BID RECEIVED LATE

BUYER Dean Wingerd

WITNESS Tara Lyle

DISQUALIFIED

RFQ Number: VNF1040

Response to Request for Quotation for

Consulting Services for Assistance in Preparing a RFP for Electronic Medical Records

06/17/14 09:48:23AM
West Virginia Purchasing Division

Prepared For:
State of West Virginia
ATTN: Dean Wingerd, Senior Buyer
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305

Prepared By:
Fusion Consulting
97 Main Street
Suite 201
Woodbridge, NJ 07095
United States
www.FusionMgt.com
www.EHR-EMR-CONSULTANTS.com
Bryan J. Jakovcic, President
Tel: +1 732 218 5705
E-Mail: Bryan.Jakovcic@FusionMgt.com

June 10, 2014

Fusion

The bid should contain the information listed below on the face of the envelope or the bid may not be considered:

SEALED BID: Fusion Consulting
BUYER: State of West Virginia, Department of Administration, Purchasing Division
SOLICITATION NO.: VNF1040
BID OPENING DATE: June 10, 2014
BID OPENING TIME: 1:30 PM
FAX NUMBER: 732.218.5769

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus _____ convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: [X] Technical
[ ] Cost

7. **BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when time stamped by the official Purchasing Division time clock.

Bid Opening Date and Time: June 10, 2014 at 1:30pm

Bid Opening Location: Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

8. **ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

9. **BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
VNF1040	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
DEAN WINGERD
304-558-0468

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE
Fusion Consulting
97 Main Street, Suite 201
Woodbridge, NJ 07095

SHIP TO
DIVISION OF VETERANS AFFAIRS
VETERANS NURSING FACILITY

ONE FREEDOMS WAY
CLARKSBURG, WV
26301 304-627-2415

DATE PRINTED
05/21/2014

BID OPENING DATE: 06/10/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		961-20		

CONSULTING SERVICES TO PREPARE AN RFP

THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV VETERANS NURSING FACILITY, IS SOLICITING BIDS TO PROVIDE CONSULTING SERVICES TO ASSIST WITH THE PREPARATION OF A REQUEST FOR PROPOSAL TO PROVIDE ELECTRONIC MEDICAL RECORDS FOR BOTH THE VETERANS NURSING FACILITY IN CLARKSBURG AND THE WV VETERANS HOME IN BARBOURSVILLE, WV, PER THE ATTACHED SPECIFICATIONS.

ATTACHMENTS INCLUDE:

1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS.
2. GENERAL TERMS AND CONDITIONS.
3. VNF1040 SPECIFICATIONS.
4. CERTIFICATION AND SIGNATURE PAGE.
5. PURCHASING AFFIDAVIT.
6. VENDOR PREFERENCE FORM.

SIGNATURE	TELEPHONE	DATE
	732.218.5705	06/05/2014
TITLE: President	FEIN: 45-3044405	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Fusion

June 10, 2014

Dean Wingerd, Senior Buyer
State of West Virginia
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305

Re: Consulting Services for Assistance in Preparing a RFP for Electronic Medical Records

Mr. Wingerd;

Thank you for the opportunity to submit this response to the State of West Virginia's Request for Quotation for *Consulting Services for Assistance in Preparing a RFP for Electronic Medical Records for both the Veterans Nursing Facility in Clarksburg and the WV Veterans Home in Barboursville.* Fusion acknowledges receipt of any and all addenda to this RFQ and understands and accepts all terms and conditions stated in the original RFQ released by the State. Upon award of contract, Fusion will register as a vendor with the State of West Virginia.

Fusion Consulting is an independent firm that has extensive experience in providing business process analysis, needs assessments, procurement services, contract negotiations, project management consulting services and EMR/HIT implementation, training and support services for both public and private healthcare organizations. We are prepared to offer the State of West Virginia a complete level of knowledge, commitment and expertise that will exceed your expectations. Most importantly for the State is that our team offers experience and expertise including, but not limited to:

- Extensive and effective experience with all components of healthcare systems on EMR/HIT/MIS development, technology planning and master plan development.
- Consulting with state, county and local agencies on Health Information Technology topics.
- Design, development, implementation and validation of EMR/HIT systems for State, City and County Health Departments, CHCs, Private Practices, Hospitals, Corrections and other government healthcare organizations.
- Applying process re-engineering principles to operational and organizational issues.

We trust you will find our experience, qualifications and approach to be comprehensive to your request set forth in this RFP. We have attached all of the forms and responses required. Any omissions of information, in accordance with the State's request, would be accidental in nature only.

Thank you in advance for the opportunity to provide our services to the State of West Virginia, along with the WV Veterans Nursing Facility and the Barboursville Veterans Home. Should you have any questions regarding this response, please do not hesitate to call me any time at 732.218.5705 x158.

Sincerely,

Bryan J. Jakovcic
President
Fusion Consulting

97 Main Street – Suite 201
Woodbridge, New Jersey 07095
Tel: +1 732 218 5705
Fax: +1 732 218 5769
Web: www.fusionmgt.com

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Executive Summary

Fusion Consulting

Name, address, telephone and fax numbers	Fusion Consulting 97 Main Street Suite 201 Woodbridge, New Jersey 07095 Tel: 732-218-5705 Fax: 732-218-5769 E-Mail for this bid: bd@fusionmgt.com
If a corporation, date of incorporation	New Jersey Limited Liability Corporation founded in 2005
Federal Employee Identification Number (FEIN)	45-3044405
Names of principle officers, directors or partners	Bryan Jakovcic, President - Owner
List the total number of employed full-time personnel, support staff, etc.	Fusion currently has a full time staff of 12 Healthcare consultants, spanning subject matter expertise in EMR, Lean Healthcare Methodologies, Public Health Departments, Department of Corrections, Health Information Technology, Management Information Systems and the procurement of numerous HIT systems. In addition, Fusion also has a network of 90 consultants nationwide who subcontract through Fusion on larger scale and/or super-specialty projects.
The number of years your company has been providing EMR products and/or services	Fusion has been providing EMR Consulting services since 2005, while staff members have been providing such services for nearly 20 years.
A list of all current and pending litigation	There is no litigation against Fusion.

Fusion Consulting is a New Jersey-based management and operations consulting firm that provides public and private sector organizations with procurement assistance, strategic planning, business process improvement and redesign, project implementation and management, and information technology services. Fusion started in 2005 with a mission to partner with our clients to deliver customized solutions that resolve their most significant issues and create lasting competitive advantage.

The Fusion EMR project team, comprising of nearly 50 years of combined hands-on experience in public agency consulting, has made Fusion one of the leading advisors in Electronic Medical Record (EMR) strategy and systems implementation. Having extensive experience dealing with the procurement and implementation process of electronic medical records in public agencies, the request for *Consulting Services for Assistance in Preparing a RFP for Electronic Medical Records* made by the State of West Virginia is well-suited for Fusion. We have the ability to provide all-around elite services to the State of West Virginia.

Fusion is multifaceted in numerous capabilities providing services to nearly every major industry through our extensive network of over one-hundred professional consultants throughout the United States. Many of our ideas and concepts have had such a fundamental impact on the success of organizations, allowing Fusion to become renowned as a consultancy practice which brings a form of dynamisms and thoroughness that even the largest of consulting firms cannot provide. Fusion continues to lead the way on issues at the forefront of management thinking and practice, such as global and local advantage, adaptive strategy, talent and leadership, and the digital economy. We take pride in seeing our ideas and recommendations successfully implemented.

Fusion has made government and the public sector a key focus of our company. We have been working with counties, cities and states on a multitude of operational issues, and our team has significant knowledge of the workings of federal, state, county and local governments. Our public sector clients rely on our capabilities to achieve increasing levels of operational and program effectiveness. Working with clients in the public sector, we understand and are well aware of the need for public scrutiny and deliberation and are meticulous about our records and work-papers.

Public Sector Capabilities & Services

Fusion's ability and experience in working effectively alongside key administrators, stakeholders and facility departments has allowed us to become a multifaceted healthcare service provider. We have provided state, county and federal healthcare organizations throughout the US with comprehensive consulting services. Fusion 's thorough understanding and extensive experience in providing public sector business process analysis, request for proposals development, contract negotiations and project management services allows the State of West Virginia to retain the most capable, experienced and thorough team to provide guidance and assistance in establishing industry best practices and overall agenda.

Fusion's areas of business include:

- Business Process Analysis & Re-Engineering
- Change Management
- Commercial Off-The-Shelf
- Contract Negotiations
- Cost/Performance Analysis
- Data Conversion & Migration
- Electronic Medical Records (EMR)
- Feasibility Studies
- Gap Analysis
- Health Information Technology
- IT Implementation & Oversight
- IT Modeling
- IT Strategy
- Network Administration, Operations & Support
- Procurement Services
- Project Management & Oversight
- Proprietary Systems Development
- Quality Assurance
- Report Development
- Systems Development Life Cycle
- Workflow Development

Applicable Areas of Expertise

We work to enhance the effectiveness and efficiency of government institutions, enabling them to better fulfill their mission to the public. We also work with government agencies to develop the strategies and capabilities needed to address the leadership challenges that matter most.

Fusion's Government & Public Institution network ensures that we have access to the latest ideas and best practices, covering a wide range of topics throughout the United States. Our Government & Public Institution practice works with governments as they tackle these challenges. We provide our clients with:

- Our Lean Productive Government approach adapts private-sector lean approaches to work in the public sector. We have applied these tools across a wide range of sectors, including health, justice, welfare, defense, transportation, and education.
- Our information technology (IT) in government capability is helping governments achieve more from their IT investments—for example, delivering major programs on time and within budget and improving sourcing strategies.

Public Agencies & Departments

Fusion is a leader in providing analytical project management and consulting services to public agencies. Our consultants have years of experience working with federal, state and local agencies, as well as extensive backgrounds working with private companies. Our team has a proven record for successfully designing, managing and implementing major healthcare operational systems across counties and states. We help our clients implement effective quality assurance (QA) and continuous quality improvement (CQI) tools within different departments of the organization to achieve incremental improvements toward the attainment of a more effective overall outcome.

Information Technology (IT)

Among the most challenging issues facing governments today is how to use IT effectively and cost-efficiently. IT is a critical tool for enabling the government to deliver more and higher-quality services to more constituents. However, many government agencies have experienced IT's downside—systems that don't deliver the desired functionality, cost overruns, premature obsolescence, and severe procurement problems.

We help our clients manage or avoid many of the most common IT-related pitfalls. As a result, we have developed a distinctive perspective on infrastructure transformation, IT architecture and application modernization, and technology-driven data.

Operations

Many government organizations have significant operational responsibilities. They are responsible for delivering products or services to their constituents on a massive scale. For example, postal services need to deliver mail to their customers; Social Security organizations have to deliver checks to their beneficiaries; defense departments need to deliver food, water, transportation, and military products to their troops.

We regularly work with public-sector clients to improve these operations. We use insights developed over years of working with private-sector firms on such efforts, and tailor those insights for the public-sector context.

Organization

Governmental agencies are among the most complex organizations in nearly every country in the world. They often are large, have multiple objectives, and face increasing demands to deliver more services at a lower cost. As a result of this complexity, Fusion routinely helps government clients on organizational issues, including:

- Redesigning their organizations and their interaction with stakeholders
- Shaping major reform programs, including changing mind-sets and behaviors and transforming overall performance
- Building leadership capacity, creating talent management strategies, and enhancing your organizations capabilities

Business Strategy

We support our clients in the public sector to develop and execute strategy. Just like their private sector peers, public sector organizations devise and implement strategy to address obstacles to success and ensure that targets are achieved. We support leaders from the earliest stages of the strategy process as they set out a vision for desired policy outcomes, and describe the goals that will translate that vision into reality. We develop the objective foundation of facts and provide rigorous analysis that helps public sector leaders agree on approaches to achieving those goals in the face of uncertainty and complexity. We work with our clients to measure and evaluate progress in the execution of their strategic plans.

Quick Facts

Fusion has consulted for 28 public agencies providing project management and consulting services on major operational systems, including Electronic Medical Records, Health Information Exchanges, Records Management Systems, Trust Fund Accounting, and other daily operational systems.

Fusion is currently contracted with public health departments such as Oklahoma City-County Health Department (OCCHD) and Louisville Metro Department of Public Health and Wellness to work with stakeholders and the health services contractor in providing an EMR needs assessment, procurement assistance and project management of an Electronic Medical Record (EMR) for their organizations. The Oklahoma City-County Health Department is also one of the first public health departments in the entire nation to be awarded accreditation status by the Public Health Accreditation Board.

Another public sector accomplishment Fusion Consulting has achieved is in providing our client with the largest housing capacity and active patient population (3,350+) in New Jersey and the 46th largest in the United States EMR consulting services. The facility has experienced great success by achieving a 100% compliance rating from the New Jersey Department of Corrections' Bureau of County Services from 2007 to 2013. We helped our client to become accredited by the National Commission on Correctional Health Care (NCCHC) and certified by the Commission on the Accreditation of Rehabilitation Facilities (CARF) and American Correctional Association (ACA).

We are excited to announce that Stan Repko, a senior consultant and nationally renowned expert with nearly 40 years of inter-agency experience with all components of public agency operations, technology planning, master plan development and project management, will be allocated for this project.

Our team is comprised of individuals who have experience in:

- Working with several county and state agencies in consulting for the analysis, procurement, selection and project management of an EMR for some of the nation's largest Public Health Departments and correctional facilities.
- Providing leadership IT services to public agency facilities in the procurement, implementation and support services of electronic medical record systems. Developed vendor evaluation criteria and engaged in contract negotiations with chosen vendor.

We are committed to:

- Creating competitive advantage through unique solutions
- Building capabilities and mobilizing organizations
- Driving sustainable impact
- Providing unparalleled opportunities for personal growth
- Succeeding together with passion and trust

The diversity and expertise of our team in public agency healthcare IT, operations and management enables Fusion to establish itself as a leader for the services and delivery of the scope of work for this engagement. Our methodologies and approach for this RFQ provide the State of West Virginia with solutions that will yield the greatest competitive advantage and value. We will work in deep partnership with the State, viewing their successes as our own.

Relevant Client Experience

Case 1: Consulting, Procurement & Implementation of an EMR for Multiple Public Agencies

Fusion was brought in to Departments such as the Oklahoma City-County Health Department (OCCHD), Louisville Metro Health Department and the State of Oregon Department of Corrections to work with stakeholders and the health services contractor in providing an EMR needs assessment, procurement and project management of an Electronic Medical Record (EMR) for their organization.

We have been able to successfully conduct a thorough clinical workflow and needs analysis for the County. We drafted and are now in the process of releasing an RFP in order to solicit interested EMR vendors to respond to the RFP when we release it. We are creating the entire procurement, which is set to come out in a few months. We are also handling contract negotiations and project managing the entire implementation of the chosen EMR.

Case 2: Meaningful Use Attestation for a Public Agency

Fusion had consulted Essex County Department of Corrections in the clinical workflow development pertaining to the EMR as well as work with offsite services such as lab, x-ray and pharmacy to build an HIE into the EMR. More recently, we have worked with the agency in upgrading their EMR and are now working with them, in conjunction with the Regional Extension Center, NJ HITECH of which Fusion is affiliated with, to aid the agency in achieving meaningful use under the modified guidelines for meaningful use qualification.

We are continuously reviewing new and modified laws and regulations, which allowed us to work with NJ HITECH to approach Essex with this opportunity. The DOC was able to qualify as a FQHC and we had the agency attested by the end of 2013.

Case 3: Poor Continual Training and Non-Existent Vendor Negotiation Strategy

We began working with our client in providing support and management of their EMR system. Through our initial analysis of the systems' state, we began identifying huge inconsistencies in the method which clinical updates were documented and utilized. Our team was able to identify that many of the users were never trained in the usage of this specific EMR nor the organization's specific workflow. Upon digging deeper, we were able to identify that the organization was experiencing a high rate of employee turnover, there were no trained super-users left, and that the manual had not been updated in years and did not reflect the current status of the EMR at all.

Our team worked to document the clinical workflow and develop webinar videos with narration as a supplementary training method. In addition, we re-identified super-users and created a 'super-user' program with the employer where staff was able to apply to become a super-user where they would be compensated monetarily for completing the program. This allowed for staff to step up to the plate to become trained while adhering to a standard to ensure that the training was adequate.

More recently, we have leveraged our vendor relations to conduct presentations as well as negotiate pricing for the client, saving them roughly 35% compared to the non-negotiated costs for an EMR. We are serving as project managers as well as providing user training, support and ultimately meaningful use attestation.

Case 4: Inadequate Support/Reinvestment Post-Implementation

We began working with a Department of Correction following failure to meet accreditation standards for medical record keeping. The organization had undergone an implementation several years prior and was under the mentality that the EMR was an E-Z Bake Oven; "Just set it and forget it!" The misconception again was that the EMR could be maintained by someone in the IT department which caused the downward spiral. The EMR adoption had failed and user acceptance was minimal.

Problems were already identified following the failure by the accreditation board. There were thousands of duplicate charts due to an error from the State DOC System which had gone unmonitored for years. In addition to, forms were incorrectly developed, overlapping segments of the database which caused reporting to be completely inconsistent. In addition, the forms did not match the clinical workflow.

A strong understanding of the clinical workflow is essential in the support and management of the EMR. It takes skilled individuals who know the system inside and out, to ensure that the data is clean and accurate, that the workflows are consistent and efficient, and that any additional form or report modifications are legally and ethically compliant and will mesh well with the system as it exists.

We brought our team in to do a full analysis of the clinical workflow development, state and federal requirements for health care, database structure and reporting requirements. Within two years, our team was able to successfully:

- Remove thousands of duplicate records
- Rebuilt several HIE components into the EMR including demographics, labs, x-ray and pharmacy
- Overhauled all forms and reports
- Built new forms and reports to coincide with government standards and clinical workflows.
- Have the EMR achieve accreditation through effective usage and recordkeeping.

Case 5: Antiquated Organizational Infrastructure

We had taken on a project with a government organization to help identify the low adoption rate of the EMR at their facility a year following the implementation of the system. The support channels for the EMR were never clearly defined and as a result issues and concerns were never disseminated appropriately to be resolved.

In analyzing the workflow of the organization, we quickly realized that the staff was largely documenting on paper. In interviewing the staff, many of them had voiced their frustration with having to 'wait in line' to use the EMR. The facility was built decades ago and when the EMR was implemented, the computers were not staged in locations or in quantity that was conducive to the workflows.

We submitted a study of our findings to the organization with an action plan for computer placement and infrastructure overhaul to provide more readily available access to the EMR. Albeit an easy remedy; the EMR had effectively failed to achieve meaningful use not because of poor training, but because of a poor infrastructure to support the system.

Case 6: No Analysis, CQI (Continuing Quality Improvement) of system post-implementation

We were brought in to work with a State Department of Corrections to prepare for upcoming audits from numerous Federal agencies. Our team sifted through the entire database and EMR to analyze the data and provide recommendations for defining baseline reports to ensure overall efficiency and compliance.

We were able to identify over 25 metrics which were applicable to regulations and standards that we then worked with the facility to further analyze and make operational changes accordingly. Many organizations do not see information systems, such as an EMR as a bilateral system. An effective operational system should not only be an effective repository of information, but should also be capable of analyzing and providing results in some form to make appropriate business decisions.

In the end, these metrics have been used to provide a continuing quality improvement of the clinical operations at the facility and has been a key tool in continuing regulatory and mandated compliances.

Case 7: Leadership Misconception and Confusion

We had accepted to work with a new small practice which formed after leaving a larger practice that specialized in Cardiology. In addition to the partners being very excited about their first venture, there was a communication barrier as English was not their primary languages. Coming from a larger practice, although they thought they knew the ins and outs of the EMR, it was evident after the second meeting that that they did not fully understand the undertaking, cost and ongoing commitment to ensuring a successful adoption.

To troubleshoot the problem, we first had to ensure that any and all communication barriers were eliminated. We understood how proud the physicians were and did not want to come across as rude, rather, we identified that their written communication far outweighed their verbal. Our implementation team took the time to lay out in simplistic terminology all the components of an EMR and how everything interacted with each other. We used the visual of a car, and how it takes many components to build the car, and ongoing services to make sure it runs efficiently.

There is a very common misconception in our experience with the branding of HIT consultants as strictly software and nothing more. We are very diligent in our onboarding of a new client in making them understand that any HIT implementation is effectively a change to the organizations operations. By making them understand that we are both 'techies' as well as seasoned change management and business operations consultants, it has allowed us to steer the process much more freely while keeping the stakeholders involved and comfortable in the process as a whole.

