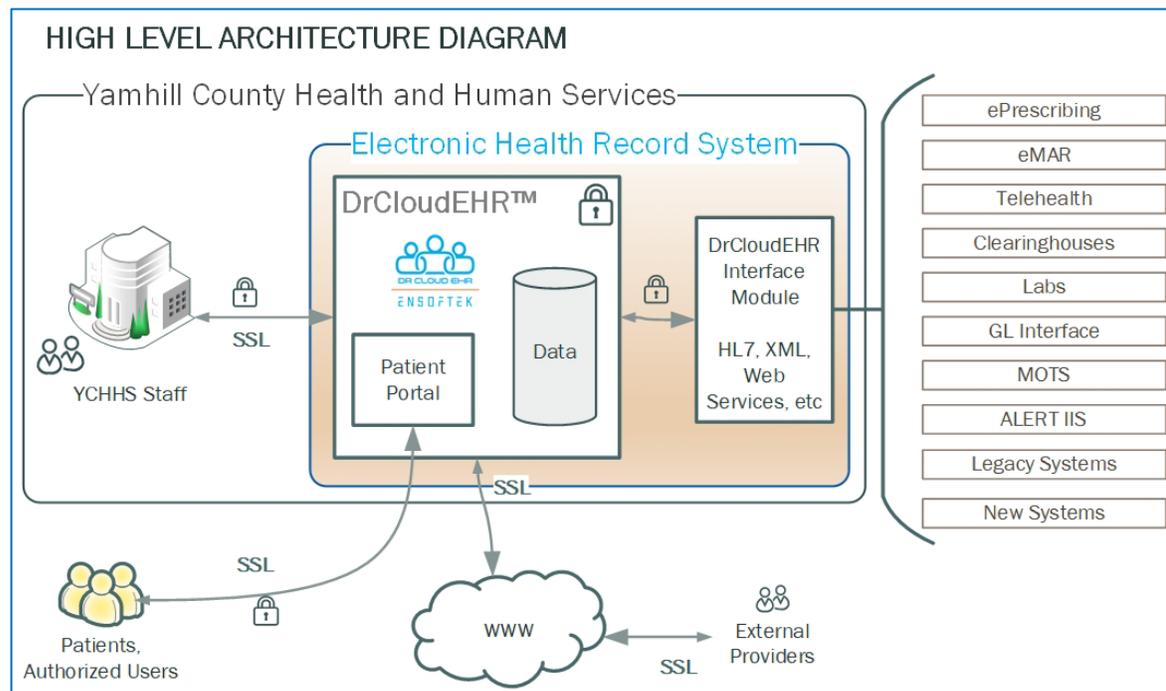
HIGH LEVEL ARCHITECTURE DIAGRAM

The underlying architecture of the application design for DrCloudEHR is based on the following design principles:

- Support evolving changes from multiple customers.
- Scale seamlessly with your growing data.
- Ensure auditing and compliance requirements are met.

DrCloudEHR is offered as a SaaS solution, and brings several efficiencies and cost-saving benefits to YCHHS. As a cloud-based platform, DrCloudEHR manages patient records, automates workflow, and facilitates a connected healthcare environment for YCHHS. Unlike traditional EHRs, DrCloudEHR does not need to be installed on-site or require complex hardware and IT management. We offer a more streamlined and scalable service through our cloud-based model.

DrCloudEHR's architecture integrates seamlessly with an array of state and county systems, leveraging open architecture standards alongside contemporary interfacing techniques. It possesses the robust capability to connect with both legacy systems via SFTP file transfer and modern platforms through REST-based APIs. Our commitment to innovation is clear as we transition to a micro-services-based application architecture, enhancing our agility and responsiveness to meet the diverse and evolving needs of our customers.

6.	**What web browsers are supported with your product?**
	DrCloudEHR works with Safari, Google Chrome, Mozilla Firefox, Microsoft Edge, and Internet Explorer (the most recent and 1 previous version).
7.	**Does your product have a mobile device technology?**
	EnSoftek is committed to evolving program needs, including services provided in the field. Our platform is browser-based and designed to be mobile responsive. Every page is tested to format and load successfully on devices running Apple iOS, Windows, and Android operating systems.
8.	**What is the rate of frequency of software updates: major and minor?**
	EnSoftek has regularly scheduled plans for DrCloudEHR releases and ongoing hot fixes and patches to minimize downtime. Our operations team performs the maintenance activities and sends notices/alerts in advance, outlining the release contents and the timing for when they will be available for testing and production. Scheduled releases are for maintenance needs and include any customizations, updates, fixes, and enhancements to DrCloudEHR. Security fixes are released immediately, outside of the scheduled maintenance release schedule. DrCloudEHR typically has a release every 4-6 weeks for updates, about 7-8 releases annually. These updates are done during off-peak hours, typically between 10 PM and 11 PM on Sundays. While the maintenance window is an hour, systems are typically operational within minutes.
9.	**What is the system process for longitudinal care records?**
	DrCloudEHR supports a comprehensive, longitudinal view of the patient's clinical data. The Past Encounter List in the DrCloudEHR patient summary/chart provides a chronologically ordered list of services with dates of service, type of service, provider, and any documentation recorded at that service. At a quick glance, providers can see a summary of all clinical services a patient has received. Clinical staff appreciate this overview of the patient chart with the ability to filter individual encounters by location, provider, or status.
10.	**How will your product support the County's three primary divisions and their functional needs; Public Health, Behavioral Health; and Developmental Disabilities?**
	DrCloudEHR delivers a unique integrated "whole-person care" solution to meet YCHHS's ever-changing and growing demands, processes, and care delivery approach, supporting each individual's abilities, needs, and desires. The solution is helpful to YCHHS staff and patients, allowing robust information exchange to support integrated health care across YCHHS. It enables YCHHS to have better access to complete and accurate information, giving your patients better physical and mental care and outcomes. DrCloudEHR's value-based offering empowers YCHHS to provide services across a variety of settings, from public health, adult, youth and family behavioral health services, and intellectual and developmental disabilities programs. DrCloudEHR's Multidisciplinary Treatment Plan, and Referral modules facilitate YCHHS's needs with data collection, care coordination, referral and outcomes tracking, and seamless, secure data exchange between all YCHHS programs. Patient records will be available to authorized staff per role-based access configurations, enabling staff to more efficiently locate and process patient information for joint clinical-decision making.

DrCloudEHR further excels at security, technology, and functional requirements. It also improves health record compliance with intake, scheduling, and billing. Beginning with Patient Engagement, DrCloudEHR provides the functionality required to deliver the best experience to staff and patients alike. DrCloudEHR's Patient Portal brings increased efficiency and compliance for enrollment, chart reviews, appointment requests, credit/debit card payments, and more. The application enables the delivery of services in the field with mobile-response-first capabilities, including Integrated Telehealth Services.

DrCloudEHR provides quality management features such as our proprietary Golden Thread rules that enable you to ensure that forms used in encounters comply with internal and external procedures and regulations when billing claims. The Golden Thread rules help you avoid potential issues when undergoing an audit or when submitting claims to insurance providers.

11.	What is your approach to maintaining compliance with changing state or federal reporting requirements?
	DrCloudEHR is an innovative, scalable EHR solution upgraded regularly with new features and improved performance to ensure that the solution remains compliant with current state and federal regulations and is up-to-date with the latest medical advances. EnSoftek works with state and federal agencies to maintain compliance with reporting requirements and has assigned Customer Success Manager to keep a watchful eye on changes to the industry landscape.

They sign up on emailing lists, webinars to be notified of new regulations or revisions to old ones, depending on the type of compliance. EnSoftek partners with experts in the field to analyze the requirements and develop a plan to update DrCloudEHR. Our engineering team uses the Agile Development methodologies to manage product development and will follow our proven change management process. By investing in these upgrades, our clients can provide their patients with reliable, up-to-date information about their health that will enable them to make informed decisions about their treatment options. |

F. DATA CONVERSION APPROACH

	Data Conversion Approach Questions
	Proposer to detail their approach to developing and implementing the data conversion plan, and what processes will be undertaken by the Proposer's project team to convert existing data, as well as to interface with identified source systems. Include methods of quality control and testing that will be utilized specific to data conversion.

1.	EnSoftek will use industry standard data conversion methodologies and processes to collaborate with YCHHS stakeholders to develop an efficient data conversion plan to convert data from Raintree to DrCloudEHR. The EnSoftek conversion process will include checkpoints so YCHHS can review and validate for completeness and accuracy before committing to Go-Live.
	
	The Data Conversion plan will contain specific details on data conversion. This enumerates the data to be converted, the conversion and validation steps, a go-live procedure, and any special field mappings that may be required by YCHHS. Special emphasis is placed on identifying and mitigating any data differences that exist between DrCloudEHR and the Raintree system. The data conversion plan will include mutually agreed upon methods of quality control and acceptance testing, such as manual inspection and spot checking of imported data.
	
	The first data conversion, or a set of sample data as specified in data conversion plan and agreed to by both parties, will be done just before deploying the initial system for key project personnel. This provides data for training and testing. After the system is configured and data is transferred, key project personnel can work with EnSoftek staff to certify the data conversion and correct any problems that have been identified.
	
	Based on our experience converting data for multiple counties, including Marion County Raintree system, our Project Plan includes two passes to address any issues that come up during the data conversion process. Upon YCHHS approval, the final data conversion will be done prior to Go-Live.
	
	Data Conversion Roles and Responsibilities:
	
	  a. EnSoftek:
	i. Conduct a Data Discovery process by working with YCHHS subject matter expert(s) to complete a data field mapping between DrCloudEHR and the existing EHR system.
	ii. Develop a data conversion plan that describes the processes and agreed-upon mapping of data elements and the handling of exceptions.
	iii. Project Manager will assist in the data review with YCHHS and define Data Acceptance tests.
	iv. Provide DrCloudEHR supported import formats to YCHHS.
	v. Setup a test environment for the initial test conversion.
	vi. Perform a final data conversion upon YCHHS's review and approval of the test data conversion.
	
	  b. YCHHS:
	i. Provide subject matter and technical expert(s) with sufficient expertise related to the data being converted. The subject matter and technical expert(s) will work with EnSoftek during the data discovery, data review and sign-off phases.
	ii. Provide existing EHR data in DrCloudEHR supported import formats.
	iii. Provide secure access to the database to be converted in the EnSoftek specified format.
	iv. Scrub or cleanup data from the original system to meet DrCloudEHR import formats.
	v. Review and accept initial test conversion in a timely manner.
	vi. Review and accept final data conversion in a timely manner.

2.	Describe your organization's recommended approach toward retention of legacy data. Please describe what options are available, and supported, within your proposed solution. Also, please provide any relevant references of organizations that have successfully addressed legacy data with your solution.
	EnSoftek's recommended approach for maintaining legacy data during transition focuses on the

essential information required for use at Go-Live in DrCloudEHR. This process is cost-effective and guarantees that necessary data is accessible in its original form whenever needed by the staff.

- Assuming access to the legacy system is available for at least a 2-year period, YCHHS should maintain a minimal set of users with full access to the legacy system.
    a. This will help with closing out billing for clients in the old system.
    b. Once clients are closed, all new encounters can be setup in DrCloudEHR.
    c. If and where possible, export and convert all data from Raintree into CSV format.
    d. Securely store Raintree data dictionary information.

- DrCloudEHR supports and recommends importing the following data.

Table 2-05: EnSoftek recommended Data Conversion

Req #	Data Conversion Object	Import Supported by DrCloudEHR	Recommended imports by DrCloudEHR	Comments
DC.1	Referrals	Yes	Yes	
DC.2	Enrollments	Yes	Yes	
DC.3	Service Plan/Plan of Care	Yes	Yes	
DC.4	Authorizations	Yes	Yes	
DC.5	Contacts and Progress notes	Yes	Yes	
DC.6	Accounts Receivable (AR) Payments on claims	Yes	No	High impact on cost and project implementation timeline.
DC.7	AR Payments on Individual Services	Yes	No	High impact on cost and project implementation timeline.
DC.8	AR Adjustments	Yes	No	High impact on cost and project implementation timeline.
DC.9	Statements to Patients	Yes	Yes	
DC.10	Hotline Calls	Yes	Yes	
DC.11	Employees	Yes	Yes	
DC.12	Employee License	Yes	Yes	
DC.13	Medications (prescribed by County providers and administered by County staff)	Yes	Yes	
DC.14	Personal and Professional Contacts for Clients	Yes		
DC.15	Treatment Team Assignments & History	Yes	Yes	
DC.16	Diagnosis History	Yes	Yes	
DC.17	Insurance & Payor History			
DC.18	Labs	Yes	Yes	
DC.19	Group Definitions	Yes	Yes	
DC.20	Group Memberships	Yes	Yes	

	DC.21	Client Episodes of Care (Cases)	Yes	Yes	
	EnSoftek has provided data conversion services to most of the clients we transition to DrCloudEHR, including Marion County, Clackamas County, and Advanced Behavioral Health. The reference information is provided in Tab 5.				
3.	Does your solution have the ability to serve as a data warehouse for all legacy system data to be converted into? If so, is the data partitioned from "new" live data that is entered in the system?				
	Yes, our proposed solution can serve as a data warehouse for all YCHHS legacy system data, and all old data will be partitioned from the "new" live data.				
4.	If your system does not have data warehouse capabilities, do you offer a separate solution/approach to maintain all of a client's legacy data? What is your recommended best practice?				
	Our proposed solution can serve as a data warehouse for all YCHHS legacy system data.				
5.	Describe your organization's best practices related to converting legacy data, including if you would recommend the County consider alternatives to the requested conversion scope contained in Attachment B, Data Conversion tab.				
	DrCloudEHR has built-in tools to import client demographic, insurance, diagnosis, and program admission data along with clinical and encounter information in Comma Separated Value (CSV) format. We will provide YCHHS with detailed information regarding the timeline, resources, and strategy during implementation based on requirements analysis. Our best practices to convert legacy data include: • Importing small data samples initially, to verify data import works as expected. • Data review and verification prior to import. • Adhering to data import guidelines for data formatting. • Making sure that references to existing system details match exactly (e.g. program names). • Data verification after successful import. Please see our response to Question F.1 and F.2 above for our recommendation to the requested conversion scope.				
6.	The County intends to convert data based upon division (1 year of Behavioral Health, all Developmental Disabilities, and 2 years of Public Health). Please describe any deviations to your data conversion approach based on these parameters.				
	Based on the parameters provided, our approach will remain the same, and not have any deviations.				
7.	Describe your organization's approach to converting scanned documents/attachments from a legacy system, and whether this is something that has been proposed in-scope or not.				
	DrCloudEHR supports importing scanned documents/attachments into a patient record. Our recommended approach is for YCHHS to provide all scanned documents/attachments with a patient's identifier (PID, name, etc.) as a part of its filename so our scripts can read and attach the file to the corresponding patient's record.				
8.	How many data conversion passes have been included within scope, and are there limitations on the number of conversion passes that can occur?				
	EnSoftek will perform two conversion passes of the agreed upon data elements. While there are no limitations to the number of conversion passes, we have found more than three passes will have a impact on the project implementation timeline.				
9.	Describe any alternative approaches to a full data conversion process, such as imports or manually keying data, and where this is most advantageous to occur.				
	Please refer to our response to Question F.1 and F.2 above. EnSoftek's recommended approach for maintaining legacy data during transition focuses on the essential information required for use at				

	Go-Live in DrCloudEHR. This process is cost-effective and guarantees that necessary data is accessible in its original form whenever needed by the staff.	
10.	Proposer to specify or provide the format in which legacy system data should be extracted and provided to the Proposer for conversion activities.	
	DrCloudEHR has built-in tools to import client demographic, insurance, and program admission data along with clinical and encounter information in Comma Separated Value (CSV) format.	
11.	The Awarded Proposer will assist the County in the conversion of both commercially available software-based data, and any applicable data maintained in Microsoft Excel and Access, into the new system as further described in the sources identified in Attachment B, Data Conversion tab.	
	It is expected that the County will be responsible for data extraction from current systems and data scrubbing, and that the Awarded Proposer shall be responsible for overall data conversion coordination, definition of file layouts, and data import and validation into the new system(s). Awarded Proposer should plan to have converted data ready for the User Acceptance Testing (UAT) phase of the Project.	
	As part of the resulting Project, the Awarded Proposer shall develop and provide a detailed Data Conversion Plan that describes how files will be converted to the proposed system (e.g., through software conversion aids/utility programs or special programs that must be written, the actual conversion procedures). A conversion schedule should identify planned conversion steps, estimated hours, and what resources will be required (by the County or Awarded Proposer) for all pertinent legacy data.	
	Proposer to confirm their proposal includes providing the services identified in this question and provide any additional services that are also provided as part of your Data Conversion Plan/Program.	
	EnSoftek confirms that our proposal includes providing the services identified above and will have converted data ready for the User Acceptance Testing phase, and will further provide any additional services required as part of the data conversion plan.	

G. SYSTEM AND APPLICATION ARCHITECTURE QUESTIONS

	System And Application Architecture Questions
1.	What is the source language(s) of the product?
	DrCloudEHR uses the LAMP (Linux, Apache, MySQL, PHP) stack to deliver HTML5 and CSS based functionality to authorized users of the system.
2.	How many environments are available with your proposed solution at no additional cost (e.g., test, training, production)?
	DrCloudEHR provides the staging, testing, and training environment during implementation at no additional costs. The production environment is included as part of the DrCloudEHR SaaS subscription fees.
3.	List all browsers that are certified for use with the application and describe any required browser add-ons, function enablement, etc.
	DrCloudEHR works with the current and previous two versions of Safari, Google Chrome, Mozilla Firefox, Microsoft Edge, and Internet Explorer.
4.	The underlying architecture of the application design is important to the County. Please describe your system architecture model and explain the capabilities and features of this model that led to your use of it in developing this system.

HIGH LEVEL ARCHITECTURE DIAGRAM

The underlying architecture of the application design for DrCloudEHR is based on the following design principles:
- Support evolving changes from multiple customers.
- Scale seamlessly with your growing data.
- Ensure auditing and compliance requirements are met.

DrCloudEHR is offered as a SaaS solution, and brings several efficiency and cost-saving benefits to YCHHS. As a cloud-based platform, DrCloudEHR manages patient records, automates workflow, and facilitates a connected healthcare environment for YCHHS. Unlike traditional EHRs, DrCloudEHR does not need to be installed on-site or require complex hardware and IT management. We offer a more streamlined and scalable service through our cloud-based model.

DrCloudEHR's architecture integrates seamlessly with an array of state and county systems,

leveraging open architecture standards alongside contemporary interfacing techniques. It possesses the robust capability to connect with both legacy systems via SFTP file transfer and modern platforms through REST-based APIs. Our commitment to innovation is clear as we transition to a micro-services-based application architecture, enhancing our agility and responsiveness to meet the diverse and evolving needs of our customers.

5.	**Please describe how data privacy and security compliance is supported within your proposed software solution.**
	DrCloudEHR is hosted on FedRAMP-compliant Microsoft Azure Cloud Platform with infrastructure at multiple state-of-the-art data centers with physical security per established industry standards. We have been successfully hosting and managing DrCloudEHR for all our clients on the Microsoft Azure cloud platform meeting stringent data privacy and security compliance requirements. All instances, including development, testing, staging, training, and production, are hosted on the Microsoft Azure Cloud Platform with data centers within the continental US (CONUS) to meet EnSoftek HIPAA and HITECH privacy and security requirements.
	To manage data privacy, DrCloudEHR has a robust Access Control Lists (ACL) module that supports controlling access at the menu, screen, modules, and field-level access. YCHHS IT administrators can create and manage the users and groups to assign security and permissions by role, function, or functional workgroup. They can also manage a user's account, such as setting certain permissions, resetting passwords, and making them inactive when they are no longer with the organization.
	Only users with appropriate access permissions may access and query data in the system or generate reports and produce printed output. Our trainers cover these topics as part of our IT administrator training and ensure staff has access to all the user guides, documentation, and resources they need to perform these very important functions. Individual chart access can be limited to a specific few (information can be restricted per user, per facility, or location) which is extremely important for VIP or other sensitive population charting.
	DrCloudEHR includes audit logging to log user activities in the system, logging is configurable and only authorized administrators have access to review logs. YCHHS IT administrators can determine which features of the software are accessible, by whom, and at what level, including giving limited access to outside partners.
6.	**Describe your approach to ensure scalability of the product. This includes transaction growth, upgrades, and replacements of components of the architecture, technology, and application.**
	Our approach to scalability focuses on three key areas: system architecture/cloud technology, innovations, and strategic partnerships.
	System Architecture/Cloud Technology: We can scale different components independently based on transaction growth. Leveraging cloud services enables us to scale the system to respond to increased loads. Our system architecture employs advanced virtualization techniques to use cloud-based resources and scale as needed.
	Innovations: Our Product team is constantly innovating and looking for updates/upgrades to the application, technology and components such as distributed and durable cloud storage, HIPAA compliant CDNs, AI/ML technologies so we can offer solutions that continue to be a good fit for HHS agencies' evolving needs.
	Strategic Partnerships: We recognize the importance of working with the right partners. By collaborating with leading technology partners like Freed, Nabla, Abridge, etc. we ensure that our solution's compatibility with new hardware and software is always up to date.

	List all hardware/operating system/database/mobile platforms upon which the product is supported.	
7.	DrCloudEHR is web browser-based and designed to be mobile responsive. YCHHS staff will only require end-user devices (computers, laptops, etc.) as well as internet connectivity to access DrCloudEHR. Our IT/Operations team deploys DrCloudEHR in the cloud so there are no on-premises server requirements. For clients/workstations, the following configuration is supported: **Table 2-06: Operating System Requirements**	

Workstations	Specification for Optimal Performance
CPU type and speed	PCs running Microsoft Windows 10 or higher. MACs running OS X Ventura or higher
Memory size	8GB RAM
Monitor	DrCloudEHR can be accessed by most modern mobile devices of all sizes. Devices with 11" width with 1024 x 768 resolution or higher provide better navigation and ease of use.
Desktop browser	The current and previous two versions are supported by Safari, Google Chrome, Mozilla Firefox, Microsoft Edge, and Internet Explorer.

	Are clients provided access to the data dictionary within the system?	
8.	Yes, data dictionary and supporting documentation of the database layout can be provided during the implementation phase or as and when requested by YCHHS.	

H. SECURITY QUESTIONS

Proposer to respond to the following questions related to system security and access controls.

Security Questions	
	Proposer to provide a description of the proposed application security features/functionality as well as the underlying technology used to support hosting and access to the software by clients.
1.	DrCloudEHR is HIPAA-compliant and hosted on the FedRAMP-compliant Microsoft Azure Cloud platform. Microsoft is committed to annual certification against the ISO/IEC 27001:2005, a broad international information security standard. The ISO/IEC 27001:2005 certificate validates Microsoft has implemented the internationally recognized information security controls defined in this standard, including guidelines and general principles for initiating, implementing, maintaining, and improving information security management within an organization. Microsoft Azure is designated FedRAMP-compliant at the FISMA-Moderate level by the Joint Authorization Board. DrCloudEHR is a browser-based solution, and all access is secured via SSL. The connection uses TLS 1.2, meeting FIPS 140-2 criteria. All data is stored on encrypted disks and configured so that only the DrCloudEHR system has access to the disk to read/update the data. DrCloudEHR uses HIPAA-compliant AES 256-bit encryption to encrypt all data. All system data is archived to durable, geo-redundant, Windows Azure drives in encrypted containers. All data queries are passed through sanitized/parametrized objects to filter any rogue elements or suspected values to prevent SQL Injection and other rogue attempts.
	Is Active Directory integration and/or single sign-on supported? Please provide applicable diagrams and/or details to substantiate the level of integration and compliance with published internet standards (i.e., LDAP and DNS).
2.	 Yes, Active Directory (AD) Integrated is supported. DrCloudEHR can sync with Azure Directory and supports single sign-on through integration with AD using Lightweight Directory Access Protocol (LDAP) with support for multiple authentication options, such as OpenID. The system supports syncing with AD to manage users and leveraging MFA options in AD. Once AD successfully authenticates a user, DrCloudEHR grants access based on the user's access level within DrCloudEHR.
3.	Proposer shall detail the ability of the proposed system(s) to integrate with Active Directory Domain Services implemented in accordance with published internet standards such as Lightweight Directory Access Protocol (LDAP) and Domain Name System (DNS). If such integration is not offered, Proposer shall explain the identify management solution that is provided. DrCloudEHR supports single sign-on through integration with AD using LDAP with support for multiple authentication options. See diagram above. DrCloudEHR also supports OpenID – an authentication protocol based on the OAuth2 protocol. Our implementation team will work closely

	with authorized YCHHS staff to configure the required application/security settings in Azure.
4.	List all browsers that are certified for use with the application and describe any required browser add-ons, function enablement, etc.
	DrCloudEHR works with the current and previous two versions of Safari, Google Chrome, Mozilla Firefox, Microsoft Edge, and Internet Explorer.
5.	Describe how the Software as a Service (SaaS) application/service provides two- way user and group synchronization with Active Directory (AD). (e.g., As users and groups are added to and removed from AD, these changes are reflected in the SaaS applications). Would the County AD be able to push, and the SaaS applications able to receive, user profiles and groups?
	LDAP Support Options - On-Premise Active Directory DrCloudEHR uses the Secure LDAP (LDAPS) protocol to authenticate users with an on-premise Active Directory server. YCHHS IT administrator would run a synchronization operation to import usernames and email addresses from Active Directory into the DrCloudEHR database. Once users are imported, a daily cron job runs to synchronize the database with user account information in Active Directory. If a user is deleted in Active Directory, the user's account is deactivated automatically in DrCloudEHR. Note that if you use Active Directory to authenticate existing DrCloudEHR users, the usernames and addresses in both Active Directory and the DrCloudEHR database must be identical. There are two ways to achieve 2-way synchronization between AD and DrCloudEHR: • On demand: An option (button) is provided in DrCloudEHR that will synchronize with AD. • Scheduled Job: A job runs periodically based on a pre-set schedule (daily, weekly, etc.) that will synchronize with AD. The County can push user profiles & groups by issuing a REST API that DrCloudEHR will provide.
6.	When a user is added to AD, are the proposed solutions automatically provisioned and, conversely, when a user is removed from AD, access is automatically revoked?
	Yes.
7.	Are users able to sign on to the Windows network once, and then easily acquire access to the proposed applications without having to enter an additional set of credentials?
	Yes, DrCloudEHR supports SSO. Once the user is signed on to the Windows network, the user won't be prompted to re-enter the credentials when accessing DrCloudEHR as long as the users' session is active.
8.	Will Proposer require remote access to County systems/network to provide support/management of the solution either during implementation or post go-live? If yes, please describe in detail what type of access is required.
	EnSoftek staff may need access to county systems/network during implementation, if YCHHS requires EnSoftek staff to use YCHHS tools. To ensure efficient and timely service for support requests post go-live, the DCS team requires secure access via videoconferencing, such as Zoom or Teams, to the YCHHS staff workstations.
9.	If any access, remote or physical, is required for accessing the County's systems/network, will the Proposer agree to reviewing and having applicable staff consent to follow applicable County Security Policies?
	EnSoftek commits to ensuring that all applicable staff are made aware of and agree to adhere to the security policies set forth by YCHHS. This includes a comprehensive review of the said policies by the staff in question and their formal agreement to comply with and uphold the stringent security standards required by YCHHS.
10.	Will Proposer staff resources be accessing County systems/network remotely from outside the United States? If yes, please describe in detail the reasoning and how security will be managed.

	All EnSoftek staff accessing County system/network will be located in the United States.
11.	Has your firm experienced any disclosable data security incidents (ransomware, data breaches, intrusions, etc.) in the past five (5) years? If yes, please explain the nature of such events including what occurred; how customers were notified; what information (whether client or your own) was exposed; and what safeguards have been put into place to mitigate against any such future events
	DrCloudEHR has experienced no security incidents in the past five years and has maintained a commendable record of security. In the event of any incident, customers will be notified in accordance with the standard EnSoftek HIPAA privacy and security procedures.
12.	Describe the system's functionality related to adherence to various data retention laws and policies, as well as data purging. Can the system support adherence to multiple data retention and purging schedules? Does the system allow for automated purging or batch purging?
	DrCloudEHR provides the ability to identify and retrieve all medical records on any individual in the system and will keep all individual data until otherwise purged, deleted, or archived in accordance with the County record retention policy. We can support multiple data retention and purging schedules (automated or manual) and will work with the County to establish an acceptable data retention and purging schedule.
13.	Describe the system's ability to restrict chart access. Does the system have the ability to restrict charts, or portions of charts, based on program, role, and individual? How are chart restrictions established and maintained?
	To manage data privacy, DrCloudEHR has a robust Access Control Lists (ACL) module that supports controlling access at the menu, screen, modules, and field-level access. YCHHS IT administrators can create and manage the users and groups to assign security and permissions by role, function, or functional workgroup. They can also manage a user's account, such as setting certain permissions, resetting passwords, and making them inactive when they are no longer with the organization.
	Only users with appropriate access permissions may access and query data in the system or generate reports and produce printed output. Our trainers cover these topics as part of our IT administrator training and ensure staff has access to all the user guides, documentation, and resources they need to perform these very important functions. Individual chart access can be limited/restricted per user, per facility, or location, which is extremely important for VIP or other sensitive population charting.
	DrCloudEHR includes audit logging to log user activities in the system, logging is configurable and only authorized administrators have access to review logs. YCHHS IT administrators can determine which features of the software are accessible, by whom, and at what level, including giving limited access to outside partners.

I. SOFTWARE HOSTING QUESTIONS

Proposer to respond to the following questions regarding their software hosting platform proposed for the County.

Software Hosting Questions

1.	Where are the data center and storage facilities?
	DrCloudEHR is hosted on the FedRAMP-compliant Microsoft Azure Cloud Platform with infrastructure at multiple state-of-the-art data centers with physical security per established industry standards within the continental US. EnSoftek is also an Amazon Web Services (AWS) cloud partner for data backup and storage.

What availability and response time do you guarantee? What resolution times do you guarantee?

Standard Support Hours	Monday–Friday 8am to 5pm local time Exclusive of EnSoftek Holidays
Guaranteed Uptime	99% excluding Exempt Downtime, as calculated per calendar month.
Application Availability	24/7 except for planned outages.
Application Response Time	Milliseconds

Standard Resolution Times

All reported support service requests will be acknowledged within 8 business hours of receipt. Every request received has a priority associated (critical, high, medium, and low) so the DCS team can address problems expeditiously.

Table 2-07: Standard Response Times

Priority	Definition	Resolution Time
1– Critical	Assigned when the DrCloudEHR solution or a material DrCloudEHR solution component is non-operational as a result of a defect [in a Production environment only] such as the Production system cannot be accessed or used in any capacity; a direct patient safety issue is present, and no workaround exists.	Commercially reasonable efforts will be made to correct Priority 1 problems or to provide a plan for such correction within two (2) business days.
2–High	Assigned to production defects that result in functions that have a significant negative impact on daily operations. A workaround may be available and/or the capacity to maintain daily business functionality.	Commercially reasonable efforts will be made to correct Priority 2 problems or to provide a plan for such correction within four (4) business days.
3– Medium	Assigned for system defects that result in functions that have no major impact on daily operations. An issue that allows the continuation of function, including issues in which a reasonable workaround is available.	Commercially reasonable efforts will be made to correct Priority 3 problems or to provide a plan for such correction within ten (10) business days.
4–Low	Assigned to cosmetic defects that do not affect system usability or non-defect-related requests, including, but not limited to, system setup/configuration, training, functionality questions, documentation, portal access, and upgrade/change requests.	Commercially reasonable efforts will be made to address Priority 4 issues or to provide a plan for such correction, within fifteen (15) business days except for upgrade/change requests.

3.	How many instances of unplanned outages have any of your customers experienced within the past five years? Describe the nature of any such outages, including the mitigating steps that have been established to minimize repeat outages. What has been the duration and scope of such

	unplanned outages?
	DrCloudEHR has maintained an exemplary record of reliability, with no recorded unplanned system outages over the past five years, showcasing our unwavering commitment to providing a dependable EHR solution.
4.	What are the standard relief schedules for unplanned system downtime/outages? In how many instances has your firm had to pay client relief for unplanned outages?
	When there is an unplanned system downtime/outage, EnSoftek will issue performance credits. A single Performance Credit shall be the count of each hour of downtime multiplied by the hourly subscription fees calculated on a monthly basis. Hourly subscription fees are calculated as the total number of active users in a month multiplied by the monthly per user rate divided by the average monthly hours. Thus far, EnSoftek didn't have to pay any client relief for unplanned outages.
5.	What is your process for notification of standard maintenance and downtime?
	DrCloudEHR maintenance activities are performed by our operations team, who notify/alert customers in advance as per SLA requirements.
6.	What data security and system redundancy capabilities are available at Proposer's data center and storage facilities?
	DrCloudEHR is HIPAA-compliant and hosted on the FedRAMP-compliant Microsoft Azure Cloud platform. Microsoft is committed to annual certification against the ISO/IEC 27001:2005, a broad international information security standard. The ISO/IEC 27001:2005 certificate validates Microsoft's has implemented the internationally recognized information security controls defined in this standard, including guidelines and general principles for initiating, implementing, maintaining, and improving information security management within their data centers.
	Redundancy is built into the DrCloudEHR architecture to leverage Microsoft's multiple data centers. For instance, customers hosted in the US-West region have a redundant copy in the US East region and vice versa. DrCloudEHR stores all data in Azure Managed Disks with Locally redundant storage (LRS) which replicates data three times within a single data center/region. Regularly scheduled data backups are stored offsite in Amazon AWS S3 for additional redundancy.
7.	Will data be encrypted at rest, and in transit? Please explain any applicable protocols.
	Yes, Data will be encrypted at rest. DrCloudEHR is a browser-based solution, and all access is secured via SSL. The connection uses TLS 1.2, meeting FIPS 140-2 criteria. All data is stored on encrypted disks and configured so that only the DrCloudEHR system has access to the disk to read/update the data.
8.	Will Proposer require remote access to County systems/network to provide support/management of the solution either during implementation or post go-live? If yes, please describe in detail what type of access is required.
	EnSoftek staff may need access to YCHHS systems/network during implementation, if YCHHS requires EnSoftek staff to use YCHHS tools. To ensure efficient and timely service for support requests post go-live, the DCS team requires secure access via videoconferencing, such as Zoom or Teams, to the YCHHS staff workstations.
9.	If any access, remote or physical, is required for accessing the County's systems/network, will Proposer agree to reviewing and having applicable staff consent to follow applicable County Security Policies?

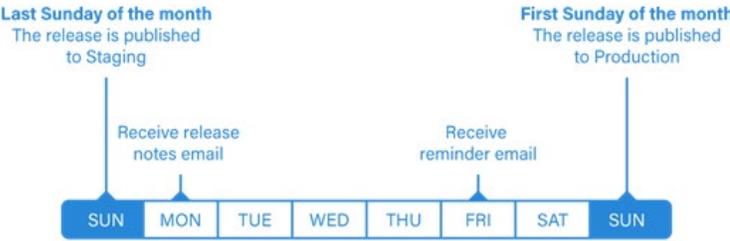|		
		EnSoftek commits to ensuring that all applicable staff are made aware of and agree to adhere to the security policies set forth by YCHHS. This includes a comprehensive review of the said policies by the staff in question and their formal agreement to comply with and uphold the stringent security standards required by YCHHS.
10.	Will Proposer staff resources be accessing County systems/network remotely from outside the United States? If yes, please describe in detail the reasoning and how security will be managed.	
	All EnSoftek staff accessing county system/network will be located in the United States.	
11.	Provide relevant documentation related to any recent certifications pertaining to the Proposer's hosting technical and operation capabilities or that of their subcontracted provider for these services.	
	DrCloudEHR is certified by the Office of the National Coordinator (ONC) Health Information Technology (HIT) as a Meaningful Use Stage 3 - Promoting Interoperability (PI) certified EHR and meets the 21st Century Cures Act guidelines. DrCloudEHR is hosted on the Microsoft Azure Cloud Platform.	
12.	Provide detailed information on the way(s) in which the County will access the software if deployed in a SaaS or hosted environment. Such information should include how the software is accessed when on or off the County network, as well as any additional hardware/software that may be required for accessing the software	
	DrCloudEHR is a web browser-based solution and is mobile responsive. The city staff will only require end-user devices (computers, laptops, etc.) as well as internet connectivity to access DrCloudEHR. It works with Safari, Google Chrome, Mozilla Firefox, Microsoft Edge, and Internet Explorer (the most recent and 1 previous version). Our IT/Operations team deploys DrCloudEHR in the cloud so there are no on-premises server requirements.	
13.	How is data stored? Would County data be physically or logically segmented from other client data?	
	Our proposal includes a dedicated environment for the YCHHS DrCloudEHR instance. All data will be stored on encrypted drives accessible only by county staff. It will be physically segmented from other client data.	
14.	Please describe the database storage capacity of the proposed solution. Are there limits on the amount of data that can be stored in the proposed solution? If applicable, what tiers of storage are offered in the hosted/SaaS environment?	
	DrCloudEHR has no limits on the amount of data that can be stored. We recommend a minimum of 2TB per month for data and documents with additional storage available at an additional cost.	
15.	What disaster recovery services are provided under your standard hosting agreement? If not standard, is there a separate agreement/cost associated with disaster recovery?	
	Disaster recovery services are included in our proposed pricing. Disaster Recovery is implemented via ARS (Azure Site Recovery). ASR provides application-consistent snapshots across Microsoft Azure data centers, which makes sure data is usable after a fail-over. As part of our standard hosting agreement, we provide a fail-over site for chart access within minutes and the production site is made available within 4-hours.	
16.	Please describe the frequency, and approach, to managing back-ups of the system. - Would the County be able to manage the frequency of back-ups? - Are back-ups stored in a hot or cold location for redundancy? - Would the County have access to back-ups of data?	
	Our data backup plan employs a strategy that enables us to provide robust recovery options. We perform full data backups daily, along with transaction logs and real-time replication. All data backups are created in MySQL data dump format and standard MySQL databases tools can manage and restore them. Our standard operating procedure (SOP) is to keep 7 days of daily full data backups. We support point in time data recovery besides daily backup restoration along-with near real-time backup of the data on a secondary system.	

	To manage data backup frequency, YCHHS must submit a support request to the DrCloudEHR help desk. Hot backups are stored in the cloud on geo-redundant durable cloud drives, in addition to also pushing them to a third-party cloud storage service for cold storage. Data backups can be made available securely as and when a support request is submitted by YCHHS.
	During the implementation process, and following it, how often are non-production environments refreshed? Would the County have the ability to control the timing/frequency?
17.	Our standard refresh/release process follows a monthly update schedule, unless there are security hot fixes (deployed based on impact) or mutually agreed upon items to be deployed. YCHHS can control the timing and frequency at an additional cost.
18.	How does the vendor maintain and support customization that are specific to the County? What is the impact of system updates to customizations?
	For enhancements and other customizations specific to YCHHS, we have a robust Change Management Process comprising a Change Control Board (CCB). Authorized YCHHS staff must submit requests via the Service Desk, which notifies DrCloudEHR staff to review the request and perform requirements and impact analysis to provide required estimates as part of the change request. Upon YCHHS approval, the EnSoftek engineering team will queue it for development and deployment. For enhancements that are urgent because of a regulation change or other drivers, YCHHS would contact their EnSoftek Customer Success Manager with the change request. The Customer Success Manager would ensure the request is entered into the Service Desk and works closely with the team to understand the requirements and develop a delivery plan that meets your needs.

TAB 2 - EXHIBITS

Third-party References and Qualifications

DrFirst ePrescribing: DrCloudEHR has a seamless interface with DrFirst Rcopia ePrescribing solution through the Surescripts network. DrFirst enables unified electronic ordering of prescriptions and diagnostics. DrFirst includes complete capabilities for prescribing controlled substances (EPCS) and also complete required prescription drug monitoring program (PDMP) reporting. DrCloudEHR has over 40 clients currently using the integrated DrFirst ePrescribing, including BestCare, Marion County, Clackamas County, Leyden Family Service, Advanced Behavioral Health, etc.

Labcorp: DrCloudEHR integrates with Labcorp, a global leader of innovative and comprehensive laboratory services that helps providers, agencies, and patients make clear and confident decisions. DrCloudEHR can generate orders/lab requests based on the uploaded compendium and match the results to the client. The results are then incorporated and made available in the client chart, along with any reports/documents received from Labcorp. DrCloudEHR has over 10 clients currently using LabCorp, including BestCare, Advanced Behavioral Health, Connections Counseling, etc.

Global Payments-Credit card processing: DrCloudEHR has an integrated Global Payments Credit Card Processing solution. Global payments provide DrCloudEHR a secure and comprehensive payment solution with the Payment Card Industry (PCI) Compliance. DrCloudEHR has over 15 clients currently using the integrated Global Payments, including Addictions Recovery Center, On Track Rogue Valley, Key Recovery, etc.

Waystar Clearinghouse: DrCloudEHR is integrated with the Waystar clearinghouse. Waystar is one of the industry's largest, most accurate unified claims clearinghouse, produce cleaner claims, prevent denials, and intelligently triages payer responses. By utilizing smart automation, Waystar enhances operational efficiency and accuracy, minimizing the need for manual effort and enabling staff to prioritize higher-value tasks. DrCloudEHR has over 10 clients currently using the Waystar Clearinghouse, including Leyden Family Service, Total Family Care Coalition, Federal City Recovery, Families First Counseling & Psychiatry, etc.

ChartMeds eMAR: DrCloudEHR has a fully integrated ChartMeds eMAR solution to track all necessary information of administering medications. ChartMeds provides a secure electronic eMAR charting system, reducing your paperwork burden, saving thousands of dollars in labor. It informs staff of all medications to be given in an organized manner, improves communication between staff and pharmacy, and reduces the opportunity for medication errors. DrCloudEHR has 3 clients currently using the new integrated ChartMeds eMAR, including Addictions Recovery Center, OnTrack Rogue Valley, and Marion County.

Telehealth: DrCloudEHR has an integrated telehealth solution with Webex and Zoom. They serve a wide variety of care settings, including synchronous video tele consultation, home health remote monitoring, and asynchronous "Store & Forward" consultation. YCHHS can establish telehealth sessions and complete documentation with access to the complete chart. Clients can join the meeting using mobile devices from the comfort and privacy of their homes using the DrCloudEHR Client Portal.

EnSoftek is proposing Webex for YCHHS for cost effective pricing. DrCloudEHR has over 5 clients currently using the integrated Webex for Telehealth services, including Leyden Family Service, Advanced Behavioral Health, Liberty Health, etc. Additionally, we have over 20 clients using Zoom.

InterFAX for eFaxing: DrCloudEHR is integrated with InterFAX for secure electronic faxing services for document delivery. DrCloudEHR has over 10 clients currently using the integrated InterFAX solution for eFaxing, including Marion County, BestCare, Families First, Maximon, etc.

Dragon Medical for Transcription Services: DrCloudEHR is integrated with Nuance 360 - Dragon Medical - Speech Dictation Services. Dragon Medical provides an easy-to-use cloud-based dictation service. DrCloudEHR has over 20 clients currently using the integrated Dragon Medical for transcription services, including Marion County, BestCare, Leyden Family Service, Advanced Behavioral Health, Liberty Health, etc.

Scriptel Signature Pads: DrCloudEHR has over 20 clients currently using Scriptel Signature pads for electronic signatures, including Marion County, BestCare, Leyden Family Service, Advanced Behavioral Health, Liberty Health, etc.

American Society of Addiction Medicine (ASAM) CONTINUUM & Co-Triage: DrCloudEHR is integrated with ASAM's CONTINUUM software package, providing providers with access to gold-standard quality care solutions for assessing, placing, and treating individuals living with addictions. In addition to the CONTINUUM software package, DrCloudEHR has also integrated the ASAM CO-Triage into its DrCloudEHR platform. CO-Triage provides a brief assessment of individuals for substance use problems across each dimension of the ASAM Criteria in order to determine the provisional level of care placement and identify any immediate medical needs. DrCloudEHR has six (6) clients currently using ASAM CONTINUUM & Co-Triage, including DC Recovery Community Alliance, Federal City Recovery Services, Total Family Care Coalition, etc.

Microsoft Power BI: DrCloudEHR supports a variety of data warehousing needs. Along with direct access to the data, we offer DrCloudEHR Foresight (Analytics) which works with DrCloudEHR's existing reporting suite and adds a library of interactive, graphical statistics/analytics reports and capabilities that allow you to gain deeper insights from your practice data. Powered by Microsoft Power BI, Foresight securely refreshes practice data daily to dashboards and reports for up-to-date, actionable statistics/analytics. DrCloudEHR has two (2) clients currently using Power BI for analytics, including Advanced Behavioral Health and Liberty Health.

Tab 3 — Implementation Methodology, Key Personnel, Training Plan, and Testing and Quality Assurance Plan

A. PROJECT APPROACH

Proposer to provide a description of the proposed approach for providing the Scope described in the RFP, including a comprehensive description of the proposed implementation methodology for the Project. The description should include how the Proposer has developed this methodology to both incorporate lessons learned from experiences as well as to meet the needs described in the RFP.

Project Approach Questions			
1.	With what frequency will Proposer's Project Team staff be on-site at the County during implementation? Will staff be on-site for full or partial weeks?		
	Per our proven experience working with local counties, the EnSoftek Team shall follow the following schedule during implementation: **Table 3-01: On-site Frequency**		

Item	Location	Frequency
Kickoff Meeting	Onsite	Once
Requirements Gathering, Gap Analysis	Onsite	Twice a week for the duration of the phase
30-Day Pilot	Onsite	Once a week
Training	Onsite	For the duration of the phase
UAT	Onsite	2 Days
Go-Live Support	Onsite	Twice a week for up to 2 weeks

2.	Describe in detail the approach to developing interfaces/integrations/data exchanges. What is the division of responsibility between the County and Proposer project teams? What technical skills are required of the County staff for this work?

The "Critical" interfaces identified in Attachment B-Interfaces Tab enumerates which interfaces the County desires. Where possible, EnSoftek will attempt to use existing DrCloudEHR interfaces to meet the requirements. DrCloudEHR already includes multiple interfaces required by YCHHS, including the Waystar clearinghouse, LabCorp, integrated ePrescribing (DrFirst), ALERT IIS, MMIS, and MOTS.

All new interfaces will be developed and deployed in accordance with the individual Interface Specifications, as accepted by YCHHS.

