Cerner

West Virginia Veterans Home
Electronic Medical Records Software
Request for Quotation

Collin Williams
Strategic Client Executive
December 29, 2015

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Crystal Rink
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, West Virginia 25305-0130

Dear Ms. Rink:

Thank you for your interest in Cerner Corporation. Enclosed is our response to your Request for Quotation, Electronic Medical Records Software. This proposal will provide you with a comprehensive evaluation of West Virginia Veterans Home's unique needs and objectives, along with an advised approach designed specifically for your organization to resolve these needs and better prepare you for the future.

The healthcare industry is changing and, today, it is extremely difficult for health care organizations to make accurate predictions. It is Cerner's duty to not only prepare West Virginia Veterans Home for the twists and turns that will undoubtedly arise over this decade, but also give you the tools, services, and support needed to excel through this ever-evolving landscape.

For West Virginia Veterans Home to stay ahead of the curve and meet the various complexities of this industry, we believe that a true partnership must be established. We view it as our obligation to not only meet your needs, but understand that they shift with the times. Furthermore, we must have the ability to adjust to these changes accordingly. In other words: our success translates into your success. And it is from this premise that our partnership is based.

I would like to personally assure you that all requested material, responses, and information are included within this proposal. Much consideration has gone into your request. An experienced team of specialists has evaluated and responded to your requirements, and I have made sure that your defined specifications have been met.

I hope you find this proposal to be responsive for your request, and I look forward to working with you as you enter the next stage of your selection process. In the meantime, please feel free to contact me at 816-588-8134 as you require additional information.

Sincerely,

Collin Williams
Strategic Client Executive

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On behalf of Cerner it is our pleasure to respond to West Virginia Veterans Nursing Facility request for Electronic Medical Record Software. All Cerner applications are structured around a single architectural design which allows information to be shared among clinical disciplines and across multiple facilities. This powerful approach eliminates error, variance, and waste for health care providers and improves quality of life for residents.

Cerner's Long Term Care Proposal

Because health care is personal, Cerner shares a passion and commitment with long-term care providers to make health care better than it is today. What we do and how well we do it impacts the lives of our friends, family and ourselves. Cerner's long-term care solution proactively monitors the health of residents; enabling parents, grandparents and loved ones to live better, healthier lives.

Our solution is designed to help organizations like the West Virginia Veterans Nursing Facility improve quality of care, reduce risk, improve efficiency and increase reimbursement. Cerner's interoperable EMR will enable the West Virginia Veterans Nursing Facility to maintain a single resident electronic medical record across multiple venues of care. The Cerner long-term care solutions being proposed include:

- PowerChart LTC: A true enterprise solution tailored to the specific needs of long-term care. Using PowerChart LTC, the West Virginia Veterans Nursing Facility can consolidate resident health information into a single electronic medical record. The foundation of PowerChart LTC is Cerner's Millennium platform, which is used by hospitals, physician practices and ambulatory facilities across the globe. PowerChart LTC is interoperable across the health care spectrum as it uses industry standard protocols to integrate with various health care entities, including local, regional, and national Health Information Exchanges.

- CareTracker: Portable iPads and wall-mounted touch screens make it easy for caregivers to document resident observations and incidents as they occur. This means more frequent entries, better quality data, and more accurate clinical information about the West Virginia Veterans Nursing Facility residents. CareTracker's Clinical Intelligence solution analyzes millions of data records and quickly spots potential issues before they become a problem. Alerts indicate residents who aren't drinking or eating, having constipation issues, losing weight too fast, consistently declining in ADL performance, and more. Detailed information about each alert is only a click away.

- MDS Intelligence: With MDS Intelligence you can now collect, create, submit and analyze MDS files like never before.
    - It's On-Time: Use the scheduling system to identify when files need to be started, completed, signed, and submitted.

- o It's Fast: Auto-populate with data from CareTracker and other sources so each MDS is halfway complete before you start.
- o It's Easy: Hundreds of customizable rules give you advice field-by-field during completion.
- o It's Smart: Assessments are benchmarked against more than a million files to help you spot trends and prepare for surveys and audits.

Cerner's ASP Offering

With our Application Service Provider (ASP) model, we'll host your information at our superior data facility. With the ASP Model, you can access your patient information over a secure Internet connection, allowing flexibility to login to solutions from any location that has an Internet connection — including your own home.

ASP Benefits

Cerner hosts your clinical and financial information at a state-of-the-art data facility. The Cerner Technology Center offers 24x7x365 data support and uses the latest techniques to protect patient information. We guarantee your records will be available 99.9% of the time. Installation is easy. Cerner provides a variety of training approaches designed to support your organization's unique needs, walking you and your staff through the solutions until everyone is comfortable.

- Ensure data safety and security at Cerner's world-class and award-winning storage facility

- Allow Cerner to perform all data back-ups and system maintenance

- Avoid costly server replacement and unexpected maintenance fees

- Perform with optimal office functionality while Cerner completes automatic, perpetual upgrades

Why Cerner

Today, the single greatest lever that exists to create systemic change and deliver value for organizations, like the West Virginia Veterans Nursing Facility, is information technology. As the world's largest publicly traded health IT company with over 36 years of experience, Cerner provides industry-leading solutions and services to health care facilities worldwide. We support the clinical, financial and operational needs of both small and large organizations.

With the February 2, 2015 acquisition of Siemens Health Services, Cerner now boasts a breadth of resources that includes over $650 million in combined R&D investment per year, over 20,000 associates world-wide, and solutions licensed at over 18,000 client sites. Cerner's solutions and services help solve today's difficult

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challenges for health care organizations and create the foundation for tomorrow's health population. Cerner will continue to lead this industry for many years to come as we continue to combine financial stability, and the clinical and technical expertise to provide innovative technologies.

On behalf of Cerner Corporation, we are pleased to provide the following response to your request for proposal. We look forward to partnering with the West Virginia Veterans Nursing Facility on the Electronic Medical Record Project.

SPECIFICATIONS

1 **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of the WV Veterans Nursing Facility, One Freedoms Way, Clarksburg, WV, 26301, and the Barboursville Veterans Home, 512 Water Street, Barboursville, WV, 25504, to establish a one- time purchase for integrated electronic medical records software solutions.

2 **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in Section 2 of the General Terms and Conditions.

2.1 **"Contract Services"** means integrated software solutions to include a practice management system, clinical documentation system (including point of care documentation), Therapy module, and Minimum data set 3.0 system for both WV Veterans Nursing Facility, One Freedoms Way, Clarksburg, WV, 26301, and Barboursville Veterans Home, 512 Water Street, Barboursville, WV, 25501, as more fully described in these specifications.

2.2 **"Customer"** means WV Veterans Nursing Facility and Barboursville Veterans Home.

2.3 **"Pricing Page"** means the pages, contained WVOASIS or attached hereto as Exhibit A, upon which Vendor should list its proposed price for the Contract Services.

2.4 **"Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

2.5 **Minimum Data Sets 3.0 Systems or MDS** means the Minimum Data Set (MDS) is part of the federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing facilities. The entire process, called the Resident Assessment Instrument (RAI), provides a comprehensive assessment of each resident's functional capabilities and helps nursing facility staff identify health problems.

2.6 **HIPAA** means Health Insurance Portability Act

2.7 **Therapy Module** means software that tracks Therapy minutes provided and categorizes resident activity into resource utilization groups.

2.8 **HITECH** means Health Information Technology for Economic and Clinical Health

2.9 **RAI** means Resident Assessment Instrument

2.10 **QI** means Quality Indicators

2.11 **RTLS** means Resident Tracking and Locating System

2.12 **CPOE** means Computerized Physician Order Entry

2.13 **SaaS** means Software as a Service

2.14 **ICD 9** means International Classification of Disease ninth edition

2.15 **ICD10** means International Classification of Disease tenth edition

2.16 **ONC-ATCB** means Office of the National Coordinator-Authorized Testing and Certification

2.17 **Assessment/Invoice** means bill for Resident stay/room and board in Nursing Facility

2.18 **Resident Trust Fund** means an interest bearing account for a residents personal monies.

2.19 **70%Service Connect Status** means a resident who has was injured during their military service. If the Federal Veterans Administration deems the injury to be 70% or greater their stay is free in the Nursing Facility.

3. **GENERAL REQUIREMENTS**

3.1 **Mandatory Contract Item Requirements:** Contract item must meet or exceed the mandatory requirements listed below.

3.1.1 The awarded vendor must have a minimum of two years' experience in completing

similar projects. References, copies of any staff certifications or degrees applicable to this project. Proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project and what the project goals and objectives, where and how they were met.

Cerner has more than five years' experience in completing similar implementation projects.

Please refer to the *References* document located in the Additional Reference Materials for a list of a few of our reference sites.

Please refer to the *Project Launch Guide* and *Project Plan* documents located in the Additional Reference Materials for the sample staffing plan.

Please refer to the *References* document located in the Additional Reference Materials for descriptions of past projects, type of project and how the project goals and objectives were met.

Project staffing will be finalized once project start dates have been confirmed. Prior to finalizing the contract, Cerner will work jointly with you to ensure high-quality implementation, training, and support teams that meet your approval. Our implementation methodology reduces the variance in projects and provides additional structure that allows us to efficiently utilize solution experts across projects, making them available at the right time for each project.

3.1.2 The product must be capable of processing clinical and financial audits for all portions of software.

Yes. The solution supports the processing of both clinical and financial audits.

3.1.3 Vendor must be able to list the security reports the product provides prior to go-live to meet all auditing and HIPAA reporting needs.

Acknowledged. Cerner participates in an annual SSAE-16 audit prepared by the auditing firm of BKD, LLP. The results can be provided to our current clients upon request or future clients with a signed NDA.

3.1.4 The system must have the ability to create new security rights/roles based on new workflows or enhancements (e.g. customer-developed content such as psych notes or departmental flow sheets.)

Your organization will determine the roles and assigned access for each role and you will have the ability to create the necessary groups.

3.1.5 The system must have the ability to terminate user connections/sessions by an administrator (remotely) if a breach is

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suspected.

The Administrator group, with appropriate access, can remotely terminate user sessions as part of our role-based security.

3.1.6   The system must have the ability to lockout users (for upgrades, security breaches, employee terminations, etc.).

Users can be locked out in the event of a security breach and terminations. An Administrator, or another account with appropriate level access, can perform the task of locking a user out of the system. The reasons for lockout (security breach, employee terminations, etc.) do not determine ability to end the session and lockout the user.

3.1.7   The installation and intergratation must be complete within 120 days after award.

Acknowledged. Cerner will make reasonable efforts to comply with mutually agreed upon installation dates. We would be happy to work with you to meet your goals and timeline.

3.1.8   The agency will accept that the system is complete and operational for 120 calendar days without any errors. After that time period is up, the vendor will submit a change order to start the first (1ˢᵗ) year maintenance.

Noted and understood. Cerner warrants that, as long as Client (a) remains continuously on Support and (b) is operating the most current or next to most current New Release, the Licensed Software will, without Material Error, perform the functions set forth in the Solution Descriptions when operated in accordance with the Documentation. In the event of a breach of this warranty, Cerner will repair or replace the failing item of Licensed Software so that it performs in accordance with such warranty. If, after repeated efforts (not to exceed 6 months from the date Cerner receives written notice of the warranty breach), Cerner is unable to repair or replace the failing item of Licensed Software so that it performs in accordance with such warranty, Client may, at Cerner's expense, return the failing item of Licensed Software and receive a refund of the item's license fee (calculated on a 5-year straight line depreciated basis), as well as the item's Support fees paid since the failure was first reported to Cerner.

3.2 At a minimum, vendor's application must provide the following data protection:

3.2.1   The system must be capable of securing patient's data at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).

We believe that our system can provide your organization with the secured access to applications both standard network or remote. Cerner has multiple processes in place to secure patient data. Cerner's system security philosophy design is a layered approach to applications in either instance of within the network or remote access. There are four levels of security in the Cerner system – the four A's: authentication, access,

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authorization, and auditing. A unique identifier is assigned and all activity for the unique identifier is tracked and logged. We also take full advantage of 802.11g security elements. Data at rest is not encrypted and data in transition is always encrypted using 128 bit encryption over HTTPS and VPN over TCP/IP.

3.2.2 The system must be capable of securing patient data when accessed via handheld devices (e.g., secured through SSL websites, iPhone apps, etc.)

Encryption can be provided to include (but not limited to), rc 5 128 bit, workstation security through 128-bit Secure Socket Layers (SSL). The SSL transmits private applications via the web and provide security for Web traffic. Cerner only uses SSL 3.0 and TLS 1.1 for cryptographic protection in the Data Center system environment. Citrix ICA sessions are encrypted for all Internet-based transmissions. Our Data Center utilizes IPSEC and SSL virtual private networks (VPN) for data encryption.

3.3 The business operations system or billing system must provide the following functionality at a minimum:

3.3.1 The system must allow for and account electronic deposits, withdrawals and transfers between Resident Trust Funds.

Our Revenue Cycle powered by AmeraCare solution supports electronic deposits and withdrawals for resident trust funds. However, the transfers between Resident Trust Funds is not available at this time.

3.3.2 System must be capable of calculating eligibility percentages using demographic data.

The solution provides electronic eligibility checking; however, it does not currently calculate eligibility percentages.

3.3.3 System must provide standard billing reports for the user to query and aggregate individual patient financial information from resident trust funds.

Our Revenue Cycle powered by AmeraCare includes a multitude of revenue cycle reports including a Resident Trust Fund Report that can aggregate individual resident information from resident trust funds.

The solution has a built-in Resident Trust module. This module provides a simple method for maintaining accounting information and entering withdrawal information such as shopping and tracking deposit information in a Resident's Trust Account. Your organization can monitor a simple dashboard that indicates balances and shows whether the resident is over or under the limits set by the user for each account. This module has multiple features including interest allocation from the bank statement; and your organization can produce Quarterly Trust Fund Statements to send to the family as required by several states.

3.3.4 System must have the ability to create resident trust funds within application. Also have drop down boxes with prefilled descriptions of deposits/debits/credits.

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Our Revenue Cycle powered by AmeraCare solution provides the ability to create residential trust funds within the application via search functionality.

3.3.5 **The system must be capable of creating and running on demand custom reports, such as resident trust fund and census throughout the course of the day. Ability to run quarterly reports on resident trust funds and have the ability to input and run reports by inputting multiple residents at one time. The system must be able to print bulk invoices for filling resident assessment/invoices in a format compatible with generally accepted accounting principles.**

Our Revenue Cycle powered by AmeraCare solution is capable of creating and running on demand custom reports, such as resident trust fund and census throughout the course of the day.

Additionally, it provides the ability to run quarterly reports on resident trust funds as well as the ability to input and run reports by inputting multiple residents at one time.

The solution provides the ability to print bulk invoices for filing resident assessment/invoices in a format compatible with general accepted accounting principles.

3.3.6 **Must have the ability to print from a specified date in ledger and summary areas, as well as yearly reports by printing individualized or print on demand resident numbers of five (5) to ten (10) at one given time.**

Our Revenue Cycle powered by AmeraCare solution provides the ability to print from a specified date in ledger and summary areas, as well as yearly reports by printing individualized or print on demand resident numbers up to fifteen at one time.

3.3.7 **Must have the ability to input changes to resident account from any field. Shall have the ability to choose a multiple list of residents by different fields such as resident number, address, phone number or responsible party and print that information for the group of chosen residents.**

Our Revenue Cycle powered by AmeraCare solution provides the ability to input changes to resident accounts from any field. The solution only allows for the resident number on this list. However, it allows for the selection of multiple other categories.

3.3.8 **The system must utilize initial intake data for display of a resident account, providing the Business Office with a minimum of the following information:**

Our long term care system supports an assessment workflow based on responses as well as resident demographics.

Resident-centric structured data elements such as diagnoses, problems, allergies, histories, and medications (just to name a few) do not need to be reentered once in the system. The solution allows for review and update of these elements by appropriate staff. Data elements can be pulled into documentation automatically.

Our solution flexes documentation based on the certain demographic data and pushes

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documentation to appropriate providers based on clinical events, orders, or rules. Conditional fields and expandable terms allow for bridge logic within the documentation tools.

3.3.9 Resident number

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident number.

3.3.10 resident name

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident name.

3.3.11 address

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident address.

3.3.12 county of residence

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's county of residence.

3.3.13 social security number

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's social security number.

3.3.14 Gender

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's gender.

3.3.15 date of birth

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's date of birth.

3.3.16 Age

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's age.

3.3.17 branch of Armed Forces

The branch of Armed Forces can be added as a customized field in registration. Additional fees may apply.

3.3.18 70% service connect status

70% service connect status can be added as a customized field in registration. Additional fees may apply.

3.3.19 room number/location

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's room number/location.

3.3.20 language preference

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's language preference.

3.3.21 religion reference

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's religion preference.

3.3.22 home phone

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's home phone number.

3.3.23 cell phone

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's cell phone number.

3.3.24 other phone

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's other phone number.

3.3.25 resident type

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident type.

3.3.26 current status (current resident, death, bed hold, etc.) with an attached date of status update.

Yes. The system utilizes initial intake data for display of a resident account, providing the business office with the resident's current status.

3.3.27 Reports shall be set up to run automatically as well as routed to a specific person within the office. All reports must be exportable to Excel or Equal, or have customizable query option in the Business Office operations system.

Our reports are not set to automatically export to staff roles, or generate automatically. Most are exportable to Excel. Only a few reports have the query options.

The solution provides a library of reports for the user to select and modify via filters. Since our ASP deployment is a multitenant domain, we will create the reports for our EHR solution. If your organization requires a customized report, they would need to submit a service request. However, the reports in our point-of-care ADL/task documentation solution can be created by the user.

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3.4 In addition to industry accepted base functionality in current resident assessment instrument the Minimum Data Set 3.0, the system:

Our MDS management solution is our comprehensive solution for the creation, submission, and analysis of MDS assessments. It provides the ability to attain reimbursement precisely and efficiently, based on MDS assessments. It functions accurately, intuitively, and in real-time. It is equipped with embedded rule logic, validation, editing tools, and mentoring to help coordinators complete accurate MDS assessments. Our solution can assist your organization in trending your organization against other organizations and prepare for audits/surveys. When an MDS is completed, certain responses are considered triggers for Care Area Assessments (CAAs). Cerner's MDS management solution recognizes which Care Area Triggers (CATs) indicate that your organization needs to do further assessment, and helps guide your coordinator through that CAA process as you build your care plans. Our solution includes easy access to Resource Utilization Grouping (RUG) scoring data. There are financial, utilization, and a variety of quality measure reports that can be created with our solution. Based on entry records, it can schedule and flag assessments as they come due. Our solution includes: utilization of the MDS assessments, decision making support, care planning recommendations, goal setting prompts based on the individual resident's needs, implementation assistance with intervention alerts and reminders, and evaluation assistance. The solution pre-populates key elements of data from our LTC EHR and point-of-care solutions so the MDS can be substantially completed before your MDS Coordinator selects the assessment reference date (ARD). It can flag clinical inconsistencies as well as financial opportunities and areas of potential take-backs. It communicates using the same language as MDS for quick processing and has embedded field-by-field accuracy analytics that are intended to eliminate the need for third party scrubber/analysis tools.

Our Revenue Cycle solution, powered by AmeraCare, is designed with the user in mind with simple icon functions, streamlined menu options, and professional reporting that makes it easy to improve billing efficiency and increase income. With built-in management tools, the solutions helps users navigate the billing process to make sure your organization gets the right claims to the right organizations at the right time.

3.4.1   Must have ability to have Resident Assessment Instrument Manual in the application.

The solution will merge the MDS fields into the approved XML format for CMS transmission, in addition to allowing the user to enter in data to the MDS 3.0 assessment in accordance with the RAI manual and accepted workflows.

The solution does not currently contain the RAI MDS 3.0 User Manual as an embedded document. However, this is planned future functionality. A release date is yet to be determined.

3.4.2   The vendor must provide to the customer a version release, patches and scheduled anticipated down times for the next 12 months one week ahead of time.

Yes. Cerner provides clients with release notes containing version numbers and content descriptions for all scheduled releases. They are provided more than seven days in

advance of the release.

For unexpected releases such as hot fixes, the severity of the fix determines whether we are able to provide seven days' notice push it out faster. In these situations we communicate the progress of the unexpected release and work with our clients before any down time is planned.

3.4.3 Vendor must provide to the customer projected upgrade/migration times when the next version of the Minimum Data Set is released.

We provide the full MDS 3.0 assessment and we are obligated to maintain the assessment tool with any future updates from CMS, not limited to a new version of the MDS 3.0.

Cerner provides projected update/migration times when the next version of MDS is released.

3.4.4 The application must have the ability to conduct, as needed, the following reports: Accounting/Financial Reports, Clinical Reports, Therapy Reports, Medical Records, Activities Reports, Dietary Reports and Pharmacy Reports.

Yes. The solution provides this functionality.