Sample Public Agency Project List

Agency	Project Tasks Performed
Louisville Metro Health Department	Feasibility studies, requirements gathering and business process analysis, EHR fit/gap analysis, RFP drafting, EHR recommendation and selection, vendor negotiations & project management for three clinics.
Oklahoma City County Health Department	Feasibility studies, requirements gathering and business process analysis, EHR fit/gap analysis, RFP drafting, EHR recommendation and selection, vendor negotiations & project management for five clinics.

Oregon State DOC	Feasibility studies, requirements gathering and business process analysis, EHR fit/gap analysis, RFP drafting, EHR recommendation and selection, vendor negotiations & project management for 12 facilities.
Essex County DOC *Newark, NJ*	Operations consulting, project management consulting, EHR implementation/modification/clinical workflow development & Meaningful Use
Mercer County Correctional Facility *Lawrenceville, NJ*	Clinical workflow development and modification for EHR system. Proposed upgrade to Centricity 11 and project management
Erie County, NY DOC	Requirements gathering and business process analysis, EHR fit/gap analysis, EHR Implementation, EHR Implementation EHR Implementation and interface with outside agencies/hospitals
Burlington County, NJ DOC	Requirements gathering and business process analysis, EHR fit/gap analysis, EHR Implementation, EHR Implementation
Connecticut State DOC Juvenile	Requirements gathering and business process analysis, EHR fit/gap analysis, EHR Implementation
Hudson County Jail *Keasby, NJ*	EHR selection, procurement and implementation consulting. Meaningful Use attestation for 2014
New Mexico DOC *P.O. Box 27116* *Sante Fe, NM 87502*	Review data & document workflow and prepare data/report flowchart depicting movement from sentencing, admission, processing, institutional assignment & programming through release/discharge.
Thurston County Jail *2000 Lakeridge Dr. SW* *Olympia WA 98502-2480*	Review Washington State County Jail Population Reporting System; operations capabilities and objective classification procedures; develop survey instrument and reporting procedures for statewide
Benjamin E. Carson Academy *Wayne County Detention Center* *Detroit, Michigan*	Review Wayne County, MI. Juvenile Detention Center for IEP; develop recommendations for MIS system which links state, county and local educational districts to county detention system.
Texas Dept. of Criminal Justice (TDCJ) *P.O. Box 99* *Huntsville, TX 77342-0099*	Review Ad Seg procedures and conduct site visits to 7 TDCJ Ad Seg units, conduct interviews with Ad Seg BC Jail juveniles and prepare recommendations for improving operational efficiency, productivity and cost effectiveness
NCCD *1325 "G" Street NW, Suite 1020* *Washington , DC 20005*	Review of DC Adolescent Case tracking System (ACTS) and court intake and Oakhill Correctional Institution reception process.
Jefferson Parish Corrections	Review JPCC's intake, classification and MIS operations of criminal justice and correctional system.
Justice Policy Research Corp. *23 Axios River Court* *Sacramento CA 95831*	Developed and coordinated data collection process for twenty year release outcome study utilizing state and federal computerized criminal history systems including, NCIC, III, NJCCH, NJ OBCIS and NJ Promis Gavel
Commonwealth of Puerto Rico *Adm. Of Corrections*	Audit and review of Juvenile Data Management System (IDMS); identify Objective Classification software requirements; modification and data elements; prepare plan of action to expedite IDMS implementation throughout the Commonwealth.
Lexington-Fayette Urban County *Detention Center* *Lexington, KY 40507*	Audit and review of Objective Classification system implementation (NIC Phase IV Evaluation); Review of MIS system at LFUC Detention Center
NCCD *San Francisco, CA 94105*	Review and audit of NIC TA Project 90 J-1375, Philadelphia Prison System summary, findings, observations and recommendations.
Oklahoma City-County *Health Department, OK*	Feasibility studies, requirements gathering and business process analysis, EHR fit/gap analysis, RFP drafting, EHR recommendation and selection, vendor negotiations & project management for five clinics.
Nat'l. Institute Of Corrections *Longmont, CO 80501*	Consultant to NIC Data management Workshop; Prepared and presented training seminar on data definitions, data technology and data presentation.

Nat'l. Institute Of Corrections *Longmont, CO 80501*	Consultant to Objective Jail Classification training seminar. Prepared and presented a training session on correction MIS models.
Mercer County *Dept. of Public Safety* *Trenton, NJ 08611*	Review status of CMIS implementation; identify installation problems, revise MIS milestone chart; review hardware configuration
Jefferson Co. Corrections Dept. *Office of the Director* *Louisville, KY 40202*	Review existing manual reporting workflow operations, procedures and forms and discuss information processing options which might be considered by the Co. Corrections Dept., the Director's Office and the Co. Processing Center.
Washoe Co. Office of the Sheriff *Washoe Co. Detention Facility* *Reno, Nevada 89520*	Review of existing data processing system; Discuss information processing options, which might be considered by the County Detention Center, the Sheriff's Office and the Co. Data Processing Center.
NCCD *San Francisco, CA 94105*	A preliminary review of the audit reports of NIC TA Project 90 J-1375, Philadelphia Prison System
Mercer County *Dept. of Public Safety*	Review Correctional MIS implementation; Identify operating procedures, develop recommendations and a draft implementation plan.
Nat'l Institute of Corrections (NIC) *Longmont, CO 80501*	Consultant to Objective Jail Classification training seminar. Prepared and presented a training session on correctional MIS systems and computerized objective classification models.
Michigan Office of Community Corrections *Lansing, MI 48901*	Review the data elements, test plan and vendor certification process for Jail Population Information System (JPIS); Review status implementation problems and make recommendations to expedite JPIS installation.
King County Dept. of Detention *Seattle, WA 98105*	Review King County draft request for proposal (RFP) DAD MIS system and provide recommendations
California State University *San Bernardino California*	Consultant to the Management Administrative Review Project (MARS) Sponsored by an NIC grant which studied the internal audit and program review functions of three state correctional systems (Utah, Illinois & New Jersey) and the Federal Bureau of Prisons
King County Dept. of Detention *Seattle, WA 98105*	Review jail MIS needs, identify software applications, software requirements, software vendors and develop preliminary recommendations
Beaufort County Jail *Beaufort, SC 29902*	Review jail MIS needs, identify software applications, software requirements, software vendors and develop preliminary recommendations
Middlesex County *New Brunswick, NJ 08903*	Develop MIS conversion plan and identify juvenile information data elements, output reports and conversion priorities
Philadelphia Prisons Systems *Philadelphia, PA 19136*	Presentation of reception/intake operations and head count recommendations to Commissioner & executive staff
Office of the Sheriff *Sheboygan County*	Review jail MIS needs and analyze existing MIS system
Philadelphia Prisons Systems *Philadelphia, PA 19136*	Analyze Head Count Reporting Procedures with recommendation to centralize & computerize
Philadelphia Prisons Systems *Philadelphia, PA 19136*	Review of Reception/Intake Operations and Head Count Reporting Procedures for automation purposes
Middlesex County Adult Correction Center.	Development of MIS Request for Proposal; Define County Jail MIS Needs
Mercer Co. Jail Correction Center *Trenton, NJ*	Development of MIS Request for Proposal; Define County Jail MIS Needs
Connecticut Dept. of Corrections *Hartford, CT 06106*	Participated in evaluation and selection committee for position of Director, Research, Evaluation and Management Information Systems

Scope of Work

Strategic Approach and Services

Needs Assessment and Requirements Definition

Our project team understands that selecting an EMR System which will be successfully implemented is no easy undertaking. We have developed our service offerings to allow us to work hand-in-hand with the State of West Virginia throughout the entire EMR preparation process. Our team will provide the design, plan, execution strategy and control of a project plan for the implementation of the EMR System. Throughout this project, we will work hand-in-hand with State staff to ensure that critical knowledge is freely communicated and transferred on a consistent basis.

Business Process Analysis

A first-time implementation, an upgrade or a replacement of an electronic medical record (EMR) is an undertaking that will enable the State and both the WV Veterans Nursing Facility and Veterans Home to meet their operational needs, increase efficiencies and cost savings, and be a worthwhile investment for years to come. HIT will support the operational effectiveness of both the Veterans Nursing Facility in Clarksburg and the WV Veterans Home in Barboursville; as well as assist with better data management, integration of data with outside agencies that interface with these facilities, and will enable the organization to expand its information technology services in the future. A properly implemented EMR will enable these facilities to improve its reporting to all stakeholders. Other equally important attributes of an EMR are to:

- Provide ready access to real-time data
- Automation of data input processes
- Reduce paper-based documentation and tracking
- Maximize resource management
- Streamline overall processes

We understand that an orderly implementation relies on having the documentation of business, function, technical and performance requirements that are clear, understood and without ambiguity. This process must also show clearly that it represents current laws, regulations, statutes and law enforcement policies and procedures. The design of the new EMR must support both the WV Veterans Nursing Facility and Veterans Home's goals and enable the organization to achieve its objectives. It should possess a robust reporting environment that provides real time data to enable effective decision making and be capable of integrating with third party systems.

Approach & Methodology

Fusion's methodology provides the framework and approach needed to identify, collect, analyze and validate the operational, functional, and technical performance requirements for the new EMR. Our methodical approach allows us to dig deep in identifying the true workflow and includes some of the following metrics:

- Review & Analysis of the current business process and practices
- Analyzing existing technologies and associated system documentation
- Interviewing representatives of impacted functional areas and work groups
- Other healthcare affiliates and partners for gathering data regarding their business and technical needs.

Our approach for an EMR project starts with consultation with the representatives of the organization who will be involved in the project as well as those whose operations are in line with what a suitable EMR should support. This will allow us to establish a baseline of understanding and to further confirm particulates of the scope.

Project Initiation and Planning

Fusion's dedicated project team will initially meet with the Healthcare Leadership Team to plan the activities to complete the scope of work for this phase of the EMR project, including confirming the objectives, defining our approach and timeframes, identifying key user groups and gaining agreement on the Phase 1 deliverables.

We will document the resulting information in our project management system which will serve as the key data repository for the entire process. Risks and issues identified during the process will be captured in the Risk and Issues logs and included in the final Project Management Plan (PMP).

The Fusion project team will meet with the State project team to review our initial draft for the Communications Plan. We will work with the team to identify members of the work groups representing the affected functional areas, stakeholders and other key personnel within the State. We will prepare the initial draft of the Communications Plan for review and comment and finalize the Plan for acceptance by the leadership team and project sponsors.

Next we will refine the high level work plan and specify at a detailed level all of the tasks, sub tasks and milestones necessary to complete this phase of the EMR project. The revised Project Charter, Detailed Project Plan and Schedule, Communication Plan PMP and Risk and Issue logs will be included in the final PMP for the EMR Requirements Definition phase of the EMR project.

Meetings and Progress Reporting

Fusion will prepare periodic Status and Monthly Risk and Issues Reports and highlight when a variance from the baseline plan has occurred or is likely to occur. We will work with State to initiate appropriate actions to address the variance and track the identification and resolution of project issues.

The Status and Monthly Risk and Issues Reports will provide a summary of activities completed during the status period, activities that are in progress, any open issues with assignments for their resolution, and reasons for delays encountered. We will identify project risks with related mitigation activities as part of our weekly and monthly reporting commitments. An updated project schedule will be included with the status report, as necessary.

Requirements Gathering & Business Process Analysis

The Fusion project team will review and analyze information concerning the compatibility with EMRs and other internal applications or databases used to manage both facilities' day to day operations.

We will also hold discussions with outside personnel identified by the State to arrange meetings with affiliates and partners residing outside the two facilities to obtain their requirements for processing, producing, and/or consuming data for or from the EMR and its respective components. Finally, we will conduct interviews with identified personnel who are knowledgeable of other automated systems and their data requirements. Once we collect this information, we will utilize this information in completing our needs analysis for the EMR.

Our analysis of the current systems will allow Fusion's team to gain an enterprise-wide understanding of both facilities' operations, allowing us to understand "who is doing what" and "what works and what does not work". This process has proven advantageous in leveraging existing strengths of the overall operations while allowing us to document weaknesses and challenges. The output from this study will be used in identifying additional requirements of the new EMR system.

Conceptual Design Task

Developing a conceptual design will allow for the identification of existing key components of the existing EMR while allowing the development of enhanced workflows. The new EMR should enhance the operations of both facilities, including:

- Availability and maintenance of healthcare data
- Access to EMR data and sharing of data on an enterprise-wide basis
- Management information based on real time data that is reliable, accurate and provides transparency and accountability, enhanced reporting capabilities, ease of use, and portability,
- Scalable as demands increase and support integration with other agency systems,
- Quickly adapt to approved an/or pending local, state and federal legislation and regulations, and
- Leverage industry best practices and adaptable to emerging technologies and future trends in health information technology.

We will then create the future "conceptual" EMR model including a high-level technology environment, security constructs, high level data schema, and business process descriptions that are enabled by the new EMR. We believe that the benefits of this approach is that it presents the stakeholders with a potential vision to focus the discussion on tangible solutions and avoids "blue sky" scenarios which result in process decisions to fall short on account of technological or operations limitations.

The choice of the technology and security architectures for the system are an important part of the solicitation and our team will focus on the technological solution. We will assist with the development of the initial scope of work document by creating a draft for review and approval by the stakeholders. We will also retain a record of the existing IT environment as input to the design of the final IT architecture required in later stages.

During the pre-RFP development activities, we will begin discussions on the criteria for the vendor selection process, which will be needed in Phase 2 of the EMR project. This activity will also include discussion on the development and inclusion of a proposed timeline and milestones for the EMR implementation based on the State's priorities and constraints, as well as a recommendation of tools and desired approach for implementing the EMR.

Fusion will create a secured documentation library to deposit pertinent project documents, interview notes, weekly and monthly reports, and other project documents that is accessible by the project team members for each phase of the EMR project. This will be accessible by key stakeholders in the EMR implementation.

RFP Development

Fusion will leverage its experience in developing and managing the Request for Proposal (RFP) specifying the requirements of a new EMR and providing the State with vendor evaluation criteria, scoring tool, and selection methodology. Our team includes subject matter professionals who have supported solicitations for numerous custom developed software solutions and Commercial off the Shelf (COTS) packages. These efforts included analysis of market place offerings, compiling of requirements, preparation of draft and final solicitation documents, preparation of evaluation approach and supporting tools, review of vendor responses, assessment of software features, and assistance with contract reviews.

Fusion understands that the procurement process must take the complexities of the organization into account. Our team will lead the development of RFP sections including the scope of work, related terms and conditions, instructions, payment provisions, and price structure.

Requirements Analysis

The Fusion team will leverage the Requirements Traceability Matrix (RTM) to finalize the RFP requirements. In addition to validating and confirming these requirements, Fusion and the State must prioritize those requirements in order to provide the State with the information it needs to differentiate between the possible approaches/solutions proposed by vendors.

Fusion will update the RTM that documents the business, functional, technical and performance requirements for the EMR solution. The RTM will list requirements within functional areas and provide for the classification of requirements by requirement ID, name and source. The RTM provides Fusion and stakeholders the opportunity to ensure completeness and that requirements are not omitted as work proceeds.

Once updated the RTM will be distributed to State's evaluators for final approval. The Fusion team will review any additional RFP specifications and identify potential risks and questions that might be posed to provide clarity and additional detail around specific RFP elements. These potential risks and questions will be provided to the State's evaluators for consideration.

Confirm/Refine Procurement Strategy

Fusion will work with the State and both VA facilities to determine which bidding steps will be included in this RFP. There are several potential bidding steps for competitive procurements, including Bidders Conference, Conceptual Proposals, Draft Proposals, Confidential Discussions, Final Proposals, and Interviews. Based on the analysis and information gathered in previous tasks, Fusion will discuss the purpose, benefits, limitations, and drawbacks of using each of these steps with the stakeholders to determine which specific steps will be included in the solicitation documents.

The Fusion Team will conduct an analysis of the key risks to the procurement in order to proactively identify and mitigate the risk of protest and/or selection of less than optimal solutions. For example, we will consider procurement process risks, evaluation and selection challenges and key factors that lead to protests based on historical experience.

Fusion will lead the development of a cost model of the RFP. Fusion will provide fiscal analysis as needed and develop a cost model that incorporates the following features:

- Provides for a direct comparison of Bidder costs
- Establishes a framework that requires a full disclosure of the costs of Bidder products and services, including third party costs.
- Includes a well-defined payment structure that provides cost predictability
- Enables Bidders the flexibility to propose goods and services in a way that is consistent with industry pricing practices

RFP Development

The approach taken towards the EMR procurement must be straightforward, objective and compliant with not only the State's standards, but also relevant to HIPPA guidelines and requirements. Procurement Support represents one of the most critical phases of the EMR procurement efforts, in that failure to execute a consistent and well-planned procurement process can result in significant delays, vendor protests and selection of a less than optimal solution.

The Fusion team will spearhead the development of the solicitation document by creating a draft that can be reviewed and approved by the stakeholders. The RFP will be developed so that the bidders have a clear understanding of both State and facility needs so that they will be able to deliver quality services, timely, and within budget. The RFP must also allow the means to monitor the winning bidder's progress during the contract to detect problems and/or delays before they become critical.

Fusion develops RFPs that:

- Clearly define the contract scope, deliverables, and administrative and technical requirements. The scope of work will be detailed and will include, at a minimum, the following:
    - A clear and concise description of the work to be performed
    - Vendor expectations
    - Business, functional, technical and performance requirements, and legal limitations

    - Performance timelines, completion dates, and methods of measurement
    - A description of the items, products, and results to be delivered
    - Response formats and proposal evaluation criteria
- Includes language that allows us to monitor the vendor's performance. Ensuring that sound processes are in place in order to assure delivery of products are meeting requirements. The contract must allow the organization access to contractor processes and data for evaluation.
- Incorporates into the contract project management standards and processes that the vendor must follow.
- Ensures the contract specifies the technical standards that must be followed by the vendor.
- Clearly describes the contract deliverable acceptance processes.
- Clearly describes a process for issue resolution and escalation, including time limits for escalation to the next level. Clearly describes a process for vendor personnel replacement.
- Protects the organization monetarily, by implementing such features as payment holdbacks, payment upon deliverable acceptance, and/or liquidated damages

During this task we will also establish the evaluation and scoring model that will build consensus among the procurement team members. The evaluation model discussion will focus on IT industry best practice selection criteria and weighting strategies that will identify subtle differences in vendor proposals.

Fusion will work closely with the State and stakeholders to refine the evaluation criteria and develop the scoring model that will be used in evaluating Bidder proposals. Fusion will conduct an Evaluation Planning Workshop in order to provide members with an overview of the possible evaluation strategies and a framework for scoring and evaluating proposals, including pass/fail and score-able proposal elements.

The evaluation plan will include the necessary templates and tools to allow the Evaluation Team to effectively and efficiently score Bidder proposals and properly document the evaluation process. Areas of evaluation should include:

- Ensuring the solution vendor's proposal has technical merit; their proposal must indicate an understanding of the requirements and describe their approach in ways that demonstrate their technical competence to implement their proposal.
- Ensuring the solution vendor's proposal has appropriate and substantiated costs with services and deliverables aligned to payments, with adequate justification and valid assumptions that shows the vendor understands the scope of the problem and has an approach that modeling and other engineering tests demonstrate is workable.
- Ensuring the solution vendor has the ability to manage the proposed project, including the means to implement and monitor the processes critical to the project's success.

We will also discuss the specific evaluation criteria and their weighting that will be used to assess and score Bidder responses to the EMR RFP. The following diagram is an example of evaluation weighting.

Evaluation Categories	Method/Weight
Example Evaluation Weighting (chart)	Pass/Fail
Evaluation Categories Method/Weight	Pass/Fail
Content Validation	Pass/Fail
Bidder Qualifications	Pass/Fail
Administrative Requirements	Pass/Fail
Technical Requirements Response	Pass/Fail
Functional Requirements Response	Pass/Fail
Performance Requirements Response	Pass/Fail
Implementation Requirements Response	Pass/Fail
Service Support Requirements (O&M)	Pass/Fail
Bidder Qualifications	30%
Firm Project Experience	
Project Team Organization and Staffing	
Business Solution Assessment	30%
Technical Approach/Assessment	
Functional Approach/Assessment	
Implementation Approach/Assessment	
Service Support Assessment	
Cost	40%

Fusion will facilitate a structured and disciplined review of the RFP document. Our experience has shown that this process, unless well planned, can result in significant delays to the procurement. Fusion will meet with the stakeholders in order to recommend a review process and timeline as well as define key responsibilities and decision points in the process.

During this task Fusion will provide support addressing questions regarding the EMR RFP during the review and approval process. Drafts will be provided throughout the RFP development for the organization's review. Our objective is to support the State in the timely and efficient finalization of the EMR RFP.

Fusion will conduct at a minimum, two separate reviews in order to gather feedback and suggested changes from internal and external stakeholders. We will establish a change control point in order to ensure version control as well as optimize RFP change communications. The first review will be conducted by the Contract Monitor, procurement/contract participants, and internal stakeholders. Based on the initial draft RFP review, Fusion will produce a final draft for review by the State and key Officials.

