NTT DATA Long Term Care Solutions, Inc.
8383 – 158th Ave NE, Suite 100
Redmond, WA 98052
Tel: 800-425-257775, Fax: 425-307-2250
www.nttdata.com/americas

NTT DaTa

CRFQ VNF1600000006-Electronic Medical Records Software

May 27, 2016

Dear Ms. Rink,

We appreciate the opportunity to participate with you on this project to provide West Virginia Veterans with an EMR software system.

The following RFP Responses and Exhibits detail the expectations required by the West Virginia Veteran Homes participating in this project.

Please contact us with any questions you may have.

Thank you,

Bob Skinner

Bob Skinner
Senior Sales Representative
NTT Data Long Term Care Solutions, Inc.
Cell: 757-876-7605
Email: robert.skinner@nttdata.com

06/01/16 09:42:12
WV Purchasing Division

VNF 1600000006 Response - Table of Contents

Exhibit A
- Pricing Page
- Certification & Signature
- Purchasing Affidavit
- Vendor Preference Certificate
- Addendum Acknowledgement Form
- Exceptions-General Terms & Conditions

Exhibit B
- Professional Services Resumes

Exhibit C
- References

Exhibit D
- Service Level Template

Exhibit E
- System Specifications

Exhibit F
- Quotation Details

Exhibit G
- Data Center Summary

Exhibit H
- Project Plan

Exhibit I
- Training & Implementation Costs

Exhibit J
- Software Subscription Agreement Template

Additional Attachments
- Net Solutions Product Sheets
- West Virginia NTTDATA RFP Responses

Exhibit A Pricing Page

VNF1600000006

Electronic Medical Records

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

Lump sum for Installation/integration $ 79,670

Year 2 maintenance $ 34,980

Year 3 maintenance $ 36,030

Year 4 maintenance $ 37,110

Overall Bid Total $ 187,790

EHIBIT A

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Robert Skinner, Senior Sales Rep
(Name, Title)
Robert Skinner, Sr. Sales Rep.
(Printed Name and Title)
4324 Garden View, Williamsburg, VA 23188
(Address)
(757) 8767605 fax (707)221 0353
(Phone Number) / (Fax Number)
Robert.skinner@nttdata.com
(email address)

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

NTTDATA, INC
(Company)
SVP+GM
(Authorized Signature) (Representative Name, Title)
MIKE S JONES SVP+GM
(Printed Name and Title of Authorized Representative)
5/23/16
(Date)
617.517.2019
(Phone Number) (Fax Number)

EXHIBIT A

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: NTT DATA LONG TERM CARE SOLUTIONS, INC

Authorized Signature: ____________ Date: 5-23-16

State of Washington

County of King, to-wit:

Taken, subscribed, and sworn to before me this 23rd day of May, 2016.

My Commission expires 8/19/19, 20__.

AFFIX SEAL HERE

KIM ALLEN
8-19-19

NOTARY PUBLIC Kim Allen

Purchasing Affidavit (Revised 08/01/2015)

EXHIBIT A

WV-10
Approved / Revised
12/16/15

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

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

1. **Application is made for 2.5% vendor preference for the reason checked:**

☐ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**

☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;

☐ Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or,**

☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

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

3. ☐ **Application is made for 2.5% vendor preference for the reason checked:**
Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or,**

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

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

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

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

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; 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.

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 Purchasng Division in writing immediately.

Bidder: NTT DATA
Signed:
Date: 5-27-16
Title: SENIOR SALES REP

**Check any combination of preference consideration(s) indicated above, which you are entitled to receive.*

EXHIBIT A

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF1600000006

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

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

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

☐ Addendum No.1
☐ Addendum No. 2
☐ Addendum No. 3
☐ Addendum No. 4
☐ Addendum No. 5
☐ Addendum No. 6
☐ Addendum No. 7
☐ Addendum No. 8
☐ Addendum No. 9
☐ Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding. NO ADDENDUM'S RECORDED

NET DATA,
Company

Authorized Signature

5-22-16
Date

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

EXHIBIT A

NTT DATA Long Term Care Solutions, Inc.' Exceptions to State of West Virginia CRFQ # 0613 VNF1600000006 "Electronic Medical Records System"

RFQ Section Reference	RFQ Page #	Brief Explanation of Exception	NTT DATA's Proposed Alternative/Language (if applicable)
Instructions to Vendors Submitting Bids; Section 11, "Exceptions and Clarifications"	Page 4	The State's RFQ does not fully address some of the pertinent terms and conditions of NTT DATA Long Term Care Solution, Inc.'s ("NTT DATA") Software Subscription Agreement: • Software Subscription Terms • Software Updates and Support • Training • Payments • Additional Charges • Ownership, and Intellectual Property Rights • Security and Confidentiality (Pertaining to NTT DATA's software) • Customer Obligations • Modifications, Additions • Disengagement Plan • Limits of Liability • Hiring of NTT DATA Employees	NTT DATA provides the State with a copy of NTT DATA's Software Subscription Agreement and Subscription Schedule for negotiation between the State and NTT DATA if NTT DATA is selected for contract award. (See attached copy of Subscription Agreement.)
Instructions to Vendors Submitting Bids; Section 15, "Preference"	Page 4	None of the 7 categories in the State of West Virginia "Vendor Preference Certificate" apply to NTT DATA.	The Vendor Preference Certificate will not be submitted with NTT DATA's proposal response.

EXHIBIT A

NTT DATA Long Term Care Solutions, Inc.' Exceptions to State of West Virginia CRFQ # 0613 VNF1600000006 "Electronic Medical Records System"

RFQ Section Reference	RFQ Page #	Brief Explanation of Exception	NTT DATA's Proposed Alternative/Language (if applicable)
General Terms and Conditions; Section 3, "Contract Term; Renewal; Extension"; "Fixed Period Contract with Renewals; 2nd paragraph	Page 7	The 2nd paragraph states: "Upon completion, the vendor agrees that maintenance, monitoring, or warranty services will be provided for one year thereafter with an additional four (4) successive one year renewal periods or multiple renewal periods of less than one year provided that the multiple renewal periods do not exceed forty-eight (48) months in total. Automatic renewal of this Contract is prohibited." NTT DATA does not provide a (5) year services warranty. NTT DATA's software warranty is for a period of (90) days starting after the "Go Live" date, which is the date the software is put into productive use by the State. Also, What services does the term "maintenance" specifically include? Does "maintenance" include the use of the software? NTT DATA's SaaS pricing includes the use of the software.	NTT DATA proposes the following revisions to the RFQ's existing language: "Upon completion, the vendor agrees that maintenance~~,~~ and monitoring, ~~or warranty~~ services will be provided for (1) one year thereafter with an additional four (4) successive (1) one year subscription renewal periods or multiple subscription renewal periods of less than (1) one year provided that the multiple renewal subscription periods do not exceed forty-eight (48) months in total. Automatic renewal of this Contract is prohibited."

EXHIBIT A

NTT DATA Long Term Care Solutions, Inc.' Exceptions to State of West Virginia CRFQ # 0613 VNF1600000006 "Electronic Medical Records System"

RFQ Section Reference	RFQ Page #	Brief Explanation of Exception	NTT DATA's Proposed Alternative/Language (if applicable)
General Terms and Conditions; Section 7, "Required Documents"; "Licenses/Certifications/ Permits"	Page 10	The ONC-ATCB Certification is designed for hospitals and doctors' offices therefore NTT DATA cannot provide an ONC-ATCB Certification. However, NTT DATA has a certificate from the "Certification Commission for Health Information Technology" ("CCHIT") which is designed for long term care.	NTT DATA proposes to provide its' CCHIT certification in lieu of the ONC-ATCB certification.
General Terms and Conditions; Section 15, "Taxes"	Page 11	NTT DATA does not pay any applicable sales, use or any other taxes arising out of the Contract because these taxes are paid by NTT DATA's clients. Since the State is exempt from federal and state taxes, NTT DATA requests that the State provide a certificate of exemption required to exempt any sale, license or service from sales, use or similar tax liability.	NTT DATA proposes the following revisions to the RFQ's existing language: "The ~~Vendor~~ State shall ~~pay~~ provide Vendor a certificate of exemption required to exempt any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes."

ExHIBIT A

NTT DATA Long Term Care Solutions, Inc.' Exceptions to State of West Virginia CRFQ # 0613 VNF1600000006 "Electronic Medical Records System"

RFQ Section Reference	**RFQ Page #**	**Brief Explanation of Exception**	**NTT DATA's Proposed Alternative/Language (if applicable)**
General Terms and Conditions; Section 18, "Cancellation"; 1st sentence	Page 11	The State may immediately cancel the Contract by written notice if Vendor's materials or workmanship do not conform to the Contract's specifications.	NTT DATA requests a (10) day cure period be included in the 1st sentence: " . . . contained in the Contract and Vendor has not cured the non-conformance(s) within (10) days from receipt of the State's written notice of non-conformance."
General Terms and Conditions; Section 27 "Warranty"	Page 13	Section 27 lacks a warranty period. NTT DATA's standard warranties are (90) days for software and (30) days for services. Secondly, NTT DATA does not provide "merchantable and fit for the purpose intended" warranties.	NTT DATA proposes the following revisions to the RFQ's existing language: "The Vendor expressly warrants that the goods and/or services covered by this Contract will (a) conform to the specifications, drawing, samples, or other description furnished or specified by the Agency; ~~(b) be merchantable and fit for the purpose intended;~~ and ~~(c)~~ (b) be free from material defect in material and workmanship for a period of ninety (90) days for software and a period of thirty (30) days for services."
General Terms and Conditions; Section 36, "Indemnification"	Page 15	NTT DATA does not indemnify its' clients from third party claims related to contract performance.	NTT DATA requests that Item (1) be removed from Section 36: "(1) Any claims or losses for services rendered by any subcontractor, person or firm performing or supplying services".

EXH 3IT A

NTT DATA Long Term Care Solutions, Inc.' Exceptions to State of West Virginia CRFQ # 0613 VNF1600000006 "Electronic Medical Records System"

RFQ Section Reference	RFQ Page #	Brief Explanation of Exception	NTT DATA's Proposed Alternative/Language (if applicable)
Specifications; Section 3 "General Requirements"; Sub-section 3.14	Page 8	The Vendor must provide the ownership of the following with bid: • Data • Software • Enhancements or customizations paid for by the customer • Hardware • Servers • Workstations NTT DATA can provide ownership of the Software and the Enhancements or customizations but cannot provide Data, Hardware, Servers or Workstations since these are State-owned items.	NTT DATA requests that Section 3.14 be revised to reflect the State's and Vendor's respective ownership of the listed items.
Specifications; Section 4,"Mandatory Requirements"; Sub-section 4.1 "Mandatory Contract Services Requirements and Deliverables"; Sub-section 4.1.1	Page 9	The Vendor must provide ONC-ATB certification. The ONC-ATCB Certification is designed for hospitals and doctors' offices therefore NTT DATA cannot provide an ONC-ATCB Certification. However, NTT DATA has a certificate from the "Certification Commission for Health Information Technology" ("CCHIT") which is designed for long term care.	NTT DATA proposes to provide its' CCHIT certification in lieu of the ONC-ATCB certification.
Specifications; Section 4Mandatory Requirements; Sub-section 4.1 "Mandatory Contract Services Requirements and Deliverables"; Sub-section 4.1.6	Page 10	Vendor must provide a detailed explanation of how the system licensing shall account for residents, part time clinicians and mid-level providers. NTT DATA's software licensing is not based on the number of users; it is based on the number of licenses and facilities.	NTT DATA requests that the RFQ's existing language be revised to reflect the number of licenses to be purchased by the State and the number of State facilities that will be licensed to use NTT DATA's software.