3.5 System must have the ability to automate and coordinate clinical documentation through an integrated clinical documentation system including the deployment of an electronic point of care documentation system.

Yes. The system provides the ability to automate and coordinate clinical documentation through an integrated clinical documentation system including the deployment of an electronic point of care documentation system.

3.5.1 System must be able to automate and coordinate information from collection and reporting to create improved documentation of in care planning and resident assessments by using an electronic MDS 3.0 documentation system.

Yes. The system automates and coordinates information from collection and reporting to create improved documentation in care planning and resident assessments by using an electronic MDS 3.0 documentation system.

3.5.2 System must have the ability to automate and electronically integrate business functions with clinical and reporting systems such as clinical census and invoice reporting.

Our integrated Revenue Cycle powered by AmeraCare supports clinical census and statements reporting. The solution generates statements.

3.5.3 Must create a seamless integration of all applications including therapy, pharmacy and other business applications.

Cerner's long term care system is designed to provide a longitudinal, lifetime, resident-centric database that maintains all discrete clinical data. This improves resident care by making the electronic health record the source of truth for resident information.

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Registration is a seamless and requires no integration as Cerner's registration is built on our secure, shared database.

Therapy doesn't need an integration if West Virginia Veterans Home will be leveraging Cerner's therapy documentation. However, an integration is required should your organization choose to use a third-party therapy vendor such as Rehab Optima and Casamba. Cerner has successfully integrated with these third-party vendors in the past. The solution does not currently interface therapy minutes to MDS; however, this functionality is on our roadmap with no estimated general release date available at this time.

Our Revenue Cycle powered by AmeraCare has multiple integration points. And, Cerner has successfully integrated with many other third-party vendors for Revenue Cycle in the past.

Cerner integrates with SureScripts in multiple venues of care; and we are currently working to develop LTC integration with SureScripts. However, there is no general release date estimate at this time.

3.5.4 **The system must provide administrative tools, such as drop downs or flags that give the recommended answer from the clinical information gathered for organizing to build care plans, guidelines and protocols for use during patient care planning and care.**

Ongoing assessment data is used to suggest appropriate care plans based on resident conditions throughout their stay. The solution provides industry standard plans of care that can be individualized.

3.5.5 **System must generate and automatically record in the car plan document, patient-specific instructions related to pre- and post-procedural and post-discharge requirements.**

Cerner's long term care solution supports a streamlined discharge and transfer process by providing concise discharge summary views and a checklist that guides the workflow to complete pertinent discharge activities. Our discharge process streamlines previously documented information to display in a discharge summary eliminating the need for double documentation. As the clinician completes the documentation, the resident's comprehensive discharge instructions are created. This discharge plan includes medication reconciliation and the conversion of inpatient medication orders into prescriptions and allows clinicians to select from a complete set of resident education materials to create a customized discharge plan

3.6 The system must provide an electronic mechanism to document, record and produce documentation of MDS quality indicators QI (quality indicators).

Yes. The solution provides a mechanism to document, record, and produce documentation of MDS quality indicators.

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3.6.1   The system must allow for auto alerts for MDS for the 175 quality indicators, quick reporting, tracking and trending.

The solution reports the standard CMS QMs and Qis, as well as custom Cerner QM/Qis as is customary in the long term care venue. However, there are not 175 quality measures in long term care.

Tracking and Trending is produced in the analytics tools.

3.7 System must provide cross vendor integration for all applicants.

We have implemented approximately 6,000 Millennium interfaces with the major suppliers in the healthcare marketplace. As long as the systems support the HL7 standard, we can interface to those systems.

3.7.1   Vendor must provide with the bid a complete list of available interfaces for pharmacy, laboratory, imaging, therapy, Resident Tracking and Locating Systems (RTLS), Nurse Call Systems, MDS 3.0, invoice billing system.

Cerner can interface to any HL7 compliant system. Additional fees may apply.

Cerner integrates with SureScripts in multiple venues of care; and we are currently working to develop LTC integration with SureScripts. However, there is no estimated general release date available at this time.

Cerner's long term care ASP deployment does not currently interface with laboratory or imaging. We would be happy to discuss this further with West Virginia Veterans Home. Additional fees may apply.

We have successfully interfaced with Rehab Optima and Casamba in the past.

We do not currently have a RTLS or Nurse Call System interface at this time. We would be happy to discuss this further with West Virginia Veterans Home. Additional fees may apply.

Cerner does interface with MDS 3.0.

Cerner does interface with AmeraCare for revenue cycle functionality. We have successfully interfaced with many third-party revenue cycle vendors in the past.

3.7.2   Vendor must provide any and all additional charges for interface buildings including mappings.

We would need further discussion with the client to understand what interface would be occurring.

3.8 The vendor must provide the following Computerized Physician Order Entry (CPOE) features and functionality:

3.8.1   A list of templates in PDF format, as they relate to Physician Orders with bid.

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Cerner has developed Quick Orders capabilities where doctors can easily and quickly select standard best practice recommended orders as well as the most common tests, medications and diagnoses in their given specialties. From within their workflow, the clinician can quickly place orders in just a few clicks. Specialty order folders contain the most commonly placed orders for the specialist and a Quick Orders summary screen which is much like an electronic super bill.

The following LTC PowerPlans (order sets) are currently available in ASP:
- LTC Admission Orders
- LTC Fever
- LTC Heart Failure
- LTC Hydration Management
- LTC Hypodermoclysis Infusion
- LTC Level of Care or Program Change
- LTC Lower Respiratory Infection
- LTC MDS Assessment Orders
- LTC Medicare Certification
- LTC Mental Status Change
- LTC Restorative Nursing Program
- LTC Restraints
- LTC Skilled Nursing Services
- LTC Treatment Administration
- LTC Tube Feeding Administration
- LTC Urinary Tract Infection

3.8.2 **The system must allow multiple resolvable items to be mapped to a single orderable item (e.g., skin tests have multiple antigens [resolvable] which must map to a single orderable item code).**

Our interpretation of this question is that West Virginia Veterans Home is referring to linking orders. In that instance, our Linked Orders functionality allows orders to be generated based on association to other orders or results, and for orders to be connected for efficient rescheduling and discontinuation. With our orders management solution, a visual linked orders indicator is provided so that clinicians can communicate their intent that multiple medications are to be given together or orders are to follow results with in a set range. We welcome further discussion if our interpretation is incorrect.

Additionally, our orders management solution provides West Virginia Veterans Home with the ability to customize your order catalog to support the mapping of multiple orders to a single item with our order sets. Our order sets functionality allows clinicians to select or deselect each order individually, within an order set, depending upon the needs of the resident. Our order sets functionality allows clinicians to enter sets of admission orders based upon resident's diagnosis or the procedure for which the resident is being

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admitted. West Virginia Veterans Home can define groups of orders into clinical categories that display in Favorite order folders defined to support frequently entered orders.

3.8.3 **The system must allow free text ordering by allowing handheld devices such as cell phone, Ipad, Notebook, laptop etc to be used by the Physician to write orders and must have ability for the Physicians electronic signature on those orders.**

No. Our solution does not currently support free text ordering on mobile devices for physicians to write and electronically sign orders.

PowerChart Touch is Cerner's mobile application for physicians and other providers. From their mobile device providers can quickly review their schedule, review the resident's chart, place orders and create and sign their note, all from the mobile device. Currently, these devices can launch a number of web based Millennium resident summary views and dashboards which are specifically designed for a "single click" view and charting of the resident's current condition. However, PowerChart Touch is not currently available in the ASP model.

3.8.4 **Must allow the end user the ability to cancel pending medical orders, send an outbound interface message result, and send the cancellation message to third party systems.**

Our interpretation of this question is that your organization is referring to lab and radiology interfacing. In that instance, we do not currently interface with third party lab and radiology systems in our ASP model. We welcome further discussion if our interpretation is incorrect.

3.8.5 **Provide International Classification of Disease Tenth Edition (ICD-10) conversion plans, including: current pre-loading of ICD-9 codes, risk mitigation plan for the ICD-10 conversion, estimated down time and the communication plan with customers.**

Cerner supports standard nomenclatures, languages, and vocabularies. Cerner Controlled Medical Terminology (CMT) provides the following industry code sets to clients in a Cerner Millennium ready format for the U.S. market ICD-9-CM, ICD-10, CPT-4, DRG, HCPCS, APC, SNOMED CT, LOINC, and DSM-IV-TR.

Since the deadline to convert to ICD-10 has already passed, our ASP model is already set up on ICD-10.

3.8.6 **System must allow customization questions per order to be developed, and demonstrate how these items are built and managed by the customer and allow for these items be classified as "required" or "optional" to complete.**

Yes. The fields available during order entry can be customized and can be classified as required or optional. However, within the ASP model, the build and management of available fields and their classification of required or optional will be completed by Cerner.

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3.8.7 Must allow recurring/standing orders per user or specialty.

Yes. Our care plan solution supports the ability to design and build recurring orders that span multiple visits and apply to various specialties. Providers can order a treatment schedule in advance for all treatment periods and activate a treatment period when the resident arrives and the encounter is created.

3.8.8 Must provide reporting tools capable of monitoring all Computerized Physician Order Entry steps (e.g. unsigned orders, overdue orders, etc.)

Clinical decision support and our orders management solution supports alerting the provider of unsigned orders or overdue orders. An order is signed upon order entry unless a co-signature is required. Unsigned orders can be automatically routed to the physician's Message Center and review queue for signing. Orders needing co-signature are routed to an "orders needing co-signature" folder within the message center. A review icon displays on the order profile to alert the physician of orders needing review. Once the orders are signed, they can be automatically processed by the solution.

Cerner's Lights On dashboard reporting tool, which is included in our Millennium solution, provides proactive analysis to system and end-user level data including the monitoring of Computerized Physician Order Entry steps and action or lack of action taken on clinical decision support alerts that fire. The Lights On solution enables our clients to benchmark with other peer groups and review solution or system level checks to leverage Cerner best practices. Utilizing this reporting tool, we provide transparency to system performance and best practices, and provides access to operational, and system usage information, and shares system/solution management best practices, resulting in improved system operations, end user experience, and client satisfaction.

3.9 The vendor must provide the following e-Prescribing (e-Rx) features and functionality:

3.9.1 Must provide which local pharmacies interface with the system.

Cerner integrates with SureScripts in multiple venues of care; and we are currently working to develop LTC integration with SureScripts. However, there is no general release date estimate at this time.

Once available we will be able to e-prescribe with any pharmacy capable of utilizing SureScripts.

3.9.2 Must incorporate fax server in the software application.

Cerner supports inbound and outbound interfaces via a HL7 message to fax machines supporting faxing capabilities. We support the ability for your organization to configure automatic faxing criteria so that resident reports can be submitted to fax machines automatically based on predefined parameters. Our solution records the status of the fax request, including date/time and submission request. Result distribution by automated

method (printing or faxing) is recorded as part of the chart distribution record, and includes date, time, and print/fax location. Currently, Cerner does not integrate with third party faxing solutions. Cerner Millennium contains its own faxing capabilities which comply with HIPAA regulations. Also, we offer Cerner Interchange which is a paperless secure document delivery mechanism. We do not support the actual hardware or software for faxing.

3.9.3 Must have the ability to segregate prescription faxes from other faxed documents within the system.

Due to our planned capability to utilize SureScripts e-prescribing, we do not currently fax prescriptions through the system. If prescriptions need to be faxed, they would currently need to be printed and faxed manually.

3.9.4 Must provide the security audit logs and policies embedded in the software to govern who can eRx.

The ability to e-prescribe is governed by the setting of privileges at the position level.

3.9.5 Must provide regular medication updates such as recalls, medication interactions, and medication side effects.

Cerner's MAR utilizes the Cerner MediSource suite of drug information offerings. MediSource conducts an extensive array of core safety checks and contains referential content to support order entry, pharmacy dispensing, nurse administration, and consumer education. In addition, MediSource Foundation supports advanced drug content such as dose-range checking and order sentences, allowing just-in-time access to critical drug information. MediSource resident specific provides a suite of dose range checking content that audits the of drug dosing by taking into account resident parameters like renal function, hepatic function, clinical condition, and postmenstrual age. Frequent clinical updates automatically are provided from Cerner on a quarterly basis.

3.9.6 Must provide a way to distinguish the name, roles and date a medication is added to the system. (MD, RN, MA, PA/NP)

Our medication reconciliation functionality supports identifying the most accurate list of all medications, including home medications, that a resident is taking (including the name, dosage, frequency, and route) and using this list to provide correct medications for residents anywhere in the health care system. Our reconciliation process involves comparing the resident's current list of medications against the physician's admission, transfer, and or discharge orders. During each transition from one venue to another, clinicians should review previous medication orders alongside new orders and plans for care, and reconcile any differences.

Our audit trail logs all activity on a resident record. Every time a user performs an inquiry or transaction, the solution will automatically date, time, and signature stamp that user's access code. It will show the prescribing provider as well as the user that entered the order into the system. It can indicated the type of order (verbal, written, and more). Through this

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feature, a complete audit trail is made available. However, the audit trail log will not show the prescriber's licensure.

3.9.7 Audit features must include a running history of prescription renewal changes.

The solution supports the medication reconciliation process for all transitions of care; admission, transfer, cross encounter, and discharge. Our reconciliation process involves comparing the resident's current list of medications against the physician's admission, transfer, and discharge orders. It provides a running history of renewal changes which improves overall efficiency throughout the reconciliation process.

Your staff can also look at the order history of any single order within the system. The order history shows all of the actions that have taken place.

3.9.8 Must provide a security role for the consultant pharmacist.

Yes. The system can create a security role for the consultant pharmacist.

3.10 The vendor must provide information on the following infrastructure and technology requirements and any associated costs that may be incurred to ensure the software will operate as designed:

3.10.1 Must provide direct SaaS (Software as a Service) solutions included in bid.

Yes. We are proposing SaaS (Software as a Service – SaaS), multiple entities accomplished with multi-tenant domains.

3.10.2 Must name all third party vendors required to provide the solution, including those that host any part to the connective and processing of the data.

There are no third parties involved in hosting our client's data. Our standard process is to host and manage our client's data and follow our own strict guidelines to protect the data. Cerner does not host using a third party. All hosting occurs at one of our two facilities. There should be little to no access for any third party. If there is a need for data transmission and the data is sensitive in nature, either a secure application, such as SFTP, or an encrypted link is required using IPSEC encryption algorithms. Additionally, a letter of approval is required from the client or an NDA with the third party.

3.10.3 Must provide all levels of technical support 24/7 phone calls and on- site.

Yes. Cerner provides technical support 24 hours per day, 7 days a week, and 365 days per year to all clients who have licensed Cerner solutions and services. A Cerner Client Results Executive (CRE) is assigned to each client and they often have a remote office based on their clients' locations. This individual is frequently onsite with the client providing onsite support.

3.10.4 Must provide all tiers and descriptions of the service level agreements available to customers to be included with the bid.

Yes. Cerner offers four levels of support to best accommodate our client needs:

- Level One: Cerner.com offers self-service functions that provide access to valuable information about your business relationship with us including business transactions, solutions issues, and ongoing service records.
- Level Two: Our Client Care Contact Center manages the support hotline. The Client Care Contact Center is staffed Monday through Friday, 7 a.m. – 7.p.m. CST (US holidays excluded).
- Level Three: Cerner's SolutionWorks organization is responsible for receiving and resolving service records that are non-critical in nature. Support Analysts are trained to assess any reported issue and to provide a complete resolution or alternative for the reported issue. The SolutionWorks organization is staffed Monday through Friday, 7 a.m. – 7.p.m. CST (US holidays excluded).
- Level Four: Cerner's Immediate Response Center (IRC) is staffed 24 hours per day, 7 days a week, 365 days per year by systems-trained Support Analysts. The IRC is committed to providing clients with the fastest possible solution or workaround to any critical issue that impairs the immediate operation of our system. A critical issue is defined as an issue that impacts patient care, or causes financial or operational issues. The IRC team is supplemented by domain experts from other Cerner support groups who are available on an on-call basis to provide further expertise when needed.

In general, SLAs are determined during contract negotiations. Each client and client contract has client specific detail that outlines services important to our clients.

Please refer to our *Cerner Sample Service Level Agreement* located in the Additional Reference Materials section of this response.

3.10.5 Must provide a list to customers of required or recommended firewall technology on the client side to be included with the bid.

Cerner's system works with varied industry standard technologies and software, to include firewall software. Three are no known issues with Cerner Millennium and firewall software.

3.10.6 Product must have the ability to be securely accessed from any location with an Internet/broadband connection, also must provide security requirements for remote users.

Yes. You can access our system from any location using any Internet/broadband connection. Additionally, any high-speed wireless connection with Citrix can also be used.

3.10.7 Vendor shall list all security enhancements which must be accommodated on client workstations e.g. Internet sites trusted, active x controls enables, Dot New versions supported, registry modifications, etc.)

Workstation security is an internal client process. Cerner does not maintain information for this type of software on the workstation; however, we recommend that our clients have a security plan for their workstations. To date, Cerner's system has not encountered any conflicts with workstation security provisions, for example trusted Internet sites, anti-virus, and

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intrusion detection. Our best practice is to recommend a security policy for your organization, to include (but not limited to) anti-virus protection and regular patching of your systems.

Additionally, if the software includes a firewall, the proper network ports will need to be opened. Cerner will work with your organization to ensure proper configurations for components that are specific to our solutions and architecture.

3.10.8 Product must support the following external devices:

- **USB Devices**
- **Scanners (Manufacturer/Model)**
- **Handheld (i.e. Barcode, PDA, BlackBerry Devices, etc.)**
- **Card Readers (i.e. Smart Card, Security)**
- **Other Input Devices**

Our system supports the external devices listed above.

3.11 Prior to going live, product must provide the minimum workstation requirements to run the software including:

- **Manufacturers/Models**
- **Processor**
- **Storage**
- **Memory**
- **Operating System**

Please refer to the attached *Cerner Workstation Requirements* document included in the Additional Reference Material section of this response.

3.12 Prior to going live, vendor must provide required type of client (i.e. Citrix, Oracle, Clientware, Cisco VPN, etc.) to utilize software.

Yes. Citrix is required for secure connection.

3.13 Product vendor must list all applications supported and/or need to be installed on the workstations including release and version include with the bid. For example:

- **Java**
- **Flash**
- **Adobe reader**
- **Microsoft (i.e., Word, Excel, etc.)**
- **Antivirus**
- **Which folders/files must be excluded from active scanning?**
- **Crystal Reports**
- **Open Office**
- **Remote Access Software (WinVNC,RDP, GoToMyPC, etc.) for support.**

The Cerner Client Recommended Software Components include: Windows 7 Professional 32-bit, Java SE JRE 6 Update 13, Adobe Reader X 10.0.3, Appsight Application Problem Resolution 7.8,

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Citrix Receiver 4.2 for Windows, Instant Text V, Internet Explorer 10, Keyport 4.3, Microsoft Office 2007 or OpenOffice.org 2.4, Oracle 11.1.0.6 DB client, QuickAddr3ess Pro 3.2, SpeechMagic 7.1, VIS 1.1.0.4, and Windows Media Player 11. Please refer to the attached *Cerner Workstation Requirements* document located in the Additional Reference Material section of this response.

3.13.1 **Prior to going live, list any and all Open Database Connectivity drivers or Standard query Language applications that need to be loaded on workstations.**

ODBC is supported but not recommended since direct access to the database would circumvent Cerner's role based security model. The Cerner Millennium domain on the back-end communicates with the database using Cerner's custom developed ad hoc report writing tool's interface, CCL.

3.13.2 **Vendor/Program shall list all scheduled application migrations scheduled within the next six months to one year.**

Please refer to the *Cerner LTC Release Calendar* document located in the Additional Reference Materials section of this response.

3.13.3 **Two weeks prior, vendor must list expected downtime/testing/release timing to customer.**

Yes. We can provide notice two weeks prior to downtime/testing/release with a test site. If there is no test site, we will notify WV Veterans Nursing Facility one week prior to expected downtime/testing/release.

3.13.4 **Vendor must provide all data usage policies including details on how data is saved and stored to the administrator or designee prior to installation.**

Cerner has implemented reasonable security measures, systems, and procedures designed to protect against anticipated threats or hazards to the security or integrity of Client's Confidential Information. The Cerner data centers are owned and operated by Cerner. As a Remote Hosted Option (RHO) client, your system is housed in our secure, state-of-the-art technology centers specifically designed for health care IT hosting. With RHO, you'll have peace of mind knowing that Cerner's Technology Centers are HITECH-enabled, HIPAA compliant and ISO 9001:2008 & 13485:2003 certified, and aligned with ITIL International Standard for Best IT Service Delivery Practices. Our data centers are SOC 2 Type 2 certified and Cerner participates in an annual SSAE-16 audit. The results can be provided to our clients upon request, however in order for Cerner to provide a copy of our Statement on Standards for Attestation Engagements (SSAE-16) report, we require a signed and executed Non-Disclose Agreement (NDA). Our clients depend on Cerner to manage their data on their behalf and they trust that Cerner's processes take precautions for securing their data. If you wish to pursue this subject matter, please contact your sales associate and we can begin the process of completing the necessary agreement between your organization and Cerner. Please be assured that we would take this same precaution with your data. Thank you for understanding Cerner's processes for disclosing the information contained in our SSAE-16 Report.