EnSoftek responsibilities:
- Where defined in interface specifications, investigate the feasibility of system interfacing and provide such findings to YCHHS.
- Develop interface development specification detailing interface for YCHHS acceptance under Interface Specifications baseline defined.
- Update DrCloudEHR application in accordance with the interface specifications.
- Certify to YCHHS that the interface is ready for integration testing.
- Assist YCHHS in testing the vendor interface.
- Review any discrepancies that are identified by YCHHS.
- Provide documentation as needed prior to Final Certification.
- Deploy interface to production.

County responsibilities:
- Provide, on request, currently existing information, record layouts and documents necessary to establish the interface.
- Review and accept the EnSoftek provided Interface Specification.
- Provide all required liaison support with the vendors/agencies and EnSoftek project management required to support the interfaces.
- Ensure that necessary contracts, approvals and other related issues will be completed by YCHHS at least ninety (90) Days prior to scheduled interface work.

	• Conduct test procedures to ensure conformance with the approved Interface Specification.
	• Work with EnSoftek to identify any discrepancy, the type of correction needed to ensure that each subsystem conforms to the EnSoftek interface control documents.
	• Skills required by YCHHS staff.
	    o Subject matter expertise on the interface.
	    o Familiarity and ability to test the interface.

	Following go-live of the software, what is the role of the Proposer in supporting the ongoing maintenance of developed interfaces/integrations/data exchanges?
3.	For the ongoing maintenance of developed interfaces/integrations, EnSoftek's role will be to fix issues reported within DrCloudEHR and to work with the third-party vendors to notify issues within their interfaces and develop a resolution plan for any identified issues in the interfaces/integrations.
	Describe in detail the approach to configuration and set-up activities. Will the Proposer team complete the majority of the configuration based upon information gathered from County subject matter experts, or will the County be expected to perform much of the configuration?
4.	DrCloudEHR configuration and set-up activities are led by the DrCloudEHR Principal Implementation Specialist. This process is a collaborative effort aimed at configuring DrCloudEHR to the unique needs of YCHHS functional areas, including establishing workflows, user profiles, security and compliance checks, support and training. Once the requirements are gathered from YCHHS subject matter experts, our Principal Implementation Specialist will work with YCHHS staff to identify tasks to be completed by EnSoftek staff and YCHHS staff. For example: • Unique Workflows: We will work closely with YCHHS to understand current processes and setup forms workflows. • User Setup: We will import the user list provided by YCHHS, configuring role-based access (clinical staff, administrators, etc.) to ensure data access is appropriate to the user's function. EnSoftek will train YCHHS staff to manage users on an ongoing basis. • Form Building: EnSoftek will train YCHHS appointed staff to build the required forms using the DrCloudEHR Form Builder.
	Describe any additional assumptions made in the Proposal, not already identified in detail. These should include any assumptions related to the current County technical environment, staffing, project management approach, and County resources available during implementation and support phases.
5.	• EnSoftek assumes required YCHHS SMEs, and Super Users' vacations and absences will not impact the implementation tasks, such as requirements gathering and gap analysis. • EnSoftek expects YCHHS can negotiate and setup required third-party contracts in a timely manner without affecting the project timeline. • YCHHS is expected to have the required documentation for user stories and workflow journeys for the various programs that will utilize the EHR, according to EnSoftek.
	Based on information provided in this RFP and experience in working with other localities, what is the Proposer's perspective on the most significant risks to this Project, and how do you plan to mitigate these risk
6.	Based on our experience implementing DrCloudEHR for similar counties, the table below describes the project areas that have the most significant challenges and proven mitigation practices EnSoftek has employed to minimize them.

Table 3-02: Significant Risks and Mitigation Strategies

Risk	Mitigation
Stakeholders buy-in All Stakeholders are not always in synch with the overarching goals of the organization and instead focus on their specific needs, which if not met might present roadblocks and misguided direction of needs.	Whether intentional or unintentional, every project will experience some roadblocks. By meeting with stakeholders at each level, and documenting individual wins at every level, EnSoftek diffuses this risk. Outlining the organization's project goals and objectives into set categories and then mapping individual goals and objectives into each category, essentially focusing on all stakeholder personal wins,

		allows the project to show success at each level and assures buy-in.
	Interoperability There are 3 or more partners that must collaborate to assure the proper platform, design, and data sharing. If not coordinated properly, the project is put at risk.	EnSoftek understands it is imperative to have all parties at the table when planning and deploying an interoperable solution. This is a task that must be completed timely with the right resources. EnSoftek's Project Manager takes the responsibility to coordinate all the parties and provide reporting on the overall collaboration so that the project objectives are met while closely monitoring participation for on-time and on-budget completion.
	Failure to lock down final specifications As with any task, if the finish line is not well defined, you can never truly know that the objectives have been met. Scope change and missed sign-off dates are an assured occurrence, causing the need for additional budget.	Accurately defining the deliverable and how success will be measured is imperative from the early stage of a project through the ongoing use of an EHR. To start the project, EnSoftek meets with stakeholders to define deliverables based on the outcomes needed. Drilling down each deliverable to detail the data collection, design, processes, and required results tied back to the objectives allows EnSoftek and the YCHHS to define the finish line. Understanding that things can and likely will always change over time, following the same Gap Analysis process for updating the required outcomes leads to success.
	Data migration from the current system Migrating incorrect or improper data creates a misguided foundation for the new EHR.	Reasonable expectations for data to be migrated are imperative. Understanding and correcting the quality of data being migrated from the legacy system is vital. Proper mapping of the data into the new EHR is a must. EnSoftek will work with the YCHHS to mitigate this risk by agreeing on the data migration plan. We will define the data to be placed into the Live/Production instance of the database versus data that will be brought into data tables for recall in reports later versus data that is maintained outside the new EHR.
	Project staff allocation Every project requires participation from agency staff regardless of how much of the project build is completed by the vendor. There is no way to guarantee the precise time that is required from YCHHS staff before the engagement. When YCHHS allocation of time is not flexible or if insufficient attention is placed on involvement during implementation, the project will experience missed stakeholder objectives and miss guided deployment results.	EnSoftek manages each project with measures that analyze resources to ensure that the project stays on track. Using a set of key performance indicators, the project team will monitor potential resource risks to recognize, communicate, and make the proper adjustments. During the project planning and gap analysis phase, and again throughout the project, a review of the type of resources and the quantity of resources that are needed will be completed and reviewed for change.
	Not engaging in a Central Help Desk and Super Users When an agency does not identify key people or a central place for information or help, users will create their processes or abandon the specific tasks in the EHR altogether. This will lead to incomplete information and poor reviews of processes and solutions.	Identifying YCHHS trainers, typically classified as departmental Super-Users, is key to ongoing success in a true enterprise-wide deployment. Similarly, establishing a direct source of information combined with a continuous help desk support process will bypass many project risks and enable both end users and stakeholders to fully leverage efficiencies and effectiveness in order to meet the YCHHS' initial and ongoing goals and objectives.

Staying focused Consider that changes are inevitable. Requirements change, processes change, priorities change, people change, etc. Projects that do not stay aligned with stakeholder goals and objectives or new directives enacted over time cannot deliver on time, on budget, or target.	Setting the right expectations and discussing the potential risks upfront sheds light on areas that may render project risk. EnSoftek uses a combination of communication planning, attendance tracking, project documentation, and ongoing reviews that forces the project deliverables to stay in focus.

7.	Proposer to detail their approach to providing status reports throughout the course of the Project. Include an example of the recurring status report and identify the expected delivery mechanism that will be used to provide the report to the County.

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Table 3-03: Sample Status Report

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Deliverable - Sample Project Status Report	
Frequency	Weekly via email
Description	The Project Status Report will capture, at a minimum: • Status of scope, schedule, and budget. • Accomplishment of the last reporting period and objectives for the next period. • YCHHS responsibilities for the next reporting period. • Projected completion dates compared to approved baseline key dates. • Escalated risks, issues (including schedule and budget), and actions. • Key dependencies with interface efforts and activities. • Important decisions made and/or upcoming decisions. • Any team member changes. • Summary of the Project Work Plan status of all major tasks and subtasks for each phase in a Project Plan.

EnSoftek Project Manager will conduct weekly project management meetings and provide a written status report once every week to YCHHS's Project Manager. The report will document the project's status, tasks completed since the previous status report, upcoming key tasks, key issues, and risks. Communication between YCHHS and EnSoftek is essential to keeping the project on schedule and ensuring that all aspects of the project are accounted for and understood by all parties involved.

8.	Proposer to provide their overall objectives and approach to the County's implementation. Discuss timing as being chronological, in parallel, etc., for all of the modules proposed.

EnSoftek has always approached all DrCloudEHR implementation projects with consistency, transparency, and open communication throughout the implementation process. Our objective is to deliver the project on-time, on-budget, and ensure that we get 100% YCHHS satisfaction from start to finish and thereafter. Every implementation project begins with a detailed analysis, scope, and timeline development. The team works closely to ensure that YCHHS needs are met by the DrCloudEHR solution.

Our approach to implementing DrCloudEHR successfully is:
• Assign an experienced DrCloudEHR Project Manager and Principal Implementation Specialist for overall day-to-day project management and working closely with YCHHS stakeholders.
• Understand the project vision and the priorities of the project drivers.
• Align our team with YCHHS goals and objectives.
• Set up a kick-off/project initiation meeting and identify key points of contact and communication plan.
• Meet with key stakeholders and develop the work breakdown structure (WBS) documented in the project plan with associated performance metrics to meet the goals and objectives (high-level milestone deliverables, schedule, resource plan, critical paths, interdependencies, and expectations).
• Review functional and technical requirements with YCHHS staff and develop a detailed requirements analysis document.
• Empower the Super Users with continuous training and knowledge about DrCloudEHR from the beginning, so they develop processes blended with YCHHS functional requirements.

- Use Agile and SCRUM methodologies and tools for measurable and accountable productivity.
- Implement our effective Change Management and control process.
- Provide holistic solutions built on Modular Open System Architecture (MOSA).
  - o Integrate Practice Management Features to boost efficiency and productivity.
    - • "Golden Thread™" Scalable, Modular, Evidence-Based Algorithms.
- Based on our experience, various types of tasks can be done in parallel, while some have to be chronological in order.
  - o Examples of tasks that can be done in parallel but may require more resources:
    - • Review clinical and billing requirements.
    - • Form building and reports building.
    - • Data conversion, requirements analysis, and review, acceptance.
    - • Training clinical and billing staff.
  - o Examples of tasks that must be done chronologically/sequentially:
    - • Complete training prior to going live.
    - • Complete documentation prior to providing training.
    - • Build all forms/modules/reports prior to verification/acceptance.

Project Approach

| 9. | Proposer shall submit a Sample Implementation Plan as an Exhibit to Tab 3. |
| | Exhibit submitted   ☒ **Yes** ☐ No |

| 10. | Proposer to provide their overall approach for managing the County's Project, including the following areas: Scope Management, Schedule Management, Risk Management, Quality Management, Communication Management, Organizational Change Management, System Interface Plan, Resource Management Plan. |

EnSoftek will work with YCHHS to develop a Project Management Plan that will be used to manage the project from the planning phase until the end of the contract term. EnSoftek's proven project approach, management team structure, and affiliated internal controls to delivering DrCloudEHR within budget in a timely manner are based upon four (4) guiding principles:

➢ **Exceptional Leadership:** Establish a proven PMO that includes committed, accessible, fully qualified, and focused management team who work closely to provide risk management, scope and schedule management, and organizational change management.

➢ **Motivated, High Quality Professional Workforce:** Our resource and quality management plan is to engage staff that meet/exceed skills, and experience working on similar projects, while working in an environment striving for continuous improvement and are driven to deliver an EHR solution that meets YCHHS functional and technical requirements.

➢ **Corporate Resources as "Reach Back":** Our communication plan includes reach back or escalation path into both EnSoftek and YCHHS stakeholders to ensure project success and easing the contract administration burden.

➢ **Tools and Documented Processes:** Our system interface plan will focus having the right tools at their disposal, to enable our staff to deliver highly effective solutions/service consistently.

EnSoftek's management approach is to employ Project Management Institute (PMI), Capability Maturity Model Integration (CMMI) and Information Technology Infrastructure Library (ITIL) best practices to assure a high quality, on time and on budget delivery. Figure below depicts the key management elements that will be used in the project's performance and contract. We will perform the tasks and activities in accordance with a set of plans and schedules with management oversight

to monitor actual progress against planned progress.

Management Approach

The EnSoftek Project Management Office (PMO), with Subject matter Experts (SMEs) representing the healthcare community and led by our President/CEO, meets regularly to review solution approach, project progress and performance, advise/expertise, approve personnel changes, risk assessment and ensure that all personnel, materials, and financial resources are expediently collaborating to fulfill contract requirements.

"As president, I am committed to being available during the life of this project to ensure delivery of the contractual obligation. This will include face-to-face meetings and phone conversations with the County's Stakeholders at any time."

--Mr. **Ramana Reddy,** *President*

11.	What levels of support will be provided by the Proposer during testing phases (e.g., initial testing and UAT)? Will Proposer resources be onsite during certain testing phases? Are varying service levels offered for testing support?
	EnSoftek staff will be available on-site for certain testing phases like User Acceptance Testing (UAT) performed by YCHHS users. EnSoftek will work collaboratively with YCHHS to develop the testing plan and determine final acceptance criteria. UAT will include functional testing performed by YCHHS staff to verify that the solution meets the requirements, design specifications, interface specifications, and data conversion. EnSoftek will support YCHHS testing efforts by providing the required documentation and training.

12.	Describe your standard approach to testing and quality assurance
	EnSoftek's standard approach is to partner with YCHHS to develop a comprehensive testing strategy that aligns with the project's overall objectives and timeline and covers all aspects of our platform, from usability and functionality to interoperability, compliance, and performance.

Our testing process covers both functional and non-functional aspects of DrCloudEHR. Functional tests involve verifying whether user requirements have been correctly implemented. Non-functional tests include stability, scalability, security, and performance. We will setup a test environment allowing for a safe place to perform tests without affecting production systems.

EnSoftek will plan and perform the following testing phases:

- Interface Testing: EnSoftek will perform testing of all interfaces within an environment that has the full functionality of all components, including all interfaces with which DrCloudEHR will send and receive data.
- Performance, Stress, and Load Testing: EnSoftek will perform performance, stress, and load testing to ensure SLA service performance levels are met and demonstrate the reliability of DrCloudEHR. |

	- Accessibility Testing: EnSoftek will perform Accessibility Testing to demonstrate that DrCloudEHR will operate for users in an easy-to-use and efficient manner, meeting section 508 compliance. - Data Conversion and Testing: EnSoftek will perform data conversion testing and validation to ensure that all records have been converted as agreed upon within the approved specification document. Throughout testing and at cutover, EnSoftek will provide exception/error reports for any data that failed migration, along with a proposed solution and shall work with YCHHS to remediate all records and fields flagged as exceptions. - UAT: EnSoftek will work collaboratively with YCHHS to develop the testing plan and determine final acceptance criteria. UAT will include functional testing performed by YCHHS staff to verify that the solution meets the requirements, design specifications, interface specifications, and data conversion. - Post Go Live Testing: EnSoftek will perform any required testing post Go-Live throughout ongoing operations and support.
13.	Submit a Sample Testing and Quality Assurance Plan that would be very similar to the plan utilized for the County's Project as an Exhibit to Tab 3. Exhibit submitted **Yes** ☒ No ☐
14.	Awarded Proposer will be responsible to provide a Testing and Quality Assurance Plan that describes all phases of testing that may be used: unit, system, interface, integration, regression, parallel, and user acceptance testing (UAT). It is the County's expectation that the Testing and Quality Assurance Plan govern all phases of the Project and that the Proposer will also provide assistance during each testing phase involving the County's users. The Awarded Proposer will develop the initial UAT plan, provide templates and guidance for developing test scripts, and will provide onsite support during UAT. The Awarded Proposer will also provide a plan for accentuate testing the system, which will occur during or after UAT. Proposer to confirm their proposal includes providing these services identified and provide any additional services that are also provided as part of your Testing and Quality Assurance Plan not listed EnSoftek confirms that our proposal includes providing the above identified services and provide any additional services that are required as part of the testing and quality assurance plan.
15.	Proposer to provide a detailed description of system documentation and resources that will be included as part of the implementation including, but not limited to, detailed system user manuals, "Quick Reference" guides, etc. as available. EnSoftek will provide the following system documentation and resources as part of the implementation.

<div align="center">

Table 3-04: System Documentation

</div>

Type of Documentation	Included in SOW	Description
Online User Manual/ Training Guide	Yes	An easy-to-use, in-depth online user manual and topical documentation (personalized or custom workflows) is available for access right from the application.
Online Support	Yes	Online support right from the solution.
Help Desk Support	Yes	DrCloudEHR client services team is available to assist with immediate help.
Videos	Yes	An ever-growing library of videos on basic and complex tasks.

B. GO-LIVE AND ONGOING SUPPORT

Software Support/Maintenance and Go-Live Questions

1.	Proposer to describe what level of pre- and post-go-live support is available under the proposed fee structure. If varying levels of support are available, this section of the RFP response should clarify these potential support services and highlight the level of support that has been proposed. Proposer shall use Attachment C1, Cost Worksheets, to clearly identify the varying fees based on the varying levels of support that are available.
	At EnSoftek, our mantra is very simple "success lies in making our customers successful". We prioritize customer satisfaction and actively communicate to address issues or risks as soon as we can. DrCloudEHR has a well-established customer support/help desk organization, the DrCloudEHR Client Services (DCS) team, which provides support to our customers located around the Country (Local/National/Regional level).
	The DCS team uses ServiceDesk and JIRA (Issues and bug tracking) software for gathering information and troubleshooting issues. The DCS team logs and reviews all user issues, requests, and suggestions. They track the issue and update the user until it is resolved. Every request received has a priority associated (critical, high, medium, and low) so the DCS team can address problems expeditiously. When YCHHS staff experiences an issue, they can:
	1) Report using Atlassian JIRA Service Desk 24x7 2) Report by emailing support@drcloudehr.com 24x7 ○ This email is monitored by our support specialists and responded to per SLA 3) Call or email their Customer Success Manager per SLA 4) Call the main tech support number per SLA
	The DCS team is motivated to ensure customer issues are responded to as per the SLA. If responses have not been received to client satisfaction or need urgent attention or escalation, they can always email or call their dedicated Customer Success Manager to escalate the issue.
	Our customers can choose from the following levels of support and SLAs. Basic-level support is included with all paid subscriptions.

Table 3-05: DrCloudEHR Client Services and SLA Options

	Basic	Gold	Platinum
Phone	None	Yes	Yes
Email	Unlimited	Unlimited	Unlimited
Time	(M-F, 8 AM to 5 PM, customer local time)	(M-F, 8 AM to 8 PM customer local time)	24x5x365
Rate	Included	Additional Cost	Additional Cost

	Our standard SLA options are listed above. The "Gold" and "Platinum" support options are available for those clients with extended support needs at additional cost. We currently provide 24x5x365 support to multiple clients. Our DCS team is available to support custom SLA options if required by YCHHS.
2.	The County has the expectation that at minimum 60-days of post go-live stabilization services will be provided by the selected vendor. Please describe any exceptions to this, as well as what activities your firm would propose supporting during this period.
	EnSoftek provides stabilization services for a 60-day period following certification of DrCloudEHR go-live completion and transition into ongoing system support. Our approach to post-implementation support is thorough and user-centric, offering an in-depth analysis of DrCloudEHR's current performance.
	Deliverables: Post Go-live Support Services, Documented Support Requests, Completed Change Orders.
	Responsibilities:
	a. EnSoftek to:

		i. Provide post go-live support services. ii. Provide access for YCHHS to a system for capturing, monitoring, documenting, and managing support requests submitted by YCHHS. iii. Assist YCHHS in transitioning to ongoing support. b. YCHHS to: i. Submit ongoing support requests to Ensoftek. ii. Work with EnSoftek to transition to ongoing support.
3.		What are the standard hours that support is offered, and through what means (telephone, web ticket submission, etc.)? Are afterhours and weekend support offered, and if so, is this part of the standard support offering or part of a different tier/offering?
		Our standard SLA support hours are 8 AM to 5 PM customer local time. We have "Gold" and "Platinum" level support options available for those clients with extended support needs at an additional cost. We currently provide 24x5x365 support to multiple clients. Our DCS team is available to support custom SLA options if required by YCHHS.
4.		Is product support offered by Proposer, through the software developer/provider, or sub- contracted?
		DrCloudEHR has a well-established customer support/help desk organization, the DrCloudEHR Client Services (DCS) team, that provides support to our customers located around the Country (Local/National/Regional level).
5.		Are there optional, "enhanced" support tiers or offerings above and beyond what has been proposed?
		We have "Gold" and "Platinum" level support options available for those clients with extended support needs at an additional cost.
6.		How often are releases provided, how is advance notification provided to customers of upcoming releases, and what is the process to test each release? Would the County be able to test releases in a test environment prior to pushing updates to a live environment?
		EnSoftek has planned releases and patches to minimize downtime. Our operations team performs the maintenance activities and sends notices/alerts 2 weeks in advance, outlining the release contents and the timing for when they will be available for testing/staging and production. Scheduled releases are for maintenance needs and include any customizations, updates, fixes, and enhancements to DrCloudEHR. Security fixes are released immediately, outside of the scheduled maintenance release schedule. DrCloudEHR typically has a release every 4-6 weeks for updates, about 7-8 releases annually. These updates are done during off-peak hours, typically between 10 PM and 11 PM on Sundays. While the maintenance window is an hour, systems are typically operational within minutes. YCHHS can test releases in a test environment prior to pushing updates to production at an additional cost.
7.		Does the system have the ability to roll back updates should challenges or bugs be encountered?
		Yes, our operations team can roll back updates should challenges or bugs be encountered.
8.		Are there future costs associated with upgrade processes? For example, costs associated with purchasing licensing for upgrades, professional services costs associated with implementing upgrades, etc.? Proposer to describe the frequency of upgrades and any price ranges for anticipated upgrades.
		Monthly updates and fixes are available to all current subscribers of DrCloudEHR at no additional costs. DrCloudEHR is a scalable solution that is continually evolving with new features and functionality to meet future requirements. EnSoftek has quarterly/yearly planned updates to the DrCloudEHR platform per our Product Roadmap. Future costs associated with major upgrades or third-party costs will be shared with YCHHS as available.
9.		What is the role of the County in providing ongoing support and maintenance of the system proposed? How many FTE are typically required to support the system on the client-side, and what

	tasks are entailed?
	EnSoftek expects YCHHS would need about 4 FTEs to provide the required ongoing support and maintenance, including: • Continuously assess and update DrCloudEHR team on evolving requirements, and process modifications, workflows as they develop. • Deliver ongoing training/help for users and offer support regarding any updates. • Offer day-to-day management of user accounts and regulate access permissions. • Provide Level 1 support to users, organize inquiries using the DrCloudEHR ticketing system, and collaborate with the support team at DrCloudEHR to ensure issues are resolved effectively. • Provide continuous oversight and feedback on engagement with DrCloudEHR.
10.	With post-live support, are there dedicated resources that are knowledgeable in certain functional areas that will provide support?
	All DrCloudEHR Client Services and Account Management Team members have a minimum of eight (8) years of experience working in behavioral health EHRs, forms development and billing. They have demonstrated experience and ability to read, analyze, and interpret customer issues and effectively provide solutions in a timely manner.
11.	Would the County have a dedicated account manager following go-live of the system, with such resource providing support based on knowledge/understanding of the configuration and business processes of the County?
	YCHHS will have a dedicated Customer Success Manager (CSM) to ensure smooth and effective utilization of DrCloudEHR. The CSM will be the lead point of contact post-Go-Live, and will maintain regular communication to understand ever-changing business needs) and ensure 100% customer satisfaction. In all cases, a specific plan of communication/action will be developed and shared with YCHHS to reveal steps for corrective actions that are both timely and acceptable.

C. RESOURCE HOURS

Proposer to provide a breakdown of the anticipated resource levels for the County's Implementation Project Team and the Proposer Implementation Project Team based on typical project role. This section should include any comments related to phase-specific involvement, and other assumptions should be noted here (such as FTE requirements by role, number of resources per role, etc.)

Based on our experience implementing projects for similar agencies, the overall team composition for our implementation from both EnSoftek and YCHHS is presented below. This combined team brings the required expertise in DrCloudEHR implementations, YCHHS-specific workflow requirements, integrations, security, and nuances involved in training users. EnSoftek will assign multiple resources with specific expertise (e.g., forms development, configuration, QA, data conversion) as required for the duration of the project. EnSoftek recommends YCHHS to assign the following key personnel listed below.

Table 3-06: Resource Breakdown

Implementation Task	EnSoftek Team	YCHHS Team
Phase 1: Planning and Requirements Analysis	Project Manager Principal Implementation Specialist Business Systems Analyst Solution Architect Training Specialist Clinical Informatics SME	YCHHS PM IT Manager Clinical SMEs (BH, PH, IDD) Financial SMEs (BH, PH, IDD) Super Users
Phase 2: System/Database Build	Project Manager Principal Implementation Specialist Business Systems Analyst Solution Architect Training Specialist Senior Security Analyst Data Conversion Specialist Customization/Configuration/Testing Team	YCHHS PM Super Users
Phase 3: Deployment	Project Manager Principal Implementation Specialist Training Specialist Customer Success Manager Senior Security Analyst Testing Team	YCHHS PM IT Manager Super Users
Phase 4: 60-Day Post Go-Live Support	Principal Implementation Specialist Training Specialist Customer Success Manager DrCloudEHR Client Services Business Systems Analyst	YCHHS PM IT Manager Super Users

Table 3-07: EnSoftek Team estimated hours for the YCHHS Implementation

EnSoftek Resource Effort Levels	Hours
Project Management and Implementation Oversight	1920
Set-up/Installation/Configuration of System	640
Requirements/Gap Analysis	480
Software Customization and Testing	800
Data Conversion	648
Interfaces / Integrations	800
Training	160
Documentation	160
Security Analysis	240

EnSoftek - YCHHS Resource Effort Levels By Phase
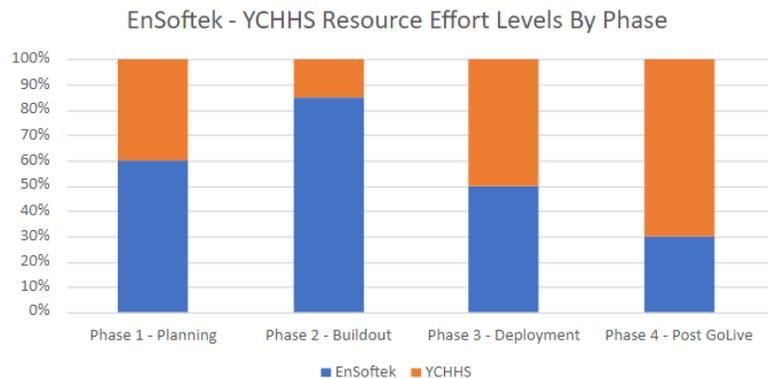
D. ORGANIZATIONAL CHART AND PROJECT TEAM RESUMES

1. The County anticipates that any staff assigned to the Project will remain assigned to the Project, unless the County deems the services to not meet expectations at which point the Contractor and the County will work together to remedy such non-conforming services. Proposer to identify the approach to assignment and (as necessary) replacement/removal of vendor staff during the implementation process.

Our proven experience in EHR implementations, training and in dissemination of cross-discipline technologies translates into a realistic assessment of the resources required to successfully complete DrCloudEHR implementations on time and within budget.

All EnSoftek staff assigned to the project will remain assigned for the duration of the project.

Our resource management plan incorporates a resource backup plan based on a team of over 70 healthcare solution experts (EnSoftek staff) who are dedicated to providing EHR implementations, project management, support, and training services to address any staffing needs as necessary during the implementation. This ensures that throughout the period of performance, all tasks can be fully staffed and that backup personnel are available to fill gaps.

2. Proposer to submit as an Exhibit to Tab 3, an Organizational Chart including subcontractors and reporting structure of the entire team.

Organization Chart submitted as an Exhibit to Tab 3.

3. As an Exhibit to Tab 3, resumes shall be provided for the implementation team, as well as additional personnel involved in the proposed project governance structure, including any partners/subcontractors. Resumes shall be specific to the actual personnel to be assigned to this Project for all primary roles (e.g., Project Manager, Conversion Lead). Resumes to include listing of past software implementation projects and certifications held for each team member.

Key Personnel Resumes submitted as an Exhibit to Tab 3.

4. Summary of Project Team: Proposer shall complete the following table for any assigned project team members including any partners/subcontractors. Please replicate the table as necessary for any key project personnel.

The implementation team for this project, as presented in the tables below, is organized to provide efficient, accurate, and cost-effective delivery of DrCloudEHR system. They bring institutional knowledge of the diverse client technical environments, health record-keeping requirements, workflow customizations, integration, security, and nuances involved in training users in multiple locations.

The individuals listed are the Key Personnel in implementing the DrCloudEHR system for the below clients whose services and scope are comparable to those provided by YCHHS.

1) Marion County Health and Human Services, Oregon
2) Clackamas County Behavioral Health Division, Oregon
3) Washington County Health and Human Services, Oregon
4) Addictions Recovery Center, Oregon
5) Advanced Behavioral Health, Maryland

Table 3-08: Proposer Project Team Members

Proposer Project Team Members			
Project Role/Title	**Name**	**Years of Relevant Experience**	**Years with firm**
Senior Project Manager	Ramesh Nagul	27 Years	15 Years
Relevant Certifications/Education/Work History			
As Project Manager, Ramesh oversees many successful DrCloudEHR implementations including, at Clackamas County, Washington County, and Marion County Health and Human Services departments in Oregon. Ramesh has exceptional experience in EHR implementations using Agile methodology, meaningful use optimization, quality measures analysis, and process improvement in health			

information management. He has experience managing and training technical and clinical staff and teams within the implementation and enhance the use of DrCloudEHR. He has successfully managed project risks, track records of compliance, budgets, resource allocation, and training for technical teams, while participating in all phases of the project life cycle.

Number of implementations completed within past five years
Over 30 implementations.

Identify Scope of Services/Tasks this individual will be working on for this project

- Provide overall project oversight with direct reach-back into EnSoftek PMO.
- Develop and maintain project plan, scope, schedules, and project status.
- Apply innovative strategies to help YCHHS achieve business goals through optimizing and standardizing technology systems.
- Participate in weekly project status meetings and steering committee meetings.
- Participate in requirements gathering and guide the implementation team.
- Liaison between YCHHS staff and the implementation team to help define/translate requirements.
- Responsible for all Project Management deliverables including, project plans, status reports, etc.

Proposer Project Team Members			
Project Role/Title	**Name**	**Years of Relevant Experience**	**Years with firm**
Principal Implementation Specialist	Chris Goodbaudy	15 Years	10 Years

Relevant Certifications/Education/Work History

Chris was involved in many successful DrCloudEHR implementations in the public health, behavioral health, and developmental disabilities organizations. He was the Principal Implementation Specialist for the successful deployment of DrCloudEHR at Clackamas County, Washington County, and Marion County Health and Human Services departments in Oregon. He is highly proficient in analyzing data trends, task breakdowns, business workflow processes, and communication barriers, resulting in maximized effectiveness of the organization. Chris leads work sessions both in-person and virtual, with staff to review existing business workflows and help align with our standard of build and best practices.

Number of implementations completed within past five years
Over 30 implementations.

Identify Scope of Services/Tasks this individual will be working on for this project

- Provide solution overview, review the scope of the project and requirements, conduct workflow assessments, and guide in custom development activities.
- Responsible for day-to-day implementation activities, oversight and resource allocation, scheduling, and monitoring activities.
- Collaborate with YCHHS department leaders and clinicians, evaluate process flows, ensure clinical information is captured appropriately, and identify opportunities for improvement.
- Review YCHHS business processes (discovery templates, requirements, interfaces, deployment plan, etc.).
- Configure DrCloudEHR to ensure that it meets YCHHS requirements.
- Manages issue logs, resolution, status, and risk of project success.
- Ensures task requirements are met and deliverables are on time.

Proposer Project Team Members			
Project Role/Title	**Name**	**Years of Relevant Experience**	**Years with firm**
Training Specialist	Melinda Griffin	10 Years	10 Years

Relevant Certifications/Education/Work History

As the DrCloudEHR system Training Specialist, Melinda has been delivering effective train-the-trainer and train-the-user programs. Throughout her tenure, she has adeptly balanced the demands of clients with the educational needs of its employees, leading to successful outcomes. Melinda has over ten (10) years of experience leading and directing training efforts to deliver the best customer support experience to clients of varying sizes and specialties.

Number of implementations completed within past five years

Over 30 implementations.

Identify Scope of Services/Tasks this individual will be working on for this project

- Work closely with YCHHS to accomplish training needs.
    - For reporting, identify billing functions, map current processes, and suggest improvements.
    - Revise the training curriculum as it relates to the functionality of the current YCHHS business processes.
    - Conduct Train-the-Trainer sessions (onsite and web-based training as per the training plan) on DrCloudEHR modules as it relates to the functionality of the current YCHHS business processes.
    - Conduct Train-the-User sessions (optional).
- Assist documentation specialist in revising user manuals and online help documentation as per YCHHS needs.
- Provide go-live support and guidance to YCHHS and ensure user adoption.

Proposer Project Team Members

Project Role/Title	Name	Years of Relevant Experience	Years with firm
Senior Business Analyst	Anu Tirumala	25 Years	10 Years

Relevant Certifications/Education/Work History

As the Senior Business Analyst working with EnSoftek for the past ten (10) years, Anu has been supporting large, complex DrCloudEHR implementations to exceed customer expectations. Anu is an accomplished Business Analyst with over 25 years of experience specializing in the analysis, design, and development of large-scale applications. She has extensive experience in all stages of the software development process, including requirements definition, prototyping, proof of concept, design, interfaces/interoperability, testing, and release. She was the key Business Analyst on many successful DrCloudEHR implementations, including the AFRH, Washington County, and Marion County.

Number of implementations completed within past five years

Over 30 implementations.

Identify Scope of Services/Tasks this individual will be working on for this project

- Gather requirements using interviews, surveys, business process descriptions, use cases, task and workflow analysis, and create functional requirements documentation.
- Lead clinical and financial work sessions with YCHHS staff to review existing workflows and help align with industry-standard best practices.
- Review YCHHS's current technical and financial business process workflows, map current processes, and suggest improvements.
- Liaison between the EnSoftek integration/configuration team and YCHHS.
- Develop the Functional Specification Documents.

Proposer Project Team Members

Project Role/Title	Name	Years of Relevant Experience	Years with firm
Solution Architect	Jon Fo	10 Years	6 Years

Relevant Certifications/Education/Work History

As the Senior Solution Architect, John has been involved in the design and development of DrCloudEHR for the past six (6) years. He brings over 10 years of experience helping organizations succeed through Health IT Strategy, Planning, Architecture, Implementation, Management, and Operations.

Number of implementations completed within past five years

Over 30 implementations.

Identify Scope of Services/Tasks this individual will be working on for this project

- Work with the Principal Implementation Specialist and development team to complete design, configuration, and customization activities.
- Guide the team on configuration and customizations of YCHHS program workflows and forms, including client management, clinical workflows, and billing/ revenue cycle configuration.

- Guide the development team to distil requirements to technical specifications.
- Ensure that data tables and files have been loaded properly, data collected are processed and stored correctly, interfaces work, workflows have been adjusted appropriately, and reports can be generated accurately and completely.

Proposer Project Team Members			
Project Role/Title	**Name**	**Years of Relevant Experience**	**Years with firm**
Clinical Informatics SME	Dr. Kevin Yeh	10 Years	3 Years
Relevant Certifications/Education/Work History			
As a Clinical Informatics Subject Matter Expert and a Computer Science Graduate from MIT, Dr. Yeh brings over 20 years of clinical technology and informatics experience to guide EHR solutions development to the team. He has been instrumental in the design and implementation of clinical features and workflow improvements to the DrCloudEHR solution.			
Number of implementations completed within past five years			
Over 6 implementations.			
Identify Scope of Services/Tasks this individual will be working on for this project			

- Work with the implementation team to guide YCHHS workflows optimizations and ensure the best user experience.
- Assist with providing effective and efficient documentation.
- In-house expert on terminology to be used in DrCloudEHR, so UI is intuitive and easy to use.
- Identify data and analytics to be presented to user dashboards so staff can easily complete their tasks within DrCloudEHR.

Proposer Project Team Members			
Project Role/Title	**Name**	**Years of Relevant Experience**	**Years with firm**
Senior Security Analyst	Michael Clayberg	20 Years	6 Years
Relevant Certifications/Education/Work History			
Michael is a CISSP (Certified Information Systems Security Professional) and an accomplished Information Assurance Security Officer (IASO), cyber security professional with over 20 years of experience providing expert management and information technology services with a concentration in information security, information assurance, and application security. Michael has been providing security analysis and support for the DrCloudEHR system for the past six (6) years. He played a key role in analyzing security requirements and ensuring compliance on many DrCloudEHR implementations, including the Peace Corps and Armed Forces Retirement Homes.			
Number of implementations completed within past five years			
Over 10 implementations.			
Identify Scope of Services/Tasks this individual will be working on for this project			

- Review security requirements and provide draft assessments.
- SME to analyse YCHHS security requirements and ensure compliance.
- Review vulnerability and risk assessments for changes requested.
- Test data storage and transfer security needs are met and recommend mitigation strategies.

Proposer Project Team Members			
Project Role/Title	**Name**	**Years of Relevant Experience**	**Years with firm**
Data Conversion Specialist	Suman Venkata	14 Years	8 Years
Relevant Certifications/Education/Work History			
Suman has been supporting DrCloudEHR system implementation projects for the past eight (8) years, including Washington County, BestCare Treatment, and others. He has extensive experience in extracting, evaluating, and converting existing clinical and financial data from one EHR system to			

another (structured and unstructured Data.) Suman works with our clients to establish the scope of data (specific data to be converted, level of cleanliness, etc.), map the data conversion process and extract the data all while adhering to HIPAA requirements.

Number of implementations completed within past five years
Over 20 implementations.
Identify Scope of Services/Tasks this individual will be working on for this project

- Review data conversion and validation plan with YCHHS and provide data conversion requirements and draft conversion, management, and backup plans.
- Understand data quality standards that allow for integrating data, information, and knowledge to support data integrity.
- Ensure that data quality, integrity, and completeness are maintained and that duplicate entities are identified and removed.
- Data Mapping - map all required fields by reviewing existing data exports provided by YCHHS and coordinate the transition efforts.
- Develop data preparation processes to ensure any data that can be converted is in a format that DrCloudEHR can support.
- Review and import data into a staging environment.

Table 3-09: Associate Team Members

Customization and Integration Team	• Work with Solution Architect to complete configuration, customization and integration development activities. • Follow design specifications to ensure delivered code meets specifications/requirements. • Analyse the impact of existing code changes or on newly developed code, including accurate estimation of the efforts. • Analyse and troubleshoot product issues reported by clients. • Assist client services/support staff as required with investigations of technical issues.
Senior Documentation Specialist	• Maintain current knowledge base of existing and emerging YCHHS specific workflow specifications, procedures, and guides. • Create and revise technical documentation, training curriculum, user manuals and on-line help documentation. • Ensures documentation complies with YCHHS requirements, specifications, engineering standards, and language usage principles. • Work with implementation staff to develop the documentation as per YCHHS needs, including online user manual, training guide and videos, self-study and practice guides for certifications. • Research and consult with implementation staff to develop other topical documentation as needed.
Quality Assurance Team	• Work with Project Manager and Principal Implementation Specialist to develop and maintain documentation of all test plans, test cases, QA strategies, and processes specific to YCHHS. • Conduct all aspects of testing. (functional, regression, load, and security testing).

Customer Success Manager & Client Services Team	• Assist YCHHS through post go-live and provide technical support per SLA requirements.
	  o Support and assist users with application issues.
	  o Perform troubleshooting and problem replication in order to identify/verify the underlying cause of reported problems.
	  o Investigate and coordinate to resolve application and technical issues.
	  o Maintains DrCloudEHR issues database/helpdesk service desk.

E. PROPOSED TRAINING APPROACH/STRATEGY

	Proposed Training Approach/Strategy Questions
	Proposer to describe the proposed approach to training users of the system, including the frequency of training, timing in the overall sequence of the implementation, as well as training resources/materials that will be provided to trainees.

1.	EnSoftek's approach to getting all YCHHS users trained is:
	
	1. EnSoftek to train the YCHHS Super Users.
	   a. Designated Super Users will receive continuous training throughout the implementation phase in addition to dedicated training during deployment, so they can comprehensively train all other users.
	2. YCHHS Super Users to train the rest of YCHHS staff.
	   a. All User Training will be accomplished by utilizing YCHHS designated Super Users to train other YCHHS staff.
	   b. All user training to be completed during the deployment phase, two weeks before going live.
	
	EnSoftek's training philosophy starts with understanding the YCHHS staff's experience, expectations, and point of view of how the solution best integrates into current processes and protocols. Our team will work closely with YCHHS to identify the staff and the role they will play to adapt our training session(s) best suited to their needs. Overall, we will apply multiple strategies to ensure staff receive the training they need, but the underlying principles will still be the same: tailored classroom sessions, easy-to-understand documentation/videos, and multiple knowledge transfer sessions.
	
	We offer two levels of training: Train-the-User and Train-the-Trainer.
	
	Train-the-Trainer (included in pricing): These sessions are a deeper dive into the system. We will work with YCHHS to pick clinical, financial, and administrative "Super Users," staff who are very adept at their designated functions and have strong technology and interpersonal skills. These types of users are leaders of their respective groups, and this is whom users select first to get their questions answered. This extensive training program includes:
	
	• Pre-assigned courses for completion and certifications.
	• Classroom training to include instruction and hands-on exercises.
	• Ongoing additional education and more detailed quizzes.
	
	Train-the-User (additional cost): This training is for most of the staff and involves ensuring that selected staff members can perform their duties successfully. This will be accomplished by utilizing an instructor-led and self-directed learning approach. Our goal is to ensure that designated users can use DrCloudEHR without requiring much assistance beyond the initial implementation period and possibly when features are added or updated. We ensure staff has the required training and access to the DrCloudEHR Client Services team when required.
	
	Training Resources:
	• Online User Manual - An easy-to-use, in-depth online user manual and topical documentation is available for access right from the application.
	• Training guide with any personalized or custom workflows that are created during implementation.
	• Videos - An ever-growing library of videos on basic and complex tasks.

	Proposer to provide their approach to the training plan and what makes their training plan successful and effective for system implementations. Include your approach to when and why you choose to use on-site training versus a webinar or a train-the-trainer format.
2.	Our comprehensive training approach has had proven success, ensuring all users are trained on how to use the system for a smooth Go-Live process. It not only focuses on technical skills, but also on the importance of patient-centric care. That's why our program emphasizes: **Personalized YCHHS Super User training:** Our plan takes your unique workflows and staff needs

into account and provides Super Users with a curriculum tailored for YCHHS workflows. Each session is tailored around your programs, turning what could be a complex process into a straightforward enhancement.

On-site hands-on training: For YCHHS, we are local and believe tailored hands-on training will yield the best results. It provides our Training Specialists an opportunity to observe your day-to-day operations and integrate our training sessions seamlessly into your clinical setting. This personalized touch ensures every staff member is on board, every question is answered, and every lesson is relevant.

Train-the-Trainer Advantage: Empower your in-house EHR champions with our Train-the-Trainer program. Through this intensive training, your select staff members become the point of contact for in-house training needs and continue to foster a culture of continual learning and improvement long after our trainers have left. Based on our experience, we recommend Train-the-Trainer approaches to customers similar to YCHSS that have many users and provide services for varied programs because:

- This approach has worked for all the counties we have worked with.
- In-house Super User staff can then train YCHHS staff based on their role and responsibilities.
- This will not only reduce cost but also make YCHHS self-sufficient for evolving training needs.

Webinar-based training: Our webinar training approach provides additional support to staff and will pave the way for a smooth training experience for new-hires/ongoing annual refresh training, or as new improvements and functionality are deployed. This ensures that all YCHHS staff members comprehend the DrCloudEHR system and are equipped to navigate it effectively.

3.	Proposer to detail the knowledge transfer strategy proposed to prepare county staff to maintain the system after it is placed into production. Describe any specific training regarding back-end account clean-up activities (i.e. error corrections, date modifications, program detail modification, staff additions or subtractions from treatment teams, etc.).
	EnSoftek recognizes the importance of knowledge transfer for YCHHS personnel during implementation and after Go-Live. We also offer annual refresh training programs for all users, so they have the required training to configure new features/updates on DrCloudEHR. We provide the following ongoing learning options: • Online User Manual - An easy-to-use, in-depth online user manual and topical documentation is available for access right from the application. • Training guide with any personalized or custom workflows that are created during implementation. • Videos - An ever-growing library of videos on basic and complex tasks. • On demand on-site and webinar training at an additional cost (post go-live).
4.	Proposer to detail the approach to providing opportunities for training to the County following go-live of the system. How will County staff maintain the current on the proposed system? Is post-live training included in the recurring annual costs, or would this be subject to a separate amendment/order form?
	Please refer to the response above for additional opportunities for training. Our pricing includes webinar-based annual refresh training.
5.	Proposer to detail the approach to conducting training using webinar (e.g., GoToMeeting, Zoom, Teams, Skype), including how Proposer staff will monitor staff comprehension and, if applicable, provide assistance to trainees on navigation through the system.
	Our Training Specialists have extensive experience conducting webinar-based training on DrCloudEHR modules as it relates to the functionality of the current YCHHS business processes. We use various mechanisms to ensure YCHHS staff members comprehend the DrCloudEHR system and are equipped to navigate it effectively, such as interactive sessions, polls, Q&A sessions and hands-on sessions. We will also address how to monitor staff engagement and provide the support during the training sessions.

Table 3-10: Staff Comprehension and Monitoring	
Ensuring Staff Comprehension	**Monitoring and Providing help**
Interactive Elements: Incorporate quizzes at key points to gauge understanding and encourage active participation.	**Monitoring Staff Progress:** View staff engagement and adjust training material accordingly. If many staff are stuck on a specific task, provide additional explanation and examples to aid their understanding.
Q&A Sessions: Allocate time for YCHHS staff to ask questions. Answer verbally or use the chat feature to ensure all concerns are addressed.	
Individual Practice Time: After covering a section, allow participants to practice the tasks on DrCloudEHR while following provided step-by-step guide.	**Private Feedback:** Use private messaging or break-out rooms for one-on-one help if a participant requires more in-depth support without disrupting the main webinar.

6.

Proposer to identify the requested analysis/training room environment requirements and any other requirements related to the training facility/room/equipment. Requirements may include any presentation equipment, whiteboards, seating style, number of computers, printers, and other amenities needed to support on-site implementation activities.