After each defined review period, Fusion will schedule one meeting to discuss the required changes, and then confirm the changes have been made to the RFP documentation. Following the review periods, Fusion will finalize the RFP and supporting documents and submit to the State for publishing. Once we have finalized the RFP document, we will then send the RFP document directly to our portfolio contacts of accredited EMR vendors.

Evaluation of RFP Responses and Vendor Management

Fusion's vendor management strategies have allowed us to build relationships with numerous accredited EMR and hardware vendors. Our years of experience has also given us extensive hands on time with these EMR systems, allowing us to fully understand each one's capabilities and more importantly, how these systems can support and complement your organization. We provide our clients with unbiased recommendations based on the organization's operations, infrastructure, budget and size. By asking you the right questions and observing the organization's day-to-day operations in action, the Fusion team is able to better understand the organization's overall goals and staff competencies. Once our analysis is complete, we will direct the EMR vendor presentations in an efficient and cost effective manner so that the State is presented with EMR systems that are suitable with their needs and expectations.

Following presentations, we will delineate over the pros and cons of each system; everything from costs all the way to implementation time and staff training schedule, we will guide you into the right direction. We use our practical knowledge and experiences with past and current clients to continue to provide industry best practices to our new clients. We constantly work with the vendors and our clients to come to agreements that will mutually benefit both parties.

Procurement Support

After the EMR RFP is published, we will assist the State with administration of the RFP process, including responses to vendor questions, facilitating the evaluation of bidder proposals, conducting interviews with the top scoring bidders, aiding in vendor demonstrations and assisting the State in making the final vendor selection. We will also provide support throughout the RFP process and refine the RFP requirements to reflect the exchange of information, which will be made available to bidders through the EMR RFP Addenda.

The Fusion team will help the State of West Virginia identify members for their Evaluation Team and train the Evaluation Team on the evaluation tools and procedures. Our team will support the Evaluation Team to conduct detailed assessments using the previously defined evaluation criteria that will be scored during the vendor selection process in order to select the Bidder whose services best satisfy the overall requirements of the Project.

Fusion will assist the State in communicating with bidders during the time from EMR RFP release until proposals are due. This assistance will include answering bidder questions regarding the scope of work or the RFP, and, as needed, assistance in the preparation of formal responses to vendor questions, inquiries, or addenda to the EMR RFP that may be required.

Once the bidder's proposals have been received, we will prepare a Proposal Assessment Matrix (PAM) that lists the criteria established during the pre-selection stage and then a brief description of each vendor's experience, qualifications, and/or capabilities in each category as described in their proposal documents.

For proposals that pass the first round, Fusion will work with the State's Evaluation Team to evaluate the proposals using the Requirement Traceability Matrix and evaluation scoring.

Bidders will be asked to demonstrate their proposed solution. Careful selection of the specific questions to ask the vendors and creating a matrix of expected answers and scoring criteria will maximize the value of the interviews. The State may choose to select the top three scoring vendor based on initial assessment, or any number of vendors that the State deems as appropriate, for interview.

Fusion will assist the State's Evaluation Team as needed in the preparation of materials to be sent to the bidders in advance of vendor demonstrations as well as participating in the interviews. Once the organization's evaluation team has determined a short list of vendors, we can help facilitate the planning of live demonstrations for each vendor.

Post Selection Assistance

Based upon the analysis of final EMR vendor proposals, we will assist the Evaluation Team in recommending the vendor whose solution and services best satisfy the overall requirements of the EMR System. Working closely with the Evaluation Team, we will develop the Evaluation and Selection Report that outlines the vendor selection process and rationale for the contract award. After the Evaluation Team has made their final selection, the Fusion team will summarize the State's evaluation and selection process in a Final Evaluation and Consensus Report.

Assistance with Implementation Strategy

The following pages include sample EMR worksheets which Fusion utilizes in its systems implementation and vendor selection process. The following pages are extracted and abbreviated for the purposes of this proposal.

Implementation Process Summary

Start Up and Planning

- Kick off the project, including finalizing the scope of the work to be done.
- Identify short-term goals for Go Live and long-term goals for continuous improvement.
- Confirm the Rollout Plan, if needed.
- Complete the Clinic Profile for the first site, including a walkthrough of the practice.
- Assemble and train the Project Team.
- Create the detailed Project Plan, including sign-off from decision makers.

Hardware and Software

- Assess existing network, hardware and software and identify needs.
- Upgrade or install workstations.
- Determine server size, including Ram; purchase and install.
- Purchase and install all hardware, including upgrading workstations as needed.
- Install software on server and workstations.
- Test remote access for technical support.
- Plan and test back-up procedures, including sign-offs.

Interface Development

- Define standard and custom interfaces required and complete the Interface Requirements Document (IRD).
- Work with vendors to develop interfaces.
- Create cross-reference file(s) as needed.
- Define parameters for fault tolerance interfaces.
- Test the interfaces and data for format and content.
- Perform data integrity checks for all interfaces (clinical staff).
- Install and test the Health Information Exchange (HIE).
- Train system managers to process files and manage interfaces (if applicable).

Staff Preparation and Training

- Develop an overall Training Plan.
- Introduce EMR concepts to all staff using "EMR in Your Clinic" presentation.
- Evaluate keyboard and Windows skills of all staff and provide training as needed.
- Crate a Training Log for each staff member who will be using the EMR.
- Deliver custom Workflow Training to all staff members.
- Conduct a Dress Rehearsal (Clinical Workflow Simulation).
- Create a plan for ongoing training for new and existing staff.

Policies and Key Decisions

- Determine which decisions will be made at the Enterprise level for all practices and which will be left to the individual practices.
- Make the decision and document the corresponding policies.
    - Core Decisions, related to resources, budget, medical-legal issues, etc.
    - Clinical Decisions, related to content, workflows and design.
    - Technical Decisions, related to infrastructure and security of data.

Workflow Re-Engineering

- Summarize (understand) current paper-based workflows.
- Draft future (EMR) workflows.
- Verify EMR workflows with staff and physical layout of practice.
- Document and publicize workflow changes.
- Adjust hardware based on workflow requirements.

- Establish data entry standards based on workflows and reporting requirements.

Custom Clinical Content and Set Up

- Provide set up training to selected staff.
- Based on the decisions and workflows, design and enter all setup information. For example:
    - Arrange Form and Text Components, Document Templates and Encounter Types.
    - Create clinical content, including Medication, Problem, Order and Handout Custom Lists, Letters, Handouts, Flowsheet Views, Protocols, QuickText, etc...
    - Enter local pharmacy information
    - Enter users, including Privileges and Preferences.
    - Have staff attend Encounter Form and Report Writer training, as needed.
    - Create Encounter Forms and Reports.

Pre-Loading Information

- Determine what information, if any can be preloaded electronically (e.g., appointments, past lab results, past dictated notes, etc.).
- Decide what information from the paper chart is required and what is desirable.
- Decide on data entry standards, including which encounter forms will be used.
- Determine who will do the pre-loading, potentially including compensation for overtime, outside help, etc.
- Determine who will review and sign the preload documents and when.
- Identify mechanisms for safeguarding quality of the data and its review by providers.
- Determine how much can reasonably be done before Go Live.
- Deliver Preload Training to staff.
- Plan for ongoing "pre-load" after the Go Live.

Summary of Key Decisions

CORE - 1	Locations of Care
CORE – 2	Workflow & process re-engineering
CORE – 3	Use of dictation
CORE – 4	Ownership of EMR data
CORE – 5	Patient identifiers
CORE – 6	Benchmarks to monitor success
CORE – 7	Site selection criteria & Implementation rollout plans
CORE – 8	Master implementation plan
CORE – 9	Clinic Team at each site
CORE – 10	Completion & maintenance of Set-up
CORE – 11	Patient load during Go-Live
CORE – 12	Go-live requirements & readiness
CORE – 13	Chart audit
CORE – 14	Post-implementation review

CORE – 15	Patient photo image
CORE – 16	Scanning solution
CORE – 17	Location of Care printing defaults/routing to printers
CORE – 18	Coding
CORE – 19	Minimum electronic medical record (EMR) data
CORE – 20	Appointment standards
CORE – 21	Chart confidentiality issues
CORE – 22	Request for information
CORE – 23	User passwords and login security
CORE – 24	Context Management
CORE – 25	Imports
CORE – 26	Import process for Location of Care
CORE – 27	Customer Service area & Knowledge Bank
CORE – 28	Providers & Specialties
CORE – 29	Use of EMR Databases
CORE – 30	Training Plan
CLIN – 1	Custom problem & medication lists
CLIN – 2	Maintaining patient's current problem and medication list
CLIN – 3	Drug interaction checking
CLIN – 4	Patient medication handouts
CLIN – 5	Directives
CLIN – 6	Allergies/sensitivities
CLIN – 7	Summary field
CLIN – 8	Flowsheet views
CLIN – 9	Flowsheet data standards
CLIN – 10	Orders
CLIN – 11	Signing Clinical lists
CLIN – 12	Desktop Guidelines
CLIN – 13	Patient handouts
CLIN – 14	Preventative care protocols
CLIN – 15	Standard letters
CLIN – 16	Text components
CLIN – 17	Form components
CLIN – 18	Provider's DEA & License numbers on prescriptions
CLIN – 19	Signing of documents, including co-signatures
CLIN – 20	Document views in the chart
CLIN – 21	Quick text
CLIN – 22	Encounter types
CLIN – 23	Document types
CLIN – 24	Routing documents

CLIN – 25	Appending
CLIN – 26	Inquiries
CLIN – 27	Formulary use
CLIN – 28	Reports
CLIN – 29	Sensitive charts policies
CLIN – 30	Confidential documents
CLIN – 31	Setting up and maintaining users
CLIN – 32	Downtime policies and procedures
CLIN – 33	Correcting signed documents
CLIN – 34	Merging and deleting charts
CLIN – 35	Moving and removing documents
CLIN – 36	Concurrent paper chart after Go-Live
CLIN – 37	Preloading prior to Go-Live
CLIN – 38	Urgent or STAT messages & documents
CLIN – 39	Patient banners
CLIN – 40	Document overlay
CLIN – 41	Web Access
CLIN – 42	Archiving observation terms
TECH – 1	Hardware configurations
TECH – 2	Operating system
TECH – 3	Thin client devices
TECH – 4	Virus checking
TECH – 5	Back-up and recovery
TECH – 6	Disaster recovery plan
TECH – 7	WAN and LAN security
TECH – 8	Remote access
TECH – 9	Equipment requirements
TECH – 10	Test environment
TECH – 11	Equipment installation
TECH – 12	Oracle services
TECH – 13	Problem reporting
TECH – 14	System warning flags
TECH – 15	Interfaces specifications
TECH – 16	Interface implementation
TECH – 17	Interface development
TECH - 18	Interface testing

Item – Questions to consider

1	Locations of Care • Will each patient have a single shared chart or will they have multiple charts? • Is there a need to limit access to charts in a certain location of care? • Will the patient charts be stored in a single common location or various individual locations? • Will the user be authorized only at their home location or authorized at other locations?
2	Workflow and process re-engineering • What are your EMR project goals? • Do recommendations for standardizing workflows and/or process re-engineering exist? • Is staff shared between clinic sites? • Can clinics maintain their own workflows?
3	Use of dictation • Will dictation be used with the EMR? • If dictation is to be used, how will dictated information get into the EMR – NotesLink, direct data entry into the EMR, or some combination? • If using NotesLink, will you use dictation placeholders to link the transcription within the chart note?
4	Ownership of EMR data • How will ownership of EMR data be determined? • Will a separate research/reporting database be maintained? • How will patient information be handled for reporting? • What is the Enterprise policy on data mining?
5	Patient identifiers • Will the External ID field in the EMR be populated via a demographics import into EMR from a practice management or other system? • If the billing account number is populating the External ID field, how will the MRN field be used? • What identifier will be used on printed materials – the EMR patient ID, or the number stored in the external ID or the MRN? • Will the MRN and the external ID labels be changed to reflect names more representative of the enterprise? • Will the external IDs need to be modified in the EMR? • Which ID set will be "preferred?" This external ID set will be used when displaying external IDs in the Chart Banner, on patient printouts and reports and in the "Find Patient" screen. • Which ID set will be used in matching the interface imports of external data?

6	Benchmark metrics to monitor success • What are the short-term goals related to go-live success? What metrics will you use to measure this success? • What are the long-term goals related to continuous improvement? What metrics will you use to measure this success? • What work will be done by the enterprise? What work will be done by the clinic? How will the information be collated and analyzed? And how often will information be collated and analyzed?
7	Site selection criteria and implementation rollout plans • What criteria will you use to select the initial sites? • What criteria will be used to determine the clinic rollout sequencing after the initial implementation? • Who will makes these decisions? How will these decisions be communicated to the staff in the organization?
8	Master implementation plan • Who is responsible for building the master implementation plan? • How does it get reviewed and approved? • How are changes and/or delays factored into the plan? • How will this information be communicated to the clinics and project team, e.g., the initial implementation plan and/or changes to the plan?
9	Clinic Team at each site • What roles for staff members will be necessary to implement EMR? • Who will identify individuals at the site to fill these roles? • What training will be necessary for these staff members to complete their assigned EMR tasks? • Is each aspect of the clinic represented? • Who will authorize the staff members' time to work on the EMR project?
10	Completion and maintenance of Set-up • What setup items will be standard across the enterprise and which will be maintained by the individual clinics? • Which Roles or Individuals will have privileges to perform key setup actions?
11	Patient load during Go-Live • Will patient visits be reduced for go-live? • What will be the percentage of the reduction? • For what period of time will patient load be reduced?
12	Go-Live requirements and readiness standards • What functionality and features of EMR are required at go-live? • Which interfaces are required at go-live?

	• Does the team have the authority to change the go-live process/date if certain milestones are not met?
13	Chart audit • What are the data standards for the chart audit? • Who will conduct the chart audit? How often will the chart audit be conducted? • Who will review this information? • How will this information be shared with users? • What will be the consequences of not meeting these standards?
14	Post-implementation review • Who will conduct the post-implementation interview? • When will the post-implementation review be conducted? • How will the review be conducted? • How will problems or misunderstandings found during the review be corrected?
15	Patient photo image • Will patient photos be mandatory or optional? • Will written patient consent be obtained? • What type of camera will the enterprise support? • How will the hardware be secured in the practice?
16	Scanning Solution • What types of documents, images or information will be scanned into the chart? • Will scanned documents be saved as images attached to an EMR document or be converted to OCR text? • Based on the project volume of scanned documents, which third-party software will be chosen? • What scanning devices will be used, and how many will be required? • Where will the files of the scanned images be stored? What is the storage capability? How much storage will be necessary or predicted for the coming years? • What naming conventions will be used for filenames and what directory structure will be used? • If the EMR "Attachments" tab is used, who will need to have privileges to attach files to a current EMR document? • What workflow will you use for scanning? Who will perform what parts of this process? • What properties will be assigned to each type of scanned document? • Which workstations will be setup for scanning? • How will providers be alerted that an image has entered the system? • Do you want to enter an observation value into the EMR at the time a document is imported? • What viewer will be used on workstations to open and view the scanned images? • What will happen to the original document?

17	Location of Care printing defaults/Routing to printers • Which Location of Care do you want to default for patient-based printouts, "User's Current Location" or "Patient's Home Location"? • What task-specific printing is required? What workstations will need to be setup? • Will additional printers, or special printers, such as mailing label printers, be needed? • Will special paper, such as "safety" paper for prescriptions, be needed? • Who will set up the workstations for task-specific printing and when?
18	Coding • Will the entry of uncoded problems be allowed? • Will you enable the feature to display uncoded problems, medications and allergies with asterisks?
19	Minimum electronic medical record (EMR) data • What is the minimum historical patient information that will be stored in the electronic record? • What information will be found in the paper reference chart or file? • What is the minimum patient information that must be collected and entered into the EMR with each patient encounter? • Will there be a pointer or reference in the electronic record that directs the user to the paper chart?
20	Appointment standards • Will the organization standardize appointment definitions (book names, appointment types, duration and/or urgency) across the enterprise or will each site use its own definitions? • How will appointment books be named? Last name of provider? First & Last? Title? • If there are providers who have multiple books for different locations, how will these books be named? • Will there be any non-provider appointment books needed, e.g., for nurses, for procedure rooms, etc.? • What are the standard terminology and abbreviations for use in appointment types? • How will you define the "urgency" types? • What inquiries are required for using appointment urgency, types, and duration?
21	Chart confidentiality issues • What statement of EMR confidentiality will the staff need to sign? • What reports, if any, will be run on the EMR database to monitor access to patient charts? • How will confidentiality trash be handled?
22	Request for information • Will you use the Consent for Release of Information handout provided with EMR? • Will the signed release form be scanned into EMR? • Will you use the Release of Information form to document in EMR?

	• Will you use the Release of Information report to track in EMR?
23	User passwords and login security • What will the Enterprise use as an "idle user timeout"? • What is the maximum number of login attempts that will be allowed before lockout? • What will the timeout for failed login attempts be? • Will the Enterprise use the Duplicate Login Message? • How often will the Enterprise require that users change their passwords? • What is the minimum password length that will be permitted? • How many previous passwords will be retained for each user? • Will the Enterprise require that a password be alphanumeric? • Will the Enterprise require that the password not contain the user id? • How are initial passwords determined? Will you require new users to change their passwords upon initial login?
24	Context Management • Do the health systems applications used at the enterprise support Context Management Architecture Standard? • How will context manager be purchased and installed? • Will a separate mapping agent be used to map user and/or patient IDs between applications?
25	Imports • Will imported files be allowed to overwrite existing Patient External ID numbers? • Is the server set up for a single chart or multiple chart model? • Does the practice management system send different external numbers? • Is there a need for the External ID # to change?
26	Import process for Location of Care
	• Will imported files be allowed to overwrite existing LOC data in charts? • Does the LOC for a patient change? • Does the PMS send visit information or patient information? • Are privileges or other security measures in place by LOC?
27	Customer Service area & KnowledgeBank • Who will have access to the Customer Service Area password? • Will you select a point person to review and import clinical content from external sources into EMR? • Will you select a point person to export and submit clinical content to the KnowledgeBank?
28	Providers & Specialties • Will you link providers with their health specialty in EMR? • Will you add EMR providers (other than the Responsible Provider) as patient contacts?

	• Will you add non-EMR providers (other than the referring physicians) as patient contacts? • Who will be assigned as the Responsible Provider of the patient? Only MD's? Residents? NP/PA? • Who will maintain the list of specialties in EMR setup and link them to EMR providers? • Who will add the provider contacts in EMR?
29	Use of EMR Databases • Will the enterprise have a test server? • If multiple servers are implemented, who will need server selection? • What EMR databases will be available for the enterprise and clinics and how will they be used? • What EMR icons will be on the desktops at the practice? What labels will be used?
30	Training Plan • What training will be required for each user? • How will Windows and keyboarding training be offered? • Who will train the clinic staff? • Where will training occur? • Who will manage the training schedule? • How will new staff be trained after go-live? • What kinds of refresher training will be offered to existing users after go-live?

Key Decisions: Technical

Questions to Consider

1	Hardware configurations • What are the standard hardware configuration requirements for EMR? • Will this policy limit a user from loading non-standard applications on a workstation?
2	Operating system • What server operating system will be used for EMR? • What client workstation operating system will be used for EMR?
3	Thin client devices • What system will you deploy EMR with? • Do you have the personnel to implement and support this environment? • Will you use outside consulting services to support the thin client devices? • How will these devices be supported ongoing?
4	Virus checking • How will you implement routine virus checking? • Who will be responsible for setting up and maintaining virus scanning?

5	Back-up and recovery • When will daily backups foe EMR be performed? Who will be responsible for this task? • Will your site utilize backup software with an Oracle Agent to enable hot backups? (note that cold backups must still be done at least once a week.) • Who will test that the system can be restored from backup prior to go-live? • How often will periodic validation checks of backups be performed, including a restore from backup? • Will offsite storage be used? If so, what is the rotation cycle?
6	Disaster recovery plan • What is the disaster recovery plan for EMR?
7	WAN and LAN security • What WAN and LAN security management policies need to be established to support the EMR rollout? • Are advanced networking security options necessary? If so, which one will be used?
8	Remote access • Will remote access to EMR be provided? • What equipment will be used to support remote access, e.g., use of modem pools and communication servers? • How will remote access security be implemented? • How will remote access be implemented (setup, training)? • How will remote access be supported, e.g., who will users call for assistance during evening hours? At 3:00 a.m.? On weekends?
9	Equipment requirements • How will the hardware needs of each site be documented? • Who will place the hardware order? • How will the equipment get installed and tested? • Will you use internal or outsourced resources to support this process?
10	Test environment • Will a test environment be created? • Where will the test environment be located? • How will the test environment be used? • How will the test environment be maintained?
11	Equipment installation • How will the EMR computer environment get installed and tested? • Who will install and set up operating systems? Both the client and the server? • Who will install the EMR software? • Who will be responsible for ongoing updates to the system, e.g., quarterly medication updates, periodic applications upgrades, etc.?
12	Oracle services • What level of oracle database services will be required?