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3.13.5 Software must be able to download and distribute the patient's health record.

Interoperability is a key strategy for Cerner. There are several options. If a provider is outside the scope of the defined clinic providers, and health care information needs to be shared with them, there are a number of mechanisms that can be provided. Cerner is capable of rendering and sending a CCD from our solution in accordance with the necessary standards. CCD documents are generated and sent to external agencies as well as accepted from external agencies and stored to the EHR. In some instances, specified events can automatically trigger the generation and electronic delivery of the CCD. Cerner currently offers an HIE architecture that presents an aggregated view of a CCD. The Cerner HIE also collects data from other EHRs and stores it in a data warehouse for reporting and analytics. Based on the governance standards of the HIE governing committee, a provider can "opt in" to have the ability to view and download the aggregated client data or specified client data that have been placed in the HIE by other providers.

3.13.6 Product must upload patient-provided records (either paper or electronic format, radiology, medical records, lab data, etc.)

Yes. As mentioned directly above we offer multiple options.

3.13.7 Product must export information to CD/DVD in Comma Separate Values (CVS) or comma text delimited format, CCD, Computer Design Activity, Extensible Markup Language format.

Yes. Using Cerner's reporting solution your organization can extract user-selected information from Cerner Millennium data. You can create extract files in practically any format. Extract files in common formats like comma separated (.csv), fixed column width, and tab or character delimited, are often created using our report writer. The output of report writer queries can be sent to files such as ASCII, PostScript, .PDF, HTML, as well as label printers such as Zebra and Intermec, and other common file formats.

The data then can be imported into other PC applications that use third-party spreadsheet, database, or statistical packages. Our report writer enables creation of graphs directly in a report using the Layout Builder. This function eliminates the need to export the data into a third party tool to create graphs. You can still export the data to third party tools and create graphs, if desired.

3.13.8 Must provide a schedule of daily maintenance performed on remote system including backups, updates, performance monitoring and enchantments.

With our proposed ASP model, backup and recovery is provided through Cerner's data center. The process can be run at any time throughout the day without the need for downtime or performance impacts. At the system level, a full-system backup is performed on a weekly basis, and incremental backups of database files, etc. are performed nightly. No downtime is required for either of these processes. Typically, upgrades are done one to two times a year and done during off times (overnight) so that clients are minimally impacted by these upgrades. Cerner will determine the

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upgrade schedule for physician remote hosted operations and push upgrades out to all clients automatically. Clients are notified prior to the upgrades at a minimum of three weeks of any proposed changes. The data center is staffed and managed 24 hours a day, 7 days a week, 365 days a year. Performance monitoring is done using our proprietary monitoring solution designed specifically for our Cerner computing environment. Our monitoring solution is a systematic approach to improving system stability through collective knowledge and proven practices acquired through the continual monitoring and management of the overall Cerner Millennium environments by Cerner's remote hosting organization.

3.13.9 Must Provide within 24 hours a contingency strategy or disaster recovery plan in the event internet service is lost and customer is unable to access your system and application.

Cerner offers Disaster Recovery (DR) services through Oracle DataGuard on the database servers, and the Cerner Millennium DR toolkit on the Application Tier. Oracle DataGuard will ship the Archive logs to a secondary site when a log switch occurs. The Cerner Millennium DR toolkit is responsible for keeping the application tier code in sync between the primary and secondary data centers.

3.13.10 Data must be gathered during Internet outages and uploaded into the system when Internet is restored either manually or automatically and provide verification when the information has been uploaded.

In the event of an emergency from any of your facilities, clients are advised to contact Cerner so that Cerner can make patient data available in an alternate way, such as secure faxing, until client system access is restored. Contingency plans for key business units and functions are already in place to manage any business disruptions caused by a pandemic or natural disaster. Cerner has sufficient network infrastructure to support its business and our associates. Clients with a large volume of users and devices may want to explore a failover or redundancy plan. If the communication vendor has an outage, an alternate plan is vital to continued clinic operations. Smaller, less expensive connections may be purchased and prepared in advance for use in these types of emergencies. Cerner can assist clinic network staff with a customized review for a failover plan that is either automated or client activated. Cerner's data centers take every precaution against disruptions, such as failover and redundancy. Our hosted clients average over 99.9% system availability.

3.13.11 Vendor Must provide immediate notification if the site is unavailable, must provide resolution including steps the customer must take to mitigate operations to business, and a time estimate to restore the system to full functionality within 24 hours.

Noted and understood. The client notification process is clearly defined by the data center incident management and communication process. The primary objective is to notify the client contacts of any incident that could impact service via direct calls and emails as soon as possible.

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We have processes in place that are included in our annual audit and all associates are aware of the process and are required to follow the process.

With an RHO Service Level Agreement in place, you receive system support 24 hours a day, 365 days a year and guaranteed uptime. We utilize monitoring tools with Cerner Millennium specific knowledge modules to proactively monitor the system around the clock. As a result, our clients average over 99.0% system availability. Our latest statistics show 78.5 minutes for mean time to recovery.

While unexpected downtime is rare with your Cerner system, occasionally for reasons beyond your control, your health system may experience downtime. Regardless of the cause (for example, a power failure or disk crash), you will be able to recover data using backups, transaction logging, and disk mirroring.

Cerner's Remote Hosting Option (RHO) has been voted #1 in "Best in KLAS" for six consecutive years with service by our skilled team of experienced engineers and analysts act as your remote IT department. Our rating is based on client satisfaction and we will continue to provide excellence in the hosting space.

3.13.12 Vendor must provide a list of outages due to infrastructure issues in the last 24 months with bid.

Cerner has not yet had any real disasters that have required us to activate any DR plans. However, we do perform routine table top exercises that validate our plans and process.

3.13.13 Vendor must have redundant internet providers.

Yes, Cerner has redundant internet providers.

3.13.14 Vendor must provide a detailed list of network infrastructure requirements with bid.

Cerner offers network assessment services to assist our clients in determining if their network infrastructure is adequate to support their Cerner systems. Cerner can also provide network design, installation, troubleshooting, and many other network and system related services to ensure an optimum computing environment.

3.13.15 Vendor must provide a test environment prior to go-live for the customer to use on-site at the facility.

Cerner's best practice is to provide our clients three primary environments to support your Cerner System:
- Certification – Test changes prior to implementing in production
- Production – Daily transactions
- Training -- Training is typically a mirror of production

For project activities, additional environments may be required. For example, in a phase

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two implementation a Build environment can be used to configure additional solutions prior to implementing them into the Production environment. For upgrade projects, the Build environment can be used to load code for initial testing. Additionally, a Mock environment can be used during the upgrade project to support the testing of the upgrade process if desired.

3.13.16 Vendor must provide documentation of proper encryption and antivirus on vendor servers, including policies that describe the audit process to identify attempted accesses with bid.

Cerner utilizes multiple overlapping security applications or countermeasures to provide greater security in depth. All security solutions work in conjunction to create a holistic security model, and support security strategy.

The following countermeasures are utilized within the Cerner Technology Center facilities:

- Antivirus (AV) Software - AV software is used appropriately throughout the hosted environment, and pattern file updates are deployed on a daily basis. Inbound data is scanned in real-time, and system drives are scanned on a weekly basis.
- Stateful-inspection Firewalls - Perimeter network and critical infrastructure connections are protected by stateful-inspection firewalls.
- Intrusion Prevention Systems (IPS) - Inline IPS appliances are strategically placed within the CTC network to identify malicious or anomalistic behavior. Each connection traversing all interfaces of the firewall and each major connection traversing the core network are inspected to ensure validity. Alerts are generated when anomalous activity is identified.
- Virtual Private Networks/Encryption - Administrative access to the CTC Data Centers is allowed only by VPN, and all connections are tracked and logged. External application access across public networks is protected by either IPSEC or secure socket layer (SSL) encryption. Dedicated client connections are protected by SSL encryption.
- System Hardening - Cerner associates continually update server templates for best practices in loading systems with a secure configuration. This image is loaded onto all new servers and updated on older servers as needed.
- Enterprise Logging - All network devices, security infrastructure components, and server systems transfer logs to a centralized repository for analysis, troubleshooting, compliance, and auditing purposes.
- Patch Management - Cerner has also invested in an automated system inventory and patching system that provides excellent visibility to system changes and provides automated loading of security patches.
- Proxy Server - External application access across public networks is scanned for worms or viruses prior to establishing the connection with the destination server. All

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outbound Web and FTP requests are filtered against an authorized list and scanned for worms or viruses.

3.13.17 Provide proof of off-site disaster recovery location for the vendor server farm and frequency of testing with bid.

Geographical Location and Scale

Cerner's domestic data center footprint is housed in two Technology Centers located in the Kansas City metropolitan area.

Cerner's World Headquarters Campus in Kansas City, Missouri serves as the site for one of the aforementioned Technology Centers. The Kansas City Cerner Technology Center (CTC-KC) is comprised of an 110,000 square-foot facility housing three separate 7,500 square foot data center pods, as well as a 21,300 square-foot facility that houses a 7,920 square-foot data center pod. The Lee's Summit Cerner Technology Center (CTC-LS), located in Lee's Summit, MO, is a 160,000 square-foot facility, housing sex separate 3,500-7,690 square foot data center pods. CTC-LS is located approximately 22 miles Southeast of the CTC-KC facility.

Disaster-Resilient Site Selection and Building Design

The locations selected for each of Cerner's Technology Centers were selected to shorten the pathway for data transmission, maximize efficiencies in support staffing, ensure a tight alignment with Cerner's development and managed services teams, and minimize the risk of natural disaster impact. All Cerner Technology Center domestic locations sit at elevations above the region's 500-year flood plain, in a zone that has been rated the lowest possible risk for potential seismic activity, and in a region of the country devoid of wild fire risk. Resultantly, natural disaster risk to Cerner's Technology Center facility operations is limited to ice storms, high winds, and tornadic activity, and each of the Technology Centers has been designed to address these risks directly.

Disruptions in electrical service delivery related to ice storms are mitigated through multiple safeguards. Utility service to each of the facilities is delivered through underground electrical conduit, limiting the potential failure of power line electrical distribution. In the event of ice storm damage upstream from the electrical utility sub-stations serving each of the Technology Centers, redundant power distribution and generation architecture described in a subsequent section of this document are employed to eliminate risk.

Tornadic activity is rated using the industry-standard Enhanced Fujita Scale, which utilizes wind speed ratings to classify tornados on a scale ranging in strength from EF-0 to EF-5. Tornado resistance varies amongst Cerner's Technology Centers and the data center pods

they contain. All of Cerner's data center pods housing critical production systems are designed, at a minimum, to withstand an EF3-scale tornado event, addressing 99.3% of historical tornadic activity.

Cerner's entire purpose-built Kansas City Technology Center facility, as well as two of the data center pods in the Lee's Summit Technology Center are designed, built, and operated to meet the FEMA 361 standard, which defines a safe haven required to survive an EF-5 tornado event. The CTC-KC and CTC-LS facilities are geographically located in a Northwest-Southeast orientation and separated in distance by 22 miles. As historical tornadic activity has predominantly traveled in a Southwest-Northeast direction, the potential of a single tornado impacting both facilities is highly unlikely given prevailing travel patterns and geographical distance.

The purpose-built facility at CTC-KC is comprised of an EF-5 rated concrete bunker that includes three data center pods, the entire electrical service infrastructure including the utility transformers serving the building, the fuel storage to run the emergency generators, the telecommunications network equipment rooms, and the Production Support IRC and the Critical Facilities Engineering offices. The exterior walls and roof are made of steel reinforced concrete at a minimum thickness of one foot, with a FEMA-361 tested system of steel grating protecting the air exchange portions of the roof that cover the chiller plant and generator farm. The auxiliary facility housing the KC-VII data center pod is rated as EF-1 tornado resistant, which addresses 53.5% of all tornadic activity.

Systems housed within this facility are designed to support data center failover in the event of a natural disaster.

The CTC-LS facility was designed with each data center pod, electrical service room, telecommunications equipment room, and support staffing office constructed as a building within a building. The exterior walls of the Technology Center outer shell are made of concrete reinforced blocks that support a secondary roof containing waterproof membrane and water detection sensors. Data center pods within this Technology Center are designed using a variety of construction methods to increase disaster resiliency based on the criticality of the systems contained within.

The design standards applied and specific materials utilized in the construction of these Technology Center facilities were independently tested and certified to withstand the wind speed ratings referenced above.

3.14   The vendor must provide information on the following technical service level agreements and vendor support with bid.

   3.14.1   Must provide all levels of each technical, training and service support with your standard service level agreement for each support program for the life of the

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contract.

Yes. Cerner offers four levels of support to best accommodate our client needs:

Client Care Contact Center

As part of the Licensed Software Support Agreement, every client receives access to the Client Care Contact Center. The Client Care Contact Center is the primary contact for policy and practice issues that may arise, as well as an escalation point for resolving issues needing attention outside of established service delivery means.

The Client Care Contact Center provides the following services:

- Cerner.com – provides assistance to questions relating to Cerner.com
- Cerner Information – provides information about Cerner business policies and practices, new solution features and functions, and new solutions soon to be released by Cerner.
- Training – provides information for available training courses and dates.
- Cerner Events - answers any questions regarding upcoming Cerner events such as Regional User Group meetings, Cerner Health Conference, or other events.
- Financial - provides answers to questions regarding contract items such as items on license software support, maintenance items, and so on.
- Quotes - at the client's request, will engage a person with the proper expertise to provide a quote for "off-the-shelf" Cerner software solutions and services. The Client Care Contact Center may initiate a request for hardware quotes or configuration proposals on the client's behalf in conjunction with upgrading an existing system to a more current release of a Cerner solution or accommodating the growth of an existing system.
- Technology Maintenance - works in partnership with the technology maintenance supplier

Client Care Contact Center Service Goals

The Client Care Contact Center has the following service-level objectives, based on the service record's assessed combination of priority and complexity:

- **70%** of the Client Care Contact Center service records will be closed or a resolution identified in 24 hours or less.
- **95%** of the Client Care Contact Center service records will be closed or a resolution identified in 30 days or less.
- **99%** of all Client Care Contact Center service records will be closed or a resolution identified within 90 days.

SolutionWorks

The SolutionWorks organization is our support organization responsible for receiving and resolving client requests for service and support. Routine or non-production application or system issues should be addressed by SolutionWorks.

Our advanced support organization handles service records that are non-critical in nature and can be classified into the following categories:

- **Code Changes** - Support Analysts are available to provide information or answer questions regarding proposed changes to software solutions.
- **Issue Resolution** - The support associate is available to address application or technology infrastructure issues covered by the Licensed Software Agreement.
- **Service Tracking** - Service records and code changes are documented and tracked in our internal service record tracking system (eService). Each service record and code change has a unique number and assigned to the individual troubleshooting the issue.

SolutionWorks Service Goals

SolutionWorks has the following service-level objectives, based on the service records assessed combination of priority and complexity.

- **40%** of Millennium Service Records will be closed or resolved within 24 hours.
- **65%** of Millennium Service Records will be closed or resolved within 7 days.
- **85%** of Millennium Service Records will be closed or resolved within 30 days.

Immediate Response Center (IRC) – Critical System Support

The Immediate Response Center (IRC) is committed to providing clients with the fastest possible solution or workaround to any critical issue that impairs the immediate operation of a Cerner production system. A critical issue is defined as an issue that impacts patient care, or causes financial or operational hardship. The IRC is focused on efforts to maximize application availability and to minimize operational issues.

The IRC is staffed 24 hours per day, 7 days a week, 365 days per year by systems-trained Support Analysts, a Technical Team Leader, and an Operations Manager. The IRC is available to provide problem determination and resolution or workaround to critical, production system issues related to Cerner applications, Medical Device or Foreign System interfaces, or technology infrastructure issues (see entitlements in Cost Considerations section). The IRC team is supplemented by domain experts from other Cerner support groups who are available on an on-call basis to provide further expertise when needed.

The Immediate Response Center is designed and staffed specifically to respond to the following types of issues:

- Loss of Cerner application availability due to a Cerner software failure
- Failure of Cerner application startup
- Loss of Cerner application processing (for example, unable to see orders or results)
- Loss of report generation processing
- Loss of financial transaction processing

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- Loss of interface (FSI, MDI, OpenEngine) processing
- Errors in scheduled application operations
- Intellinet connectivity
- Translog data recoveries
- Data integrity issues

IRC Service Goals

IRC has the following service-level objectives, based on the service records assessed combination of priority and complexity.

- **5 minutes** to engage in an initial assessment of a service record and call
- **2 hours** to provide a solution or work-around of the service record being initiated

3.14.2 Must provide support statistics (# of support calls to the % of resolutions at each severity level.

The Cerner Immediate Response Center provides world-class incident and escalation management services for all of Cerner's internal solutions. The IRC's approach to incident and event management is based on ITIL 2011 best practices, combined with over 29 years of experience as a Cerner critical support center. In 2015 the IRC reported the following key statistics: First Contact Resolution of 72.57%, Average Speed to Answer of 12 seconds, and 99.48% of Service Requests met Mean Time to Resolution.

Please refer to the *Cerner IRC Fact Sheet 2015* document located in the Additional Reference Materials section of this response for details and statistics regarding our support services over the past year. Below is an overview of our resolution statistics for our support organizations:

The Client Care Contact Center has the following service-level objectives, based on the service record's assessed combination of priority and complexity:

- **70%** of the Client Care Contact Center service records will be closed or a resolution identified in 24 hours or less.
- **95%** of the Client Care Contact Center service records will be closed or a resolution identified in 30 days or less.
- **99%** of all Client Care Contact Center service records will be closed or a resolution identified within 90 days.

SolutionWorks has the following service-level objectives, based on the service records assessed combination of priority and complexity.

- **40%** of Millennium Service Records will be closed or resolved within 24 hours.
- **65%** of Millennium Service Records will be closed or resolved within 7 days.
- **85%** of Millennium Service Records will be closed or resolved within 30 days.

IRC has the following service-level objectives, based on the service records assessed combination of priority and complexity.

- o **5 minutes** to engage in an initial assessment of a service record and call
- **2 hours** to provide a solution or work-around of the service record being initiated

3.14.3 Vendor must provide 24/7 customer technical support throughout the life of the contract.

Software Support entitlements are obtained through the purchase of Cerner licensed software and the payment of the licensed software support fee. The licensed software support agreement includes access to the Immediate Response Center, Immediate Action Center, and Client Call Center for support of each specific licensed software product. Licensed software support entitles the client to receive assistance in problem identification and resolution for licensed software applications. The license grants the right to receive fixes, enhancements, and new releases to the product.

3.15 Must provide to the facility response timeframes per severity level. 24 hour maximum time frame to include phone, email, and fax.

The Client Care Contact Center has the following service-level objectives, based on the service record's assessed combination of priority and complexity:

- **70%** of the Client Care Contact Center service records will be closed or a resolution identified in 24 hours or less.
- **95%** of the Client Care Contact Center service records will be closed or a resolution identified in 30 days or less.
- **99%** of all Client Care Contact Center service records will be closed or a resolution identified within 90 days.

SolutionWorks has the following service-level objectives, based on the service records assessed combination of priority and complexity.

- **40%** of Millennium Service Records will be closed or resolved within 24 hours.
- **65%** of Millennium Service Records will be closed or resolved within 7 days.
- **85%** of Millennium Service Records will be closed or resolved within 30 days.

IRC has the following service-level objectives, based on the service records assessed combination of priority and complexity.

- **5 minutes** to engage in an initial assessment of a service record and call
- **2 hours** to provide a solution or work-around of the service record being initiated

3.16 Vendor must provide the ownership of the following with bid:

- **Data**

As between Cerner and West Virginia Veterans Home, West Virginia Veterans Home owns the data entered into the Cerner solutions, including all personal health information.

- **Software**

  The software is owned by Cerner. We do not provide source code, which is considered proprietary, to its clients; however, as is common practice in the software industry, you will receive the object code version of the software. In the event that Cerner should cease to exist we will provide source code in escrow. In addition, we reserve the right to discuss this topic with you to determine what coding 'may' be created for you. Please note, this service is not offered with standard contract pricing and requires mutual consent from both you and Cerner.

- **Enhancements or customizations paid for by the customer**

  We will abide by the terms of any agreement for the enhancement or customization.

- **Hardware**

  Since it is an RHO deployment, Cerner owns the hardware and maintains the system.

- **Servers**

  As stated above, with an RHO deployment, Cerner owns the hardware and maintains the system. With Cerner's RHO, the back-end computer hardware systems and software are installed, managed, and supported at Cerner.