EXHIBIT A

NTT DATA Long Term Care Solutions, Inc.' Exceptions to State of West Virginia CRFQ # 0613 VNF1600000006 "Electronic Medical Records System"

RFQ Section Reference	RFQ Page #	Brief Explanation of Exception	NTT DATA's Proposed Alternative/Language (if applicable)
Specifications; Section 4; Mandatory Requirements; Sub-section 4.1 "Mandatory Contract Services Requirements and Deliverables"; Sub-section 4.1.7	Page 10	Vendor must disclose to the customer additional licensing per workstation and any handheld devices count towards this licensing. NTT DATA does not license its' software on a workstation basis and does not provide handheld devices.	NTT DATA requests that the RFQ's existing language be revised to reflect the number of licenses to be purchased by the State and the number of State facilities that will be licensed to use NTT DATA's software.
HIPAA Business Associate Addendum; Section 3 (l) "Notification of Breach"; 4th Paragraph	Page 6	Section 3 (l) requires that the Agency coordinate with the Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities. All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals. Such costs are un-limited, therefore, NTT DATA requests that a limitation of liability dollar cap be negotiated between the State and NTT DATA if NTT DATA is selected for contract award.	NTT DATA proposes the following revisions to the existing RFQ language: "All reasonable, direct costs that result from the Associate's Breach shall be borne by the Associate. This may include, but not limited to costs associated with notifying affected individuals. Such costs shall not exceed the amount paid by the State to the Vendor during the initial term of the Agreement."
HIPAA Business Associate Addendum; Section 4 "Addendum Administration"; paragraph (d) "Judicial or Administrative Proceedings"	Page 7	Section 4(d) states: "Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.	NTT DATA proposes the following revision to the existing RFQ language: " . . . . and each party shall be responsible for ~~any and all costs~~ their respective attorneys' fees and legal expenses associated with prosecution."

Exhibit B

Jillene Katz
NTT DATA, Inc.

Proposed Resource Name:	Jillene Katz
Proposed Classification:	Project Manager

Required Skills	Contractor's Response
5 years of experience managing application development and implementation projects of similar size and scope of this RFP.	**Does resource have this required skill?: Yes ☑ or No ☐** **Description of skills and experience: This is true for implementation projects only.** **Name of project(s) and year(s) experience was obtained:** **Most recent:** **State of MI Veterans LTC 2015** **CareOne LTC 2014-2015** **Chestnut Hill Hospital 2013** **Easton Hospital 2012** **Pottstown Memorial 2012-2013** **Evangelical Hospital 2011-2012** **Hocking Valley Hospital 2011-2012** **Capital Health 2011-2012** **Laredo Hospital 2011-2012** **Long Beach Memorial 2011** **Dunlap Hospital 2011** **Phoenixville Hospital 2011** **Parkview Hospital 2011**

Exhibit B

5 years of experience in medical records industry implementing data management and support tools.	**Does resource have this required skill?: Yes ☑ or No ☐** **Description of skills and experience: Have 20+ years of experience in the Health Care field and 13+ years of experience implementing clinical applications in the IT world.** **Name of project(s) and year(s) experience was obtained:** **Most recent:** **State of Michigan LTC Veterans Homes 2015** **CareOne LTACH 2013-2014** **Chestnut Hill Hospital 2013** **Pottstown Memorial 2012-2013** **Easton Hospital 2012** **Evangelical Hospital 2011-2012** **Hocking Valley Hospital 2011-2012** **Laredo Hospital 2011-2012** **Capital Health 2011-2012** **Long Beach Memorial 2011** **Dunlap Hospital 2011** **Phoenixville Hospital 2011** **Parkview Hospital 2011**

Exhibit B

1	*2 years of experience in managing a project using the vendor's proposed solution.*	**Does resource have this required skill?: Yes ☑ or No ☐** **Description of skills and experience: Successfully brought three LTACHs for CareOne, live on clinical documentation and order entry in 2013. This was phase one, and am currently Project Managing their Phase two, which is Results Reporting, Pharmacy, CPOE and eMar.** **Name of project(s) and year(s) experience was obtained:** **CareOne LTACHs – 2013 - present**
2	*Education: Minimum 32 semester credit hours in an IT related field.*	**Does resource have this required skill?: Yes ☐ or No ☑** *Example: Masters Degree in Computer Science – see Education information below.*
3	*Certification: IT Professional certification or 5 years of technical experience within an IT related field.*	**Does resource have this required skill?: Yes ☐ or No ☑** *If yes, provide copy of certification or verification of work experience.*

Start Date: March 2015	End Date: Present
Client/Project: State of Michigan Department of Military and Veterans Affairs	
Employer: Brad Slagle	
Title/Percentage of time: 60	
Description: Project Manager for RCM and EHR implementation for two facilities. Implementation includes RCM, MDS, Point of Care, Physician Orders, IPN, Care Plans, eResults, ePrescribe, User Defined Assessments, etc. Implementation includes InteHealth Exchange interfaces to third party radiology and lab vendors.	

Start Date: September 2013	End Date: March 2015
Client/Project: CareOne LTACH, Perth Amboy, NJ	
Employer: Sharon Bready	
Title/Percentage of time: 60	
Description: Project Manager for EHR implementation for three facilities. Implementation includes Nursing Assessments, Care Plans, Orders/Results management, Pharmacy, Clinical Provider Order Entry and Electronic Med Administration Record. This implementation includes interfaces to third party radiology and lab vendors.	

Start Date: September 2011	End Date: May 2012
Client/Project: Hocking Valley Hospital, Logan, OH	
Employer: John Burgess	
Title/Percentage of time: 30	
Description: Senior/Lead Implementation Consultant for complete Clinical Suite, including all clinical documentation, orders/results reporting.	

Technical or Professional Training	
Course Name	Springbok PMP Course
Topic	Project Management
Date taken	2010

Certifications/Affiliations	
Name	Project Management Professional

Exhibit B

NTT DATA

Beverly Tabor

SUMMARY

Implementation representative for Long Term Care NTT DATA software applications.

Industries:	Long Term Care and Sub-Acute
Functional Areas:	Financial Software Consultant

PROFESSIONAL EXPERIENCE

NTT DATA, LTC SOLUTIONS, INC **08/88-11/15**
LTC SOFTWARE AND SERVICES
Financial Training Consultant

Job Description Summary

- Implementation of Long Term Care software. Products include Accounts Receivable, Accounts Payable, General Ledger and Payroll. Previous implementations include Clinical software and Dietary software.

EDUCATION

Business Administration
Skyline College
San Bruno, CA

Certifications / Licenses

INDUSTRY REFERENCES

1. Kennedy Health Care Center- Natalie Basista
   Sewell, NJ
   856-582-3170

2. Pleasant View Nursing Home- Sandy Ayers
   Mt. Airy, MD
   301-829-0800

3. Mid-Atlantic Healthcare – Barbara Adams
4. Timonium,MD
   410-308-2300

Exhibit B

NTT DaTa

Becky White

SUMMARY

For the past 9 years I have held the position of Project Manager responsible for managing all efforts for implementations assigned. This includes scheduling of resources, developing project plans, and on-going communication with the client as well as project team and Implementation Managers. Other positions I have held in the company include Regional Customer Service Manager, Quality Assurance Manager, Product Manager and Software Tester.

Industries: Long Term Care and Sub-Acute

PROFESSIONAL EXPERIENCE

NTT DATA, LTC SOLUTIONS, INC **08/2007-present**
LTC SOFTWARE AND SERVICES
Project Management
2007 - Present
Responsible for managing all efforts for implementations assigned. This includes scheduling of resources, developing project plans, and on-going communication with the client as well as project team and Implementation Managers. Manage issues list and report status in weekly meetings.

Review Billable Services Forms, work with accounting on billing disputes, and work with sales. Mentor new project managers

Over the past nine years I have managed hundreds of implementations from new clients to migrations, small to large, single facilities to multiple facilities. 20+ years of managing staff/clients.

Environment: Word, Excel, Project, Visio

NTT DATA, LTC SOLUTIONS, INC. **07/2003-8/2007**
LTC SOFTWARE AND SERVICES
Regional Customer Service Manager
Responsible for the management of the Client Services staff (18+), including scheduling, annual performance reviews, monitoring staff productivity, and weekly staff meetings. Acknowledge staff contributions, achievements and promote teamwork.

Direct all efforts for implementations, including planning of tasks, scheduling of resources, providing estimates, and on-going communication with clients.

Review billing report, expense reports, Billable Service Forms, and staff time sheets. Make salary recommendations for staff. Conduct new hire interviews for any open positions. Coordinate education programs for the department and mentor supervisors. Lead clinical bi-monthly meetings. Participate and lead when necessary daily triage call with other Regional Customer Service Managers.

Support the development, sales and accounting organizations.

Exhibit B

NTT DaTa

BECKY WHITE

NTT DATA, LTC SOLUTIONS, INC. **02/1999 – 8/2003**
LTC SOFTWARE AND SERVICES
Quality Service Manager

Quality Assurance Manager - hire staff, complete performance appraisals, monitor staff productivity through tracking system, time accounting, and weekly staff meetings, attend spec reviews. Participate in Track Triage and Track Review Board as well as Friday Status Meetings and Management Meetings. Work closely with Development Manager to resolve issues on a daily basis, provide project estimates, continue to review QA processes for improvement, as well as training, providing guidance and encouragement for staff. Resolve employee conflicts, monitor timesheets and vacation/sickleave.

In addition to QA Manager responsibilities assumed Project Management position for large customer overseeing development efforts in Bellevue. Responsibilities include conference calls with client as well as other branches within HSD, maintain enhancement list. Work closely with CS consultant on the project to help resolve issues quickly.

NTT DATA, LTC SOLUTIONS, INC. **7/1997 – 2/1999**
LTC SOFTWARE AND SERVICES
Clinical Software Tester/Product Manager

Product Manager – Responsible for writing functional design specifications, acting as liaison for a major client, participating and directing customerservice calls, and Track Management.

Clinical Software Tester – Attend functional and technical design reviews, develop time estimates; write test plans, testing for maintenance and for new products andenhancements.

EDUCATION

Kelsey Jenny Business College
San Diego , CA

NTT Project Management Classes
Webinar/Instructor Led

INDUSTRY REFERENCES

1. Johnathan Bangerter – Rocky Mountain Care
   598 W 900 S, Suite 210, Cross UT 84010
   801-397-4003

2. Donna Wrigley – New Jersey Dept. of Military & Veterans
   101 Eggert Crossing Rd, Lawrenceville, NJ 08648
   609-213-6359

3. Helen McNight – Berkshire Health Systems

Exhibit B

Brenda Parks, RN

Summary

23 years' experience installing and training clinical applications. Pre-implementation preparation, on-site and web based training for ADT, MDS, Care Plans, Physician Orders, Electronic Medical Records, ePrescribing, eAssignments, Interdisciplinary Progress Notes, User Defined Assessments, Quality Assurance, eDocs and Point of Care. Experience includes consulting with clients to determine individual needs and demonstrating how the software will function to meet the needs of the facility and staff. Listening to client requests and communicating those requests to the development team. Experience with database conversions, data imports and tech support. Consulting with staff to create efficient, usable care plans and user defined assessments.

Industries:	Long Term Care Clinical Software
Functional Areas:	Clinical Software Consultant

Professional Experience

NTT DATA, LTC SOLUTIONS, INC **10/92- Present**
LTC SOFTWARE AND SERVICES

Senior Clinical Implementation Consultant

Job Description Summary

- Preparing pre-implementation evaluations, agendas and consulting with clients to assist with transition to new software and processes. Providing web based and onsite clinical application training.

AGENCY **04/1989- 12/2013**
SKILLED NURSING FACILITIES

RN , team leader, supervisor and MDS assisting - Part time

Job Description Summary

- Usual duties for an RN in a Skilled Nursing facility. Sometimes supervising , sometimes working a unit, passing medications, doing treatments, maintain IV's etc.

4 DIFFERENT SNF's **04/75-04/89**
SKILLED NURSING FACILITIES

Director of Nursing

Job Description Summary

- Opened a brand new 100 bed skilled nursing facility, and performed the duties of Director of Nursing at 4 different SNF's from 1975-1989 Writing Policy and Procedures, Managing Nursing Staff.

Education

Graduate of School of Nursing
Community Hospital School of Nursing
Springfield, Ohio, USA

Exhibit B

Certifications / Licenses

Name Of Certification
RN- Registered Nurse

industry references

Pleasant View Nursing
4101 Old National Pike
Mt Airy , Maryland 21771
301-829-0800
Onna Warfield, Director of Nursing

Harris Healthcare
60 Eben Brown LN
Central Falls, Rhode Island
Chad Harris, Administrator
401-722-6000

St Marys Home East
Amy Erdely ,
607 E 26th St
Erie, PA 16504
814-459-0621

Gracedale Nursing Home
2 Gracedale Avenue
Nazareth, PA
610-746-1900
Lori Alter and Kim Reinmiller

Exhibit C

Client Reference #1

Contact Name:
Bradford Slagle - Administrator
Company Name:
State of Michigan – Department of Military and Veterans Affairs, D.J. Jacobetti Veterans Home
Address:
425 Fisher St., Marquette, MI 49855
Phone #:
906.226.3576
E-Mail:
Slagleb9@michigan.gov
Project Start Date:
May 2015
Project End Date:
Scheduled completion of EMR – December 2015; Scheduling Module remains to be implemented with a scheduled completion of January 2016.