EnSoftek would require YCHHS to provide the facilities and equipment for all on-site meetings, including kick-off meeting, analysis and training. Equipment list includes reserved room, projector, screen, laptops for training, power cords, sound, presentation, printing materials, etc.

7.

Proposer to provide a detailed training plan and resource hours allocated for the County's project, including description of the type of delivery mechanisms (e.g., in-person/live training, recorded videos, scenario-based) that would be used to support the delivery of the training.

Please refer to our detailed training plan above to question E.1, E.2, E.3 above.

The below chart details the proposed resource hours allocated for YCHHS using the Train-the-Trainer methodology. EnSoftek is dedicating **160 resource hours** to YCHHS training and training materials. Our goal is to have YCHHS super users involved and trained throughout the different phases of the implementation process and cover all required functionality and modules outlined in our contract.

Table 3-11: Proposed Train-the-Trainer Strategy

Functional Module	Type of YCHHS User	Maximum Class Size	Primary Delivery Mechanisms
Clinical Documentation and Case Management	Super Users	15	On-Site Classroom
Scheduling	Super Users	15	On-Site Classroom
Registration, Enrollment, and Authorizations	Super Users	15	On-Site Classroom
Finance	Super Users	15	On-Site Classroom
Medication Management	Super Users	15	On-Site Classroom
Reporting and Medical Records	Super Users	15	On-Site Classroom

Besides on-site training, Ensoftek will also use webinar and recorded video-based training material to train staff.

8.

Proposer to submit as an Exhibit a Sample Training Plan and insert in Tab 3.

Exhibit submitted   ☒**Yes** ☐No

9.	Proposer to detail the roles and responsibilities for the training effort and how this will be coordinated between county and Proposer teams

EnSoftek will employ a "Train-the-Trainer" strategy and will provide training sessions, easy-to-understand materials, and multiple knowledge transfer sessions. EnSoftek's Principal Implementation Specialist will coordinate training efforts with YCHHS Project Manager.

Table 3-12: Training Roles and Responsibilities

Role	Responsibility
Train Super Users	EnSoftek
Training Curriculum/Material Development	EnSoftek
Training Instruction/Delivery	EnSoftek
Identify Training Staff at YCHHS	YCHHS
Provide Training Facilities and Equipment	YCHHS
Review and Accept Training Materials	YCHHS
Train End Users	YCHHS

TAB 3 - EXHIBITS

Sample Implementation Plan

Based on our careful consideration of the RFP SOW requirements, YCHHS organizational vision, and proven EHR implementation experience, we believe a 16-month implementation for the DrCloudEHR YCHHS-Specific Solution v2025 (installation/setup/configuration, gap analysis, interface, training, deployment, and go-live support), will yield successful results towards DrCloudEHR implementation, adoption, and staff productivity.

Our step-by-step process for implementing DrCloudEHR successfully is:

Phase 1: Planning and Requirements Analysis

a. Project Initiation

The project initiation phase comprises two events:
1) During project kick-off, EnSoftek and YCHHS key team members are introduced identifying their clear roles and responsibilities.
2) During the project planning meeting, EnSoftek will present its proprietary DrAgile implementation methodology, which consists of planning, analysis, Agile Development, and support phases, and outline the objectives of each phase.

The DrCloudEHR system implementation team will work with YCHHS staff to identify resources necessary for requirements analysis, set up required meetings to review and complete project scope, and define acceptance criteria for deliverables. The team will also discuss the initial project plan, review the timelines, and finalize the Project Management Plan to be used for the project.

EnSoftek project team responsibilities and deliverables:
- Review and align project goals and objectives.
- Review Agile implementation methodologies and project management processes.
- Provide YCHHS with an overview of our approach to implementation, communication, documentation review, and change management process.
- Identify tools, such as JIRA and Microsoft Project, for accountable productivity and efficiency.
- Establish - project management processes and communication plans, change management, and risk management plans.

YCHHS project team responsibilities:
- Identify YCHHS project team members: YCHHS (Project Stakeholders, Project Manager, Functional Staff, and System Administrator).
- YCHHS key personnel attend the project kickoff meeting.
- Provide necessary facilities and equipment for project kickoff meeting onsite.
- Review and sign off on project management and communication, change management, and risk management plans.

b. Requirement Analysis (Elaboration and Specification Definition)

EnSoftek business analysis and configuration specialists will provide a solution overview, review the scope of the project, conduct workflow assessments, and identify and guide in custom development activities (including interfaces) with the EnSoftek PM and YCHHS project team.

EnSoftek project team responsibilities and deliverables:
- Set up a standard instance of DrCloudEHR to provide a solution overview.
- In collaboration with the YCHHS project team, conduct scope review and workflow assessments.
- Understand business workflow and processes for various YCHHS programs and identify improvements/ enhancements specific to YCHHS needs.
- Review the client data collection process.
- Outline design and configuration of new solution (product configurations, modifications, and integration/interface requirements).
- Develop and document a project statement capturing the "To-Be" environment and update the implementation plan as required for a fully compliant solution.
- Deliver the following documents.
  - Project Plan, Requirements Traceability Matrix, and Functional Specification Documents.
  - Data Integration/Interface Specifications Document, Data Conversion, and Migration Plan.

YCHHS project team responsibilities:
- End users from different YCHHS programs participate in solution reviews and will be expected to have a solid understanding of the workflows in their area of expertise to answer questions.
- Provide feedback and approve design changes.
- Identify standard operating policies and procedures that will require change.
- Assist in data gathering and identify process improvement.

Phase 2: System/Database Build

a. Configuration, Customization, and Integration

Using proven processes and methodologies (Agile/SCRUM), and tools such as JIRA and Microsoft Project for accountable productivity and efficiency, EnSoftek will complete the design, development, and integration of the solution and review/finalize the data migration process.

EnSoftek project team responsibilities and deliverables:
- Establish DrCloudEHR staging, testing, training, and production instances.
- Design and configure YCHHS program workflows and forms.
  - Client Management; Clinical Workflow; and Billing/revenue cycle configuration.
- Integration/Interface Development.
- Analyze security requirements and ensure compliance.
- Conduct vulnerability and risk assessment for changes requested.
- Provide regular updates - completed or pending actions, the status of deliverables, variances from the implementation plan, and planned versus actual delivery dates.

YCHHS project team responsibilities:
- Subject Matter Expert staff from various YCHHS programs need to participate in design and configuration and will be expected to have a solid understanding of the workflows and provide data collection requirements.
  - Client Management–patient demographics, new client entry protocols, identifying client types, etc.
  - Workflow–identify steps, documentation requirements, and rules around form completion.
  - Billing/revenue cycle Configuration–service types and their service codes, payer information and credentialing, and revenue reporting requirements.
  - Integration/Interface Development–external systems.
- Review and approve progress and status reports.

b. Testing

EnSoftek will conduct comprehensive testing and will configure a testing instance for the YCHHS. Our staff goes through the unit, integration, usability, performance, and security test phases to ensure that data tables and files have been loaded properly; data is collected, processed, and stored correctly; interfaces are fully functional; workflows have been adjusted appropriately; and required reports can be generated accurately and completely.

EnSoftek project team responsibilities and deliverables:
- Follow industry-standard methods to review and develop types of tests and their purpose.
- Conduct tests planned to be performed and determine if any changes are needed and modify the testing plan accordingly.
- Work closely with the YCHHS team toward user acceptance testing.

YCHHS project team responsibilities:
- User Acceptance Testing.
  - All modules have been implemented and successfully tested as planned.
  - All outstanding issues have been resolved to the organization's satisfaction.
  - User adoption and satisfaction rates reflect goals.

c. Data Migration

We use the following proven process for data migration:

EnSoftek project team responsibilities and deliverables:
- Work with designated YCHHS staff to gather requirements and identify sources from which data will be imported.
  - Get a clear understanding of the data and the type of access available so we can put a plan in place on how to extract the required information.

- Develop data preparation processes to ensure any data that can be converted is in a format that DrCloudEHR can support. Apply best practices to:
  - Identify what data needs to be migrated, remove, or archive any inactive (moved, deceased, recovered) patients from the system.
  - Remove duplicate patient data.
  - Train staff on DrCloudEHR before migrating the data.
  - Create a YCHHS-specific, clear workflow document for the processes in DrCloudEHR.
  - o Map all required fields by reviewing existing documentation, when possible, if not access databases directly, and develop a document mapping the source and destination fields.
  - o Use standard export tools, if available, otherwise create export scripts to import the required data into DrCloudEHR.
- Review and import data into a staging environment.
- Perform a series of tests to ensure the import was successful.
- Clean up any import issues.
- Work with YCHHS to review the data imported and get sign-off.
- Make the data available in production.
- Develop documentation and processes for YCHHS staff to support the effort.

YCHHS project team responsibilities:
- Review how much data is available to convert and how much of that data is needed to be converted.
- Make sure the date being converted is clean and accurate.
- Responsible for extracting data from the current system.
- Assist implementation staff in mapping data fields from the old system/process to equivalent fields in DrCloudEHR.
- Validation and sign-off–review to verify that the converted data is correct.

d. Knowledge Transfer & Training
EnSoftek project team responsibilities and deliverables:

EnSoftek's training philosophy starts with understanding the YCHHS staff's experience, expectations, and point of view of how the solution best integrates into current processes and protocols. Our team will work closely with the YCHHS to identify the staff and the role they will play to adapt our training session(s) best suited to their needs. Overall, we will apply multiple strategies to ensure staff receive the training they need, but the underlying principles will still be the same: tailored classroom sessions, easy-to-understand documentation, and multiple knowledge transfer sessions. Our training strategy is to ensure designated users can use DrCloudEHR with ease and understand the tools and resources they have access to in DrCloudEHR.

The DrCloudEHR user interfaces are intuitive by design, but technology can sometimes present issues to staff whose focus is providing care. EnSoftek believes that proper training is required to enable users to navigate and efficiently use an EHR in the healthcare process flow setting. Thus, we offer two levels of training: Train-the-User and Train-the-Trainer.

Train-the-Trainer (included): These sessions are a deeper dive into the system. We will work with YCHHS to pick clinical, financial, and administrative "Super Users," staff who are very adept at their designated functions and have strong technology and interpersonal skills. These types of users are leaders of their respective groups, and this is whom users select first to get their questions answered. This extensive training program includes:
- Pre-assigned courses for completion and certifications.
- Classroom training to include instruction and hands-on exercises.
- Ongoing additional education and more detailed quizzes.

Train-the-User (additional cost): This training is for most of the staff and involves ensuring that selected staff members can perform their duties successfully. This will be accomplished by utilizing an instructor-led and self-directed learning approach. Our goal is to ensure that designated users can use DrCloudEHR without requiring much assistance beyond the initial implementation period and possibly when features are added or updated.

DrCloudEHR is a comprehensive system typically requiring multiple learning sessions in the beginning, some guided and some self-directed. Our goal is to ensure staff has required training and access to DrCloudEHR Client Services Team when required.

The following resources are available as part of our knowledge transfer and training:

- Online User Manual - An easy-to-use, in-depth online user manual and topical documentation is available for access right from the application.
- Training guide with any personalized or custom workflows that are created during implementation.
- Videos - An ever-growing library of videos on basic and complex tasks.
- National User Groups - Monthly user groups on new releases, updated features, refreshing topics, or addressing staff turnover are available to customers. For specific needs, YCHHS would contact their Customer Success Manager to set up additional training sessions.

YCHHS project team responsibilities:
- Identify super users for train-the-trainer sessions.
- Review and accept training materials and user documentation provided and provide any feedback and requirements.
- Provide training facilities and related equipment.

Phase 3: Deployment

EnSoftek Principal Implementation Specialist will develop a transition plan to provide safe, uninterrupted access to DrCloudEHR - We will work closely with YCHHS staff to identify a transition approach that works best. It is important to use a transition approach that ensures the continuity of operations. EnSoftek recommends a pilot approach before transitioning and go-live.

a. Pilot Phase
EnSoftek project team responsibilities and deliverables:
- Configure DrCloudEHR for the pilot phase with select patients, staff, and/or facilities.
- Perform day-to-day YCHHS activities and track results.
- Review results with YCHHS stakeholders during the pilot and update DrCloudEHR as needed.
- Provide additional training as required.

YCHHS project team responsibilities:
- Dedicate required time and resources to record activity in DrCloudEHR.
- Provide feedback using DrCloudEHR Feedback Loop (JIRA) with details so EnSoftek can address any open issues satisfactorily.
- Sign-off on the successful completion of pilot activities.

b. Go Live!
EnSoftek project team responsibilities and deliverables:
- Review the FINAL system with YCHHS stakeholders, and update DrCloudEHR as needed.
- Once approved, set up a production instance.
- To avoid downtime, we will migrate data as follows (upon YCHHS approval).
  - Select the date and time to cut over to DrCloudEHR, and migrate data into DrCloudEHR from legacy systems until the cutover time.
  - After the cut-over, restrict staff access to current systems to avoid unwanted modifications.
  - Run in this mode until staff verifies all data is accessible in DrCloudEHR.

This will enable us to provide effective continuity of operations capabilities and uninterrupted care. Our transition plan approach ensures patients are served without interruption. As with all system lifecycle processes and procedures, EnSoftek staff will be on-site at YCHHS to work with the YCHHS staff to get input in terms of ease of use, navigation, and functionality to identify any deficiencies.

YCHHS project team responsibilities:
- YCHHS staff has completed the required training sessions.
- Staff performs a "patient walkthrough" in DrCloudEHR of a patient visit from beginning to end, with a Q&A session.
- Ensure all YCHHS users have the right access/permissions to DrCloudEHR.
- Ensure YCHHS stakeholders are available for final review, acceptance, and sign-off.

Phase 4: 60-day Post Go-Live Support and Sustainability

Our experience shows that quick and easy access to support staff post go-live is highly critical for success. Thus, DrCloudEHR has a help desk team of end-user success experts, the DrCloudEHR Client Services (DCS) Team, to help resolve customers' issues as per the Service Level Agreement (SLA).

Access to technical support is available from within the application using the JIRA Service Desk. Our friendly and knowledgeable staff is trained to assist and improve EHR adoption using various proven

approaches. They will work with YCHHS staff to ensure questions are answered and day-to-day tasks are accomplished.

The DCS team is motivated to ensure customer issues are responded to as per the SLA. If responses have not been received to client satisfaction or need urgent attention, they can always email or call their Customer Success Manager to escalate the issue.

The DCS team uses ServiceDesk and JIRA (Issues and bug tracking) software for gathering information and troubleshooting issues. All user issues, requests, and suggestions are logged and reviewed by the DCS Team. They track the issue and update the user until it is resolved. Every request received has a priority associated (Critical, High, Medium, Low) so the DCS team can address problems in a priority manner. Our issue resolution times are based on agreed SLAs.

Our dedicated Customer Success Manager is the single point contact for YCHHS and will work with the DCS team to ensure issues are resolved and ongoing technical support is provided in a timely manner. In all cases, a specific plan of action will be developed and shared with YCHHS as required to reveal steps for corrective actions that are both timely and acceptable. The Customer Success Manager and DCS team are committed to meet SLA needs and will provide YCHHS with regular updates on issues.

As part of ongoing maintenance, our operations team schedules planned upgrades and updates during non-peak hours, typically on the weekends at late at night. They send notices/alerts in advance and are available as per SLA requirements.

Sample Testing and Quality Assurance Plan

EnSoftek will work with YCHHS to define, plan, and execute all required testing to verify system functionality and capability. Testing will occur through the course of DrCloudEHR Implementation. Testing requirements, if required, are defined as part of the completion criteria for each specific component of the implementation to which they pertain. EnSoftek Project Manager will work with the YCHHS project team, develop an "Acceptance Test Plan" to provide a general procedure for user acceptance of all testing activities. EnSoftek Project Manager will assist the YCHHS in the development of the system acceptance criteria for each task/project component with specified acceptance criteria in the implementation plan and develop the acceptance test plan that will detail the procedures to be used for the acceptance tests.

Interface Testing: EnSoftek will perform testing of all interfaces within an environment that has the full functionality of all components, including all interfaces with which DrCloudEHR will send and receive data.

Performance, Stress, and Load Testing: EnSoftek will perform performance, stress, and load testing to ensure SLA service performance levels are met and demonstrate the reliability of DrCloudEHR.

Accessibility Testing: EnSoftek will perform Accessibility Testing to demonstrate that DrCloudEHR will operate for users in an easy-to-use and efficient manner, meeting section 508 compliance.

Data Conversion and Testing: EnSoftek will perform data conversion testing and validation to ensure that all records have been converted as agreed upon within the approved specification document. Throughout testing and at cutover, EnSoftek will provide exception/error reports for any data that failed migration, along with a proposed solution and shall work with YCHHS to remediate all records and fields flagged as exceptions.

UAT: EnSoftek will work collaboratively with YCHHS to develop the testing plan, and determine final acceptance criteria. UAT will include functional testing performed by YCHHS staff to verify that the solution meets the requirements, design specifications, interface specifications, and data conversion.

Post Go Live Testing: EnSoftek will perform any required testing post Go-Live throughout ongoing

operations and support.

Deliverables: Acceptance Testing Plan Document, Approved Change Order Forms, Project Plan Updates.

Responsibilities:
a. EnSoftek Will:
   I. The EnSoftek Project Manager will develop the referenced plans for YCHHS Project Manager for review and approval. Coordinate all EnSoftek resources as required in the development of the related plans.
   II. Provide Access, data, and other requirements specified in the Acceptance Test Plan to allow for test case execution.

b. County Will:
   I. The County Project Manager and YCHHS will review and approve the Acceptance Test Plan.
   II. Specify functional and business requirements for the processes and functions being tested.
   III. Develop testing scenarios.
   IV. Assign Users for appropriate roles and ensure that they are available to conduct testing procedures in a timely manner.

Completion Criteria: This task is complete upon mutual acceptance of the written Acceptance Test Plan by EnSoftek and YCHHS Project Manager(s).

Organizational Chart

EnSoftek is fully dedicated to providing the highest quality services and project talent. With our extensive expertise, we have carefully assembled a dynamic project team for the implementation and deployment of DrCloudEHR for YCHHS. Our team brings a wealth of institutional knowledge, possessing a deep understanding of diverse client technical environments, health record-keeping requirements, workflow customizations, integration, security, and training users in multiple locations. With a fully qualified team of experts on staff, EnSoftek is uniquely prepared to support all scope of services required for this effort.

EnSoftek Organizational Chart

Dr. Mike Price — Clinical Advisor	Ramesh Nagul — Project Manager
Al Lechner — Behavioral Health Advocate General Manager	Chris Goodbaudy — Principal Implementation Specialist
Manu Reddy — Customer Success	Anu Tirumala — Senior Business Analyst / Documentation Specialist

Project Management Office Executive Advisory Board

Human Resources Support
Contract Management
Operations Support
Operations Support

Contract Management & Corporate Support

Jon Fo — Solution Architect / Configuration and Development Team
Melinda Griffin — Training Specialist / Quality Assurance Team
Dr. Kevin Yeh — Clinical Informatics / DrCloudEHR Client Services Team
Michael Clayberg — Senior Security Analyst
Suman Venkata — Data Conversion Specialist

Associate Team Members

Key Personnel

Key Personnel Resumes

Name:	Ramesh Nagul
Role:	Senior Project Manager

As Project Manager, Ramesh oversees many successful DrCloudEHR implementations including, at Clackamas County, Washington County, and Marion County Health and Human Services departments in Oregon. Ramesh has exceptional experience in EHR implementations using Agile methodology, meaningful use optimization, quality measures analysis, and process improvement in health information management. He was also the Project Manager for many other organizations with similar services as YCHHS. As part of these projects, he led a cross-organizational staff comprising Medical Directors, Administration Staff, and Technical Engineering teams to deploy DrCloudEHR.

Ramesh has the experience and expertise to manage cross-functional discussions, culminating in requirements for a technological solution. He has successfully managed project risks, track records of compliance, budgets, resource allocation, and training for technical teams, while participating in all phases of the project life cycle. Ramesh is aware of the importance of frequent communication among project members and of constructing a realistic plan and timeline, actively contributing to frequent status update meetings with management, and interacting with development and clinical departments. As the Project Manager, he will lead the DrCloudEHR implementation effort in determining the design and integration challenges of DrCloudEHR to meet YCHHS requirements.

Ramesh has over 25 years of experience delivering creative, out-of-the-box custom solutions involving web services, client/server applications, and healthcare solutions, leading globally disparate teams adhering to strict quality standards and processes. He is responsible for the development of DrCloudEHR. Leads and directs a team of 20+ staff to deliver an ONC-certified HIPAA-compliant EHR solution to organizations of varying sizes and specialties. Ramesh is constantly reviewing new technologies and products that can expand the feature set for DrCloudEHR and improve ease of use for users. He provides ongoing management for our team to develop and deliver DrCloudEHR.

Key Project Experience
- Marion County Health and Human Services, OR
- Clackamas County Behavioral Health, OR
- Washington County Health and Human Services, OR
- Addiction Recovery Center, OR
- BestCare Treatment Services, OR
- OnTrack Rogue Valley, OR
- Key Recovery & Life Skills Center, WA
- Advanced Behavioral Health, MD
- Armed Forces Retirement Homes, DC
- Peace Corps, Global EHR

Education:	Masters in Computer Science, Data Systems Research Foundation, and a Bachelor's in Computer Science from Pune University.

Name:	Chris Goodbaudy
Role:	Principal Implementation Specialist

As the Senior Principal Implementation Specialist for the past 10 years, Chris has been working on DrCloudEHR implementations all over the US, supporting customers with clinical and billing configurations and achieving a balance between organizational demands and employee needs. Chris has experience oversees many successful DrCloudEHR implementations for the public health, behavioral health, and developmental disabilities organizations. He was the Principal Implementation Specialist for the successful deployment of DrCloudEHR at Clackamas County, Washington County, and Marion County Health and Human Services departments in Oregon.

Chris is highly proficient in analyzing data trends, task breakdowns, business workflow processes, and communication barriers, resulting in maximized effectiveness of the organization. Chris leads work sessions both in-person and virtual, with staff to review existing business workflows and help align with our standard of build and best practices.

Key Project Experience
- Marion County Health and Human Services, OR

- ➢ Clackamas County Behavioral Health, OR
- ➢ Washington County Health and Human Services, OR
- ➢ Addiction Recovery Center, OR
- ➢ BestCare Treatment Services, OR
- ➢ OnTrack Rogue Valley, OR
- ➢ Key Recovery & Life Skills Center, WA
- ➢ Advanced Behavioral Health, MD
- ➢ Armed Forces Retirement Homes, DC
- ➢ Peace Corps, Global EHR

Education:	Communications–Brigham Young University, Provo, Utah.

Name:	Melinda Griffin
Role:	Training Specialist

As the DrCloudEHR Training Specialist, Melinda has been delivering effective train-the-trainer and train-the-user programs. Throughout her tenure, she has adeptly balanced the demands of clients with the educational needs of its employees, leading to successful outcomes. Melinda has over 10 years of experience leading and directing training efforts to deliver the best customer support experience to clients of varying sizes and specialties.

Melinda is responsible for conducting hands-on training for front office, physician coding and billing personnel and practice administrators. She has extensive experience as a classroom trainer, distance learning facilitator, and individualized instructor and go-live support to maximize the productivity and enhance the clinical aspects of every patient visit. As a lead trainer, she possesses extensive experience in creating classroom and eLearning courses, defining course objectives, and developing curriculum materials such as participant guides, quick reference guides, and course assessments. She has experience providing online and hands on training on the DrCloudEHR system functionality for over 1000 users from multiple disciplines and locations with varying degree of IT expertise.

Key Project Experience
- ➢ Marion County Health and Human Services, OR
- ➢ Clackamas County Behavioral Health, OR
- ➢ Washington County Health and Human Services, OR
- ➢ Addiction Recovery Center, OR
- ➢ BestCare Treatment Services, OR
- ➢ OnTrack Rogue Valley, OR
- ➢ Key Recovery & Life Skills Center, WA
- ➢ Advanced Behavioral Health, MD
- ➢ Armed Forces Retirement Homes, DC
- ➢ Peace Corps, Global EHR

Education:	Trade school of Professional Office Administration.

Name:	Anu Tirumala
Role:	Senior Business Analyst

As the Senior Business Analyst working with EnSoftek for the past ten (10) years, Anu has been supporting large, complex DrCloudEHR implementations to exceed customer expectations. Anu is an accomplished Business Analyst with over 25 years of experience specializing in the analysis, design, and development of large-scale applications. She has extensive experience in all stages of the software development process, including requirements definition, prototyping, proof of concept, design, interfaces/interoperability, testing, and release. She was the key Business Analyst on many successful DrCloudEHR implementations, including the AFRH, Washington County, and Marion County.

Anu brings experience in:
- Writing software requirement specifications, Business Requirements Document (BRD), Functional Specifications document (FSD), and use case diagrams.
- Gather business and technical requirements from both formal and informal sessions through one-on-one interviews, Virtual Online Meetings, Video Conferencing, Client/Conference Calls, Questionnaire, and JAD sessions.
- Lead clinical work sessions both in-person and virtual, with staff to review existing workflows and help align with our standard of build and best practices.

- Develop clinical workflow plans to maximize the utilization of DrCloudEHR.
- Support the adoption of "Meaningful Use" in client environments.
- Document build specifications, team processes, and complex clinic workflows.
- Create medical specialty-focused templates and clinical workflow configuration.
- Provide Configuration, change, and release management for DrCloudEHR implementations.

Key Project Experience
- Marion County Health and Human Services, OR
- Clackamas County Behavioral Health, OR
- Washington County Health and Human Services, OR
- Addiction Recovery Center, OR
- BestCare Treatment Services, OR
- OnTrack Rogue Valley, OR
- Key Recovery & Life Skills Center, WA
- Advanced Behavioral Health, MD
- Armed Forces Retirement Homes, DC
- Peace Corps, Global EHR

Education:	Masters in Computer Science - San Jose State University, BE (Electronics Engineering) and BS (Physics & Mathematics) - University of Baroda, India.

Name:	Jon Fo
Role:	Solution Architect

As the Senior Solution Architect, John has been involved in the design and development of DrCloudEHR for the past six (6) years. He brings over 10 years of experience helping organizations succeed through Health IT Strategy, Planning, Architecture, Implementation, Management, and Operations.

Jon has experience in designing, building, and maintaining large-scale, distributed enterprise systems for commercial, public sector, and Defense-related clients. A proven track-record in implementing object-oriented systems, service-oriented architectures, networking, database and transaction processing systems, system security, performance assessment, complex systems integration, data architecture/ integration, enterprise architecture, and technical management of the systems development lifecycle.

Jon was key in bringing his background in product design, software engineering, business analytics, organizational development to bear in facilitating DrCloudEHR transition from niche player to market leader in the SaaS EHR systems for Behavioral Health and emerging markets.

Key Project Experience
- Marion County Health and Human Services, OR
- Clackamas County Behavioral Health, OR
- Washington County Health and Human Services, OR
- Addiction Recovery Center, OR
- BestCare Treatment Services, OR
- OnTrack Rogue Valley, OR
- Key Recovery & Life Skills Center, WA
- Advanced Behavioral Health, MD
- Armed Forces Retirement Homes, DC
- Peace Corps, Global EHR

Education:	B. S. Electrical Engineering, University of Hawaii at Manoa 1983.

Name:	Kevin Yeh
Role:	Clinical Informatics SME

As a Clinical Informatics Subject Matter Expert, Dr. Yeh brings over 15 years of software development experience and has been instrumental in the design and implementation of clinical features to improve DrCloudEHR.

Dr. Yeh holds a Doctorate of Medicine from Temple University School of Medicine in Philadelphia; he also holds a Master's in Electrical Engineering and Computer Science and a Bachelor of Science in Electrical Engineering from Massachusetts Institute of Technology. Since graduating medical school, Dr. Yeh is using his unique combination of clinical experience and technical expertise to improve the workflows in DrCloudEHR. He has been involved with healthcare since 2004, but began his

professional career in software development in 1996 during the dotcom era. He also has experience with many different Health IT platforms, and built both front end interfaces and back-end integrations to provide better access when clinicians need information from multiple systems.

Key Project Experience
- Clackamas County Behavioral Health, OR
- Armed Forces Retirement Homes, DC
- Peace Corps, Global EHR

Education:	Doctorate of Medicine from Temple University School of Medicine in Philadelphia.

Name:	Michael Clayberg
Role:	Senior Security Analyst

Michael is a CISSP (Certified Information Systems Security Professional) and an accomplished Information Assurance Security Officer (IASO), cyber security professional with over 20 years of experience providing expert management and information technology services with a concentration in information security, information assurance, and application security. Michael has been providing security analysis and support for the DrCloudEHR system for the past six (6) years. He played a key role in analysing security requirements and ensuring compliance on many DrCloudEHR implementations, including the Peace Corps and Armed Forces Retirement Homes.

Michael's work experience has covered a range of industries, from the US Federal Government and Armed Forces to financial services to business service management. He provided FedRAMP and FISMA (high) security assessments for US Government agencies including providing Information Assurance for Defense Acquisition University (DAU), Washington Headquarters Services (WHS), Office of the Secretary of Defense (OSD-CIO), USAID Office of Foreign Disaster Assistance (OFDA), US Army CIO/G-6, Department of the Army (HRPD/G-1), MEDCOM.

Michael has strong skills in Healthcare Information Security Management, ISO27001/27002 Security Standards and NIST 800-53 Compliance, SOX, HITECH, eMARS and HIPAA Standards and Requirements, Risk Analysis, Compliance, Implementations, Security Audits and Remediation, security engineering, operation security, physical/personnel security, documentation preparation, enterprise and organization risk management, risk and threat analysis, policy development, project management, technical Team Leadership, systems security/ administration, programming, customer support, and backup procedures.

Key Project Experience
- Marion County Health and Human Services, OR
- Clackamas County Behavioral Health, OR
- Washington County Health and Human Services, OR
- Armed Forces Retirement Homes, DC
- Peace Corps, Global EHR

Education:	George Washington University, Liberal Arts Curriculum; CISSP (Certified Information Systems Security Professional) / eEye Retina / Security+ 2008 / Information Assurance Security Officer / Brainbench JSP 1.1 (Java J2EE GUI Development).

Name:	Suman Venkata
Role:	Data Conversion Specialist

Suman has been supporting DrCloudEHR system projects for the past eight (8) years, including Washington County, BestCare Treatment, and others. He has extensive experience in extracting, evaluating, and converting existing clinical and financial data from one EHR system to another (structured and unstructured Data.) Suman works with our clients to establish the scope of data (specific data to be converted, level of cleanliness, etc.), map the data conversion process and extract the data all while adhering to HIPAA requirements.

Suman brings over 14 years of experience in database design and development and administration. He has extensive experience in database activities like data modelling, database design, database creation and maintenance, performance monitoring and tuning, troubleshooting, enterprise level replication, data transfer, documentation. He has been involved in total Software Development Lifecycle (SDLC) by identifying the business requirements, documenting technical design documents,

developing components to implement business requirements, and creating and executing unit test plans. His extensive experience includes working with tools like Visual Studio, SQL Server Management Studio, SQL Server Reporting Services (SSRS), SQL Server Integration Services (SSIS), SQL Server Analysis Services (SSAS), SharePoint, Performance Server, and Crystal Reports.

Key Project Experience
➤ Marion County Health and Human Services, OR
➤ Clackamas County Behavioral Health, OR
➤ Washington County Health and Human Services, OR
➤ Addiction Recovery Center, OR
➤ BestCare Treatment Services, OR
➤ OnTrack Rogue Valley, OR
➤ Key Recovery & Life Skills Center, WA
➤ Advanced Behavioral Health, MD
➤ Armed Forces Retirement Homes, DC
➤ Peace Corps, Global EHR

Education:	Bachelor of Computer Applications from Madras University.

Sample Training Plan

Training Strategy

EnSoftek's training philosophy starts with understanding the YCHHS staff's experience, expectations, and point of view of how the solution best integrates into current processes and protocols. Our team will work closely with YCHHS to identify the staff and the role they will play to adapt our training session(s) best suited to their needs. Overall, we will apply multiple strategies to ensure staff receive the training they need, but the underlying principles will still be the same: tailored classroom sessions, easy-to-understand documentation, videos, and multiple knowledge transfer sessions. Our training strategy is to ensure designated users can use DrCloudEHR with ease and understand the tools and resources in DrCloudEHR.

EnSoftek standard training ratio is 1 trainer for every 15 staff trainees. EnSoftek will provide additional trainers as needed based on the number of trainees.

Training Staff

EnSoftek Staff	YCHHS Staff
Training Specialist	YCHHS Project Manager
Senior Documentation Specialist	YCHHS IT Manager
Additional trainers (if needed)	YCHHS Super Users

EnSoftek would require YCHHS to provide the facilities and equipment for all on-site meetings, including training. Equipment list includes reserved room, projector, screen, laptops for training staff, power cords, sound, presentation, printing materials, etc.

Training Roles and Responsibilities

Role	Responsibility
Train Super Users	EnSoftek
Training Curriculum/Material Development	EnSoftek
Training Instruction/Delivery	EnSoftek
Identify Training Staff at YCHHS	YCHHS
Provide Training Facilities and Equipment	YCHHS
Review and Accept Training Materials	YCHHS
Train End Users	YCHHS

Super User Training "Train-the-Trainer"

These sessions are a deeper dive into the system. We will work with YCHHS to pick clinical, financial, and administrative "Super Users," staff who are very adept at their designated functions and have strong technology and interpersonal skills. These types of users are leaders of their respective groups, and this is whom users select first to get their questions answered. This extensive training program includes:

• Pre-assigned courses for completion and certifications.

- Classroom training to include instruction and hands-on exercises.
- Ongoing additional education and more detailed quizzes.

The below chart details the proposed resource hours allocated for YCHHS using the Train-the-Trainer methodology. EnSoftek is dedicating **160 resource hours** for YCHHS training and documentation. Our goal is to have YCHHS super users involved and trained throughout the different phases of the implementation process and cover all required functionality and modules outlined in our contract.

Proposed Train-the-Trainer Strategy

Functional Module	Type of YCHHS User	Maximum Class Size	Delivery Mechanisms
Clinical Documentation and Case Management	Super Users	15	On-Site Classroom
Scheduling	Super Users	15	On-Site Classroom
Registration, Enrollment, and Authorizations	Super Users	15	On-Site Classroom
Finance	Super Users	15	On-Site Classroom
Medication Management	Super Users	15	On-Site Classroom
Reporting and Medical Records	Super Users	15	On-Site Classroom

Besides on-site training, Ensoftek will also use webinar and recorded video-based training material to train staff.

Deliverables: Tailored training sessions, easy-to-understand documentation, and multiple knowledge transfer sessions.

Responsibilities:

a. EnSoftek Will:
   i. Work with YCHHS to identify the staff and the role they will play to adapt our training session(s) best suited to the needs of YCHHS.
   ii. Create a detailed training agenda with day-to-day training activities.
   iii. Provide training to trainers as identified in this statement of work and associated Implementation Plan, where specified, and agreed to by YCHHS.

b. YCHHS Will:
   i. Identify staff to be trained as trainers for each role within the system.
   ii. Ensure identified Super Users can attend all training sessions as agreed to.
   iii. Review and accept training materials and user documentation provided, and provide any feedback and requirements.
   iv. Provide any necessary training facilities/ platforms and related equipment.

Resources:
- Online User Manual - An easy-to-use, in-depth online user manual and topical documentation is available for access right from the application.
- Training guide with any personalized or custom workflows that are created during implementation.
- Videos - An ever-growing library of videos on basic and complex tasks.

Completion Criteria: Training session is provided.

Train-the-User (additional cost)

This training is for most of the staff and involves ensuring that selected staff members can perform their duties successfully. This will be accomplished by utilizing an instructor-led and self-directed learning approach. Our goal is to ensure that designated users can use DrCloudEHR without requiring much assistance beyond the initial implementation period and possibly when features are added or updated. We ensure staff has the required training and access to the DrCloudEHR Client Services team.

Deliverables: Training documentation, user manuals, training plan updates.

Responsibilities:

   a. EnSoftek will:
- i. Develop, manage, and execute training plan for all YCHHS users in DrCloudEHR.
- ii. Create a detailed training agenda with day-to-day training activities.
- iii. Ensure that all users to be trained in a given session have access, data, and support.
- iv. Provide access to online user manuals, videos, and webinars.

   b. YCHHS will:
- i. Identify YCHHS staff to be trained.
- ii. Review and accept training materials and user documentation provided, and provide any feedback and requirements.
- iii. Provide any necessary training facilities/ platforms and related equipment.

Resources:
- Online User Manual - An easy-to-use, in-depth online user manual and topical documentation is available for access right from the application.
- Training guide with any personalized or custom workflows that are created during implementation.
- Videos - An ever-growing library of videos on basic and complex tasks.

Completion Criteria: This task will be completed once on-site training classes for both YCHHS staff and selected end-users have been conducted as specified on the training plan.

On-Going Annual Training

EnSoftek understands that training is essential for YCHHS staff for new features and functionality post go-live. It is an excellent way to keep existing and new staff up-to-date on using the system and provide the knowledge they need to perform their job tasks effectively. EnSoftek offers onsite and webinar-based ongoing training included in the recurring annual costs.

Tab 4 — Project Schedule

A. PROJECT SCHEDULE

1. The County would expect implementation to begin in the third quarter of calendar year 2024. The County would like to target a 12–16-month implementation timeline. Proposers are encouraged to propose phasing and timelines that best align with the Proposers implementation approach, and if this does not align with the County's preferred phasing/timelines, to provide explanation.

Explanation of Proposed Phasing and Timelines:

Table 4-01: Projected Go-Live Dates

Phase	Task Areas	Potential Start Date	Target Go-Live Date
I	Planning and Requirements Analysis	August 1, 2024	November 4, 2024
2	System/Database Build	August 16, 2024	July 8, 2025
3	Deployment & Go-Live	July 8, 2025	November 10, 2025
4	60-Day Post Go-Live Support	November 10, 2025	January 6, 2026

2. Proposer shall submit as an exhibit a preliminary/draft proposed Project Schedule (in Gantt format) with the major milestones, activities, and timing of deliverables for the Scope of Work described in the RFP. In addition, the response should reflect Project predecessors, successors, and dependencies.

Exhibit submitted ☒Yes ☐No

3. Based on current obligations, what is the earliest you can begin implementation after contract signing.

EnSoftek can start YCHHS' implementation as soon as possible.

4. What special considerations are there related to the timing of go-live activities? Does it vary based on functionality.

Ensoftek will work with YCHHS to develop a phased go-live plan to be accepted by YCHHS. The plan will specify a comprehensive schedule for the go-live of all identified programs within DrCloudEHR. Our go-live team will make special considerations, including:

Staff availability: Making sure all Super Users and YCHHS PM are available.

Avoid peak times: All morning staff has been instructed to arrive to work 30 minutes early to prepare for the first patients.

Schedules: Appointment times/schedules have been changed to allow for EHR's learning curve.

Notifications: Signs have been placed around the practice to let individuals know an EHR is being implemented and requesting patience with delays.

Support: Do not schedule other upgrades at the same time.

B. PROJECT DELIVERABLES, MILESTONES, AND PAYMENT APPLICATIONS

1. Proposer to include a list of deliverables and milestones of the Project and should describe exactly how and what will be provided to meet the needs of the County.

EnSoftek's Project Manager and Principal Implementation Specialist will provide the below deliverables to be reviewed by YCHHS before final approval and acceptance. Where appropriate, EnSoftek will perform a walkthrough of a draft version of the deliverable with YCHHS staff for feedback before submitting the deliverable for approval. Acceptance of all deliverables will be completed via an acceptance document in a format pre-approved by YCHHS and drafted for each deliverable.

Deliverable	
Project Organization	EnSoftek will designate an experienced Project Manager that will be assigned for the duration of the project. This person provides a direct point of contact for YCHHS. Coordinate and conduct the project kick-off meeting. Develop and maintain the joint Project Plan including the Responsibility Matrix. Provide weekly Status Reports as agreed upon by both parties.
Organization Meetings	EnSoftek and YCHHS project teams will meet regularly to further define the project, review the deliverables, YCHHS hardware requirements, and establish an implementation schedule and procedures.
Project Plan	The DrCloudEHR system Project Plan shall describe tasks by: Objective, Description, Deliverables, Responsibilities of both Parties, Dependencies on other tasks, Completion Criteria, and Estimated Duration for all components defined within the SOW. The Project Plan shall describe the elements and define associated deliverables and resources. EnSoftek Project Manager will create an initial project plan and will write and submit a detailed baseline Project Plan to YCHHS for approval. Once approved, any changes to the baseline project plan will require approved change control procedures. The Project Plan will include components as defined further in the following project plan elements as listed here: a) Implementation Plan b) Acceptance Testing Plan c) Training Plan d) Interface Specifications and Plan e) Data Conversion Plan f) Go-Live Plan g) Post Go-Live/ Support Plan

Weekly Status Updates/Reports	EnSoftek's Project Manager will coordinate with YCHHS Project Manager to provide a weekly update to the Project Plan to maintain and manage the master project schedule, including the development of schedules, determination and assignment of tasks, and schedule adjustments to be made available for online viewing by both parties.
	 a) The Weekly update will include a project synopsis, project organization and staffing, overview of deliverables, implementation schedule, training plan, data conversion plan, and cut-over and live operation plans.
	 b) YCHHS and EnSoftek will ensure that the Project Plan is updated and addresses all best practices elements, including but not limited to.
	    I. Integration Management
	    II. Scope Management
	    III. Schedule Management
	    IV. Quality Management
	    V. Resource Management
	    VI. Communications Management
	    VII. Risk Management

System Preparation	a) EnSoftek development staff will configure DrCloudEHR to the agreed deliverables and complete any required configuration tasks as specified in the project plan.

	b) EnSoftek deploys contracted interfaces under the Interface Specifications and plan. c) Complete an initial test data conversion.
Access and Configuration	a) EnSoftek will grant access to the system and required interfaces. b) EnSoftek will train the designated YCHHS project team members, EHR administrators, and Super Users in the EHR system, theory, and use. c) EnSoftek and YCHHS staff will configure the initial data tables, workflow, and processes in coordination with YCHHS SMEs and Super Users. d) Perform Data Conversion testing and validate data for completeness and accuracy under the agreed upon data conversion plan. e) System documentation, including user manuals, application notes, and machine-readable manuals with rights to reproduce within the agencies.
Customer Validation and Testing	a) Perform functional acceptance testing as defined in the UAT. b) DrCloudEHR is configured, accessible and operational at the YCHHS, for an agreed-upon period as defined within the contract, providing an environment for the YCHHS to define internal operation policies and validate the system for operational use. c) YCHHS will develop any in-house required procedures or policies for the operation of the new system. d) Complete configuration acceptance tests with YCHHS, live operation transition, is scheduled.
Live Operation	a) YCHHS Super Users are trained on the use of the system and training documents are provided with a sufficient level of detail that YCHHS can proceed with training all users within the system. b) Final data conversion is completed, and the system converts to live operation upon the Go/No-Go review completion. c) EnSoftek and YCHHS project managers complete the acceptance testing and sign-offs. d) EnSoftek provides stabilization support and go-live assistance.
Data Conversion	Data conversion activities as identified in the "Data Conversion" plan.
Interfaces	Interfaces to third-party systems as itemized within the "Interface specifications plan".
Training Services	Training services as agreed in the implementation plan, within the resource hours purchased by the YCHHS.
System Documentation	a) Specified System documentation. b) EnSoftek will provide system documentation in electronic format only. c) DrCloudEHR Users Guide and Training Guide. d) DrCloudEHR supporting specialty manuals (as developed).

2. Proposer to submit their payment schedule, tied to the listed deliverables and milestones for review by the County. This schedule shall be consistent with the terms provided in Attachment C2 of the RFP (Cost Narrative) and should not include the dollar amounts for payments, but rather the events that would trigger payments.

Exhibit submitted ☒Yes ☐No

TAB 4 - EXHIBITS

Project Schedule (Gantt Format)
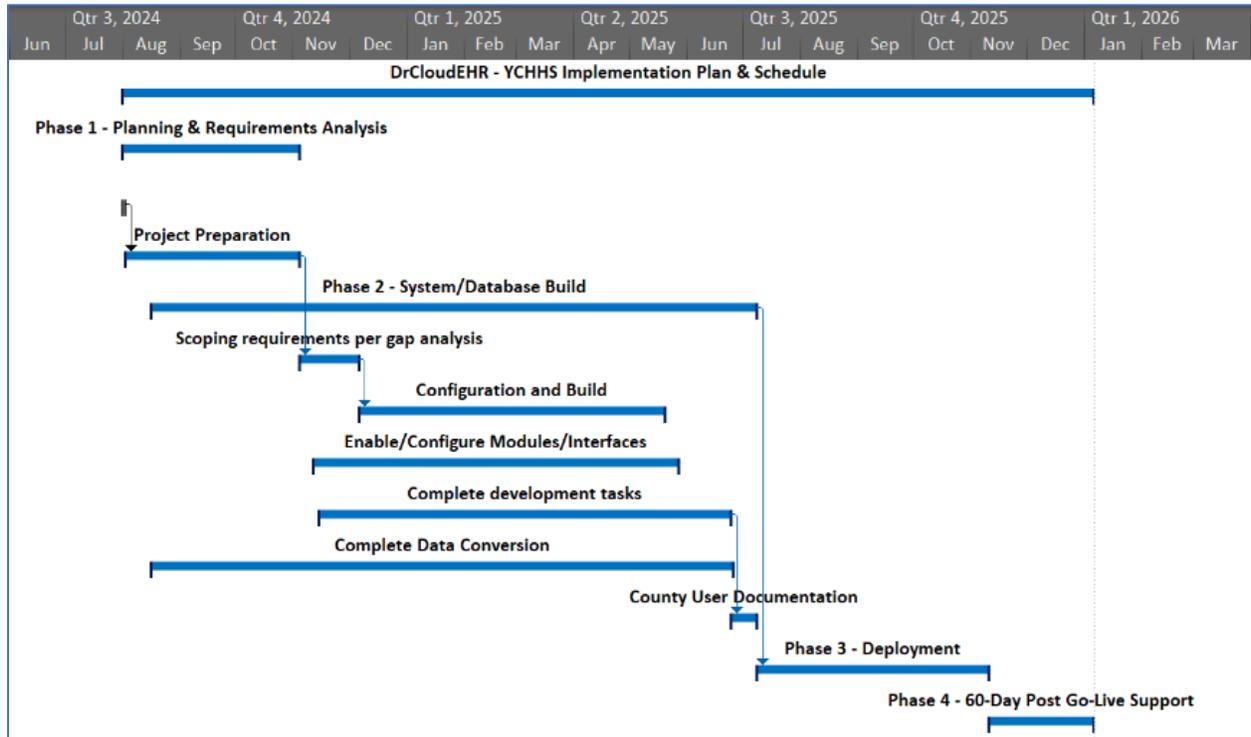
Task Name	Duration	Start	Finish
DrCloudEHR - YCHHS Implementation Plan & Schedule	**373.35 days**	**Thu 8/1/24**	**Tue 1/6/26**
Phase 1 - Planning & Requirements Analysis	67.5 days	Thu 8/1/24	Mon 11/4/24
Project Initiation/Kick-Off	1.5 days	Thu 8/1/24	Fri 8/2/24
Project Preparation	66 days	Fri 8/2/24	Mon 11/4/24
Phase 2 - System/Database Build	232.35 days	Fri 8/16/24	Tue 7/8/25
Scoping requirements per gap analysis	24 days	Mon 11/4/24	Fri 12/6/24
Configuration and Build	116.7 days	Fri 12/6/24	Tue 5/20/25
Enable/Configure Modules/Interfaces	141 days	Mon 11/11/24	Tue 5/27/25
Complete development tasks	158.35 days	Thu 11/14/24	Tue 6/24/25
Complete Data Conversion	223.35 days	Fri 8/16/24	Wed 6/25/25
County User Documentation	10 days	Tue 6/24/25	Tue 7/8/25
Phase 3 - Deployment	88.5 days	Tue 7/8/25	Mon 11/10/25
Perform Pilot	34.5 days	Tue 7/8/25	Tue 8/26/25
Documentation	2 days	Tue 8/26/25	Thu 8/28/25
Customer Final Security Review and Sign-off	5 days	Tue 8/26/25	Tue 9/2/25
County to set-up an internal support desk	15 days	Tue 7/8/25	Tue 7/29/25
Production Deployment	49 days	Tue 9/2/25	Mon 11/10/25
Deploy - FINAL System	48 days	Tue 9/2/25	Fri 11/7/25
Go Live! - Big Bang!	**1 day**	**Fri 11/7/25**	**Mon 11/10/25**
Phase 4 - 60-Day Post Go-Live Support	41 days	Mon 11/10/25	Tue 1/6/26
Setup Feedback Loop via Service Desk	0.5 days	Mon 11/10/25	Mon 11/10/25
Support Requests - Ongoing	40 days	Mon 11/10/25	Mon 1/5/26
Project Closure	1 day	Mon 1/5/26	Tue 1/6/26

Payment schedule, tied to Deliverables and Milestones

All payment requests by EnSoftek will include copies of the relevant deliverables and milestones acceptance document signed by YCHHS stakeholder authorized to approve the milestones.