- **Workstations**

  Cerner's system design strategy is to use industry standard technology for the components of Cerner Millennium. Your organization has the option to use any workstation that meets our workstation requirements to provide optimal use for your staff workflows. In general, Millennium Windows devices have minimum requirements that apply regardless device type, such as, touchscreen, tablet, laptop, desktop, and others.

3.17   Vendor must provide a list/menu of additional fee based services with bid.

All goods and services Cerner will provide have been detailed in this RFP.

3.18   Vendor must provide their enhancement request model with bid.

Your staff can make enhancement requests via our online enhancement collaboration tool, the Ideas Space. This space provides a venue for our clients to work in partnership, sharing ideas and suggestions inside our organization. Your ideas can be viewed across the Cerner community to facilitate discussion, and express interest for improving our solutions.

Ideas are collected from a variety of venues including existing clients, market drivers, as well as regulatory and industry trends. Our clients can then indicate interest in posted ideas and we the work in partnership to review and determine which ideas should go on to be developed.

To prioritize these requests, we determine the feasibility of performing the enhancement and assess the amount of engineering involved. The number of clients requesting the enhancement and the impact on patient care, financials and system usability are also considered at that time.

Ideas are incorporated after development and thorough testing through updates or upgrades of code.

We have both Regional User Groups (RUGs) and Special Interest Groups (SIGS). These are client-driven communities that provide knowledge sharing as well as networking opportunities. We support the user groups with various administrative activities, including the use of our online networking tool, uCern, as well as working with them to develop domain-specific sessions at the annual Cerner Health Conference.

3.19   Vendor must provide ongoing maintenance schedule, timelines and procedures to include: upgrade process, testing and product enhance requests through the life of the contract.

The RHO support model includes a 24x7x365 proactive support group, a production group that is responsible for the daily care and maintenance of the system, and a project group that is responsible for upgrades, loading patches, and moving new code into production.

Your organization can make enhancement requests via our online enhancement collaboration tool, the Ideas Space.

3.20   Vendor must include all phases of training and testing from selection through going live including the following services:

3.20.1   The development and training environment will be provided on-site immediately after contract is awarded.

West Virginia Veterans Home will have access to the development and training environment. It is hosted in Cerner's Data Center and accessed via Citrix. A firm timeline regarding access will be set upon signing of the contract.

For additional information regarding a sample timeline, please refer to the *Project Plan* and *Project Launch Guide* documents attached in the Additional Reference Materials section of this response.

3.20.2   Access must be granted to the development/training environment for testing during upgrades and training.

West Virginia Veterans Home will have access to the training environment for testing and during upgrades and training. Access to the training domain will continue.

3.20.3   Training must be provided through the following delivery channels, but not limited to one format: video, web based training, facilitator/consultant led training session, training documents.

Based on best practices and years of experience, Cerner utilizes a blended learning approach that includes a combination of train-the-trainer, web-based training modules (WBTs), hands-on facilitated learning labs, activities performed in a training domain, at-

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the-elbow support, job aids, motivational strategies and more. The specific needs of end users and the organization drive the mix of components involved in the blended learning approach and combine a variety of learning methodologies to minimize time to competency. The training materials will be available for ongoing training to staff and agency nurses.

During training, clinicians will practice time-saving shortcuts in the EHR system, adding to the efficient use of the Cerner system at conversion. Cerner recommends that 100 percent of clinicians be required to demonstrate competency with the Cerner system at the end of the training session.

Cerner offers recommended coursework for project and technical roles within the client's organization. This curriculum covers applicable third-party courses and Cerner offered courses; courses can be taken at our learning center in Kansas City, at location of choice within a client's site or virtually. Course costs are represented as per-person for Kansas City-based courses and per class for client site courses with a maximum of twelve attendees per course.

We provide over 200 hours of training and on-site support to ensure a successful conversion.

Our implementation methodology relies heavily on solution and process education so that our clients can make informed decisions that are key to the implementation process. Cerner uses a train-the-trainer approach, whereby we train a core group of users virtually, or onsite at your facilities using the Cerner training environment.

Our train-the-trainer approach implants the expertise in staff throughout your organization. We train super users across all shifts so they will be able to stand on their own. This approach empowers West Virginia Veterans Home with a strong knowledge base. Super users require a more advanced level of training than end users in order to provide valuable assistance during the implementation process and help support the system and its users long after go-live. To prepare super users for these responsibilities, training will begin prior to end-user training. Super users complete the same web-based training as end users to introduce them to the system. Hands-on training in a learning lab setting will focus on solution capabilities but also place an emphasis on problem identification and resolution as well as coaching skills. They will complete realistic practice scenarios and competency tests that will help them understand the system and help relay it to the end users moving forward.

3.20.4 Vendor must provide clarification on when materials or specialty training is created by the vendor or the consumer to the facility.

In the event that additional training materials or specialty training is required, Cerner

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will work with your organization to define expectations and actions to create an implementation plan to fit West Virginia Veterans Home's specific needs.

3.20.5 Workflow assessments will be completed by the vendor and included with bid.

Once the contract is signed Cerner will be able to complete workflow assessments. Please refer to the *Project Launch Guide* and *Project Plan* documents located in the Additional Reference Materials for additional information concerning workflow assessments.

3.20.6 Vendor must provide during testing and go-live recommendations and workflows for abstracting and/or bulk loading data from paper charts into electronic health records.

Cerner provides clinical competencies for your end users to ensure that all staff know and understand solution functionality and workflow best practices.

Cerner encourages end user scenario practices in order to place real life workflows into action. With training based on actual resident scenarios, staff gain skills that they can put into real life practice.

We provide over 200 hours of training and on-site support to ensure a successful conversion. Cerner does the base build/initial load. Your organization will perform back charting during training.

3.20.7 Vendor must provide contractual availability to access the live electronic medical records prior to going live for build or pilot purposes with bid.

Our interpretation of this question is that West Virginia Veterans Home is requesting access to your production site prior to go live. In this instance, we will supply access with completed build two to three weeks prior to production go-live. We welcome further discussion if our interpretation is incorrect.

3.20.8 Vendor must provide a detailed statement of work to include: superior training, cost of training, on-site training and post-live training and support. The statement of work will include number of hours, number of resources, on-wit and off-site hours, on-site and off-site resources assigned to this project with bid.

Please refer to the *Project Launch Guide* document located in the Additional Reference Materials information regarding the statement of work. Please see estimates directly below:

- Total Professional Services Hours (on-site): 184
- Total Professional Services Hours (Remote): 10
- Resources: 2

3.20.9 Vendor must provide a going live assessment to be completed within 90 days after transition from the level of going live support to 'normal' support level with bid.

Our clinical conversion support includes two Cerner resources onsite for three days. We complete a post-conversion health check one to two weeks post go-live. During this onsite event Cerner will meet with client Super Users to discuss current go-live status and propose

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continued best practices. The client will continue to have direct communication with their Cerner resource for a minimum of 120 days. During this post-implementation window the client will be introduced to utilizing e-service and the Cerner Support Team.

3.21 **In addition to standard contract terms and vendor guarantees, the vendor at a minimum must also provide during the life of the contract period:**

3.21.1 **Customer must be allowed to perform acceptance testing of the product 24 hours prior to go live training. If unacceptable, vendor will be required to make necessary adjustments.**

Cerner's implementation methodology includes testing at various stages of the project. Included are phase for Unit Testing, System Testing, Integration Testing and Regression Testing. Each testing phase must be certified by client prior to proceeding to next phase of testing to ensure that testing scope and contractual requirements have been fully met and approved as acceptable for the appropriate phase. Included in our implementation content are sophisticated testing tools that make the job of developing test plans and executing testing much simpler and more robust. Our TestBuilder tool enables our clients to access a vast library of hundreds of predefined testing scenarios, as well as automatically generates test plans for execution. In addition the tool tracks testing events for reporting and tracking of issues found.

3.21.2 **Daily, timely remedies for customer deficiencies resulting from upgrades that cause critical workflows to break or unable to perform quality reporting.**

Our operations staff is responsible for maintenance of your system. We have a testing policy and change management policy. We do not implement system changes without first testing the system change in advance to determine system stability.

3.21.3 **Vendor must provide upon request an escalation channel if training is not conducted in agreed upon time frame and/or training materials are not adequate or delivered per contract deliverables.**

The Issue Escalation process can be initiated at any point. Clients can contact the assigned Training Coordinator if training is not conducted in agreed upon time frame and/or training materials are not adequate or delivered per contract deliverables. If satisfactory progress is not achieved, you may escalate to the next level—the Learning Architect/Learning Project Manager. Problems requiring additional executive involvement can be escalated to the Learning Consultant Executive and finally, the Learning Services Executive.

3.21.4 **Vendor must provide upon request a mitigation plan if implementation is not completed by the vendor in the agreed upon time frame due to issues related to the vendor (staffing conflicts, software problems, etc.)**

Our implementation will be completed as per our mutually agreed upon criteria. We will work closely with you to create a project plan that is successful for your organization. Our implementation methodology has been used with over 500 clients spanning the implementation of over 4,200 application go-lives across the globe to deliver value

predictably. Over 93% of out-of-the-box Cerner Standard recommended practices are adopted; 92% of our projects are on-time with fixed, predictable professional services fees; and 98% of our customers indicate they would work with us again. We will be satisfied when it is 100%. We are continually improving our methodology with advancements in methods and tools as well as systematically by harvesting and translating the best experiences. We use lessons learned from our client experience and this information affords us the ability recognize challenges and resolutions.

3.21.5 Vendor must provide replacement of hardware during transport if purchased through vendor or while vendor is on-site during installation.

We offer a single point of contact for equipment maintenance service. This service is available on a 24 x 7 basis for the computer hardware, network electronics, printers, desktop devices, bar code equipment, peripheral devices, and handheld devices. As part of equipment maintenance services, Cerner provides the client with a single point of contact for all remedial hardware repairs. Any item purchased from Cerner, and identified as defective within 30 days of receipt, is replaced. The client need only contact Cerner Direct to notify them of the defective item and ship the defective item to Cerner's warehouse. Cerner handles all of the administrative tasks associated with getting the item replaced, providing a single point of contact.

3.21.6 Vendor must provide upon request a mitigation plan if incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software.

With our hosted option, our engineers are available to engage in troubleshooting as needed. We have certified hardware that has been tested and we know what combinations of hardware specifications complement our system. Compatibility issues should be identified in our testing process. If a case arises where this is not true, Cerner is responsible for replacing the hardware.

3.21.7 Vendor must provide to the facility remedies if data corrupted during the course of normal use and operation of product upon request for the life of the service..

We recommend a back-up schedule and process for maintaining system credibility. Following a process for a backup should provide you with a copy of your data and the information can be retrieved from the backup. Our only focus is the health care industry and recognize how important system functionality and access to data is to our clients. We strive to assure that our clients have the information when they need it to provide quality patient care.

3.21.8 Vendor must warranty any functionality and/or work provided by any company on your behalf (implementation, upgrades, etc.)

Cerner will be the single point of contact for warranty service for any software, hardware or content required to operate Cerner Millennium when a client has purchased from Cerner, when the item is covered by a manufacturer's warranty, and when the client has purchased the applicable maintenance services through Cerner. This enables the client

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to manage one relationship. Our approach is to provide all the services necessary to design, build, implement and train our solutions.

4. CONTRACT AWARD:

4.1 Contract Award: The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.

4.2 Pricing Page: Vendor should complete the Pricing Page by filling in each line of Pricing Page and include the overall total on the last line. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

PLEASE READ THIS SECTION IN ITS ENTIRETY:

IF VENDOR IS SUBMITTING AN ELECTRONIC BID:

Vendor MUST complete the ATTACHED Pricing Page, Exhibit A. If bidding in electronically, vendor is to put $0.00 on each commodity line, complete the Excel pricing page, and upload in to WVOasis as an attachment. Only pricing submitted via Exhibit A pricing page will be evaluated for award.

4.1 Mandatory Contract Services Requirements and Deliverables: Contract Services must meet or exceed the mandatory requirements listed below.

4.1.1 Vendor must provide documentation of ONC-ATCB (Office of the National Coordinator – Authorized Testing and Certification) certification.

Cerner has completed Meaningful Use Stage 2 certifications for Eligible Hospital and for Eligible Provider for the 2014 criteria. We cover the 2014 criteria through a combination of several modular certifications under the ONC 2014 Edition and were originally certified by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ACB, in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. We have transitioned our certification and testing activities to be done with ICSA, a recognized ONC-ACB, who is a subsidiary of Verizon.

MDS Intelligence meets all of the requirements of CMS for creation and submission of the Minimum Data Set (MDS 3.0).

4.1.2 Vendor must provide information on any outstanding lawsuits or judgments within the last five (5) years. Indicate any cases that vendor cannot respond to as they were settled with a non-disclosure clause at the time of bid.

As of the date of this response, there is no existing litigation pending against Cerner that would have a material adverse effect upon our ability to provide the solutions and services quoted in this response.

4.1.3 All software applications should, at minimum, provide the same functionality or equal to Point-Click-Care.

Per the pre bid meeting, there is no way to compare Point-Click-Care to our solution since no specifications were detailed. Our solution with Powerchart LTC, CareTracker, MDS, and revenue cycle provide a complete electronic health record and documentation tool for skilled and not skilled providers, and integration to complete the MDS and billing. We would welcome the opportunity to provide a demonstration of our robust, user friendly solutions. The smart, easy and fast solutions will give the user better information to manage resident quality care.

4.2 Vendor must provide detailed explanation for all licensing options to be included with bid.

4.2.1 Vendor must define 'user' if it relates to the licensing model by obtaining the authority to use software without purchasing (i.e. FTE MD, all clinical staff, etc.).

Cerner bases licensed software costs on various metrics to include users, beds, admissions, outpatient visits, emergency room visits, annual procedures etc. Data Center Equipment and associated sub licensed software required to support the proposed solution(s) is configured based on the number of named or concurrent users. Cerner's prices are based on the value received by the entity for the solution functionality delivered. Extending the use of an application derives additional benefits and creates additional value; therefore the extension is priced based on the relative value of these benefits.

Cerner defines scope of use by any of the above defined metrics to build in enforceable licensing limitations as current clients integrate with other facilities to become large integrated delivery systems (IDSs).

Scope of Use Expansion Fees are typically defined within the existing Master Business Agreement calculated at approximately ten percent (10%) of the List Price of Licensed Software and ten percent (10%) incremental growth of the identified licensing metric, such as admissions and outpatient visits, users, physicians etc.

4.2.2 Vendor must provide a detailed explanation of how the system licensing shall account for residents, part time clinicians and mid-level providers.

Cerner does not license mid-level or part time users at a different pricing structure.

4.2.3 Vendor must account by maintaining a list of users to the customer for how user licenses are reassigned when a workforce member leaves.

As previously stated, Cerner's prices are based on the value received by the entity for the solution functionality delivered. Cerner bases licensed software costs on various metrics to include users, admissions, outpatient visits, annual procedures etc. Data Center Equipment and associated sub licensed software required to support the proposed solution(s) is configured based on the number of

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named or concurrent users.

4.2.4 Vendor must disclose to the customer additional licensing per workstation and any handheld devices count towards this licensing.

Cerner's prices are based on the value received by the entity for the solution functionality delivered. Extending the use of an application derives additional benefits and creates additional value; therefore the extension is priced based on the relative value of these benefits. Cerner defines scope of use for the identified solutions to build in enforceable licensing limitations as current clients integrate with other facilities to become large integrated delivery systems (IDSs).

4.2.5 If the system is a concurrent licensing system, the vendor must provide an account of when the licenses are released by the system, (i.e., when the workstation is idle, locked, or only when user logs off)

Cerner does not license mid-level or part time users at a different pricing structure, nor do we support enterprise licensure where additional fees for increased scope are not applicable.

4.3 At a minimum, vendor must provide the following detailed security features at go-live and during life of the contract:

4.3.1 Meet all HIPPA (Health Insurance Portability Act), HITECH (Health Information Technology for Economic and Clinical Health) security requirements.

Cerner is committed to meeting the applicable requirements established by federal law or other applicable regulations. The licensed software will, upon first productive use and during the term of the agreement (so long as your organization is on support), enable your organization to meet the requirements of any applicable federal or state laws in effect on the effective date.

We will assess applicable regulatory changes that impact our software solutions and working with our clients to support their continued compliance efforts. Any modification or enhancement to the Licensed Software to meet new federal requirements will be made free of charge to your organization, if made available generally and at no charge to Cerner's customer base. We will comply with all other future federal and state laws, but there may be a cost associated with any modifications or enhancements to meet such new requirements.

Cerner's responsibility is to help clients comply by providing a reasonable level of system capability to meet the main objectives of HIPAA. Cerner offers a variety of applications and features that enable our clients to remain HIPAA compliant. The administrative, physical, and technical methods and tools that a client uses to protect and secure information depend on the resources available.

4.3.2 Product must provide different levels of security based on User Role, Site, and/or Enterprise settings.

Cerner's system security philosophy design is a layered approach. We also employ least privilege security that only permits those tasks that are essential for the role of the individual. We recognize the importance of data security and patient privacy. We believe that our system can provide your organization with the secured access to applications in either instance of within the network or remote access. There are four levels of security in the Cerner system. Each layer is described below;

- The first level of security (after physical access) is the authentication of the user name and password. This is done at the application tier. By design, the PC and network are intrinsically not trusted. Up to three unsuccessful attempts to log onto a terminal are allowed before the system terminates the conversation. After log-in, an encrypted token-passing scheme is used for all network traffic. Additional authentication methods such as the ability to integrate with smart cards and biometric devices are supported by Cerner Millennium.

- The second level of security is determined by this token which describes the functions that a user may perform. Our system uses position-level security logic (or role-based access control) which sets permission to access an application or a task within a system, or a task group based on a user's position. Positions are defined for every user in the system.

    The Cerner Millennium architecture provides access at the individual task level. Each function that a user can perform within a Cerner Millennium application is defined as a task, and each of these tasks can be included or excluded from the application group associated with a user's position.

- The third level of security ensures patient and encounter confidentiality by granting or restricting access based on the confidentiality level associated with the encounter in comparison to the user's confidentiality. In addition, encounters that occurred at an organization that the user is not associated with can also be restricted.

- The fourth level of security provides data level security. For example, the process that occurs in the second level (stated above) may allow the user access to the "Place Order" function, but the orders that the user actually has privileges to place may vary.

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After a user has been successfully authenticated against the online system, a unique session is created for the user on the web application server. The session is managed by Cerner Millennium and is referenced by a system identifier. This identifier is passed to the handheld device through SSL encrypted communications and stored in a cookie on the handheld device. Each time the handheld device performs an online transaction, the session information is passed in the HTTP header. Cerner Millennium uses the session key to validate that the user has been authenticated and has rights to communicate with the system resources it is calling. Cerner Millennium controls the life of the session and will expire the session after a configured duration of inactivity.

All activity in the system is tracked and logged by our auditing solution.

Vendor should type or electronically enter the information into the Pricing Pages through wvOASIS, if available, or as an electronic document. In most cases, the Vendor can request an electronic copy of the Pricing Pages for bid purposes by sending an email request to the following address: crystal.g.rink@wv.gov.

5. **PERFORMANCE: Vendor and Agency shall agree upon a schedule for performance of Contract services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against the Contract.**

   Acknowledged.

6. **PAYMENT: Agency shall pay initial lump sum for installation/integration and then monthly cost for maintenance/support as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.**

   Acknowledged.

7. **TRAVEL: Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.**

   Acknowledged.

8. **FACILITIES ACCESS: Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:**

   8.1 **Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.**
   8.2 **Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.**
   8.3 **Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.**
   8.4 **Anyone performing under this Contract will be subject to Agency's security protocol and procedures.**
   8.5 **Vendor shall inform all staff of Agency's security protocol and procedures.**

   Acknowledged.

9. VENDOR DEFAULT:

9.1   The following shall be considered a vendor default under this Contract.

      9.1.1 Failure to perform Contract Services in accordance with the requirements contained herein.

      9.1.2 Failure to comply with other specifications and requirements contained herein.

      9.1.3 Failure to comply with any laws, rules and ordinances applicable to the Contract Services provided under this Contract.

      9.1.4 Failure to remedy deficient performance upon request.

Acknowledged.

9.2 The following remedies shall be available to Agency upon default.

      9.2.1 Immediate cancellation of the Contract.

      9.2.2 Immediately cancellation of one or more release orders issued under this Contract.

      9.2.3 Any other remedies available in law or equity.

Acknowledged.

10. MISCELLANEOUS:

10.1   Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract Manager and his or her contact information below:

      Contract Manager: Collin Williams
      Telephone Number: (816)716-2749
      Fax Number: (816)571-5658
      Email Address: Collin.Williams@Cerner.com

Project staffing will be finalized once project start dates have been confirmed. Prior to finalizing the contract, Cerner will work jointly with you to ensure high-quality implementation, training, and support teams that meet your approval.

During the procurement process, please contact your sales representative. We have provided his contact information above.