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

In May 2015, NTT DATA began the implementation of a full EMR solution for 2 Veterans Homes in the State of Michigan, D.J. Jacobetti Veterans Home in Marquette and Grand Rapids Veterans Home in Grand Rapids. Training took place in each of the facilities separately, while still coordinating between the two to maintain consistency of setup and procedures.

Exhibit C

Client Reference #2

Contact Name:
Donna Wrigley – HIT Administrator
Company Name:
New Jersey Department of Military and Veterans Affairs
Address:
101 Eggert Crossing Rd, Lawrenceville, NJ 08648
Phone #:
609.213.6359
E-Mail:
wrigley@dmava.nj.gov
Project Start Date:
May 2012
Project End Date:
First facility – July 2012; Second facility – August 2015; Third facility requested delay until further notice.

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

In May 2012, NTT DATA began the implementation of a full EMR solution for 1 Veterans facility in New Jersey, completing the implementation in July 2012. The second facility rolled out the EMR solution in July 2015 with completion in August 2015. The remaining facility has opted to delay implementation at this time.

Exhibit C

Client Reference #3

Contact Name:
Lisa Bean, Director of Long Term Care Operations
Company Name:
Hattiesburg Medical Park
Address:
100 West Pine Street, Hattiesburg, MS 39401
Phone #:
Office: 601.583.3232
Cell: 601.818.0459
E-Mail:
lbean@hmpmc.com
Project Start Date:
1985
Project End Date:
Various end dates over the years with the EMR/Financial Modules.

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

Hattiesburg Medical Park has been a client of NTT DATA since 1985. As additional NetSolutions modules have been developed, they have purchased and implemented them. They currently use the full EMR system as well as the Financial and Resident Trust modules.

Exhibit D

Service Level Agreement Template

Severity Level of Error	Definition	Required Service Level Response and Response Time	Required Service Level Resolution Time
1	**Business Critical Failures:** An Error that: (a) Materially affects the operations of the Client's ability to conduct business. (b) prevents necessary work from being done; or (c) disables or materially impairs (i) any major function of the Software or (ii) the Client's use of any major function of the Software.	**Level 1 Response:** Vendor shall acknowledge receipt of a Support Request within thirty (30) minutes. **Level 2 Response:** Vendor shall work on the problem continuously and: (a) restore the Software to a state that allows the Client to continue to use all functions of the Software in all material respects within four (4) hours after the Level 1 Response time has elapsed; and (b) exercise best efforts to Resolve the Error until full restoration of function is provided.	Vendor shall Resolve the Support Request as soon as practical and no later than four (4) hours after Vendor's receipt of the Support Request. If the Vendor Resolves the Support Request by way of a work-around accepted in writing by the Client, the severity level assessment will be reduced to a Severity Level of Error 2.
2	**System Defect with Work-around:** (a) a Severity Level 1 Error for which the Client has received, within the Resolution time for Severity Level 1 Errors, a work-around that the Client has accepted in writing; or (b) an Error, other than a Severity Level 1 Error, that affects operations of the Clients ability to	**Level 1 Response:** Vendor shall acknowledge receipt of a Support Request or, where applicable, the Clients written acceptance of a Severity Level 1 Error work-around, within two (2) hours. **Level 2 Response:** Vendor shall, within one (1) Business Day after the Level 1 Response time has	Vendor shall Resolve the Support Request as soon as practical and no later than two (2) Business Days after Vendors receipt of the Support Request or, where applicable, the Clients written acceptance of a Severity Level 1 Error work-around.

	conduct business.	elapsed, provide: (a) an emergency Software fix or work-around; or (b) temporary Software release or update release,that allows the Client to continue to use all functions of the Software in all material respects.	
3	**Minor Error:** An isolated or minor Error in the Software that meets each of the following requirements: (a) does not significantly affect Software functionality; (b) can or does impair or disable only certain non-essential Software functions; (c) does not materially affect the Clients use of the Software; and (d) has no or no more than a minuscule effect on the operations of the Clients ability to conduct business.	**Level 1 Response:** Vendor shall acknowledge receipt of the Support Request within eight (8) hours.	Vendor shall Resolve the Support Request as soon as practical and no later than five (5) Business Days after Vendors receipt of the Support Request.

Exhibit E

NTT DATA
NetSolutions™

System Specifications

for NetSolutions

NetSolutions from NTT DATA is a Web-based system, that runs on the Microsoft .NET platform. It can be self-hosted or hosted by our Cloud Services.

Server Hardware - the Basics

Server hardware requirements depend on the size and number of facilities, number of concurrent users, and modules purchased. Larger facilities may require an increase in the number of processors, the amount of RAM, and/or disk space. Some organizations with a large number of sites may even require additional application and/or database servers.

A basic system that meets minimum requirements:

- Processor: QUAD Core Xeon (3GHz) processor
- 4 Gigabytes RAM
- 80 Gigabytes available disk space
- RAID I configuration
- VMWare or Hyper-V to support virtualization

Broadband Connection

A broadband connection is required for NTT DATA staff to support NetSolutions. Dial-up connectivity is not supported. There are two broadband options:

1. Remote Desktop, giving NTT DATA access through your firewall (free)
2. Remote Desktop or PCAnywhere via VPN approved by NTT DATA (Cisco, Microsoft, others)

Network

- 50kb/sec bandwidth per concurrent user

SQL Server Licensing Options

- Per Processor: unlimited users and unlimited devices.
- Per Server Plus Device: for each device attached to SQL Server and for each server on which software is installed.
- Per Server Plus User Client Access Licenses (CALs): for each user accessing the server and a separate license for each server on which software is installed.
- For more information on SQL Server licenses, visit the Microsoft Website: www.microsoft.com/en-us/sqlserver/get-sql-server/how-to-buy.aspx

Server Software Requirements

- Windows Server 2008/2008R2 or 2012 Standard or Enterprise Edition, 32- or 64-bit with Internet Information Server (IIS), and .NET Framework 2.0, 3.5, 4.0, 4.5, or higher
- Note: **Windows Small Business server is not supported**
- SQL Server 2008/2008R2 or 2012, 2014 Standard or Enterprise, 32- or 64-bit
- Microsoft Visual J# 2.0, 32 or 64 bit

PC Hardware and Software

- Pentium Compatible PC, Notebook, Tablet, Kiosk
- 2GB minimum RAM
- Operating Systems: Windows 7 Professional (32/64 bit), Windows 8 / 8.1
- Internet Explorer version 10 or higher
- Minimum monitor display of 1366 x768
- Adobe Flash Player 11.6 or higher for NetSolutions Point of Care
- Adobe Acrobat Reader Version 11 or higher

Free download of Adobe Flash and PDF Reader at www.adobe.com/downloads

Printer Requirements

To print on CMS' pre-printed UB-04 forms, an edge-to-edge compliant laser printer is required. Ask your printer vendor to verify if your printer can print to within 1/8th inch (in mm this is 3.175) of the top, left and right of the page as required by the form.

CareTracker and Therapute Interface To import data to NetSolutions from third parties (except for data written directly to the MDS) the KNS Exchange Web service must be installed including an SSL certificate, preferably on a machine separate from the main NetSolutions server. It is required to import vitals from CareTracker and notes from Therapute.

see reverse for specifications for Electronic

NTT DATA

Exhibit E

NTT DATA
NetSolutions

Electronic Medication Management & Point of Care Devices

System Specifications

The following specifications support NetSolutions:

- eCharting and implementing a paperless, point-of-care eMAR/eTAR
- ePrescribing
- Point of Care and devices caregivers use for charting

Wireless Network

- 802.11g/n (54mbs) or better
- Enterprise-level wireless connectivity suitable for point-of-care computing

Data Entry Devices

Device Choices

1. Standard laptop
2. Integrated thin-client laptop or device, Windows 7 or higher, embedded with Internet Explorer, for example Wyse with 1 GB Flash and 512 MB RAM minimum
   - External/Integrated LCD Monitor
   - Waterproof keyboard (wired or wireless)
   - Mouse or other pointing device (wired or wireless)
3. All-in-one Computer Med Cart
4. Mobile Computer Workstation
5. Touch screen kiosk (POC) - Windows compatible with 2g ram, and IE9 or higher

Device Options

1. Barcode Scanner (Code 3 of 9 or Code 39)
2. Waterproof or Sealed Keyboard
3. Sealed Mouse

System Requirements

1. Operating System
   - Windows Vista Business (32/64-bit)
   - Windows 7 Professional
   - Windows 8
2. Microsoft .NET 2.0 Framework
3. 17"+ monitor, 1366 x 768 or better resolution
4. Access to configure device, load activeX print control and modify IE settings

Medication Cart Options

1. Retrofit existing carts:
   a. Mounting hardware for laptop component devices
   b. Laptop rests directly on the carttop (not recommended)
2. Purchase new all-in-one computer med cart (example: Artromick, Rubbermaid)

Power Options for Medication Carts

Laptop and Integrated Thin Client devices have internal batteries and can be charged from any A/C power source. Power should be augmented with external battery pack mounted on the cart (example: Valence VNC-130).

- Component thin-client devices require external A/C power sources. An external battery pack may be mounted on the cart with an integrated A/C power connection.
- All-in-one carts will contain built-in large-capacity battery and power solutions

Exhibit F

Sales Manager: Bob Skinner
Preparation Date: 5/27/2016
Expiration Date: 8/27/2016

NTT DATA NetSolutions™

Budgetary Quotation - Monthly Subscription (SaaS)

Sold To: West Virginia Vets

Software

Product ID	Description	Qty	One-Time Fees	Monthly Enterprise Subscription Fees	Software Update & Support
NEAD-XX	Admit,Discharge, Transfer	2		Included	Included
NERM-AR	Accounts Receivable	2		Included	Included
NERM-RT	RAM Resident Funds System	2		Included	Included
NECP-XX	Care Plan System	1		Included	Included
NECP-QM	MDS Quik Plan	1		Included	Included
NERA-XX	Resident Assessment System	1		Included	Included
NEUD-XX	User-Defined Assessments	1		Included	Included
NEPO-XX	Physicians Orders System (With NDC Library)	2		Included	Included
NEPO-MT	eMAR/eTAR Note C	2		Included	Included
NEPO-CS	Clinical Decision Support	2		Included	Included
NEPO-EP	ePrescribing (With Census Extract Interface)	2		Included	Included
NEED-XX	eDocuments Note C	2		Included	Included
NEQA-XX	Quality Assurance	1		Included	Included
NEPN-XX	Interdisciplinary Progress Notes	1		Included	Included
NEPC-XX	Point of Care	1		Included	Included
SXCM-XX	System Control Module	1		Included	Included
NEIN-HL	Health Level 7	1		Included	Included
NEEA-XX	eAssignments	2		Included	Included
NEAP-XX	Accounts Payable	2		Included	Included
NEGL-XX	General Ledger	2		Included	Included
NECS-XX	Scheduling	2		Included	Included
	Configuration Fees		$1,050		
	Monthly SaaS Quote		$2,270	Included	Included

Special Monthly Subscription Modules

Description	Monthly Fees
SaaS Base Pricing	$2,270
eResults [A]	$125
Insight Dashboard	$135
Therapute [B]	$300
Total Monthly SaaS Price	**$2,830**

Notes

A	Test Results module: Customer or Ancillary Service Provider (Lab, Radiology or Hospital **Vendor**) must pay a fee for each interface from the Vendor's system into the Customer's NetSolutions eResults module. As an example, a customer requesting one laboratory vendor interface and one radiology vendor interface would be charged two Vendor interface fees, even if this is the same vendor (unless previously negotiated between NTT DATA and a specific Vendor.) The monthly fee includes license usage, software maintenance and 3rd party hosting. Phone support is not included. There are two pricing options: (1) Customer or Vendor pays a one time fee of $3,500 per Vendor interface for all Customer facilities. (2) Customer or Vendor pays a one-time fee of $500 and an additional $50 per month for a minimum of 36 months for the first Vendor interface per facility. Each additional Vendor interface is a one-time fee of $500 and an additional $25 per month per facility. As an example, three Vendor interfaces into two different Customers: **Customer A** - 1 facility: $1,500 one-time fee & $100 per month for a 36 month term **Customer B** - 2 facilities: $3,000 one time fee & $200 per month for a 36 month term.
B	The monthly Therapute subscription fee includes license usage, software maintenance, phone support and 3rd party hosting.
C	If NTT Data is hosting eDocuments &/or eCharting, the following rules apply: You will receive 10GB per facility of eCharting storage in the original purchase price. Once the GB storage is full, you may purchase additional GB of storage in 5GB increments at $50 per month. You will also receive 5 GB per facility of eDocuments storage in the original purchase price. Once that GB storage is full, you may purchase additional GB of storage in 5GB increments at $50 per month. Your storage space will be monitored monthly. When you approach your storage capacity for either module, NTT DATA will provide you with 30 days advance notice that you will need to purchase more storage space in order to continue to use the applicable module(s). You will be billed the increased amount at the start of the next calendar quarter. The baseline minimum for either the 10GB or the 5GB limits above is based on a 100 bed facility minimum. If the facility size is greater than 100 beds, then it is calculated at 50MB times the number of beds for eDocuments and 100MB times the number of beds for eCharting. NTT Data will host NetSolutions applications only.