Milestones	Payment % Due
Phase 1: Contract Execution	25
Phase 1: Completion and County Sign-off of Requirements Analysis	15
Phase 2: Completion of System/Database Build	25
Phase 2: Upon completion of User Acceptance Testing (UAT)	25
Phase 3: Upon Go-Live (first production use of the system)	10

Tab 5 — References

Proposer is responsible for verifying correct phone numbers and contact information. Failure to provide accurate data may result in the reference not being considered, which includes the provision of contact person(s) who do not have knowledge of the services provided by your firm. **Failure to submit references with your proposal will be considered in the evaluation.**

The County reserves the right to request or contact additional or different references from the provided customer list for consideration.

Additional references may be submitted as an attachment to show depth of client base and number of installations. This includes clients that are currently in the process of implementing the proposed software solution.

A. SOFTWARE AND PROFESSIONAL SERVICES REFERENCES

Proposers to use the format provided in the table below for providing reference information. The County has a strong preference for references that are using the proposed software solution, and for new implementation project references and not upgrades from a previous version. The County has a preference for similarly situated public health entities such as the County for references.

The County requests five (5) references be provided.

If a partnership or system integrator approach is used, please specify which Proposer the reference is in relation to.

Table 5-01 Reference Table

Reference Table
Reference Number: 1
Reference for Proposer: EnSoftek, Inc.
Governmental Entity Name: Marion County Health and Human Services   **What is the approximate public health staff count of the Entity:** 420 users   **What is the approximate population served by the Entity:** 347,119   **What programs/services are offered by the Entity:** The health department provides early childhood nursing, emergency preparedness, environmental health, HIV AIDS, immunizations, reproductive health, sexually transmitted infections, Women, Infants, and Children (WIC) Wellness Programs, residential and support services, intensive services and support, adult outpatient mental health, addiction treatment, acute, forensic & diversion services, child and youth outpatient mental health, communicable disease control, and maternal child health services.
Detailed narrative description of work completed for this reference (new implementation)**:** As part of the implementation process, our staff used an Agile implementation methodology that composed of planning, requirements analysis, agile development (workflows, forms, interfaces, reports), data migration (from Raintree to DrCloudEHR), training & support to provide secure uninterrupted access to DrCloudEHR. We also integrated staff across varying workflows and programs into one working DrCloudEHR environment. The customized DrCloudEHR will provide YCHHS with a MU Stage 3 certified, HIPAA-compliant EHR solution that will positively affect the health and well-being of the community through prevention, early intervention, and treatment.

Contact Information
 	
     Address: 3180 Center St NE
     City, State, Zip: Salem, OR 97301-4532
     Reference Contact Name: Rhett Martin **Title:** Administrative Services Division Director
     Phone No.: (503) 585-4978   **Email Address:** WMartin@co.marion.or.us
     Start Date of Project: January 2021 **Go-Live Date:** January 2023

Project Information

Proposer Project Manager/Lead for this Client: Ramesh Nagul

Name and version of software system installed: DrCloudEHRv2025

Legacy software system replaced: Raintree Electronic Medical Record

Scope of modules installed: Registration, Enrollment, and Authorizations, Scheduling, Clinical Documentation and Case Management, Reporting and Medical Records, Billing, and Medication Management.

Model used (Hosted, On-Premise, SaaS, etc.): SaaS

Is this reference still using the software? Yes: ☒ No ☐

Total Project Cost: $7,500,000

Reference Table
Reference Number: 2
Reference for Proposer: EnSoftek, Inc.

Governmental Entity Name: Clackamas County Behavioral Health Division

What is the approximate public health staff count of the Entity: 85 users

What is the approximate population served by the Entity: 422,537

What programs/services are offered by the Entity: DrCloudEHR was recently deployed at Clackamas County Behavioral Health Division (CCBHD) to support the coordination, support, outreach, education, and treatment services to Clackamas County residents so they can achieve their mental health and addiction recovery goals. The DrCloudEHR solutions was configured to support the 24-7 crisis program (24-7 crisis line and mobile outreach team) for residents experiencing behavioral health distress; adult mental health services, intensive care coordination for children and adults on the Oregon Health Plan (Health Share of Oregon and Trillium Community Health Plan) including those individuals at the Oregon State Hospital.

Detailed narrative description of work completed for this reference (new implementation)**:**
DrCloudEHR was deployed across all of CCBHD's comprehensive treatment programs to meet practice management, client management, scheduling, and revenue cycle management requirements as well as expand its interoperability and consumer access capabilities. By allowing the solution to work for them, DrCloudEHR helps CCBHD serve its clients, automating the everyday processes necessary to achieve clinical, financial, and operational objectives. DrCloudEHR delivers a unique platform to meet CCBHD's ever-changing and growing demands, processes, and care delivery approach, ensuring each individual's varying abilities, needs, and desires are supported. The configuration of DrCloudEHR provides helpful features to users across CCBHD, facilitating robust information exchange with external entities for integration and collaboration in order to support integrated health care throughout Clackamas County.

Contact Information

Address: 2051 Kaen Road, Suite #154

City, State, Zip: Oregon City, OR 97045

Reference Contact Name: Angela Handran **Title:** Office Manager

Phone No.: (971) 442 2852   **Email Address:** AHandran@clackamas.us

Start Date of Project: July 2022 **Go-Live Date:** July 2023

Project Information

Proposer Project Manager/Lead for this Client: Ramesh Nagul

Name and version of software system installed: DrCloudEHRv2025

Legacy software system replaced: Cerner EHR

Scope of modules installed: Registration, Enrollment, and Authorizations, Scheduling, Clinical Documentation and Case Management, Reporting and Medical Records, Billing, and Medication Management.

Model used (Hosted, On-Premise, SaaS, etc.): SaaS

Is this reference still using the software? Yes: ☒ No ☐

Total Project Cost: $675,000 (EnSoftek is expanding into other Clackamas County programs and recently signed a contract for another $1,200,000)

Reference Table

Reference Number: 3

Reference for Proposer: EnSoftek, Inc.

Governmental Entity Name: Washington County Health and Human Services
What is the approximate public health staff count of the Entity: 170 users
What is the approximate population served by the Entity: 600,811
What programs/services are offered by the Entity: DrCloudEHR was configured to support service coordination of the behavioral health and developmental disabilities programs for the County. The Human Services Division (HSD) also administers Medicaid behavioral health plan benefits for Washington County residents under the Oregon Health Plan (OHP). Washington County has diverse programs with varying needs addressed by DrCloudEHR. Programs include adult and children's mental health, children's wraparound program, developmental disabilities, crisis walk-in center, and utilization management for the Health Share of Oregon mental health plan.

Detailed narrative description of work completed for this reference (new implementation)**:** DrCloudEHR was configured to adapt to each of the above programs but still be integrated for the entire division. The County had a staged implementation in which they went live with some programs first, while we were still configuring the solution for other programs. We also integrated staff across different facilities and varying workflows and programs into one working DrCloudEHR environment.

Contact Information
    Address: 155 N First Avenue, Suite 170
    City, State, Zip: Hillsboro, Oregon 97124-3001
    Reference Contact Name: Kris Cassidy **Title:** Human Services Operations Manager
    Phone No.: (503) 846 3591 **Email Address:** Kristin_cassidy@co.washington.or.us
    Start Date of Project: April 2017   **Go-Live Date:** May 2018

Project Information
    Proposer Project Manager/Lead for this Client: Ramesh Nagul
    Name and version of software system installed: DrCloudEHRv2025
    Legacy software system replaced: Did not have an EHR, paper based.
    Scope of modules installed: Registration, Enrollment, and Authorizations, Scheduling, Clinical Documentation and Case Management, Reporting and Medical Records, Billing, and Medication Management.
    Model used (Hosted, On-Premise, SaaS, etc.): SaaS
    Is this reference still using the software? Yes: ☒ No ☐
    Total Project Cost: $3,200,000

Reference Table

Reference Number: 4

Reference for Proposer: EnSoftek, Inc.

Entity Name: Addictions Recovery Center (ARC)
What is the approximate public health staff count of the Entity: 130 users
What is the approximate population served by the Entity: NA

What programs/services are offered by the Entity: Addictions Recovery Center (ARC) is a nonprofit agency providing substance-use disorder treatment with Outpatient, Detox, Residential, and Inpatient services facilities. ARC treats the whole individual, providing the tools for a life in recovery and the life skills necessary to improve one's health, housing, family, education, and employment opportunities.

Detailed narrative description of work completed for this reference (new implementation)**:**
DrCloudEHR was deployed across all of ARC's comprehensive treatment programs to meet practice management, client management, scheduling, and revenue cycle management requirements as well as expand its interoperability and consumer access capabilities. DrCloudEHR helps ARC serve its clients by letting the solution work for them–to automate everyday processes needed to reach clinical, financial, and operational objectives. Our next-generation MOTS interface eliminates the need for manual intervention and submission of data, saving ARC hours of time and resources while maximizing revenue.

Contact Information

Address: 1025 E Main St

City, State, Zip: Medford, OR 97504

Reference Contact Name: Shannon Haas **Title:** Manager, Information Systems

Phone No.: (541) 779 1282 **Email Address:** shannonh@addictionsrecovery.org

Start Date of Project: April 2019   **Go-Live Date:** December 2019

Project Information

Proposer Project Manager/Lead for this Client: Ramesh Nagul

Name and version of software system installed: DrCloudEHRv2025

Legacy software system replaced: Echo EHR

Scope of modules installed: Registration, Enrollment, and Authorizations, Scheduling, Clinical Documentation and Case Management, Reporting and Medical Records, Billing, and Medication Management.

Model used (Hosted, On-Premise, SaaS, etc.): SaaS

Is this reference still using the software? Yes: ☒ No ☐

Total Project Cost: $595,389

Reference Table
Reference Number: 5
Reference for Proposer: EnSoftek, Inc.
Entity Name: Advanced Behavioral Health (ABH) **What is the approximate public health staff count of the Entity:** 230 users **What is the approximate population served by the Entity:** NA **What programs/services are offered by the Entity:** Advanced Behavioral Health (ABH) with multiple facilities in Maryland, is a family-centered mental health program that offers a wraparound approach to treatment specializing in Psychiatry, Off-Site Counseling Services, On-Site therapy, and Therapeutic Mentoring.

Detailed narrative description of work completed for this reference (New Implementation)**:**
EnSoftek customized and enhanced DrCloudEHR with multiple state-specific interfaces so that ABH can manage their patient health care, enhance and improve documentation, and improve patient outcomes at multiple facilities. Our ability to customize the solution, and the extensibility of the DrCloudEHR platform, were some of the major driving factors enabling ABH to receive multi-year approval from the Commission on Accreditation of Rehabilitation Facilities (CARF).

The DrCloudEHR solution was a great fit to handle all of their differing treatment programs, diverse billing needs, enhance and improve documentation, and improve patient outcomes. Our ability to configure the solution, and the extensibility of the DrCloudEHR platform, customized workflow, and forms with Golden Thread™, helped ABH improve the quality of care and outcomes.

Contact Information
Address: 16220 Frederick Rd
City, State, Zip: Gaithersburg, MD 20877-4039
Reference Contact Name: Vera Kurdian **Title:** CEO
Phone No.: (301) 345 1022 **Email Address:** VKurdian@abhmaryland.com
Start Date of Project: May 2016 **Go-Live Date:** December 2016

Project Information
Proposer Project Manager/Lead for this Client: Ramesh Nagul
Name and version of software system installed: DrCloudEHRv2025
Legacy software system replaced: ShareNotes
Scope of modules installed: Registration, Enrollment, and Authorizations, Scheduling, Clinical Documentation and Case Management, Reporting and Medical Records, Billing, and Medication Management.
Model used (Hosted, On-Premise, SaaS, etc.): SaaS
Is this reference still using the software? Yes: ☒ No ☐
Total Project Cost: $1,586,219

B. OREGON CLIENTS

Provide a listing of any current Oregon government customer accounts that are using the proposed solutions.

Table 5-02 Oregon Client List

Name of Oregon Governmental Entity
Marion County Health and Human Services (reference above)
Clackamas County Behavioral Health Division (reference above)
Washington County Health and Human Services (reference above)

C. CONTRACT TERMINATION/NON-RENEWAL

Provide a summary of any contracts/license agreements/hosted subscriptions that the customer provided notice of cancellation to your firm, with or without cause, or elected to not renew in the past five years as it relates to the software solution proposed. The summary shall state the name of the customer, summary of the contract, term of the contract and reason for cancellation or non- renewal. If none, state as such.

Submitted as an Exhibit ☐ or Response provided as: **None**

D. LITIGATION

Provide a summary of any litigation filed against the Proposer or any subcontractors in the past seven years, which is related to the services that Proposer provides in the regular course of business. The summary shall state the nature of the litigation, a brief description of the case, the outcome or projected outcome, and the monetary amount involved. If none, state as such.

Submitted as an Exhibit ☐ or Response provided as: **None**

Tab 6 — Sample Agreements, Warranty, and Escrow

A. SAMPLE AGREEMENTS FOR EACH LICENSE MODEL PROPOSED

As an Exhibit to Tab 6, Proposer to provide the following sample agreements (if applicable) which may, at the County's discretion, be incorporated into a final contract with the County:

  i.   The software licensing agreement (if applicable)
  ii.   The recurring maintenance agreement (if applicable)
  iii. The software subscription agreement (if applicable)
  iv. The professional services agreement (if applicable)
  v.   The data privacy agreement (if applicable)

Attached as an Exhibit: ☒

Proposer to describe the overall contract structure, including how (if any) MOUs or other inter-party agreements between sub-contractors would be structured:

We do not rely on subcontractors or partners to implement, maintain, and support DrCloudEHR. Our full-time staff members are committed to delivering the highest level of service and innovation to our clients.

Are the proposed software/services available for purchase through any existing cooperative purchasing agreements or pre-competed contracting vehicles (e.g., NASPO ValuePoint, Sourcewell)?

EnSoftek is an approved vendor to provide DrCloudEHR under the General Services Administration (GSA) MAS (IT Professional Services, Health Information Technology and Cloud Computing Services) contract. GAS MAS contract has a cooperative purchase agreement that can be used by the local government agencies.

B. THIRD-PARTY LICENSE AGREEMENTS

As an Exhibit to Tab 6, Proposer to provide any third-party license agreements that would be separate from the Proposers license agreement, i.e., Adobe or other partner/third-party modules proposed.

Attached as an Exhibit: ☐ or Response provided as: **None**

C. WARRANTY

A comprehensive warranty in form and content satisfactory to the County is sought by the County for all software and implementation services covered by this RFP. The entire system solution as proposed in this RFP must include a first-year warranty (for Proposer-supplied hardware and software) to conform to contractually agreed specifications, and to protect against any defects or damage caused by Manufacturer, Proposer, or subcontractors, in the systems' equipment or software. The year-one warranty will begin (for products accepted in phases) at the point that the system is officially accepted by the County. All repairs made under warranty will be at the sole expense of the Proposer (or Manufacturer), including parts, software, labor, travel expenses, meals, lodging and any other costs associated with the repair.

Proposer to provide as an Exhibit to Tab 6 or submit below a detailed explanation of their warranty provisions. Proposer to be explicit in when the warranty period expires and when the fees for maintenance will start and be invoiced.

Attached as an Exhibit: ☐ or detailed below as: ☒

EnSoftek warrants DrCloudEHR will meet and function in accordance with its specifications, SLAs. We will undertake commercially reasonable efforts to maximize uptime, except for routine maintenance during the term of the subscription agreement/contract ("Limited Warranty"). For example, a ten-year commitment will include a ten-year limited warranty.

Your sole and exclusive remedy for breach of this Limited Warranty shall be the prompt correction of material defects and nonconforming services at our expense. Except for the foregoing limited warranty, we disclaim all express and implied warranties, including implied warranties respecting merchantability, title, and fitness for a particular purpose.

TAB 6 - EXHIBITS

DrCloudEHR Subscription Agreement

Please find the "DrCloudEHR Subscription Agreement" on the next page.

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Exhibit B - Service Level Agreement

1. Definitions

1.1 "Service Level" The measurements upon which the quality of Web Services is measured.

1.2 "Basic Service Level" Any Service Level outlined in this Agreement or an applicable Order that is not a Critical Service Level.

1.3 "Critical Service Level" Any Service Level that is described as "critical" in this Agreement or an applicable Order.

1.4 "Uptime" Measure the time the Web Services are working and available.

1.5 "Downtime" Any period where the Web Services are not available to the end users, regardless of the reason.

1.6 "Exempt Downtime" Downtime where the parties have previously agreed upon the time and duration of such Downtime. Only Downtime occurring during the such previously-agreed period shall be deemed to be Exempt Downtime. Exempt downtime will include unscheduled internet outages.

1.7 "Unscheduled Downtime" All Downtime that is not Exempt Downtime.

1.8 "Active User" – All users are considered active and billable unless marked as Inactive in the DrCloudEHR™ User Management Console.

2. Procedures

The establishment of Service Levels will be accomplished as follows:

2.1 **Commencement.** Service Levels are established as provided herein and will be measured starting on the "go live" date for the Web Services. Service Level reporting will be put into effect starting on the "go live" date for the Web Services.

2.2 **Service Level Changes.** The Parties may agree to add, delete or modify Service Levels. All such changes must be mutually agreed to in writing. Should new technology or improved measurement capabilities be deployed by EnSoftek that impact the Service Level reports, EnSoftek and Customer will agree upon a new measurement process and amend this Exhibit as appropriate. Should EnSoftek and Customer agree to implement a new reporting mechanism, EnSoftek and Customer will establish new Service Levels to be aligned with the new reporting mechanism.

2.3 **Downtime Incident Reporting.** Upon receipt of a written request from Customer for a prior calendar month requesting information regarding a specific instance of Downtime, EnSoftek will provide Customer with a related incident report from which Customer may determine any Downtime.

2.4 **Excused Failures.** Failure to meet Service Levels will not be deemed to be a failure by ENSOFTEK if one of the following conditions exist: (i) the failure is mutually agreed not to be the fault of ENSOFTEK; (ii) the failure of Customer to carry out relevant obligations causing the failure; (iii) failure of equipment not provided by or maintained by EnSoftek; or (iv) Force Majeure Events.

3. Service Level Metrics

In addition to any Service Levels described in detail in the Order, and unless these Service Levels are expressly modified in the Order, the following Service Levels are deemed to be default metrics and will apply to the Agreement.

3.1 **Uptime.** The Uptime for the Web Services shall be up at 99% of the time, excluding Exempt Downtime, as calculated for each calendar month.

3.2 **Backups.** EnSoftek uses standard operating procedures to back up all ePHI data and documents on a regularly scheduled basis to prevent data loss. An electronic copy of the data and documents will be provided upon Customer request.

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4. Support Level Metrics

Support Services will be performed by EnSoftek subject to the terms and conditions of the Master Hosted Services Agreement.

4.1 EnSoftek will maintain the then-current version of the DrCloudEHR solution in substantial conformance with its Specifications as amended from time to time by EnSoftek, and with applicable Federal regulatory requirements and laws. EnSoftek will use commercially reasonable efforts to either:

   i. Correct any reproducible Problems or Defects in the then current or immediately prior release of the DrCloudEHR solution which prevent it from operating in substantial conformance with the Specifications and applicable Federal regulatory requirements; or
   ii. Provide a commercially reasonable alternative that will substantially conform with the Specifications and applicable Federal regulatory requirements and laws.

4.2 Customer will make requests for Support Services by giving EnSoftek written notice specifying a Problem or Defect in the DrCloudEHR solution. In making a verbal request for Support Services, Customer will provide EnSoftek within twenty-four (24) hours after such verbal notice with such written information and documentation as may be reasonably prescribed by EnSoftek.

4.3 On a timely basis EnSoftek will also provide Customer with such updates as are distributed without charge to other similar Customers which reflect modifications and incremental improvements made to the DrCloudEHR solution by EnSoftek;

4.4 EnSoftek will make technical support personnel available from 9:00 a.m. to 5:00 p.m., Customer local time Monday through Friday, exclusive of EnSoftek holidays.

4.5 If a reasonable analysis by EnSoftek indicates that a reported Problem or Defect is caused by a problem related to Hardware used by the Customer, the hardware's system software, or applicable software other than the DrCloudEHR solution, or the Customer's misuse or modification of the DrCloudEHR solution, EnSoftek's responsibility will be limited to the correction of the portion, if any, of the problem caused by a Problem or Defect in the DrCloudEHR solution. The Customer will, at EnSoftek's option, pay EnSoftek for the cost of analyzing the reported problem at EnSoftek's then prevailing time-and-materials rate.

4.6 The initial term for the provision of Support Services for the DrCloudEHR solution will coincide with the whole Subscription time the DrCloudEHR solution is made available to the Customer provided that the Customer is current on all outstanding invoices per the terms and conditions outlined in the Master Hosted Services Agreement.

4.7 Absent a bona fide dispute, if Customer fails to pay for Hosted Subscription Services when due, EnSoftek may refuse to provide Support Services until Customer makes payment of all Charges due.

4.8 All reported support service requests will be acknowledged within 8 business hours of receipt.

4.9 If an analysis by EnSoftek indicates that a reported problem is caused by a reproducible Problem or Defect, EnSoftek will use commercially reasonable efforts to provide Support Services per the following prioritization of reported problems:

Priority	Definition
1–Critical	**Priority 1:** will be assigned when the DrCloudEHR solution or a material DrCloudEHR solution component is non-operational as a result of a defect [in a Production environment only] such as: • The Production system cannot be accessed or utilized in any capacity • A direct patient safety issue is present • A DrCloudEHR solution defect. Best efforts will be made to correct Priority 1 problems or to provide a plan for such correction, within two (2) business days. Customer's Commitment: • This case Priority must be submitted directly to the EnSoftek Support department. • Customer provides the specific, detailed information required for troubleshooting/ investigation.

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2–High	• Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be downgraded to Priority 2. **Priority 2:** will be assigned to Production defects that result in functions that have a significant negative impact on daily operations. A workaround may be available and/or the capacity to maintain daily business functionality. Commercially reasonable efforts will be made to correct Priority 2 problems or to provide a plan for such correction, within four (4) business days. Customer's Commitment: • Customer provides the specific, detailed information required for troubleshooting/ investigation. • Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be downgraded to Priority 3.
3–Medium	**Priority 3:** will be assigned for system defects that result in functions that have no major impact on daily operations. An issue that allows the continuation of function, including issues in which a reasonable workaround is available. Commercially reasonable efforts will be made to correct Priority 3 problems or to provide a plan for such correction, within ten (10) business days. Customer's Commitment: • Customer provides the specific, detailed information required for troubleshooting/ investigation. • Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be downgraded to Priority 4.
4–Low	**Priority 4:** will be assigned to cosmetic defects that do not affect system usability or non-defect related requests including, but not limited to, system setup/configuration, training, functionality questions, documentation, portal access, and upgrade/change requests. Commercially reasonable efforts will be made to address Priority 4 issues or to provide a plan for such correction, within fifteen (15) business days except for upgrade/change requests. For upgrade/change requests, the customer will be sent a change request form in a reasonable time frame. Such requests will be added to the Engineering pipeline for implementation once EnSoftek receives the signed form from the customer. Customer's Commitment: • Customer provides the specific, detailed information required for troubleshooting/ investigation. • Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be closed following our Case Closure Notification policy.

5. Termination Option for Chronic Problems

5.1 Either party may terminate this Agreement without liability or penalty by notifying the other party within ten (10) days following the occurrence of either of the following: (i) Customer experiences more than five (5) Unscheduled Downtime periods in any three (3) consecutive calendar month period; or (ii) Customer experiences more than eight (8) consecutive business hours of Unscheduled Downtime due to any single event. Such termination will be effective immediately after receipt of such notice by the terminating party.

6. Suspension

6.1 If EnSoftek is materially hampered in fully performing hereunder for any reason outside of EnSoftek's reasonable control including without limitation any Force Majeure Event (all of which events are herein called "Disability") Customer may suspend use of the Web Services and its obligations to make subscription fee payments to EnSoftek during the period of such Disability.

Tab 7 — Exceptions to Project Scope and Contract Terms

The County reserves the right to disallow exceptions it finds are not in the best interests of the County. Any and all exceptions must be identified and fully explained in the submitted Proposal. It is the County's intention to be made aware of any exceptions to terms or conditions prior to contract negotiations.

Note: Deviations to the payment and retainage schedule to be provided in the Price Proposal. Deviations to functionality to be provided in Attachment B.

A. DEVIATIONS TO SCOPE OF WORK

1. The Proposer to identify and describe any exceptions/deviations to the Scope of Work and identify their impact to the County, including, but not limited to workarounds; reductions in performance; capacity; flexibility; accuracy; and ultimately, cost and value.

EnSoftek takes <u>No</u> exceptions/deviations from the Scope of Work requirements identified in the RFP.

2. Proposer to identify the areas where they feel the requested service or product is not available, deviates from the specific requests, or is deemed an unwise or unwarranted approach.

None.

B. DEVIATIONS/EXCEPTIONS TO RFP TERMS AND CONDITIONS AS PROPOSED BY THE COUNTY

As an Exhibit to Tab 7, Proposer to provide any deviations or exceptions to the language proposed by the County in the RFP. Each item to be listed along with the requested alternative language for review by the County.

If no deviations taken, state as such. Substantive exceptions to the County's terms, submitted after the date and time established for the submittal of Proposals, will not be considered.

No deviations taken: ☒

ATTACHMENT B — FUNCTIONAL AND TECHNICAL REQUIREMENTS/ CAPABILITIES

Tab 8 — Functional and Technical Requirements Response

Please find the PDF version of "Attachment B–Functional and Technical Requirements/Capabilities" on the next page.

Yamhill County Department of Health and Human Services
EHR System Requirements

Instructions to Offerors: The County has marked each requirement as "Critical" or "Desired". Critical requirements are those the County deems necessary for the future system to support State business processes, however an offeror will not be deemed non-responsive if the proposed solution does not meet any single requirement. Desired requirements are those that are not necessary for the future system, however functionality may be a part of a long-term plan for business process modifications or growth at the County.

Offerors should review the requirements in this appendix carefully and indicate if each is satisfied by their solution using one of the five "Indicator" options described in the table titled "Requirements/Capabilities Response Indicators" below. In some cases, the requirement may direct offerors to provide additional comments in the "Comments" column included in each tab. Offerors may also use the "Comments" column to provide additional narrative information that the offeror deems important for the County to know as the proposal is evaluated.

Table of Contents		
Tab Number	**Area**	**Number of Requirements**
1	General and Technical	233
2	Clinical Documentation and Case Management	219
3	Reporting and Medical Records	132
4	Finance	377
5	Registration, Enrollment and Authorizations	187
6	Medication Management	122
7	Scheduling	139
8	Interfaces	17
9	Data Conversion	21
Total Number of Requirements		**1,447**

Requirements/Capabilities Response Indicators		
Indicator	**Definition**	**Instruction**
S	**Standard:** Feature/Function is included in the **current software release** and will be implemented by the planned go-live date as part of the proposal from offerors in accordance with agreed upon configuration planning with the County.	Proposers are encouraged, but not required, to provide additional information in the Comments column to further demonstrate the system's ability to meet the requirement.

Exhibit E
B.O. 25-193

3/15/2024

F	**Future:** Feature/Function **will be available in a future software release** available to the County by October 1, 2024, and it will be implemented in accordance with agreed upon configuration planning with the County.	If a response indicator of "F" is provided for a requirements that will be met in a future software release, the Proposer shall indicate the planned release version, as well as the time the release will be generally available.
C	**Customization:** Feature/Function is **not included** in the current software release, and is not planned to be a part of a future software release. However, **this feature could be provided with custom modifications**. All related customization costs should be indicated Attachment C1 - Cost Worksheet.	If a reponse indicator of "C" is provided for a requirement that will be met through a custom modification, the Proposer shall indicate the cost of such a modification.
T	**Third Party:** Feature/Function is **not included** in the current software release, and is **not** planned to be a part of a future software release. However, this feature could be **provided with integration with a third-party system**. This system should be specified in the comments column.	If a response indicator of "T" is provided for a requirement that will be met by integration with a third-party system, the Proposer shall identify this third-party system and include a cost proposal to secure this system. If the third-party system is a part of the proposal, the third-party shall respond to the appropriate requirements using the "S"/"C"/"T"/"N" response indicators with a clear notation that the responses are provided by the third-party.
N	**No:** Feature/Function cannot be provided.	N/A

Exhibit E
B.O. 25-193

3/15/2024

Req #	Description of Requirement	Criticality	Response	Comments
	General and Technical			
	General			
GT.1	The system has the ability to be fully compliant with Americans with Disabilities Act standards.	critical	S	
GT.2	The system has the ability to meet Federal requirements, such as the Health Insurance Portability and Accountability Act.	critical	S	
GT.3	The system has the ability to stay current with changing regulations and requirements and incorporate these into timely service packs or upgrades, as appropriate. Please provide an example of how this has recently been done with other customers.	critical	S	
The system has the ability to meet County program-specific workflow and reporting requirements, including, but not limited to the following:				
GT.4	Adult Behavioral Health and Substance Use, including daily program notes	critical	S	
GT.5	Youth and Family Behavioral Health and Substance Use, including Wraparound care model	critical	S	
GT.6	Gambling and Gaming	critical	S	
GT.7	Developmental Disabilities	critical	S	
GT.8	Community Support Services	critical	S	
GT.9	Birth to 5 (Babies First and Cacoon) for Public Health	critical	S	
GT.10	General Case Management and Care Coordination	critical	S	
GT.11	Nurse Family Partnership	critical	S	
GT.12	Early Connections	critical	S	
GT.13	Reproductive Health/STI	critical	S	
GT.14	Tuberculosis Management	critical	S	
GT.15	Crisis and Mobile Crisis	critical	S	
GT.16	Immunizations	critical	S	
GT.17	General Public Health	critical	S	
GT.18	Commuinicable Disease	critical	S	
GT.19	The system has the ability to incorporate up to, at a minimum, 300 paper forms currently in use by the County into the EMR database and print forms on an as needed basis.	critical	S	
GT.20	The system has the ability to pre-populate forms with known data fields to save duplicate entry.	critical	S	
GT.21	The system has the ability to pre-populate templates with known data fields to save duplicate entry.	critical	S	
GT.22	The system has the ability to calculate provider reminders.	critical	S	
GT.23	The system has the ability to display provider reminders.	critical	S	
GT.24	The system has the ability to provide alerts for provider reminders.	critical	S	
The system has the ability to create custom types of screen alerts based upon the following:				
GT.25	Allergies;	desired	S	
GT.26	Program;	critical	S	
GT.27	Patient specific alerts (e.g. barking dog, etc. for staff safety);	critical	S	
GT.28	Crisis Alerts;	desired	S	
GT.29	Patient type;	desired	S	
GT.30	Assigned staff;	desired	S	
GT.31	Dates;	critical	S	
GT.32	Patient status;	desired	S	
GT.33	Medication; and	desired	S	
GT.34	Other DHHS defined record indicators.	desired	S	
GT.35	The system has the ability to automatically apply a date, time, and user stamp to all data entered into the system, including comments and/or notes entered into all system modules.	critical	S	
GT.36	The system has the ability to use Microsoft standards for shortcut keys.	critical	S	
GT.37	The system has the ability to use Microsoft standards for mouse clicks.	critical	S	
GT.38	The system has the ability for multiple users to be in the Patient record or other system data at the same time and at multiple sites.	critical	S	
GT.39	The system has the ability to have multiple screens open at one time with uninterrupted navigation from screen to screen.	critical	S	
GT.40	The system has the ability to minimize screens and allow for the screen to revert to locked, saved screen format due to timed inactivity by users.	critical	S	

**Exhibit E
B.O. 25-193**

3/15/2024

Yamhill County Health and Human Services
EHR System Requirements

	General and Technical			
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
GT.41	The system has the ability to use locally installed and network printers at each workstation.	critical	S	
GT.42	The system has the ability to print labels.	critical	S	
GT.43	The system has the ability to perform searches using a wildcard or partial entry for Patient identifiers.	critical	S	
GT.44	The system has the ability to "auto save" while working in County forms or templates.	critical	S	
The system has the ability to support the following languages in document generation (e.g., medication and side effect warnings, education materials):				
GT.45	English; and	critical	S	
GT.46	Spanish;	critical	S	
GT.47	The system has the ability to create electronic versions of the authorization forms, releases, and legally-required forms (e.g., Consent to Treat, HIPAA Release, insurance release form, ABN, State forms specific to Oregon, or other forms specific to the County). Vendor shall indicate if this is inherent functionality or provided through a third party tool (e.g. Docusign).	desired	S	DrCloudEHR includes a "Form Builder" tool to create electronic versions of the required authorization forms, releases, and other legally-required forms (e.g., Consent to Treat, HIPAA Release, insurance release form, ABN, State forms specific to Oregon, or other forms specific to the County).
GT.48	The system has the ability to create user text-based notes with category identification for non-patient documentation.	critical	S	
GT.49	The system has the ability to sort user text-based notes by category type.	critical	S	
GT.50	The system has the ability to sort user text-based notes by date/time stamp, to the hundred thousand place of a second, on the screen.	critical	S	
GT.51	The system has the ability to generate County-specific macros/canned text that can be called into text fields.	critical	S	
GT.52	The system has the ability to support current and future versions of Microsoft Windows for County workstations.	critical	S	
GT.53	The system has the ability to support version 2013 and future versions of locally installed Microsoft Office and Office365.	critical	S	
GT.54	The system has the ability to have scheduled data feeds to County and ad hoc data export capabilities that are logged in an audit system.	critical	S	
GT.55	The system has the ability to use a centralized data dictionary that fully describes table structure and appropriate levels of metadata.	critical	S	
GT.56	The system has the ability to support required fields in templates that are defined by a system administrator. (e.g. assessments).	critical	S	
GT.57	The system has the ability to make any data field (standard or user-defined) mandatory/required and flag the data field as required.	critical	S	
GT.58	The system has the ability for templates to include the specificity required of DSM-5, ICD-10 and any updates to future DSM/ICD versions.	critical	S	
GT.59	The system has the ability to configure diagnosis lists that are tailored to the services and programs provided by the County.	critical	S	
GT.60	The system has the ability to support document imaging.	critical	S	
GT.61	The system has the ability to provide the County with a copy of the current data set for data dictionary work.	critical	S	
GT.62	The system has the ability to provide editing, coding, and validation routines to minimize data entry errors and enforce data entry consistency (e.g., pick-lists, drop-down boxes, or other easy-to-use options to assist users in correctly entering data).	critical	S	
GT.63	The system has the ability to operate on mobile devices regardless of operating environment, and does not require purchase of a proprietary application. The vendor will indicate whether mobile functionality is available via web browser or mobile application.	desired	S	
GT.64	The system has the ability to operate on County devices through a VPN environment.	critical	S	
GT.65	The system has the ability for analytic tools and reporting within the system to identify data duplication, discrepancies, and outliers.	critical	S	
GT.66	The system has the ability to provide tools and support workflows to resolve data issues within the system.	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
	General and Technical			
GT.67	The system has the ability to establish and enforce address standards to prevent user input of inaccurate address information. Please describe the address validation methodology, including integrated tools, handling of duplicate addresses, notifications, and restrictions to users.	critical	S	DrCloudEHR uses a form-based approach with standardized fields for entering address information to maintain address validation. This reduces errors due to typos or other data entry mistakes and ensures that all address fields are consistently formatted in the same way. The form-based approach also allows for the validation of the entered zip codes against a master list of valid zip codes. This helps ensure that any incorrect entries can be caught before they reach the patient's record, preventing potential errors and saving time.
GT.68	The system has the ability to provide an integrated full-featured word processing function (including superscript, subscript and scientific notations, cut and paste, and word wrap) to allow users to enter data into large text fields.	critical	S	
GT.69	The system has the ability to create/track timelines according to actual calendar days, as well as business calendar days (excluding weekends and holidays, unless configured to include either option).	critical	S	
GT.70	The system has the ability to configure all screens with County branding (e.g., logo, font, and color scheme).	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.71	The system has the ability to allow the County (versus the offeror) to configure all screens with the County branding.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.72	The system has the ability to support a production, test, and training environment each with separate data tables with the ability to copy between.	critical	S	
GT.73	The system must meet the United States Access Board's Section 508 Standards for all public-facing features.	critical	S	
	The system must be web browser agnostic and be compatible with the following web browsers, at a minimum. Please list additional web browsers the system is compatible with.			
GT.74	Microsoft Edge;	critical	S	
GT.75	Google Chrome;	critical	S	
GT.76	Mozilla Firefox.	desired	S	
GT.77	The system has the ability to document staff time (total time in calendar or business days)	critical	S	
GT.78	The system has the ability to track software changes applied to the production, test, and training environments.	critical	S	
GT.79	The system has the ability to roll back software changes applied to the production, test, and training environments, as necessary.	critical	S	
GT.80	The system has the ability to track County reporting requirement deadlines (e.g., annually, quarterly, monthly).	desired	S	
GT.81	The system has the ability to notify staff of County reporting requirement deadlines (e.g., annually, quarterly, monthly).	desired	S	
GT.82	The system has the ability to use spell check functionality with medical terminology pre-loaded.	critical	S	
GT.83	The system has the ability for users to accept or ignore spell check suggestions.	critical	S	
GT.84	The system has the ability to customize (e.g., add to dictionary) the spell check functionality.	critical	S	
GT.85	The system has the ability to provide an adjustable font size for different eyesight needs.	critical	S	
GT.86	The system has the ability to provide functionality to enlarge the print on computer screens (i.e., screen magnification).	critical	S	
GT.87	The system has the ability to allow application windows to be maximized to fit allotted screen size (i.e., increase window size to increase amount of data displayed, instead of simply zooming in on data).	critical	S	
GT.88	The system has the ability to customize the desktop layout uniquely for each user.	desired	S	
GT.89	The system has the ability to allow users to uniquely set up their personal homepage and have it display when they log in for the first time each day.	desired	S	

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colspan="5"	**General and Technical**				
GT.90	The system has the ability to display the page in the system that users were last viewing when a user logs in after being timed out.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.91	The system has the ability to allow users to print the current screen displayed.	desired	S	
GT.92	The system has the ability to provide an inbox for managing new information and messages between users.	desired	S	
GT.93	The system has the ability to receive faxed documents.	desired	S	
GT.94	The system has the ability to support the use of portable devices (e.g., tablets).	desired	S	
GT.95	The system has the ability to use one database that is accessed and used by all proposed software modules.	critical	S	
GT.96	The system has the ability to integrate with Microsoft Word for letter design, including customized letterhead.	critical	S	
GT.97	The system has the ability to flag a data field as mandatory that can be turned on or off by the system administrator for each data field defined, as required.	critical	S	
GT.98	The system has the ability for system administrators to mark master files as "Active" or "Inactive" status to simplify the look-up screens, with optional start and end dates.	critical	S	
GT.99	The system has the ability to support an inventory management system related to immunizations, medications, and supplies.	critical	S	
GT.100	The system has the ability to allow for credentialing of professional staff.	desired	S	
GT.101	The system has the ability to support certification tracking of foster homes.	critical	S	
**Interfaces**				
GT.102	The system has the ability to support industry standard interfaces including HL7, CCR, CCD, CDA, and ELINCS, at a minimum.	critical	S	
GT.103	The system has the ability to exchange data via secure hypertext transport protocol, TLS1.2 or higher, or https.	critical	S	
GT.104	The system has the ability to bi-directionally interface Patient demographics.	critical	S	
The system has the ability to receive lab results in the EMR from:				
GT.105	LabCorps;	critical	S	
GT.106	State laboratories;	desired	S	
GT.107	Local hospital laboratories; and	desired	S	
GT.108	Center for Disease Control.	desired	S	
GT.109	Genesite	desired	S	
The system has the ability to send lab orders from the EMR to:				
GT.110	LabCorps;	critical	S	
GT.111	State laboratories;	desired	S	
GT.112	Local hospital laboratories; and	desired	S	
GT.113	Center for Disease Control.	desired	S	
GT.114	The system has the ability to interface with health exchange networks	desired	S	
GT.115	The system has the ability to support the integration with dictation software.	critical	S	
GT.116	The system has the ability to scan and map in documents using optical character recognition technology and import the data into the EMR system database.	desired	S	
GT.117	The system has the ability to allow queries of scanned documents using optical character recognition technology.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.118	The system has the ability to support telehealth systems (e.g. Zoom).	critical	S	
GT.119	The system has the ability to validate the existence of a Patient's address with street maps and directions.	desired	S	
GT.120	The system has the ability to map directions to a Patient's address for staff. (link to County GIS)	desired	S	
**System Security**				
GT.121	The system has the ability to allow a system administrator to add permissions for system access.	critical	S	
GT.122	The system has the ability to support multi-factor authentication.	desired	S	