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Exhibit A Pricing Page

VNF1600000003

Electronic Medical Records

** Vendor will provide price for years 2, 3, and 4 maintenance and tech support.

Lump sum for Installation/integration $ 183,021.36

Year 2 maintenance $ 49,791.36

Year 3 maintenance $ 49,791.36

Year 4 maintenance $ 49,791.36

Travel and Expenses $ 20,070

Overall Bid Total $ 352,465.44

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11. **EXCEPTIONS AND CLARIFICATIONS:** The solicitation contains the specifications that shall form the basis of the contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

Cerner has reviewed the VNF164045_CCT_Terms and Conditions, Specifications, and Business Associate Agreement (BAA). Cerner believes that it is in the best interest of both parties to negotiate a mutually agreeable contract that incorporates the essential interests of both parties. As an example, the Cerner Standard Agreement is specific to the solutions and services provided as part of this proposal. Therefore, it is, in nearly all cases, more stringent than generic agreements. Should Cerner be afforded the opportunity to negotiate, we will happily add the necessary provisions to the Purchasing Division's standard contract form or, conversely, add the Division's mandatory provisions to our Standard Contract or Standard Business Associate Agreement.

As requested in Section 11 of the Terms and Conditions, the following table includes, but is not limited to, the provisions in which Cerner would like to discuss. Additionally, Cerner would request that provisions not relevant to the scope of services provided within this proposal, be struck from the terms and conditions.

Document	Section	Provision	
Specifications	3	General Requirements	Cerner agrees to meet the General requirements unless otherwise noted within the proposal.
Business Associate Agreement	2.b	Purposes	Add the following: "…..Agency for the purposes necessary to complete the tasks or to carry out the legal responsibilities of the Business Associate, or provide the services…"
Business Associate Agreement	3.c	Safeguards	Replace with the following: The Business Associate agrees to implement and use appropriate Security, Administrative, Physical and Technical Safeguards, and comply where applicable with subpart C of 45 C.F.R. Part 164, to prevent use or disclosure of PHI other than as required by law or as provided for by this Agreement or the Related Agreement. Business Associate shall identify in writing upon request from the

			Department all of those Safeguards that it uses to prevent impermissible uses or disclosures of PHI.
Business Associate Agreement	3.h	Agent's, Subcontractor's Compliance	Replace with the following: The Business Associate shall ensure that any agents that create, receive, maintain or transmit PHI on behalf of Business Associate, agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to PHI, in accordance with 45 C.F.R. § 164.502(e)(1)(ii).
Business Associate Agreement	3.I	Notification of Breach	Modified as follows: During the term of this Addendum, the Associate shall notify the Agency, and ,unless otherwise directed by the Agency in writing, the WV Office of Technology any use or disclosure of PHI not provided for by this Agreement, the Related Agreement and HIPAA Standards, including breaches of unsecured PHI as required by 45 C.F.R. § 164.410, as soon as it (or any employee or agent) becomes aware of the Breach, and in no case later than fifteen (15) business days after it (or any employee or agent) becomes aware of the Breach, except when a government official determines that a notification would impede a criminal investigation or cause damage to national security.
Terms and Conditions	8	Required Documents	Strike in its entirety: Builders Risk Insurance
Terms and Conditions	16	Cancellation	Modified as follows: The Purchasing Director reserves the right to cancel this Contract immediately following the Remedy Period if the materials or workmanship supplied do not conform to the specifications contained in the Contract.
Terms and Conditions		Remedy Period	Add the following: Purchasing Director will notify Vendor of deficiencies in the materials or workmanship supplied. Vendor will have ten (10) days to take

Terms and Conditions	26	Warranty	corrective actions. Failure to provide the necessary remedy may result in cancellation.
			Replace with the following: Functionality Warranty. Cerner warrants that, as long as Client (a) remains continuously on Support and (b) is operating the most current or next to most current New Release, the Licensed Software will, without Material Error, perform the functions set forth in the Solution Descriptions when operated in accordance with the Documentation. In the event of a breach of this warranty, Cerner will repair or replace the failing item of Licensed Software so that it performs in accordance with such warranty. If, after repeated efforts (not to exceed 6 months from the date Cerner receives written notice of the warranty breach), Cerner is unable to repair or replace the failing item of Licensed Software so that it performs in accordance with such warranty, Client may, at Cerner's expense, return the failing item of Licensed Software and receive a refund of the item's license fee (calculated on a 5-year straight line depreciated basis), as well as the item's Support fees paid since the failure was first reported to Cerner. CLIENT'S RIGHTS UNDER THIS SECTION CONSITUTE ITS SOLE AND EXCLUSIVE REMEDY AND CERNER'S SOLE AND EXCLUSIVE OBLIGATIONS WITH RESPECT TO ANY BREACH OF THIS WARRANTY. Disclaimer of All Other Warranties. Cerner makes no representations or warranties concerning the Equipment, Sublicensed Software or third party services. THE FOREGOING WARRANTIES ARE IN LIEU OF, AND CERNER DISCLAIMS, ALL OTHER WARRANTIES, BOTH EXPRESS AND IMPLIED, INCLUDING BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE AND

			NONINFRINGEMENT WITH RESPECT TO ALL PRODUCTS AND SERVICES PROVIDED.
Terms and Conditions	36	Indemnification	Modified as follows: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any third-party claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract: (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery , use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations to the extent the claims or losses are the result of willful misconduct or gross negligence by the Vendor; and (3) Any failure of the Vendor, its officers, employees or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.
Terms and Conditions	42-43	Preferences	Strike in entirety. Not applicable.

Forms

Cerner

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF1600000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

☐ Addendum No. 1   ☐ Addendum No. 6

☐ Addendum No. 2   ☐ Addendum No. 7

☐ Addendum No. 3   ☐ Addendum No. 8

☐ Addendum No. 4   ☐ Addendum No. 9

☐ Addendum No. 5   ☐ Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Cerner Corporation
_____
Company

_____
Authorized Signature

12 - 16 - 2015
_____
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 10/27/2015

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Cerner Corporation
_____
(Company)

_____, EVP and CFO
(Authorized Signature) (Representative Name, Title)

ph: 816-221-1024
_____
(Phone Number) (Fax Number) (Date)

Purchasing Divison
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Request for Quotation
21 — Info Technology

Proc Folder: 164045

Doc Description: ELECTRONIC MEDICAL RECORDS SOFTWARE

Proc Type: Central Contract - Fixed Amt

Date Issued	Solicitation Closes	Solicitation No	Version
2015-11-12	2015-12-29 13:30:00	CRFQ 0613 VNF1600000003	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON   WV   25305
US

VENDOR

Vendor Name, Address and Telephone Number:

Cerner Corporation
2800 Rockcreek Parkway
North Kansas City, MO 64117
ph: 816-716-2749

FOR INFORMATION CONTACT THE BUYER
Crystal Rink
(304) 558-2402
crystal.g.rink@wv.gov

Signature X *Marc E. Naylor*   FEIN # 431196944   DATE 12 - 16 - 2015

All offers subject to all terms and conditions contained in this solicitation

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA VETERANS NURSING FACILITY, IS SOLICITING BIDS TO ESTABLISH A ONE-TIME CONTRACT FOR THE PURCHASE OF ELECTRONIC MEDICAL RECORDS SOFTWARE PP~ THE ATTACHED.

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US	DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Electronic Medical Records Software				

Comm Code	Manufacturer	Specification	Model #
43232610			

Extended Description :

PLEASE READ THIS SECTION IN ITS ENTIRETY:
IF VENDOR IS SUBMITTING AN ELECTRONIC BID:
Vendor MUST complete the ATTACHED Pricing Page, Exhibit A. If bidding in electronically, vendor is to put $0.00 on each commodity line, complete the Excel pricing page, and upload in to WVOasis as an attachment. Only pricing submitted via Exhibit A pricing page will be evaluated for award.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	MANDATORY PRE-BID MEETING 12/8/15	
2	VENDOR QUESTION DEADLINE 12/18/15	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: _Cerner Corporation_

Authorized Signature: _Marc G/Naughton_ Date: _12-16-2015_

State of _Missouri_

County of _Clay_ , to-wit:

Taken, subscribed, and sworn to before me this _16th_ day of _December_ , 20_15_.

My Commission expires _Sept. 24_ , 20_19_.

AFFIX SEAL HERE   NOTARY PUBLIC _Sasha M. Raab_

Purchasing Affidavit (Revised 07/01/2012)

SASHA M. RAAB
Notary Public - Notary Seal
STATE OF MISSOURI
Jackson County
My Commission Expires Sept. 24, 2019
Commission # 15999710

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
   ____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
   ____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
   ____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. **Application is made for 2.5% vendor preference for the reason checked:**
   ____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. **Application is made for 2.5% vendor preference for the reason checked:**
   ____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. **Application is made for 5% vendor preference for the reason checked:**
   ____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
   ____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
   ____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules.***
   ____ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Cerner Corporation   **Signed:** Not Applicable

Date: 12/15/2015   **Title:** Not applicable

Introduction

This document provides you with the minimum hardware and software requirements, and the recommended requirements, for different configurations of PC client systems used to access Cerner Millennium® applications. The minimum requirements provided in this document are intended for workstations performing a range of tasks, but these minimums do not account for the unique requirements of solutions such as intensive care, cardiology, and clinical imaging. Please consult your Technical Strategist for solutions that require additional resources and the relevant documentation. The recommended requirements should meet the needs for more hardware-intensive solutions in the majority of cases..

The final system requirements of any single workstation could vary depending on the resource requirements of any non- Cerner solution present. These non-Cerner solutions could include device emulators accessing other systems (IBM 3270, 5250, and so on), electronic mail systems, web browsers, image viewers, and so on. As a client, you are responsible for determining the requirements of any non- Cerner application for which you must account in addition to the Cerner minimum requirements.

> **Note**
> This document provides you with the minimum hardware and software requirements, and the recommended requirements, for different configurations of PC client systems used to access Cerner Millennium applications. For clinical imaging solutions, see the Cerner Cerner ProVision Workstation Installation reference page.

Cerner Clinical Workstation Requirements

Minimum Requirements

The following lists the minimum system requirements for a clinical workstation running a local installation of Cerner Millennium:

- *Intel*-based, mid-range workstation (or *Cerner*-approved equivalent)

> **Note**
> As of 07/16/2006, the mid-range workstation is an Intel Pentium processor 2.53 GHz or greater.

- PCI or AGP Video Controller
- 1GB memory just for Millennium. This is above what the OS and other apps use.
- 30 GB Hard Drive (5 GB disk space for local *Cerner* application code installation)
- Graphics resolution of 1024 x 768 and High Color or 16-bit colors
- 10/100 Ethernet network card
- Winsock 1.1 or higher compliant TCP/IP protocol stack
- 101-key keyboard and mouse or equivalent

> **Release Considerations**
> The software minimum and recommended requirements change per Cerner Millennium release. See the Supported Technologies document for your release.

Recommended Requirements

The following list details the recommended system requirements for a clinical workstation running a local installation of Cerner Millennium:

- An *Intel*-based, high-end workstation (or Cerner-approved equivalent)

> **Note**
> As of 07/18/2006, the high-end workstation is an Intel Pentium 3.80 GHz or higher.

- AGP or PCI Express Video Controller
- 2GB memory just for Millennium. This is above what the OS and other apps use.
- 160 GB Hard Drive (5 GB disk space for local Cerner application code installation)
- Graphics resolution of 1024 x 768 and High Color or 16-bit colors
- 10/100 Ethernet network card
- Winsock 1.1 or higher compliant TCP/IP protocol stack
- 101-key keyboard and mouse or equivalent

> **Release Considerations**
> The software minimum and recommended requirements change per Cerner Millennium release. See the Supported Technologies document for your release

Cerner Clinical Thin-Client Workstation Requirements

Minimum Requirements

The following list details the minimum system requirements for a clinical workstation connecting as a Citrix or Terminal Services client:

- 1 GHz processor or greater
- 1GB memory
- *Microsoft* mouse or 100% compatible mouse
- SVGA video adapter capable of displaying 1024 x 768 and High Color or 16-bit colors

> **Note**
> To publish a desktop through Citrix or Terminal Services (which is not full screen), local workstation resolution must be higher than 1024 x 768 to allow for the usable session screen real estate to meet the minimum requirement for Cerner Millennium applications.

- 12 MB available hard drive space for Citrix client install
- Windows-compatible sound card for sound support (optional).
- A network interface card (NIC) and TCP-IP stack.

> **Release Considerations**
> The software minimum and recommended requirements change per Cerner Millennium release. See the Supported Technologies document for your release

For more information on Internet Explorer Technology updates, please consult the Technology flashes on Cerner.com.

Reference the following page for Citrix online plug-in requirements: Citrix

Recommended Requirements

The following list details the recommended system requirements for a clinical workstation connecting as a Citrix or Terminal Services client:

- *Intel*-based, mid-range workstation (or Cerner-approved equivalent)

> **Note**
> As of July 16, 2006, the mid-range workstation is an Intel Pentium processor running at 2.53GHz or greater.

- 2GB RAM
- 30GB hard drive
- *Microsoft* mouse or 100% compatible mouse
- Graphics resolution of 1024 x 768 and High Color or 16-bit colors

> **Note**
> To publish a desktop through Citrix or Terminal Services (which is not full-screen), local workstation resolution must be higher than 1024 x 768 to allow for the usable session screen real estate to meet the minimum requirement for Cerner Millennium applications

- 10/100 Ethernet network card
- Winsock 1.1 or higher compliant TCP/IP protocol stack
- 101-key keyboard and mouse or equivalent

> **Release Considerations**
> The software minimum and recommended requirements change per Cerner Millennium release. See the Supported Technologies document for your release

Cerner Thin-Client Device Requirements

Minimum Requirements

The following list details the minimum system requirements for a thin-client device connecting to Cerner solutions through Citrix or Terminal Services:

- 1 GHz processor or greater
- 1GB of RAM
- 1GB of Flash Disk space
- Internet Explorer Version 8
- 101-key keyboard and mouse or equivalent
- Graphics resolution of 1024 x 768 and High Color or 16-bit colors
- A network interface card (NIC) and TCP/IP stack
- *Embedded Microsoft Windows XP* Operating System

Recommended Requirements

The following lists the recommended system requirements for a thin-client device connecting to Cerner solutions through Citrix or Terminal Services:

- 1 GHz processor or greater
- 1GB of RAM
- 1GB of Flash Disk space
- Internet Explorer Version 8.0
- 101-key keyboard and mouse or equivalent
- Graphics resolution of 1024 x 768 and High Color or 16-bit colors
- A network interface card (NIC) and TCP/IP stack
- *Embedded Microsoft Windows XP* Operating System

> **Release Considerations**
> The previously mentioned software minimum and recommended requirements are for Cerner Millennium 2003.01 Cumulative Production Packages and higher. See the Supported Technologies document for earlier releases

<u>BUSINESS ASSOCIATE CONTRACT</u>

THIS BUSINESS ASSOCIATE CONTRACT ("Contract") is entered into on _____ _____, 2012 ("Effective Date"), between _____ ("Covered Entity") and Cerner Corporation, a Delaware corporation ("Cerner").

Covered Entity may make available to Cerner certain Information in conjunction with services that are being provided by Cerner to Covered Entity, which is confidential and must be afforded special treatment and protection.

Cerner will have access to and/or receive from Covered Entity certain Information that can be used or disclosed only in accordance with this Contract.

Therefore, the parties agree as follows:

1. **Definitions.**

    a. **"HHS Privacy Regulations"** shall mean the privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Act of 2009 ("HITECH") and published in the Code of Federal Regulations ("C.F.R.") at Title 45, Sections 160 and 164.

    b. **"HHS Security Regulations"** shall mean the security regulations promulgated under HIPAA and HITECH and published in the C.F.R. at Title 45, Sections 160, 162 and 164.

    c. **"Information"** shall mean any "protected health information" provided and/or made available by Covered Entity to Cerner after the Effective Date, and has the same meaning as the term "protected health information" as defined by 45 C.F.R. 160.103.

2. **Term.** This Contract shall commence as of the Effective Date, and shall expire when all of the Information provided by Covered Entity to Cerner is destroyed or returned to Covered Entity pursuant to Clause 16 below.

3. **Limits On Use And Disclosure Established By Terms Of Contract.** Cerner agrees that it may not use or disclose the Information provided or made available by Covered Entity for any purpose other than as permitted or required by this Contract or by the HHS Privacy Regulations. (ref. 45 C.F.R. 164.504(e)(2)(i)).

4. **Stated Purposes For Which Cerner May Use or Disclose Information.** The parties agree that Cerner shall be permitted to use and/or disclose Information provided or made available from Covered Entity relating to and as necessary to maintain and support Client's health information systems, to provide other services on behalf of the Covered Entity as may be entered into under contract and to aggregate data as set forth below.

5. **Use of Information For Management, Administration and Legal Responsibilities.** Cerner is permitted to use Information as necessary for the proper management and administration of Cerner or to carry out legal responsibilities of Cerner. (ref. 45 C.F.R. 164.504(e)(4)(i)(A-B)).

6. **Disclosure of Information For Management, Administration and Legal Responsibilities.** Cerner is permitted to disclose Information received from Covered Entity for the proper management and administration of Cerner or to carry out legal responsibilities of Cerner, provided: (i) the disclosure is required by law; or (ii) Cerner obtains reasonable assurances from the person to whom the Information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, the person will use appropriate safeguards to prevent use or disclosure of the Information, and the person notifies Cerner of any instance of which it is aware in which the confidentiality of the Information has been breached. (ref. 45 C.F.R. 164.504(e)(4)(ii)).

7. **Data Aggregation Services.** Cerner is also permitted to use or disclose Information to provide data aggregation services as permitted by 45 C.F.R. 164.504(e)(2)(i)(B), including use for statistical compilations, reports, research and all other purposes allowed under applicable law. Cerner may de-identify Information in accordance with the standards set forth in 45 C.F.R. 164.514(b) and may use or disclose such data unless prohibited by applicable law. The parties agree that any Information provided to Cerner hereunder which is later de-identified and therefore no longer identifies a patient (i.e. is no longer "protected health information" as defined by 45 C.F.R. 160.103) will no longer be subject to the provisions set forth in this Contract. (ref. 45 C.F.R. 164.504(e)(2)(i)(B)).

8. **Appropriate Safeguards.** Cerner will establish and maintain appropriate safeguards to prevent any use or disclosure of the Information, other than as provided for by this Contract. (ref. 45 C.F.R. 164.504(e)(2)(ii)(B)). Cerner will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic Information that it creates, receives, maintains or transmits on behalf of Covered Entity. (ref. 45 C.F.R. 164.314(a)(2)(i)(A)).

9. **HHS Security Regulations.** As of the compliance date of the regulations promulgated under HITECH, Cerner shall comply, where applicable to business associates, with the HHS Security Regulations with respect to electronic Information to prevent use and disclosure of the Information other than as provided by this Contract. (ref. 45 C.F.R. 164.504(e)(2)(i)(B).

10. **Reports Of Improper Use Or Disclosure.** Cerner agrees that it shall report to Covered Entity any use or disclosure of Information not provided for or allowed by this Contract and any Security Incident (as that term is defined in the HHS Security Regulations) of which Cerner becomes aware. (ref. 45 C.F.R. 164.504(e)(2)(ii)(C); 45 C.F.R. 164.314(a)(2)(i)(C)).

11. **Breach of Unsecured Protected Health Information.** Cerner shall, following the discovery of a Breach of Unsecured Protected Health Information, as those terms are defined in 45 C.F.R 164.402, notify Covered Entity of such Breach. Except as provided in 45 C.F.R. 164.412, Cerner shall provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. Cerner shall provide Covered Entity with any other available information that Covered Entity is required to include in its notification to the individual under 45 C.F.R. 164.404(c) at the time of the notification or promptly thereafter as information becomes available. (ref. 45 C.F.R. 164.410).

12. **Subcontractors and Agents.** Cerner agrees that if Cerner provides Information to any subcontractors or agents, Cerner will ensure that such agent or subcontractor agrees to the same restrictions on the use and disclosure of such Information that apply to Cerner. (ref. 45 C.F.R. 164.504(e)(2)(ii)(D)).

13. **Designated Record Set.** To the extent Cerner maintains Information in a designated record set, as that term is defined by 45 C.F.R. 164.501, Cerner will:

    a. to the extent applicable, make available Information in accordance with 45 C.F.R. § 164.524. (ref. 45 C.F.R. 164.504(e)(2)(ii)(E)).
    b. to the extent applicable, make available Information for amendment and incorporate any amendments to Information in accordance with 45 C.F.R. 164.526. (ref. 45 C.F.R. 164.504(e)(2)(ii)(F)).

14. **Provide Accounting.** Cerner agrees to make information available as required to provide an accounting of disclosure of Information received from, or created or received by Cerner on behalf of Covered Entity in accordance with 45 C.F.R. 164.528. (ref. 45 C.F.R. 164.504(e)(2)(ii)(G)).