EXHIBIT G

NTT DATA Americas Fact Sheet: Private Cloud Services for LT-PAC
NTT DATA Long Term Care Solutions, Inc.

NTT DaTa

Private Cloud Services for LTPAC

The next generation in technology and security for hosting

Our unique offering: a world class data center combined with a private cloud, and top-notch IT services for Long Term and Post Acute Care

Choosing NTT DATA Private Cloud Services means providers can focus their resources on their organization. It frees them from maintaining server redundancy and migrations, downtime during software and system updates, backups, disaster recovery, and the costs associated with server upgrades, supporting a server room, and maintaining an appropriate Tier Level.

Key Facts about NTT DATA Private Cloud Services

» Tier 4 – indicates uptime ensured by redundancy of components. Meets requirements of the Department of Defense.

» SSAE16 (SOC1 and SOC2), ISAE 3402, SysTrust certified – the datacenter has passed an audit of controls placed in operation and operating effectiveness

» Offsite data replication for both backups and Disaster Recovery failover. Engineered on high availablity infrastructure across network, servers, and storage gear

Are Private Cloud Services the Right Choice for You?

As you make your decision, these key considerations should be met to your satisfaction:

- Savings
- Software
- Support
- Stability
- Scalability
- Security

Savings

When you choose cloud computing from NTT DATA you can start using NetSolutions without a capital expense for software and server(s). Instead you will have a flat monthly subscription fee that can include use of NetSolutions applications.

With cloud computing a LTC facility can be up and running very quickly. Servers and additional server resources can be provisioned in seconds. With the elastic computing capabilities of our cloud data center, there is never a need to wait for hardware.

Software

NTT DATA delivers innovative software and services based on our foresight of future needs and a deep understanding of our customers. NetSolutions from NTT DATA is a Web-based system of fully integrated financial and clinical software. Our software was developed with the future in mind, with submission anticipated for certification as LTPAC EHR technology.

The NetSolutions System

Revenue Cycle Management
» AR-Billing
» Resident Funds
» General Ledger, Accounts Payable

Electronic Medical Record
» MDS 3.0
» Care Plan
» Progress Notes
» Therapy
» User-Defined Assessments
» Wound Management

Medication Management
» eCharting, eMAR
» Drug Interactions
» Physician Orders
» ePrescribing

Documentation Management
» Incident Reporting, Infection Control
» eDocuments
» eResults

Communications
» Insight Dashboards
» Point of Care
» eAssignment and Messaging

CCHIT CERTIFIED 2011
Long Term Post Acute Care
+Skilled Nursing Facility

CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

EXHIBIT G

Support

Our service operations center is one of our greatest strengths. We fully monitor and manage our private cloud technology 24/7 and offer a single point of contact for infrastructure service support of our clients' hosted environment. We provde incident, problem, change, patch, release, availability, and capacity management across all your hosted environment.

For example, we employ monitoring software that tracks each servers' activity rates. Armed with this information, we can proactively identify and quickly avoid bottlenecks in your application server and SQL Server environments.

As part of our hosting services, upgrades to the server operating system, database servers, and NetSolutions are all included as part of the support package.

Stability - Financial

The parent company of NTT DATA Long Term Care Solutions, Inc. is NTT DATA, Inc., currently the 6th largest global IT services provider with more than 57,000 employees across 35 countries.

Stability - Uptime

The data center provides a full-featured customer Service Level Agreement (SLA). In addition to standard backbone service and network performance commitments, our SLA includes coverage for power as well as temperature and humidity following the recommendations of the American Society of Heating, Refrigeration, and Air Conditioning Engineers Technical Committee 9.9.

Risk of damage due to seismic activity is mitigated by using design and construction methods in accord with local seismic bulding codes. NTT DATA adheres to those codes and supplements them with capabilities such as isolation platforms and cabling that decouples IT equipment from the building's structure. The Atlanta, GA, facility is rated to survive extreme winds and a class five tornado.

Scalability

The Data Center offers abundant capacity to support your organization's facilities as they grow and sites are added. For example, we use best-of-class enterprise-class servers.

Security

This premier data center in Atlanta, Georgia, offers unrivaled security. It is engineered with carrier class uninterruptable and backup power. Fully redundant power supplies connect to multiple power feeds though multiple power-provided substations.

Advanced cooling and humidity controls provide continuous environmental controls. Around-the-clock monitoring ensures that all systems are fully operational. A fire suppression system works in collaboration with heat and smoke detection and continuous air sampling.

Our Data Center is connected directly to an industry-leading Ipv6-compliant, Tier-one, global IP network backbone, all via multiple and diverse physical and logical network paths.

[illegible]

About NTT DATA

[illegible]

[illegible]

NETSOLUTIONS IMPL[illegible]ENTATION SCHEDULE
WV V[illegible]RANS

Exhibit H Preliminary Project Plan

		Responsible Party	NTT DATA Resources	WVV Resources	Week of	2/1/16	2/8/16	2/15/16	2/22/16	2/29/16	3/7/16	3/14/16	3/21/16	3/28/16	4/4/16	4/11/16
A	**Provision of Software**															
	Install software	NTT DATA	1				▨									
B	**Project Planning/Monitoring**															
	Project Kick-off Meeting	NTT DATA/WVV	Proj Team	Proj Team		▨										
	Performance Weekly Meetings	NTT DATA/WVV	Proj Team	Proj Team			▨	▨	▨	▨	▨	▨	▨	▨	▨	
	Requirements Validation															
	Walk through requirements and work processes	NTT DATA/WVV	2	Training Team				▨								
C	**Implementation**															
	Data Input															
	Input resident data	NTT DATA	2						▨							
	Interfaces - set up, configue and test	NTT Data/3rd Party														
	Pharmacy	NTT Data/3rd Party	1							▨	▨					
	Laboratory	NTT Data/3rd Party	1							▨	▨					
	Imaging	NTT Data/3rd Party	1							▨	▨					
	Therapy	NTT Data/3rd Party	1							▨	▨					
	Testing															
	Provide Testing and System Development environments	NTT DATA	1				▨									
	Training Team/Acceptance Testing															
	Train-the-Trainer Week 1 - Security	NTT DATA/WVV	1	Training Team				▨								
	Train-the-Trainer Week 1 - Scheduling	NTT DATA/WVV	1	Training Team				▨								
	Train-the-Trainer Week 1 - Acctg - Master Tables	NTT DATA/WVV	1	Training Team				▨								
	Train-the-Trainer Week 2 - Acctg - Day-to-day	NTT DATA/WVV	1	Training Team						▨						
	Train-the-Trainer Week 3 - Acctg - Billing/Month-end	NTT DATA/WVV	1	Training Team								▨				
	Train-the-Trainer Week 1 - Clin - Master Tables	NTT DATA/WVV	1	Training Team				▨								
	Train-the-Trainer Week 2 - Clin - MDS/CP/IPN/QA	NTT DATA/WVV	1	Training Team						▨						
	Train-the-Trainer Week 3 - Clin - UDA/eDocs/eAssign/Therapute	NTT DATA/WVV	1	Training Team								▨				
	Train-the-Trainer Week 4 - Clin - PO/eChart/Clin Dec Support	NTT DATA/WVV	1	Training Team										▨		
	Train-the-Trainer Week 5 - Clin - POC/ePrescribe/eResults	NTT DATA/WVV	1	Training Team											▨	

Exhibit I - NTT Data - Training Cost Detail for WV Veterans

Train-the-Trainer							
Train super users, then							
assist them with training the end users			Training Costs		Travel Costs		
in group sessions (both facilities at once)							
		NTT DATA Resources	Total Hours	$72/hour	Onsite Visits	$1500/visit	
A	**Provision of Software**						
	Install software	1	4	$288.00			
B	**Project Planning/Monitoring**						
	Project Kick-off Meeting	1	4	$288.00			
	Performance Weekly Meetings/Monitoring	1	15	$1,080.00			
	Requirements Validation						
	Walk through requirements and work processes	2	16	$1,152.00			
	Interface Specifications	1		$0.00			
C	**Implementation**						
	Data Input						
	Input data into system	1	30	$2,160.00			
	Interfaces - set up, configue and test						
	Pharmacy	1	4	$288.00			
	Laboratory	1	2	$144.00			
	Imaging	1	2	$144.00			
	eResults per vendor connections TBD			$3,500.00			
	Therapy	1	4	$288.00			
	Testing						
	Provide Testing and System Development environments	1	8	$576.00			
	Training Team/Acceptance Testing						
	Train-the-Trainer Week 1 - Security	1	4	$288.00			
	Train-the-Trainer Week 1 - Scheduling	1	8	$576.00			
	Train-the-Trainer Week 1 - Acctg - Master Tables	1	32	$2,304.00	1	$1,500.00	
	Train-the-Trainer Week 2 - Acctg - Day-to-day	1	32	$2,304.00	1	$1,500.00	
	Train-the-Trainer Week 3 - Acctg - Billing/Month-end	1	32	$2,304.00	1	$1,500.00	
	Configuration Fees			$1,050.00			
	Train-the-Trainer Week 1 - Clin - Master Tables	1	32	$2,304.00	1	$1,500.00	
	Train-the-Trainer Week 2 - Clin - MDS/CP/IPN/QA	1	32	$2,304.00	1	$1,500.00	
	Train-the-Trainer Week 3 - Clin - UDA/eDocs/eAssign/Therapute	1	32	$2,304.00	1	$1,500.00	
	Train-the-Trainer Week 4 - Clin - PO/eChart/Clin Dec Support	1	40	$2,880.00	1	$1,500.00	
	Train-the-Trainer Week 5 - Clin - POC/ePrescribe/eResults	1	40	$2,880.00	1	$1,500.00	
	Insight Dashboard Training	1	32	$2,304.00			
	Total		405	$33,710.00	8	$12,000.00	**$45,710.00**

EXHIBIT J

NTT DaTa

SOFTWARE SUBSCRIPTION AGREEMENT

Agreement Reference Date

NTT DATA Long Term Care Solutions, Inc
8383 - 158th Ave NE
Redmond, WA 98052

Contract # ____________
Site # ____________

CUSTOMER / LICENSEE	SUBSCRIPTION SUMMARY
Legal Name	Subtotal of Monthly Fees ________
Address	Minimum Term in Months ________
City State Zip	
SUBSCRIPTION SITE	DUE UPON SIGNING
Facility	First Month Fee w/o Tax $ ________
Address	Last Month Fee w/o Tax ________
City State Zip	Additional Charges / Purchases w/o Tax ________
	Total Due Upon Signing $
AUTHORIZED FACILITIES NAMES	SUBSCRIPTION TYPE
1)	☐ SINGLE FACILITY ☐ ENTERPRISE
2)	TRAINING
3)	☑ Training - Standard $90/hr ☐ Training - Other $___/hr
4)	☐ Training Waived Customer Initials ________

This Agreement is made between NTT DATA Long Term Care Solutions, Inc. ("NTT DATA") and the Customer/Licensee ("Customer") hereinabove named, WITNESSETH:

1. NATURE OF AGREEMENT

NTT DATA hereby makes available to Customer the computer software, services and/or other items, hereinafter called the "Subscription Items," described on the Subscription Schedule attached hereto and incorporated herein by reference. The terms and conditions of this Agreement follow below.