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Req #	Description of Requirement	Criticality	Response	Comments
	General and Technical			
GT.123	The system has the ability to automatically update all security roles automatically (user discretion) when a change in the "master" role is made, with the ability for a system administrator to review and approve changes.	critical	S	
GT.124	The system has the ability to maintain a directory of all clinical, contracted staff, and business personnel who currently access the system and what their current permissions (access levels) are.	critical	S	
GT.125	The system has the ability to provide functional security to control which functions can be performed by users (e.g., view versus edit information).	critical	S	
GT.126	The system has the ability to assign system privileges and security by user.	critical	S	
GT.127	The system has the ability to assign system privileges and security by County program.	critical	S	
GT.128	The system has the ability to assign system privileges and security by site.	desired	S	
GT.129	The system has the ability to assign system privileges and security by role.	critical	S	
GT.130	The system has the ability to integrate with the County's active directory.	critical	S	
GT.131	The system has the ability to lock out users (e.g., for upgrades, security breaches, and employee terminations).	critical	S	
GT.132	The system has the ability to "hide" and restrict edit access to data fields from screen views based upon user role and permissions.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.133	The system has the ability to apply the same security permissions to system queries and reports as it does to data fields/elements, based on user (e.g., data fields masked on a record or transaction are similarly masked on reports run by a user).	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.134	The system has the ability to restrict specific users from viewing certain portions of Patient records based on program specific confidentiality requirements.	critical	S	
	The system has the ability to mask and restrict edit access the following fields by user role, at a minimum:			
GT.135	Social Security Number;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.136	Financial information;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.137	Password; and	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.138	Other user-defined fields (i.e., certain labs such as HIV, pregnancy tests, drug tests, and screening).	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.139	The system has the ability to assign users a unique ID and password	critical	S	
GT.140	The system has the ability for passwords to use any combination of alpha, numeric, lowercase, uppercase, and special characters including spaces, as defined by County policy (current policy is 14 characters).	critical	S	
GT.141	The system has the ability to require that passwords are changed on a defined schedule, as defined by County policy.	critical	S	
GT.142	The system has the ability to limit consecutive failed log in attempts (as per County process).	critical	S	
GT.143	The system has the ability to automatically log users out of the system after a County-defined length of time.	critical	S	
GT.144	The system has the ability for automatic log out to be customized for different situations including location of terminal (e.g., Patient area terminals log out faster than a terminal in a provider's office).	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.145	The system has the ability to support single sign-on within the EMR environment.	critical	S	
GT.146	The system has the ability to allow users with established permissions to purge records in accordance with the County's retention schedule with an audit trail.	critical	S	
	The system has the ability to track the following information for changes made throughout the system:			
GT.147	Time;	Critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
	General and Technical			
GT.148	User;	critical	S	
GT.149	Device (computer) name;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.150	Additions and deletions;	critical	S	
GT.151	Changed information; and	critical	S	
GT.152	Other administrator-configurable information.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.153	The system has the ability to create a log of the tracked changes made throughout the system.	critical	S	
GT.154	The system has the ability to query the audit log.	critical	S	
GT.155	The system has the ability to save a log of the tracked changes made throughout the system.	critical	S	
The system has the ability to provide audit trail tracking and querying, including, but not limited to, the following:				
GT.156	By user;	critical	S	
GT.157	By Patient name;	critical	S	
GT.158	By Patient number;	critical	S	
GT.159	to include Additions and deletions;	critical	S	
GT.160	By date; and	critical	S	
GT.161	By time.	critical	S	
GT.162	The system has the ability to produce audit trail reports on system activity by user, server, and database locations with time stamp in seconds, including valid logins, failed logins, records that have been added, opened/viewed, edited, printed, emailed, or deleted.	critical	S	
GT.163	The system has the ability to provide an audit trail of reports created by users.	critical	S	
GT.164	The system has the ability to allow a County administrator to configure the duration that audit logs are retained (e.g., 7 years).	critical	S	
GT.165	The system has the ability to archive searchable audit logs for 1 year and up to 3 years.	critical	S	
GT.166	The system has the ability to provide access to audit trails to only users with proper security based upon a user's security profile.	critical	S	
GT.167	The system has the ability to encrypt data at rest and in transit.	critical	S	
GT.168	The system supports text messaging and documentation of text message content, time and date.	desired	S	
GT.169	The system has the ability to maintain an audit log of all text message content, including time, date, and user ID.	desired	S	
GT.170	The system has the ability to provide a "break the glass," or similar (soft stop), functionality for confidential Patient(s) or selected sensitive Patient information.	desired	S	
GT.171	The system has the ability to produce security reports, at go-live, to meet all auditing and Health Insurance Portability and Accountability Act (HIPAA) reporting needs.	critical	S	
GT.172	The system has the ability to restrict viewing of the displayed screen from Patients.	desired	S	
GT.173	The system can support biometric readers, smart cards, MFA devices, or proximity sensors to log in and out with the ability to modify as needed.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.174	The system has the ability to provide users with established permissions secure access from mobile devices (e.g., tablets).	desired	S	
	Training and Support			
GT.175	The system has the ability to provide online documentation for all software modules.	critical	S	
GT.176	The system has the ability to provide online help connected to the relevant routine, field, or report being used.	critical	S	
GT.177	The system has the ability to provide an overall up-to-date online help tool with glossary, index, and search capabilities.	critical	S	
GT.178	The system has the ability to allow centralized deployment of system updates and system maintenance.	critical	S	
GT.179	The system has the ability to allow remote deployment of system updates and system maintenance.	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
**General and Technical**
GT.180	The system has the ability to accommodate deployment of system updates and maintenance to all affected systems according to administrator-defined effective dates (e.g., calendar and fiscal year parameter changes).	critical	S	
GT.181	The system has the ability to provide an online tutorial to assist users learning the software.	critical	S	
GT.182	The system has the ability to track employee professional licenses for verification.	critical	S	
GT.183	The system has provider/staff credentialing functionality that tracks license/credential expiration dates .	critical	S	
GT.184	The system has the ability to house a structured library of Patient education materials (multilingual), including links to other Patient resources. Ability for reference material to be at lower literacy levels, in enlarged fonts.	desired	S	
GT.185	The system has an online user community (for sharing reports and templates, networking etc.).	critical	S	
**Patient Portal**		
**The system has the ability to provide a Patient portal for online access for Patients to be able to do the following:**		
GT.186	Request a new appointment;	critical	S	
GT.187	Request a change to an appointment;	critical	S	
GT.188	Request an appointment cancellation;	critical	S	
GT.189	Review county-approved test results;	critical	S	
GT.190	Securely communicate with providers;	critical	S	
GT.191	Make payment;	critical	S	
GT.192	Records requests;	critical	S	
GT.193	View visit summaries;	critical	S	
GT.194	Verify updates to demographic information; and	critical	S	
GT.195	Request changes to demographic information.	critical	S	
GT.196	The system has the ability to allow each Patient portal user to create a unique user ID and password combination, following county policy.	critical	S	
GT.197	The system has the ability to perform email verification or SMS text verification during a user's Patient portal registration.	critical	S	
GT.198	The system has the ability to provide a list of security questions to be chosen by users during Patient portal account creation.	critical	S	
GT.199	The system has the ability to support password expiration for the Patient portal on a county-defined schedule.	critical	S	
GT.200	The system has the ability for users to change the password with each log on.	critical	S	
GT.201	The system has the ability to provide a warning at a county-specified time period when a user's password is expiring.	critical	S	
GT.202	The system has the ability to support self-service password reset for users who successfully answer pre-set security questions.	critical	S	
GT.203	The system has the ability to support self-service password reset by sending an email link to reset a password.	critical	S	
GT.204	The system has the ability to limit log on attempts before locking the account.	critical	S	
GT.205	The system has the ability to send an email notification for reporting and unlocking ability when a Patient has been locked out.	critical	S	
GT.206	The system has the ability to record invalid attempts at system access.	critical	S	
GT.207	The system has the ability to have a session time out after a county-defined period of time.	critical	S	
GT.208	The system has the ability to allow user access to the Patient portal to be controlled by the role assigned to the user.	critical	S	
GT.209	The system has the ability to support self-service password reset by sending an SMS text message or email to reset password.	critical	S	
GT.210	The system has the ability to provide web-based access to health information and education.	desired	S	
GT.211	The Customer Portal will be device and browser agnostic, allowing customers to access through different hardware, including laptop, tablet, and smartphone, as well as via different browsers.	desired	S	

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Req #	Description of Requirement	Criticality	Response	Comments
**General and Technical**
GT.212	The system has the ability to provide county- approved Patient education materials available on the Patient portal.	desired	S	
GT.213	The system has the ability to support the use of Patient kiosks or mobile workstations for portal access.	desired	S	
GT.214	The system has the ability to display the information in the Patient portal in Spanish or other languages as defined above.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.215	The system has the ability to limit the information accessed by Patients via the portal as determined by county.	critical	S	
GT.216	The system has the ability for providers to view Patient portal access.	critical	S	
GT.217	The system has the ability for providers to view Patient portal usage.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.218	The system has the ability for providers to view Patient portal engagement (e.g., whether or not a Patient has reviewed a lab result).	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
GT.219	The system has the ability to capture Patient or responsible party signatures electronically on authorization forms, releases, and other legally-required forms (e.g., via a signature pad peripheral) and via the portal.	critical	S	
GT.220	The system has the ability to capture staff signature and credentials on notes	critical	S	
**Other**
GT.221	The system has the ability to provide archival and purge processes that do not degrade or interrupt the system	critical	S	
GT.222	The training environment should include all data elements that are in the production region, and contain sufficient and representative data records for training purposes. Vendors are not to invoke additional license fees for the test, User Acceptance Testing (UAT), training or disaster recovery environments.	critical	S	
GT.223	The system has the ability to provide an Executive Information System (EIS) (i.e., a performance dashboard).	critical	S	
GT.224	The system has the ability to display a dashboard containing Patient information that is customizable by County users.	critical	S	
GT.225	The system supports dynamic dashboards that allow the user to drill-down into detailed information.	critical	S	
GT.226	The system has the ability to have more than one session of the system open at a time without taking up an additional named user license.	critical	S	
GT.227	The system has the ability to limit a provider access to certain patient chart information based on county guidelines or patient request.	critical	S	
GT.228	The system has the ability to limit all access to patient chart information based on county guidelines or patient request.	critical	S	
GT.229	The system has the ability to document a reason for inactivity. (ie.e leave of absense, sabbatical)	critical	S	
GT.230	The system has the ability to flag a user account set to inactive with logged activity during the inactive period	critical	S	
GT.231	The system has the ability to flag inactive user accounts by county's specified timeframe.	critical	S	
GT.232	The system has the ability to assign multiple to one user.	critical	S	
GT.233	The system has the ability to allow users reset their own passwords	critical	S	

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	Clinical Documentation and Case Management			
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
	General			
The system has the ability to confidentially manage and document:				
CDW.1	Evaluations/Assessments/Care Plans/Authorizations;	critical	S	
CDW.2	Testing, including results;	critical	S	
CDW.3	Case Management and Outcomes;	critical	S	
CDW.4	Referrals; and	critical	S	
CDW.5	Follow up.	critical	S	
CDW.6	The system has the ability to organize the clinical documentation into logical groupings with simple navigation (the electronic version of tabs in a chart).	critical	S	
CDW.7	The system has the ability to provide screens that are visually appealing and uncluttered.	critical	S	
CDW.8	The system has the ability to support standard assessment and screening tools such as, but not limited to, the Beck Depression Scale and the Patient Health Questionnaire (PHQ-9).	critical	S	
CDW.9	The system has the ability to document assessments and order entry via dropdown menus and text entry.	critical	S	
CDW.10	The system has the ability to document refusal of an assessment.	critical	S	
CDW.11	The system has the ability to navigate between tabs without the use of mouse navigation.	critical	S	
CDW.12	The system has the ability to provide intuitive navigation for providers with minimal mouse clicks.	critical	S	
CDW.13	The system has the ability to save draft assessments to be completed later.	critical	S	
CDW.14	The system has the ability to create a problem (barriers, symptoms, needs) list.	critical	S	
CDW.15	The system has the ability to present a diagnosis-based problem (barriers, symptoms, needs) list.	critical	S	
CDW.16	The system has the ability to present the most commonly used diagnosis by provider or program.	critical	S	
CDW.17	The system has the ability to provide relevant choices of DSM-5, ICD-10 and CPT codes when selecting a diagnosis.	critical	S	
CDW.18	The system has the ability to capture a coded problem (barriers, symptoms, needs) list that maps directly to DSM-5, ICD-10 and CPT codes.	critical	S	
CDW.19	The system has the ability to maintain the current name of each DSM-5, ICD-10 and CPT code.	critical	S	
CDW.20	The system has the ability to search DSM-5, ICD-10 and CPT codes by logical groupings.	desired	S	
CDW.21	The system has the ability to provide templates that meet DSM-5, ICD-10 and CPT specificity requirements.	desired	S	
CDW.22	The system has the ability to remind providers/staff of missing documentation to support DSM-5, ICD-10 and CPT coding.	desired	S	
CDW.23	The system has the ability to flag a wrong service code.	critical	S	
CDW.24	The system has the ability to send secure communication within the EMR software to other users in real-time (e.g., chat/instant messaging), including reference to chart documentation and results, in accordance with established security standards and permissions.	critical	S	
CDW.25	The system has the ability to link secure communications sent within the EMR software to the Patient's chart.	critical	S	
CDW.26	The system has the ability to track order expiration dates.	critical	S	
CDW.27	The system has the ability for quick linkage between a diagnosis and the order being placed.	critical	S	
CDW.28	The system has the ability to capture medical and behavioral health history in a modifiable, structured format to allow for use in the calculation of alerts/reminders.	critical	S	
CDW.29	The system has the ability to document Patient telephone calls.	critical	S	
CDW.30	The system has the ability to route documentation on Patient telephone calls to specified users.	critical	S	
CDW.31	The system has the ability to display telephone call documentation in the Patient's record.	critical	S	
CDW.32	The system has the ability to provide workflow functionality that allows for templates to trigger alerts (e.g., annual screenings, consents, or other required documentation).	critical	S	
CDW.33	The system has ability to override alerts.	critical	S	
CDW.34	The system has the ability to produce an alert override history by user for review.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.35	The system has the ability to switch from one Patient record to another with minimal mouse clicks.	desired	S	
CDW.36	The system has the ability to capture documentation on Patients not enrolled in a program.	critical	S	
CDW.37	The system has the ability to track the length of stay within a program.	critical	S	

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Clinical Documentation and Case Management				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
CDW.38	The system has the ability to assign comsumers to available housing (e.g, permenant housing, temporary housing, or shelter space). Even if not open to standard services.	critical	S	
CDW.39	The system has the ability to track and manage Patient housing statuses. Even if not open to standard services.	critical	S	
CDW.40	The system has the ability to allow users to override and change pre-populated information in forms, when appropriate, according to County business rules.	critical	S	
CDW.41	The system has the ability to provide a mechanism to calculate, track Patient participation time, track activity time limits, and provide historical information.	critical	S	
CDW.42	The system has the ability to track program outcome measures.	critical	S	
CDW.43	The system has the ability to document progress towards standard developmental milestones.	critical	S	
CDW.44	The system has the ability to track when certain documents are due on a regular and user-defined interval (i.e., Court-ordered evaluations, Quarterly Reviews, Annuals).	critical	S	
CDW.45	The system has the ability to notify and/or remind staff when certain documents are due on a regular and user-defined interval (i.e., Court-ordered evaluations, Quarterly Reviews, Annuals).	critical	S	
CDW.46	The system has the ability to document case notes with date, time and user stamp.	critical	S	
CDW.47	The system has the ability to document pre-enrollment case notes.	critical	S	
CDW.48	The system has the ability to document group case notes.	critical	S	
CDW.49	The system has the ability to categorize notes by type/ provider type.	critical	S	
CDW.50	The system has the ability to track the milestone age of patients.	critical	S	
CDW.51	The system has the ability to document and track home visits.	critical	S	
CDW.52	The system has the ability to track a Patient across multiple encounters/programs.	critical	S	
CDW.53	The system supports capturing Patient activities and level of engagement tied to ISP (Individualized Service Plan), measured in amounts of time or by activities or by other user defined intervals This data resides in a specific location, table, log, or form that permits varied users to electronically add their signature to each subsequent activity and is used to track progress towards goals.	critical	S	
The system has the ability to automatically update standard nomenclature and code sets including the following:				
CDW.54	Current Procedural Terminology (CPT);	critical	S	
CDW.55	Diagnostic and Statistical Manual (DSM-5);	critical	S	
CDW.56	International Classification of Diseases (ICD)-10;	critical	S	
CDW.57	The system has the ability to display Patient age in years and months, in addition to date of birth and gestionational age.	critical	C	The gestionational field will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
The system has the ability to display a summary of Patient information across a universal header/ribbon that displays regardless of what task is being completed. Data presented should include the following:				
CDW.58	Demographics (i.e., name, gender (including transgender), guardian, guarantor);	critical	S	
CDW.59	Patient number;	critical	S	
CDW.60	Date of birth;	critical	S	
CDW.61	Age;	critical	S	
The system has the ability to configure the header/ribbon at the following levels:				
CDW.62	Program; and	critical	S	
The system has the ability to display a summary of Patient information (face sheet) including the following:				
CDW.63	Demographics (including transgender, gender, language, and name preferences);	critical	S	
CDW.64	Family members;	critical	S	
CDW.65	Insurance;	critical	S	
CDW.66	Guardian;	critical	S	
CDW.67	Guarantors;	critical	S	
CDW.68	Enrolled programs;	critical	S	
CDW.69	Heat/cold or power dependency risks;	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.70	Case worker or team;	critical	S	
CDW.71	Patient photograph;	critical	S	
CDW.72	Personal profile;	critical	S	

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Clinical Documentation and Case Management				
Req #	Description of Requirement	Criticality	Response	Comments
CDW.73	Health maintenance;	critical	S	
CDW.74	User-defined data elements.	critical	S	
CDW.75	Living Arrangement	critical	S	
The system has the ability to provide a configurable Patient face sheet at the following levels:				
CDW.76	Division;	critical	S	
CDW.77	Program; and	critical	S	
The system has the ability for the County to develop/configure templates and forms at the following levels:				
CDW.78	Division;	critical	S	
CDW.79	Program; and	critical	S	
CDW.80	The system has the ability to use defaults in clinical template data fields.	critical	S	
CDW.81	The system has the ability to use a blank template with no defaults selected.	critical	S	
CDW.82	The system has the ability to capture all data in clinical templates as discrete and structured data elements.	critical	S	
CDW.83	The system has the ability to allow narrative text to be part of clinical templates.	critical	S	
CDW.84	The system has the ability to incorporate external forms into the software in usable system templates (e.g., State or Federal forms such as REALD).	critical	S	
CDW.85	The system has the ability for Patient information that has already been documented to auto-populate a template without re-keying (e.g., name, recent visit information, diagnosis, etc.).	critical	S	
CDW.86	The system has the ability to allow templates to be signed electronically by providers.	critical	S	
CDW.87	The system has the ability to support electronic signatures on templates and other documentation.	critical	S	
CDW.88	The system can create alerts when electronic signatures are required or missing from an assessment.	critical	S	
CDW.89	The system has the ability to assign date and time to templates when signed electronically.	critical	S	
CDW.90	The system has the ability for problems identified during the template documentation process to flow to the care or treatment plan in an automated manner.	critical	S	
CDW.91	The system has the ability to capture both quantitative and narrative data on the progress/case note.	critical	S	
CDW.92	The system has the ability to pull lab or other diagnostic results into the progress note.	critical	S	
CDW.93	The system has the ability to pull medication list into the progress note.	critical	S	
CDW.94	The system has the ability to create reports that can be queried for discrete data captured in clinical documentation.	critical	S	
CDW.95	The system has the ability to chart narrative text as part of the template in structured vocabulary for data extraction and reporting.	critical	S	
CDW.96	The system has the ability to allow users with established permissions to alter clinical documentation once it is signed by a provider/user, according to Yamhill County policy and with documentation of reason for alteration.	critical	S	
The system has the ability to pull values into the clinical documentation screen from other areas of the EMR, including, but not				
CDW.97	Vital signs;	critical	S	
CDW.98	Allergies;	critical	S	
CDW.99	Medications;	critical	S	
CDW.100	Court information;	critical	S	
CDW.101	Patients Attorney;	critical	S	
CDW.102	Guardian information;	critical	S	
CDW.103	Placement information;	critical	S	
CDW.104	Lab; and	critical	S	
CDW.105	Problems.	critical	S	
CDW.106	The system has the ability to enter billing information via defined billing templates.	critical	S	
CDW.107	The system has the ability to document encounters using pre-built templates.	critical	S	
CDW.108	The system has the ability to parse lab vlaues and separate results by type.	critical	S	
The system has the ability to use the following in custom charting templates:				
CDW.109	Check boxes;	critical	S	
CDW.110	Look-up tables;	critical	S	
CDW.111	Drop-downs;	critical	S	
CDW.112	Radio buttons;	critical	S	
CDW.113	Text boxes;	critical	S	
CDW.114	Numeric fields; and	critical	S	
CDW.115	Custom descriptions.	critical	S	
CDW.116	The system has the ability to allow users with established permissions to copy and paste County-allowed Patient information.	critical	S	

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Yamhill County Health and Human Services
EHR System Requirements

Req #	Description of Requirement	Criticality	Response	Comments
**Clinical Documentation and Case Management**
CDW.117	The system has the ability to capture an audit trail of Patient information that has been copied or pasted by users.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.118	The system has the ability to turn off the copy and paste capability.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.119	The system has the ability to limit the copy and paste capability.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.120	The system has the ability to maintain the resolution date of the problem (barrier, symptoms, needs).	critical	S	
CDW.121	The system has the ability to associate orders with one or more problems (barrier, symptoms, needs).	critical	S	
CDW.122	The system has the ability to maintain a medication list.	critical	S	
CDW.123	The system has the ability to capture the internal provider who prescribed a medication.	critical	S	
CDW.124	The system has the ability to capture the external provider who prescribed a medication.	critical	S	
CDW.125	The system has the ability to display the medication history for a Patient.	critical	S	
CDW.126	The system has the ability to record the identity of users who made changes to a Patient's medication list.	critical	S	
CDW.127	The system has the ability to record the date changes were made to a Patient's medication list.	critical	S	
CDW.128	The system has the ability to display and print a view of a current/active medication list.	critical	S	
**The system has the ability to capture Patient vital signs and anthropometrics as discrete data, including:**
CDW.129	Blood pressure;	critical	S	
CDW.130	Respiratory rate;	critical	S	
CDW.131	Temperature;	critical	S	
CDW.132	Height;	critical	S	
CDW.133	Weight (pounds and kilograms);	critical	S	
CDW.134	Waist circumference; and	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.135	Head circumference (inches and centimeters).	critical	S	
CDW.136	The system has the ability to graph vital sign data over a period of time.	critical	S	
CDW.137	The system has the ability to graph multiple data elements (e.g., vital signs and lab values) over a period of time on one graph.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
**The system has the ability to allow height to be entered in:**
CDW.138	Centimeters;	critical	S	
CDW.139	Feet;	critical	S	
CDW.140	Inches; and	critical	S	
CDW.141	Fractions.	critical	S	
CDW.142	The system has the ability to review a scanned document (e.g., a scanned letter from an external consult).	critical	S	
CDW.143	The system has the ability to electronically sign a scanned document (e.g., a scanned letter from an external consult).	critical	S	
CDW.144	The system has the ability to chart a note related to a scanned document.	critical	S	
CDW.145	The system has the ability to locate scanned documents by category.	critical	S	
CDW.146	The system has the ability to create a library of treatment or care plans specific to a problem (barriers, symptoms, needs).	desired	S	
CDW.147	The system has the ability to easily reference current clinical decision support.	desired	S	
CDW.148	The system has the ability to override clinical decision support recommendations.	desired	S	
CDW.149	The system has the ability to create an ISP (Individual Service Plan).	critical	S	
CDW.150	The system has the ability to create program-specific treatment or care plan templates.	critical	S	
CDW.151	The system has the ability to add program-specific treatment or care plan templates to a system library.	critical	S	
CDW.152	The system has the ability for multiple treatment or care plans to be assigned to a Patient at one time.	critical	S	
CDW.153	The system has the ability to save a note in draft status to be completed later.	critical	S	
CDW.154	The system has the ability to require a minimum security role in order to electronically sign and approve a note.	critical	S	
CDW.155	The system has the ability to capture a secondary signature on a note (supervisor signature, program manager signature, etc.).	critical	S	
CDW.156	The system has the ability to allow staff (with permission) to sign a note in lieu of the original designated signature.	critical	S	
CDW.157	The system has the ability to modify and delete clinical documentation, in accordance with established legal and security standards and permissions.	critical	S	

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	Clinical Documentation and Case Management			
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
CDW.158	The system has the ability to move clinical information that has been entered into the wrong Patient chart into the correct Patient chart, in accordance with established security standards and permissions.	critical	S	
CDW.159	The system has the ability to design various output forms to include only the information desired (e.g., meals and nutrition, diagnostic test results, medication lists).	desired	S	
CDW.160	The system has the ability to produce notes (e.g., day care notes, school notes).	desired	S	
CDW.161	The system has the ability to support a narrative assessment.	critical	S	
CDW.162	The system has the ability to support a narrative treatment or care plan.	critical	S	
CDW.163	The system has the ability to manage identified allergies for a Patient in the system.	critical	S	
CDW.164	The system has the ability to update Patient allergies in the system.	critical	S	
CDW.165	The system has the ability to capture units of time (e.g., units of time spent with a doctor).	critical	S	
CDW.166	The system has the ability to capture time spent on a case and collateral contacts (ex. Family contacts).	desired	S	
CDW.167	The system has the ability to capture the time spent during the check-in process.	desired	S	
CDW.168	The system has the ability to capture the time spent during the check-out process.	desired	S	
CDW.169	The system has the ability to capture specified encounters in minutes, including the start and stop times.	critical	S	
CDW.170	The system has the ability to generate consent forms based upon DHHS requirements.	critical	S	
CDW.171	The system has the ability to generate program-specific consent forms.	desired	S	
CDW.172	The system has the ability to capture follow-up activities.	critical	S	
CDW.173	The system has the ability to organize the home screen and customize the data presented to users according to user preferences.	desired	S	
CDW.174	The system has the ability to graph pediatric growth charts.	desired	S	
CDW.175	The system has the ability to support multiple growth charts based on ethnicity or conditions (e.g., Down's Syndrome, premature birth).	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.176	The system has the ability to indicate to users when an assessment measurement falls outside of a preset normal range, as set by authorized users.	critical	S	
CDW.177	The system has the ability for the completion of the County-defined templates to trigger orders (e.g., drug tests, counseling, or other referral).	desired	S	
CDW.178	The system has the ability to notify staff if a Patient fails to have an assessment performed at the defined interval.	critical	S	
CDW.179	The system has the ability to provide a work/task list for each user.	critical	S	
CDW.180	The system has the ability to prioritize how alerts are shown (e.g., order of severity or order of intervention efficacy).	desired	S	
CDW.181	The system has the ability to categorize how alerts are shown.	desired	S	
CDW.182	The system has the ability to develop and manage a crisis plan.	critical	S	
CDW.183	The system has the ability to provide crisis alerts as defined by the county.	critical	S	
CDW.184	The system has the ability to allow users to design quality reporting metrics, measure trends, and customize the information presented on the dashboard.	critical	S	
CDW.185	The system has the ability to enter clinical notes via a dictation system.	critical	S	
CDW.186	The system has the ability to support voice recognition software that recognizes medical terminology.	critical	S	
CDW.187	The system has the ability for voice recognition software to be used in any section of the EHR where text can be entered.	critical	S	
CDW.188	The system has the ability to capture text messaging documentation (received from Patient).	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.189	The system has the ability to update care plans and protocols provided by the vendor according to evolving clinical care standards and County requirements.	critical	S	
	Workflow			
CDW.190	The system has the ability to provide workflow functionality that allows for templates to trigger alerts (e.g., consents, or other required documentation).	critical	S	
CDW.191	The system has the ability to trigger an alert for authorization expiration.	desired	S	
CDW.192	The system has the ability to identify and document the current care team members (internal and external) and any medical/non-medical care team for report workflow.	critical	S	
CDW.193	The system has the ability to route results, notes, documentation for approval, reports, etc. to multiple individual users and groups of users.	critical	S	
CDW.194	The system has the ability to send secure messages to other users including reference to chart documentation and results.	critical	S	

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colspan="5"	Clinical Documentation and Case Management
Req #	Description of Requirement	Criticality	Response	Comments
CDW.195	The system has the ability to contain validation routines that require a supervisor to review missing data or before a discharge or program enrollment closure can occur.	critical	S	
CDW.196	The system has the ability for users to counter when results, notes, documentation for approval, etc. are routed to them.	critical	S	
CDW.197	The system has the ability for users to co-sign when results, notes, documentation for approval, etc. are routed to them.	critical	S	
CDW.198	The system can support the required steps to be taken upon death of a Patient.	critical	S	
CDW.199	The system has the ability to allow case assignment and reassignment.	critical	S	
CDW.200	The system has the ability to view case load by provider.	critical	S	
CDW.201	The system has the ability to view and print case summaries.	critical	S	
CDW.202	The system has the ability to track and record services identified in the care plan/ISP.	critical	S	
CDW.203	The system has the ability to allow the system user to enter eligible approved child care hours.	critical	S	
**The system has the ability to print/configure a Patient encounter summary, including, but not limited to, the following items:**
CDW.204	The system has the ability to document communication with Patient (successful and attempted) including method, date, time, and result.	critical	S	
CDW.205	The system has the ability to display and print summarized clinical information for Patients which can be utilized during case reviews.	desired	S	
CDW.206	The system has the ability to print or save a blank copy of an assessment that can be used for data collection and entry if system is not available.	critical	S	
CDW.207	The system allows documentation of a case transfer with a reason (provider leaving, patient request)	desired	S	
CDW.208	The system allows documentation of a case transfer in bulk (provider leaves and entire or a portion is moved to another provider(s)	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
CDW.209	The system allows for automated actions related to employee leaving (closing letters, change of provider letter, etc)	desired	S	
CDW.210	The system has the ability to view case load by county defined teams	critical	S	
CDW.211	The system has the ability to view case load by county programs	critical	S	
CDW.212	The system has the ability to alert/electronically communicate to a provider when an a client is added to their case load	desired	S	
CDW.213	The system has the ability to require a signature for approval of case assignment/transfer by either the asignee and/or supervisor.	desired	S	
CDW.214	The system has the ability to define required follow-up timeframes in response to a specified service type	critical	S	
CDW.215	The system has the ability to display a list of required follow-up activities with the due date.	critical	S	
CDW.216	The system has the ability to limit the client list to assigned clients based on the provider's security setup.	critical	S	
CDW.217	The system has the ability allow the user to override the limitation to the client list to assigned clients based on the provider's security setup.	critical	S	
CDW.218	The system has the ability to assign multiple users or a user group to a single task	critical	S	
CDW.219	The system has the ability to create multi-step tasks that can be assigned to multiple users at each step	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.

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Reporting and Medical Records				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
General				
RMR.1	The system has the ability to print an entire copy of a Patient's electronic health record, in accordance with established security standards and permissions.	critical	S	
RMR.2	The system has the ability to print a selected section of a Patient's electronic health record, in accordance with established security standards and permissions.	critical	S	
RMR.3	The system has the ability to indicate that certain chart information or the entire chart is sensitive (e.g., mental health, child abuse), based on user-defined permissions.	critical	S	
RMR.4	The system has the ability to indicate what category of user should have access to confidential information.	critical	S	
RMR.5	The system has the ability to display an on-screen message indicating that the information is confidential.	critical	S	
RMR.6	The system has the ability to turn on audit trail functionality when confidentiality is overridden.	critical	S	
RMR.7	The system has the ability to alert a designated user when confidentiality is overridden.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
RMR.8	The system has the ability to print multiple visits on separate pages (by program).	critical	S	
RMR.9	The system has the ability to allow users to note information disclosures.	critical	S	
RMR.10	The system has the ability to produce a report of information disclosures per Patient.	critical	S	
The system has the ability to produce a report of records that were released to but not limited to:				
RMR.11	Amendment requests;	critical	S	
RMR.12	Outside providers;	critical	S	
RMR.13	Attorneys;	critical	S	
RMR.14	Other, use defined; and	critical	S	
RMR.15	Any combination of the above.	critical	S	
RMR.16	The system has the ability to search for staff in multiple ways (e.g., first initial and first name, first initial and last name).	critical	C	DrCloudEHR supports searching for either the first name or last name. Additional staff search options will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
RMR.17	The system has the ability to allow users with established permissions to merge Patient electronic health records into one record.	critical	S	
RMR.18	The system has the ability to track and report which medical records and what information is accessed by which user, on what device, at what time, and on what date for specified Patients.	critical	C	DrCloudEHR currently tracks and reports which medical records and what information is accessed by which user, at what time, and on what date for specified Patients, but it does not currenlty track which device. This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
The system has the ability to log changes to records maintained, including but not limited to:				
RMR.19	Date;	critical	S	
RMR.20	Time;	critical	S	
RMR.21	User;	critical	S	
RMR.22	Device;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
RMR.23	Information prior to change; and	critical	S	
RMR.24	Changed information.	critical	S	
RMR.25	The system has the ability to document Patient requests to amend their medical records.	critical	S	
RMR.26	The system has the ability to identify if a medical record is not complete before releasing it.	critical	S	
RMR.27	The system has the ability to query and print selected medical records data by date range, including labs, programs, and enrollments, and other County-define data.	critical	S	
RMR.28	The system has the ability to redact sensitive or other county defined information from a Patient's medical record with appropriate permission.	critical	S	
RMR.29	The system has the ability to identify the physical location of stored historical paper charts.	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
Reporting and Medical Records				
RMR.30	The system has the ability to identify the Laserfiche location of stored historical documents and provide a link or other type of quick access.	desired	S	
RMR.31	The system has the ability to capture scanned data entry of individual forms returned for events such as community screening programs.	critical	S	
RMR.32	The system has the ability to archive selected information (demographic, program-specific, scheduling, etc.) according to the DHHS standards.	critical	S	
RMR.33	The system has the ability to define archived data as "Inactive".	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
RMR.34	The system has the ability to make archived data defined as "Inactive" accessible if needed.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
RMR.35	The system has the ability to detect potential duplicate records.	critical	S	
RMR.36	The system has the ability to automatically assign a new master Patient ID number and roll-over of selected Patient data, as defined by the County.	critical	S	
RMR.37	The system has the ability to generate, store, and support more than one unique identification number for record management.	critical	S	
RMR.38	The system has the ability to support the County's record retention policy (including purging of records).	critical	S	
RMR.39	The system has the ability to support the County's record retention policy	critical	S	
RMR.40	The system has the ability to capture medical record information that went to archive and where it is located.	critical	S	
RMR.41	The system has the ability to override the confidentiality in instances that require access to the information with a reason for overriding confidentiality, for users with established permissions.	critical	S	
RMR.42	The system has the ability to flag a Patient account with the County-specified indicators.	critical	S	
Document Management				
RMR.43	The system has the ability to provide an automated document indexing solution integrated with the EMR.	critical	S	
RMR.44	The system has the ability to store and organize documents in a highly configurable manner (e.g., similar to Windows Explorer folder structures).	critical	S	
RMR.45	The system has the ability to import an image file directly for document storage.	critical	S	
RMR.46	The system has the ability to link scanned documents to specific records.	critical	S	
RMR.47	The system has the ability to allow users to scan documents directly into the system.	critical	S	
RMR.48	The system has the ability to search documents that are scanned directly into the system.	critical	S	
RMR.49	The system has the ability to provide an automated way of identifying "orphan" image files that are not attached to a specific system record.	critical	S	
RMR.50	The system has the ability to scan various paper sizes.	critical	S	
RMR.51	The system has the ability to use version control in document management.	critical	S	
RMR.52	The system has the ability to create customized security levels for document management.	critical	S	
The system has the ability to associate electronic files with a system record, including but not limited to:				
RMR.53	Microsoft Excel (version 2010 or later);	critical	S	
RMR.54	Microsoft Word (version 2010 or later);	critical	S	
RMR.55	.gif;	critical	S	
RMR.56	.png;	critical	S	
RMR.57	.jpg;	critical	S	
RMR.58	.tiff;	critical	S	
RMR.59	.txt;	critical	S	
RMR.60	.pdf;	critical	S	
RMR.61	PDFs that are text-based and searchable;	critical	S	
RMR.62	Optical Character Recognition, Intelligent Character Recognition, and Intelligent Word Recognition;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
RMR.63	.mp3;	critical	S	
RMR.64	.mp4;	critical	S	
RMR.65	.wmv;	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
**Reporting and Medical Records**
RMR.66	.css;	critical	S	
RMR.67	.xml;	critical	S	
RMR.68	HTML5; and	critical	S	
RMR.69	MS-Access (version 2007 or later).	desired	S	
RMR.70	The system has the ability to identify records with imaged documentation.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
**Reports**
RMR. 71	The system has the ability to generate various sized labels with Patient demographics for mailings, lab specimens, etc.	critical	S	
RMR. 72	The system has the ability to create, print, and store customized label templates.	critical	S	
RMR. 73	The system has the ability to design Patient letters by pulling data elements from the system.	critical	S	
RMR. 74	The system has the ability to print Patient letters.	critical	S	
RMR. 75	The system has the ability to identify the current primary worker of record for report workflow (e.g. follow ups).	critical	S	
RMR. 76	The system has the ability to identify the current care or treatment team for report workflow.	critical	S	
RMR. 77	The system has the ability to report on the existence of a Patient's verifiable address.	critical	S	
RMR. 78	The system has the ability to generate a Patient demographic profile report and configure how the data is displayed.	critical	S	
RMR. 79	The system has the ability to generate a report based on the absence of data in a specific field or fields (e.g., the ability to show all Patients who are missing a primary phone number, insurance information, or another piece of metadata).	critical	S	
RMR. 80	The system has the ability to print Patient letters.	critical	S	
RMR. 81	The system has the ability to generate ENCC data reports.	critical	S	
RMR. 82	The system has the abilty to generate Aid and Assist Reports.	critical	S	
RMR. 83	The system has the ability to generate Primary Care Physician letters.	critical	S	
RMR. 84	The system has the ability to generate a funding stream report.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
RMR. 85	The system has the ability to generate Speciality Court funding reports.	critical	S	
RMR. 86	The system has the ability to track and report peer services (youth and family).	critical	S	
RMR. 87	The system has the ability to generate PCI and 370 reports.	critical	S	
RMR. 88	The system has the ability to report the status	desired	S	
The system has the ability to report on all authorization forms, releases, and other legally-required documents that will soon expire based on user-defined parameters, including:			
REA.89	Date range;	critical	S	
REA.90	Program;	critical	S	
REA.91	Staff members;	critical	S	
REA.92	Document type; and	critical	S	
REA.93	Patients.	critical	S	
The system has the ability to report on all expired authorization forms, releases, and other legally-required documents based on user-defined parameters, including:			
REA.94	Date range;	critical	S	
REA.95	Program;	critical	S	
REA.96	Staff members;	critical	S	
REA.97	Document type; and	critical	S	
REA.98	Patients.	critical	S	
REA.99	The system has the ability to print the electronic authorization forms, releases, and legally-required forms with Patient information pre-populated from the electronic health record.	critical	S	
REA.100	The system has the ability to store attached documentation in a location that requires minimal clicks to retrieve the scanned documents.	critical	S	
REA.101	The system has the ability to track and report staff and provider productivity by program and/or service.	critical	S	

Exhibit E
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Reporting and Medical Records				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
REA.102	The system has the ability to detect duplicate files or records and isolate them for manual review and further processing.	critical	S	
REA.103	The system has the ability to display and print the history of all enrollments, placements, and services by County specified date ranges.	critical	S	
REA.104	The system will provide a reporting platform that allows access to all data elements.	critical	S	
REA.105	The system's reporting solution will allow for: Selection of filters (i.e., program, service, provider, date range) and, layout definition, including sorting and grouping.	critical	S	
REA.106	The system will provide a graphical, easy-to-use reporting interface that allows users to create reports, without requiring technical skills (i.e. - such as creating SQL queries).	critical	S	
REA.107	The system will allow for report definitions to be saved for re-use, along with a report title and narrative report description, available based on User Role.	critical	S	
REA.108	The system will allow for report queries to be used within ad-hoc reports, or applied to visual dashboards.	critical	S	
REA.109	The system provides dynamic reports that allow the user to view summary information and drill-down into detailed information from the report (provider, claim, Patient, etc.).	critical	S	
REA.110	System performance will not be impeded when system reports are utilized.	critical	S	
REA.111	The system will allow for benchmark reporting for comparison to outside data sources (i.e. - SAMHSA).	critical	S	
REA.112	The system is able to monitor and report on defined quality/compliance indicators.	critical	S	
REA.113	The system is able to monitor and report on service utilization.	critical	S	
REA.114	Users are able to customize, define, and run quality measurement reports.	critical	S	
REA.115	Users are able to customize and set quality benchmarks for measurement.	critical	S	
REA.116	Users can create custom clinical reports from the system without needing an IT support function.	critical	S	
REA.117	The system allows users to query clinical information. For example, find any Patient with depression and suicidal tendencies.	critical	S	
REA.118	The system has a clinical report writing tool that can be used for all standard and customer defined data elements in the system.	critical	S	
REA.119	The system can generate a report on documentation that will soon expire based on county defined time periods.	critical	S	
REA.120	The system can generate a report of all past due documentation.	critical	S	
REA.121	The system has the ability to report on cost and quality metrics pulling user defined data.	critical	S	
REA.122	The system has the ability to create a report on credentialed staff with their status.	critical	S	
REA.123	The system has the ability to capture and print data in columns.	critical	S	
REA.124	The system has the ability to configure the page breaks for any printed report.	critical	S	
REA.125	The system has the ability to access a help system from within the report writer.	critical	S	
REA.126	The system has the ability to provide a library of standard reports (i.e., "canned" reports).	critical	S	
REA.127	The system has the ability to allow a user to copy existing reports and modify existing reports, with appropriate security permissions.	critical	S	
REA.128	The system has the ability for authorized users to save report parameters for generating subsequent reports.	critical	S	
REA.129	The system has the ability to schedule reports to be run on a recurring basis that is defined by County users.	critical	S	
REA.130	The system has the ability to export reports to County-defined file types.	critical	S	DrCloudEHR supports CSV, XML, and PDF (browser save as).
REA.131	The system has the ability for authorized users to modify one or more parameters of a saved report specification when generating a report using that specification.	critical	S	
REA.132	The system has the ability to email reports (both standard reports and custom written reports) with appropriate security, privacy, controls, and access.	desired	S	

**Exhibit E
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Yamhill County Health and Human Services
EHR System Requirements

Finance - Billing and Accounts Receivable				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
Patient Accounting				
The system has the ability to create customizable, online work queues to provide follow up by:				
FBAR.1	Payor;	critical	S	
FBAR.2	Financial class (Federal poverty level);	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.3	Program code;	critical	S	
FBAR.4	Service Code	critical	S	
FBAR.5	Balance; and	critical	S	
FBAR.6	Site.	critical	S	
FBAR.7	The system has the ability to split family members and reassign them to appropriate accounts.	critical	S	
FBAR.8	The system has the ability to allow each Patient to have a single insurance policy.	critical	S	
FBAR.9	The system has the ability to allow each Patient to have multiple insurance policies.	critical	S	
The system has the ability to capture the following insurance information:				
FBAR.10	Name of policy;	critical	S	
FBAR.11	Name of policyholder;	critical	S	
FBAR.12	Date of birth of policyholder;	critical	S	
FBAR.13	Relationship of the policyholder to the Patient;	critical	S	
FBAR.14	Insurance Carrier Address;	critical	S	
FBAR.15	Comment Box;	critical	S	
FBAR.16	Customizable fields to collect other information;	critical	S	
FBAR.17	Policy number;	critical	S	
FBAR.18	Type of policy;	critical	S	
FBAR.19	Group number;	critical	S	
FBAR.20	Effective date;	critical	S	
FBAR.21	Date added to the system; and	critical	S	
FBAR.22	Termination date.	critical	S	
FBAR.23	The system has the ability for users to specify which members in a family are covered by each insurance policy.	desired	S	
FBAR.24	The system has the ability to assign the sliding fee scale to the guarantor.	critical	S	
FBAR.25	The system has the ability to allow the County to configure more than one sliding fee scale.	critical	S	
FBAR.26	The system has the ability to record an associated date for recertifying the guarantor's sliding fee scale eligibility.	critical	S	
FBAR.27	The system has the ability to maintain a history of fields used to categorize a Patient for reporting.	critical	S	
FBAR.28	The system has the ability to input income information by guarantor.	critical	S	
FBAR.29	The system has the ability to calculate and display a sub-total of the income information provided by guarantor.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.30	The system has the ability to input eligible obligations or expense information by guarantor.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.31	The system has the ability to calculate and display a sub-total of the eligible obligation(s) and/or expense(s) information provided by guarantor.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.32	The system has the ability to calculate and display a net income from the information provided by guarantor.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.33	The system has the ability to compute a sliding scale and percentage of poverty based on income data for the guarantor.	critical	S	
FBAR.34	The system has the ability to be configured to override sliding fee scales on guarantor as needed.	critical	S	
FBAR.35	The system has the ability to identify the number of guarantor dependents that are used to calculate the sliding fee scale.	critical	S	

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Yamhill County Health and Human Services
EHR System Requirements

Req #	Description of Requirement	Criticality	Response	Comments
**Finance - Billing and Accounts Receivable**
FBAR.36	As part of the Sliding Scale Assessment, the system will have the ability to enter free-text of at least 150 characters related to the customer's Sliding Scale Assessment.	critical	S	
FBAR.37	The system has the ability to retain past fee guidelines and schedules for sliding scales, including effective and termination dates as applicable.	critical	S	
FBAR.38	The system has the ability to maintain program and service codes.	critical	S	
FBAR.39	The system has the ability to add start and end dates to program and service codes.	critical	S	
FBAR.40	The system has the ability to track the status of each outstanding guarantor and third-party insurer balance by the age of the balance (in intervals of 30 days up to 180 days).	critical	S	
FBAR.41	The system has the ability to track the status of each outstanding guarantor and third-party insurer balance by payment status, i.e., if a minimum payment (percentage basis), a full payment, or no payment has been made against the outstanding balance.	critical	S	
FBAR.42	The system has the ability to support the development of payment arrangements.	critical	S	
FBAR.43	The system has the ability to bill guarantors according to a payment arrangement agreement, including self-pay.	critical	S	
FBAR.44	The system has the ability to create special group accounts when services provided to a group of Patients by individual claim are billed to a payor that should not be billed to the Patient's guarantor (e.g., flu shot roster).	critical	S	
FBAR.45	The system has the ability to establish a Patient account status or code to reflect payment status.	critical	S	
FBAR.46	The system has the ability to generate administrative encounters for non-Patient transactions and fee collection (e.g., medical record fees, certificate requests).	critical	S	
FBAR.47	The system has the ability to accept annual updates to Federal poverty guidelines, including effective and termination dates for the Federal poverty limits.	critical	S	
FBAR.48	The system has the ability to maintain a history of statements mailed to guarantors.	critical	S	
FBAR.49	The system has the ability to ensure the history of statements records the date and type of statement sent.	critical	S	
FBAR.50	The system has the ability to allow users to flag accounts for follow up.	critical	S	
FBAR.51	The system has the ability to add special collection notes to accounts.	critical	S	
FBAR.52	The system has the ability to post a payment at the time of payment	critical	S	
FBAR.53	The system has the ability to support posting credit card payments through U.S. Bank.	critical	S	
FBAR.54	The system has the ability to track and maintain an audit trail of when configuration changes are made, including changes to rates, units to charge, benefit plans, authorizations tied to a plan, etc.	critical	S	
FBAR.55	The system has the ability to capture the date/time when a change was completed and the staff member who completed the change as part of the audit trail.	critical	S	
FBAR.56	The system has the ability to transfer a Patient balance to sliding fee scale after insurance payment is received.	critical	S	
The system has the ability to have a Health Insurance Portability and Accountability Act compliant remittance (835) interface with the following payors:
FBAR.57	Medicaid;	critical	S	
FBAR.58	Medicare;	critical	S	
FBAR.59	Aetna;	desired	S	
FBAR.60	Blue Cross Blue Shield of Oregon;	desired	S	
FBAR.61	Cigna;	desired	S	
FBAR.62	UnitedHealthcare; and	critical	S	
FBAR.63	Others, as needed.	critical	S	
The system has the ability to search payments and Accounts Receivable by:
FBAR.64	Last name;	critical	S	
FBAR.65	First name;	critical	S	
FBAR.66	Patient ID number;	critical	S	
FBAR.67	Patient policy number;	critical	S	
FBAR.68	Insurance;	critical	S	
FBAR.69	Insurance ID number;	critical	S	
FBAR.70	Patient Medicaid ID number;	critical	S	

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Yamhill County Health and Human Services
EHR System Requirements