15. **Access to Books and Records.** Cerner agrees to make its internal practices, books, and records relating to the use or disclosure of Information received from, or created or received by Cerner on

behalf of the Covered Entity, available to the Secretary of the Department of Health and Human Services or the Secretary's designee for purposes of determining compliance with the HHS Privacy Regulations. (ref. 45 C.F.R. 164.504(e)(2)(ii)(H)).

16. **Return or Destruction of Information.** At termination of this Contract, Cerner agrees to return or destroy all Information received from, or created or received by Cerner on behalf of Covered Entity. Cerner agrees not to retain any copies of the Information after termination of this Contract. If return or destruction of the Information is not feasible, Cerner agrees to extend the protections of this Contract for as long as necessary to protect the Information and to limit any further use or disclosure. If Cerner elects to destroy the Information, it shall certify to Covered Entity that the Information has been destroyed. (ref. 45 C.F.R. 164.504(e)(2)(ii)(I)).

17. **Termination of Contract.** If Cerner materially breaches this Contract, Covered Entity may terminate this Contract and the software agreement under which Cerner received or had access to the Information that is the subject of the breach after sending written notice to Cerner describing Cerner's failure in detail and affording Cerner a sixty (60) day period in which to cure such failure. (ref. 45 C.F.R. 164.504(e)(2)(iii)).

18. **Disputes.** Any controversy or claim arising out of or relating to the Contract will be finally settled by compulsory arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association ("AAA").

19. **Assignment.** Neither party may assign this Agreement without the prior written consent of the other, which consent shall not be unreasonably withheld.

20. **Notices.** Whenever under this Contract one party is required to give notice to the other, such notice shall be deemed given if mailed by First Class United States mail, postage prepaid, and addressed as follows:

Covered Entity:

Cerner Corporation:

2800 Rockcreek Parkway
Kansas City, Missouri 64117

Either party may at any time change its address for notification purposes by mailing a notice stating the change and setting forth the new address.

21. **No Third Party Beneficiaries.** Nothing herein, express or implied, is intended to or shall confer upon any other person or entity, any legal or equitable right, benefit or remedy of any nature whatsoever under or by reason of this Contract.

22. **Entire Agreement.** This Contract supersedes and replaces any previous business associate agreement between the parties. This Contract consists of this document, and constitutes the entire agreement between the parties with respect to the confidentiality of Information. No change, waiver or discharge of obligations arising under this Contract shall be valid unless in writing and executed by the party against whom such change, waiver or discharge is sought to be enforced.

    IN WITNESS WHEREOF, Cerner and Covered Entity have caused this Contract to be signed and delivered by their duly authorized representatives, as of the date set forth above.

CERNER CORPORATION   COVERED ENTITY

By: _____

Print Name: _____

Title: _____

By: _____

Print Name: _____

Title: _____

OVERVIEW

Cerner's **Immediate Response Center (IRC),** provides world-class incident and escalation management services for all of Cerner's internal solutions, Cerner's clients, proactive system monitoring for Cerner's Managed Service clients and application monitoring for AMS clients. The IRC's approach to incident and event management is based on ITIL 2011 best practices, combined with over 29 years of experience as a Cerner critical support center.

The IRC is staffed with some of Cerner's most tenured associates who understand that "every minute counts." As part of the Cerner Connect organization, the IRC is tightly integrated with Cerner's other client support and managed services organizations, resulting in superior service and a seamless, integrated service experience for our clients.

BENEFITS

- 7 x 24 x 365 Availability
- Critical technical support for Cerner Clients and Cerner acquisition partners
- ITIL processes are integrated into Situation Management for high severity incidents
- Appropriate engagement/escalation for critical solution related incidents
- Proactive monitoring of CernerWorks, AMS and corporate clients to quickly identify and rectify issues to minimize end user impact.

MISSION STATEMENT

Bringing together the best resources to prevent or rapidly resolve incidents, enabling continuous delivery of health care worldwide.

IRC KEY STATS

% of Service Requests Meeting MTTR	**99.48%**	Target: >95%
% of Alarms Meeting MTTR	**87.13%**	Target: >80%
Average Speed to Answer	**0:12**	Target: <20 sec
First Contact Resolution	**72.57%**	Target: >73%
% of Calls Paged Out to Solution Works	**2.34%**	Target: <2.5%

*MTTR – Mean Time to Resolution

CLIENT FEEDBACK

"The IRC is an excellent resource and support mechanism and is priceless to our operation"

- CernerWorks Client Survey

Cerner

Immediate Response Center Fact Sheet

RESOLVED SRs & %MET MTTR

Chart — SR Count (bars) and Avg MTTR (line), Sep-14 through Sep-15.
SR Count values: 3035, 3122, 2885, 2950, 2846, 2614, 2940, 2713, 2675, 2862, 2656, 2755, 2653

CAM COUNT & %MET MTTR

Chart — CAM Resolve Count (bars) and Avg MTTR (line), Sep-14 through Sep-15.
CAM Resolve Count values: 168941, 152603, 138586, 143711, 138541, 138082, 138301, 133948, 128424, 127618, 131301, 128382, 134744
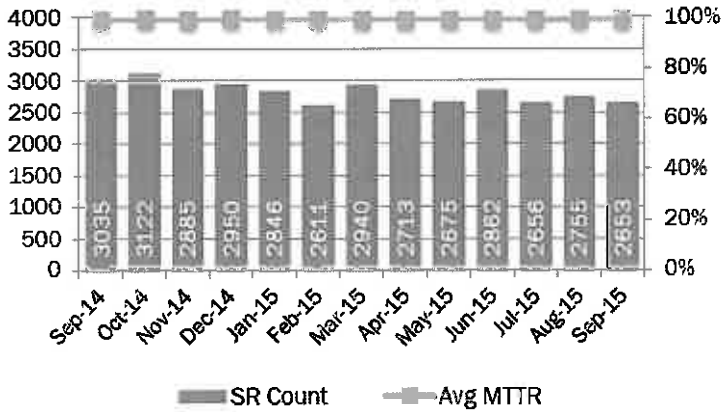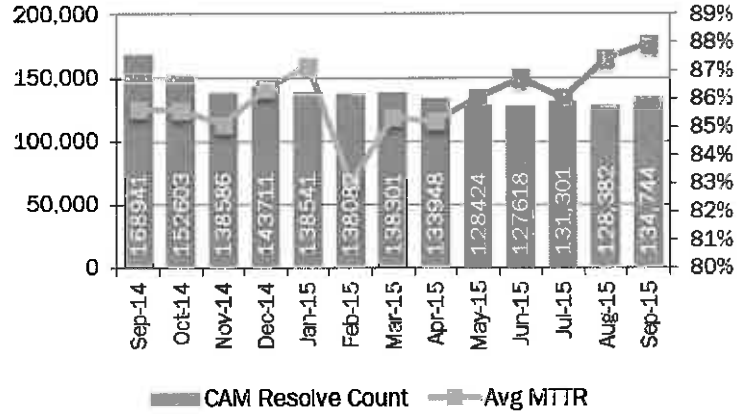
CALL VOLUME/AVERAGE SPEED OF ANSWER

Chart — Call Volume (bars) and Average Speed of Answer (line), Sep-14 through Sep-15.
Call Volume values: 6,865, 6,347, 5,838, 6,338, 5,869, 5,630, 6,028, 5,756, 5,996, 6,358, 6,316, 6,285, 6,579

FIRST CONTACT RESOLUTION

Chart — Goal > 70% and FCR, Sep-14 through Sep-15.
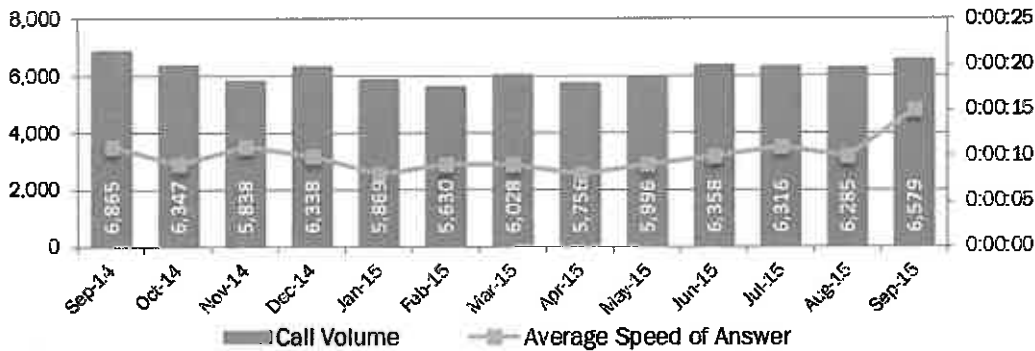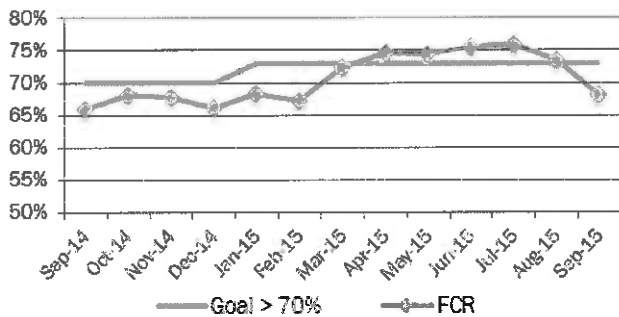
PERCENT OF CALLS PAGED OUT TO SWX

Chart — Goal < 2.5% and % Transferred to SWx, Sep-14 through Sep-15.
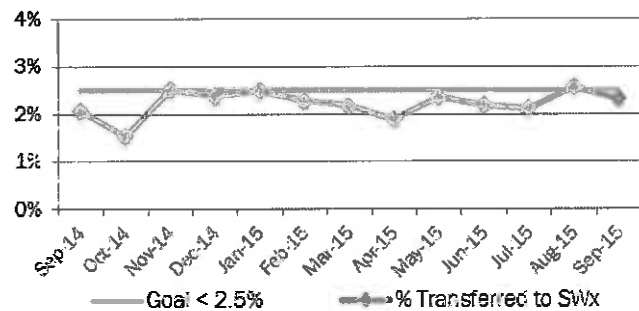
CONTACT

Jody Buchman, VP, Cerner Connect: 816-201-0706

Travis Robinson, Director, IRC: 816-201-8735

Erin Gleason, Marketing: 816.201.9418, erin.gleason@cerner.com

LTC Release Calendar

Last edited by Tisher,Ramsey (/display/~RT022748) on Nov 17, 2015

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Workflow State: Published (JavaScript:newPopup('/pages/viewpageactivity.action?pageId=1294514660'))

(View Approval History (JavaScript:newPopup('/plugins/approvalhistory/approvalhistory.action?pageId=1294514660')))

Working Copy (/pages/viewpage.action?pageId=1294514660&draft=true)

2015 Releases	Mock	Prod A	Prod B	Prod C	Prod G	Notes
2015.01.01	2/6/2015	2/11/2015	2/18/2015	2/25/2015	2/25/2015	
2015.02	TBD	5/27/2015 6/17/2015 7/8/2015	6/10/2015 7/1/2015 7/29/2015	6/24/2015 7/15/2015 8/19/2015	7/8/2015 7/22/2015 8/19/2015	Dates Tentative, pending IP validation
2015.03	TBD	8/5/2015 8/26/2015	8/26/2015 9/9/2015	9/16/2015 9/23/2015	9/23/2015	Dates Tentative, pending IP validation Has to be to all client's by Oct 1, 2015

Release Group	Pods
Release Group A	4, 11, 12, 13
Release Group B	5, 6, 8, 9, 14, 15, 16, 17
Strategic Accounts	7, 10, 18
Golden Living	Golden Living

2016 Releases	Mock	Prod A	Prod B	Prod C	Prod G	Notes
2016.01	TBD	2/17/2016	3/16/2016	3/30/2016	4/6/2016	Feb/March Timeframe
2016.02	TBD	TBD	TBD	TBD	TBD	June/July Timeframe
2016.03	TBD	TBD	TBD	TBD	TBD	Sept/Oct Timeframe (Prior to Oct 1st)

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Sample Service Level Agreement

At Cerner, we are committed to providing world-class service and support to our many healthcare clients around the globe. We deliver reliable and responsive service 24 hours per day, 365 days per year. This support model allows our clients to give superior service to patients, via solutions that enable caregivers to correspond and communicate with other providers, clinicians and patients.

Client Care is a key component of our client service model. We accomplish this by providing accessibility to Cerner via Cerner.com, uCern, online chat or the Cerner Support hotline.

We offer clients online learning and educational resources that can be packaged and customized to fit the needs of the client organization. We partner with clients to provide guidance and support in an effort to meet government standards and regulatory needs while clients are preparing for Meaningful Use.

We also deliver global support across many platforms. The solutions cover a client base of ambulatory, hospital, community/rural hospital, pharmacy, and general physician practices.

We are proud of our industry-recognized support for critical issues. Our Client service teams feature systems-trained support analysts, technical team leaders and operations leaders that provide fast and reliable solutions to high-impact client requests

The following are the service entitlements obtained through the purchase of Cerner licensed software and the payment of the licensed software support fees. These entitlements begin with first productive use of your system.

Please note: Any services outside of the non-billable services listed in the catalog should be considered as fee-for-services. However, we recommend you contact Cerner to validate whether a service is billable.

	Benefits Of Support Services for Cerner Licensed Software	
	Service	Description/Benefits
1	Cerner.com (Internet access)	Internet access to solution documentation, communities of interest, announcements, online service record entry, and the ability to review service activity
2	Toll free 800 number	Single point of contact for all service, support, and general fulfillment needs
3	Access To Immediate Response Center (7 x 24)	Mission critical problem determination, resolution, or work-around delivering a continuous set of benefits
4	Access To SolutionWorks Application Support (Service Center) (5 x 12)	Non-critical problem determination, resolution, or alternative identification through consultative assistance on solution functionality
5	Access to Client Care Contact Center	Cerner's first line of support to respond to clients' requests for additional services or solutions, information and other general administrative issues

Cerner

	Benefits Of Support Services for Cerner Licensed Software	
	Service	Description/Benefits
6	Intellinet/Secured Access Mechanism when applicable	Maintained data communications mechanism to facilitate problem resolution at the client site (secure and efficient method for service and support)
7	License for New Releases to Licensed Software	All new releases for the licensed software that are made generally available by Cerner
8	Knowledge Transfer During Service Events	Education provided during problem resolution leading to greater self-sufficiency
9	Service Escalation	Defined process for any client to escalate whenever they feel a request is not being addressed (receive executive management focus on client service and support issues)
10	Periodic Software Distribution	Periodic availability of enhanced functionality and software corrections to supported releases of licensed software
11	Online Demographic Profile (Solution/Technical Attributes)	Knowledge of Client technical environment: SW/HDW supporting an efficient and effective problem resolution process (assumes hardware and sublicensed software maintenance through Cerner)
12	Catalog Of Services	Online access to Cerner's Catalog of Services referencing all of Cerner's services via Cerner.com.
13	Service Available Via Phone, E-mail, LiveAssist (Chat), cerner.com	Multiple avenues of support for the convenience of the client
14	Proactive Communication Flashes	Advance information concerning new solutions, upcoming corrections, patches, add-ons, and so on
15	Access To Cerner Direct	Access to a direct channel for ordering technology with 24-hour turnaround with discounted / competitive pricing through Cerner.com or the Cerner Direct Order Desk
16	Solution Availability Information	Advance information on availability of packages, software releases, new versions, and so on allowing the client to plan for new features of the system
17	Access to Cerner Learning Services	Information about Cerner solution and technology education via Cerner's Virtual University made available
18	Quarterly vs. Annual Billing	Client can pay quarterly or annually in advance
19	Regulatory Affairs Services	Consultative service on regulatory affairs and accreditation issues
20	Client Satisfaction Surveys	Client satisfaction survey process providing a client feedback mechanism

Cerner

Access and Use

eService on Cerner.com

The eService tool on cerner.com provides the ability to initiate a new service record, to track the status of a specific service record by service record number, and the ability to view all service activity. In addition, information specific to the software that clients have licensed can be found on cerner.com as well as a thorough knowledge base which contains known issues and resolutions which are available 24 hours a day for your use.

Electronic Mail

E-mail can be used to send technical issues related to Cerner solutions to a SolutionWorks Support Analyst. The e-mail address is SVCREQ@cerner.com.

Telephone

SolutionWorks is staffed between 7 a.m. and 7 p.m., Central Time, Monday through Friday, (holidays excluded).

All questions and issues should be logged using eService on www.cerner.com. This includes requests for application support, general business and financial support. Clients who call the Cerner Client Care Center will be asked to go to www.Cerner.com and log a Service Record (SR). If you are calling to check the status of a particular Service Record, you will be asked to provide the SR number to expedite the process.

If you have a critical, production issue that requires IRC Immediate Response Center support, continue to call the toll free number.

Cerner provides world-class service and support to all clients who have licensed Cerner solutions and services.

- Cerner.com
- Client Care Contact Center
- SolutionWorks
- Immediate Response Center (IRC)

Cerner.com

Cerner.com is a robust client gateway for information, solution and business support, and knowledge sharing. The mission of cerner.com is to provide clients the right information at the right time in the right location and within the right context to enable optimal service, support, and business outcomes. Cerner.com offers clients the freedom and flexibility to access valuable information about their business relationship with Cerner, complete business transactions, research solutions issues, track ongoing Records, and connect with other clients and Cerner associates at any time.

Cerner.com makes it easier for clients to do business with Cerner by offering self-service functions that save time and hassle, and making information about your business relationship with Cerner transparent and accessible. Cerner introduces new online capabilities often based on client feedback.

Service

Cerner provides clients the ability to research issues and identify potential resolutions documented by Cerner's service organization online. Clients may also submit and manage their service records online, and search a database of solution changes for issues identified by other client organizations. In addition, organizations may track obligations, or specific intellectual property commitments from Cerner.

Cerner Millennium Support Guides are all available online for your ease of use and are available for download if desired. These guides are updated with each release which is why we recommend using them online. In addition, many of our clients use portions for training purposes.

Client Care Contact Center

As part of the Licensed Software Support Agreement, every client receives access to the Client Care Contact Center. The Client Care Contact Center serves as a key component for the long term business and service relationship between each client and Cerner. The Client Care Contact Center is the primary contact for policy and practice issues that may arise, as well as an escalation point for resolving issues needing attention outside of established service delivery means.

The objective of the Client Care Contact Center is to answer questions/resolve issues upon initial contact. This team is available to provide a prompt, predictive resolution to service records.

Responsibilities

The Client Care Contact Center is Cerner's first line of support to respond to clients' requests for additional services or solutions, information, and other support issues.

The Client Care Contact Center provides the following services:

Cerner.com – provides assistance to questions relating to Cerner.com.	**Cerner Information** – provides information about Cerner business policies and practices, new solution features and functions, and new solutions soon to be released by Cerner.
Training – provides information for available training courses and dates.	**Cerner Events** - answers any questions regarding upcoming Cerner events such as Regional User Group meetings, Cerner Health Conference, or other events.
Financial - provides answers to questions regarding contract items such as items on license software support, maintenance items, and so on.	**Quotes** - at the client's request, will engage a person with the proper expertise to provide a quote for "off-the-shelf" Cerner software solutions and services. The Client Care Contact Center may initiate a request for hardware quotes or configuration proposals on the client's behalf in conjunction with upgrading an existing system to a more current release of a Cerner solution or accommodating the growth of an existing system.
Technology Maintenance - works in partnership with the technology maintenance supplier to provide:	**Remedial,** break-fix maintenance
Functional **replacements**	Progress on **technology service records**
Escalation within the technology maintenance supplier organizations, as necessary, to ensure timely resolution	

CERNER LONG TERM CARE IMPLEMENTATION GUIDE

Cerner Long Term Care
140 South Friendship Drive
New Concord, OH 43762
800.338.3681
Contact Client Care at 866.459.3382

www.cerner.com

Welcome to Cerner Long Term Care!

Welcome to our rapidly growing family of Long Term Care (LTC) solution users! We are confident that you and your organization will reap the benefits of improved documentation using Cerner's Long Term Care solutions. Our team is determined to help you along the way, allowing you to take advantage of all that Cerner LTC has to offer.

In order to ensure a timely implementation, please review the Cerner LTC implementation guidelines and requirements in this document.

Long Term Care Implementation Timeline

The Cerner LTC implementation is completed in a six-stage approach. Each stage must be completed successfully to advance to the next stage. The six stages of Implementation are Project Launch, Training Preparation, On-site Training, Conversion, Post Training, and Staying Connected. This document describes each phase in more detail.

When will my Cerner Long Term Care training take place?

We know you are eager to implement LTC solution and begin utilizing all of its features. The good news is that your facility controls how soon your on-site implementation dates are scheduled.