2. SOFTWARE SUBSCRIPTION

Customer hereby subscribes to the software listed on the Subscription Schedule (the "Software"), which NTT DATA will make available to Customer under a "Software as a Service" or "SaaS" model. Customer's purchase of the subscription set forth herein authorizes use of the Software at Customer's Subscription Site listed above, or all of Customer's facilities if Customer's subscription allows Software use on an enterprise-wide basis. No other use or access of the Software is authorized without the express prior written consent of NTT DATA. The Software is the valuable trade secret property of NTT DATA or NTT DATA's third party software vendor, and NTT DATA or the applicable third party software vendor shall at all times retain title to the Software.

3. SOFTWARE UPDATES AND SUPPORT

Customer's subscription includes Software Update Service, which entitles Customer to all Software modifications and updates released by NTT DATA during each annual period of the subscription term set forth herein. In addition to the foregoing, Customer's subscription also includes Operating Support Service, which entitles Customer to reasonable telephone and/or remote troubleshooting assistance and advice during normal working hours on questions or problems related to the Software.

4. TRAINING

Unless Customer has waived training by initialing on the Subscription Schedule, NTT DATA will provide initial training to Customer's personnel in the use of the Software in accordance with NTT DATA's standard practices. Customer agrees to make qualified personnel available to receive said training promptly following execution of this Agreement and in accordance with any mutually agreed dates and times for training to be conducted by NTT DATA. Customer agrees to pay training fees at the rate stated in the Subscription Schedule, or if not stated, then at NTT DATA's then-current rate. In addition to the training fees, Customer shall reimburse NTT DATA for the reasonable cost of NTT DATA's travel, lodging and subsistence in rendering said training.

5. TERM

This is a month-to-month subscription subject, however, to any Minimum Term specified under "Subscription Summary" above. The subscription term shall commence concurrent with the commencement of monthly subscription fees under Section 6 below. This Agreement may be terminated prior to the expiration of the subscription term only as provided in Section 14 or Section 15 below

6. PAYMENTS

The total monthly subscription fees shall be as stated on the Subscription Schedule and shall be paid each month in advance, except that the first and last month's payment shall be paid at the time Customer executes this Agreement. Unless Customer's initial use of the Subscription Items is delayed solely by NTT DATA, the initial monthly subscription fees shall be due and payable upon the earlier of (a) Customer's commencement of training as set forth in Section 4, or (b) ninety (90) days after Customer's execution of this Agreement. The monthly subscription fees for the Subscription Items shall not be increased during the Minimum Term, if any. Thereafter, subscription fees shall be subject to change by NTT DATA upon thirty (30) days written notice to Customer. In addition to use of the Subscription Items, the monthly payment also includes Software Update Service and Operating Support Service as described in Section 3 above.

7. TAXES

The fees and charges of this Agreement are exclusive of all federal, state, municipal or other excise, sales, use, occupational or similar taxes or fees now in force or enacted in the future, which are levied, based or imposed on any charges due under this Agreement, all of which shall be paid by the Customer, except any taxes based on the net income of NTT DATA. NTT DATA may invoice the Customer for any such taxes, including, without limitation, taxes imposed following the date hereof as a result of changes in tax laws, or the interpretation thereof, or as a result of tax audits, and remit any payments made on any such invoice directly to the appropriate taxing authorities. Customer is responsible for obtaining and providing to NTT DATA any certificate of exemption or similar document required to exempt any sale, license or service from sales, use or similar tax liability.

8. LATE CHARGES

Time is of the essence of this Agreement and no waiver by NTT DATA of any breach or default hereof shall constitute a waiver of any additional or subsequent breach or default by Customer nor shall it be a waiver of any of NTT DATA's rights. If any payment shall be unpaid for more than ten (10) days after the due date thereof, NTT DATA shall have the right to add and collect a reasonable late charge of five percent (5%) or a lesser amount if established by any state or federal statute applicable thereto, plus interest at the maximum rate permitted by law. Amounts owed to NTT DATA with respect to which there is no dispute shall be paid without setoff for any amounts that Customer may claim are owed by NTT DATA and regardless of any other controversies which may exist. Payment is considered made when payment is actually received by NTT DATA at such address as it may indicate to Customer. Customer shall also pay or reimburse NTT DATA for all costs and expenses (including reasonable attorneys' fees) incurred or paid by NTT DATA in collecting amounts due from Customer or in enforcing Customer's obligations hereunder.

(continued on page 2)

THIS AGREEMENT CONSISTS OF THE PROVISIONS APPEARING ON BOTH SIDES HEREOF AND THE ATTACHED SCHEDULES, INCLUDING THE OPERATING SUPPORT SCHEDULE. CUSTOMER ACKNOWLEDGES READING ALL

IN WITNESS WHEREOF the parties have executed this Agreement on the dates hereinafter written.

NTT DATA LONG TERM CARE SOLUTIONS, INC	CUSTOMER
By ________0________	By ____________________
Sales Representative	Printed Name of Customer
By ____________________	By ____________________
Signature of Authorized Official	Signature of Customer or Authorized Agent
Managing Director	____________________
Authorized Official's Title Date	Print Name and Title Date

EXHIBIT J

9. ADDITIONAL CHARGES

Customer shall pay to NTT DATA the additional one-time charges set forth under "Due Upon Signing" above. Said charges shall be paid in full at the time Customer executes this Agreement or in accordance with any financing terms, if a Financing Schedule is attached. Customer's subscription does not include charges for supplies, travel and subsistence in connection with training, nor does such subscription include application hosting set up fees. Such charges will be billed separately to Customer (actual out-of-pocket cost on travel and subsistence) and shall be payable within ten (10) days of date of invoice.

10. OWNERSHIP, AND INTELLECTUAL PROPERTY RIGHTS

A. The Subscription Items are, and shall at all times remain, the property of NTT DATA or NTT DATA's third party licensors, and Customer shall have no right, title or interest therein except as herein set forth. NTT DATA has obtained a non-exclusive right and license from NTT DATA's third party software licensor, to access, use and modify the third party software and any software updates and upgrades thereto solely for the performance of this Agreement.

B. The Subscription Items will be disclosed by NTT DATA to Customer in confidence. Customer acknowledges that the Subscription Items are considered the confidential information of NTT DATA. Customer shall not cause or permit disclosure, copying, display, loan, publication, transfer of possession (whether by sale, exchange, gift, operation of law, or otherwise) or other dissemination of the Subscription Items, in whole or in part, to any third party without the prior written consent of NTT DATA, which consent may be withheld in NTT DATA's sole discretion. Customer will limit the use of and access to the Subscription Items to Customer's authorized users. Customer shall take all reasonable steps to safeguard the Subscription Items and to ensure that no unauthorized persons have access to the Subscription Items and that no persons authorized to have such access shall take any action which would be prohibited by this Agreement if taken by Customer. Customer shall promptly report to NTT DATA any actual or suspected violation of this Section 10 and shall take further steps as reasonably requested by NTT DATA to prevent or remedy any such violation.

C. Customer shall take commercially reasonable precautions to insure that Customer and its representatives do not permit the Subscription Items to be used by any other organization. In the event of a disclosure to unauthorized parties, Customer shall promptly inform NTT DATA and shall assist in mitigating the effects of such disclosure. Customer agrees to immediately report any changes in authorized use, and to pay any corresponding charges imposed by NTT DATA.

D. This Agreement prohibits the following by Customer:

(1) Any leasing, renting, sublicensing or other use of the Subscription Items by any third party, except as permitted by this Agreement;
(2) Transmitting spam, viruses, disabling devices, or other harmful software code;
(3) Mirroring the Subscription Items on a network;
(4) Disrupting the Subscription Items;
(5) Creating derivative works from the Subscription Items; or
(6) Copying any ideas, features, functions, or graphics as may be embodied in the Subscription Items;

Customer shall promptly respond to all reasonable inquiries by NTT DATA concerning Customer's compliance with the provisions of this Section 10.

11. SECURITY AND CONFIDENTIALITY.

Any Customer data stored on the servers of NTT DATA or third parties retained by NTT DATA shall at all times be regarded as the property of Customer. NTT DATA agrees to maintain security measures to protect the confidentiality of such data. NTT DATA shall have the authority to access Customer Data solely as such access is required for performance of this Agreement. Only those NTT DATA employees with a "need to know" will have access to Customer data for purposes directly associated with providing services to Customer under this Agreement. Upon the written request of Customer during the term of this Agreement, NTT DATA will return Customer data to Customer. Upon the termination or expiration of this Agreement, NTT DATA shall return Customer data to Customer or destroy same.

12. CUSTOMER OBLIGATIONS

A. Customer shall use the Subscription Items in a careful and proper manner and shall comply with and conform to all national, state, municipal, and other laws, ordinances and regulations in any way relating to the possession, use or maintenance of the Subscription Items.

B. Customer shall maintain the security of any passwords issued by NTT DATA or NTT DATA's third party software vendor and take reasonable precautions to insure that Customer and its employees do not disclose the Subscription Items to nor permit the Subscription Items to be possessed, used or accessed by any other person or organization.

C. Customer will not, and will not knowingly permit others to, use the Subscription Items (i) for any unlawful or illegal purpose or in connection with or in furtherance of any unlawful or illegal activity, (ii) in violation of any applicable law or regulation, (iii) in a manner that will, or is likely to, infringe the copyright, trademark, trade secret or other intellectual property rights of others or violate the right of privacy, publicity or other personal rights of others, or (iv) in connection with any conduct or activity that is, in the sole opinion of NTT DATA, defamatory, indecent, obscene, offensive, threatening, abusive, hateful, tortuous or violate of the rights of any other person or entity;

D. Customer will not, and will not permit others to, do any act which Customer may reasonably expect to interfere with or compromise the security or functionality of the Subscription Items, including without limitation attempting to probe or test the vulnerability of any system or network connected to or accessible by Customer;

E. Customer shall implement reasonable controls to ensure that the Subscription Items are accessed and utilized only as intended pursuant to NTT DATA's guidelines and instructions for the Subscription Items and, from Customer's utilization, only by Customer Users with appropriate Credentials. Customer shall be responsible for (i) issuing or providing information to Provider to issue Credentials and (ii) managing Credentials pursuant to applicable minimum access policies or requirements maintaining the confidentiality of Credentials used to access the Hosting Service. "Credentials" means a login name and password provided to a User. "User" means the staff members and representatives of Customer who are identified by Customer to receive access to the Subscription Items;

F. No equipment owned, leased, maintained by or controlled by Customer which is connected to or utilized in connection with Customer's use of the Subscription Items will (i) interfere with or impair any Hosting Service or any services or facilities of NTT DATA or any third party, (ii) unlawfully interfere with or impair the transmission of privacy of any data or communications transmitted over the Subscription Items or over any services or facilities of NTT DATA or any third party, or (iii) create, cause or contribute to the creation or causing of a hazard to NTT DATA or any third party;

G. Customer has had the Subscription Items and its functions described to it in sufficient detail to understand the Subscription Items and how it would relate to Customer's use of the Subscription Items' intended functions; and Customer is solely responsible for its choice of the Subscription Items.

13. MODIFICATIONS, ADDITIONS

Customer shall not make modifications or additions to the Subscription Items without the express prior written consent of NTT DATA.

14. DEFAULT

The occurrence of any of the following events shall, at the option of NTT DATA, terminate this Agreement and Customer's right to access the subscription items:

(a) The nonpayment by Customer for a period of ten (10) days of any sum required hereunder to be paid by Customer.
(b) The default by Customer under any other term, covenant or condition of this Agreement which is not cured within ten (10) days after notice thereof from NTT DATA.
(c) Any affirmative act of insolvency by Customer, or the filing by Customer of any petition or action under any bankruptcy, reorganization, insolvency or moratorium law, or any other law or laws for the relief of, or relating to, debtors.
(d) The filing of any involuntary petition under any bankruptcy statute against Customer, or the appointment of any receiver or trustee to take possession of the properties of Customer, unless such petition or
(e) appointment is set aside or withdrawn or ceases to be in effect within sixty (60) days from the date of said filing or appointment.
(f) The subjection of any of Customer's property to any levy, seizure, assignment or sale for or by any creditor or governmental agency.