Finance - Billing and Accounts Receivable				
Req #	Description of Requirement	Criticality	Response	Comments
FBAR.71	Program;	critical	S	
FBAR.72	Social security number;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.73	Date of birth;	critical	S	
FBAR.74	Check number;	critical	S	
FBAR.75	Service Code or Description	critical	S	
FBAR.76	Date of service;	critical	S	
FBAR.77	Claim ID number;	critical	S	
FBAR.78	Cash receipt number.	critical	S	
FBAR.79	Control number;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.80	Payor;	critical	S	
FBAR.81	Address; and	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.82	Telephone number.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.83	The system has the ability to allow cash, debit/credit card, or insurance payment to be posted as partial payments.	critical	S	
FBAR.84	The system has the ability to allow one payment to be applied to multiple accounts.	critical	S	
FBAR.85	The system has the ability to allow payment and allowance to be posted by an EDI 835 transaction.	critical	S	
FBAR.86	The system has the ability to produce alerts if the posting amount differs from the allowed amount with the ability to turn on/off.	desired	S	
FBAR.87	The system has the ability to allow payments to be posted to provide a credit balance.	critical	S	
FBAR.88	The system has the ability to post payments and allowances directly to Patient accounts electronically in an automated manner (e.g., Automated Clearinghouse and credit card payments).	desired	S	
FBAR.89	The system has the ability to scan, view and maintain Explanation of Benefits documents.	desired	S	
FBAR.90	The system has the ability to allow manual posting of payments to Patient accounts.	critical	S	
FBAR.91	The system has the ability to post by line item and service date.	critical	S	
FBAR.92	The system has the ability to write-off and reinstate balances.	critical	S	
FBAR.93	The system has the ability to capture and display detailed line information with write-offs.	critical	S	
FBAR.94	The system has the ability to capture and display summary information with write-offs.	critical	S	
FBAR.95	The system has the ability to capture free form text/comments related to write-offs.	critical	S	
FBAR.96	The system has the ability to flag claims meeting a County-defined age for write-offs.	critical	S	
FBAR.97	The system has the ability to drill down and view specific account transactions prior to and/or while posting.	critical	S	
FBAR.98	The system has the ability to set up multiple denial and rejection codes, including Health Insurance Portability and Accountability Act compliant Claim Adjustment Reason Codes and Remittance Adjustment Reason Codes and county defined codes.	critical	S	
FBAR.99	The system has the ability to report variances after remittance or 835 transactions have been posted.	critical	S	
FBAR.100	The system has the ability to identify all services that are covered by claim line.	critical	S	
The system has the ability to prevent users from entering services into incorrect:				
FBAR.101	Program; and	critical	S	
FBAR.102	Providers.	critical	S	
The system has the ability for the County to create edit validations at the following levels:				
FBAR.103	Program; and	critical	S	
FBAR.104	Service	critical	S	
FBAR.105	Provider.	critical	S	
The system has the ability to establish bills and adjust to a County sliding fee scale policy including the following:				

Yamhill County Health and Human Services
EHR System Requirements

Finance - Billing and Accounts Receivable				
Req #	Description of Requirement	Criticality	Response	Comments
FBAR.106	Maximum payment by month;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.107	Multiple Fee scales by guarantor;	critical	S	
FBAR.108	Combination of above; and	critical	S	
FBAR.109	Ability to identify services ineligible for slide.	critical	S	
FBAR.110	The system has the ability to support and track co-payments.	critical	S	
FBAR.111	The system has the ability to assign co-payments to the service.	critical	S	
FBAR.112	The system has the ability to assign additional same-day payments to the correct line item.	critical	S	
FBAR.113	The system has the ability to post co-payments to the correct Patient account.	critical	S	
FBAR.114	The system has the ability to print daily transactions to facilitate cash drawer reconciliation.	critical	S	
FBAR.115	The system has the ability to print a bill on demand.	critical	S	
FBAR.116	The system has the ability to print a receipt on demand.	critical	S	
FBAR.117	The system has the ability to allow for default charge override based on role-based security.	critical	S	
FBAR.118	The system has the ability to maintain a history of all payments, adjustments, and reversals.	critical	S	
FBAR.119	The system has the ability to run reports of all payments, adjustments, and reversals.	critical	S	
FBAR.120	The system has the ability to apply payments to balances due, according to account aging rules.	critical	S	
FBAR.121	The system has the ability to search Accounts Receivable by site.	critical	S	
FBAR.122	The system has the ability to create an Accounts Receivable upload file or export on a county defined basis.	critical	S	
FBAR.123	The system has the ability to put adjustments and reversals on "Hold" until further time.	critical	S	
FBAR.124	The system has the ability to select "Type of Payment" and "Reason Code" for each payment line.	critical	S	
FBAR.125	The system has the ability to assign a cash receipt number to each payment.	critical	S	
FBAR.126	The system has the ability to change the deposit date on the payment.	critical	S	
FBAR.127	The system has the ability to receive payer remittances (EOBs and payments) electronically and post payments and allowances directly to Patient accounts.	critical	S	
FBAR.128	The system has the ability to change the total amount of the payment before posting and creating a cash receipt number.	critical	S	
FBAR.129	The system has the ability to reflect all payments made on a Patient's account, including duplicate payments.	critical	S	
FBAR.130	The system has the ability to allow the duplicate payment to remain on the Patient account until a future determination date.	critical	S	
FBAR.131	The system has the ability to reflect the net adjustment within the Patient's account without "backing out" the original payment.	critical	S	
FBAR.132	The system has the ability to view cash receipts on demand.	critical	S	
FBAR.133	The system has the ability to print cash receipts on demand.	critical	S	
FBAR.134	The system has the ability to email cash receipts on demand.	critical	S	
FBAR.135	The system has the ability to generate a deposit slip for cash, checks, and debit/credit card receipts by claim type or GL Number.	critical	C	DrCloudEHR supports generating deposit slip for cash, checks and debit/card receipts, claim type and GL number can be added.
FBAR.136	The system has the ability to export the daily transaction to facilitate cash drawer reconciliation and service tracking.	critical	S	
FBAR.137	The system has the ability to set a date for provider insurance recertification.	desired	F	This feature will be released in a upcoming release of DrCloudEHR before go-live.
FBAR.138	The system has the ability to automatically assign an insurance recertification date.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.139	The system has the ability to allow users to assign a manual recertification date.	desired	S	
FBAR.140	The system has the ability to accommodate multiple sliding fee scales based on program.	desired	S	
FBAR.141	The system has the ability to accommodate billing and posting of different costs and payment rates for the same service.	critical	S	

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Yamhill County Health and Human Services
EHR System Requirements

Finance - Billing and Accounts Receivable				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
FBAR.142	The system has the ability to provide a "pop-up" box or similar functionality when dollar amounts are being posted to Patient accounts, asking users to confirm the amount entered (e.g., "you are posting $50.00 to this account. Continue or cancel".)	critical	S	
The system has the ability to use claims clearinghouses and send direct to submit electronic claims (837) to the following entities:				
FBAR.143	Medicaid;	critical	S	
FBAR.144	Medicare;	critical	S	
FBAR.145	Aetna;	critical	S	
FBAR.146	Blue Cross Blue Shield of Oregon;	critical	S	
FBAR.147	Cigna;	critical	S	
FBAR.148	UnitedHealthcare; and	critical	S	
FBAR.149	Others, as needed.	critical	S	
FBAR.150	The system has the ability to track 837 submission to various providers.	critical	S	
FBAR.151	The system has the ability to track and display the control and batch number related to 837 submissions.	critical	S	
FBAR.152	The system has the ability to track the status of 837 transactions.	critical	S	
FBAR.153	The system has the ability to edit, view and print the 837 transactions.	critical	S	
FBAR.154	The system has the ability to record the 837 transaction payor tracking number.	critical	S	
FBAR.155	The system has the ability to track upload date.	critical	S	
FBAR.156	The system has the ability to reprint a statement on demand.	critical	S	
The system has the ability to print Patient bills by:				
FBAR.157	Guarantor; and	critical	S	
FBAR.158	Site	critical	S	
The system has the ability to use claims clearinghouses to submit claims inquiries (276) to the following entities:				
FBAR.159	Medicaid;	desired	S	
FBAR.160	Medicare;	desired	S	
FBAR.161	Aetna;	desired	S	
FBAR.162	Blue Cross Blue Shield of Oregon;	desired	S	
FBAR.163	Cigna;	desired	S	
FBAR.164	UnitedHealthcare; and	desired	S	
FBAR.165	Others, as needed.	desired	S	
The system has the ability to use claims clearinghouses to receive a claims inquiry response (277) from the following				
FBAR.167	Medicaid;	desired	S	
FBAR.168	Medicare;	desired	S	
FBAR.169	Aetna;	desired	S	
FBAR.170	Blue Cross Blue Shield of Oregon;	desired	S	
FBAR.171	Cigna;	desired	S	
FBAR.172	UnitedHealthcare; and	desired	S	
FBAR.173	Others, as needed.	desired	S	
FBAR.174	The system has the ability to submit and receive Health Insurance Portability and Accountability Act compliant 278 transactions (authorizations) to Medicare, Medicaid, etc.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.175	The system has the ability to configure limits and restrictions on authorizations and allow for the rules to be considered in the claim scrubber process (e.g., when a code can be provided to a Patient for the first 10 encounters without receiving an authorization, but on day 11 the system requires the authorization number.)	desired	S	
FBAR.176	The system has the ability to generate Patient charges/bills based on county defined billing rules.	desired	S	
FBAR.177	The system has the ability to provide Patient billing flexibility to accommodate confidential Patients and services.	desired	S	
Coding				
FBAR.178	The system has the ability for providers to assign an Evaluation and Management CPT code when completing clinical documentation.	critical	S	

Exhibit E
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Yamhill County Health and Human Services
EHR System Requirements

Req #	Description of Requirement	Criticality	Response	Comments
**Finance - Billing and Accounts Receivable**
FBAR.179	The system has the ability to provide guidance on an Evaluation and Management CPT code to providers based on clinical documentation using a built-in software tool.	desired	S	
FBAR.180	The system has the ability to alert providers when a prior authorization is needed.	critical	S	
FBAR.181	The system has the ability to capture effective and termination dates for service codes and modifiers.	critical	S	
FBAR.182	The system has the ability to create a program-specific, user-defined short list of DSM-5 and ICD-10 codes.	critical	S	
FBAR.183	The system has the ability to update a program-specific, user-defined short list of DSM-5 and/or ICD-10 codes.	critical	S	
FBAR.184	The system has the ability to allow providers to override the suggested code.	critical	S	
FBAR.185	The system has the ability to incorporate face-to-face time spent between a provider and Patient in an service into the coding/billing process.	critical	S	
FBAR.186	The system has the ability to allow users to search for service codes using natural language.	desired	S	
FBAR.187	The system has the ability to allow users to search for diagnosis codes using natural language.	desired	S	
FBAR.188	The system has the ability to link service codes to funding program codes.	critical	S	
**Payor Set Up**
FBAR.189	The system has the ability to set up a payor.	critical	S	
FBAR.190	The system has the ability to set up multiple plans for a payor.	critical	S	
FBAR.191	The system has the ability to categorize payors into different types.	critical	S	
FBAR.192	The system has the ability to update payor master files by users with established security permissions.	critical	S	
FBAR.193	The system has the ability to set up a rate by service code, including effective and termination dates.	critical	S	
FBAR.194	The system has the ability to make retroactive rate changes to fee schedules.	critical	S	
FBAR.195	The system has the ability to provide updates based on current and future policy guidelines.	critical	S	
FBAR.196	The system has the ability for fee schedule data to be uploaded/imported and exported from/to another application (e.g., Microsoft Excel, Microsoft Access, text file).	critical	S	
FBAR.197	The system has the ability to update portions of the fee schedule.	desired	S	
FBAR.198	The system has the ability to support the Medicare Secondary Payor Questionnaire.	desired	S	
FBAR.199	The system has the ability for diagnosis codes to be updated by vendor.	critical	S	
FBAR.200	The system has the ability to enter more than one modifier to a particular CPT code.	critical	S	
FBAR.201	The system has the ability to manage different contract terminations based on insurer (e.g., Insurer A allows 180 days for claim submission and Insurer B allows 365 days for claim submission).	desired	S	
**Patient Processing**
FBAR.202	The system has the ability to allow for Patient coverage eligibility (e.g., Medicare, Medicaid, Medicaid Managed Care Organization, other insurers) to be verified individually.	critical	S	
FBAR.203	The system has the ability to allow for Patient coverage eligibility (e.g., Medicare, Medicaid, Managed Care Organization, other insurers) to be verified as a group.	critical	S	
FBAR.204	The system has the ability to show that a Patient's coverage has been verified by assigning a color code or other alert system.	critical	S	
FBAR.205	The system has the ability to download, upload, or import data from third-party eligibility verification sites.	critical	S	
FBAR.206	The system has the ability to work with an external eligibility checking solution. Please describe the external solutions your software works with (such as YCCO eligibility).	critical	S	
FBAR.207	The system has the ability to capture an identifier (such as time/date stamp) as documentation for auditing purposes that the Patient's Medicaid eligibility was verified.	critical	S	
FBAR.208	The system has the ability to modify insurance payors on a Patient account.	critical	S	
FBAR.209	The system has the ability to display and track the history of the Medicaid application disposition (approved, pending, denied, etc.) for Patients who completed an application.	critical	S	
The system has the ability to produce a detailed claims report for Medicaid applications in pending status, including:			
FBAR.210	Patient name;	critical	S	
FBAR.211	Patient ID number;	critical	S	
FBAR.212	Date of service;	critical	S	
FBAR.213	Provider name;	critical	S	
FBAR.214	Provider ID;	critical	S	

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Finance - Billing and Accounts Receivable				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
FBAR.215	Service codes; and	critical	S	
FBAR.216	Billed amount.	critical	S	
FBAR.217	The system has the ability to alert and/or flag when a Patient's Medicaid application is approved so that claims may be released for billing.	desired	S	
FBAR.218	The system has the ability to allow a Patient to have effective dates for coverage eligibility.	critical	S	
FBAR.219	The system has the ability to allow a Patient to have termination dates for coverage eligibility.	critical	S	
The system has the ability to allow Patients to pay at all sites using multiple methods. At a minimum, the system shall support the following payment methods:				
FBAR.220	Cash;	critical	S	
FBAR.221	Credit cards;	critical	S	
FBAR.222	Check;	critical	S	
FBAR.223	Debit cards;	critical	S	
FBAR.224	Flexible spending account; and	critical	S	
FBAR.225	The system has the ability to automatically calculate the amount owed from the Patient (e.g., co-payment).	critical	S	
FBAR.226	The system has the ability to support the appeals process and override the Patient's co-payment(s) during the appeals process.	critical	S	
FBAR.227	The system has the ability to provide an alert if a provider is not credentialed by a Patient's listed insurance.	critical	S	
Claims				
The system has the ability to select claims using the following search criteria:				
FBAR.228	Patient's first name;	critical	S	
FBAR.229	Patient's last name;	critical	S	
FBAR.230	Patient ID number;	critical	S	
FBAR.231	Date of Service;	critical	S	
FBAR.232	Payor;	critical	S	
FBAR.233	Date of birth/age;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.234	Insurance ID number;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.235	Social security number;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.236	Service codes; and	critical	S	
FBAR.237	The system has the ability to create Patient-specific statements and information.	critical	S	
The system has the ability to send statements:				
FBAR.238	Monthly;	critical	S	
FBAR.239	On demand;	critical	S	
FBAR.240	At other user-defined intervals.	critical	S	
FBAR.241	The system has the ability to transfer unpaid Patient accounts to bad debt after county specified time.	critical	S	
FBAR.242	The system has the ability to customize statements by County staff, including adding dates of service and banner messages created for all Patients or a sub-set of Patients.	critical	S	
FBAR.243	The system has the ability to produce an invoice for self-pay Patients.	critical	S	
FBAR.244	The system has the ability to produce the CMS 1500.	critical	S	
FBAR.245	The system has the ability to print a CMS 1500 on plain paper.	critical	S	
FBAR.246	The system has the ability to produce all 837 EDI transactions (837P).	critical	S	
FBAR.247	The system has the ability to allow modifications to, or customization of, paper claims to meet the billing requirements of individual payors.	critical	S	

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Finance - Billing and Accounts Receivable				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
FBAR.248	The system has the ability to check statement addresses against the United States Postal Service records with the ability to override.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.249	The system has the ability to maintain a history of guarantor addresses that have been sent in past statements.	desired	S	
FBAR.250	The system has the ability to print full fee amounts on claims, and the primary payments if the secondary claim.	critical	S	
FBAR.251	The system has the ability to produce crossover claims (i.e., billed to Medicare as primary payor and automatically crosses over to Medicaid as the secondary payor).	critical	S	
FBAR.252	The system has the ability to prioritize payors based on individual Patient.	critical	S	
FBAR.253	The system has the ability to determine the Patient deductible and remaining balance.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.254	The system has the ability to display the Patient deductible and remaining balance.	critical	S	
FBAR.255	The system has the ability to enter receipts, payments, and adjustments on one screen based on established security standards and permissions.	critical	S	
FBAR.256	The system has the ability to process claim reversals.	critical	S	
FBAR.257	The system has the ability to reflect claim reversals within Patient accounting.	critical	S	
FBAR.258	The system has the ability to check claims for accuracy and send notification of errors (e.g., claim scrubber).	critical	S	
FBAR.259	The system has the ability to print bills individually.	critical	S	
FBAR.260	The system has the ability to print bills in batch mode.	critical	S	
The system has the ability to support scrubbing claims based on, at a minimum:				
FBAR.261	Program requirements;	critical	S	
FBAR.262	Other payor-specific edits;	critical	S	
FBAR.263	Local Coverage Determinations; and	critical	S	
FBAR.264	The system has the ability to allow for claim modifications in order to rebill complete claims.	critical	S	
FBAR.265	The system has the ability to allow for claim modifications in order to rebill partial claims.	critical	S	
FBAR.266	The system has the ability to reprint claim forms.	critical	S	
FBAR.267	The system has the ability to submit professional billing under Medicare Part B.	critical	S	
FBAR.268	The system has the ability to bill for multiple care services (with two different professionals or two services with the same professional) in the same day and support the required modifiers.	critical	S	
FBAR.269	The system has the ability to record and bill multiple services in the same day at the same location as a single service.	critical	S	
The system has the ability to bill by:				
FBAR.270	Registered Nurse;	critical	S	
FBAR.271	Psychiatrist, MD,	critical	S	
FBAR.272	Psychologist (PHD);	critical	S	
FBAR.273	Professional;	critical	S	
FBAR.274	Technician;	critical	S	
FBAR.275	Certified Peer Specialist;	critical	S	
FBAR.276	Dually credentialed (Integrated Co-occurring Disorders), Licenses (LPC,LCSW,NP)	critical	S	
FBAR.277	Multiple others as defined by the county.	critical	S	
FBAR.278	Other Staff Classifications as defined by DHHS such as Degrees- Masters Bachelor, etc.; and	critical	S	
FBAR.279	Program ID.	critical	S	
FBAR.280	System has the ability to capture and bill services in county defined time increments.	critical	S	
FBAR.281	The system has the ability to maintain billing rates by employee or contracted staff classification per program.	critical	S	
FBAR.282	The system has the ability to create claims where specified codes are billed like an encounter, with the additional services provided (e.g. add-on service).	critical	S	
FBAR.283	The system has the ability to alert for multiple services that may be performed on the same day based off of service code.	critical	S	

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Yamhill County Health and Human Services
EHR System Requirements

Finance - Billing and Accounts Receivable				
Req #	Description of Requirement	Criticality	Response	Comments
FBAR.284	The system has the ability to analyze coordination of benefits and submit secondary payor claims.	critical	S	
FBAR.285	The system has the ability to trigger an alert when a batch of claims has been rejected.	critical	S	
FBAR.286	The system has the ability to route rejected claims to different users for review based on user-defined rules.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
The system has the ability to segregate claims based on the following:				
FBAR.287	Claim Type; and	critical	S	
FBAR.288	Payor.	critical	S	
FBAR.289	The system has the ability to create the claims in accordance with CMS payment structures (e.g., Medicare's allowable cost, Medicaid's cost-based method, Pay for Performance, or other Prospective Payment System alternatives).	critical	S	
The system has the ability to manually zero out charges by:				
FBAR.290	Service codes;	critical	S	
FBAR.291	Groups of service codes;	critical	S	
FBAR.292	Patient; and	critical	S	
FBAR.293	Date of service.	critical	S	
Aging and Collections				
The system has the ability to produce a detailed Aging Report by:				
FBAR.294	Patient Name;	critical	S	
FBAR.295	Service date;	critical	S	
FBAR.296	Posting date;	critical	S	
FBAR.297	Billing/Claim date;	critical	S	
FBAR.298	Insurance/Payor	critical	S	
FBAR.299	Claim Type;	critical	S	
FBAR.300	Claim priority (e.g. secondary, tertiary)	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.301	Claim status;	critical	S	
FBAR.302	Service code;	critical	S	
FBAR.303	Balance amount;	critical	S	
FBAR.304	Sliding Fee scale or zero ability to pay;	critical	S	
FBAR.305	Other county user defined fields;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.306	Guarantor;	critical	S	
FBAR.307	Program;	critical	S	
The system has the ability to produce a summary Aging Report by:				
FBAR.308	Patient Name;	critical	S	
FBAR.309	Service date;	critical	S	
FBAR.310	Posting date;	critical	S	
FBAR.311	Billing/Claim date;	critical	S	
FBAR.312	Insurance/Payor	critical	S	
FBAR.313	Claim Type;	critical	S	
FBAR.314	Claim priority (e.g. secondary, tertiary)	critical		
FBAR.315	Claim status;	critical	S	
FBAR.316	Service code;	critical	S	
FBAR.317	Balance amount;	critical	S	
FBAR.318	Sliding Fee scale or zero ability to pay;	critical	S	
FBAR.319	Other county user defined fields;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.320	Guarantor;	critical	S	
FBAR.321	Program;	critical	S	

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Finance - Billing and Accounts Receivable				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
The system has the ability to track receivables by plan or company and produce secondary insurance billing				
FBAR.322	The system has the ability to display aged receivables reports with specified parameters.	critical	S	
FBAR.323	The system has the ability to print aged receivables reports with specified parameters.	critical	S	
FBAR.324	The system has the ability to print, at any time, management reports (e.g., aging) as of a certain date.	critical	S	
FBAR.325	The system has drill-down capability in all billing reports.	critical	S	
FBAR.326	The system has the ability for all Aging Reports to be run historically.	critical	S	
FBAR.327	The system has the ability to maintain and print an audit trail of all transactions associated with a Patient's bill per county specification.	critical	S	
The system has the ability to generate daily cash receipts and transaction registers, including:				
FBAR.328	The system has the ability to process refunds.	critical	S	
FBAR.329	The system has the ability to document when a refund is processed, the amount of the refund, and additional notes regarding the refund.	critical	S	
FBAR.330	The system has the ability to identify refunds at an individual level for the purpose of take-backs.	critical	S	
FBAR.331	The system has the ability to export (to Microsoft Excel, .csv, etc.) total charges by general ledger number and payor mix.	critical	S	
FBAR.332	The system has the ability to export (to Microsoft Excel, .csv, etc.) accounts receivable amounts by fund and cost center.	critical	S	
FBAR.333	The system has the ability for collection efforts to be documented (e.g., phone calls, letters, bills sent) by claim note, account note, etc.	critical	S	
FBAR.334	The system has the ability for collection efforts to be tracked (e.g., phone calls, letters, bills sent) by claim note, account note, etc.	critical	S	
FBAR.335	The system has the ability to support multiple programs/service areas with the same address.	critical	S	
FBAR.336	The system has the ability to transfer the remaining balance after a primary payment is made among other insurers and guarantors.	critical	S	
FBAR.337	The system has the ability to establish user-defined tickler alerts for authorization forms, releases, and other legally-required forms.	critical	S	
FBAR.338	The system has the ability for a supervisor to view the tickler alerts for current authorization forms, releases, and legal forms for their staff members.	critical	S	
FBAR.339	The system has the ability to specify report parameters based on Patient demographic data (e.g., age group, ethnicity).	critical	S	
The system has the ability to generate revenue analysis report summaries.				
FBAR.340	Specified date range;	critical	S	
FBAR.341	Site;	critical	S	
FBAR.342	Program;	critical	S	
FBAR.343	Provider; and	critical	S	
FBAR.344	Service codes, Claim type,	critical	S	
FBAR.345	Other County defined;	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
FBAR.346	Classification;	critical	S	
FBAR.347	Payor.	critical	S	
The system has the ability to generate revenue analysis summary trend reports, including but not limited to:				
FBAR.348	Average charge per service;	critical	S	
FBAR.349	Average revenue per service; and	critical	S	
FBAR.350	Average revenue per program.	critical	S	
The system has the ability to generate reports by program including but not limited to:				
FBAR.351	Non-billable services per Patient per year;	critical	S	
FBAR.352	Billable services per Patient per year;	critical	S	
FBAR.353	Charge per program; and	critical	S	
FBAR.354	Charge per Patient per month.	critical	S	
FBAR.355	The system has the ability to reconcile daily cash collections.	critical	S	
FBAR.356	The system has the ability to provide daily cash amount on hand (on demand).	critical	S	
FBAR.357	The system has the ability to create, upload, and print reports regarding write-offs.	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
**Finance - Billing and Accounts Receivable**
FBAR.358	The system has the ability to generate financial management and programmatic/operational reports for decision making.	critical	S	
FBAR.359	The system has the ability to extract data in the format needed for county systems on a daily basis to post revenue.	critical	S	
FBAR.360	The system has the ability to report total charges by general ledger number and payor mix.	critical	S	
FBAR.361	The system has the ability to report accounts receivable amounts by program..	critical	S	
FBAR.362	The system has the ability to generate an Accounts Receivable amount in canned reports.	critical	S	
FBAR.363	The system has the ability to set up GL account numbers and structures to be used by the billing system.	critical	S	
FBAR.364	The system has the ability to perform financial system audits.	critical	S	
FBAR.365	The system has the ability to generate a report by current payor for all accounts with credit balances in order to issue refunds.	critical	S	
**The system has the ability to generate reports including but not limited to:**
FBAR.366	Source of payment per service;	critical	S	
FBAR.367	Claim number;	critical	S	
FBAR.368	Payor name;	critical	S	
FBAR.369	Date of service; and	critical	S	
FBAR.370	Claim status.	critical	S	
FBAR.371	The system has the ability to generate summary of services rendered and billed for a specified service date.	critical	S	
**Grant Funding Management**
FBAR.372	The system has the ability to track programs and services that are grant funded.	critical	S	
FBAR.373	The system has the ability to track multiple grant funding source start and end dates.	critical	S	
FBAR.374	The system has the ability to produce grant reports including expenditures to date and remaining funding.	desired	S	
**Other**
FBAR.375	The system has the ability to bill according to the OHA requirements for a CCBHC (Certified Community Behavioral Health Clinic)	critical	S	
FBAR.376	The system has the ability define a modifier per program, credentials, or other county specific need per Oregon Health Authority (I.E. Jail Diversion, Mobile Crisis Services, Integrated Co-occurring Disorder)	critical	S	
FBAR.377	The system has the ability to report more than one diagnosis per claim line.	critical	S	

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Yamhill County Health and Human Services
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Registration, Enrollment and Authorizations				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
	Registration and Enrollment			
REA. 1	The system has the ability to support a unique Patient identifier (e.g., Master Patient Index - MCI) to identify the Patient across all program areas.	Critical	S	
REA. 2	The system has the ability to capture pre-enrollment information (demographics, notes, assessment information, etc.) that can be transitioned to an active or open enrollment easily or can be closed.	Critical	S	
REA. 3	The system has the ability to support a distinct workflow for internal referrals from one program to another, with the ability to enroll a patient with limited duplicate data entry.	Critical	S	
REA. 4	The system has the ability to place a Patient on a waitlist without having to enroll them.	Critical	S	
REA. 5	The system has the ability to use predefined values (e.g., drop-down boxes) for data fields captured at intake, as appropriate.	Critical	S	
REA. 6	The system has the ability to document referral and/or intake notes.	Critical	S	
REA. 7	The system has the ability to provide quick access (e.g. drop down list or link) to list of referral sources, reasons, risk factors at time of intake/referal.	critical	S	
REA. 8	The system has the ability to document a contact log to track phone calls to track walk-ins, phone calls, or emails with Patients who are not registered in the EMR system.	Critical	S	
REA. 9	The system has the ability to track "information only" calls/requests.	desired	S	
REA. 10	The system has the ability to import Patient demographic data from other electronic data systems using HL7 standards.	Critical	S	
REA. 11	The system has the ability to export Patient demographic data from other electronic data systems using HL7 standards.	Critical	S	
REA. 12	The system has the ability to update selected imported Patient demographic data from other electronic systems based on user-defined parameters without sacrificing the integrity of the County's data.	critical	S	
REA. 13	The system has the ability to document crisis/hot line calls.	Critical	S	
REA. 14	The system has the ability to export crisis/hotline information and contact notes based on any state mandated encounter reporting guidelines.	Critical	S	
REA. 15	The system has the ability to capture the following from a crisis/hotline call:			
REA. 16	Date and time;	Critical	S	
REA. 17	Call duration;	Critical	S	
REA. 18	Call Type;	Critical	S	
REA. 19	Staff;	Critical	S	
REA. 20	Referral source;	Critical	S	
REA. 21	Severity;	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA. 22	Provide Follow-up	Critical	S	
REA. 23	The system has the ability to send reminders to staff regarding referrals, crisis, or outreach encounters that require follow-up and subsequent enrollment.	critical	S	
REA. 24	The system has the ability to differentiate between Patients and guarantors (Patients or non-Patients who agree to pay the Patient's bill if no one else does).	critical	S	
REA. 25	The system has the ability to associate a Patient with a family or guarantor.	desired	S	
REA. 26	The system has the ability to link children in the same family.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA. 27	The system has the ability to link family members.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA. 28	The system has the ability to input notes regarding a Patient's residence (i.e. barking dog, take a right after the First Street etc.)	desired	S	
REA. 29	The system has the ability to capture an identifier (such as time/date stamp) as documentation for auditing purposes that the Patient's address was verified.	critical	S	
REA. 30	The system has the ability to allow for different addresses for the Patient and the family/guarantor.	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
REA. 31	The system has the ability to allow for different surnames for the Patient and the family/guarantor.	critical	S	
REA. 32	The system has the ability for a Patient to have more than one guarantor without requiring the Patient to have more than one account.	critical	S	
REA. 33	The system has the ability to identify, at intake, other programs in which the Patient is enrolled.	critical	S	
REA. 34	The system has the ability to identify other programs that an Patient is associated with, as identifying information is entered into a new program enrollment .	critical	S	
REA. 35	The system has the ability to provide multiple (at least XX) configurable fields that can be used to categorize the Patient for reporting. These fields are accessible via the report-writing tool.	critical	S	
REA. 36	The system has the ability to identify a Patient by his or her prior name (e.g., maiden name) previously entered into the system.	critical	S	
REA. 37	The system has the ability to identify a Patient by his or her alternate name (e.g., alias) previously entered into the system.	critical	S	
REA. 38	The system has the ability to identify a Patient by preferred pronouns.	critical	S	
REA. 39	The system has the ability to support multiple addresses and categorize them by County-defined address types.	critical	S	
REA. 40	The system has the ability to define addresses for mailing of program-specific/confidential information.	critical	S	
The system has the ability to capture the following data fields at intake:				
REA.41	Patient ID number;	Critical	S	
REA.42	Patient's MCI number;	Critical	S	
REA.43	Multiple other County defined ID numbers;	Critical	S	
REA.44	First name;	Critical	S	
REA.45	Middle name;	Critical	S	
REA.46	Last name;	Critical	S	
REA.47	Maiden name;	Critical	S	
REA.48	Prefix;	Critical	S	
REA.49	Suffix;	Critical	S	
REA.50	Alias name(s)/nickname(s);	Critical	S	
REA.51	Social security number;	Critical	S	
REA.52	Health insurance provider;	Critical	S	
REA.53	Health insurance number;	Critical	S	
REA.54	Health insurance group identification number;	Critical	S	
REA.55	Health insurance subscriber;	Critical	S	
REA.56	Subscriber birth date;	Critical	S	
REA.57	Address (based on County GIS standards);	Critical	S	
REA.58	City;	Critical	S	
REA.59	State;	Critical	S	
REA.60	Zip code;	Critical	S	
REA.61	County;	Critical	S	
REA.62	Country;	Critical	S	
REA.63	Email address;	Critical	S	
REA.64	Permanent address;	Critical	S	
REA.65	Jurisdiction;	Critical	S	
REA.66	Municipality;	Critical	S	
REA.67	Tribe;	Critical	S	
REA.68	Local/temporary address;	Critical	S	
REA.69	Mailing address;	Critical	S	
REA.70	Homeless status;	Critical	S	
REA.71	Migrant status;	Critical	S	
REA.72	Primary phone number;	Critical	S	
REA.73	Flag for consent to notify;	Critical	S	
REA.74	Communication preference;	Critical	S	

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Yamhill County Health and Human Services
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Req #	Description of Requirement	Criticality	Response	Comments
REA.75	The system has the ability to create electronic versions of the authorization forms, releases, and legally-required forms (e.g., Consent to Treat, HIPAA Release, insurance release form, ABN, State forms specific to Oregon, or other forms specific to the County).	Critical	S	
REA.76	Work phone number;	Critical	S	
REA.77	Emergency contact information - name;	Critical	S	
REA.78	Emergency contact information - relationship;	Critical	S	
REA.79	Emergency contact information - phone number;	Critical	S	
REA.80	Date of birth (or estimated);	Critical	S	
REA.81	Marital status;	Critical	S	
REA.82	Gender (including transgender);	Critical	S	
REA.83	Preferred Pronoun;	Critical	S	
REA.84	Race/multiple races;	Critical	S	
REA.85	Ethnicity;	Critical	S	
REA.86	Veteran status;	Critical	S	
REA.87	Primary language spoken;	Critical	S	
REA.88	Preferred language;	Critical	S	
REA.89	Other disability accommodations;	Critical	S	
REA.90	Living arrangement;	Critical	S	
REA.91	Deaf or hard of hearing;	Critical	S	
REA.92	Religion;	Critical	S	
REA.93	Education history;	Critical	S	
REA.94	Interpreter needs (including ASL);	Critical	S	
REA.95	Guardianship/power of attorney information;	Critical	S	
REA.96	Insurance coverage eligibility (with allowed services);	Critical	S	
REA.97	Coverage effective start date;	Critical	S	
REA.98	Coverage end date;	Critical	S	
REA.99	Number of authorized enrollments;	Critical	S	
REA.100	Primary, secondary, and tertiary insurance plan information;	Critical	S	
REA.101	Patient employer information;	Critical	S	
REA.102	Attach scanned images;	Critical	S	
REA.103	Primary care physician;	Critical	S	
REA.104	Referring source;	Critical	S	
REA.105	Guardian (person or estate);	Critical	S	
REA.106	Next of kin;	Critical	S	
REA.107	Legal custody;	Critical	S	
REA.108	Current school and educational level;	Critical	S	
REA.109	Employment status;	Critical	S	
REA.110	Pregnancy status	critical	S	
REA.111	Intravenous drug user status	critical	S	
REA.112	Occupation;	Critical	S	
REA.113	Patient birth country;	Critical	S	
REA.114	Patient birth state;	Critical	S	
REA.115	Patient birth county; and	Critical	S	
REA.116	Household income.	Critical	S	
REA.117	The system has the ability to allow users, with security permissions, to add fields to intake forms as needed.	Critical	S	
REA.118	The system has the ability to automatically replicate data for Patients that is the same as another family member or Patient (e.g., home telephone number, address, payor source).	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA.119	The system has the ability to maintain information about an Patient's marital history.	desired	S	
REA.120	The system has the ability to maintain information regarding an Patient's incarceration.	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
REA.121	The system has the ability to track referrals received, with the ability to select a designation for each referral from a category list, per user-defined criteria.	critical	S	
REA.122	The system has the ability to receive incoming referrals electronically.	desired	S	
REA.123	The system has the ability to manage non-electronic incoming referrals.	critical	S	
REA.124	The system has the ability to capture the need for special accommodations (e.g., visual or hearing impairment).	Critical	S	
REA.125	The system has the ability to capture the need for language accommodations for people with Limited English Proficiency (LEP).	Critical	S	
REA.126	The system has the ability to assign a Patient to a specific program.	Critical	S	
REA.127	The system has the ability to assign a Patient to multiple programs.	Critical	S	
REA.128	The system has the ability to capture whether or not text messages may be sent to the Patient regarding program-specific/confidential information.	Critical	S	
REA.129	The system has the ability to capture whether or not voice messages may be sent to the Patient regarding program-specific/confidential information.	Critical	S	
REA.130	The system has the ability to capture whether or not email messages may be sent to the Patient regarding program-specific, confidential information.	Critical	S	
REA.131	The system has the ability to document the full current name of the Patient's legal guardian.	Critical	S	
REA.132	The system has the ability to support certification tracking of foster homes.	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA.133	The system has the ability to display special instructions on the screen based on appointment type, site, etc. (e.g., "Bring certain XXX information.").	Critical	S	
The system has the ability to search for Patients by the following data elements or criteria:				
REA.134	First name;	critical	S	
REA.135	Last name;	critical	S	
REA.136	Maiden name;	critical	S	
REA.137	Alias name(s)/nickname(s);	critical	S	
REA.138	Family Name;	critical	S	
REA.139	Specific family member;	critical	S	
REA.140	Insurance identification number;	critical	S	
REA.141	Medicaid identification number;	critical	S	
REA.142	Medicare identification number;	critical	S	
REA.143	Social security number;	critical	S	
REA.144	Address	critical	S	
REA.145	Provider;	critical	S	
REA.146	Referral number;	critical	S	
REA.147	Alternate number;	critical	S	
REA.148	DOB;	critical	S	
REA.149	Telephone number; and	critical	S	
REA.150	Patient ID number.	critical	S	
REA.151	The system has the ability to search by partial entries and queries or wildcard searches (e.g., last name).	critical	S	
REA.152	The system has the ability to produce user-defined warnings if, when creating a new Patient record, specific data elements are already assigned to an existing Patient (e.g., social security number, similar name, address, or date of birth).	critical	S	
REA.153	The system has the ability to automatically populate the city based on the zip code entered.	critical	S	
REA.154	The system has the ability to automatically populate the state based on the zip code entered.	critical	S	
REA.155	The system has the ability to automatically populate the county based on the zip code entered.	critical	S	
REA.156	The system has the ability to automatically flag a Patient as "Inactive" after a County-defined period of time.	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
REA.157	The system has the ability to add a comment stating why the Patient is "Inactive" (e.g., deceased, moved, transferred).	desired	S	
REA.158	The system has the ability to capture the reason for discharge from a program.	critical	S	
REA.159	The system has the ability to collect date of death as a field in the electronic health record.	desired	S	
Authorizations				
REA.160	The system has the ability to capture initial services authorization information during the authorization process including but not limited to:			
REA.161	Authorizing Staff;	critical	S	
REA.162	Authorization Code;	critical	S	
REA.163	Start and End Dates;	critical	S	
REA.164	Recipient;	critical	S	
REA.165	Service Code;	critical	S	
REA.166	Vendor/Payor	critical	S	
REA.167	Units;	critical	S	
REA.168	Rate;	critical	S	
REA.169	Authorize Payment;	critical	S	
REA.170	Strategy/Justification;	desired	S	
REA.171	Other county defined metrics; and	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA.172	Actual Expenditures: Unspent and Unposted; and	critical	S	
REA.173	Actual Units: Unused and Unposted.	critical	S	
REA.174	The system has the ability to allow programs or plans to be identified as requiring authorizations.	critical	S	
REA.175	The system has the ability to produce a warning if a service/Enrollment is being entered for a Patient who is on a coverage plan that requires authorization and the Patient has not had an authorization noted in their record.	critical	S	
REA.176	The system has the ability to track and maintain records of where authorizations are in the approval process.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA.177	The system has the ability to track authorizations by period of time.	critical	S	
REA.178	The system has the ability to track authorizations by units.	critical	S	
REA.179	The system has the ability to maintain authorization information for multiple vendors for one Patient.	desired	S	
REA.180	The system has the ability to track and support authorizations by program/service.	critical	S	
REA.181	The system has the ability to provide alerts or notifications when authorizations will soon expire based on a time period defined by the County.	critical	S	
REA.182	The system has the ability to ensure authorizations rules can be written for all program and vendor.	critical	S	
REA.183	The system has the ability to track the history of a case and all approval/denials.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
REA.184	The system has the ability to maintain the initial services authorization information including number and type of units for each service.	critical	S	
REA.185	The system has the ability to print a list of authorized services by vendor.	critical	S	
REA.186	The system has the ability to restrict who can, review, approve, and edit authorizations based on user permissions.	critical	S	
REA.187	The system has the ability to flag certain authorizations for review and approval in batches.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.