	• Who will administer Oracle database passwords? • How will the Oracle DBA services be provided (internally or outsourced)?
13	Problem reporting • What criteria will be used to determine when a clinic site moves from implementation support to maintenance support? • What process will a clinic follow to report hardware, network or other system problems? How will these problems be documented and resolved? • How will clinics be notified that an issue has been resolved? • If a clinic is not satisfied with the support they are receiving, what process will they follow to escalate their issue?
14	System warning flags • Who will receive and manage system warning flags from the server? • If this person is gone, who will be their backup? • How will they be notified of their responsibilities during this time?
15	Interfaces specifications
	• Which interface specifications need to be developed? • What data transfer mechanism will be used: file transfer or data transfer station (DTS)? • Who needs to be involved in the interface specification process? Are these resources available? Are the other vendor's resources available?
16	Interface implementation • How will the interfaces be implemented at the clinic? • Where will the data transfer station (DTS) be located? • Will interfaces be implemented before the go-live, e.g., to preload data? If so, how will the interfaces be supported during this period? • How will interfaces be monitored? • What workstations will be loaded with the application? • Who will identify Managers at each clinic site? • How will Managers be trained? • Who will Managers call if they have a support question?
17	Interface development • What are the costs and timeframes required to build the desired number of interfaces for go-live? • Who will determine if these interfaces are not available for go-live whether the clinic will postpone the go-live or will manual data entry options be considered? • What resources are available to support interface development activities, e.g., staff, interface engine, etc.?

18	Interface testing • How will you test interfaces? • What test environment will be used to test interfaces? • How will initial clean up of existing data be performed prior to download? • How will data transfer communications be tested? • How will you verify data imported and cross-reference file accuracy?

Key Decisions: Clinical

Questions to Consider

1	Custom problem and medication lists • Will custom Problem and Medication lists be used? • How many lists are needed to support your organization? • Who will build and maintain custom lists? • Will providers have the privilege to change or add custom lists? • Will naming conventions be used to organize the lists by site? • How will custom list changes be requested, approved and maintained?
2	Maintaining patient's current problem and medication list • Will problems and medications from other providers be included on the patient's list? • Will sample medications be entered on the medications list? • Will previous surgeries and procedures be entered on the problem list? • Will you allow the use of uncoded problems and medications? • Who is responsible for maintaining the order (primary/secondary) on the lists? • Who will review outdated/obsolete or resolved problems/medications?
3	Drug interaction checking • What level of interaction checking is required? Does it include food and/or ethanol? • What certainty and severity thresholds are required for interaction checking? • When should interactions be checked and who should perform it? • When a possible interaction is indicated, what action should be taken? Default Preferences: • SEVERITY = Moderate • CERTAINTY = Suspected • Ignore reactions to alcohol • Include reactions to food • Colors:
4	Patient medication handouts • Will patient medication handouts be printed and given to the patients? • Will custom medication handouts need to be created (these handouts will be stored in the Handouts module)? • Who will print the handouts?

	• Where will they print? • Who will review them with the patient?
5	Directives • How will advanced directives be documented in the EMR? • Who is responsible for documenting this information? • Will signed directives be scanned into the EMR? • What other information, if any, will be placed in this area?
6	Allergies/sensitivities • What is the policy for entry of allergy/sensitivities into the EMR? • What convention is entered when a patient has no allergies? • Who will enter allergies and/or sensitivities into the patient's chart? • Will you record non-medication allergies in this section? • Will staff use the "allergies review during this visit" checkbox?
7	Summary field • What conventions should be used in the Summary Field for each update? • Will you set up the Summary Line defaults for encounter types? • Will the summary line be used to indicate corrections to documents that have been signed?
8	Flowsheet views • Do providers want their own preferred flowsheet views? • Do providers want certain flowsheet views attached to certain charts? • Will the enterprise require standard flowsheets be used? Or can the providers use their own unique views? • Will the enterprise build its own flowsheet views or use standard EMR flowsheet views? • How will the flowsheet be populated with observations? Will a standard listing of observation terms be used? How will you request additional obersvation terms needed to support the desired views? • Will prefix naming conventions be used to organize the views by clinic?
9	Flowsheet data standards • Does the enterprise need to create any standards for what is entered in the field, e.g., for outside tests = "Normal" and "Abnormal" or "Done"? for immunizations = dosage of "Done" or "refused" or "deferred", etc.? • Which flowsheet values will be manually entered by staff, either directly into the flowsheet or via encounter forms? • Will there be any reporting on these items? • Are there and flowsheet views required to facilitate manual data entry? • Who will build and maintain these flowsheet views and data entry standards? • Will users be allowed to change/delete observations on the flowsheet?
10	Orders • What is the goal of the clinic's use of the Orders Module?

	• Who will serve in the role of Order Manager? • Should a list of service providers for orders be developed at the enterprise level? • Should an enterprise-level list of categories and codes be developed for each order type? • What defaults will be assigned to each order type? • What custom lists will be needed? • How will the lists be named? • Will providers be able to change or add to custom order lists? • How will the completion of orders be handled, i.e., how will the statuses be changed to "Complete" for each order type? • Will reports or inquiries be generated for orders without a returning result? • When orders are no longer used, will their codes be marked as obsolete?
11	Signing Clinical lists • Will the enterprise allow clinical list updates to be signed off prior to the document being signed? • Who will sign the clinical changes and for which document types? • Will the clinic export clinical lists?
12	Desktop Guidelines • What appointment books will users view on their desktop? • Will users have the privilege to view other users' pending documents? • Will users have the privilege to view other users' pending flags? • Will users have the privilege to change other users' pending flags?
13	Patient handouts • Will patient handouts be used? If so, which patient handouts are required? • How will it be indicated that a patient handout was given to a patient? • Will you build your own patient handouts? How will users request additions or modifications to custom handouts? • Who will review the handouts with the patients? • Will handout custom lists be used? • What custom handout lists are required to support your organization? • How will custom handout lists changes be requested, approved and maintained?
14	Preventative care protocols • Will the enterprise use preventative protocols? If so, which preventative protocols will be used? • Who will build/change their protocols? • How will protocols be viewed in the EMR? • What will be the process for notifying patients if a protocol is due?
15	Standard letters • Is there a need for enterprise standardization of correspondence?

	• What are the policies or recommendations for correspondence through the EMR? • Will a copy of the correspondence be retained in the patient's EMR? • Who will develop and manage standard letters? • How will users request additions or modifications to standard letters? • Will the enterprise need to customize the EMR letterhead, e.g., add a logo?
16	Text components • Will text components be used? • Will any standard text components be used throughout your organization? • What text components need to be created for individual sites? • Who will create text components for your organization?
17	Form components • Will form components be used? • Will standard EMR form components be used? Of forms from the KnowledgeBank? • Will any standard form components be used throughout the organization? • What form components need to be created for the organization? • Will there be a standard format for form components? • Who will create form components for your organization? How will these individuals receive training on building form components? • How will new form components be designed?
18	Provider's DEA and License numbers on prescriptions • Will provider's DEA number be required to print on all prescriptions? • Will provider's license number be required to print on all prescriptions?
19	Signing of documents, including co-signatures • Who will have document signing privileges? For which document types? • Who will have document signing privileges requiring an additional signature? For which document types? • What signature will be the official signature in the document section of a chart? • What signature will be the final signature on a printed chart document? • What signature will be the legal signature for billing purposes?
20	Document views in the chart • What global views will be used? • Who will create and maintain the global view list? • Will users be trained to create their own views or will these personal views be maintained centrally?
21	Quick text • Who will maintain the global Quick Text list? • How will the global Quick Text list be changed?
22	Encounter types • Which encounter types will be needed?

	• What naming conventions will be used to make it easier for staff to find the appropriate encounter type, e.g. prefixes for function or specialty, prefixes for locations, numbering scheme, etc.?
23	Document types • Which document type will be assigned to documents created or imported into the EMR? • Will custom document types be needed? • Who will create and maintain the document types?
24	Routing documents • How will document routing be used for specific workflows? • How will the comment section of a routing slip be used?
25	Appending • How will document appending be used?
26	Inquiries • How will inquiries be used? • Who will have the ability to create and save inquiries? • Who will have the ability to run saved inquiries? • Will saved inquiries be distributed across servers?
27	Formulary use • If formularies are to be used in the EMR, what are the goals and objectives for its use? • Will formularies be built using the Formulary Editor or acquired via Infoscan? • Which insurer formularies will be needed? • Will a default formulary be needed? • Who will install and update formularies? • If you are building your own formularies, will the formulary be built as open or closed? • If you are building your own formularies, will alternatives be provided for medications that are NOT on the formulary? • If you are building your own formularies, will a preferred medication be provided for medications that are ON formulary? • How will a provider document a prescription for a medication that is off-formulary? What justification needs to be done or documented? What, if any, will be the consequences of a provider prescribing a medication that is not on formulary? • Who will train the providers how to use formularies when prescribing in the EMR?
28	Reports • Will the organization use standard reports? • Will the organization create its own standard reports? • What report writer will be used? • Who will maintain and build standard reports? • Who will administer the database passwords for the report writing tool? • How will users be notified of and trained on new standard reports?

	• How can users submit requests for new or modified standard reports?
29	Sensitive chart policies • What types of charts will be marked as sensitive? • Who will mark the charts sensitive? • Which users will have full access to sensitive charts without warning, which users will be warned and which users will have no access to sensitive charts? • Will any users have access to registration for sensitive patient charts, but not chart access? • Who will run reports of sensitive chart access? How often will these reports be compiled?
30	Confidential documents • What confidential document types are needed for the organization or clinic? • How will the list of Confidential Types be built? • What reasons to access confidential documents will be used? • Will users be able to document their own free-text reasons for access on demand, or will the reasons be limited to those defined in setup? • What warning text should display when a user uses the Access On Demand feature? • Which users will be able to classify/declassify documents as confidential types? • Which users will be limited to viewing and printing Confidential Documents? • Which users will be required to use Access On Demand to Confidential Documents (thus recording a reason for accessing a confidential document)? • Will any users not have access to Confidential Documents? • How will the confidential documents be handled during a release of information request? • Who will have the responsibility to print documents and clinical chart information from the EMR? Will these users need to print confidential documents? • How will printing confidential documents be handled if the clinic is maintaining a concurrent paper chart for a period of time? • What reports will be run to review access to confidential documents?
31	Setting up and maintaining users • Who is responsible for setting up and maintaining users? • What are the standard naming conventions for the user id? First initial of first name, and last name? Upper, lower or mixed case? • What are the standards for the user name? First, middle and last? Uppercase, lowercase or mixed case? • Will user names include a suffix, such as MD or RN? • What roles will be needed? • What job titles will be needed? • What groups will be needed? • What specialties will be needed?

	• How will temporary employees, including students, be handled? • How will terminated employees be managed in user setup? • Who is responsible for merging users? • What is the process for renaming (marriage, divorce, etc.) of users? • What is the process to obsolete or reinstate users? Who will be responsible for managing this process?
32	Downtime policies and procedures • What procedures will be follow when the EMR is down? • How will the EMR update with information when it is available again?
33	Correcting signed documents • Who will correct errors in the EMR? • How will errors made to a patient's clinical list be corrected? To a patient's clinical note item? • What is the procedure that should be followed to correct errors made in transcribed notes? Where will transcription be edited (in EMR or in the transcription system)? • How will the Append feature address corrections? What notations will be made in the Append text box? To the summary line of the chart note? To other document properties? • Do documents with the type of "Filed in Error" require any standard text on the summary line of a chart update? • If reporting needs to be done on this type of document, how often, and with whom will results be shared?
34	Merging and deleting charts • What is the process for staff to follow if they identify a chart to be deleted or merged? • What is the workflow for merging or deleting charts? • Who will perform the merge function?
35	Moving and removing documents • Will the enterprise allow documents to be moved/removed in the EMR? • Who will perform this process? • How will this person be notified about documents that need to be moved/removed?
36	Concurrent paper chart after go-live • Will your site maintain a concurrent paper chart after go-live? • Who will be responsible for printing information from the EMR? How will this person be notified of what patient's chart documents need to be printed? • Who will be responsible for filing the printed information in the paper chart? • For what period of time will this practice continue at the health center?
37	Preloading prior go-live • Will clinical preloading be required by the enterprise prior to the EMR go-live? • How and when will patient charts be created in the EMR?

	• For manual information entry, what is the minimum clinical information to enter, e.g., current problems, medications, allergies and directives? Past lab data? Chart summary? • Are current paper charts in ready to support clinical preloading? • Are there any electronic methods of preloading information into the EMR chart? • What is the preload workflow? • How will patient charts be selected for preloaded? • Will the pre-built EMR preload forms be used? • Will the provider be in the final sign-off on all data, even if entered by other staff? • How will the pre-load process be handled post go-live?
38	Urgent and STAT messages and documents • In what situations, if any, should a flag or document be prioritized with a status of "Urgent"? • In what situations, if any, should a flag or document be prioritized with a status of "Important"?
39	Patient banners • What patient banners will be needed? • Who will create patient banners?
40	Document overlay • Will both preliminary and final labs be sent by the lab system? • Will document overlay be used? • Do required key data fields exist in the current or planned interface in order to use document overlay? • Will providers be expected to sign preliminary results?
41	Web Access • Will web access be enabled for EMR workstations? • Will different users require access to different internet sites? • On what web sites will users look up problems? • On what web sites will users look up medications?
42	Archiving observation terms • Will archiving observations be used? • Who will run the archiving tools? • How often will it be run (monthly, quarterly, every six months)? • Will the default parameters be used?

Project Management Services

The Fusion Project Monitoring and Quality Assurance Methodology will guide the project team and assist them through the EMR Implementation. Our PM/QA Methodology combines the knowledge, skills and experiences of the project team members with the tools and techniques needed to monitor and assess the quality of the system integrator's services and deliverables. A brief description of Fusion's PM/QA Methodology is as follows:

- **Project Monitoring** - Upon selection of solution vendor, Fusion will focus on providing objective observations in our assessment and reporting on the winning vendor's overall project performance, including its project management processes, team organization, project schedule, budget, risks and issues. Fusion's project team will monitor and provide leadership and advice to the organization throughout the EMR Implementation project phase to ensure the project goals, objectives and operational requirements are met, and the solution vendor's management of the project meets industry best practices. The bottom line is to monitor and report on risks and issues affecting the project's schedule, scope and costs to the organization's Project Manager on a timely basis to ensure the project is an overall success
- **Quality Assurance** – This activity focuses on assessing pre-defined project standards and procedures and contract compliance in accordance with solution vendors project management plans and our expectations for the quality and content of deliverables for each phase of the project's system development lifecycle. Our QA approach provides leadership and advice to the solution vendor in the development of detailed design documentation, system architecture, test plans, as well as proposed interfaces and data conversion processes. We will document our review findings, observations and recommend resolutions in our Weekly and Monthly reports to the State.

Project Initiation and Management

The Project Management Plan (PMP) for this phase of the EMR project will confirm the intended scope of the EMR Implementation phase, the involvement of the organization's Leadership Team and other critical stakeholders, the timing of their involvement, and will consistently set expectations of the effort. An important component of this task will be to conduct a kick-off meeting with stakeholders, project participants and the vendor. At this meeting, Fusion will present the work plan, schedule, activities, and key team members, and address any questions the organization may have about the EMR Implementation phase.

Implementation Phase Leadership and Advice

We will conduct a review of the solution vendors project management plans, methodologies and approach to monitoring the critical elements of its work plan and schedule. In addition, we will work with the solution vendor to develop agreed-upon quality control criteria and review their deliverables against those criteria. During this phase and throughout the project, Fusion's project team will discuss and mentor the project team on qualities of sound project management practices, project monitoring and quality assurance techniques that can be leveraged to minimize project related risks.

EMR Fit/Gap Analysis

Our approach provides the organization with a Fit/Gap Assessment Report of the solution vendors EMR capabilities as compared with the organization's RTM. We will document how the solution vendor proposes to meet each of the organization's business, functional, technical and performance requirements and provide our assessment of their proposed response. Where there is a gap in the proposed systems ability to meet a predefined requirement, we will document the gap and propose an approach to resolving the open item or closing the gap. We will document our findings and observations in the EMR Fit/Gap Analysis Report.

Required Project Management Consultant Tasks

The Fusion PM team will then develop specific sections in the PMP for the EMR Implementation phase specifying the scope, schedule, resources and acceptance criteria for each of the required deliverables of the EMR RFP. We will obtain approval to proceed with each of these assigned tasks and associated deliverables.

The Fusion PM team will track progress against the work plans for each task and will meet with the organization on a regular basis to discuss progress, review any risk that have been identified or issues that have occurred and what we anticipate to accomplish in the upcoming weeks. Fusion's approach to providing project management services has been proven on multiple projects to provide the guidance and oversight necessary to identify and mitigate risk, improve project results, and contribute to the overall success of the project.

PM Consultant Tasks and Deliverables identified in the table below:

Project Manager/Consultant Task	Deliverable
Work with the EMR vendor to propose the IT architecture for the new system. Coordinate procurement activities with the organization, manage the implementation, and test new systems	Report of Proposed IT Architecture, plan, assignments and schedule. Report of test outcomes
Oversee and ensure that training is provided to all applicable users in order to effectively and efficiently utilize the new EMR system	Development of a test to certify that they have adequately been trained and are knowledgeable in how to use the system
Provide guidance regarding setup activities and important data which needs to be migrated from current system, if applicable	Develop a setup plan, assign resources and schedule setup activities
Oversee data conversion and analyze how data is being imported into the new system. Full analysis of data consistency, data loss, and cleanup of stale/bad records	Provide a report of the outcomes of the data conversion as well as citation of bad data examples and how they were handled
Determine the go live plan and cutover methods. Prepare contingencies should the go-live fail. Notify all staff involved of schedules and what to expect	Develop schedule and communications plan. If possible do test go-live scenario testing and work with IT department in go-live GPOL scripting
Develop appropriate acceptance criteria as well as documentation on how to maintain and re-train on the system	Document and/or virtual training manual Preventative Maintenance Manual
Determine how to field helpdesk calls, point persons, super users and liaisons for all vested parties	Develop a Support Procedures task plan, resource assignments and schedule to manage and coordinate the post go-live support activities

As a standard for all of our projects, Fusion's project managers use PMI's PMBOK as a basis for all project management efforts. The PMBOK is widely recognized as the standard for project management in many industries as well as by many state and local government departments of Information Technology (IT). The following provides a high level overview of the components of project management.

Initiating Process – Authorizing the course of action and committing to do so. For the EMR project, this component will be completed at the beginning of each major project phase along with identifying any constraints and assumptions associate with the phase. This ensures the organization is ready to commit the resources necessary to complete the phase.

Planning Process – Devising and maintaining a workable scheme to accomplish the business objectives that the project was undertaken to address. For the EMR project, this component will ensure that various aspects (such as scope, schedule, communication, change management, risk and issue management, project organization and roles and responsibilities, etc.) of the project are identified and planned prior to executing phase activities. These individual plans will be compiled and delivered in a Project Management Plan (PMP) at the beginning of each phase of the EMR project. Planning is an on-going effort throughout the life of the project.

Executing Process – Coordinating the people, facilitating the processes (processes utilized include quality assurance, team development, information distribution, and contract administration) and other resources to carry out the plan. For the EMR project, this will include monitoring of each phase of the project and once an EMR provider is selected, planning and managing the EMR service provider project activities through the full system development life cycle will ensure timely completion of the project.

Controlling Process – Ensuring that phases and project objectives are met by monitoring and measuring progress and taking corrective action when necessary. For the EMR project, these activities ensure timely completion of the phase/project within budget and scope while reducing or mitigating project risks and resolving project issues. The processes utilized during this component will be change control, scope verification, scope change control, schedule control, cost control, quality control, and risk and issue monitoring and control.

Closing Process – Formalizing acceptance of the project or phase and bringing it to an orderly end. For the EMR project, this will ensure each phase is completed in accordance to contractual and user criteria (as defined in the Quality Assurance Plan) and resolutions are found for all open items or issues. This ensures at project end that all deliverables contracted for are in place and formal project documentation is completed.

For the EMR project, each of these components will be executed in each of the three phases of the project.