Upon the occurrence of any of the above events, NTT DATA may, without notice to or demand upon Customer, electronically disable the software. Customer hereby authorizes NTT DATA to enter upon its premises for the aforementioned purpose to the extent necessary and waives any claim for damages arising from such entry. If this Agreement provides for a Minimum Term and any payment remains unpaid more than thirty (30) days past the due date, NTT DATA may declare the portion of the payments remaining unpaid for the entire term immediately due and payable and, upon demand by

(continued on page 3)

EXHIBIT J

NTT DATA, Customer shall immediately pay the same together with all other sums owed under this agreement. In any instance where NTT DATA and Customer have entered into more than one agreement, Customer's default under any one agreement shall be a default under all agreements and NTT DATA shall be entitled to enforce appropriate remedies for Customer's default under each such agreement. The remedies herein specified are cumulative and nonexclusive and shall not deprive NTT DATA of any other remedies provided by law or equity including injunctive relief against any proscribed use or disclosure of the Software.

15. CONVENIENCE TERMINATION

A. Customer may terminate this Agreement for Customer's convenience prior to the end of the subscription term by providing NTT DATA with at least ninety (90) days' advance written notice. Upon such termination, Customer shall pay NTT DATA (i) all unpaid monthly subscription fees incurred prior to the effective date of termination, and (ii) a lump sum early termination charge calculated as fifty percent (50%) of the remaining amount to be paid between the termination effective date and the expiration of the subscription term.

B. Customer acknowledges and agrees that (i) the injury caused to NTT DATA by Customer's early termination of this Agreement will be difficult or impossible to estimate accurately; (ii) both Customer and NTT DATA intend that the foregoing early termination charge constitutes liquidated damages, rather than a penalty; and (iii) that the early termination fee constitutes a reasonable estimate of the probable loss or injury that will be caused to NTT DATA by Customer's early termination of this Agreement.

16. DISENGAGEMENT

A. In the event of termination or expiration of this Agreement, NTT DATA and Customer shall prepare a written plan for Customer's disengagement from the subscription services (the "Disengagement Plan"). The purpose of the Disengagement Plan will be to provide a plan to transfer Customer data from NTT DATA to Customer. The Disengagement Plan will outline the steps and activities involved in disengagement, the manner in which the steps and activities will be accomplished, the general responsibility for each, and the services required from NTT DATA.

B. Upon termination or expiration of this Agreement or upon request of Customer, NTT DATA shall provide to Customer or Customer's designee the assistance described in the Disengagement Plan to facilitate the orderly transfer of Customer's data to Customer ("Disengagement Assistance"). Customer may also request that NTT DATA begin providing Disengagement Assistance at any time within the ninety (90) day period prior to expiration of the subscription term. The Disengagement Assistance shall be provided to Customer at NTT DATA's current time and materials rates, plus all related expenses, including travel, meals, and lodging, for a period of time designated by Customer, not to exceed ninety (90) days after the expiration or termination of this Agreement.

17. WARRANTIES AND LIMITS OF LIABILITY

A. Each party represents and warrants to the other party that: (i) it is duly organized and validly existing and in good standing under the laws of the state of its incorporation or formation; (ii) it is fully able to perform its obligations hereunder; and (iii) this Agreement has been duly authorized for execution. NTT DATA represents and warrants (i) that it owns all right, title and interest in and to the Subscription Items, or (ii) that it has the full unrestricted right to grant all rights of Subscription Item usage granted to Customer herein. EXCEPT AS EXPRESSLY PROVIDED IN THIS AGREEMENT, NTT DATA DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, WRITTEN OR ORAL, WITH RESPECT TO THE SUBSCRIPTION ITEMS PROVIDED UNDER THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR USE AND/OR FITNESS FOR A PARTICULAR PURPOSE.

B. IN NO EVENT SHALL NTT DATA BE LIABLE FOR ANY DAMAGES TO THIRD PARTIES OR ANY INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING LOSS OF PROFITS OR OTHER ECONOMIC LOSS ARISING OUT OF THE HARDWARE AND SOFTWARE FURNISHED OR THE SERVICES TO BE PERFORMED UNDER THIS AGREEMENT. NTT DATA'S LIABILITY FOR DAMAGES TO THE CUSTOMER FOR ANY CAUSE WHATSOEVER, REGARDLESS OF THE FORM OF ANY CLAIM OR ACTION, SHALL NOT EXCEED THE MONTHLY SUBSCRIPTION FEES PAID BY THE CUSTOMER UNDER THIS AGREEMENT DURING THE TWELVE (12) MONTH PERIOD IMMEDIATELY PRECEDING THE OCCURRENCE OF A CAUSE OF ACTION.

18. ASSIGNMENT

Customer shall not assign or transfer, or attempt to assign or transfer, any part or all of this Agreement, or any of Customer's rights or obligations hereunder, without first obtaining the prior written consent of NTT DATA.

19. NOTICES

Any communications or notices under this agreement may be given or made by mailing the same to the receiving party by United States mail, postage prepaid, at its address set forth at the beginning of this Agreement or at such different address of which the receiving party shall have given written notice to the sending party.

20. HIRING NTT DATA EMPLOYEES

Customer recognizes that NTT DATA expends considerable time and effort training NTT DATA employees and, therefore, Customer agrees that it will not, either for itself or any other person or organization, hire away or attempt to hire away any employee of NTT DATA without NTT DATA's express written consent. In the event Customer either directly or indirectly hires away any employee of NTT DATA, with or without NTT DATA's consent, it shall pay as liquidated damages to NTT DATA an amount equal to twelve (12) times the highest gross monthly compensation paid by NTT DATA to such employee.

21. ACCEPTANCE OF AGREEMENT

This agreement shall not be binding upon either party until countersigned by a duly authorized official of NTT DATA.

22. GENERAL

This Agreement is made in Redmond, King County, Washington, and shall be construed in accordance with the laws of the State of Washington. Paragraph headings are for reference purposes only and shall not affect the meaning or interpretation of this Agreement. If any portion of this Agreement is invalid under any applicable statute or rule of law, it is to that extent to be deemed omitted and the remaining portion shall be given full force and effect. Waiver by one party of any breach of any provision of this Agreement shall not operate or be construed as a waiver by that party of any subsequent breach. In the event of suit to enforce the terms of the Agreement by one party against the other, the prevailing party shall be entitled to its reasonable attorney's fees. This Agreement constitutes the complete and exclusive statement of the agreement between the parties hereto. No amendment, waiver or alteration of the Agreement may be made in any manner other than in writing and no such amendment, waiver or alteration shall be effective unless signed by each of the parties hereto, including a duly authorized official of NTT DATA. Any notices to be provided hereunder shall be in writing, addressed to the parties at their addresses set forth above, and shall be delivered by reliable overnight carrier providing proof of delivery or by certified or registered mail through the United States Postal Service and shall be deemed received the next day (for overnight delivery) or three (3) days after mailing (for certified or registered mail).

EXHIBIT J

NTT DATA

SUBSCRIPTION SCHEDULE TO SOFTWARE SUBSCRIPTION AGREEMENT BETWEEN NTT DATA Long Term Care Solutions, INC. AND

NTT Data Long Term Care Solutions, Inc
8383 - 158th Ave NE
Redmond, WA 98052

____
(Customer/Licensee)

Schedule (1) of (1)
Agreement Reference Date __________
Contract # __________
Site # __________

SOFTWARE LICENSES

Product Code	Description	Monthly Payment
		$
	Subtotal of Monthly Fees	$

TAX DETAIL FOR MONTHLY FEES			TOTAL	
☐ Tax Exempt	Taxable Amount	$ 0		
# ________	Tax Rate	0.00%	Total Monthly Fees	
	Estimated Sales Tax	$ 0.00	including Estimated Sales Tax	$ 0

TRAINING

☑ Training - Standard $90/hr ☐ Training - Other $___/hr ☐ Training Waived Customer Initials ____

ADDITIONAL CHARGES / PURCHASES

Product Code	Description	Unit Price	Quantity	Total Amount
		$		$
		Subtotal of Additional Charges / Purchases		$ 0

TAX DETAIL FOR ADDITIONAL CHARGES / PURCHASES			TOTAL	
☐ Tax Exempt	Taxable Amount	$ 0		
# ________	Tax Rate	0.00%		
	Estimated Sales Tax	$ 0.00	Total Additional Charges / Purchases	$ 0

IN WITNESS WHEREOF the parties have executed this Agreement on the dates hereinafter written.

NTT DATA LONG TERM CARE SOLUTIONS, INC	CUSTOMER
By __________ Sales Representative	By __________ Print or Type Name of Customer
By __________ Signature of Authorized Official	By __________ Signature of Customer or Authorized Agent
Managing Director Authorized Official's Title Date	__________ Print Name and Title

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

State of West Virginia
Request for Quotation
21 -- Info Technology

Proc Folder: 210220

Doc Description: ELECTRONIC MEDICAL RECORDS SYSTEM

Proc Type: Central Contract - Fixed Amt

Date Issued	Solicitation Closes	Solicitation No	Version
2016-05-05	2016-06-02 13:30:00	CRFQ 0613 VNF1600000006	1

BID RECEIVING LOCATION

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

Vendor Name, Address and Telephone Number:

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

Signature X FEIN# DATE

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

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA VETERANS NURSING FACILITY, IS SOLICTING BIDS TO ESTABLISH A CONTRACT FOR THE PURCHASE AND INSTALLATION OF AN ELECTRONIC MEDICAL RECORDS SYSTEM PER THE AITACHED

INVOICE TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV26301 US	DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
	Electronic Medical Records	2.00000	EA		

Comm Code	Manufacturer	Specification	Model#
43232610			

Extended Description :

Electronic Medical Records

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2016-05-17

VNF1600000006	Document Phase Draft	Document Description ELECTRONIC MEDICAL RECORDS SYSTEM	Page 3 of3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

INSTRUCTIONS TO VENDORS SUBMITTING BIDS

1. REVIEW DOCUMENTS THOROUGHLY: The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification ofVendor's bid.

2. MANDATORY TERMS: The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory tetm in the Solicitation will result in bid disqualification.

3. PREBID MEETING: The item identified below shall apply to this Solicitation.

A pre-bid meeting will not be held prior to bid opening

D A NON-MANDATORY PRE-BID meeting will be held at the following place and time:

D A MANDATORY PRE-BID meeting will be held at the following place and time:

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one person attending the pre-bid meeting may represent more than one Vendor.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. The State will not accept any other form of proof or documentation to verify attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing.

Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility to locate the attendance sheet and provide the required infonnation. Failure to complete the attendance sheet as required may result in disqualification ofVendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. VENDOR QUESTION DEADLINE: Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are nonbinding.

Submitted e-mails should have solicitation nwnber in the subject line.

Question Submission Deadline: May 17' 2016 at 4:00 PM EST

Submit Questions to: Crystal Rink
2019 Washington Street, East
Charleston, WV 25305
Fax: (304) 558-4115 (Vendors should not use this fax number for bid submission)
Email: Crystai.G.Rink@wv.gov

5. VERBAL COMMUNICATION: Any verbal communication between the Vendor and any State personnel is not binding, including verbal communication at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.

6. BID SUBMISSION: All bids must be submitted electronically through wvOASIS or signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time ofthe bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be retumed tor any reason. The Purchasing Division will not accept bids, modification of bids, or addendum acknowledgment forms via e-mail. Acceptable delivery methods include electronic submission via wvOASIS, hand delivery, delivery by courier, or facsimile.

The bid delivery address is:
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

A bid that is not submitted electronically through wvOASIS should contain the information listed below on the face of the envelope or the bid may be rejected by the Purchasing Division.:

SEALED BID:
BUYER: Crystal Rink
SOLICITATION NO.:CRFQ VNF1600000006
BID OPENING DATE:June 2, 2016
BID OPENING TIME:1:30 PM EST
FAX NUMBER:304-558-3970

The Purchasing Division may prohibit the submission of bids electronically through wvOASIS at its sole discretion. Such a prohibition will be contained and communicated in the wvOASIS system resulting in the Vendor's inability to submit bids through wvOASIS. Submission of a response to an Expression or Interest or Request for Proposal is not permitted in wvOASIS.