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Medication Management				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
General				
MM.1	The system has the ability to electronically place individual Patient orders for medications.	critical	S	
MM.2	The system has the ability to electronically place individual Patient orders for the County-defined diagnostic tests (e.g., lab, EKG).	critical	S	
MM.3	The system has the ability to order an in-office test and route the order to the person who will complete the test (e.g., pregnancy test).	critical	S	
MM.4	The system has the ability to order an in-office medication to be administered and route the order to the person who will complete the medication administration.	critical	S	
MM.5	The system has the ability to place orders that can be carried out and signed by providers at a later date, according to the County's policies.	critical	S	
MM.6	The system has the ability to place a standing order or services per protocol.	critical	S	
MM.7	The system has the ability to order non-billable services.	critical	S	
MM.8	The system has the ability to place future orders.	critical	S	
MM.9	The system has the ability to place recurring orders.	critical	S	
MM.10	The system has the ability to write an order for medical supplies.	critical	S	
Medication Orders				
MM.11	The system has the ability to print prescriptions that a Patient may take to a pharmacy.	critical	S	
MM.12	The system has the ability to allow for the design of printed prescriptions to meet State and Federal requirements and identify the program ordering and County Logo.	critical	S	
MM.13	The system has the ability to support electronic prescribing via SureScripts.	critical	S	
MM.14	The system has the ability to e-prescribe to both retail and mail-order pharmacies.	critical	S	
MM.15	The system has the ability for all medications to be included on a comprehensive medication list (e.g., over-the-counter medications, vitamins, herbal supplements, and other non-food ingestible).	critical	S	
MM.16	The system has the ability to maintain digital prescriptions for controlled substances.	critical	S	
The system has the ability to write prescriptions, including the following:				
MM.17	Date;	critical	S	
MM.18	Prescriber (name, title, credentials, Drug Enforcement Administration number for controlled substances, and National Provider Identifier number);	critical	S	
MM.19	Frequency;	critical	S	
MM.20	Duration;	critical	S	
MM.21	Quantity;	critical	S	
MM.22	Route;	critical	S	
MM.23	Titration;	critical	S	
MM.24	E-signature;	critical	S	
MM.25	Medication/ Brand name or Generic;	critical	S	
MM.26	Dosage;	critical	S	
MM.27	Number of refills;	critical	S	
MM.28	Diagnosis (Code);	critical	S	
MM.29	Date of Birth; and	critical	S	
MM.30	Patient instructions.	critical	S	
MM.31	The system has the ability for prescription instructions to be written in Spanish.	desired	S	
The system has the ability to check Patient medication orders for the following, at a minimum:				
MM.32	Drug-drug interactions;	critical	S	
MM.33	Drug-disease interactions;	critical	S	
MM.34	Drug-condition interactions;	critical	S	
MM.35	Drug-food interactions;	critical	S	
MM.36	And any other National Standards for Drug interactions; and	critical	S	
MM.37	Drug-allergy interactions.	critical	S	
MM.38	The system has the ability to alert providers if a Patient is pregnant when prescribing a medication.	critical	S	
MM.39	The system has the ability to view the reason for a drug interaction alert (e.g., which drugs have the potential for negative interaction).	critical	S	

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Medication Management				
Req #	Description of Requirement	Criticality	Response	Comments
MM.40	The system has the ability to provide alerts for a drug interaction that are visually indicated (e.g., different colors, icons) so that users can differentiate between severity levels.	critical	S	
MM.41	The system has the ability to order/prescribe a medication despite an interaction warning being present, with a trigger for required documentation if desired by the County.	critical	S	
MM.42	The system has the ability to maintain current drug interaction information.	critical	S	
MM.43	The system has the ability for the offeror to update current drug interaction information regularly.	critical	S	
MM.44	The system has the ability to automatically update the Patient's record when an order/prescription is issued.	critical	S	
MM.45	The system has the ability to add medications prescribed from external providers to the medical record and update a consolidated medication list that identifies medications prescribed internally and externally.	Critical	S	
MM.46	The system has the ability to display a dosage calculator for Patient-specific dosing based on weight.	critical	S	
MM.47	The system has the ability to alert providers if dosing is outside of safe dose ranges.	critical	S	
MM.48	The system has the ability to support a medication reconciliation process.	critical	S	
MM.49	The system has the ability to query medications by brand names.	critical	S	
MM.50	The system has the ability to query medications by generic names.	critical	S	
MM.51	The system has the ability to generate a prescription history for each Patient.	critical	S	
MM.52	The system has the ability to set user-defined alert rules for a specified medication (e.g., lab levels drawn at certain intervals).	critical	S	
MM.53	The system has the ability to enter a sign date and fill date(s) for prescriptions and refills.	critical	S	
MM.54	The system has the ability to notify providers when an electronic prescription is not completed.	critical	S	
MM.55	The system has the ability to notify a provider the reason an electronic prescription is not completed (e.g., did not process/fill).	critical	S	
MM.56	The system has the ability to show a list of area providers that is accessible when noting a prescription from an external provider (to speed up data entry).	desired	S	
MM.57	The system has the ability to capture injectable medication information including lot number, route, and location.	critical	S	
MM.58	The system has the ability to present commonly prescribed medications by program to enhance provider efficiency.	critical	S	
Other Diagnostic Orders				
MM.59	The system has the ability to capture the identity of the ordering provider for diagnostic test or other orders.	critical	S	
MM.60	The system has the ability to track when diagnostic tests have been ordered but the test results have not been returned.	critical	S	
MM.61	The system has the ability to alert providers/staff to follow up on diagnostic tests for which results have not been returned.	critical	S	
MM.62	The system has the ability to scan diagnostic test results into the relevant County-defined section of the medical record.	critical	S	
MM.63	The system has the ability for the County providers to sign off and take the correct action after reviewing the diagnostic test results, and scanned tests.	critical	S	
MM.64	The system has the ability to sort diagnostic test results within the EHR (by date, by order, and graphical trending representation).	critical	S	
MM.65	The system has the ability to check for duplication for each diagnostic test order.	critical	S	
MM.66	The system has the ability to check diagnostic test orders against received results for follow-up and reconciliation.	critical	S	
MM.67	The system has the ability to notify ordering and covering providers of new diagnostic test results.	critical	S	
MM.68	The system has the ability for Yamhill County to configure how a covering provider will be made aware of, and have access to, diagnostic test results.	Desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
MM.69	The system has the ability to flag critical diagnostic results to draw attention to action that may be needed.	critical	S	
MM.70	The system has the ability to document results for diagnostic tests completed on site.	critical	S	

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Medication Management				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
MM.71	The system has the ability to display diagnostic results in a chronological order.	critical	S	
MM.72	The system has the ability to create a Generic Referral Form.	desired	S	
MM.73	The system has the ability to create a program-specific user-defined short list of medications.	critical	S	
MM.74	The system has the ability to update a program-specific user-defined short list of medications.	critical	S	
MM.75	The system has the ability to create a program-specific user-defined short list of labs.	critical	S	
MM.76	The system has the ability to update a program-specific user-defined short list of labs.	critical	S	
MM.77	The system has the ability to support a Medication Administration Record (MAR).	critical	S	
The system has the ability to generate and print a report of individual medications administered and/or dispensed, as defined by Yamhill County; for a specific date or date range by:				
MM.78	Patient;	critical	S	
MM.79	Site/Shift;	critical	S	
MM.80	Provider; and	critical	S	
The system has the ability to capture and view the following data elements related to medications dispensed:				
MM.81	Medication name;	critical	S	
MM.82	Medication manufacturer;	critical	S	
MM.83	Expiration date;	critical	S	
MM.84	Lot number of the medication;	critical	S	
MM.85	Title and name of provider administering the medication;	critical	S	
MM.86	Administration route;	critical	S	
MM.87	Frequency;	critical	S	
MM.88	Duration;	critical	S	
MM.89	Dosage;	critical	S	
MM.90	Quantity;	critical	S	
MM.91	Medication information; and	critical	S	
MM.92	Medication Sample information.	critical	S	
The system has the ability to print the following data elements related to medications administered:				
MM.93	Medication name;	critical	S	
MM.94	Medication manufacturer;	critical	S	
MM.95	Expiration date;	critical	S	
MM.96	Lot number of the medication;	critical	S	
MM.97	Title and name of provider administering the medication;	critical	S	
MM.98	Administration route;	critical	S	
MM.99	Administration site (anatomical);	critical	S	
MM.100	Frequency;	critical	S	
MM.101	Duration;	critical	S	
MM.102	Quantity;	critical	S	
MM.103	Dosage;	critical	S	
MM.104	Medication information;	critical	S	
MM.105	Medication sample, and	critical	S	
MM.106	Narcan.	critical	S	
MM.107	The system has the ability to query medications by drug class.	critical	S	
MM.108	The system has the ability to view, print and/or export a current/active Patient medication list.	critical	S	
MM.109	The system has the ability to view, print, and/or export Patients' medication history.	critical	S	
MM.110	The system has the ability to import and electronic file of medications from a referral source.	desired	S	
MM.111	The system has the ability to have a medication with a start and end date so that it automatically drops off the active medication list.	critical	S	
MM.112	The system has the ability to send a discontinued medication notice to providers, group home and pharmacies.	critical	S	
MM.113	The system has the ability to reorder medication from the Patient's current medication list.	critical	S	
MM.114	The system has the ability to discontinue a medication with date and reason if applicable.	critical	S	

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Medication Management				
Req #	Description of Requirement	Criticality	Response	Comments
MM.115	The system has the ability to capture, store, and print a signed Patient consent for each active medication.	critical	S	
MM.116	The system has the ability to create an alert to designated staff when Patient consents are not completed within a County specified period of time.	critical	S	
MM.117	The system has the ability to provide a comment box for each medication with the ability to choose to print comments on the prescription.	critical	S	
MM.118	The system has the ability to use templates to record medication administration case note that capture time spent and service code for billing.	critical	S	
MM.119	The system has the ability to capture Patients preferences for medication administration such as, "don't use left arm."	critical	S	
MM.120	The system has the ability to document a case note with the MAR.	critical	S	
MM.121	The system has the ability to document: Patient refusal of medication, wasting of medication, and/or missed doses.	critical	S	
MM.122	The system has the ability to track when ordered medications have not been administered (with reason).	critical	S	

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Req #	Description of Requirement	Criticality	Response	Comments
Scheduling				
Scheduling				
SD.1	The system has the ability to provide confidential scheduling of Patients.	Critical	S	
SD.2	The system has the ability to schedule appointments 7 days a week, 24 hours a day.	Critical	S	
SD.3	The system has the ability to view several resources/providers at one time and on one screen, with a minimum of 9.	Critical	S	
SD.4	The system has the ability to view several days of the schedule at one time and on one screen.	Critical	S	
SD.5	The system has the ability to view the schedule on a daily basis.	Critical	S	
SD.6	The system has the ability to view the schedule on a weekly basis.	Critical	S	
SD.7	The system has the ability to view the schedule on a monthly basis.	Critical	S	
SD.8	The system has the ability to view and print the schedule of appointments for a given Patient over a specified period of time.	Critical	S	
SD.9	The system has the ability to view the schedule for a single provider or program.	Critical	S	
SD.10	The system has the ability to view the schedules for multiple providers and/or program.	Critical	S	
SD.11	The system has the ability to view the schedules for all providers at any given site.	Critical	S	
SD.12	The system has the ability to view the schedule for a single staff resource at a given site.	Critical	S	
SD.13	The system has the ability to view the schedules for multiple staff resources at a given site.	Critical	S	
SD.14	The system has the ability to schedule a group encounter or session.	Critical	S	
SD.15	The system has the ability to schedule appointments without clients, regardless of individual or group.	Critical	S	
SD.16	The system has the ability to produce a Patient roster for group encounters or sessions.	Critical	S	
SD.17	The system has the ability to identify the staff member conducting a group encounter or session.	Critical	S	
SD.18	add schedule a co-provider, one client with multiple providers	critical	S	
SD.19	The system has the ability to suggest Patient calendar appointments up to up to 6 months into the future from original appointment date based upon available user-defined timeframes.	critical	S	
SD.20	The system has the ability to display the next available appointment by program based on appointment reason and type.	critical	S	
SD.21	The system has the ability to define primary appointments according to encounter type (home visit, therapy session, psycho-therapy psychosocial rehabilitation, office, etc.)	desired	S	
SD.22	The system has the ability to create primary/secondary appointment rules at the site or program level.	Desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.23	The system has the ability to support flexible scheduling for providers with appointments of various durations of time.	Critical	S	
SD.24	The system has the ability to transfer a schedule to another provider or staff member.	critical	F	This feature will be availabe in an upcoming release before go-live.
SD.25	The system has the ability for appointments to display Patient name on the schedule for users with established permissions.	Critical	S	
SD.26	The system has the ability to display the type of appointment on the schedule (e.g., initial appointment vs. follow-up session) for users with established permissions.	Critical	S	
SD.27	The system has the ability to schedule a recurring appointment for a Patient (e.g., a Patient needs to come in on the third Tuesday of every month or every 3 weeks) by users with established permissions.	critical	S	
SD.28	The system has the ability to reschedule a Patient appointment by changing the date and time of the original appointment. Users do not need to create a new appointment and delete the old appointment (and maintain the original appointment information and reflect the change as a new booking).	critical	S	
SD.29	The system has the ability to separate provider schedules by site.	critical	S	
The system has the ability to search for available appointment times by the following, at a minimum:				
SD.30	Date;	Critical	S	
SD.31	Date range;	Critical	S	
SD.32	Time;	Critical	S	
SD.33	Day of the week;	Critical	S	
SD.34	Provider;	Critical	S	
SD.35	Program;	Critical	S	

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Scheduling				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
SD.36	Appointment type; and	Critical	S	
SD.37	Site.	Critical	S	
SD.38	The system has the ability to use phonetic search capability for querying Patients by name.	desired	C	
SD.39	The system has the ability to set up appointment types (e.g., new Patient, established Patient).	Critical	S	
SD.40	The system has the ability for appointment types to be defined with different durations of time (e.g., 20 minutes for an established Patient, 40 minutes for a new Patient).	Critical	S	
SD.41	The system has the ability to override standard duration times for appointments.	critical	S	
The system has the ability for scheduled appointments to be searched by the following, at a minimum:				
SD.42	Patient's name;	Critical	S	
SD.43	Patient ID number;	Critical	S	
SD.44	Date of birth;	Critical	S	
SD.45	Provider;	Critical	S	
SD.46	Program;	Critical	S	
SD.47	Phone number; and	Critical	S	
SD.48	The system has the ability to search for existing appointments for a Patient.	Critical	S	
SD.49	The system has the ability to track the date on which the appointment was entered, edited, or deleted in the system.	Critical	S	
SD.50	The system has the ability to track which user entered, edited, or deleted the appointment.	Critical	S	
SD.51	The system has the ability to indicate time blocks on the schedule for only certain types of appointments (e.g., new Patient, established Patient).	Critical	S	
SD.52	The system has the ability to have user-defined scheduling restrictions (e.g., only allow four new Patient appointments per day), with appropriate overrides.	critical	S	
SD.53	The system has the ability to override a scheduling restriction.	critical	S	
SD.54	The system has the ability to overbook appointments, with appropriate security permissions.	critical	S	
SD.55	The system has the ability to restrict the ability to overbook appointments to users with established permissions.	critical	S	
SD.56	The system has the ability to provide an alert when appointments are overbooked.	critical	S	
SD.57	The system has the ability to close an entire provider's calendar.	critical	S	
SD.58	The system has the ability to close all schedules with specific appointment types.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.59	The system has the ability to close all schedules based on program.	critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.60	The system has the ability to generate a bump list of the Patients who had appointments cancelled.	critical	S	
SD.61	The system has the ability to generate an automatic notification to all members of the team when a Patient appointment is cancelled.	desired	S	
SD.62	The system has the ability to define a drop-down list of program and appointment type descriptions that can be selected when scheduling Patients.	critical	S	
SD.63	The system has the ability to enter the referring source when scheduling an appointment.	Desired	S	
SD.64	The system has the ability to capture the date and time that a Patient is checked into an appointment.	Critical	S	
SD.65	The system has the ability to alert providers when a Patient has checked in.	Critical	S	
SD.66	The system has the ability to track when an appointment was cancelled (date and time and who cancelled).	Critical	S	
The system has the ability to track time for the following workflows, at a minimum:				
SD.67	Scheduling;	Critical	S	
SD.68	Check-in;	Critical	S	
SD.69	Ready for provider;	Critical	S	
SD.70	Finished with provider/ready for check-out; and	Critical	S	
SD.71	Check-out.	Critical	S	

Exhibit E
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Yamhill County Health and Human Services
EHR System Requirements

Scheduling				
Req #	Description of Requirement	Criticality	Response	Comments
SD.72	The system has the ability to enter a global list of holidays (based on County schedule) into the schedule.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.73	The system has the ability to remove holidays from the schedule.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.74	The system has the ability to allow users with established permissions to edit the global list of holidays.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.75	The system has the ability to define a date range or period of time that a provider will be out of the office (e.g., vacation, sick, leave).	Critical	S	
SD.76	The system has the ability to prevent appointments from being scheduled during time blocked off when a provider is out of the office.	critical	S	
SD.77	The system has the ability to produce warnings for scheduling conflicts.	Critical	S	
SD.78	The system has the ability to schedule two or more providers simultaneously.	critical	S	
SD.79	The system has the ability to schedule two or more providers concurrently.	critical	S	
SD.80	The system has the ability to schedule two or more Patients in the same family or group concurrently.	desired	S	
The system has the ability to print appointment lists by:				
SD.81	Date;	critical	S	
SD.82	Patient;	critical	S	
SD.83	Group;	critical	S	
SD.84	Program; and	critical	S	
SD.85	Provider.	critical	S	
SD.86	The system has the ability for walk-in Patients to be checked in without previously scheduling an appointment.	Critical	S	
SD.87	The system has the ability to restrict viewing or access to schedules for certain programs defined by the County.	Critical	S	
SD.88	The system has the ability to print a daily schedule by provider or program.	Critical	S	
SD.89	The system has the ability to print a weekly schedule by provider or program.	Critical	S	
SD.90	The system has the ability to print a monthly schedule by provider or program.	Critical	S	
SD.91	The system has the ability to calculate a show/no show rate.	critical	S	
SD.92	The system has the ability to provide a printed report with a breakdown of appointments for a user-defined period of time by categories (e.g., completed, re-scheduled, show/no show, walk-in).	desired	S	
SD.93	The system has the ability to calculate schedule utilization percentage (i.e., number of booked appointments over number of available appointments) for a user-defined period of time in the future.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.94	The system has the ability to calculate schedule utilization percentage (i.e., number of booked appointments over number of available appointments) for a user-defined period of time in the past.	desired	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.95	The system has the ability to provide an on-screen report with a breakdown of appointments for a user-defined period of time by categories (e.g., completed, re-scheduled, show/no show, walk-in).	desired	S	
SD.96	The system has the ability to display a list of all of a Patient's appointments in chronological order.	Critical	S	
SD.97	The system has the ability to print a list of all Patient's appointments in chronological order.	Critical	S	
The system has the ability to create a schedule override history by:				
SD.98	User;	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.99	Provider; and	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.

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Scheduling				
Req #	**Description of Requirement**	**Criticality**	**Response**	**Comments**
SD.100	Program.	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
The system has the ability to create a schedule overbook history by:				
SD.101	User;	Critical	S	
SD.102	Provider; and	Critical	S	
SD.103	Program.	Critical	S	
SD.104	The system has the ability to support unlimited scheduling templates.	Critical	S	
SD.105	The system has the ability to include utilization warnings when appointment type exceed 100% utilization on any given day (current day and future date).	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.106	The system has the ability to allow past appointments to be created that may not have been entered previously, based on a County-defined period of time.	Critical	S	
SD.107	The system has the ability to allow users with established permissions to override the County-defined period of time that past appointments can be created.	Critical	S	
SD.108	The system has the ability to view associated/linked Patient family member appointments.	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.109	The system has the ability to update final status of Patient appointments (e.g., rescheduled, cancelled by county, cancelled by Patient, no show, not at home).	Critical	S	
SD.110	The system has the ability to update the final status of an appointment for groups/families or individuals within the group/family.	Critical	S	
SD.111	The system has the ability to automatically update the status of all scheduled appointments that were not kept, after a County defined number of days.	desired	S	
SD.112	The system has the ability to track if an appointment was requested but not available within a County-defined timeframe.	Critical	S	
SD.113	The system has the ability to generate a report of appointments that were requested but not available within a County-defined timeframe.	Critical	S	
SD.114	The system has the ability to reserve blocks of time based on user-defined parameters (e.g., open access versus traditional appointment blocks).	Critical	S	
SD.115	The system has the ability to automatically release blocks of time based on user-defined parameters (e.g., open access versus traditional appointment blocks).	Critical	C	This feature will be provided with custom modifications during implementation. Cost is included as part of the "Software Customization Costs" under One-Time Costs.
SD.116	The system has the ability for providers to be scheduled on various days of the week.	Critical	S	
SD.117	The system has the ability for providers to have different schedules each week (e.g., a provider may work Monday, Wednesday, and Friday one week and Monday, Tuesday, and Thursday the next).	Critical	S	
SD.118	The system has the ability for providers' schedules to be overridden when necessary with reason for the override.	Critical	S	
SD.119	The system has the ability to limit schedule overrides.	Critical	S	
SD.120	The system has the ability to create a report of overrides by user.	Critical	S	
SD.121	The system has the ability to use color indications to assist with scheduling (e.g., blue could indicate a single appointment, yellow could indicate a overbooked appointment).	Critical	S	
SD.122	The system has the ability to document a reason for a scheduling change.	Critical	S	
SD.123	The system has the ability to track the history of Patient appointments, including changes and actions (e.g., confirmation call).	Critical	S	
SD.124	The system has the ability to support graphical schedule changes with drag and drop functionality (e.g., much like Microsoft Outlook calendar functionality) for users with established permissions.	Critical	S	
SD.125	The system has the ability to provide comment prompts to scheduling staff on specified appointment days/dates.	Critical	S	

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Yamhill County Health and Human Services
EHR System Requirements

Req #	Description of Requirement	Criticality	Response	Comments
	Scheduling			
SD.126	The system has the ability to include functionality for optimized scheduling to facilitate quick appointment entry.	Critical	S	
SD.127	The system has the ability to track Patients on an appointment wait, cancellation list.	Critical	S	
SD.128	The system has the ability to create an appointment wait, cancellation list.	Critical	S	
SD.129	The system has the ability to print an appointment wait, cancellation report.	Critical	S	
SD.130	The system has the ability to print a calendar by program.	Critical	S	
SD.131	The system has the ability to automatically complete reminder phone calls based on the upcoming schedule and document the outcome..	Critical	S	
SD.132	The system has the ability to identify Patients to exclude from reminder calls.	Critical	S	
SD.133	The system has the ability to generate appointment reminders in the form of letters at user-defined intervals.	Critical	S	
SD.134	The system has the ability to generate appointment reminders in the form of emails at user-defined intervals.	Critical	S	
SD.135	The system has the ability to generate appointment reminders in the form of text messages at user-defined intervals	Critical	S	
SD.136	The system, has the ability to automate reminders from the system based on intervals set at the patient-level.	Critical	S	
SD.137	The system has the ability to see appointments Patient had with providers.	Critical	S	
SD.138	The system has the ability to track confirmation or refusal/cancelation by the receiver when sending reminders..	Critical	S	
SD.139	The system has the ability to broadcast urgent/emergent situations/cancellations to clients and providers/users (text, email) I.E. snow closure, power outage, paving parking lot,	Desired	S	

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Yamhill County Health and Human Services
EHR System Requirements

Req #	System Type	Product and Version	Desired Type of Data Transfer	Desired Frequency of Data Transfer	Data Involved in Potential Transfer	Criticality	Vendor Response	Vendor Comments	Included in scope of proposal?	Cost to Develop
					Potential Information Exchanges					

A list of potential information exchanges for the future software environment has been developed and presented in this tab. In several instances, integration/interfacing/data transfer items presented in this list may not be required if the proposed software system can provide needed functionality. Conversely intended replacements of existing third-party systems may be adjusted if functionality in the future selected system is not adequate. As a result, the following list of potential interfaces for vendors to respond to so that the future applications environment may be considered. The types of information exchanges are:

Interface	Integration	Data transfer/exchange
Also known as a bridge, an interface is where two or more separate software products communicate under limited capacity. An interface will often use a standard file format such as XML to move information from one system to another. Some interfaces are separate programs that can be configured and deployed with a range of systems (e.g. Microsoft BizTalk). Examples of common Interface mechanisms include Application Program Interface (API) and web services.	A system where the different products or modules are tightly connected to function as one solution. In an integration, the systems share the same code and database.	A specialized interface where data is extracted from one application, usually as a data export using a specified file format, and placed in a specified location, such as a folder on a shared network drive. Another application retrieves the file, reads and imports the data. The file transfer process between the applications can be manual or automated using a scheduler to direct the applications when to export or import the data. The transfer process may be scheduled to occur as needed.

The ways in which the proposed system, and the systems identified below, may interact in terms of passing information back and forth, are as follows:

SEND: The Selected system will only need to SEND data to the third party application.
RECEIVE: The Selected system will only need to RECEIVE date from the third party application.
BOTH: The Selected system will need to both SEND and RECEIVE information to/from the third party application.

Req #	System Type	Product and Version	Desired Type of Data Transfer	Desired Frequency of Data Transfer	Data Involved in Potential Transfer	Criticality	Vendor Response	Vendor Comments	Included in scope of proposal?	Cost to Develop
INT.1	Finance System	Oracle	File Export from Selected System	Daily Batch	Export: charges and payment information for the purposes of posting payments to the correct general ledger accounts	critical	Custom Interface (Explain in comments)	DrCloudEHR can support the file export to Oracle for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.2	Clearinghouse	Waystar	Interface - Two way	Near-Immediate (Real-Time)	Interface with clearinghouse to process claims and payments	critical	Standard - Interface/API	DrCloudEHR already includes a two way interface with Waystar Clearinghouse	Yes	Cost is included as part of "Subscriptions" under Hosting Costs.
INT.3	Credit Card Processor	Global Payments	Interface - Send data from selected system	Near-Immediate (Real-Time)	Interface with County utilized credit card processor to be able to receive and validate credit card payments in real time. If the vendor has a preferred processor, please indicate in the comments.	critical	Standard - Interface/API	DrCloudEHR includes Credit Card Processing Integration with Global Payments Integrated.	Yes	Cost is included as part of "Subscriptions" under Hosting Costs.
INT.4	Laboratory Interface	LabCorp	Interface - Two way	Near-Immediate (Real-Time)	Send: Lab order requests Receive: Lab order results and notification of lab results	critical	Standard - Interface/API	DrCloudEHR already includes a interface with LabCorp	Yes	Cost is included as part of "Subscriptions" under Hosting Costs.
INT.5	Laboratory Interface	Oregon State Labs	Interface - Two way	Near-Immediate (Real-Time)	Send: Lab order requests Receive: Lab order results and notification of lab results	desired	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to Oregon State Labs for the required functionality	No	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.6	Genetic Testing	Genesite	Interface - Two way	Near-Immediate (Real-Time)		desired	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to Genesite for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.7	CANS, EASA, Mobile Crisis	Redcap	File Export and Import from selected system	On-Demand		desired	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to Redcap for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.8	e-Prescriptions	Surecripts	Interface - two way	Real Time		critical	Standard - Interface/API	DrCloudEHR is integrateed with DrFirst for ePrescribing	Yes	Cost is included as part of "Subscriptions" under Hosting Costs.
INT.9	Immunizations	ALERT	Interface - Two way	Real Time		desired	Standard - Interface/API	DrCloudEHR already includes a interface with ALERT IIS	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.10	Reproductive Health Claims	AHLERS	File Export and Import from selected system	Daily Batch		critical	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to AHLERS for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.11	Behavioral Health Enrollment, Mobile Crisis, Involuntary Services and Non-Medicaid Services Data	MOTS soon to be ROADS	File Export and Import from selected system	Daily Batch		critical	Standard - Interface/API	DrCloudEHR already includes a interface with MOTS	Yes	Cost is included as part of "Subscriptions" under Hosting Costs.

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Yamhill County Health and Human Services
EHR System Requirements

Potential Information Exchanges

Req #	System Type	Product and Version	Desired Type of Data Transfer	Desired Frequency of Data Transfer	Data Involved in Potential Transfer	Criticality	Vendor Response	Vendor Comments	Included in scope of proposal?	Cost to Develop
INT.12	DD service enrollments and case management service billing	eXPRS	File Export and Import from selected system	Daily Batch		critical	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to eXPERS for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.13	State MMIS	https://www.or-medicaid.gov/prodportal/Default.aspx	Interface - Two way	On-Demand		critical	Standard - Interface/API	DrCloudEHR is integrated with the Oregon Medicaid Management Information System (MMIS)	Yes	Cost is included as part of "Subscriptions" under Hosting Costs.
INT.14	YCCO 834 Eligibility File	PhTech (may be changing in 2024)	File Import Into Selected System	On-Demand		critical	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to PhTech for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.15	Wellpath's (Jail) Electronic Records Management Application (ERMA)	https://wellpathcare.com/electronic-records-management-application-erma/	File Export from Selected System	On-Demand		desired	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to Wellpath for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.16	SCMS (Specialty Court Case Management System)		Interface - Two way	On-Demand		desired	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to SCMS for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.
INT.17	THEO	theo.support@odhsoha.oregon.gov	Interface - Send data from selected system	On-Demand		desired	Custom Interface (Explain in comments)	DrCloudEHR can build the interface to THEO for the required functionality	Yes	Cost is included as part of "Interface Costs" under One-Time Costs.

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Yamhill County Health and Human Services
EHR System Requirements

	Potential Data Conversions									

Yamhill County has developed a list of potential data conversion objects as part of the future system implementation. For each object, proposers should indicate whether the proposed approach to data conversion includes the object or not. Additional information about each source can be found on the preceding interfaces tab. The cost to convert each object should be proposed on a line item basis and totaled in Attachment C - Cost Worksheet by data conversion objects.

Req #	Data Conversion Object	Source	Quantity of Data Available (All)	Quantity of Data Available (1 year BH, all DD, 2 years PH	Quantity of Data Needed in Future System	County Criticality	Vendor Response	Cost to Convert	Vendor Standard Conversion Scope (Please outline standard scope of conversions for the objects identified)	Vendor Comments
DC.1	Referrals	Juniper - EHR	10,000	1,200	50	Critical	Proposed in-scope	$135.00	**Scope includes data mapping, data upload, spot-checking, and post-conversion support.**	
DC.2	Enrollments	Juniper - EHR	74,000	11,000	11000	Critical	Proposed in-scope	$1,890.00		
DC.3	Service Plan/Plan of Care	Juniper - EHR	52,000	10,000	10,000	Critical	Proposed in-scope	$1,620.00		
DC.4	Authorizations	Juniper - EHR	2,000	415	415	Critical	Proposed in-scope	$270.00		
DC.5	Contacts and Progress notes	Juniper - EHR	1,250,200	375,000	375,000	Critical	Proposed in-scope	$61,155.00		
DC.6	Accounts Receivable (AR) Payments on claims	Juniper - EHR	190,000	58,000	58,000	Critical	Reccomend out of scope (see Section F. Data Conversion)	NA		
DC.7	AR Payments on Individual Services	Juniper - EHR	340,000	58,000	58,000	Critical	Reccomend out of scope (see Section F. Data Conversion)	NA		
DC.8	AR Adjustments	Juniper - EHR	310,000	58,000	58,000	Critical	Reccomend out of scope (see Section F. Data Conversion)	NA		
DC.9	Statements to Patients	Juniper - EHR	70,000	58,000	58,000	Critical	PDFs can be imported and attached to patients chart	$9,450.00		**Please refer to our data conversion plan included as part of the "Technical Proposal" response.**
DC.10	Hotline Calls	Juniper - EHR	2,500	2,500	2500	Critical	Proposed in-scope	$405.00		
DC.11	Employees	Juniper - EHR	337	337	337	Critical	Proposed in-scope	$135.00		
DC.12	Employee License	Juniper - EHR	726	726	726	Critical	Proposed in-scope	$135.00		
DC.13	Medications (prescribed by County providers and administered by County staff)	Juniper - EHR	201,500	Currently 9 prescribers, about 18,000 medication records	18,000	Critical	Proposed in-scope	$2,970.00		
DC.14	Personal and Professional Contacts for Clients	Juniper - EHR	142,500	13,500	13,500	Critical	Proposed in-scope	$2,295.00	**Scope includes data mapping, data upload, spot-checking, and post-conversion support.**	
DC.15	Treatment Team Assignments & History	Juniper - EHR	101,000	6,900	6,900	Critical	Proposed in-scope	$1,215.00		
DC.16	Diagnosis History	Juniper - EHR	62,400	3,800	3,800	Critical	Proposed in-scope	$675.00		
DC.17	Insurance & Payor History	Juniper - EHR	113,000	8,900	8,900	Critical	Proposed in-scope	$1,485.00		
DC.18	Labs	Juniper - EHR	50,500	13,500	13,500	Critical	Proposed in-scope	$2,295.00		
DC.19	Group Definitions	Juniper - EHR	500	150	150	Critical	Proposed in-scope	$135.00		
DC.20	Group Memberships	Juniper - EHR	20,000	1,900	1,900	Critical	Proposed in-scope	$270.00		
DC.21	Client Episodes of Care (Cases)	Juniper - EHR	90,100	5,300	5,300	Critical	Proposed in-scope	$945.00		

Exhibit E
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3/15/2024

Supplements

A. MARION COUNTY RECOMMENDATION LETTER

Marion County
OREGON
Health & Human Services

TO: Prospective Client of Ensoftek, Inc.

FROM: W. Rhett Martin
Administrative Services Division Director
Marion County Health and Human Services
3180 Center St NE, Salem, OR 97301
(503) 585-4978
WMartin@co.marion.or.us

DATE: July 27, 2023

RE: Recommendation of DrCloudEHR and EnSoftek. Inc.

As the Electronic Health Records implementation project manager for Marion County Health and Human Services, I would like to offer my genuine recommendation for Ensoftek, Inc. and their DrCloudEHR system.

Before implementing Ensoftek, Inc.'s DrCloudEHR, Marion County primarily documented services via paper files, limiting our ability to easily access and report out on information. After publishing a nationwide request for proposal and hosting several rounds of demonstrations, a group of stakeholders ultimately selected DrCloud EHR for the system's ability to be customized and adapted to our vast array of health services.

System design and implementation took just over 2 years, with our Public Health Division going fully live in January 2023, followed by our Behavioral Health Division in April 2023. With a dynamic offering of services including a public health clinic, children and adult outpatient mental health, addiction treatment, crisis response, and many more, Marion County had specific needs that larger EHR platforms could not satisfy. Not only did our EHR need to be customizable to each of those programs, but also adaptable enough to evolve alongside our growing services. DrCloudEHR provided just that.

While we do continue to work through minor issues, we are tremendously happy with the product, as well as the entire Ensoftek team. From start to finish, Ensoftek has been accommodating and eager to meet our needs. Please do not hesitate to reach out via email or phone if you have any questions about our experience with Ensoftek or DrCloudEHR.

Best regards,

W. Rhett Martin

Administration 3180 Center ST NE Salem, OR 97301
PH (503) 588-5357 FAX (503) 361-2688

B. WASHINGTON COUNTY RECOMMENDATION LETTER

TO: Prospective Ensoftek, Inc. Client

FROM: Kris Cassidy
           Human Services Operations Manager
           Washington County Human Services Division
           5240 NE Elam Young Parkway Suite 150
           Hillsboro, OR 97124
           (503) 846-3591
           Kristin_cassidy@co.washington.or.us

SUBJECT: Recommendation of DrCloudEHR and EnSoftek, Inc.

As the EMR implementation project manager for the Washington County Human Services Division, I would like to offer my sincere recommendation for Ensoftek, Inc. and their DrCloudEHR system as well as their design and implementation services.

Before we implemented Ensoftek, Inc.'s DrCloudEHR we documented mostly in paper files. We began our search by putting together a large committee of stakeholders to develop a requirements list for a new EMR and then we drafted an RFP that was published nationally. We received seven proposals that we scored based on our first tier of criteria. Four proposals met the minimum requirements. Those four were then scored based on a second tier of criteria and the top two of those proposers were selected for in-person demonstrations. DrCloudEHR very clearly rose to the top during the demonstrations so they were selected and we developed a contract to work with them.

System design and implementation took about a year and we went fully live in the EMR in January 2018. Washington County has a diverse set of programs with varying needs to be addressed by the EMR. Programs include adult and children's mental health, children's wraparound program, developmental disabilities, crisis walk-in center and utilization management for the Health Share of Oregon mental health plan. The EMR had to be flexible enough to adapt to each of those programs but still be integrated for the whole division. We had a staged implementation in which we went live with some programs first, while we were still developing the system for other programs.

While we do continue to work through minor issues, we have been extremely happy with the EMR and consider it a tremendous improvement over paper records. There were no major issues during implementation and the system is working well for us. The project was completed on time and within budget. The quality of support from our DrCloudEHR project manager is excellent as well as the interactions we have with all of the staff at Ensoftek. Response to our service tickets and requests is timely and accurate. We have had no down time with the system.

Please feel free to contact me at the email or phone number above if you have any questions about our experience with Ensoftek and their DrCloudEHR Solution.

Department of Health and Human Services — Human Services Division
Behavioral Health • Developmental Disabilities
5240 NE Elam Young Parkway, Suite 150, Hillsboro, OR 97124
www.co.washington.or.us/HHS

DR CLOUD EHR

EnSOFTEK

Software and Implementation Services for an Electronic Health Record (EHR) System

PRICE PROPOSAL

for

1843 YAMHILL COUNTY **HEALTH AND HUMAN SERVICES**

Due Date: March 20, 2024

Submitted By:

Name: **EnSoftek, Inc.**
Address: 735 SW 158th Avenue, Suite 140
Beaverton, OR 97006
POC Name: Jeff Miller
Email: jmiller@drcloudehr.com
Phone: (503) 643 1226 x 129   www.drcloudehr.com

Submitted To:

Yamhill County
638 NE Davis Street
McMinnville, OR 97128
Exhibit G
B.O. 25-193   **Terry Malay**
YCHHS Administration, Contracts

TABLE OF CONTENTS

ATTACHMENT C1 — COST WORKSHEETS

PART I: COST WORKSHEETS

Please find the completed Attachment C1–Cost Worksheets on the next page.

Subscription (SaaS) Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a software as a service (SaaS) based application. The pricing should be based on the detailed functionality that the County requires for each functional area. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

One-Time Costs
Professional Services and Hardware Costs

	Costs	Vendor Notes (optional)
Overall Project Management and Implementation Oversight Costs	$259,200.00	Cost for project and implementation management.
Set-up/Installation/Configuration of System	$86,400.00	Costs for the installation/configuration of the requirements identified in Attachment B.
Requirements/Gap Analysis	$64,800.00	Cost for requirements and gap analysis
Software Customization and Testing Costs *(Detail to be contained in responses to applicable requirements in Attachment B)*	$108,000.00	Cost for customization effort to meet the requirements in Attachment B.
Data Conversion Costs *(Detail to be contained in Attachment B - Data Conversion Tab)*	$87,480.00	Cost estimate for data conversion effort.
Interface Costs *(Detail to be contained in Attachment B - Interfaces Tab)*	$108,000.00	Cost to meet the interface requirements included in the scope in Attachment B - Interfaces Tab.
Training Costs	$30,000.00	On-site and webinar based training throughout the implementation phase using the Train-the-Trainer methodology for Super Users ONLY.
Documentation	$21,600.00	Provide custom documentation as required.
Security Analysis	$32,400.00	Cost estimate for security analysis.
Scriptel Signature Pads	$1,545.00	Cost for 5 Scriptel signature pads.
PM and Tracking Tools	$20,000.00	PM and Tracking tools
Total One-Time Costs (Before Discounts)	$819,425.00	
Amount Discounted ($)	$0.00	
Server and other Hardware Costs		
Server/database licenses (OS, SQL licensing, etc.)		
Additional Environments		
Additional Databases		
Total Discounted One-Time Costs	$819,425.00	

	Costs	Vendor Notes (optional)
Estimated Travel Costs (not to exceed basis)	$0.00	EnSoftek is a local company (Beaverton based) and does not require travel expenses for on-site services.

Recurring Subscription Costs

Subscription Frequency (Indicate whether monthly, quarterly, or annual basis)	DrCloudEHR pricing for YCHHS includes annual recurring subscription costs which begin and are payable on contract execution and the anniversary date for the full term of the agreement.
Vendor Comments on Subscription Costs	DrCloudEHR is a Cloud-based solution and we use Software-as-a-Service (SaaS) pricing model. Our pricing is based on a named "User Subscription" billed annually.

Year 1 Subscription Costs
(Year 1 = Commences at the date of contract signing)

Subscription Cost (DrCloudEHR)	Costs	Vendor Comments
DrCloudEHR Enterprise Subscription Fees	$73,500.00	DrCloudEHR Version 2025
DrCloudEHR User Subscription Fees	$252,000.00	350 Users
DrCloudEHR Patient Portal	$5,988.00	Enterprise account
DrCloudEHR Advanced Report Writer User Subscription Fees	$35,820.00	15 Users
DrCloudEHR Document Storage	$1,200.00	Per 100GB of storage
DrCloudEHR UnPlugged (disconnected solution)	$75,000.00	250 Users
DrCloudEHR Report Server	$6,912.00	Shared server for back-end table access
DrCloudEHR Foresight – Analytics / Power BI [Includes 1 Editor and 1 Viewer]	$14,400.00	DrCloudEHR integrates with Power BI to provide insights into practice data with new interactive, graphical analytics reports
Subscription Costs (Third-Party)	Costs	Vendor Comments
DrFirst Rcopia (ePrescribing) User Subscription Fees	$8,640.00	8 Users
DrCloudEHR Telehealth User Subscription Fees	$66,240.00	230 User
Clearinghouse (Waystar)	$588.00	1 Clearinghouse
Lab Interface (LabCorp)	$948.00	1 Lab
Integrated ChartMeds eMAR Solution	$1,200.00	8 Subscriptions
InterFax.Net Faxing (Per Local Fax Line, up to 100 pages per month [Annual Fee] Additional pages to be billed monthly at $0.12/page	$264.00	Per Local Fax Line, up to 100 pages per month
Dragon Dictation	$21,168.00	18 Users
Total Subscription Cost (annual)	$563,868.00	
Amount Discounted ($)	$490,368.00	Discounted first year of all User Subscription Fees during the implementation phase.
Total Discounted Subscription Amount - Year 1 Subscription Fees	$73,500.00	

Recurring Subscription Fees - Years 2 - 10

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_____ County, Oregon
Software and Implementation Services for an Electronic Health Records (EHR) System RFP

Subscription (SaaS) Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a software as a service (SaaS) based application. The pricing should be based on the detailed functionality that the County requires for each functional area. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

	Rate of Increase over Prior Year (as a percentage)	Subscription Costs (as a dollar amount)	Third-Party Subscription Costs (as a dollar amount)	Vendor Comments
Year 2		$464,820.00	$99,048.00	
Year 3		$464,820.00	$99,048.00	
Year 4		$464,820.00	$99,048.00	
Year 5		$464,820.00	$99,048.00	
Year 6	3%	$478,764.60	$102,019.44	
Year 7	3%	$493,127.54	$105,080.02	
Year 8	3%	$507,921.36	$108,232.42	
Year 9	3%	$523,159.01	$111,479.40	
Year 10	3%	$538,853.78	$114,823.78	
Ten Year Subscription Cost		$5,412,433.34		

Other In-Scope Costs
(please specify the nature of these costs including whether they are one-time or recurring)

	Cost	Notes
Anticipated Future Upgrade Costs and Frequency Over 10-year Horizon (Services)	$0.00	Upgrades are included as part of DrCloudEHR Saas User Subscription Fees.

Recurring Maintenance Costs (If Applicable)

Vendor Comments on Maintenance Costs	Application maintenance and support (updates, bug fixes, and support) are included as part of DrCloudEHR Saas User Subscription Fees.

Year 1 Maintenance Costs
(Year 1 = Commences at the date of contract signing. The County requests that Year 1 maintenance fees be waived until go-live of the system. If Year 1 fees are waived, please include the actual costs in rows 69-74, and discount at 100% in row 76)

	Cost	Notes
Annual Maintenance - Year 1	$0.00	
Annual Refresh training	$5,000.00	
API Subscription and Maintenance	$6,000.00	
Third-Party Maintenance Fees - Year 1	$0.00	
Security & Ongoing Disaster Recovery Costs (if applicable)	$5,000.00	
Total Recurring Maintenance Costs - Year 1	$16,000.00	
Amount Discounted ($)	$16,000.00	
Total Discounted Maintenance Costs - Year 1	$0.00	

Recurring Maintenance Fees - Years 2 - 10

	Rate of Increase over Prior Year (as a percentage)	Maintenance Costs (as a dollar amount)	Third-Party Maintenance Costs (as a dollar amount)	Disaster Recovery Costs (if applicable)	Ongoing Infrastructure/Hardware Upgrade Costs (if applicable)
Year 2		$16,000.00			
Year 3		$16,000.00			
Year 4		$16,000.00			
Year 5		$16,000.00			
Year 6	3%	$16,480.00			
Year 7	3%	$16,974.40			
Year 8	3%	$17,483.63			
Year 9	3%	$18,008.14			
Year 10	3%	$18,548.39			
Ten Year Maintenance Cost		$151,494.56			

TOTAL TEN YEAR INVESTMENT

Total Discounted One-Time Costs (Cell B23)	$819,425.00
Total Estimated Travel Costs (Cell B26)	$0.00
Recurring Subscription Costs Years 1-10 (Cell B52)	$5,485,933.34
Other In-Scope Costs (Cells B56:B63)	$0.00
Recurring Maintenance Years 1-10 (Cell B90)	$151,494.56
TOTAL TEN YEAR INVESTMENT	$6,456,852.90

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County, Oregon
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Subscription (SaaS) Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a software as a service (SaaS) based application. The pricing should be based on the detailed functionality that the County requires for each functional area. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

Optional Costs (Not in scope)

Hourly Rates for Professional Services

Hourly Rate for Training Services	$135.00
Hourly Rate for Project Management Services	$135.00
Hourly Rate for Custom Programming (Customizations, Integrations, etc.)	$135.00

Optional/Complementary Services

Description of Services	Costs
YCHHS Data Warehouse Build	$80,000.00
Platinum Custom Support (24X5) [Annual Fee]	$48,000.00

Additional User (over contracted number) Costs - Module specific
(please specify the nature of these costs including whether they are one-time or recurring)

Module Name	Recurring Maintenance/Annual Subscription Costs	Implementation Costs	Licensing Costs (if applicable)
DrCloudEHR User Subscription Fees [per user]	$720.00		
DrCloudEHR Advanced Report Writer [per user]	$2,388.00		
DrCloudEHR Document Storage [per 100GB of Storage]	$1,200.00		
DrCloudEHR UnPlugged (disconnected solution) [per user]	$300.00		
DrFirst Rcopia (ePrescribing) includes EPCS and PDMP reporting: [per provider]	$1,080.00		
DrCloudEHR Telehealth User Subscription Fees [per user]	$288.00		
DrCloudEHR Clearinghouse Interface	$588.00		
Integrated ChartMeds eMAR Solution [Per Administered Bed]	$150.00		
InterFax.Net Faxing (Per Local Fax Line, up to 100 pages per month [Annual Fee] Additional pages to be billed monthly at $0.12/page	$264.00		
Dragon Dictation [per user]	$1,176.00		

Optional Module Costs
(please specify the nature of these costs including whether they are one-time or recurring)

Module Name	Recurring Maintenance/Annual Subscription Costs	Implementation Costs	Licensing Costs (if applicable)
DrCloudEHR Referral Module [website-based referral data submission]	$720.00		
DrCloudEHR General Ledger (GL) Interface	$1,188.00		
EMR Direct Trust Mailbox - Minimum recommended 1 per facility: [1 mailbox]	$360.00		
Televox: Appointment Reminder Services [Additional: $1000 One-time Deployment; 1Million Transactions: $0.08 per transaction]	$1,200.00	$1,000.00	
Credit Card Processing Integration with Global Payments Integrated [Requires separate agreement with Global Payment Integrated]	Set-up Waived		
Scriptel Signature Pads [per device]	$309.00		
SMS Texting - powered by Twilio - 300,000 messages per year (25K per month)	$9,000.00	$250.00	Addl Carrier Charges Apply
Integrated ASAM Subscription Per User Per Year	$720.00	$300.00	

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Last Updated: December 5, 2023

ATTACHMENT C2 — PROPOSAL FORMS

PART II: TRAVEL AND EXPENSE EXHIBIT

EnSoftek's on-site travel policy is to submit actual expenses incurred per trip in compliance with the customer's travel policies. The following travel expenses are eligible for reimbursement: airfare; lodging; ground transportation; meals; internet access; and other expenses related to travel.

EnSoftek is a Beaverton, Oregon based company and does not anticipate any travel costs for on-site visits except mileage reimbursement.

 Confirm Exhibit attached in Price Proposal ☒ Yes ☐ No

PART III: PAYMENT AND RETAINAGE TERMS

a. Software Licensing

Brief Statement: EnSoftek offers Cloud-based solutions and services and our pricing is based on "Ongoing Software User Subscription" fee (SaaS deployment). As such, we do not charge for software licensing and have a software licensing model.

b. Implementation Services Cost

Brief Statement: EnSoftek's Implementation Services Cost is based on fixed fee amounts, with payment for services based on accepted milestones or deliverables.

At the cause or request of YCHHS, any extension of implementation time beyond the aforementioned 16 months will require additional project services at an additional cost of $58,823 per month.

c. Annual Maintenance Cost

Brief Statement: Annual Maintenance is included as part of our "Ongoing Software User Subscription" fee (SaaS Deployment).

Professional services like "Security & Disaster Recovery and Extended Customer Support Services" are additional and charged annually.

As per YCHHS's request, software maintenance costs will NOT increase in the first five (5) years, and will increase by no more than 3% annually thereafter.

d. Ongoing Software Subscription Cost (SaaS Deployment)

DrCloudEHR is a Cloud-based solution and is deployed as Software as a service (SaaS).

I. EnSoftek SaaS Deployment fees for YCHHS includes:
- Ongoing "Enterprise Software Subscription" fee for hosting, back-up, application maintenance which begin and are payable on contract execution and the anniversary date for the full term of the agreement (annually).

- Ongoing "User Subscription" fee based on "named user" billed annually upfront starting from 2nd year.

II. As part of the "ramp up", EnSoftek is discounting the ongoing "User Subscription" fee in the first year.

III. In the event EnSoftek is at fault for project delays, we agree to provide equitable credits for the annual User Subscription" fee.

IV. As per YCHH's request, EnSoftek agrees that the annual User Subscription cost will not increase in the first five (5) Years, and will increase by no more than 3% annually thereafter during any renewal term.

PART IV: NARRATIVE DESCRIPTION OF PRICE PROPOSAL

a. Any optional services/offerings for professional services

Brief Statement: EnSoftek offers the following optional professional services:

- ➢ Business Process Streamlining.
- ➢ Forms & Reports Development.
- ➢ Data Warehouse Development.
- ➢ Compliance-related services (Ex. HIPAA, CARF).
- ➢ 24X5 Helpdesk Support.
- ➢ Billing Services.
- ➢ Staff Augmentation services.

Our published hourly rate for these optional services/offerings is $150/Hour. EnSoftek will offer a 10% discount on these rates at <u>$135/Hour</u>.

b. Any discounts that have been offered

Brief Statement: In working with numerous county health and human services departments, we have found that establishing a true partnership begins with trust and that mutual success is about long-term sustainability.

To show our commitment, we have provided a 10% discount for our standard implementation and data conversion services hourly rate, and over 20% discount on ongoing User Subscription fees.

c. Any additional service offerings that may be out of scope, but may be available on an optional basis to serve to shift some of the implementation work effort from YCHHS to the vendor during implementation.

Statement: EnSoftek uses industry best practices, specialized tools, and institutional knowledge of the diverse client technical environments to streamline the implementation process and reduce time-consuming manual tasks for YCHHS. This leads to accelerated implementations with fewer delays because of user errors or misunderstandings.

We will assist YCHHS achieve a successful, secure, and cost-effective transition to DrCloudEHR and dedicate to exceeding expectations during implementation.

Please see section "a." above (any optional services/offerings), for some services we can provide at added cost, to shift some of the implementation work effort from YCHHS:

d. Any projected or anticipated cost savings or cost avoidance considerations related to the proposed software and services (savings in YCHHS staff time, savings in ongoing hardware acquisition/maintenance costs, etc.)

Statement: DrCloudEHR is a browser-based SaaS solution and is mobile responsive. YCHHS staff will only require end-user devices (computers, laptops, etc.) as well as internet connectivity to access DrCloudEHR. Our IT/Operations team deploys DrCloudEHR in the cloud so no on-premises server or hosting requirements are needed, providing significant savings in ongoing hardware acquisition/maintenance costs.