The Implementation Dates are scheduled at the completion of your Post Sales Survey. Project Launch stage requires that you have installed your kiosks and workstations, including power and wiring for the internet access, as well as mounting them on the walls or at the workstation locations.

Once Stage 1 has been completed, most training dates are scheduled within 12-16 weeks.

Our Commitment

We strive to provide the highest level of client service and to have your Cerner Long Term Care solutions up and running as soon as possible. In addition, we are committed to providing you with the training and support that you need to make CareTracker a success at your organization. Please do not hesitate to contact the Cerner Connect team (866.459.3382) if you have questions or need assistance.

On behalf of the entire company, thank you for your business and welcome aboard!

Sincerely,

Steve Herron
Senior Director, Cerner Corporation

Client Roles and Responsibilities

A key element of your upcoming Long Term Care implementation is your organization's implementation team. This team will work with your Implementation Consultant to successfully implement Your Cerner Long Term Care solutions. Your Implementation Consultant will be asking who will fill these roles during the Kick-Start call.

Project Leader: The project leader is responsible for managing the overall project and will have input in pilot site selection, roll-out planning if it applies, and other implementation decisions.

Who will be the Project Leader at your facility? _____

Training Leader: The training leader is responsible for scheduling super user training and end user training during the initial implementation event as well as training new staff and retraining staff on an ongoing basis.

Who will be the Training Leader at your facility? _____

Clinical Leader: The clinical leader will play a major role in identifying areas of documentation, custom build needs, and updating work flows. The clinical leader will also help determine location of kiosks and which workstations will use the system.

Who will be the Clinical Leader at your facility? _____

Technical Leader: The technical leader is responsible for the kiosk, workstations, and network cabling installation, workstation configuration, sufficient bandwidth, and providing electronic resident and staff lists for initial data loading.

Who will be the Technical Leader at your facility? _____

Compliance Leader: The compliance leader is responsible for making sure all "lighted" assessments and required pieces of documentation are being completed on schedule, educating staff on the importance of full participation, and filling out the CareTracker Excellence posters.

Who will be the Compliance Leader at your facility? _____

Web Security Officer (WSO): The WSO is responsible for assisting fellow associates in creating their accounts to access eService. eService allows staff members to create, update and view support tickets for your Cerner Applications.

Who will be the Web Security Officer at your organization? _____

Client Roles and Responsibilities (cond't)

Super Users: The Super Users are responsible to be a part of the Future State Review calls and Cerner on-site training. They are then responsible for training their peers. Nurse Super users will also the first line of defense during back charting and conversion. All shifts need to be represented by at least 1-2 super users.

Super User Name	Shift	Role (CNA, Nurse, Dept)

Long Term Care Implementation Timeline
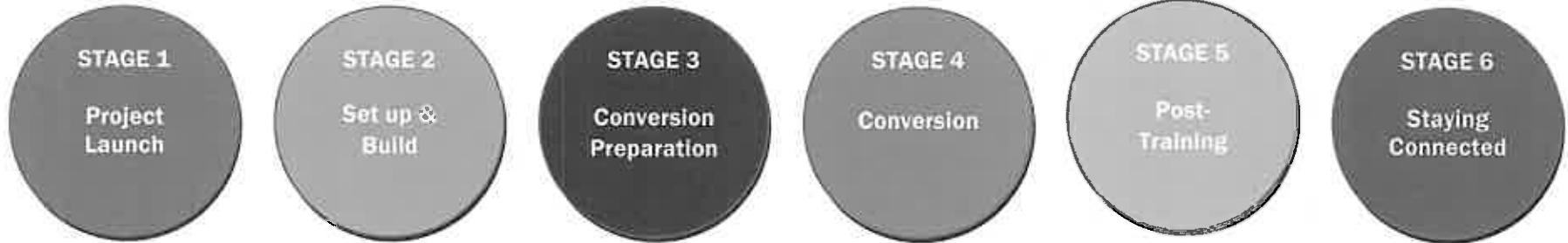
| STAGE 1 Project Launch | STAGE 2 Set up & Build | STAGE 3 Conversion Preparation | STAGE 4 Conversion | STAGE 5 Post-Training | STAGE 6 Staying Connected |

STAGE 1: Project Launch

| -STEP 1- Project Launch Call | -STEP 2- Project Kick Off Event | -STEP 3- Hardware Installation | -STEP 4- Technical Kick off Call | -STEP 5- Data Collection/ Upload | -STEP 6- Corporate Strategy Event |

STAGE 2: Set up and Build

| -STEP 7- Solution Build | -STEP 8- Future State Review Calls | -STEP 9- Device Configuration | -STEP 10- Integration Testing 1 | -Step 15- Integration Testing 2 |

Stage 3: Conversion Preparation

| -STEP 11- CNA Super User Training | -Step 12- CNA End User Training & Practice Charting | -Step 13- Nurse Super User Training | -Step 14- End User Training | -Step 16- Conversion Support Prep/ Back Charting | -Step 17- Revenue Cycle Training |

| -Step 18- Revenue Cycle Homework |

STAGE 4: Conversion

STAGE 5: Post-Training

Stage 6: Staying Connected

| -STEP 19- Clinical Conversion | -STEP 20- Financial Conversion | -STEP 21- Post Conversion Health Check | -STEP 11- Follow Up Calls | -STEP 12- Graduation | -STEP 13- Staying Connected |

Step 1: Project Launch Call

Overview and Goal:
The purpose of your Project Launch call is to welcome you to the Cerner LTC community and review the implementation process. During this call, the Client Care Coordinator will verify all of the solutions that you have ordered, work through the implementation process, and answer any questions you may have.

During this call the Coordinator will schedule your team and your Cerner resources for the duration of your Cerner LTC implementation. It is vitally important to complete all of the tasks, as they build on one another. If one of these steps is not complete on time, your implementation and conversion may be delayed.

After the Project Launch, the next step is up to you. Before your on-site training dates can be established, your facility will need to complete Step 2 which is to install hardware including Internet connectivity and power. Please note that on-site training cannot be conducted without functioning hardware.

Who should be involved?

- Project Leader
- Clinical Leader
- Training Leader
- Technical Leader
- Compliance Leader

What actions need to be completed to move to the next step?

- ❑ Confirmation of all elements of your recent Long Term Care order including kiosks, modules, integrations, and any other elements
- ❑ Identify Technical contact including name, email address, and phone number (if not part of the call)
- ❑ Identify WSO, logs on and complete registration process
- ❑ Project Leader supplies the Client Care Coordinator with the members of your Project Team tasked with uploading staff and resident files to your Project Portal website.

All Actions Completed?

When all necessary actions are complete, you are ready to move on to the next step of your CareTracker Implementation.

Step 2: Project Kick-Off Event

Overview and Goal:
A Kick-Off event will be scheduled with your Project Team and your Cerner LTC Implementation Team that will last approximately 2 days. The objectives for this event are to discuss the steps that will take place prior to training, make decisions on how your facility would like to begin using Cerner Long Term Care, and prepare you for your training event.

Who should be involved?

- Project Leader
- Training Leader
- Clinical Leader
- Compliance Leader
- Technical Leader

What actions need to be completed to move to the next step?

- ☐ Complete Design ___ Workbook

- ☐ Provide Cerner team with contact information for the Project Team and other facility members involved in the project

Step 3: Hardware Installation

Overview and Goal:
Your Implementation Consultant will dedicate time during the on-site training event to work with a core group of your direct care staff to become experts at using the Cerner LTC solutions. That core group will then train their peers on the use and best practices of documentation.

For this process to go smoothly, all hardware must be installed with Internet connectivity and power, and mounted in the appropriate areas within your building.

Detailed instructions for hardware installation can be found on the Client Care Center.

Who should be involved?

- ■ Project Leader
- ■ Technical Leader

What actions need to be completed in order to move on to the next step?

- ❏ Run power to all kiosk & workstation locations
- ❏ Run Internet cable to all kiosk & workstation locations
- ❏ Securely mount kiosks
- ❏ Ensure Mobile devices (if applicable) have arrived and follow the installation guidelines
- ❏ Obtain Static IP address(es) from your Internet Service Provider (if not already in place)

All Actions Completed?

When all necessary actions are complete, you are ready to move on to the next step of your CareTracker Implementation.

Step 4: Technical Overview Call

Overview and Goal:
A Technical Engagement Leader from Cerner will work with your team to ensure you have the proper hardware selected and an implementation plan for this hardware is created. The Technical Engagement Leader will lead a 60-minute conference call regarding your technical requirement needs and answer any questions about the technical requirements of the Project.

During this time the Technical Engagement Leader will cover:
- Rename workstations with unique prefix
- Fill out Technical Assessment with workstation and printer information
- Fill out VPN Provisioning form with network information
- Provide static IP address for SFTP server
- Setup time with Network resource to setup VPN tunnel
- Setup time to test printing (may span multiple days)
- Setup time to test scanning

Who should be involved?

- Project Leader
- Technical Leader

What actions need to be completed to move to the next step?

- ❑ Rename all workstations with a unique prefix
- ❑ Provide VPN information for configuration
- ❑ Test VPN tunnel
- ❑ Test printing functions
- ❑ Test scanning functions

Step 5: Data Collection Completion/Upload

Overview and Goal:
In order to train effectively while your Implementation Consultant is on-site, it is important that your system look as close to the final solution as possible when your staff begins using your Cerner LTC solutions. Your Implementation Consultant will use any data sheets you provide to update the base system to include any specialized areas of documentation you discuss with your Consultant.

The Project Leader will be responsible to upload any data sheets that need to be included into the CareTracker system to the Project Portal site. All documents and files submitted to Cerner should be named accordingly. Cerner LTC solution configuration cannot begin until all files have been uploaded to the Project Portal site. Instructions for uploading data to the Project Portal will be provided.

Also, your Implementation Consultant will load staff and/or residents into your system prior to training. You will be asked to submit Excel Template files which will be used to populate your system with staff and/or residents. If you are using a resident or staff integration, this step will not be necessary.

Who should be involved?

- Project Leader
- Documentation Leader

What actions need to be completed in order to move on to the next step?

- ☐ Consultant supplies Project Leader with Username and Password for uploading data to the Cerner Project Portal site
- ☐ Project Leader uploads data and Design ___ Workbook to Project Portal site by date specified on call and Action List
- ☐ Project Leader submits resident and/or staff information into the Excel templates provided by your Implementation Consultant
- ☐ Project Leader will be responsible to sign and return the Action List (if not already)
- ☐ Project Leader will be responsible to sign and return the Project Team List (if not already)

Step 6: Corporate Strategy Event

Overview and Goal:
In order for Cerner to support your organization properly, we need to understand your mission and goals. The Corporate Strategy Event allows us to spend time with your corporate clinical and financial decision makers. During this event, we will walk you through each solution and the customizations that you may choose to implement. Many questions around standardization and documentation will be reviewed.

It is important for you to have all of your key decision makers on hand to assist in the discussions. They will not need to be at the entire event. We will have specialized sessions for each specific solution and the corresponding strategy.

The goal of this event is for all participants to leave with a succinct view of the project plan, roll out, build, and support.

Who should be Involved?

- Corporate Project Team
- 1-2 Facility Leader from each facility
- Key clinical decision makers
- Key financial decision makers

What actions need to be completed in order to move on to the next step?

- ❑ Organization Project Team to review and finalize all decisions about build, workflow, and support

- ❑ Consultant will complete Corporate Strategy Event guide with decisions

- ❑ Implementation Consultant will update changes to build, security, and access that have been agreed upon

Step 7: Solution Build

Overview and Goal:
To increase the success of training, your Implementation Consultant will work with you to customize your Cerner LTC solutions site. Your Implementation Consultant will use any data collection workbooks and flow sheets you provide to update the base system to include the organization's unique needs. Your consultant will also make any changes to the Security Roles in your system based on requests from the Project Leader.

Who should be involved?

- Cerner Consultant
- Project Leader
- Clinical Leader

What actions need to be completed in order to move on to the next step?

- ❑ Project Leader sends flow sheets to the Implementation Consultant (if applicable)

- ❑ Implementation Consultant will include any assessments from your flow sheets and Data Collection Workbooks in your Cerner Solutions prior to the Future State Review call

- ❑ Implementation Consultant will update any changes to security and access that have been requested

All Actions Completed?

When all necessary actions have been completed, you are ready to move on to the next step of your CareTracker Implementation.

Step 8: Future State Review Calls

Overview and Goal:
The Future State Review Calls are conference calls and web presentation designed to allow the facility Project Team and Super Users to review the LTC solution customizations. During the Future State Review calls, the Project Team may request additional changes to wording or pictures on assessments, language in help text or security access in the system. By the completion of the Future State Review calls, your LTC solutions will be ready to use on the first day of facility training.

Who should be involved?

- Project Team
- Super Users

What actions need to be completed in order to move on to the next step?

- ❑ Project Team connects over the web and phone with the Implementation Consultant to review changes made during the application setup step
- ❑ Implementation Consultant will review each area of documentation and highlight changes
- ❑ Project Team will provide feedback on initial overview of assessments; if any additional changes are requested, the Implementation Consultant will make them during the call or shortly thereafter
- ❑ Implementation Consultant will review the agenda and ensure that the Project Team is prepared for the web training with the CNA Super User group and that the Project Team has a schedule to continue training throughout the facility on all shifts
- ❑ Project Team will ensure that a conference room, workstations, television, and DVD player are available for on-site training and that the Implementation Kit has been received

All Actions Completed?

When all necessary actions are complete, you are ready to move on to the next step of your CareTracker Implementation.

Step 9: CareTracker Device Configuration

Overview and Goal:
A CareTracker installation specialist will work with your technical leader to complete the configuration of your CareTracker system. With on-site training approaching, a successful configuration is required before your training can take place. The configuration will include establishing printers and workstations at your organization, kiosk performance testing, integration configuration (if applicable), and mobile installation (if applicable).

Who should be involved?

- ■ Technical Leader

What actions need to be completed in order to move on to the next step?

- ❑ Technical Leader completes and returns the Hardware Locations document
- ❑ Technical Leader confirms the kiosks have been cabled, powered, and mounted
- ❑ Confirm and test availability of remote access to CareTracker server
- ❑ Setup test data and complete initial CareTracker tests
- ❑ Setup and test kiosks and/or mobile devices
- ❑ Run kiosk performance tests and verify results
- ❑ Setup and test integration with partner system (if applicable)
- ❑ Confirm that workstations have been set up and tested
- ❑ Confirm that printers have been set up and tested (if applicable)

Step 10: Integration Testing Round 1

Overview and Goal:
Integration Testing 1 is the first stage of integration set up. During this time the Cerner team will set up the Census, Results, and Staff. This will be completed from Test PowerChart to Build CareTracker/MDS. The client can then practice the Admission process and other workflows in their test systems. Super User and End User training will both occur in the test site to ensure the data integrity of the production PowerChart site.

Who should be involved?

- Cerner Integration Specialist
- Cerner Consultant

What actions need to be completed in order to move on to the next step?

- ☐ Set up and test Census integration

- ☐ Set up and test Results integration

- ☐ Set up and test Staff integration

Step 11: CNA Super User Web Training

Overview and Goal:
Prior to on-site training your organization will be required to schedule and view web trainings that will cover three topics. You will learn how to add staff into CareTracker should any additional staff start at the organization after the staff list has been submitted. There will be a Train-the-Trainer session to start the process of having your support staff trained to document in CareTracker. The staff that attend the Train-the-Trainer webinar will be tasked with assisting your organization in training all others. You will view a webinar to go over the Active Program Report which you will be required to print, review and bring to on-site training for review and updates.

By having these web trainings prior to on-site training your organization should be prepared to Go Live with CareTracker on the third day of training.

Who should be involved?

- Project Leader
- Clinical Leader
- Training Leader
- CNA Super Users

What actions need to be completed in order to move on to the next step?

- ☐ Project Team and Train-the-Trainer staff members will attend Train-the-Trainer webinar and begin training staff

- ☐ Project Team will ensure that their staff has had the basic training on documenting in CareTracker

	Web Training – Prior to On-site	
Time	**Session**	**Attendees**
1 Hour	**Train-the-Trainer** • Observation entry training for selected floor staff members. This group of 10-12 will train peers on using CareTracker and help with buy-in of the system. This web training will allow staff to begin practicing on the solution prior to your on-site training.	• Project Team • Training Leader • 10-12 Floor Staff Members from all shifts

Step 12: CNA End User Training & Practice Charting

Overview and Goal:
Perhaps the most important and critical aspect of the implementation process is getting the entire management team actively involved and enthusiastic about the change. As with change of any kind, new approaches require some adjustments. When the management team sees the benefits and can relay these to the staff, the system is very successful.

We have found in the most successful implementations everyone is aware of why the system is coming and has been trained for procedures that will be changing. Empowering your staff is something that you can do with CareTracker by involving them from the beginning. Before your on-site training, use the following steps to help gain buy-in of the system:

- Conduct in-services to educate staff about CareTracker
- Watch the CareTracker Training Video
- Enroll staff thumbprints on the kiosk (if applicable)
- Set a Pre-Training Compliance goal

Who should be involved?

- Project Team

What actions need to be completed in order to move on to the next step?

- ☐ Verify that your CareTracker devices are powered on and are functioning properly
- ☐ Make sure that staff know their logins and passwords
- ☐ Have your CareTracker training materials ready for your training – these arrived as part of the CareTracker Implementation Kit prior to starting the implementation process
- ☐ Make sure your team is familiar with the training agenda and has set aside the necessary time to make the most of your training experience
- ☐ Complete the CareTracker Training Contract when conducting end-user training (retain for your records)

All Actions Completed?

When all necessary actions are complete, you are ready to move on to the next step of your CareTracker Implementation.

Step 13: Nurse Super User Training #1 and Department Training

Overview and Goal:

The on-site Super User training is designed with the expectation that your Super Users immediately start training the End Users. The training is an intensive event that is designed to help your facility learn how to use the Cerner LTC solutions, and help you make the important operational decisions that will make your implementation a success. As discussed during your Kick Off Event, this event is a combination of hands-on breakout sessions as well as group meetings with your entire team. The training will conclude with an exit interview that will identify action items and detail the plan for the coming months to ensure a successful launch at your facility.

Who should be involved?

- ■ Project Team
- ■ Management Staff
- ■ Nurse Super Users
- ■ Department Super Users

What actions need to be completed in order to move on to the next step?

- ❑ Implementation Consultant will send the Project Leader a review of the training event in the form of a
  Consultant's Feedback email

- ❑ Use the Nurse End User Competencies check list to complete training with Nurse End Users

Step 14: Nurse and Department End User Training

Overview and Goal:
Perhaps the most important and critical aspect of the implementation process is getting the entire nurse team actively involved and enthusiastic about the change. As with change of any kind, new approaches require some adjustments. When the resident care team sees the benefits and can relay these to the staff, the system is very successful. In order to have an on-time conversion, your organization must complete Nurse and Department End User Training no less than 5 days prior to conversion. Failure to do so will result in a postponed conversion.

Who should be involved?

- ■ Training Leader
- ■ Nurse & Department Super Users
- ■ Nurse & Department End Users

What actions need to be completed in order to move on to the next step?

- ❑ Use the Nurse End User Competencies check list to complete training with Nurse End Users

- ❑ Make sure that staff know their logins and passwords

- ❑ Have your LTC Solution training materials ready for your training – these arrived as part of the Implementation Kit prior to starting the implementation process

Step 15: Integration Testing Round 2

Overview and Goal:
The primary focus of Integration Testing is to ensure that information is properly shared across Cerner solutions and foreign systems. Based on actual resident scenarios, it ensures that the system as a whole functions correctly and as designed. It is important for testing to include any cross-solution activities. During Integration Testing #2, Cerner will retest all level 1 integrations and will set up and test the level 2 integrations. These integrations include but are not limited to: MDS 1:1, Intelligence, and Multimedia.

Who should be Involved?

- Cerner Integration Specialist
- Cerner Project Team

What actions need to be completed in order to move on to the next step?

- ❑ Confirm Census integration is working
- ❑ Confirm Results integration is working
- ❑ Confirm Staff integration is working
- ❑ Set up and test MDS 1:1 integration
- ❑ Set up and test Intelligence integration
- ❑ Set up and test Multimedia integration

Step 16: Conversion Readiness and Back Charting Support

Overview and Goal:

This event serves dual purposes. First, conversion readiness ensures your staff are fully training and ready to begin charting in Cerner solutions at the conversion date. Second, Back Charting ensures your current resident list is accurate and prepares your other solutions for conversion. Back Charting typically starts 3 weeks prior to conversion and should culminate a few days prior to go live. The lack of back charting will delay the conversion event. Cerner associates will be on-site to support the Super Users as they train and support the End Users. The Cerner associates will also complete the Conversion Readiness Assessment to gauge the client's readiness for conversion. During this time, potential risks to a successful conversion event will be evaluated and ranked.

Who should be involved?

- Project Team
- Management Staff
- Super Users
- End Users

What actions need to be completed in order to move on to the next step?