For Request For Proposal ("RFP") Responses Only: 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 n/a 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: (This only applies to CRFP)
○ 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 confirmation of delivery is provided by wvOASIS (in the case of electronic submission) or when the bid is time stamped by the official Purchasing Division time clock (in the case of hand delivery).

Bid Opening Date and Time: June 2, 2016 at 1:30 PM EST

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 infmmation onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

10. ALTERNATES: Any model, brand, or specification listed in this Solicitation establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.

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

12. COMMUNICATION LIMITATIONS: In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State ofWest Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.

13. REGISTRATION: Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the $125 fee, if applicable.

14. UNIT PRICE: Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.

15. PREFERENCE: Vendor Preference may only be granted upon written request and only in accordance with the West Virginia Code§ *SA-3-37* and the West Virginia Code of State Rules. A Vendor Preference Certificate form has been attached hereto to allow Vendor to apply for the preference. Vendor's failure to submit the Vendor Preference Certificate form with its bid will result in denial of Vendor Preference. Vendor Preference does not apply to construction projects.

16. SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES: For any solicitations publicly advertised for bid, in accordance with West Virginia Code §5A-3-37(a)(7) and W.Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W.Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W.Va. CSR § 148-22-9 prior to contract award to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W.Va. CSR § 148-22-9.

17. WAIVER OF MINOR IRREGULARITIES: The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules§ 148-1-4.6.

18. ELECTRONIC FILE ACCESS RESTRICTIONS: Vendor must ensure that its submission in wvOASIS can be accessed by the Purchasing Division staff immediately upon bid opening. The Purchasing Division will consider any file that cannot be immediately opened and/or viewed at the time of the bid opening (such as, encrypted files, password protected files, or incompatible files) to be blank or incomplete as context requires, and are therefore unacceptable. A vendor will not be pennitted to unencrypt files, remove password protections, or resubmit documents after bid opening if those documents are required with the bid.

19. NON-RESPONSIBLE: The Purchasing Division Director reserves the right to reject the bid of any vendor as Non-Responsible in accordance with W. Va. Code of State Rules § 148-1-5.3, when the Director determines that the vendor submitting the bid does not have the capability to fully perfonn, or lacks the integrity and reliability to assure good-faith performance."

20. ACCEPTANCE/REJECTION: The State may accept or reject any bid in whole, or in part in accordance with W.Va. Code of State Rules§ 148-1-4.5. and§ 148-1-6.4.b."

21. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code§§ 5A-3-1 et seq., 5-22-1 et seq., and 50-1-1 et seq. and the Freedom oflnformation Act West Virginia Code§§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code§ 47-22-1 et seq. All submissions are subject to public disclosure without notice.

GENERAL TERMS AND CONDITIONS:

1. CONTRACTUAL AGREEMENT: Issuance of a Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.

2. DEFINITIONS: As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.

2.1. "Agency" or "Agencies" means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.

2.2. "Bid" or "Proposal" means the vendors submitted response to this solicitation.

2.3. "Contract" means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.

2.4. "Director" means the Director of the West Virginia Department of Administration, Purchasing Division.

2.5. "Purchasing Division" means the West Virginia Department of Administration, Purchasing Division.

2.6. "Award Document" means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.

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

2.8. "State" means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.

2.9. "Vendor" or "Vendors" means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. CONTRACT TERM; RENEWAL; EXTENSION: The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

☐ **Term Contract**

Initial Contract Term: This Contract becomes effective on ______________________and extends for a period of year(s).
Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to _ _ _ _ _ _ successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed months in total. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Delivery Order Limitations: In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

☐ **Fixed Period Contract:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within days.

☐ **Fixed Period Contract with Renewals:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within 120 calendar days.

Upon completion, the vendor agrees that maintenance, monitoring, or warranty services will be provided for one year thereafter with an additional four (4) successive one year renewal periods or multiple renewal periods of less than one year provided that the multiple renewal periods do not exceed forty-eight (48) months in total. Automatic renewal of this Contract is prohibited.

☐ **One Time Purchase:** The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

☐ **Other:** See attached.

4. NOTICE TO PROCEED: Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Award Document will be considered notice to proceed.

5. QUANTITIES: The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

O Open End Contract: Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

D Service: The scope of the service to be provided will be more clearly defined in the specifications included herewith.

O Combined Service and Goods: The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

O One Time Purchase: This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

6. EMERGENCY PURCHASES: The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute of breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.

7. REQUIRED DOCUMENTS: All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.

D BID BOND (Construction Only): Pursuant to the requirements contained in W.Va. Code§ 5-22-1(c), All Vendors submitting a bid on a construction project shall furnish a valid bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

O PERFORMANCE BOND: The apparent successful Vendor shall provide a performance bond in the amount of . The performance bond must be received by the Purchasing Division prior to Contract award. On construction contracts, the performance bond must be 100% of the Contract value.

O **LABOR/MATERIAL PAYMENT BOND:** The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Purchasing Division prior to Contract award.
In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under $100,000. Personal or business checks are not acceptable.

D **MAINTENANCE BOND:** The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

O **INSURANCE:** The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award and shall list the state as a certificate holder:

O **Commercial General Liability Insurance:** In the amount of $1,000,000 ____________ or more.

O **Builders Risk Insurance:** In an amount equal to 100% of the amount of the Contract.

D

D

D

D

D

The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

O LICENSE(S) / CERTIFICATIONS / PERMITS: In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

O ONC-ATCB Certification

D

D

D

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

8. WORKERS' COMPENSATION INSURANCE: The apparent successful Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

9. LITIGATION BOND: The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or $5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.

10. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount of

____

for ____

This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

11. ACCEPTANCE: Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

12. PRICING: The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

13. PAYMENT: Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears.

14. PURCHASING CARD ACCEPTANCE: The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

☐ Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

15. TAXES: The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

16. ADDITIONAL FEES: Vendor is not permitted to charge additional fees or assess additional charges that were not either expressly provided for in the solicitation published by the State of West Virginia or included in the unit price or lump sum bid amount that Vendor is required by the solicitation to provide. Including such fees or charges as notes to the solicitation may result in rejection of vendor's bid. Requesting such fees or charges be paid after the contract has been awarded may result in cancellation of the contract.

17. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.

18. CANCELLATION: The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-6.1.e.

19. TIME: Time is of the essence with regard to all matters of time and performance in this Contract.

20. APPLICABLE LAW: This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.

21. COMPLIANCE: Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

22. ARBITRATION: Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

23. MODIFICATIONS: This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

24. WAIVER: The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

25. SUBSEQUENT FORMS: The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

26. ASSIGNMENT: Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.

27. WARRANTY: The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

28. STATE EMPLOYEES: State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

29. BANKRUPTCY: In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

30. PRIVACY, SECURITY, AND CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/default.html.

31. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code§§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code§§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

32. **LICENSING:** In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

33. **ANTITRUST:** In submitting a bid to, signing a contract with, or accepting a Award Document from any agency ofthe State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State ofWest Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.

34. VENDOR CERTIFICATIONS: By signing its bid or entering into this Contract, Vendor certifies (1) that its bid or offer was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (2) that its bid or offer is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this Solicitation in its entirety; understands the requirements, terms and conditions, and other intonation contained herein.

Vendor's signature on its bid or offer also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency. The individual signing this bid or offer on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or offer or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

35. **VENDOR RELATIONSHIP:** The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

36. **INDEMNIFICATION:** The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

37. **PURCHASING AFFIDAVIT:** In accordance with West Virginia Code§ 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of$1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.

38. **ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE:** This Contract may be utilized by other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). Any extension of this Contract to the aforementioned Other Government Entities must be on the same prices, terms, and conditions as those offered and agreed to in this Contract, provided that such extension is in compliance with the applicable laws, rules, and ordinances of the Other Government Entity. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.

39. **CONFLICT OF INTEREST:** Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

40. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

O Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

O Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.

41. BACKGROUND CHECK: In accordance with W.Va. Code§ 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision. The State reserves the right to prohibit a service provider 's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

42. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant toW. Va. Code§ 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant toW. Va. Code§ 5A-3-56. As used in this section:

a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open heath, basic oxygen, electric furnace, Bessemer or other steel making process. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:
c. The cost for each contract item used does not exceed one tenth of one percent (.1 %) of the total contract cost or two thousand five hundred dollars ($2,500.00), whichever is greater. For the pmposes of this section, the cost is the value of the steel product as delivered to the project; or
d. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

43. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance with W.Va. Code§ 5-19-1 et seq., and W.Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars ($50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a "substantial labor surplus area", as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made alwninum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is pall of a public works contract and has the sole purpose or of being a pemlanent pall of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as patlof a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Robert Skinner, Senior Sales Rep
(Name, Title)

Attached to RFP
(Printed Name and Title)

(Address)

(Phone Number) / (Fax Number)

(email address)

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

See attached signed copy within the RFP response
(Company)

(Authorized Signature) (Representative Name, Title)

(Printed Name and Title of Authorized Representative)

(Date)

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF1600000006

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment f01m. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

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

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

☐ Addendum No.1
☐ Addendum No. 2
☐ Addendum No. 3
☐ Addendum No. 4
☐ Addendum No. 5
☐ Addendum No. 6
☐ Addendum No. 7
☐ Addendum No. 8
☐ Addendum No. 9
☐ Addendum No. 10

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

See signed copy attached to RFP response
Company

Authorized Signature

Date

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

REQUEST FOR QUOTATION
CRFQ VNF1600000006
Electronic Medical Records

SPECIFICATIONS

1. PURPOSE AND SCOPE: The West Virginia Purchasing Division is soliciting bids on behalf of the WV Veterans Nursing Facility, One Freedoms Way, Clarksburg, WV, 26301, and the Barboursville Veterans Home, 512 Water Street, Barboursville, WV, 25504, to establish a contract for the purchase and installation of an electronic medical records system

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

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

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

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

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

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

   2.6 "HIPAA" means Health Insurance Portability Act

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

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

   2.9 "RAI" means Resident Assessment Instrument

   2.10 "QI" means Quality Indicators

   2.11 "RTLS" means Resident Tracking and Locating System

   2.12 "CPOE" means Computerized Physician Order Entry

   2.13 "SaaS" means Software as a Service

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

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

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

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

2.18 **"Resident Trust Fund"** means an interest bearing account for a resident's personal monies.

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

3. GENERAL REQUIREMENTS:

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

3.1.1 The awarded vendor must have a minimum eight years' (8) experience in completing similar projects. References, copies of any staff certifications or degrees applicable to this project. Proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project and what the project goals and objectives, where and how they were met. **See attached Exhibit B and C for employee resumes and Customer References.**

3.1.2 The product must be capable of processing clinical and financial audits for all portion of software. **Yes, there are audit/Log files for both clinical and financial which track the activity of every user identifying who was in each record, data, time and the old value and new value for every change.**

3.1.3 Vendor must be able to list the security reports the product provides prior to go-live to meet all auditing and HIPAA reporting needs. **Yes, the Net Solutions system has available all necessary reports to meet all auditing and HIPPA reporting needs.**

3.1.4 The system must have the ability to create new security rights/roles based on new workflows or enhancements (e.g. customer-developed content such as psychiatric notes or departmental flow sheets. .) **Yes, Net Solutions has security based on roles/groups or the individual user to meet this requirement. The security administrator can make changes to security to accommodate new workflows or enhancements.**

3.1.5 The system must have the ability to terminate user connections/sessions by an Administrator (remotely) if a breach is suspected. **Yes the administrator has the ability to terminate a user connection.**

3.1.6 The system must have the ability to lockout users (for upgrades, security breaches, employee terminations, etc.) **Yes the administrator has the ability to lockout users such as in the case of a termination make that user inactive.**

3.1.7 The installation and intergradations must be complete within 120 days after award. **Yes, based on our contractual arrangement NTTData will complete installation and integration within 120 days of contract signing.**

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

Yes this will be part of the written contract.