Overall Project Management Approach and Strategy

Fusion's project management support services will consist of providing project management oversight and direction, including project management processes, tools, analysis, information and recommendations to the EMR project team. The effort is comprised of four task groups:

- Project Initiation and Planning – The purpose of this task is to develop an integrated PMP that incorporates the various plans from the sub-teams and vendors of the EMR project.
- Assist in implementing Project Management processes needed to effectively execute the EMR
  - Fusion will support the organization and project staff in executing the ongoing project management processes, policies and oversight activities required to ensure a successful project/phase, including:
    - Project management support in day-to-day activities
    - Coordinate with the organization to ensure that project management procedures are being followed
    - Maintain an updated Work plan and schedule
    - Develop and maintain an EMR Project library updated with all project artifacts
    - Develop and present weekly project reports and updates
    - Conduct and/or facilitate project management briefings and presentations
    - Participate in oversight meetings and provide responses, as appropriate
    - Provide procedural guidance
    - Provide Monthly Risk and Issue Reports
    - Provide oversight in cross functional project activities
    - Ensure the development, delivery and acceptance of all RFP deliverables by EMR project phase
- Assist in Training on EMR Project Procedures and Processes – the purpose of this task is to provide training to EMR team members on the processes, standards and procedures established within the EMR PMP, so that team members carry out activities and tasks in a consistent and reportable manner.
- Assist in Ongoing Controlling and Monitoring of all Project Activities – Fusion has four basic project monitoring activities that we will employ on the EMR project. We believe that these controlling mechanisms are the foundation of any sound project management methodology:
  - Proactively monitor the time and resources that are expended during project execution; identify the impact resource utilization has on schedule; recognize when a variance from the approved project management plan and schedule has (or will) occurred; and to initiate appropriate action to address the variance
  - Consistently document project risks and issues so that they are understood, investigated, assessed, and that appropriate mitigation, resolution and/or contingency planning occurs, to minimize the impact on project schedule and/or quality
  - Utilize industry proven Project Management practices to detect and correct variations in scope and planned timeline, as early as possible in the life cycle

- Support timely and accurate project communication between project-related stakeholders, the project team, and executive sponsors, to provide management visibility into project decisions and at key milestones

Account Management

Microsoft Dynamics CRM

Fusion organizes and automates the business process through Microsoft Dynamics CRM (Customer Relationship Management). This ensures that our team effectively manages all phases of our clients' projects. This program allows our staff to record all activities relating to a project allowing our management to be based on meaningful metrics, as well as measurable performance and progress. Microsoft CRM also provides our employees a unified resource whether they are on or off site.

Microsoft Sharepoint

Fusion utilizes Microsoft Sharepoint as a collaboration tool on each of our projects. This secure, web-based portal provides the consulting team as well as key stakeholders a centralized location to store pertinent documents, meeting notes, alerts, and general communication.

Microsoft Sharepoint is the industry standard as a collaboration tool on enterprise-wide projects. We intend to utilize this tried and true platform for the project at hand.

Microsoft Exchange

In keeping with Fusion's high level of account management, our organization utilized Microsoft Exchange as its secure, robust mail system. It ensures that our team can easily collaborate and disseminate project related information such as voicemail, fax and e-mail from anywhere in the world. In addition, Exchange ties in with our CRM, NAV and Sharepoint platforms which further enhance the operational efficiencies and quality of service Fusion provides to its clients.

Blackberry Enterprise Server (BES)

Fusion has extensive experience in providing services for government agencies of all sizes. We value and uphold the most stringent of security measures and protocols both in our office and outside of it. In keeping with this, Fusion utilizes Blackberry and its Blackberry Enterprise Server to provide the highest level of security to ensure that information is shared on purpose, and to authorized individuals only. Additionally BES ties in with our other systems to further solidify a continuous, unified project management folder for our clients.

Project Team

Project Personnel/Team Bios

Bryan Jakovcic – Lead Project Manager/EMR Implementation Needs Assessment Consultant

Experienced Business Workflow Analyst and Operational Systems Consultant with 10 years of expertise working with public and private sector clients. Highly effective in the procurement, implementation and project management of EMR systems with over 15 enterprise-scale projects to date. His analytical and financial background, coupled with an immense comprehension of the Health and IT industry and operations has built him a track record as an aggressive and efficient project manager to deliver client solutions on time and under budget. Bryan is also President and Founder of Fusion Consulting.

Stan Repko – Assistant Project Manager/Procurement Consultant

Senior Government Official and Government Consultant with nearly 40 years as an expert in Public Health, Electronic Medical Records and Criminal Justice and Jail Management Systems. Certified Public Management professional with proven accomplishments with numerous federal, state and local correctional facilities providing leadership skills, technology planning and master plan development. Provided services for the New Jersey Department of Corrections combining for over 30 years as the Director for the Division of Policy and Planning and Bureau Chief for the Bureau of Correctional Information Systems, among other positions. Extensive experience and knowledge in correctional information systems including, but not limited to Electronic Health Medical and Jail Management Systems.

Eli Dunn – Business Process Consultant

Extensive experience in operational and systems specializing in IT consulting and project management services for healthcare settings. Strategic and qualitative, hands-on approach to improving processes and procedures, as well as conducting significant organizational analysis. Extensive experience and proven ability to effectively manage all phases of IT procurement process and implementation. A key player in helping one of the top 50 patient populated correctional facilities receive NCCHC and ACA accreditation. Experience in the procurement process, business process oversight and management of various EHR/EMR systems in Public Agency settings.

Annie Major – Business Process Consultant

Accomplished Senior Health Information Technology Manager with over 10 years of experience in Health Information Technology and Electronic Medical Records consulting, implementation and training. Has led over fifty (50) full EMR implementation life cycles consisting of both inpatient and ambulatory EMR systems. Proven ability to work effectively with all levels of employees at the state, regional, and local levels. Experience in application support, forms building and troubleshooting of EMRs and PMs. Extensive knowledge in all aspects of the procurement and implementation process, dealing with of over ten (10) different EMR systems throughout her career.

Joseph de Souza – IT/Infrastructure Consultant and Data Migration Specialist

Accomplished Senior Software Architect and Data Migration and Security Specialist. Technology Research Engineer with a diversity of management skills and the ability to create innovations in the best interests of corporate and government growth. Experience includes deriving robust business solutions for clientele via business process analysis, adaptive flowcharting of business lifecycles and examination of real world performance metric key indicators. Expertise in creating logical data models that accurately reflect business needs. In depth understanding of business dynamic solutions that are reliable, secure and extensible for future growth needs. Proven ability to work effectively with all levels of client employees at the state, regional, and local levels to develop and implement robust and secure IT platforms. Broad knowledge of federal and state public health initiatives. Thorough understanding of public Information Technology architecture and security at all spectrums.

Michael W. Jakovcic, C.L.S. – LEAN Six Sigma Consultant/RFP Developer

Dynamic professional who is well versed in numerous best industry practices. Extensive experience and proven track record in providing procurement services and strategy, corporate and government strategy, operations and business development consulting for public and private sector organizations. Certified Lean Enterprise Solutions, Six Sigma, and ROI Methodology Specialist, helping clients increase profits by eliminating organizational waste. Outstanding personal, operational and presentation skills. Thorough understanding of business and public finance, RFP writing and grant funding mechanisms by governments, corporations, and philanthropic organizations.

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Bryan J. Jakovcic

Executive Summary

Experienced Healthcare and Business Operational Systems Consultant with 10 years of expertise working with public and private sector clients. Highly effective in the procurement, implementation and project management with over 15 enterprise-scale projects to date. His analytical and financial background, coupled with an immense comprehension of the corrections and IT industry and operations has built him a track record as an aggressive and efficient project manager to deliver client solutions on time and under budget.

Core Competencies

Strategic Planning	Process Improvement	Project Leadership
Quality Control	Budget Planning & Cost Control	EMR Readiness Assessments
Process Automation	Proposal Development	Information Technology
Analytical Computation	Financial Planning	Database Administration
Electronic Health Records	Feasibility Studies	Health Information Technology

Professional Experience

FUSION CONSULTING, Woodbridge, New Jersey 2006 – Present
President

- Developed a dedicated team of fully qualified consultants to provide operational and development consulting solutions.
- Direct and oversee development of client projects; confirming all work prior to submission to the client.
- Lead analytical, strategic, operational and process management consultant.

UVISOR CORPORATION, New Brunswick, New Jersey 2008 – 2011
President & Co-Founder

- Oversee short and long term operational and strategic goals for startup, web-based firm.
- Developed & submitted twelve (12) provisional patents for proprietary technologies related to Uvisor's operations.
- Introduced product to national publications with successful write-ups in Financial Times, Yahoo Finance, Bloomberg and Fox News.
- Developed business and financial plan to raise funds for operations and expansion of corporation.

S.W. BACH & COMPANY, New York, New York 2003 – 2006
Analyst/Broker

- Fully licensed by the NASD with Series 7, 55, 63 & 66 licenses.
- Performed market and securities analysis for investor portfolios.
- Maintained and managed client portfolios.

SURFER INTERNET SERVICES, Lincroft, New Jersey 2000 – 2004
President

- Provided IT based solutions for small and medium sized businesses including networking, hardware and software support.
- Obtained and successfully awarded bids to maintain network infrastructure of several private and public high schools and local boards of education.
- Developed custom Access database solutions for clients in the legal and financial industries.
- Developed proprietary solutions and sold to targeted customers/market.

Consulting Projects

ELECTRONIC HEALTH RECORD CONSULTING & PROCUREMENT SERVICES 2013 – Current
Louisville Metro Health Department, KY – United States

- Establish and oversee EMR selection committee.
- Conduct business process and workflow analysis
- Maintain vendor relationships
- Requirements gathering for our analysis of the current systems will allow Fusion's team to gain an enterprise-wide understanding of the organization's operations
- Outline EMR implementation procedures and layout framework for obtaining meaningful use of system.
- Work as liaison between Medical staff and Administration in formal acceptance of EMR for use in facility medical center.
- Draft RFP for public bidding
- Handle contract negotiations with vendors

WORKFLOW ANALYSIS & OVERVIEW SERVICES OF ELECTRONIC HEALTH RECORD 2014 – Current
Oregon Department of Corrections – United States

- Conduct business process and workflow analysis
- Review local, state and federal rules and regulations regarding HIPAA
- Requirements gathering for our analysis of the current systems will allow Fusion's team to gain an enterprise-wide understanding of the organization's operations
- Outline EHR implementation procedures and layout framework for obtaining meaningful use of system.
- Work as liaison between Medical staff and Administration in formal acceptance of EHR for use in facility medical center.
- Project Management

ELECTRONIC HEALTH RECORD FEASIBILITY STUDY & PROCUREMENT SERVICES 2013 – Current
Oklahoma City-County Health Department, OK – United States

- Establish and oversee EMR selection committee.
- Conduct business process and workflow analysis
- Maintain vendor relationships
- Requirements gathering for our analysis of the current systems will allow Fusion's team to gain an enterprise-wide understanding of the organization's operations
- Outline EMR implementation procedures and layout framework for obtaining meaningful use of system.

- Work as liaison between Medical staff and Administration in formal acceptance of EMR for use in facility medical center.
- Draft RFP for public bidding
- Handle contract negotiations with vendors

ELECTRONIC MEDICAL RECORD (EMR) CONSULTING 2012 - Current

Hudson County Correctional Facility, NJ – United States

- Establish and oversee EMR selection committee.
- Lead EMR procurement consultant.
- Outline EMR implementation procedures and layout framework for obtaining meaningful use of system.
- Work as liaison between Medical staff and Administration in formal acceptance of EMR for use in facility medical center.

CLINICAL WORKFLOW DEVELOPMENT & INFORMATION SYSTEMS 2011 - Current

Camden County Correctional Facility, NJ – United States

- Establish and oversee EMR selection committee.
- Outline EMR implementation procedures and layout framework for obtaining meaningful use of system.
- Work as liaison between Medical staff and Administration in formal acceptance of EMR for use in facility medical center.

OPERATIONS, PROCESS & PROCUREMENT CONSULTING 2005 - Current

CFG Health Systems – United States

- Streamlined and automated operating processes in multiple departments while adhering to HIPAA and similar compliance mandates.
- Perform as lead consultant to company which has grown from 150 – 600+ employees in 4 years, being recognized as one of New Jersey's 50 fastest growing companies.
- Currently in the process of implementation of the GE Centricity EMR in all of CFG client facilities throughout the Tri-State area.

OPERATIONS, PROCESS & EMR CONSULTING 2008 - Current

Essex County Correctional Facility

- Consulted, developed, and enhanced the Electronic Medical Record (EMR) System (G.E. Logician EMR) which handled all medical records for over 80,000 inmates.
- Consulted and analyzed the intake process of 24,000 annual inmates on a continual basis to improve the overall process for compliance mandates by New Jersey State.
- Consulted and prepared for the NCCHC accreditation which was successfully obtained with the highest compliance rankings available.
- Developed a proprietary system to aid in the classification and clearance of inmates for halfway-house and alternatives to incarceration programs.

ECONOMIC DEVELOPMENT CONSULTING 2011 - 2012

Woodbridge Township, NJ – United States

- Work directly with township administration in developing green incubator program for township economic redevelopment plan.
- Oversee discussions between township and strategic university partners in green incubator development.

OPERATIONS & FINANCIAL CONSULTING 2005 - Current

The American Group – United States

- Streamlined manufacturing and operations flow which yielded 12% increased profits on 8mm revenue versus prior year of 7.2mm revenue.
- Developed custom software solutions to enhance client relations and product demand forecasting.
- Oversee and audit corporate finances on a monthly basis.
- Developed long term business plan for client which includes a proposed 10mm business expansion into new business venture.

PROCESS & FINANCIAL CONSULTING 2007 - Current

Jon Lauren Apparel – United States

- Consulted in identifying operational deficiencies and inventory mismanagement, providing technological solutions to manage inventory and price mark-up as well as identify seasonal demand through data analysis.
- Provided network and IT consulting to upgrade entire corporate infrastructure and migrate all data from previous inventory and customer billing systems to Quickbooks Enterprise.
- Provide ongoing operational, financial, and IT support on a quarterly basis.

PROCESS DEVELOPMENT CONSULTING 2010

Center for Family Guidance – United States

- Development of key software solution for psychiatric call center operations which handles over 300,000 transactions per year while conforming to HIPAA and similar mandates.

PROCESS IMPROVEMENT CONSULTING 2010

Camden County Correctional Facility

- Consulted and developed a proprietary solution to track and log psychiatric consultations within the correctional facility.

PROPOSAL DEVELOPMENT & CONSULTING 2010

Malone Marine Contracting – Commonwealth of the Bahamas

- Consulted and authored proposal to the Bahamian government allowing client to seek government contracts.
- Bahamas accepted the proposal, leading to their award of over 20mm in contracts since acceptance.

Education

SETON HALL UNIVERSITY, South Orange, New Jersey

M.B.A. Finance & International Business

FORDHAM UNIVERSITY, Bronx, New York

Bachelors of Science, Finance

Stanley P. Repko, C.P.M.

Executive Summary

Senior Government Official and Government Consultant with nearly 40 years as an expert in Healthcare Delivery Systems, Criminal Justice and Jail Management Systems. Proven accomplishments with numerous federal, state and local correctional facilities providing leadership skills, technology planning and master plan development. Provided services for the New Jersey Department of Corrections combining for over 30 years as the Director for the Division of Policy and Planning and Bureau Chief for the Bureau of Correctional Information Systems, among other positions. Extensive experience and knowledge in correctional information systems including, but not limited to Electronic Medical Records and Jail Management Systems.

Expertise

Policy & Planning	Jail Management Systems	Facility Review & Analysis
Correctional Information Systems	Electronic Medical Records	Project Management
Inmate Logistics	Leadership	Motivational Leadership
Cost Saving Procedures	Process Re-Engineering	Scheduling
Systems Application & Implementation	Master Plan Development	Contract Negotiations

Professional Experience

FUSION CONSULTING, Woodbridge, New Jersey 2010 – Present
Criminal Justice & Jail Management Operations Consultant

Senior Government Official and consultant with a concentration in Criminal Justice and a proven record of accomplishments with the New Jersey Department of Corrections. Particular areas of expertise include:

- Extensive and effective inter-agency experience with all components of the criminal justice system on MIS development, technology planning and master plan development.
- Managing and implementing Criminal Justice and Jail/Correctional Information Systems.
- Designing and implementing Electronic Medical Record applications and requisite interfaces.
- Designing and implementing large Video Teleconferencing Applications
- Consulting with state, county and local correctional agencies in MIS, objective classification, administrative segregation and other correctional operations problems
- Applying process re-engineering principles to operational and organizational issues

ESSEX COUNTY CORRECTIONAL FACILITY, Newark, NJ 2003 – 2010

Consultant to the Essex County, NJ Correctional Facility providing project management and consulting services on major jail IT systems, including Trust fund Accounting, Property, Classification, Video Services, C.O. Scheduling, and other daily jail operations. Recent, in-depth expertise in design, development and implementation of the General Electric-Electronic Medical Record (GE-EMR), formerly Logician, including Intake Assessment, Nurse Screening and Provider Evaluation, Chronic Care Treatment, Sick Call/Urgent/Emergent Care, Specialty Care (Mental Health, ObGyn, Orthopedic and Dental Care), Infirmary and Medical Interfaces (online prescription ordering via Biscom, electronic lab results and electronic RMS interfaces).

UNION COUNTY JAIL, Elizabeth, NJ 2007 – 2010

Consultant to the Union County Correctional Facility providing technical services on major information technology systems and software applications, including state identification systems (LiveScan, FASTID, PRIM, etc), objective classification, correction officer scheduling, electronic medical record (Catalyst) and other daily jail applications.

MASSACHUSSETTS DEPARTMENT OF CORRECTIONS 2003, 2004

As a subcontractor with a firm from Washington, DC, I provided consultant services in the review and analysis of the Massachusetts Department of Corrections objective classification system. Developed recommendations for improvement and efficiency.

HUDSON COUNTY JAIL, Kearny, NJ 2004

Consultant to the Hudson County NJ Correctional Facility providing analytical and consulting services and improvement recommendations on information technology and systems, classification services, and NJ State law enforcement MIS applications.

NEW JERSEY DEPARTMENT OF CORRECTIONS, New Jersey 1971 – 2003

Director, Division of Policy and Planning 7/89 - 6/03

Deputy Director, Division of Policy and Planning 7/78 - 6/89

Bureau Chief, Bureau of Correctional Information Systems 2/75 - 7/78

Project Specialist, Correctional Information Systems 6/74 - 2/75

Vocational Counselor/Work Release Administrator - 8/72 - 6/74

Youth Correction Institution, Bordentown, NJ

Social Worker, Youth Correction Institution, Bordentown, NJ 8/71 - 8/72

Major Accomplishments

I. Designed and implemented Offender Based Correctional Information Systems (OBCIS) to provide data file extracts to Federal agencies, allow on-line access to Prosecutors, Police, Courts, Jails and Public Defenders, and provide comprehensive tracking of inmates throughout the Criminal Justice system.

II. Designed and implemented S/36 Corrections Management Information System (CMIS) consisting of 11 applications at 15 locations with 1200 users, including hardware and software support. Applications included Commissary, Sentence Calculation, Overtime, and Revenue Collection operations.

III. Implemented Police Training Commission (PTC) Legislation by developing curriculum for State, County, Juvenile Correction Officers and Parole Officers. Package included training records verification.

IV. Designed, developed, implemented and validated Objective Classification System at all State institutions, including the Assignment Tracking System, County Transport Order System and system-wide assignment model.

V. Coordinated the development of a computerized payroll deduction system with funding from the Victims of Crime Compensation Board (VCCB) to support the automated deduction of statutory and court imposed fines, penalties and restitution payments.

VI. Implemented Objective Classification System for 21 County Jails, by obtaining Federal funding, leading a statewide, inter-agency task force to develop requirements, and oversee installation.

VII. Coordinated the development and implementation of a Revised Records Retention Schedule for the Inmate Classification Folder from 25 years to 10 years.

VIII. Managed implementation of Video Teleconferencing Project with the AOC (courts), Public Defender, and State Parole Board, including all DOC institutions, all 21 courts, and all 21 Public Defender sites. Improved caseload processing and reduced costs; presently 1100+ VTC sessions conducted per month.

IX. Coordinated the development of numerous inter-agency, integrated MIS applications with the Superior Courts, County Jails, State Police, and the DOC including electronic transfer of sentencing data, arrest and Jail information and electronic writs.

X. Coordinated the development and implementation of the Illegal Alien Enhanced Deportation Hearing Program between the Immigration and Naturalization Service (INS), the Executive Office of Immigration Review, the State Parole Board (SPB) and the Department (DOC).

XI. Designed, developed and implemented the NJDOC Pre-Inmate Management System (PRIM), which allows the electronic transfer of data from the NJ Courts (AOC PROMIS/GAVEL System), NJ State Police CCH System, and the NJ Courts County Correctional Information System (CCIS). This automated software capability significantly enhances and improves the identification on new court commitments and parole violations, the tracking of their commitment paper work and the scheduling of inmates from the county jail to the NJDOC reception facility.