- ☐ Implementation Consultant will send the Project Leader a review of the training event in the form of a Consultant's Feedback email
- ☐ Post Implementation plans will be discussed

Step 17: Revenue Cycle Training

Overview and Goal:
The Revenue Cycle training will focus on the efforts surrounding admissions and billing cycle. During this on-site event the client will learn how to update financial information for the residents as well as process month-end billing. The client will also learn how to create collection letters. From this event the client will be provided with a list of follow-up items that will need to be completed before Financial Conversion.

Who should be involved?

- Project Leader
- Business Office Manager
- Admissions Coordinator

What actions need to be completed in order to move on to the next step?

- ❑ Implementation Consultant will send the Project Leader a review of the training event in the form of a Consultant's Feedback email
- ❑ Consultant provides client with follow-up items that need addressed
- ❑ Post Implementation plans will be discussed

Step 18: Revenue Cycle Follow-Up Work

Overview and Goal:
After the Revenue Cycle training event, the client will need to focus on the efforts of data clean up. Admission information, financial information, diagnosis, are all examples of data clean-up efforts. All of these items will need to be correct at the source of truth; this may include PowerChart and/or Revenue Cycle. The organization will need to work together to accomplish this task in a timely manner. This task must be completed thoroughly for an on-time Financial Conversion.

Who should be involved?

- Project Leader
- Business Office Manager
- Admissions Coordinator

What actions need to be completed in order to move on to the next step?

- ❑ Complete and correct the resident demographic information in Revenue Cycle
- ❑ Ensure data accuracy in PowerChart
- ❑ Practice running end-of-the-month reports to ensure data integrity
- ❑ Ensure necessary MDSs are in the accepted status

Step 19: Clinical Conversion

Overview and Goal:
This is when the source of truth for clinical documentation in Cerner goes lives. CareTracker, MDS, and PowerChart will all convert at the same time and date. Cerner associates will be available on-site to assist in the conversion event. Client is to support self as much as possible through the use of Super Users. Cerner will be available to troubleshoot and answer questions as needed. In order to have a on-time and successful Clinical Conversion, the client must have completed all back charting as least 3 days in advanced.

Who should be involved?

- ■ Project Team
- ■ Management Staff
- ■ Super Users
- ■ End Users
- ■ All staff

What actions need to be completed in order to move on to the next step?

- ❑ Project Leader will be responsible to sign and return the Production Go Live form

- ❑ Implementation Consultant will clear practice data upon receiving completed Production Go Live form

Step 20: Financial Conversion

Overview and Goal:

This conversion will align with your Business Office's month close. This may or may not be the same time as the Clinical Conversion. Client Business office will need to complete homework in prep for this event. Then the client will close their billing cycles for Medicare, Medicaid, and/or Private Pay processes. This conversion will be supported via Web Meeting and conference calls.

Who should be involved?

- ■ Project Team
- ■ Business Office Staff

What actions need to be completed in order to move on to the next step?

❑ Project Leader will be responsible to sign and return the Production Go Live form

❑ Implementation Consultant will clear practice data upon receiving completed Production Go Live form

All Actions Completed?

When all necessary actions are complete, you are ready to move on to the next step of your CareTracker Implementation.

Step 21: Post Conversion Health Check

Overview and Goal:
Your Implementation Consultant will be back to visit you between 2-4 weeks of your conversion event. During this time he or she will monitor your staff work flows and have small group sessions with the different disciplines.

The Cerner Project Team will work with the Organization's Project Team to schedule at least five follow-up calls after the training event. The purpose of these calls is to help you through the learning process and make sure you are using Cerner LTC Solutions to its fullest extent. Cerner associates will work with the client on Cerner best practice workflows. This time will focus on saving time and finding efficiencies. The following items will be discussed during your Post Conversion Health:

- CareTracker
  - Compliance, Sending Messages, Running Reports, Correcting Mistakes, CNA Workflow
- MDS Intelligence
  - MDS Schedules, Imports, MDS Workflow
- PowerChart
  - Overdue Tasks, Nurse Workflows
- Revenue Cycle
  - Dashboard Clean Up, Month End Processes, Billing Office Workflows

Who should be involved?

- Project Team
- Nurse Super Users
- Department Super Users
- Business Office Personnel
- CNA Super Users

All Actions Completed?

When all necessary actions are complete, you are ready to move on to the next step of your CareTracker Implementation.

Step 22: Follow-Up Calls

Overview and Goal:
Your Implementation Consultant will work with the Project Team to schedule at least five follow-up calls after the training event. The purpose of these calls is to help you through the learning process and make sure you are using CareTracker to its fullest extent. The following items will be discussed on your follow-up calls:

- Average compliance percentage
- General system usage: Sending messages, running reports, correcting mistakes
- Staff training and acceptance
- Additional assessments that your team wishes to capture in CareTracker

Who should be involved?

- Project Team

What actions need to be completed in order to move on to the next step?

- ❑ 2-week follow-up conference call

- ❑ 30-day follow-up conference call

- ❑ Staff surveys administered

- ❑ 60-day follow-up conference call

- ❑ 90-day follow-up conference call

- ❑ 120-day Graduation conference call

Step 23: Graduation

Review Implementation's Success:
Your Implementation Consultant will be going over 'benchmark' goals that your team will work to reach throughout your implementation. Successfully reaching those goals will make you eligible to Graduate from your CareTracker Implementation.

Graduating means that you are CareTracker accredited and prepared to move forward in CareTracker without the proactive check-ups of your Implementation Consultant.

Who should be involved?

- Project Team
- Super Users
- End Users

"What now?"

This is a question that will undoubtedly come up, so don't worry! Your Consultant is more than prepared to walk you through what steps you should take to maintain your success level at that time, and what you should do if you encounter any issues or questions.

Step 24: Staying Connected with the LTC Community

As part of your Long Term Care Solutions, you'll have access to the Client Care Center at all times through your uCern login. In this valuable tool you'll find places to:

- Download "How-To" Documents on what you've learned at training or additional CareTracker features
- Log a Support Request
- Watch recorded videos on Cerner's LTC solutions functions and reports
- Register for LTC Live Webinars
- "Follow the space" on uCern to receive notification of updates or changes to the Client Care Center

Your Consultant will walk you through the Client Care Center at your on-site training.

Cerner Long Term Care Webinars:

Cerner offers both recorded and live webinars, **free** to all clients, which may be used to reinforce or enhance learning. They include topics such as functions in PowerChart, MDS Intelligence, Revenue Cycle and CareTracker (such as Messaging, Resident Centered Programs, or Adding Staff), using reports, or even how to improve compliance of documentation. We encourage you to view and sign up for as many of these as possible to become Cerner Long Term Care experts!

What actions need to be completed in order to move on to the next step?

❑ Follow the PowerChart LTC- Client Care Center to receive updates on new postings

❑ Follow the Long Term Care Domain A Communication uCern page for updates on PowerChart outages and

   updates

For more information or assistance, please contact us:

Cerner Connect- Long Term Care
866.459.3382
http://www.cerner.com/ltc

Project Plan

Step	Event	Attendees/ Responsible Party	Venue	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
1	Project Launch Call	Cerner and Client	Call	▓							
2	Project Kickoff Event	Cerner and Client	Onsite			▓					
3	Hardware installation	Client				▓	▓				
4	Technical Kickoff Call	Cerner and Client	Call			▓					
5	Data Collection Completion/Upload	Client					▓	▓	▓		
6	Corporate Strategy Event (only if more than 1 building)	Cerner and Client	onsite					▓			
7	Solution Build							▓	▓	▓	
8	Future State Review Calls	Cerner and Client	Call						▓		
9	Device Configuration	Cerner and Client	call					▓			
10	Integration Testing 1	Cerner							▓		
11	CNA Super User Training	Cerner and Client	Call							▓	
12	CNA End User Training & Practice Charting	Client								▓	▓
13	Nurse Super User Training	Cerner and Client	Onsite								▓
14	End User Training	Client									
15	Integratin Testing 2	Cerner	Call								
16	Converstion Prep Support/Back Charting	Cerner & Client	Onsite								
17	Rev Cycle Training	Cerner and Client	Onsite								
18	Rev Cycle Homework	Client									
19	Clinical Conversion	Cerner & Client	Onsite								
20	Financial Conversion (according to client billing cycle)	Cerner and Client	Call								
21	Post Conversion Health Check	Cerner and Client	Onsite								
22	Follow Up Calls	Cerner and Client	Call								
23	Graduation	Cerner and Client	Call								
24	Continuing Education- Staying Connected	Client	uCern	▓	▓	▓	▓	▓	▓	▓	▓

Project Plan

Step	Event	Attendees/Responsible Party	Venue	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
1	Project Launch Call	Cerner and Client	Call							
2	Project Kickoff Event	Cerner and Client	Onsite							
3	Hardware installation	Client								
4	Technical Kickoff Call	Cerner and Client	Call							
5	Data Collection Completion/Upload	Client								
6	Corporate Strategy Event (only if more than 1 building)	Cerner and Client	onsite							
7	Solution Build									
8	Future State Review Calls	Cerner and Client	Call							
9	Device Configuration	Cerner and Client	call							
10	Integration Testing 1	Cerner								
11	CNA Super User Training	Cerner and Client	Call							
12	CNA End User Training & Practice Charting	Client								
13	Nurse Super User Training	Cerner and Client	Onsite							
14	End User Training	Client								
15	Integratin Testing 2	Cerner	Call							
16	Converstion Prep Support/Back Charting	Cerner & Client	Onsite							
17	Rev Cycle Training	Cerner and Client	Onsite							
18	Rev Cycle Homework	Client								
19	Clinical Conversion	Cerner & Client	Onsite							
20	Financial Conversion (according to client billing cycle)	Cerner and Client	Call							
21	Post Conversion Health Check	Cerner and Client	Onsite							
22	Follow Up Calls	Cerner and Client	Call							
23	Graduation	Cerner and Client	Call							
24	Continuing Education- Staying Connected	Client	uCern							

Project Plan

Step	Event	Attendees/ Responsible Party	Venue	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22
1	Project Launch Call	Cerner and Client	Call							
2	Project Kickoff Event	Cerner and Client	Onsite							
3	Hardware installation	Client								
4	Technical Kickoff Call	Cerner and Client	Call							
5	Data Collection Completion/Upload	Client								
6	Corporate Strategy Event (only if more than 1 building)	Cerner and Client	onsite							
7	Solution Build									
8	Future State Review Calls	Cerner and Client	Call							
9	Device Configuration	Cerner and Client	call							
10	Integration Testing 1	Cerner								
11	CNA Super User Training	Cerner and Client	Call							
12	CNA End User Training & Practice Charting	Client		▓	▓					
13	Nurse Super User Training	Cerner and Client	Onsite							
14	End User Training	Client		▓	▓					
15	Integratin Testing 2	Cerner	Call							
16	Converstion Prep Support/Back Charting	Cerner & Client	Onsite							
17	Rev Cycle Training	Cerner and Client	Onsite							
18	Rev Cycle Homework	Client		▓						
19	Clinical Conversion	Cerner & Client	Onsite	▓						
20	Financial Conversion (according to client billing cycle)	Cerner and Client	Call		▓					
21	Post Conversion Health Check	Cerner and Client	Onsite				▓			
22	Follow Up Calls	Cerner and Client	Call						14 day Call	
23	Graduation	Cerner and Client	Call							
24	Continuing Education- Staying Connected	Client	uCern	▓	▓	▓	▓	▓	▓	▓

Project Plan

Step	Event	Attendees/ Responsible Party	Venue	Week 23	Week 24	Week 25	Week 26	Week 27	Week 28	Week 29
1	Project Launch Call	Cerner and Client	Call							
2	Project Kickoff Event	Cerner and Client	Onsite							
3	Hardware installation	Client								
4	Technical Kickoff Call	Cerner and Client	Call							
5	Data Collection Completion/Upload	Client								
6	Corporate Strategy Event (only if more than 1 building)	Cerner and Client	onsite							
7	Solution Build									
8	Future State Review Calls	Cerner and Client	Call							
9	Device Configuration	Cerner and Client	call							
10	Integration Testing 1	Cerner								
11	CNA Super User Training	Cerner and Client	Call							
12	CNA End User Training & Practice Charting	Client								
13	Nurse Super User Training	Cerner and Client	Onsite							
14	End User Training	Client								
15	Integratin Testing 2	Cerner	Call							
16	Converstion Prep Support/Back Charting	Cerner & Client	Onsite							
17	Rev Cycle Training	Cerner and Client	Onsite							
18	Rev Cycle Homework	Client								
19	Clinical Conversion	Cerner & Client	Onsite							
20	Financial Conversion (according to client billing cycle)	Cerner and Client	Call							
21	Post Conversion Health Check	Cerner and Client	Onsite							
22	Follow Up Calls	Cerner and Client	Call	30 day Call			60 day Call			90 day Call
23	Graduation	Cerner and Client	Call							
24	Continuing Education- Staying Connected	Client	uCern							

Project Plan

Step	Event	Attendees/ Responsible Party	Venue	Week 30	Week 31	Week 32	Week 33	Week 34
1	Project Launch Call	Cerner and Client	Call					
2	Project Kickoff Event	Cerner and Client	Onsite					
3	Hardware installation	Client						
4	Technical Kickoff Call	Cerner and Client	Call					
5	Data Collection Completion/Upload	Client						
6	Corporate Strategy Event (only if more than 1 building)	Cerner and Client	onsite					
7	Solution Build							
8	Future State Review Calls	Cerner and Client	Call					
9	Device Configuration	Cerner and Client	call					
10	Integration Testing 1	Cerner						
11	CNA Super User Training	Cerner and Client	Call					
12	CNA End User Training & Practice Charting	Client						
13	Nurse Super User Training	Cerner and Client	Onsite					
14	End User Training	Client						
15	Integratin Testing 2	Cerner	Call					
16	Converstion Prep Support/Back Charting	Cerner & Client	Onsite					
17	Rev Cycle Training	Cerner and Client	Onsite					
18	Rev Cycle Homework	Client						
19	Clinical Conversion	Cerner & Client	Onsite					
20	Financial Conversion (according to client billing cycle)	Cerner and Client	Call					
21	Post Conversion Health Check	Cerner and Client	Onsite					
22	Follow Up Calls	Cerner and Client	Call					
23	Graduation	Cerner and Client	Call			Grad Call		
24	Continuing Education- Staying Connected	Client	uCern					

References

1. **Ozark Health Nursing Center**

   Contact Name: Daphne Brown

   Company Name: Ozark Health Nursing Center

   Address: 2500 Highway 65 South, Clinton, AR 72031

   Phone #: 5017457000

   E-Mail: daphne.brown@myozarkhealth.com

   Project Start Date: 6/18/2013

   Project End Date: Current

   Description of product/services/project, including start and end dates:

   Started using Cerner solutions in June 2013. Currently, using CareTracker and MDS Intelligence.

   CareTracker: Best of breed point of care documentation system. Utilizes easy to use touch screen kiosks mounted on the facility wall to track ADLS, meals, behaviors, BMs, activities, etc. It's a customizable system that delivers real time care alerts such as risk for falls, ADL declines so staff can spot potential issues before they become a problem.

2. **Presbyterian Manors of Mid America**

   Contact Name: Jeanne Gerstenkorn

   Company Name: Presbyterian Manors of Mid America

   Address: 2414 North Woodlawn Blvd, Wichita, KS 67220

   Phone #: 3166851100

   E-Mail: jgerstenkorn@pmma.org

Project Start Date: May 2012

Project End Date: Current

Description of product/services/project, including start and end dates:

Started using Cerner solutions in May 2012. Currently using CareTracker and MDS Intelligence.

CareTracker: Best of breed point of care documentation system. Utilizes easy to use touch screen kiosks mounted on the facility wall to track ADLS, meals, behaviors, BMs, activities, etc. It's a customizable system that delivers real time care alerts such as risk for falls, ADL declines so staff can spot potential issues before they become a problem. MDS Intelligence: collects, creates, analyzes, and submits MDS all in one system. MDS data populates directly from CareTracker making it partially completed before the MDS Coordinator opens the MDS. Spots opportunity for reimbursement and alerts for possible survey issues. MDS Intelligence: collects, creates, analyzes, and submits MDS all in one system. MDS data populates directly from CareTracker making it partially completed before the MDS Coordinator starts. Spots opportunity for reimbursement and alerts for possible survey issues.

3. **Tiffany Care Centers**

   Contact Name: Robert Gibson

   Company Name: Tiffany Care Centers

   Address: 1105 State Street, Mound City, MO 64470

   Phone #: 6604423128

   E-Mail: rgibson@tcc4care.com

   Project Start Date: March 2010

   Project End Date: Current

   Description of product/services/project, including start and end dates:

   Started using Cerner solutions in March 2010. Currently using our full suite which consists of CareTracker, MDS

Cerner

Intelligence, PowerChart LTC, and Rev Cycle. CareTracker: Best of breed point of care documentation system.

Utilizes easy to use touch screen kiosks mounted on the facility wall to track ADLS, meals, behaviors, BMs, activities, etc. It's a customizable system that delivers real time care alerts such as risk for falls, ADL declines so staff can spot potential issues before they become a problem. MDS Intelligence: collects, creates, analyzes, and submits MDS all in one system. MDS data populates directly from CareTracker making it partially completed before the MDS Coordinator starts. Spots opportunity for reimbursement and alerts for possible survey issues. PowerChart LTC: Highly interactive resident focused electronic chart. It's a centralized system where clinicians review each resident's progress against expected outcomes, document findings, initiate and update orders, and receive important notifications. Revenue Cycle: Solution is designed with the user in mind. Simple icon functions, streamlined menu options, and professional reporting help make it easy to improve billing efficiency with the ultimate goal of increasing income. MDS Intelligence: collects, creates, analyzes, and submits MDS all in one system. MDS data populates directly from CareTracker making it partially completed before the MDS Coordinator starts. Spots opportunity for reimbursement and alerts for possible survey issues.

Equipment and Hardware Recommendations

Cerner will perform a walkthrough of each facility to better understand size, layout/configuration, roles and workflow. For kiosks, we typically recommend 1 kiosk for every 10-12 residents. However, we also look at floors, wings and neighborhoods so that the Kiosks are strategically placed for easy documentation. For workstation suggestion, we would need to better understand individual roles and number of staff.

The responses contained in this proposal are based upon the Cerner solution offerings listed below, which may or may not be included in the quote. In order to provide the most complete response it might have been necessary to reference functionality included in a solution that is not being proposed at this time. Please refer to the Cerner Cost Estimate for the specific solutions that are being proposed.

Solution offerings: Long term care content solution (Cerner Millennium PowerChart LTC Content); ADL and task documentation kiosk solution (Cerner CareTracker); MDS management solution (Cerner MDS Intelligence), MDS management solution (Cerner MDS Intelligence), Long term care MDS assessment module (Cerner MDS Assessment Module), ADL and task documentation kiosk ADT interface (Cerner CareTracker ADT Interface Implementation), Semantic chart search tool (Chart Search LTC), LTC semantic search integration (Chart Search Technical Integration for LTC-Works), LTC therapy interface (Cerner LTC MDS Intelligence – Therapy Interface Implementation), LTC ADT interface (PowerChart LTC – ADT Interface), LTC billing interface implementation (Cerner LTC MDS Intelligence Billing Interface Implementation), LTC cloud (LTC- Cloud Solution Implementation Services), LTC ADL and task documentation solution training (Cerner LTC CareTracker Training), LTC MDS analysis training (Cerner LTC MDS Intelligence – Analysis Training), LTC MDS assessment training (Cerner LTC MDS Intelligence – Assessment Training), Interactive summary view (Cerner Millennium MPages), LTC revenue cycle (Revenue Cycle powered by AmeraCare), LTC revenue cycle training (Revenue Cycle powered by AmeraCare Training), LTC revenue cycle implementation (Revenue Cycle powered by AmeraCare Implementation)

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Please note that our responses are based on our interpretation of your questions. Specific functionality may or may not be implemented within your planned implementation, based on the solutions you license and/or to which you subscribe, and the implementation method and scope you choose. Your request may contain a number of questions that are not directly pertinent to the performance of the system and to which responses cannot be attached without qualification. If this response is to be added to the contract, Cerner reserves the right to first review and update the responses. Future functionality dates are provided based on current development plans. Such dates are subject to change based on corporate imperatives, market priorities, project complexities, and/or the needs of our development partners. Additional fees for software, hardware, and services may be required for future solutions and capabilities.

Cerner Corporation
Solicitation # CRFQ 0613 VNF 1600000003
Addendum Acknowledgement

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: VNF1600000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[✓] Addendum No. 1   [ ] Addendum No. 6

[✓] Addendum No. 2   [ ] Addendum No. 7

[✓] Addendum No. 3   [ ] Addendum No. 8

[ ] Addendum No. 4   [ ] Addendum No. 9

[ ] Addendum No. 5   [ ] Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Cerner Corporation
_____
Company

[signature]
_____
Authorized Signature

12 / 31 / 2015
_____
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012