As EnSoftek is located in Beaverton, OR, we're proud to offer on-site visits at no cost except mileage reimbursement—a testament to our commitment to cost-effective services.

e. A description of any future upgrade costs, including upgrades to hardware, software, and related professional services costs (such as training, configuration, and other anticipated services costs related to upgrades in the future)

Statement: DrCloudEHR is a cloud-based solution hosted on Azure. As such, there are no software update costs. EnSoftek is continuously innovating/upgrading DrCloudEHR features and functionality. When a new feature or functionality is available, we will socialize with our customers and present the overall cost, including related professional services.

f. A description of the estimated travel costs, including the number of trips, the average duration of trips and the number of staff included per trip, the average cost per trip, and whether seasonality in pricing has been considered in the travel estimate.

Statement: EnSoftek is a Beaverton, Oregon based company and does not anticipate any travel costs for on-site visits except mileage reimbursement per IRS published mileage rates.

Based on our experience, we estimate onsite visits to the YCHHS during project kick-off (three staff), requirements/gap analysis (four staff), on-site training (three staff), and go-live support (three staff).

g. Other topics or statements related to the price proposal that the Proposer feels will help YCHHS better understand the pricing structure or key differentiators for the proposed products and services.

Statement: Every organization we partner with has a core mission that includes caring for the individuals they serve. At EnSoftek, we believe you shouldn't have to worry about the unpredictable rising costs of an EHR year over year. Hence, part of our commitment to you is providing a simple predictable pricing model.

Our "Ongoing User Subscription Fee" is based on an active named User Subscriptions. Each active named user may have multiple devices engaged at the same time. When a staff member that has been assigned a subscription to DrCloudEHR leaves YCHHS, their password is deactivated, and the subscription is automatically ready to be reassigned to another staff member without additional cost to YCHHS. This pricing model allows YCHHS to have controlled and predictable costs throughout its subscription agreement. User subscriptions are also managed for those users that require access to specific extensions and third-party capabilities.

PART V: NOTES AND ASSUMPTIONS

1. DrCloudEHR is a cloud-based solution requiring that the County provide only end user devices (computers, laptops, printers, etc.) as well as its user internet connectivity.
2. EnSoftek is responsible for all application hosted servers (primary and back-up) under the SLA.
3. All standard user roles/permissions/ACLs (Access Control lists) will be enabled for YCHHS.
4. This project assumes 350 named users require access to the DrCloudEHR solution.
5. Patient Portal access is limited to current YCHHS caseload (count of patients, any patient family member(s) or legal representative(s)).
6. One (1) Additional DrCloudEHR application instance is provided for testing during implementation and then ongoing throughout the term of the agreement. Additional instances may be added by the YCHHS at an additional cost.
7. E-Prescribing includes prescribing of controlled substances or State/federal reporting ("PDMP").
8. Global payments is required for processing of credit card and or debit card payments. A separate, direct agreement required with the third-party vendor.
9. During the initial stage of the implementation, a GAP analysis will be completed. Each program, location, or functional areas will be identified and YCHHS will provide approval for each component as they are completed to enable the beginning of the system build under the timeline.
10. YCHHS will provide training facilities, necessary equipment and trainers (super users) that will be responsible for training all end users.
11. Implementation assumes a collaborative team will be in place between YCHHS and DrCloudEHR project teams to specify and configure all YCHHS specific forms and reports.
12. YCHHS will utilize commercially reasonable efforts to make all facilities and personnel available as needed during the project implementation to facilitate timely completion of all deliverables.
13. YCHHS will complete all tasks (e.g. Configuration of forms, Golden thread rules, etc) on-time.
14. YCHHS will provide a Project Manager for the duration of the implementation.
15. The duration of this project will be only 16 months from Project Kick-off until Go-live date.
16. Two (2) Month period following the Go-Live date, EnSoftek will transition YCHHS to DrCloudEHR client services.

17. At the cause or request of YCHHS, any extension of implementation time beyond the aforementioned 16 months will require additional project services at an additional cost of $58,823 per month.

18. Project Kick-off will be scheduled at a mutually agreeable date, not exceeding 30 days from contract execution. YCHHS will complete all pre-kick-off documentation supplied by EnSoftek no less than 1 week prior to the project kick-off meeting.

19. DrCloudEHR Base Subscription includes up to One, (1) TB (Terabytes) of storage for the import of external documentation. Additional storage is available as needed at an additional cost.

20. Data conversion assumes YCHHS can provide data in an agreed file format (e.g. CSV) for import processing. Includes 1 Test conversion and 1 production conversion. Any additional data to be imported will be specified and priced during the Gap Services and documented in a CR.

21. The Project deployment will include a 30-day pilot roll-out to facilitate the approval of build and acceptance followed by an immediate roll-out to all users.

22. Our support pricing assumes use of HIPAA compliant software/technology to provide support to named users remotely.

23. No Travel expenses will be charged to YCHHS for EnSoftek travel for the defined deliverables outlined in the project plan/ statement of work.

24. Assumes the use of EnSoftek's standard agreement as part of the County agreement.

25. Pricing is based on a ten-year term. A 3.0% Increase will be assessed for each year beginning in year six (6) Of the contract term.

26. The project scope of work has been produced based on EnSoftek's exclusive understanding of the requirements and any changes to the scope of work, the outlined requirements, or our understanding thereof may result in a modification to the proposal budget and or implementation timeline.

27. EnSoftek will bill YCHHS based on the outlined milestones. EnSoftek understands YCHHS will provide an acceptance certificate for all milestones. Such acceptance certificates for interim and or final acceptance will not be unreasonably withheld.

28. Hardware costs do not include the cost for shipping and handling, which will be billed at actual costs incurred.

29. ChartMeds: Each year following the original Go-Live date, YCHHS and EnSoftek will review actual usage of eMAR functionality to determine necessary adjustments to the cost based on the actual number of eMAR patients per month and the cost owed.

30. Interfax secure faxing includes up to 1,000 pages per month. Additional pages (above 1,000 each month) will be billed monthly, based on the prior months' actual usage in lots of 100 pages.

EXHIBIT C
BUSINESS ASSOCIATE/QUALIFIED SERVICE ORGANIZATION AGREEMENT

RECITALS

A. The CONTRACTOR may use and disclose Protected Health Information and Electronic Protected Health Information ("EPHI") in the performance of its obligations under the Agreement; and

B. County operates a drug and alcohol treatment program subject to the Federal Confidentiality of Alcohol and Drug Abuse Patient Records law and regulations, 42 USC §290dd-2 and 42 CFR Part 2 (collectively, "Part 2"); if CONTRACTOR is a Qualified Service Organization (QSO) under Part 2 it also must agree to certain mandatory provisions regarding the use and disclosure of substance abuse treatment information with respect to the performance of its obligations under the Agreement; and

C. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and its implementing Privacy Rule and Security Rule, 45 CFR Parts 160 and 164, require that COUNTY, as a Covered Entity, obtain satisfactory assurances from its Business Associates, as that term is defined in the Privacy Rule and Security Rule, that they will comply with the Business Associate requirements set forth in 45 CFR 164.502(e) and 164.504(e) and as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 ("ARRA"); CONTRACTOR is a Business Associate of COUNTY and desires to provide such assurances with respect to the performance of its obligations under the Agreement pursuant to this Business Associate/Qualified Service Organization Agreement ("BAA"); and

D. Both COUNTY and CONTRACTOR are committed to compliance with the standards set forth in Part 2, the Privacy Rule and Security Rule as amended by the HITECH Act, and as they may be amended further from time to time, in the performance of their obligations under the Agreement.

NOW, THEREFORE, in consideration of mutual and valuable consideration which the parties hereby acknowledge as received, the parties agree as follows:

AGREEMENT. The parties agree that the following terms and conditions shall apply to the performance of their obligations under the Agreement, effective upon execution of this BAA. Capitalized terms used, but not otherwise defined in this BAA, shall have the same meaning as those terms in Part 2, the Privacy Rule and Security Rule.

1. **SERVICES.** Pursuant to the Agreement, CONTRACTOR provides certain services for or on behalf of COUNTY, as described in the Agreement, which may involve the use and disclosure of Protected Health Information and EPHI. CONTRACTOR may make use of Protected Health Information and EPHI to perform those services if authorized in the Agreement and not otherwise limited or prohibited by this BAA, Part 2, the Privacy Rule, the Security Rule and other applicable federal or state laws or regulations. All other uses of Protected Health Information and EPHI are prohibited.

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2. **LIGATIONS AND ACTIVITIES OF CONTRACTOR.**

    (a) CONTRACTOR agrees to not use or disclose Protected Health Information or EPHI other than as permitted or required by the Agreement (as amended by this BAA), and as permitted by Part 2, the Privacy Rule, the Security Rule or as required by Law. Notwithstanding any other language in this BAA, CONTRACTOR acknowledges and agrees that any patient information it receives from COUNTY that is protected by Part 2 regulations is subject to protections that prohibit CONTRACTOR from disclosing such information to agents or subcontractors without the specific written consent of the subject individual.

    (b) CONTRACTOR agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information and EPHI other than as provided for by the Agreement as amended by this BAA, and if necessary will resist in judicial proceedings any efforts to obtain access to patient records except as permitted by the Part 2 regulations.

    (c) CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of Protected Health Information or EPHI by CONTRACTOR in violation of the requirements of the Agreement, as amended by this BAA.

    (d) CONTRACTOR agrees to report to COUNTY, as promptly as possible, any use or disclosure of the Protected Health Information or EPHI not provided for by the Agreement, as amended by this BAA, of which it becomes aware.

    (e) CONTRACTOR agrees to ensure that any agent, including a contract hearing officer or other subcontractor, to whom it provides Protected Health Information or EPHI received from, or created or received by CONTRACTOR on behalf of COUNTY, agrees to the same restrictions and conditions that apply through the Agreement, as amended by this BAA, to CONTRACTOR with respect to such information.

    (f) CONTRACTOR agrees to provide access, at the request of COUNTY, and in the time and manner designated by COUNTY, to Protected Health Information and EPHI in a Designated Record Set (the hearing file), to COUNTY or, as directed by COUNTY, to an Individual in order to meet the requirements under 45 CFR 164.524.

    (g) CONTRACTOR agrees to make any amendment(s) to Protected Health Information and EPHI in a Designated Record Set that the COUNTY directs or agrees to pursuant to 45 CFR 164.526 at the request of COUNTY or an Individual, and in the time and manner designated by COUNTY.

    (h) CONTRACTOR agrees to make internal practices, books, and records, including policies and procedures and any Protected Health Information or EPHI, relating to the use and disclosure of Protected Health Information and EPHI received from, or created or received by CONTRACTOR on behalf of COUNTY, available to COUNTY or to the Secretary, within the time and in the manner designated by COUNTY or the Secretary, for purposes of the Secretary determining COUNTY's compliance with Part 2, the Privacy Rule or Security Rule.

    (i) CONTRACTOR agrees to refer requests for disclosures of Protected Health

Information and EPHI to the COUNTY for response, except for requests related to conducting the contested case hearing. To the extent CONTRACTOR discloses Protected Health Information or EPHI for purposes not related to conducting the contested case hearing, CONTRACTOR agrees to document such disclosures to the extent such documentation is required for COUNTY to respond to a request by an Individual for an accounting of disclosures of Protected Health Information and EPHI in accordance with 45 CFR 164.528.

(j) CONTRACTOR agrees to provide to COUNTY or an Individual, in time and manner to be designated by COUNTY, information collected in accordance with Section 2(i) of this BAA, to permit COUNTY to respond to a request by an Individual for an accounting of disclosures of Protected Health Information and EPHI in accordance with 45 CFR 164.528.

(k) CONTRACTOR agrees to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI that it creates, receives, maintains, or transmits on behalf of the COUNTY.

(l) In the event of Discovery of a Breach of Unsecured Protected Health Information, CONTRACTOR shall:

(i) Notify the COUNTY of such Breach. Notification shall include identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by CONTRACTOR to have been accessed, acquired or disclosed during such Breach and any other information as may be reasonably required by the COUNTY necessary for the COUNTY to meet its notification obligations;

(ii) Confer with the COUNTY as to the preparation and issuance of an appropriate notice to each individual whose Unsecured Protected Health Information has been, or is reasonably believed by CONTRACTOR to have been accessed, acquired or disclosed as a result of such Breach

(iii) Where the Breach involves more than 500 individuals, confer with the COUNTY as to the preparation and issuance of an appropriate notice to prominent media outlets within the State or as appropriate, local jurisdictions; and,

(iv) Confer with the COUNTY as to the preparation and issuance of an appropriate notice to the Secretary of DHHS of Unsecured Protected Health Information that has been acquired or disclosed in a Breach. CONTRACTOR understands that if the Breach was with respect to 500 or more individuals, such notice to the Secretary must be provided immediately, and therefore, time is of the essence in the obligation to confer with the COUNTY. If the Breach was with respect to less than 500 individuals, a log may be maintained of any such Breach and the log shall be provided to the Secretary annually documenting such Breaches occurring during the year involved.

(v) Except as set forth in (vi) below, notifications required by this section are required to be made without unreasonable delay and in no case later than 60 calendar days after the Discovery of a Breach. Therefore, the notification of a Breach to the COUNTY shall be made as soon as possible and CONTRACTOR shall confer with the COUNTY as soon as practicable thereafter, but in no event, shall notification to the COUNTY be later than 30 calendar days after the Discovery of a Breach. Any notice shall be provided in the manner required by the

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HITECH Act, sec 13402(e) and (f), Public Law 111-5, 45 CFR 164.404 through 164.410 and as agreed upon by the COUNTY.

(vi) Any notification required by this section may be delayed by a law enforcement official in accordance with the HITECH Act, sec 13402(g), Public Law 111-5.

(vii)   For purposes of this section, the terms "Unsecured Protected Health Information" and "Breach" shall have the meaning set forth in 45 CFR § 164.402. A Breach will be considered as "Discovered" in accordance with the HITECH Act, sec 13402(c), Public Law 111-5, 45 CFR 164.404(a)(2).

(m) CONTRACTOR shall comply with 45 C.F.R. 164.308, 164.310, 164.312 and 164.316 and all requirements of the HITECH Act, Public Law 111-5, that relate to security and that are made applicable to Covered Entities, as if CONTRACTOR were a Covered Entity.

(n) CONTRACTOR shall be liable to the COUNTY, and shall indemnify the COUNTY for any and all direct costs incurred by the COUNTY, including, but not limited to, costs of issuing any notices required by HITECH or any other applicable law, as a result of CONTRACTOR's Breach of Unsecured Protected Health Information.

3. PERMITTED USES AND DISCLOSURES BY CONTRACTOR.

(a) General Use and Disclosure Provisions.

(1) Except as otherwise limited or prohibited by this BAA, CONTRACTOR may use or disclose Protected Health Information and EPHI to perform functions, activities, or services for, or on behalf of, COUNTY as specified in the Agreement and this BAA, provided that such use or disclosure would not violate Part 2, the Privacy Rule or Security Rule if done by COUNTY or the minimum necessary policies and procedures of COUNTY.

(2) COUNTY has determined that disclosures to CONTRACTOR under the Agreement are necessary and appropriate for COUNTY's Treatment, Services, Payment and/or Health Care Operations under Part 2, the HIPAA Privacy Rule and Security Rule and Required By Law under Or Laws 1999, ch. 849 (HB 2525).

(3) All applicable federal and state confidentiality or privacy statutes or regulations, and related procedures, continue to apply to the uses and disclosures of information under this BAA, except to the extent preempted by Part 2 or the HIPAA Privacy Rule and Security Rule.

(b) Specific Use and Disclosure Provisions.

(1) Except as otherwise limited in this BAA, CONTRACTOR may use Protected Health Information and EPHI for the proper management and administration of the CONTRACTOR or to carry out the legal responsibilities of the CONTRACTOR.

(2) Except as otherwise limited in this BAA, CONTRACTOR may disclose Protected Health Information and EPHI for the proper management and administration of the CONTRACTOR, provided that disclosures are Required By Law, or CONTRACTOR obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the CONTRACTOR of any instances of which it is aware in which the confidentiality of the

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information has been breached.

(3) CONTRACTOR may use Protected Health Information and EPHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

(4) CONTRACTOR may not aggregate or compile COUNTY's Protected Health Information or EPHI with the Protected Health Information or EPHI of other Covered Entities unless the Agreement permits CONTRACTOR to perform Data Aggregation services. If the Agreement permits CONTRACTOR to provide Data Aggregation services, CONTRACTOR may use Protected Health Information and EPHI to provide the Data Aggregation services requested by COUNTY as permitted by 45 CFR 164.504(e)(2)(i)(B), subject to any limitations contained in this BAA. If Data Aggregation services are requested by COUNTY, CONTRACTOR is authorized to aggregate COUNTY's Protected Health Information and EPHI with Protected Health Information or EPHI of other Covered Entities that the CONTRACTOR has in its possession through its capacity as a CONTRACTOR to such other Covered Entities provided that the purpose of such aggregation is to provide COUNTY with data analysis relating to the Health Care Operations of COUNTY. Under no circumstances may CONTRACTOR disclose Protected Health Information or EPHI of COUNTY to another Covered Entity absent the express authorization of COUNTY.

4. OBLIGATIONS OF COUNTY.

(a) COUNTY shall notify CONTRACTOR of any limitation(s) in its notice of privacy practices of COUNTY in accordance with 45 CFR 164.520, to the extent that such limitation may affect CONTRACTOR's use or disclosure of Protected Health Information and EPHI. COUNTY may satisfy this obligation by providing CONTRACTOR with COUNTY's most current Notice of Privacy Practices.

(b) COUNTY shall notify CONTRACTOR of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information or EPHI, to the extent that such changes may affect CONTRACTOR's use or disclosure of Protected Health Information and EPHI.

(c) COUNTY shall notify CONTRACTOR of any restriction to the use or disclosure of Protected Health Information or EPHI that COUNTY has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect CONTRACTOR's use or disclosure of Protected Health Information or EPHI.

5. PERMISSIBLE REQUESTS BY COUNTY.

(a) COUNTY shall not request CONTRACTOR to use or disclose Protected Health Information or EPHI in any manner that would not be permissible under Part 2, the Privacy Rule or Security Rule if done by COUNTY, except as permitted by Section 3(b) above.

(b) COUNTY may conduct a survey of CONTRACTOR with respect to CONTRACTOR's compliance with the terms of this BAA and applicable law for the establishment of policies and procedures for the safeguarding of any Protected Health Information and EPHI provided to CONTRACTOR by COUNTY. CONTRACTOR shall implement any recommendations of COUNTY resulting from such surveys as

Exhibit I
Board Order B.O. 25-193

may be reasonably necessary to ensure compliance with the terms of this BAA and applicable law for the safeguarding of any Protected Health Information and EPHI provided to CONTRACTOR by COUNTY.

6. TERM AND TERMINATION.

(a) Effective Date; Term. This BAA shall be effective on the date on which all parties have executed it and all necessary approvals, if any, have been granted. This BAA shall terminate on the earlier of (i) the date of termination of the Agreement, or (ii) the date on which termination of the BAA is effective under Section 6(b).

(b) Termination for Cause. In addition to any other rights or remedies provided in this BAA, upon either the COUNTY's or CONTRACTOR's knowledge of a material breach by the other party of that party's obligations under this BAA, the party not in breach shall either:

(1) Notify the other party of the breach and specify a reasonable opportunity in the Notice of Breach to the party in breach to cure the breach or end the violation, and terminate the Agreement and this BAA if the party in breach does not cure the breach of the terms of this BAA or end the violation within the time specified;

(2) Immediately terminate the Agreement and this BAA if the party in breach has breached a material term of this BAA and cure is not possible in the reasonable judgment of the party not in breach; or

(3) If neither termination nor cure is feasible, the party not in breach shall report the violation to the Secretary.

(4) The rights and remedies provided in this BAA are in addition to any rights and remedies provided in the Agreement.

(c) Effect of Termination.

(1) Except as provided in paragraph (2) of this Section 6(c), upon termination of the Agreement and this BAA, for any reason, the party in breach shall, at the other party's option, return or destroy all Protected Health Information and EPHI received from the other party, or created or received by CONTRACTOR on behalf of COUNTY. This provision shall apply to Protected Health Information and EPHI that is in the possession of CONTRACTOR or agents of CONTRACTOR. CONTRACTOR shall retain no copies of the Protected Health Information or EPHI.

(2) In the event that CONTRACTOR determines that returning or destroying the Protected Health Information or EPHI is infeasible, CONTRACTOR shall provide to COUNTY notification of the conditions that make return or destruction infeasible. Upon COUNTY's written acknowledgement that return or destruction of Protected Health Information or EPHI is infeasible, CONTRACTOR shall extend the protections of this BAA to such Protected Health Information and EPHI and limit further uses and disclosures of such Protected Health Information and EPHI to those purposes that make the return or destruction infeasible, for so long as CONTRACTOR maintains such Protected Health Information or EPHI.

7. MISCELLANEOUS.

1. Regulatory References. A reference in this BAA to a section in Part 2, the Privacy Rule, or Security Rule, or the HITECH Act means the section in effect as of the effective date of this BAA or as the Rules may be subsequently amended from time to time.

Exhibit I

2. Amendment; Waiver. The Parties agree to take such action as is necessary to amend the Agreement and this BAA from time to time as is necessary for COUNTY to comply with the requirements of Part 2, the Privacy Rule, Security Rule, HIPAA and the HITECH Act. No provision hereof shall be deemed waived unless in writing, duly signed by authorized representatives of the parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any other right or remedy under this BAA.

3. Survival. The respective rights and obligations of CONTRACTOR under Section 6(c), this Section 7(c), and Section 7(e) of this BAA shall survive the termination of the Agreement and this BAA.

4. Interpretation; Order of Precedence. Any ambiguity in this BAA or the Agreement shall be resolved to permit COUNTY to comply with Part 2, the Privacy Rule, Security Rule and the HITECH Act. The terms of this BAA amend and supplement the terms of the Agreement, and whenever possible, all terms and conditions in this BAA and the Agreement are to be harmonized. In the event of a conflict between the terms of this BAA and the terms of the Agreement, the terms of this BAA shall control; provided, however, that this BAA shall not supersede any other federal or state law or regulation governing the legal relationship of the parties, or the confidentiality of records or information, except to the extent that HIPAA preempts those laws or regulations. In the event of any conflict between the provisions of the Agreement (as amended by this BAA) and Part 2, the Privacy Rule or the Security Rule, the more stringent rule shall apply.

5. No Third-Party Beneficiaries. COUNTY and CONTRACTOR are the only parties to this BAA and are the only parties entitled to enforce its terms. Nothing in this BAA gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this BAA.

6. Successors and Assigns. The provisions of this BAA and the Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and permitted assigns, if any.

7. Except As Amended. Except as amended by this BAA, all terms and conditions of the Agreement shall remain in full force and effect.

8. **SIGNATURES.**
   By signing this BAA, the parties certify that they have read and understood this BAA, that they agree to be bound by the terms of this BAA and the Agreement, as amended, and that they have the authority to sign this BAA.

CONTRACTOR:

By: _____

Title: _____*President/CEO*_____

Date: _____*6/10/25*_____

COUNTY:

DocuSigned by:

By: _____*kit Johnston*_____
8E58DDAC84AB476...

Title: Chair, Board of Commissioners

Date: 6/27/2025

Exhibit I

Yamhill County Health and Human Services

638 NE Davis Street
McMinnville, Oregon 97128

ensoftek ®

DrCloudEHR™ Subscription Agreement

Submitted By

EnSoftek, Inc.

735 SW 158th Ave., Suite 140, Beaverton, OR 97006
www.drcloudehr.com | 503 643 1226

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Table of Contents

Master Hosted Web Services Agreement

This Master Hosted Web Services Agreement ("Agreement") is entered into as of **June 1, 2025** ("Effective Date"), by and between **EnSoftek, Inc.**, an Oregon corporation, and **its affiliated companies** with principal office located at 735 SW 158ᵗʰ Avenue, Suite 140 Beaverton, OR 97006 ("EnSoftek"), and Yamhill County Health and Human Services located at 627 NE Evans Street, McMinnville, OR 97128"Customer"). All references to "we", "us", or "our" shall mean EnSoftek and its affiliated companies. All references to "you" or "your" shall refer to Customer, and to any of your Affiliates (defined below) that agree to be bound by this Agreement.

This Agreement is entered into along with that certain Services Agreement dated effective the same date by and between EnSoftek and Customer (the "Services Contract"), along with that certain Business Associate Agreement dated effective the same date by and between EnSoftek and Customer, the form of which is attached to Services Contract (the "BAA"). The terms and conditions contained in this Agreement shall supplement the Services Contract. The terms and conditions of the Services Contract shall control, if there is any conflict between this Agreement and the Services Contract.

1. Definitions

1.1 "Web Services." DrCloudEHR™ online Electronic Health Records (EHR) service as may be more particularly described on the applicable Order, and any updates or upgrades to our Web Services that may be generally released by us to all customers from time to time. We reserve the right to update and modify the Web Services from time to time.

1.2 "Order." A written purchase order signed by the parties in the form of Exhibit C, "Investment Overview" or any official Change Request or other binding Order Confirmation to be attached to this Agreement.

1.3 "Services Contract." Yamhill County Health and Human Services Contract.

1.4 "Affiliate." Any parent or Subsidiary Corporation, and any corporation or other business entity controlling, controlled by, or under common control with you.

1.5 "Privacy Policy". Our Privacy Policy may be accessed as follows http://www.drcloudehr.com/privacy-policy/. We reserve the right to modify our Privacy Policy from time to time in accordance with its terms.

1.6 "HIPAA Regulations." The Standards for Privacy of Individually Identifiable Health Information and the Security Standards for the Protection of Electronic Protected Health Information [45 C.F.R. Parts 160 and 164] promulgated by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, modified or renumbered.

1.7 "HITECH Act." The Health Information Technology for Economic and Clinical Health (HITECH) Act, Pub.L. 111-5, Div. A. Title XIII and Title IV of Div. B.) (generally effective February 17, 2010).

1.8 "MHDDCA" Mental Health and Developmental Disabilities Confidentiality Act. In any civil, criminal, administrative, or legislative proceeding, or in any proceeding preliminary thereto, a recipient, and a therapist on behalf and in the interest of a recipient, have the privilege to refuse to disclose and to prevent the disclosure of the recipient's record or communications. 740 ILCS 110/10(a).

1.9 "ePHI." The same meaning as the term "electronically protected health information" under HIPAA Regulations.

"Business Associate Agreement (BAA)." The same meaning as the "business associate" agreement under the HIPAA Regulations, as modified to comply with the Confidentiality of Patient Records Act (as defined below), the form of which is attached to the Services Contract.

2. Web Services

2.1 Subject to the terms and conditions hereof, including without limitation our Privacy Policy and the Services Contract and BAA, we shall provide the nonexclusive, non-transferable right to use and operate the Web Services to you and your Affiliates during the term of this Agreement under the applicable Order. The initial Order is attached.

2.2 You will be granted authorized login protocols for the Web Services, and you agree not to use the Web Services in excess of your authorized login protocols. You agree not to access (or attempt to access)

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the Web Services by any means other than through the login protocols we provide. You agree not to access (or attempt to access) the Web Services through any automated means (including the use of scripts or web crawlers), and you agree to comply with the instructions set out in any robots.txt file present on the Web Services.

2.3 You are not authorized to (i) resell, sublicense, transfer, assign, or distribute the Web Services or content; (ii) modify or make derivative works based upon the Web Services or content; (iii) "frame" or "mirror" the Web Services or content on any other server or Internet-enabled device, or (iv) reverse engineer, decompile the Web Services or their enabling software for any purpose.

2.4 You are not authorized to use our Web Services or servers for the propagation, distribution, housing, processing, storing, or otherwise handling in any way lewd, obscene, or pornographic material, or any other material which we deem to be objectionable. The designation of any such materials is entirely at our sole discretion.

2.5 Nothing in this Agreement will be deemed to convey any title or ownership interest in the DrCloudEHR Web Services or the Third-Party Programs to the Customer. If suggestions made by Customer are incorporated into subsequent versions of the Web Services or if changes are made to the Web Services through the use of provided configuration tools contained in the Web Services are incorporated into subsequent versions of the Web Services, Customer hereby assigns to EnSoftek all rights Customer may have in changes and to any suggestions, concepts, or improvements concerning the Web Services, or other products and services that may result from Customer communication to EnSoftek.

2.6 Availability of Web Services is subject to our Service Level Agreement attached here.

3. Ownership

3.1 The software and technology used by us to generate and provide the Web Services are protected by law, including, but not limited to, United States copyright law and international treaties. The copyrights and other intellectual property rights in this material are owned by us and/or others. Except for the limited rights granted herein, all other rights are reserved.

3.2 You will be the co-owner of all intellectual property rights in your patient files. We will make available your data as an exported data file (e.g. mySQL, .csv or .sql) corroborated by a supporting data dictionary document when requested, and for no additional fees. Besides gaining data by way of an exported file, the Customer will also have access to their data in the Cloud for no additional fees. Any and all Customer data stored on EnSoftek servers or within EnSoftek custody shall be the sole property of Customer. EnSoftek, its subcontractor(s), officers, agents, and assigns shall not make use of, disclose, sell, copy or reproduce the Customer data in any manner, or provide to any entity or person outside of Customer without the express written authorization of the Customer.

4. Account-Related Responsibilities

4.1 You are responsible for maintaining the confidentiality of your login protocols, and any additional information that we may provide regarding accessing the Web Services. If you knowingly share your login protocols with another person who is not authorized to use the Web Services, this Agreement is subject to termination for cause. You agree to immediately notify us of any unauthorized use of your login protocols or any other breach of security.

5. Limited Warranty; Disclaimers

We represent and warrant that during the term of this agreement and the Services Contract, we will comply with applicable state and federal laws and regulations, including HIPAA, HITECH ACT, and Identity Theft Protection Act.

6. Waiver of Consequential Damages

6.1 Except (i) as may be provided in the Services Contract, the BAA and any other applicable business associate agreement or the HIPAA regulations or the HITECH act or the confidentiality of patient record act, or (ii) for obligations regarding confidential information expressly provided herein, in no event shall either party be liable to the other under any theory including contract and tort (including negligence and strict products liability) for any indirect, special or incidental or consequential damages, even if the party causing such damages has been advised of the possibility of such damages

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7. Liability Cap

7.1 Liability Cap. Except (i) as may be provided in any applicable business associate agreement or the HIPAA regulations or the HITECH act or the confidentiality of patient record act, or the MHDDCA act of Illinois (ii) for obligations regarding confidential information expressly provided herein, our aggregate liability, if any, including liability arising out of contract, negligence, strict liability in tort or warranty, or otherwise, shall not exceed the total of monthly fees payable by you for the twelve (12) months immediately preceding the claim for such liability.

8. Export Control

8.1 We provide Web Services and use software and technology that may be subject to United States export controls administered by the U.S. Department of Commerce, the United States Department of Treasury Office of Foreign Assets Control, and other U.S. agencies and the export control regulations of Switzerland and the European Union. You acknowledge and agree to comply with applicable export controls.

9. Registration Data

9.1 Registration is required for you to establish an account at the Web Services. You agree (i) to provide certain current, complete, and accurate information about you as prompted to do so by our online registration form ("Registration Data"), and (ii) to maintain and update such Registration Data as required to keep such information current, complete and accurate. You warrant that your Registration Data is and will continue to be accurate and current and that you are authorized to provide such Registration Data. You authorize us to verify your Registration Data at any time. If any Registration Data that you provide is untrue, inaccurate, not current, or incomplete, we retain the right, in its sole discretion, to suspend or terminate rights to use your account. Solely to enable us to use information you supply us internally so that we are not violating any rights you might have in that information, you grant us a nonexclusive license to (i) convert such information into digital format such that it can be read, utilized and displayed by our computers or any other technology currently in existence or hereafter developed capable of utilizing digital information, and (ii) combine the information with other content provided by us in each case by any method or means or in any medium whether now known or hereafter devised. The Registration Data will not be provided to any third parties and will be protected from unauthorized disclosure to the third party.

10. Monitoring

10.1 We reserve the right to monitor your access and use of the Web Services without notification to you, subject to reasonable and agreed-to security policy and protocol.

11. Information Security; Security Notice

11.1 Customer shall be solely responsible for acquiring and maintaining technology and procedures for maintaining the security of Customer's link to the Internet.

11.2 As part of the Web Services, we shall implement and maintain commercially reasonable and appropriate information security procedures concerning any of Customer's Individually Identifiable Confidential Information, or according to this Agreement, consistent with prevailing industry standards to protect data from unauthorized access by the physical and electronic intrusion, and that comply with applicable privacy rights, applicable law and business guidance issued by any federal or state regulatory agency to protect personally identifiable information, individually identifiable health information or ePHI. Without limiting any other provision in this Agreement, EnSoftek will not allow any other of its customers to view any information or data of Customer, its patients, employees, suppliers, licensors, or licensees.

11.3 Unless resulting from the failure of EnSoftek and its affiliate companies to perform the obligations specified in Section 10 and Section 14.2 above, the parties agree that we shall not be held responsible or liable for situations (i) where data or transmissions are accessed by third parties through illegal or illicit means, or (ii) where the data or transmissions are accessed through the exploitation of security gaps, weaknesses, or flaws unknown to us at the time and should not have reasonably been known to us in EnSoftek's risk assessment.

11.4 Except as set forth in vi of Exhibit C, notifications required by this section are required to be made

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without unreasonable delay and in no case later than 60 calendar days after the Discovery of a Breach. Therefore, the notification of a Breach to the COUNTY shall be made as soon as possible and CONTRACTOR shall confer with the COUNTY as soon as practicable thereafter, but in no event, shall notification to the COUNTY be later than 30 calendar days after the Discovery of a Breach. We will promptly report to you any unauthorized access to your data upon discovery by us, and we will use diligent efforts to promptly remedy any breach of security that permitted such unauthorized access. In the event notification to persons included in your data is required, you shall be solely responsible for any such notifications at your expense.

12. Miscellaneous

12.1 **Publicity.** Neither party shall use the other party's trademarks, service marks, trade names, logos, symbols, or brand names, or otherwise issue or release any announcement, statement, press release, or other publicity or marketing materials relating to the existence or subject matter of this Agreement, or the relationship between the parties, in each case, without the prior written consent of the other party.

12.2 **United Nations Convention of Contracts.** The application of the United Nations Convention of Contracts for the International Sale of Goods is expressly excluded.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed as of the date written above.

Customer	EnSoftek:
Client	**EnSoftek, Inc.**
By: *Kit Johnston* DocuSigned by: 8E58DDAC84AB478...	By:
Name: Kit Johnston	Name: **Ramana Reddy**
Title: Chair, Board of Commissioners	Title: **CEO**
Date: 6/27/2025	Date: *6/10/25*

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Service Level Agreement

1. Definitions

1.1 "Service Level" The measurements upon which the quality of Web Services is measured.

1.2 "Basic Service Level" Any Service Level outlined in this Agreement or an applicable Order that is not a Critical Service Level.

1.3 "Critical Service Level" Any Service Level that is described as "critical" in this Agreement or an applicable Order.

1.4 "Uptime" Measure the time the Web Services are working and available.

1.5 "Downtime" Any period where the Web Services are not available to the end users, regardless of the reason.

1.6 "Exempt Downtime" Downtime where the parties have previously agreed upon the time and duration of such Downtime. Only Downtime occurring during the such previously-agreed period shall be deemed to be Exempt Downtime. Exempt downtime will include unscheduled internet outages.

1.7 "Unscheduled Downtime" All Downtime that is not Exempt Downtime.

1.8 "Active User" – All users are considered active and billable unless marked as Inactive in the DrCloudEHR™ User Management Console.

1.9 "Performance Credit."   A single Performance Credit shall be the count of each hour of Downtime multiplied by the hourly subscription fees calculated on a monthly basis assuming a 30-day month. Hourly subscription fees are calculated as total number of active users in a given month multiplied by the monthly per user rate divided by average monthly hours of 720 (24x30). The following example demonstrates the calculation of performance credits for the given hypothetical scenarios and are for illustrative purposes only.

Example: Uptime Guarantee Example. Assuming a given month with 140 users at a subscription price $55/user/month had Uptime of 99.5% then a performance credit of $27.79 would be earned provided it was reported to Vendor within 30 days following the end of the quarter for which the given month falls. This performance credit is calculated as 140 users multiplied by $55 subscription price = $7,700 monthly subscription divided 720 hours = $10.69 hourly subscription fee. The Downtime is calculated as 720 hours minus the Uptime of 716.4 hours (99.5% * 720) minus 1 hour of monthly unplanned outages limit equals 2.6 hours of eligible performance credit downtime. The $10.69 multiplied by the 2.6 hours equals the $27.79 total monthly performance credit.

2. Procedures

The establishment of Service Levels will be accomplished as follows:

2.1 **Commencement.** Service Levels are established as provided herein and will be measured starting on the "go live" date for the Web Services. Service Level reporting will be put into effect starting on the "go live" date for the Web Services.

2.2 **Service Level Changes.** The Parties may agree to add, delete or modify Service Levels. All such changes must be mutually agreed to in writing. Should new technology or improved measurement capabilities be deployed by EnSoftek that impact the Service Level reports, EnSoftek and Customer will agree upon a new measurement process and amend this Exhibit as appropriate. Should EnSoftek and Customer agree to implement a new reporting mechanism, EnSoftek and Customer will establish new Service Levels to be aligned with the new reporting mechanism.

2.3 **Downtime Incident Reporting.** Upon receipt of a written request from Customer for a prior calendar month requesting information regarding a specific instance of Downtime, EnSoftek will provide Customer with a related incident report from which Customer may determine any Downtime.

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2.4 **Excused Failures.** Failure to meet Service Levels will not be deemed to be a failure by ENSOFTEK if one of the following conditions exist: (i) the failure is mutually agreed not to be the fault of ENSOFTEK; (ii) the failure of Customer to carry out relevant obligations causing the failure; (iii) failure of equipment not provided by or maintained by EnSoftek; or (iv) Force Majeure Events.

3. Service Level Metrics

In addition to any Service Levels described in detail in the Order, and unless these Service Levels are expressly modified in the Order, the following Service Levels are deemed to be default metrics and will apply to the Agreement.

3.1 **Uptime.** The Uptime for the Web Services shall be up at 99.5%, excluding Exempt Downtime, as calculated for each calendar month. If the Web Services are available between 99.0% and 99.49% of the time, a Service Level Failure shall be deemed to have occurred.

3.2 **Backups.** EnSoftek uses standard operating procedures to back up all ePHI data and documents on a regularly scheduled basis to prevent data loss. An electronic copy of the data and documents will be provided upon Customer request.

3.3 **Maximum Performance Credits.** Notwithstanding the foregoing, the aggregate maximum number of Performance Credits to be issued by EnSoftek to Customer for all events that occur in a single calendar month shall not exceed one hundred and eighty (180) Performance Credits, except for Uptime Guarantee which has an aggregate monthly maximum of 360 Performance Credits.

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4. Support Level Metrics

Support Services will be performed by EnSoftek subject to the terms and conditions of the Master Hosted Services Agreement.

4.1 EnSoftek will maintain the then-current version of the DrCloudEHR solution in substantial conformance with its Specifications as amended from time to time by EnSoftek, and with applicable Federal regulatory requirements and laws. EnSoftek will use commercially reasonable efforts to either:

    i.   Correct any reproducible Problems or Defects in the then current or immediately prior release of the DrCloudEHR solution which prevent it from operating in substantial conformance with the Specifications and applicable Federal regulatory requirements; or

    ii.   Provide a commercially reasonable alternative that will substantially conform with the Specifications and applicable Federal regulatory requirements and laws.

4.2 Customer will make requests for Support Services by giving EnSoftek written notice specifying a Problem or Defect in the DrCloudEHR solution. In making a verbal request for Support Services, Customer will provide EnSoftek within twenty-four (24) hours after such verbal notice with such written information and documentation as may be reasonably prescribed by EnSoftek.

4.3 On a timely basis EnSoftek will also provide Customer with such updates as are distributed without charge to other similar Customers which reflect modifications and incremental improvements made to the DrCloudEHR solution by EnSoftek;

4.4 EnSoftek will make technical support personnel available from 9:00 a.m. to 5:00 p.m., Customer local time Monday through Friday, exclusive of EnSoftek holidays.

4.5 If a reasonable analysis by EnSoftek indicates that a reported Problem or Defect is caused by a problem related to Hardware used by the Customer, the hardware's system software, or applicable software other than the DrCloudEHR solution, or the Customer's misuse or modification of the DrCloudEHR solution, EnSoftek's responsibility will be limited to the correction of the portion, if any, of the problem caused by a Problem or Defect in the DrCloudEHR solution. The Customer will, at EnSoftek's option, pay EnSoftek for the cost of analyzing the reported problem at EnSoftek's then prevailing time-and-materials rate following the written approval of Customer by an authorized representative authorizing EnSoftek to proceed with any billable work.

4.6 The initial term for the provision of Support Services for the DrCloudEHR solution will coincide with the whole Subscription time the DrCloudEHR solution is made available to the Customer provided that the Customer is current on all outstanding invoices per the terms and conditions outlined in the Master Hosted Services Agreement.

4.7 Absent a bona fide dispute, if Customer fails to pay for Hosted Subscription Services when due, EnSoftek may refuse to provide Support Services until Customer makes payment of all Charges due.

4.8 All reported support service requests will be acknowledged within 8 business hours of receipt.

4.9 If an analysis by EnSoftek indicates that a reported problem is caused by a reproducible Problem or Defect, EnSoftek will use commercially reasonable efforts to provide Support Services per the following prioritization of reported problems:

Priority	Definition
1–Critical	**Priority 1:** will be assigned when the DrCloudEHR solution or a material DrCloudEHR solution component is non-operational as a result of a defect [in a Production environment only] such as: - The Production system cannot be accessed or utilized in any capacity - A direct patient safety issue is present - A DrCloudEHR solution defect. Best efforts will be made to correct Priority 1 problems or to provide a plan for such correction, within two (2) business days. Customer's Commitment: - This case Priority must be submitted directly to the EnSoftek Support department. - Customer provides the specific, detailed information required for troubleshooting/ investigation.

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Ensoftek Inc.	
2–High	• Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be downgraded to Priority 2. **Priority 2:** will be assigned to Production defects that result in functions that have a significant negative impact on daily operations. A workaround may be available and/or the capacity to maintain daily business functionality. Commercially reasonable efforts will be made to correct Priority 2 problems or to provide a plan for such correction, within four (4) business days. Customer's Commitment: • Customer provides the specific, detailed information required for troubleshooting/ investigation. • Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be downgraded to Priority 3.
3–Medium	**Priority 3:** will be assigned for system defects that result in functions that have no major impact on daily operations. An issue that allows the continuation of function, including issues in which a reasonable workaround is available. Commercially reasonable efforts will be made to correct Priority 3 problems or to provide a plan for such correction, within ten (10) business days. Customer's Commitment: • Customer provides the specific, detailed information required for troubleshooting/ investigation. • Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be downgraded to Priority 4.
4–Low	**Priority 4:** will be assigned to cosmetic defects that do not affect system usability or non-defect related requests including, but not limited to, system setup/configuration, training, functionality questions, documentation, portal access, and upgrade/change requests. Commercially reasonable efforts will be made to address Priority 4 issues or to provide a plan for such correction, within fifteen (15) business days except for upgrade/change requests. For upgrade/change requests, the customer will be sent a change request form in a reasonable time frame. Such requests will be added to the Engineering pipeline for implementation once EnSoftek receives the signed form from the customer. Customer's Commitment: • Customer provides the specific, detailed information required for troubleshooting/ investigation. • Customer provides appropriate staff and resources to sustain continuous communication and work effort as required. • Without appropriate Customer resources, the case will be closed following our Case Closure Notification policy.

Exhibit C – EnSoftek Inc. Proposal Response to Customer RFP

Incorporated by reference.

YAMHILL COUNTY, OREGON

Project: Software and Implementation Services for an Electronic Health Records (EHR) System

Submitted by EnSoftek, Inc.

Project Payment Schedule

1) One-time Costs (Professional Services and Hardware Costs) $819,425.00

Payment Schedule	Payment%	Payment
Payment 1: Contract Execution Date	25%	$204,856.25
Payment 2: Completion and County Sign-off of Requirements Analysis	15%	$122,913.75
Payment 3: Completion of System/Database Build	25%	$204,856.25
Payment 4: Upon completion of User Acceptance Testing (UAT)	25%	$204,856.25
Payment 5: Upon Go-Live (first production use of the system)	10%	$81,942.50
Total:	100%	**$819,425.00**

2) Recurring Subscription Fees (Years 1 – 10) $5,485,933.34

Payment Schedule	Payment
Payment 1: Contract Execution Date (Year 1)	$73,500.00
Recurring Subscription Fees (Due Anniversary Date Year 2)	$582,243.00
Recurring Subscription Fees (Due Anniversary Date Year 3)	$582,243.00
Recurring Subscription Fees (Due Anniversary Date Year 4)	$582,243.00
Recurring Subscription Fees (Due Anniversary Date Year 5)	$582,243.00
Recurring Subscription Fees (Due Anniversary Date Year 6)	$580,784.04
Recurring Subscription Fees (Due Anniversary Date Year 7)	$598,207.56
Recurring Subscription Fees (Due Anniversary Date Year 8)	$616,153.79
Recurring Subscription Fees (Due Anniversary Date Year 9)	$634,638.40
Recurring Subscription Fees (Due Anniversary Date Year 10)	$653,677.55
Total:	**$5,485,933.34**

3) Recurring Maintenance (Years 1 – 10) $151,494.56

Milestones	Payment
Payment 1: Contract Execution Date (Year 1)	$0.00
Recurring Maintenance Fees (Due Anniversary Date Year 2)	$16,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 3)	$16,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 4)	$16,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 5)	$16,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 6)	$16,480.00
Recurring Maintenance Fees (Due Anniversary Date Year 7)	$16,974.40
Recurring Maintenance Fees (Due Anniversary Date Year 8)	$17,483.63
Recurring Maintenance Fees (Due Anniversary Date Year 9)	$18,008.14
Recurring Maintenance Fees (Due Anniversary Date Year 10)	$18,548.39
Total:	**$151,494.56**

1) Recurring DrCloudEHR CCBHC Module 2.0 Subscription/Maintenance (Years 1 – 10) $225,000.00

Milestones	Payment
Payment 1: Contract Execution Date (Year 1)	$0.00
Recurring Maintenance Fees (Due Anniversary Date Year 2)	$25,000.00

Recurring Maintenance Fees (Due Anniversary Date Year 3)	$25,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 4)	$25,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 5)	$25,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 6)	$25,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 7)	$25,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 8)	$25,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 9)	$25,000.00
Recurring Maintenance Fees (Due Anniversary Date Year 10)	$25,000.00
Total:	**$225,000.00**