XII. Extensive experience in directing development of Corrections' master plans and prison overcrowding commission reports 1976-2001. Member of Governor's Management Review Commission. Prepared NJDOC Governor's Transition Report, and developed NCCD Population Projection methodology.

XIII. Successful in obtaining numerous grant awards for MIS systems development and Objective Classification Programs totaling several million dollars.

XIV. Completed more than 30 technical assistance consulting projects for numerous federal, state and local correctional and criminal justice agencies throughout the United States involving MIS, Objective Classification, integrated systems and other criminal justice functions. (Project list available upon request)

Education

RIDER UNIVERSITY, Lawrenceville, NJ
MA, Guidance & Counseling, 1974

TRENTON STATE COLLEGE (The College of NJ), Ewing, NJ
BA, Major: Psychology Minor: Mathematics, 1971: Member of PSI Chi, National Honor Society

THE WHARTON SCHOOL, University of Pennsylvania and National Institute of Corrections
Certificate of Completion, Strategic Management in Corrections Program, 1981

NATIONAL INSTITUTE OF CORRECTIONS
Certificate of Completion ES: Technology for Correctional Executives, 1984

NATIONAL INSTITUTE OF CORRECTIONS
Certificate of Completion ES: Influencing the External Environment, 1985

RUTGERS UNIVERSITY/NJ State Department of Civil Service, New Brunswick, NJ
Certified Public Manager (CPM) Designation 1985

Commissions and Task Force Appointments

- Deputy Member, New Jersey Criminal Disposition Commission 1979 - 1991
- Chairman, Criminal Disposition Subcommittee on Data Analysis 1978 - 1991
- Member, Criminal Disposition Subcommittee on Education, 1983 - 1991
- Member, New Jersey Administrative Office of the Courts Sentence Effectiveness Committee 1981 - 1982
- Member, New Jersey Juvenile Justice Subcommittee on Research and Information Systems 1980
- Member, New Jersey Administrative Office of the Courts, 1982 Judicial Planning Conference Subcommittee on Probation Operating Guidelines
- Member, 1981 National Task Force on Probation and Parole, Uniform Parole Reports (National Council on Crime and Delinquency), San Francisco, California
- Staff Member, 1981 Governor's Task Force on Prison Overcrowding (Kugler Report)
- Agency Member, 1982-1983, Governor's Management Improvement Program (GMIP)
- Member, Administrative Office of the Courts Intensive Supervision Program Advisory Board 1983-1990
- Member, 1984 Office of Mgmt & Budget Information Processing Organization Development (IPOD) Task Force
- Designate, New Jersey Police Training Commission, 1989 - 1998
- Member, Eastern Region Government Technology Conference Advisory Board, 1989
- Member, Governor's Management Review Commission (GMRC), 1990
- Member, Administrative Office of the Courts 1990 Judicial College Planning Commission: Drugs and the Courts
- Member, Administrative Office of the Courts Task Force on Administration of Justice 1990
- Designate, New Jersey Sentencing Policy Study Commission, 1993
- Member, CJIS (Criminal Justice Information System) Policy Board, 1989 - 2003

Teaching Experience

- Adjunct Instructor (Consultant), 1985 - 1994, National Academy of Corrections, National Institute of Corrections, 1790 30th Street, Boulder, Colorado, 80301
- Adjunct Professor, 1984 - 1991, Mercer County Community College, Assistant Professor, Department of Criminal Justice
- Adjunct Instructor, 1976 - 1993, NJ Department of Corrections, Correction Officer Training Academy
- Lecturer in Criminal Justice April 1990: Trenton State College, Trenton, N.J.
- Lecturer in Criminal Justice September 1991 and March 1998, Rutgers University,
- School of Law, Newark, N.J.
- Lecturer in Criminal Justice March 1995, Rutgers' University, School of Criminal Justice, New Brunswick, N.J.
- Instructor, January 1989 - 1993, Police Training Commission, State of New Jersey.
- Lecturer in Criminal Justice, 1996-1997 Princeton University, Princeton, New Jersey

Awards

- October 1989 - Award, State of New Jersey, *Professional Accomplishment Award for Automating New Jersey's Prisons*
- May 1999 - Public Employees Roundtable, Public Service Excellence Award: *Video-Teleconferencing: A Statewide Perspective*
- May 1999 - JFK/Harvard University Innovations in American Government – Semifinalist: *Video-Teleconferencing; A Statewide Perspective*

Publications

- July, 1987 - *Corrections Today, A Publication of the American Correctional Association,* "Automating New Jersey's Prison System"
- July, 1999 - *American Jail Association*, "Objective Classification in New Jersey: A Statewide Approach"

Elijah James Dunn

Executive Summary

Extensive experience in operational and systems specializing in IT consulting and project management services for healthcare settings. Strategic and qualitative, hands-on approach to improving processes and procedures, as well as conducting significant organizational analysis. Extensive experience and proven ability to effectively manage all phases of IT procurement process and implementation. A key player in helping one of the top 50 patient populated correctional facilities receive NCCHC and ACA accreditation. Experience in the procurement process, business process oversight and management of various EHR/EMR systems in Public Agency settings.

Core Competencies

Strategic Planning	Procedure Improvement	Project Leadership
Quality Assurance	Administrative Operations	Client Relations
Process Design & Optimization	Proposal Development	IT Procurement
Operational Work Flow	IT Administration	Electronic Medical Records
System Integration	Enterprise Technology	Problem Solving

Professional Experience

FUSION CONSULTING, Woodbridge, New Jersey 2008 – Present
Managing Consultant

- Direct and manage development of public and governmental client projects.
- Extensive experience planning, managing and conducting organizational assessments, project and process management, and quality assurance.
- Assess effectiveness and efficacy of current and future business operations.
- Strategic product and procedural design and implementation.

Consulting Projects

ELECTRONIC HEALTH RECORD CONSULTING & PROCUREMENT SERVICES 2013 – Current
Louisville Metro Health Department, KY – United States

- Establish and oversee EMR selection committee.
- Conduct business process and workflow analysis
- Maintain vendor relationships
- Requirements gathering for our analysis of the current systems will allow Fusion's team to gain an enterprise-wide understanding of the organization's operations
- Outline EMR implementation procedures and layout framework for obtaining meaningful use of system.
- Work as liaison between Medical staff and Administration in formal acceptance of EMR for use in facility medical center.
- Draft RFP for public bidding
- Handle contract negotiations with vendors

WORKFLOW ANALYSIS & OVERVIEW SERVICES OF ELECTRONIC HEALTH RECORD 2014 – Current
Oregon Department of Corrections – United States

- Conduct business process and workflow analysis

- Review local, state and federal rules and regulations regarding HIPAA
- Requirements gathering for our analysis of the current systems will allow Fusion's team to gain an enterprise-wide understanding of the organization's operations
- Outline EMR implementation procedures and layout framework for obtaining meaningful use of system.

ELECTRONIC HEALTH RECORD FEASIBILITY STUDY & PROCUREMENT SERVICES 2013 – Current

Oklahoma City-County Health Department, OK – United States

- Establish and oversee EMR selection committee.
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- Work as liaison between Medical staff and Administration in formal acceptance of EMR for use in facility medical center.
- Handle contract negotiations with vendors

OPERATIONS, PROCESS & IT CONSULTING 2011 - Current

C.E.C. – United States

- Provide ongoing operational, financial, and IT consulting.
- Work as liaison between C.E.C. (a privately owned correctional company) and public correctional entities to ensure operational continuity, and overall success.
- Analysis of current business architecture and procedures for upcoming NCCHC accreditation.

ELECTRONIC MEDICAL RECORD (EMR) CONSULTING 2011 - Current

Hudson County Correctional Facility, NJ – United States

- Establish and oversee EMR selection committee.
- Outline EMR implementation procedures and layout framework for obtaining meaningful use of system.
- Work as liaison between Medical staff and Administration in l acceptance of EMR for facility medical center.

OPERATIONS, PROCESS & IT CONSULTING 2008 - Current

CFG Health Systems – United States

- Streamlined and automated operating processes in multiple departments while adhering to HIPPA and similar compliance mandates.
- Provide ongoing strategic business analysis, system design and integration, and project management.
- Perform as consultant to company recognized as one of New Jersey's 50 fastest growing companies.

OPERATIONS, PROCESS & EMR CONSULTING 2008 - Current

Essex County Correctional Facility

- Consulted in system integration between New Jersey's County Corrections Information System (CCIS), ECCF's Jail Management System, and Electronic Medical Record software.
- Consulted, developed, and enhanced the Electronic Medical Record (EMR) System (G.E. Logician EMR) which handled all medical records for over 100,000 inmates.
- Oversaw the development and implementation of

- Consulted and prepared for the ACA accreditation.

PROCESS DEVELOPMENT CONSULTING 2010 - Current
Center for Family Guidance – United States

- Development of key software solution for psychiatric call center operations which handles over 300,000 transactions per year while conforming to HIIPA and similar mandates.

Education

DENISON UNIVERSITY, Granville, Ohio
Bachelors of Science

SKIDMORE COLLEGE, Saratoga Springs, New York
SSAP Graduate

Annie Major

Executive Summary

Accomplished Senior Health Information Technology Manager with nearly fifteen (15) years of experience in Health Information Technology and Electronic Medical Records consulting, implementation and training. Has led over fifty (50) full EMR implementation life cycles consisting of both inpatient and ambulatory EMR systems. Proven ability to work effectively with all levels of employees at the state, regional, and local levels. Experience in application support, forms building and troubleshooting of EMRs and PMs. Extensive knowledge in all aspects of the procurement and implementation process, dealing with over fifteen (15) various EMR systems throughout her career.

Core Competencies

Project Management	Business Leadership	Meaningful Use
Health Information Technology	IT Strategic Planning	Vendor Relations
Electronic Health Records	Subject Matter Expert	Workflow Re-engineering
Forms Building/Editing	Training	EMR Deployment Policy
EMR Implementation & Optimization	Revenue Cycle	EMR Auditing

Professional Experience

FUSION CAPITAL MANAGEMENT, Woodbridge, NJ 20010 – Present

HIT/EMR Consultant

- Virtual/Remote application support, pre and post-upgrade for physicians and staff across client organizations
- Provide telephone/remote application support to clients, troubleshooting, answering questions on function and usage of product, including training and educating on the system for both CPS EMR/PM Systems
- Pre-preparation and planning for application upgrade, working with multiple clinics, hospitals and 3rd party vendors for upgrading customers to upgraded version of EMRs
- Application testing and validation pre & post application upgrade
- Provide guidance/support for meaningful use requirements
- Build/Create/Edit forms
- Provide issues resolutions and basic technical support associated with hardware, software and healthcare information technology standards associated with the product
- Provide helpdesk support & address issues reported by customers
- Report customer issues directly to the EMR vendor
- Serve as Subject-Matter Expert (SME) in EMR implementation and optimization, IT strategic planning, business/clinical process redesign and revenue cycle
- Workflow re-engineering
- Instructor-led EMR training
- Support/assist with billing Interface training integration
- Align training/workflow re-engineering in preparation for Meaningful Use
- Run reports & make system changes and/or workflow changes to support MU requirements
- Build templates, labs, order favorites, letters, etc.
- Support EMR Software Upgrade, unit testing/validation
- Lead overall training/ancillary product implementation

MEDSTAR HEALTH, Silver Spring, MD 2007 - 2010

Project Manager/Senior Application Analyst

Responsible for supporting the rollout of enterprise-wide Centricity EMR application to 160+ large practices.

- Deployed and managed EMR implementation project plans for several large specialties simultaneously.
- Compile pertinent site information and initial customer assessment

- System build and configuration: built templates, built encounter types, created letters, build end-users, LOC, custom order sets, custom lists, handouts, privileges/roles, encounter types, form components, text components, import/export clinical kits.
- Implement and trained EMR based on technology supporting Meaningful Use
- Assess and develop clinical workflow analysis and process improvement recommendations
- Lead core team meetings providing ongoing communication from initial pre-deployment contact to post-deployment follow-up.
- Build/Create forms: edit CCC forms via TFE/notepad
- Created new forms with VFE (Visual Form editor)
- Provide issues resolutions and basic technical support associated with hardware, software and healthcare information technology standards associated with the product.
- Provides telephone and/or on-site applications support to clients, troubleshooting, answering questions on function and usage of product, including training and educating on the system.
- Facilitate clinical content meetings with physician champions
- Power point presentation, demonstrating vendor product and detailing implementation process

QUALITY COMMUNITY HEALTHCARE, INC., Philadelphia, PA 2005 – 2007

Health Information Manager (2006 Manager of Year Award)

Primary focus was develop plans for EMR implementation; also responsible for managing health information management department for 5 satellite ambulatory sites (managing 12 employees).

- Lead EMR Implementation
- Trained employees and staff on EMR
- Chart audits for provider deficiencies/physician notification
- Chart audits for HEDIS and other governmental and insurance agencies including PQR reports for P4P guidelines
- Clinical data manager for Health Disparities Collaborative (Diabetes) HRSA
- Strong management experience in multiple ambulatory sites
- Time and attendance/Hiring evaluation

CHILDREN'S HOSPITAL OF PHILADELPHIA, Philadelphia, PA 2000 – 2005

Health Information Manager

Responsible for managing 20-30 health information management union employees; implementing in-patient EMR

- Responsible for developing and maintaining project plans and coordinating resources to meet client implementation and training schedules for our Electronic Medical Records system
- Manage day-to-day operations of medical records.
- Provides comprehensive, current, confidential and accessible health information services in accordance with JCAHO and other hospital management compliance agencies
- Oversee patient information process (Release of information)
- Plans and develops medical record processing, retention, preservation and retrieval systems that support the organization's goals for efficient, effective and current technology utilization
- Maintains awareness and updates hospital management of all legal, medical, regulatory and financial issues in the HIM domain and ensures compliance, in cooperation with hospital management
- Manage DFNB report
- Overseen physician notification program for physician suspension
- Oversee Master Patient Index (MPI).
- Implemented and created new policy and procedures for the department
- Strong management experience in large acute care hospitals
- Time & Attendance/Hiring Evaluations

CAREERS USA TEMP AGENCY (BLUE CROSS BLUE SHIELD) Philadelphia, PA 1999 – 2000

Records Administrator

Responsible for reorganizing member appeals records process.

- Implement new records conversion process
- Implement new tracking system for member appeals department
- Manage records

ALAMANCE REGIONAL MEDICAL CENTER, Burlington, NC 1999 - 1999
Medical Transcription Manager
Managing medical 30-50 transcriptionists (on-site and remote combined)
- Managed remote Medical Transcriptionist Services and independent contractors
- Managed billing for outside transcriptionists agencies and independent contractors
- Project Management: Implementation and training of new software conversion
- Payroll/Budget
- Implement new incentive program and new policy/procedures
- Recovered excess finances for the hospital based on flawed incentive program
- QA/QI/Proofreading

JOHN PETER SMITH HOSPITAL, Fort Worth, TX 1996 – 1999
Medical Transcription Manager
Managed hospital transcriptionist – total 18 employees onsite
- Managed Medical Transcription Department 501 bed facility (JCAHO-accredited)
- Payroll/Budget
- Implement new incentive program
- Implement new policy/procedures
- Hiring evaluations

Education

TEMPLE UNIVERSITY, Philadelphia, Pa
B.A. Liberal Arts/Communication

NORTHEASTERN CHRISTIAN JUNIOR COLLEGE, Villanova, Pa
A.S. Associates in Applied Sciences/Pre-Nursing

THOMPSON INSTITUTE, Philadelphia, Pa
Medical Assistant

Memberships

The American Health Information Management Association (AHIMA)
Healthcare Information and Management Systems Society (HIMSS)

Joseph J. De Souza

Executive Summary

Accomplished Senior Software Architect and Technology Research Engineer with a diversity of marketing and management skills and the ability to create innovations in the best interests of corporate growth. Experience includes deriving robust business solutions for clientele via business process analysis, adaptive flowcharting of business lifecycles and examination of real world performance metric key indicators. Expertise in creating logical data models that accurately reflect business needs. In depth understanding of business dynamic solutions that are reliable, secure and extensible for future growth needs. Proven ability to work effectively with all levels of client employees at the state, regional, and local levels to develop and implement robust and secure IT platforms. Broad knowledge of federal and state correctional initiatives. Thorough understanding of public Information Technology architecture and security at all spectrums.

Core Competencies

Project Management	Health Information Technology	Firewall
Information Technology	Electronic Medical Records	Data Migration
System Maintenance	Budget/Cost Control	IT Acquisition
Systems Networking	Inventory Control	IT Policymaking

Professional Experience

FUSION CONSULTING, Woodbridge, New Jersey 2012 – Present
Information Technology Consultant

- Handle all Networks, Infrastructure Development, Security and Operating Systems for nearly a dozen EMR systems
- Design and implement numerous infrastructures networks
- Domain implementations, Disaster Recovery Plans, Network Design and Implementation, Network Security, Remote access, Server Architecture Design and build, Exchange systems, VPNs, Document Management Systems, SANS, Virtualization and Network Administration.
- Project Management, Team building, Software Development, IT Consulting, Management and Training.

TECHNICAL SKILLS:
Platforms: Microsoft Windows, Linux, Unix

Programming Languages:
HTML 4.1 (Transitional/Strict)
Microsoft Visual Studio, (ASP, ASP.net, HTML. Javascript, VB.net 4.0, XML)
Microsoft SQL Server 2005/2008R2 (T-SQL, DTS/SSIS, ETLs, SSRS, XML)
MySQL, Oracle 8i, 11g, PHP, Codeigniter framework

Software: Cognos, Crystal Reports, Dreamweaver, Photoshop, Microsoft Sharepoint, Microsoft SourceSafe, Microsoft Office, Microsoft Visio, Microsoft Project,

STANFORD RESEARCH INSTITUTE INTERNATIONAL, Shrewsbury, New Jersey 2008 – 2012
Software Architect / R&D Team Lead – Ft. Monmouth - United States Army (Department of Defense)

Lead developer for the US Army ARAT Operations Center data facility, responsible for web application development and contributing industry best practices to the security and reliability of the ARAT IT infrastructure. Harnessed skills in project management, network engineering, database architecture, reporting, and software design best practices towards joint forces classified defense projects. Accomplishments of note include:

- Served as chief software architect in development of ASP.net based custom content and

document management portal for United States Army SIPR.net, decreasing portal maintenance labor costs by over 90% and increasing support capabilities with new automated functionality. Development effort involved assessment of current non-dynamic portal business requirements, wire-framing content elements and application security guidelines, adapting ER data diagram to business process, collaborating with system administrator for determination of software requirements and budget, test integration of portal content and advisory role in presentation of finished product to executive management by mentored junior developers
    - Project managed software development life cycles (SDLC) and disseminated assignments for cross-training junior team members
    - Created business process flows and timelines in Microsoft Visio and Project for all newly solicited software development projects
- Architected and built extensible SQL Server 2008 R2 database schemas to support the growing web portal infrastructure
- Designed, developed and documented database server backup management process, all DTS/SSIS code for parsing inbound and outbound data sharing with internal departments, algorithmic functions and parameterized reports for monthly report statistics
- Designed and developed ASP.net based administration tool to allow non-technical users to manage CMS dynamic content. Components were documented for specs and assigned to junior developers for prototyping using third-party tools such as Javascript rich text editors,
- Performance tuned all database queries for efficient portal publication and reporting
- Administered global SQL Server 2008 R2 (SIPR.net) database permissions for 5000+ grouped users
    - Engineered complete reporting process and related ETLs for web analytics using DTS, migrating to SSIS
    - Successfully implemented source control solution for classified and unclassified production environments
    - Analyzed, documented and outlined project plan using Microsoft Project for ARAT Program Office financial asset management system, a complete solution for tracking all accounts receivable and payable for the organization budgeting leveraging SQL Server, Microsoft Visio and client interviewing
    - Analyzed and remediated security threats and vulnerabilities within business processes and implementing policy where necessary
    - Managed and administered the entire data center for customer services and infrastructure projects during periods of short staffing
    - Identified infrastructure specifications and coordinated remote site (Ft. Rucker, AL) production deployments, data feeds and disaster recovery risks
    - Mentored junior software developers in ASP.net software development life cycle and SQL relational database design and practices
    - Presided over project development meetings for software development and delivered presentations to address customer support needs as necessary
    - Documented customer business requirements, designed and developed radio frequency analysis desktop application and related algorithms utilizing VB.net, XML, Microsoft Project for classified processing of anomalous enemy aircraft threat signatures.
    - Development, deployment staging and documentation of the SRI contextual document recognition artificial intelligence project. (Siri team)

DKI DIRECT, Montvale, New Jersey 2003 – 2007
Senior Database Administrator/Data Project Manager

Bound together DKI's account management, web development and reporting teams by managing all data deliverables and dynamic content for the company's primary deliverables; a personalized patient relationship survey and email fulfillment of electronic patient relationship management (ePRM) portal content.

- Developed and generated automated daily delivery of all ROI metrics and fulfillment rebates produced by multiple pharmaceutical web portals housed internally and customer side.
- Quality control audited all data generated by the web applications and inbound data ETLs.
- Authored and participated in ROI analysis, code debugging, software architecture development and diagnosis, QA, technical writing and privacy policy enforcement.
    - Architected and evolved ASP.net and Java based web application schema designs to support new features, effectively doubling its value base and ROI
    - Architected and designed secure data exchange environment for all clients and partners using DTS, SSIS and custom-built scripted ETLs through VPNs
    - Administered all QA and production databases (SQL Server 2005, 2008) authoring backup management cycles, disaster recovery testing, DTS/SSIS packages, custom functions, stored procedures, T-SQL and granting permissions to database users
    - Fully automated all internal data handling and reporting processes fostering new levels of efficiency and reliability using Crystal Reports
    - Collaborated with creative team (HTML, Adobe Flash, Photoshop, rich-media) to integrate, wireframe and proof new dynamic content into portals for MedReg compliance
    - Administered all automated broadcast email fulfillment bulletins and newsletters of personalized (ePRM) content to portal members utilizing functions, HTML, shell-scripting, SSIS and SQL stored procedures.
    - Documented and authored all production database security protocols
    - Project managed media fulfillment team reducing the turnaround cycle for deliverables by 75%
    - Developed and supported web-based business intelligence initiatives from fundamental stages to production

NETRIX MARKETING, Middletown, New Jersey 2002 - Present
Principle, Chief Software Architect

As a founding partner and Chief Software Architect of Netrix Marketing, I developed the corporate vision of harvesting demographic data from third-tier Internet-enabled appliances. Software development life cycles, project management timelines, resource management and system reliability were given top line priorities.

- Developed new techniques for harvesting meta-data patterns of e-commerce users creating demographic profiles not previously offered in industry
- Authored extensible and efficient media delivery platform reducing bandwidth overhead by 85% when compared to competitors
- Developed new sale prospects and established growth milestones. Notable clients included Chase Manhattan Bank and Honda Motor Company
- Designed, constructed and administered production SQL Server array. Developed and fully automated ETL data exchanges. Evaluated and administered database backup processes.
- Procured, configured and administered all QA and production databases (SQL Server 2000) authoring backup management cycles, disaster recovery testing, DTS/SSIS ETLs packages with customers, T-SQL for production and reporting
- Project managed web portal development team, successfully delivering over 57 rich media (HTML email, Adobe Flash banners, streaming video) marketing campaigns for Fortune 500 companies
- Technical lead for email broadcast fulfillment team managing multiple marketing campaigns and business requirements for new client portals

Education

PENN STATE UNIVERSITY, State College, Pennsylvania
B.S. Aerospace Engineering

Security Clearance

DEPARTMENT OF DEFENSE, SECRET LEVEL

Michael W. Jakovcic, C.L.S.

Executive Summary

Dynamic professional who is well versed in numerous best industry practices. Extensive experience and proven track record in providing corporate and government strategy, operations and business development consulting for public and private sector organizations. Master in Lean Enterprise Solutions, helping clients eliminate organizational waste to increase profits. Outstanding personal, operational and presentation skills. Thorough understanding of business and public finance, RFP writing & grant funding mechanisms by governments, corporations, and philanthropic organizations.

Core Competencies

RFP Drafting & Writing	Project Leadership	Budget Planning & Cost Control
Project Management	Client Prospecting	Partnerships & Alliances
Business Process Improvement	Client Relations	Relationship Management
Organizational Development	Strategic Planning	Negotiations

Professional Experience

FUSION CONSULTING, Woodbridge, New Jersey — 2008 – Present
Senior Strategy & Business Development Consultant

Detail oriented procurement and business process improvement professional. Certified Lean Specialist (Sensei) & Six Sigma Green Belt with extensive knowledge in numerous best industry practices. Has experience in business analysis, issue and risk assessment and process improvement methodology to enhance and/or expand the efficiency and effectiveness of current business processes either through automated or new/enhanced process solutions. Provided services in the following:

Government & Public Institution

- RFP Creation & Grant Writing
- Economic Development Strategy
- Lean Government Methodologies
- Management & Operation of Business Incubators
- Healthcare Organizational Management
- Environmental & Energy
- Operations & Resource Allocation

Private Organizations

- Business Planning
- Business Process Improvement
- Change Management
- Corporate Development
- Contract Negotiations
- Strategic Partnership Alliances
- Business Acquisition Strategies
- IT
- Innovation & Growth

Education

VILLANOVA UNIVERSITY, Radnor, Pennsylvania
Master Certificate in Lean Enterprise Solutions

MANHATTAN COLLEGE, Riverdale, New York
B.A. Finance & International Business; Dean's List all 4 years--Economic/Finance Honors Society

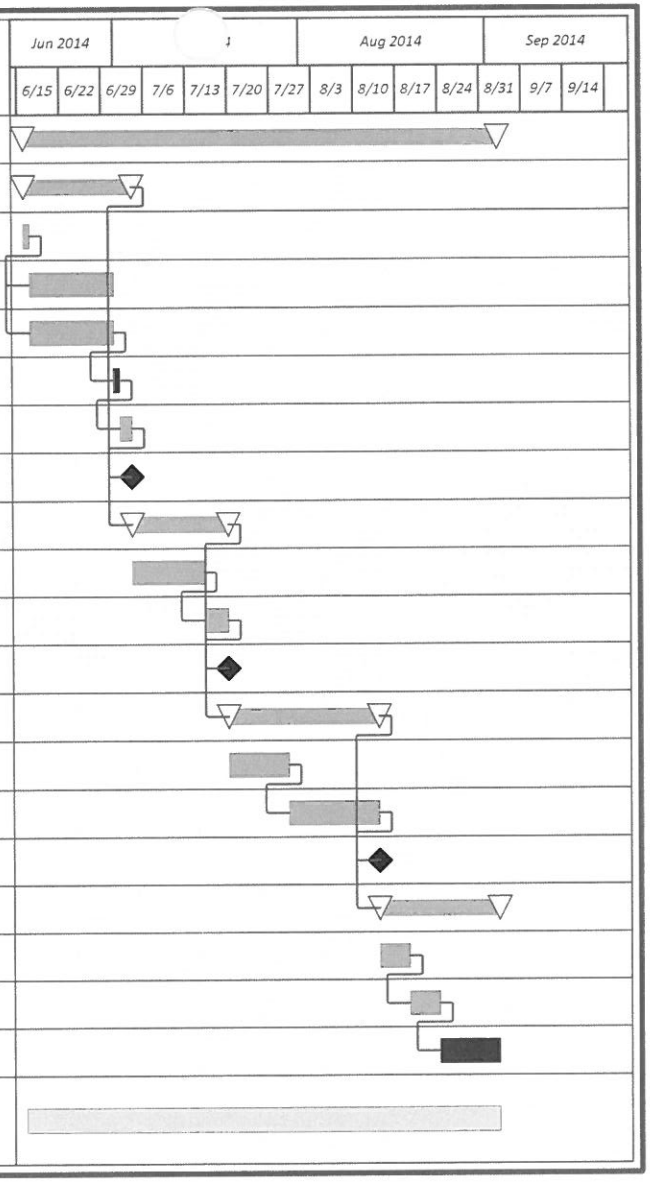
Publications

AMERICAN EHR, *Making the Switch: Is it Time to Replace your EHR?*
THE ALTERNATIVE PRESS, *The Entrepreneur Success Guide*

Extracurricular Involvement

ENTREPRENEUR ADVISORY GROUP, Co-Founder and Chair
SCARLET STARTUPS, Board Member, Relations Management with Rutgers University
M.T.F.D. VOLUNTEER FIREFIGHTER, Firefighter, Events Committee, Recruiting Committee
LINCROFT VILLAGE GREEN ASSOCIATION, Member

ID	Task Name	Start	Finish	Duration
1	***West Virginia EHR Preparation Project***	**6/16/2014**	**9/2/2014**	**79d**
2	**Task # 1: Project Charter, PMP & Schedule**	**6/16/2014**	**7/4/2014**	**18d**
3	Kickoff Meeting	6/16/2014	6/16/2014	1d
4	Development of Project Charter	6/17/2014	6/30/2014	14d
5	Dev. Project Management Plan	6/17/2014	6/30/2014	14d
6	Submission of Draft Charter & PMP	7/1/2014	7/1/2014	1d
7	Review and Modifications	7/2/2014	7/3/2014	2d
8	Submission of Final Charter & PMP	7/4/2014	7/4/2014	0d
9	**Task # 2: EHR Business Case & IRR Form**	**7/4/2014**	**7/20/2014**	**16d**
10	Develop EHR BC & IRR Form	7/4/2014	7/15/2014	12d
11	BC & IRR Draft/Revisions	7/16/2014	7/19/2014	4d
12	Submission of BC & IRR	7/20/2014	7/20/2014	0d
13	**Task # 3: Workflow Process & RTM**	**7/20/2014**	**8/14/2014**	**25d**
14	Develop Workflow Process & RTM	7/20/2014	7/29/2014	10d
15	WP & RTM Draft Submission & Revisions	7/30/2014	8/13/2014	15d
16	Submission of Final WP & RTM	8/14/2014	8/14/2014	0d
17	**Task # 4: Vendor Demonstration Assistance**	**8/14/2014**	**9/2/2014**	**20d**
18	Identify and Contact Vendors	8/14/2014	8/18/2014	5d
19	Conduct Vendor Demonstrations	8/19/2014	8/23/2014	5d
20	Submission of Vendor Demonstration Analysis	8/24/2014	9/2/2014	10d
21	**Task # 5: Continual Weekly Verbal Status Updates & Monthly Written Reports & Meetings as per contract**	6/16/2014	9/2/2014	79d



References

Client	Contact	Phone	E-mail	Services Provided
Oklahoma City-County Health Department **2600 NE 63rd** **Oklahoma City, OK 73111**	Alicia Plati *Director*	405.435.4432	Alicia_Plati@occhd.org	EHR Procurement, Implementation, Needs Analysis, Support & Meaningful Use Consulting, Medical Operations Consulting
Essex County Correctional Facility **354 Doremus Avenue** **Newark, NJ 07105**	Lionel Anicette *Medical Director*	908.783.9788	lanicette@eccorrections.org	EHR Implementation & Consulting, HIE Implementation & Consulting, Meaningful Use Assistance, Medical Operations Consulting
Oregon State Department of Corrections **2575 Center St. NE, Salem, OR 97301**	Bettina Davis, *Project Manager*	503.581.7668	Bettina.M.Davis@doc.state.or.us	Workflow Analysis and Evaluation of Current IT System for preparation of drafting RFP and implementation of EMR System.
CFG Health Systems **765 East Route 70** **Building A-101** **Marlton NJ 08053**	Bert Robertson *Director*	215.239.4588	arobertson@cfgpc.com	Operations Consulting, EHR Vendor Negotiations, IT Consulting, Project Management, EHR Consulting & Implementation

Appendix

Other Products and Services

Contract Negotiation Services

Following the completion of the EMR RFP evaluations, Fusion will work in collaboration with the State to assist in successfully negotiating contractual terms and acquisition costs associated with the EMR system. Leveraging our experience in providing EMR procurement and project management services for our clients across the country, we will work hard to ensure that the State of West Virginia acquires a robust EMR which meets all of the WV Veterans Nursing Facility and Veterans Home requirements at the most competitive pricing.

Fusion will create a comparison matrix which will evaluate each vendor and will serve as guidance through the Best and Final Offer (BFO) process. The process will also ensure that all scopes of work are addressed and agreed on by the vendor, that the Software Licensing Agreement(s) be in the best interest and most financially sound method for the State and that the vendors are fully aware of what is to be expected of them in the implementation of the EMR.

IT/Network Analysis

Discovery

The first phase includes a documented discovery component where staff will be surveyed to collect data which can be analyzed to better manage the overall project. Collecting data through surveying will allow for us to construct a larger picture of the overall problems reported and be able to validate consistent reports of issues across the network.

The discovery phase is an essential component to identifying the root of the problem; ensuring an effective allocation of resources and not putting forth effort on hunches. This phase would be done prior to making any adjustments on the network so that an adequate performance baseline is documented.

LAN/WAN Throughput Tests

Following analysis of the data; appropriate tests would be conducted to see the throughput capabilities of the network to identify bottlenecks. Data packets would be sent between strategically identified locations to analyze packet loss, bottlenecks, read/write and input/output performance.

Appropriate measures will be made to rectify any problems which are identified during these tests by a certified technician.

Firewall & VPN Analysis

Appliances and their respective settings will be reviewed and analyzed to ensure no conflicts are made and that they are all channeled correctly. Research will be conducted on the network appliances for any related issues and will have their firmware updated if necessary.

Appropriate measures will be made to rectify any problems which are identified during these tests by a certified technician.

Router & Switch Analysis

As with the aforementioned appliances, the router and switches will be analyzed and verified to ensure they are operating efficiently and are calibrated correctly to achieve maximum performance and stability.

Appropriate measures will be made to rectify any problems which are identified during these tests by a certified technician.

Network Inventory

Leveraging the current helpdesk system which inventories all network components, an analysis would be done to identify excessive build outs which may cause network issues.

Server Analysis (DNS/AD/DHCP)

A review of the client's server environment which supports the network and serves applications to end users will be reviewed to identify if there are any read/write latency issues. In addition to, the network schema will be reviewed to ensure there are no conflicts or bottlenecks created through the DNS or DHCP settings.

The active directory environment will also be reviewed to analyze any group policy deployments and/or profile loading scripts which may cause latency issues identified throughout the project.

Capital Expenditure Recommendations

Should certain items be identified as problematic and substantiated through documentation during the network analysis, Fusion will submit their findings to the client. The report will identify the appliance, problems observed, how to resolve the problem, and associated costs in doing so.

Re-Evaluation Survey

Following refinement and modifications to the client's network, an additional throughput and load test will be conducted across the network, from identified problem locations/systems to strategic locations across the network to validate the enhancements made to the network.

Following an identified period of time; an additional survey will be submitted to the staff, following approval by client Stakeholders, to receive feedback regarding the enhanced network speeds and liability.

Meaningful Use Consulting

Fusion has consulted with numerous Hospitals, Private Practices, FQHCs, Community Centers and Correctional Facilities prepare for ARRA federal funding by helping them assess, plan, and implement meaningful use criteria. During this phase, we have found that education and commitment from staff is fundamental in meeting all of the thresholds associated with the objectives that must be met to be "using the system meaningfully" and receive ARRA incentives. Achieving Meaningful Use has many benefits ranging from improvement in quality of care for patients, access of timely medical information and history and increased financial benefits in the form of ARRA incentives to the provider.

Our specialists have assisted with selection, implementation, and optimization of numerous EMR systems. Furthermore, Fusion is positioned to work through all phases of EMR design, workflow documentation, clinician and administration training, project planning, project management, business process redesign and integration analysis.

We provide a selection of services to healthcare organizations to facilitate compliance of Stage 1 and Stage 2 Meaningful Use criteria including:

- Consultation in understanding meaningful use, the evolution of the criteria, and how it impacts the organization on an ongoing basis
- Education and technical assistance for compliance with electronic data submission for meaningful use standards
- Meaningful Use analysis and certification in meeting the meaningful use criteria along with assistance in getting the ARRA incentives

SPECIFICATIONS

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of WV Veterans Nursing Facility to establish a contract for the purchase of Consulting Services to assist with the preparation of a Request For Proposal for Electronic Medical Records. The Winning vendor will work with the WV Veterans Nursing Facility and the Barboursville Veterans Home in evaluating the candidate EMR vendors, develop an implementation strategy and project timeline. This should include defining a rollout strategy, establishing major project milestones and overall timeline, training, and project governance. Deliverable Project Charter and Project Plan. The RFP shall be for the WV Veterans Nursing Facility to include the Barboursville Veterans Home in Barboursville WV.

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 Consulting services to assist the WV Veterans Nursing Facility to prepare a Request for Proposal for Electronic Medical Records.

   2.2 "Pricing Page" means the pages upon which Vendor should list its proposed price for the Contract Services. The Pricing Page is either included on the last page of this Request for Quotation or attached hereto as Exhibit A.

   2.3 "RFQ" means the official request for quotation published by the Purchasing Division and identified as VNF1040.

   2.4 "RFP" means Request for Proposal

   2.5 "EMR" means electronic medical records.

3. **QUALIFICATIONS:** Vendor shall have the following minimum qualifications:

   3.1. The winning vendor shall be a registered vendor with the State of West Virginia Purchasing Division or willing to register as a vendor.

4. **MANDATORY REQUIREMENTS:**

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

4.1.1 Consulting Services for assistance in preparing a RFP for Electronic Medical Records. The winning vendor will work with the WV Veterans Nursing Facility to assess the Electronic Medical Record needs of both the WV Veterans Nursing Facility and the Barboursville Veterans Home. To help evaluate the candidate EMR vendors, develop an implantation strategy and project timeline. This should include defining a rollout strategy, establishing major project milestones, and overall timeline, training and project governance. Deliverable Project Charter and Project Plan. The RFP shall be for the WV Veterans Nursing Facility and the Barboursville Veterans Home in Barboursville WV.

4.1.1.1 The winning vendor shall provide the following information to the WV Veterans Nursing Facility. Copy of current business license, a brief description of the company size and organization.

4.1.1.2 The winning vendor should not sell software or hardware to maintain an objective perspective in advising the WV Veterans Nursing Facility.

4.1.1.3 The winning vendor shall have experience working with State Veterans Homes and Nursing Facilities on Electronic Medical Record projects.

4.1.1.4 The winning vendors shall have experience working in the post-acute setting and knowledge of the attributes needed in post-acute Electronic Medical Record Software.

4.1.1.5 The winning vendor must have ten (10) years' experience working with both state government and providers of health care and an additional ten (10) years is preferred. Documentation such as resumes or other documents to show that the winning vendor has the ten (10) years of experience working with both state government and providers of health care shall be required for review.

4.1.1.6 The winning vendor shall provide three (3) references for which the vendor/company is currently providing the services requested in the proposal including up to date name, contact name, contact phone number and a description of the services provided. References must be willing to participate in a call check.

4.1.2 The winning vendor must have the following insurance.

4.1.2.1 Worker's compensation insurance with in the statutory limits of the State of West Virginia and Liability Insurance with a minimum limit of $100,000.00 each accident for any employee.

4.1.2.2 Comprehensive/Commercial General Liability Insurance with a combined single limit of $100,000.00 each occurrence of bodily injury and property damage.

5. CONTRACT AWARD:

5.1 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.

5.2 Pricing Page: Vendor should complete the Pricing Page by including a lump sum bid for the services in this RFQ. The winning 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 listed in the Vendor's bid but costs will not be paid by the Agency separately. It should also include any other costs such as shipping charges, coping, printing, and/or mailing costs associated with this RFQ. 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.

Vendor should enter the information into the Pricing Page to prevent errors in the evaluation.

6. **PERFORMANCE:** Vendor shall notify the WV Veterans Nursing Facility within ten(10) days after award and receipt of a Purchase Order to establish a timeline of events and

schedule meetings etc. The vendor shall work with the WV Veterans Nursing Facility to have an RFP for Electronic Medical Records completed and ready to bid out by August 1, 2014

7. **PAYMENT:** The winning vendor shall submit an invoice to the Business Office at the WV Veterans Nursing Facility once the consulting service is complete. The WV Veterans Nursing Facility reserves the right to reject any and all invoices for which proper documentation has not been provided. The vendor will be notified within ten (10) working days of any invoice deficiencies. State law forbids payment of invoices prior to receipt of services.

8. **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.

9. **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:

   9.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

   9.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

   9.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

   9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

   9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

10. VENDOR DEFAULT:

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

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

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

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

10.1.4. Failure to remedy deficient performance upon request.

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

10.2.1. Cancellation of the Contract.
10.2.2. Cancellation of one or more release orders issued under this Contract.
10.2.3. Any other remedies available in law or equity.

11. MISCELLANEOUS:

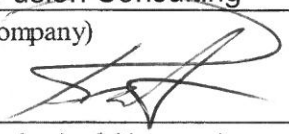
11.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service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

Contract Manager: Bryan Jakovcic
Telephone Number: 732.218.5705 x158
Fax Number: 732.218.5769
Email Address: Bryan.Jakovcic@FusionMgt.com

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Fusion Consulting
(Company)



(Authorized Signature)

Bryan Jakovcic, President
(Representative Name, Title)

732.218.5705 x158 732.218.5769
(Phone Number) (Fax Number)

06/05/2014
(Date)

RFQ No. VNF1040

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: Fusion Consulting

Authorized Signature: _____ Date: 06/05/2014

State of NEW JERSEY

County of MIDDLESEX, to-wit:

Taken, subscribed, and sworn to before me this 5TH day of JUNE, 2014.

My Commission expires _____, 20___.

AFFIX SEAL HERE

MICHAEL JAKOVCIC
NOTARY PUBLIC OF NEW JERSEY
ID # 2422851
My Commission Expires 7/9/2017

NOTARY PUBLIC _____

Rev. 04/14

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:**

N/A 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,**

N/A 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,**

N/A 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:**

N/A 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:**

N/A 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:**

N/A 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:**

N/A 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:**

N/A 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*.**

N/A 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: Fusion Consulting **Signed:** _____

Date: 06/05/2014 **Title:** President

Solicitation

NUMBER VNF1040

PAGE 1

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

ADDRESS CORRESPONDENCE TO ATTENTION OF:
DEAN WINGERD
304-558-0468

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE
Fusion Consulting
97 Main Street, Suite 201
Woodbridge, NJ 07095

SHIP TO
DIVISION OF VETERANS AFFAIRS
VETERANS NURSING FACILITY

ONE FREEDOMS WAY
CLARKSBURG, WV
26301 304-627-2415

DATE PRINTED 06/04/2014

BID OPENING DATE: 06/10/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT

ADDENDUM NO. 1

ADDENDUM IS ISSUED:

1. TO PROVIDE RESPONSES TO VENDORS' QUESTIONS REGARDING THE ABOVE SOLICITATION. QUESTION AND ANSWER PAGES ARE ATTACHED.

2. TO PROVIDE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.

********** END OF ADDENDUM NO. 1 **********

SIGNATURE TELEPHONE 732.218.5705 DATE 06/06/2014

TITLE President FEIN 45-3044405 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: VNF1040
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

[ ] Modify bid opening date and time

[ ] Modify specifications of product or service being sought

[✓] Attachment of vendor questions and responses

[ ] Attachment of pre-bid sign-in sheet

[ ] Correction of error

[ ] Other

Description of Modification to Solicitation:

1. To provide answers to vendor questions regarding this solicitation.
2. To provide Addendum Acknowledgment form.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.

2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

Vendor Questions for VNF1040

Question: Do you expect to host a solution or are you looking to implement software as a service?

Answer: Implement software

Question: Would the VA consider a 50/50 risk option for payment?

Answer: No

Question: Which EMR modules will be included in the RFP requirements?

Answer: Unknown at this time.

Questions: What information is required in providing our CA Small Business Certification?

Answer: Copy of Business License

Question: Will you consider a month – to – month invoice vs. 90 day (100% at risk)?

Answer: No

Question: What remediation exists if the project completion is delayed die to external forces?

Answer: Services must be completed as outlined within the timeframes of the RFQ.

Question: Is there any expectation that awarded vendor will participate in contracting and/or procurement of solution?

Answer: No

Question: How will resources be organized and scheduled for the purpose of clinical and functional requirements discovery (meetings, interviews, focus groups, etc)?

Answer: By WV Veterans Nursing Facility.

Question: On page 4, it states that the vendor shall submit 1 original technical and one original cost proposal. Are there any copies to be submitted? If so, is the original and copies of both the technical/cost proposal supposed to be in separate sealed envelopes?

Answer: No copies and they are to be together

Question: Will the Department send all addenda via email to interested bidders?

Answer: No

Question: How long is the initial contract period for?

Answer: 90 days

Question: Regarding the two physical locations (WV Veterans Nursing Facility and Barboursville Veterans Home), is the state anticipating the contractor to conduct the project services in anticipation of issuing one RFP for an EMR per facility or will it be one RFP for an EMR for both facilities?

Answer: One RFP for both

Question: Is the State anticipating there to be one group of stakeholders between the two facilities, or one group of stakeholders per facility?

Answer: one group per facility

Question: Does the State anticipate to conduct any interviews with prospective vendors? If so, when would these occur?

Answer: No

Question: Does the State have an anticipated date for contract award?

Answer: As soon as possible

Question: Does the State have an anticipated start date for services to commence?

Answer: Vendor must contact WV Veterans Nursing Facility within 10 days of receiving Purchase Order to set start date.

Question: Has the State budgeted for and been allocated funding for this project as well as the EMR?

Answer: Yes

Question: Can the State share the budget amount for the services to be conducted under this RFP?

Answer: No

Question: Are there any mandates from the State, Legislature or other Executive Directives to have the EHR implemented by?

Answer: October 2015

Question: Is the State preferring a qualified firm to conduct these services, or solely an individual?

Answer: Qualified firm

Question: If a company is not currently registered as a vendor with the State of West Virginia, can they do so upon award of contract?

Answer: Yes

Question: Can the State please provide a scoring matrix of how responses will be scored?

Answer: The winning vendor will be the one meeting all specifications and the lowest bidder

Question: Can the Department provide this document as a MS Word document?

Answer: No

Question: There was no reference to an EHR needs assessment as a precursor to the RFP that the selected consultant will create. Should our work plan include assessing the needs of your two facilities and producing an EHR Needs Assessment deliverable?

If Yes, should we provide this service as part of the mandatory scope and related pricing? Or should we provide this service and its fees as an optional service for you to consider?

Answer: Yes, and Yes.

Question: There was no reference to assistance in contract negotiation assistance with the preferred EHR vendor that would incorporate the implementation strategy and timeline into the agreement with the vendor. Should our work plan include assisting you with negotiating the contracts?

If Yes, should we provide this service as part of the mandatory scope and related pricing? Or should we provide this service and its fees as an optional service for you to consider?

Answer: No to the negotiation

Question: How many hard copies of our proposal should we send?

Answer: One

Question: Regarding #8 on page 4: The Addendum Acknowledgement Form was not included with the RFQ. Can the State issue a copy to bidders or provide instructions as to where we may find a copy online?

Answer: Yes

Question: Regarding General Terms and Conditions, Section 8 of the RFQ (Required Documents): Are we required to provide the following documents our proposal, or are these documents only required of the selected vendor after contract award?

a. Proof of Workers' Compensation Insurance

b. Certificate of Commercial General Liability Insurance.

Answer: With the bids

Question: Given the short window between when answers to bidder questions will be issued and the proposal due date, will request the State issue an extension to the proposal deadline.

Answer: No

12/14/11

Taxpayer Identification# **208-421-891/000**

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY

BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

FUSION CAPITAL MANAGEMENT LLC

TRADE NAME:

ADDRESS:

35 CUTTERS DOCK ROAD
WOODBRIDGE NJ 07095-2700

SEQUENCE NUMBER:

1303021

EFFECTIVE DATE:

02/14/07

ISSUANCE DATE:

12/14/11

James J. Fruscione

Director
New Jersey Division of Revenue

FORM-BRC

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

Mail to: PO Box 308
Trenton, NJ 08646

FEE REQUIRED

STATE OF NEW JERSEY
DIVISION OF REVENUE

Overnight to: 33 West State St.
5th Floor
Trenton, NJ 08608-1214

REGISTRATION OF ALTERNATE NAME

ANA

FILED
DEC 20 2011
STATE TREASURER
0400159181

C-150G

Complete the following applicable information, and sign in the space provided. Please note that once filed, the information contained in the filed form is considered public. **Refer to the instructions on page 26 for filing fees and field-by-field requirements.** Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

Check Appropriate Statute:

- [ ] Title 14A:2-2.1 (2) New Jersey Business Corporation Act
- [x] Title 42:2B-4 Limited Liability Company
- [ ] Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act
- [ ] Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

1. Name of Corporation/Business: Fusion Capital Management
2. NJ 10-digit ID number: 0400159181
3. Set forth state of Original Incorporation/Formation: New Jersey
4. Date of Incorporation/Formation: ~~February 14, 2007~~
   Date of Authorization (Foreign): 12/27/06
5. Alternate Name to be used: Fusion Consulting
6. State the purpose or activity to be conducted using the Alternate Name: Business Operations Consulting
7. The Business intends to use the Alternate Name in this State.
8. The Business has not previously used the Alternate Name in this State in violation of this Statute, or; if it has, the month and year in which it commenced such use is: _____

Signature requirements:

For Corporations For Limited Partnerships For all Other Business Types	Chairman of the Board., President, Vice-President General Partner Authorized Representative
SIGNATURE:	President TITLE:
Bryan J. Jakovcic NAME (please type):	12/14/11 DATE:

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

24165333
4425285

FUSIO-1 OP ID: MM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/06/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Coastal Financial Group, Inc. 150 River Road Suite E3 Montville, NJ 07045 Coastal Financial Group	CONTACT NAME: Coastal Financial Group PHONE (A/C, No, Ext): 973-952-0300 FAX (A/C, No): 973-952-0199 E-MAIL ADDRESS: www.coastalfinancialgroup.com
INSURED Fusion Capital Management LLC dba Fusion Consulting 97 Main St. - Ste. 201 Woodbridge, NJ 07095	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Travelers INSURER B : Lloyd's of London INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		6809A374311	02/15/2014	02/15/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 300,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB9A375473	02/15/2014	02/15/2015	WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Professional Liability			MPL1251929	02/15/2014	02/15/2015	Occur/Agg Retention	1,000,000 2,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is included as an additional insured as required by written contract.

CERTIFICATE HOLDER

State of West Virginia
Department of Administration
2019 Washington Street East
Charleston, WV 25305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Coastal Financial Group

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Appendix G – Professional Affiliations

AmericanEHR Partners

AmericanEHR Partners is dedicated to the creation of an online community of clinicians who use information technology to deliver care to Americans. Through education, social media and the collection of peer contributed data they organize information to facilitate optimal decision making. AmericanEHR Partners provides physicians, state and federal agencies, vendors, and funding organizations across the United States with the necessary tools to identify, implement, and effectively use Electronic Health Records (EHRs) and other healthcare technologies.

New Jersey HITEC Regional Extension Center (Pending)

NJ-HITEC is the primary care provider's trusted advisor in the timely delivery of high quality healthcare through the selection, implementation, and achievement of Meaningful Use of an EMR system. NJ-HITEC is the federally designated Regional Extension Center (REC) for New Jersey established by the New Jersey Institute of Technology (NJIT) and funded through the Office of the National Coordinator (ONC), U.S. Department of Health and Human Services. NJ-HITEC is one of 62 REC's throughout the country established through the Health Information Technology for Economic Clinical Health (HITECH) Act of 2009 to improve American health care delivery and patient care through investment in health information technology.

National Council for Correctional Health Care (NCCHC)

NCCHC's leadership in setting standards for health services in correctional facilities is widely recognized. Established by the health, legal and corrections professions, NCCHC's *Standards* are recommendations for the management of a correctional health services system. Written in separate volumes for prisons, jails and juvenile confinement facilities, plus a manual for mental health services and another for opioid treatment programs, the *Standards* cover the areas of care and treatment, health records, administration, personnel and medical-legal issues. These essential resources have helped correctional and detention facilities improve the health of their patients and the communities to which they return, increase the efficiency of health services delivery, strengthen organizational effectiveness and reduce the risk of adverse legal judgments.

Building on that foundation, NCCHC offers a broad array of services and resources to help correctional health care systems provide efficient, high-quality care.

American Correctional Association (ACA)

The American Correctional Association is the oldest and largest international correctional association in the world. ACA serves all disciplines within the corrections profession and is dedicated to excellence in every aspect of the field.

American Jail Association (AJA)

The American Jail Association (AJA) is a national, nonprofit organization that supports the professionals who operate our Nation's jails. It is the only national association that focuses exclusively on issues specific to the operations of local correctional facilities.

The bid should contain the information listed below on the face of the envelope or the bid maynot be considered:

SEALED BID: Fusion Consulting
BUYER: State of West Virginia, Department of Administration, Purchasing Division
SOLICITATION NO.: VNF1040
BID OPENING DATE: June 10, 2014
BID OPENING TIME: 1:30 PM
FAX NUMBER: 732.218.5769

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus _____ convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: [ ] Technical
[X] Cost

7. **BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when time stamped by the official Purchasing Division time clock.

Bid Opening Date and Time: June 10, 2014 at 1:30pm

Bid Opening Location: Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

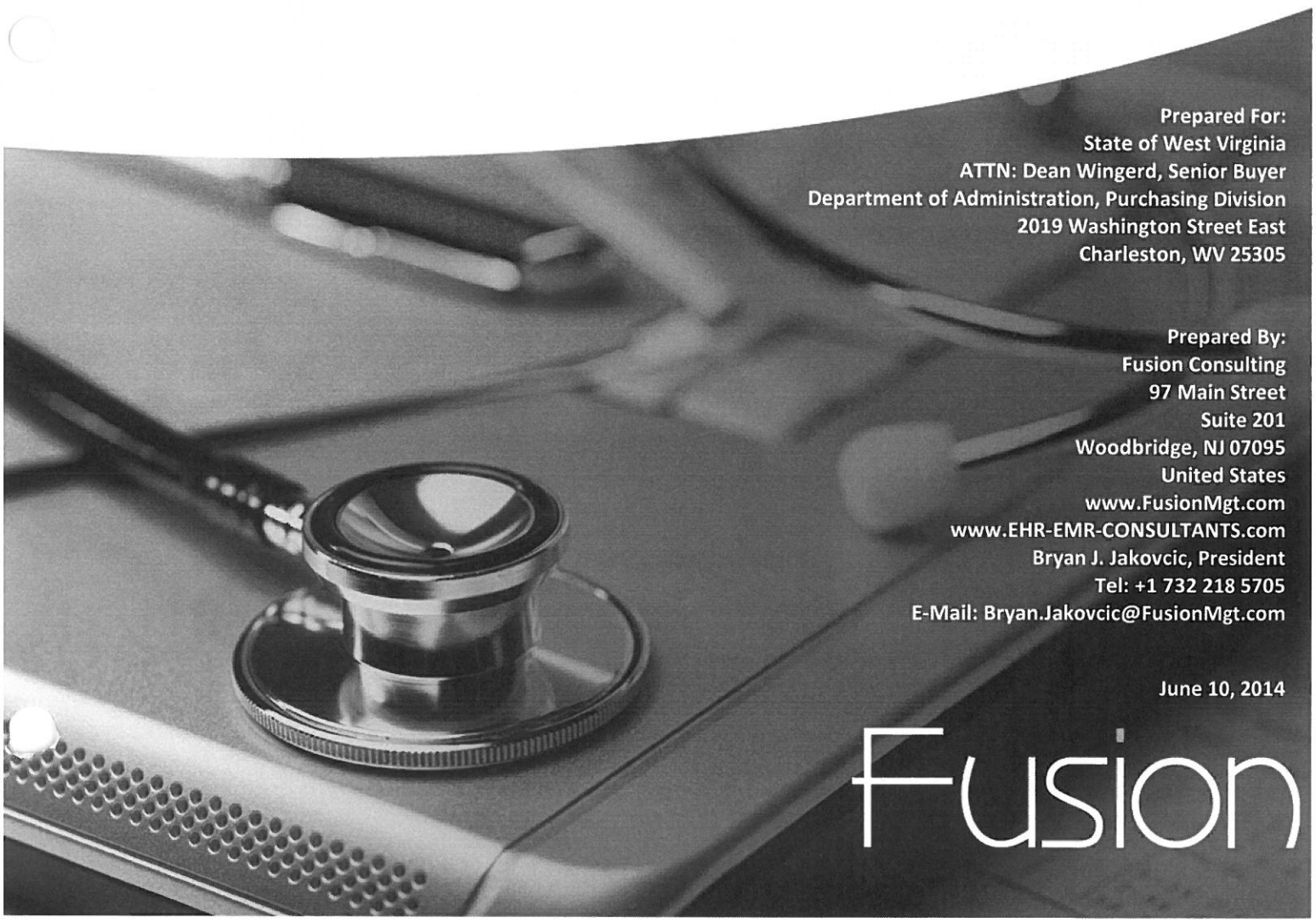
8. **ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

9. **BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

RFQ Number: VNF1040

Price Proposal for

Consulting Services for Assistance in Preparing a RFP for Electronic Medical Records



Prepared For:
State of West Virginia
ATTN: Dean Wingerd, Senior Buyer
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305

Prepared By:
Fusion Consulting
97 Main Street
Suite 201
Woodbridge, NJ 07095
United States
www.FusionMgt.com
www.EHR-EMR-CONSULTANTS.com
Bryan J. Jakovcic, President
Tel: +1 732 218 5705
E-Mail: Bryan.Jakovcic@FusionMgt.com

June 10, 2014

Fusion

Contents

Pricing Page and Pricing Information 2
Pricing Sheet 2
Pricing Information 3
EMR Consulting Services & Costs Per Project Segment 3

REQUEST FOR QUOTATION

VNF 1040 Consulting Services for Electronic Medical Records

Pricing Page

Vendor should complete the Pricing Page by including a lump sum bid for the services in this RFQ and the winning 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 listed in the Vendor's bid but costs will not be paid by the Agency separately. It should also include any other costs such as shipping charges, coping, printing, and/or mailing costs associated with this RFQ. 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.

This should be ~~a lump sum~~ bid total $99,750.00

Signature _____ Date 06/06/2014

Pricing Information

At the request of the State of West Virginia, Fusion submits a cost proposal which provides a project based cost.

In addition, our response is based off of services as stipulated in the RFQ. We have provided the State a detailed breakdown of the services to be provided, costs associated with each and the approximate hours for each project segment. This can be further tailored should the State see fit if there are any change requests for services to be provided.

EMR Consulting Services & Costs Per Project Segment

Fusion submits the following project segment costs in correlation to our original project approach. The length of time is for each project segment; several project segments may occur simultaneously. We are more than confident that we can complete an implementation well within a 3 month window.

Project Segment	Cost	Time	Staff Allocated	Appx. Hrs.
Business Process Analysis & Requirements Gathering	$31,500	3 Weeks	2	180
Business Charter and Project Management Plan	$21,000	2 Weeks	2	120
Rollout & Implementation Strategy	$21,000	3 Weeks	2	120
IRR & Business Case Development	$19,250	3 Weeks	2	110
Vendor Evaluation Services	$7,000	1 Week	1	40
	$99,750	**12 Weeks**		**570**

Explanation of each project segment

The following provides an explanation of each project segment, particularly work to be performed on-site or off-site and the amount of time anticipated for each.

Business Process Analysis & Requirements Gathering

A business process analysis will allow our team to gain a fully encompassing understanding of West Virginia's Veterans Nursing Facility and Veterans Home clinical workflow, overall needs in an EMR, and IT infrastructure. This is a critical step in the EMR implementation process. Our team will be on site to review the locations and document them as per our phases described in our response.

RFP Development & Consultation

Following completion and documentation of the Business Process Analysis & Requirements Gathering phase, enough documentation will have been collected to begin drafting and development of the RFP which will allow for vendors to have a guideline of what the State and respective facilities requires in an EMR system.

As per our RFP response, we will develop drafts and consult with the stakeholders to ensure that all items are drafted appropriately and thoroughly.

This process will take approximately 6 weeks in total, but can be completed in a shorter amount of time. This is dependent on turnaround from both Fusion and the stakeholders as well as if an initial RFI is put out prior to the publishing of an RFP. This process will be performed at our office, and communication will be conducted via e-mail, phone and/or video conference.

Procurement Consulting

Once the RFP is finalized, we will, at the guidance of the State, put the bid out to all interested vendors or conduct procurement through an invitation based procurement (if allowed by local law). We will leverage our relationships with the numerous EMR vendors of the opportunity to ensure that all suitable vendors come forward in the procurement.

This process will include all services associated as per our response including the reception and answering of questions, site-visits, RFP review and evaluation and selection in conjunction with the State.

This process will take approximately 5 weeks. Work will be performed both on site and remotely. The Procurement Consultant will be on-site for site visits, vendor demonstrations and RFP evaluation and scoring at a minimum.

Cost Adjustment and Negotiations

Fusion is dedicated to providing the most comprehensive consulting services available and we feel that we have provided a proposal featuring services which can be an excellent investment where the initial cost for our services will lead to cost savings throughout the life of the EMR implementation phase as well as post go-live.

With this said, we believe we have prepared a competitive price for our services. We understand that this is a competitive process and, should we still be outside the budget of the State of West Virginia, we would greatly appreciate the opportunity to negotiate our pricing with the State to submit a Best and Final Offer (BFO).

Fusion is excited to have had the opportunity to put our best foot forward to earn the State of West Virginia's business. We have discussed this opportunity with our project team and we are ready to allocate them to this project immediately.

Should you have any questions pertaining to any of this, please contact Bryan Jakovcic, President of Fusion Consulting; his contact information is as follows:

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