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

3.2.1 The system must be capable of securing patient's data at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion). **Yes, the software is capable of securing patients data at all times and all modules they system uses SSL during transmission of data. Password protection is strong with user defined capabilities of making the end user change their password at predefined times and require specific password strength as some examples. The data that resides in the database is not encrypted and the security is provided with the strength of the datacenter security which is essentially four layers VPN, remote gateway, Workstation must have a static IP address, additionally we own our data center not a 3rd party setup like our competitors.**

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

3.3 The business operations system or billing system must provide the following functionality at a minimum. All fees associated with the functionality shall be included in the bid amount:

3.3.1 The system must allow for and account electronic deposits, withdrawals and transfers between Resident Trust Funds. **Yes, the system does allow for the electronic deposit and withdrawals as well as transfers between Resident Trust Funds accounts which of course Net Solutions allows for multiple funds to be setup if needed such as Trust, Burial etc.**

3.3.2 System must be capable of calculating eligibility percentages using demographic data. **Yes, the system allows the calculation of the eligibility percentages using demographic data.**

3.3.3 System must provide standard billing reports for the user to query and aggregate individual patient financial information from resident trust funds. **Yes the system can produce statements as well as aggregate individual patient information from the resident funds reports. We also have a full history of the transactions which occurred in the system.**

3.3.4 System must have the ability to create resident trust funds within application. Also have drop down boxes with prefilled descriptions of deposits/debits/credits. **Yes, the system allows for the setup of facility specific Resident Funds (eg. Trust Burial). Drop down boxes for specific deposits and withdrawals to/from the Funds application can be added to the system based on your needs.**

3.3.5 The system must be capable of creating and running on demand custom reports, such as resident trust fund and census throughout the course of the day. Ability to run quarterly reports on resident trust funds and have the ability to input and run reports by inputting multiple residents at one time. The system must be able to print bulk invoices for filling resident assessment/invoices in a format compatible with generally accepted accounting principles. **Yes, the system allows for the creation and running of on demand reports for resident funds and census throughout the day. In addition the system also has the ability to run quarterly reports (statements) individually or in bulk compatible with generally accepted accounting rules and CMS regulations.**

3.3.6 Must have the ability to print from a specified date in ledger and summary areas, as well as yearly reports by printing individualized or print on demand resident numbers of five (5) to ten (10) at one given time. **Yes, the system has the ability to print based on a specified date/range for an individual or multiple residents.**

3.3.7 Must have the ability to input changes to resident account from any field. Shall have the ability to choose a multiple list of residents by different fields such as resident number, address, phone number or responsible party and print that information for the group of chosen residents. . **Yes this can be completed in the Net Solutions system, also by using standard reports and ad-hoc reports.**

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

3.3.8.1 Resident number– **Yes, part of the standard input fields**
3.3.8.2 Resident name– **Yes, part of the standard input fields includes nickname**
3.3.8.3 Resident Address **Yes, part of the standard input fields, includes history of any changes done to the address with date and user who made change.**
3.3.8.4 County of residence-- **Yes, part of the standard input fields**
3.3.8.5 Social Security Number **Yes, part of the standard input fields can be masked if desired**
3.3.8.6 Gender **Yes, part of the standard input fields**
3.3.8.7 Date of birth **Yes, part of the standard input fields**
3.3.8.8 Age **Yes, part of the standard input fields**
3.3.8.9 Branch of Armed Forces **Yes, part of the standard input fields**
3.3.8.1070% service connect status **Yes, part of the standard input fields and reportable**
3.3.8.11 Room number/location **Yes, part of the standard input fields**
3.3.8.12 Language preference **Yes, part of the standard input fields**
3.3.8.13 Religion reference **Yes, part of the standard input fields**
3.3.8.14 Home phone **Yes, part of the standard input fields**
3.3.8.15 Cell phone **Yes, part of the standard input fields**
3.3.8.16 Other phone **Yes, part of the standard input fields**
3.3.8.17 Resident type **Yes, part of the standard input fields**
3.3.8.18 Current status (current resident, death, bed hold, etc.) with an attached date of status update. **Yes, part of the standard fields**
3.3.8.19 Reports shall be set up to produce reports from a menu driven option. All reports must be exportable to Excel or Equal, or have customizable query option in the Business Office operations system. All costs must be included in the bid amount **Yes, all the reports produced from a menu driven option and they are exportable to Excel a customizable query is also available.**

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

3.4.1 Must have ability to have Resident Assessment Instrument Manual in the application. **Yes. NetSolutions has the complete RAI manual as well as sectional help using the RAI manual including CAA resources and it's updated regularly to meet current CMS regulations.**

3.4.2 The vendor must provide to the customer a version release, patches and scheduled anticipated down times for the next 12 months one week ahead of time. **Facilities are notified of releases, versions and are allowed to self -schedule updates. Federal and State updates are released at a minimum of 60 days prior to required start date**

3.4.3 Vendor must provide to the customer projected upgrade/migration times when the next version of the Minimum Data Set is released. **Yes, the facility should expect routine regulatory update changes to the MDS every six months. Effective months typically are April and October. Software updates are released to meet required changes at least 90 days prior.**

3.4.4 The application must have the ability to conduct, as needed, the following reports: Accounting/Financial Reports, Clinical Reports, Therapy Reports, Medical Records, Activities Reports, Dietary Reports and Pharmacy Reports. **Yes. NetSolutions comes complete with a suite of built in reports covering requested reports. Facility has option to use Ad-Hoc reports to create their own reports if needed custom reports can also be written.**

3.5 System must have the ability to automate and coordinate clinical documentation through an integrated clinical documentation system including the deployment of an electronic point of care documentation system. **Yes. NetSolutions comes complete with an interoperable single database that includes the ability to automate and coordinate clinical documentation through an integrated clinical documentation system using an integrated point of care documentation system.**

3.5.1 System must be able to automate and coordinate information from collection and reporting to create improved documentation of in care planning and resident assessments by using an electronic MDS 3.0 documentation system. **Yes, NetSolutions is designed to use the Nursing Process. The User Defined Assessment Module covers admission and other required and optional assessment requirements. MDS 3.0 and UDA's can auto generate suggested care plan problems for the end user based on correlations which can be edited. The NetSolutions eAssignments module can alert staff of needed assessments prior to and of late assessments and Care Plans; there is also a clinical dashboard which identifies any assessments or Care Plans which need to be completed.**

3.5.2 System must have the ability to automate and electronically integrate business functions with clinical and reporting systems such as clinical census and invoice reporting. **Yes, all business functions are electronically integrated with clinical, census and reporting systems. NetSolutions comes with over 900 built in reports which can be run using various criteria end user has option to build their own custom or ad-hoc reports if needed.**

3.5.3 Must create a seamless integration of all applications including therapy, pharmacy and other business applications. **Yes has seamless integration of all applications. NetSolutions uses HL7 and NDCDP to communicate with Therapy and Pharmacy for seamless integration and sharing of PHI securely.**

3.5.4 The system must provide administrative tools, such as drop downs or flags that give the recommended answer from the clinical information gathered for organizing to build care plans, guidelines and protocols for use during patient care planning and care. **Yes, Net Solutions can be configured and designed to use skip patterns, fill in the blanks and be customized based on facility Policy and Procedures. NetSolutions can be used to drive Evidence Based Nursing practices and Evidence Based Practices.**

3.5.5 System must generate and automatically record in the care plan document, Patient-specific instructions related to pre- and post-procedural and post-Discharge requirements. **Yes, the NetSolutions Care Plan library can be customized to allow this requirement.**

3.6 The system must provide an electronic mechanism to document, record and produce documentation of MDS quality indicators QI (quality indicators). **Yes. NetSolutions can generate 672/802, Analytic Reporting, Trigger analysis, etc. QAPI integration allows for facility characteristic reporting.**

3.6.1 The system must allow for auto alerts for MDS and all the quality indicators, quick reporting, tracking and trending. **Yes. NetSolutions does allow alerts for MDS and has the ability to track and trend QM/QI through reporting and the Insight dashboard.**

3.7 The vendor must provide the following Computerized Physician Order Entry (CPOE) features and functionality : **Yes, NTT DATA will provide Physician Order Templates as requested.**

3.7.1 A list of templates in PDF format, as they relate to Physician Orders with bid. . **Yes, NTT DATA will provide Physician Order Templates as requested.**

3.7.2 The system must allow multiple resolvable items to be mapped to a single orderable item (e.g., skin tests have multiple antigens [resolvable] which must map to a single orderable item code). **Yes. NetSolutions can allow users to link orders and discontinue selected orders with a few clicks of the mouse.**

3.7.3 The system must allow free text ordering by allowing handheld devices such as cell phone, Ipad, Notebook, laptop etc. to be used by the Physician to write orders and must have ability for the Physicians electronic signature on those orders. . **Yes, NetSolutions can be used on handheld devices (tablets, Notebooks, laptops) utilizing Windows OS and Internet Explorer 9 or higher. NetSolutions will be releasing apps (September 2016) for the Apple and Android that are modular specific to allow for CPOE on those devices as well. NetSolutions allows for Physician Electronic Signature of Orders.**

3.7.4 Must allow the end user the ability to cancel pending medical orders, send an outbound interface message result, and send the cancellation message to third party systems. **Yes. NetSolutions allows clinicians to cancel orders that are pending and send those messages to a third party vendor in your case in-house pharmacy software Frameworks via interface if required.**

3.7.5 Provide International Classification of Disease Tenth Edition (ICD-10) conversion plans, including: current pre-loading of iCD-9 codes, risk mitigation plan for the ICD-10 conversion, estimated down time and the communication plan with customers. **Yes. NetSolutions comes equipped with ICD-9 and ICD-10 built in. NetSolutions also comes with a conversion utility that assists clinicians in converting existing ICD-9 to ICD-10. This was made available January 2015 for the conversion in October 2015 which went smoothly.**

3.7.6 System must allow customization questions per order to be developed, and demonstrate how these items are built and managed by the customer and allow for these items be classified as "required" or "optional" to complete. . **Yes. Facility can define required data elements and create their own for Order Entry and these can be required or optional as defined by the end user.**

3.7.7 Must allow recurring/standing orders per user or specialty. **Yes, Net Solutions allows for Standard orders sets, pre-admission orders, admission orders and protocols to be auto added. These can be defined specifically for the end-users needs.**

3.7.8 Must provide reporting tools capable of monitoring all Computerized Physician Order Entry steps (e.g. unsigned orders, overdue orders, etc.) **Yes. System comes with reporting functionality as well as alerts using our eAssignments and clinical dashboard module for this requirement which will alert users if needed.**

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

3.8.1 Must provide which local pharmacies interface with the system. **Yes,Net solutions can interface with Pharmerica, Omnicare, Frameworks LTC, QS1, Millennium and Prescribers Connection – which includes QS/1, RNA Health, Prodigy Data Sys, Rx30, ComputerRx, Health Business Sys, PharmCare USA. Net Solutions essentially covers all LTC pharmacies.**

3.8.2 Must incorporate fax server in the software application. **Fax server is incorporated with the software.**

3.8.3 Must provide the security audit logs and policies embedded in the software to govern who can eRx. **Yes the security can be setup so only certain users would have access and rights to use ePrescribing. Audit logs are available in this area.**

3.8.4 Must provide regular medication updates such as recalls, medication interactions, and medication side effects. **Yes. Net Solutions comes with Clinical Decision Support which includes Black Box Warnings, DrugPoints® includes dosage, contraindications, warnings, interactions, adverse effects, Clinical Teaching and Drug Interactions.**

3.8.5 Must provide a way to distinguish the name, roles and date a medication is added to the system. (MD, RN, MA, PAINP) **Yes, the system will show the user who added the medication as well as the date, time it was added as well as the physician also it indicates if it was electronic or not and includes the status if it was electronic**

3.8.6 Audit features must include a running history of prescription renewal changes. **Yes, the audit function tracks everything that happens with the order.**

3.8.7 Must provide a security role for the consultant pharmacist. **Yes, a security role for Pharmacy Consultant can be setup and tracked.**

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

3.9.1 Must provide direct SaaS (Software as a Service) solutions included in bid. **Yes, SaaS solution is included in the bid.**

3.9.2 Must name all third party vendors required to provide the solution, including those that host any part to the connective and processing of the data. **We are not quoting any 3rd party solutions.**

3.9.3 Must provide all levels of technical support 24/7 phone calls and on- site. **Yes, standard support is provided 8am EST to 8pm EST, after hours support is available anytime for an extra fee 27/7 via our 800 number. On-site is typically not needed since the software is hosted in the cloud and can be accessed at any time by NTTData's technical staff. We can provide on-site technical support as/if needed.**

3.9.4 Must provide all tiers and descriptions of the service level agreements available to customers to be included with the bid. **Yes, See Exhibit D**

3.9.5 Must provide a list to customers of required or recommended firewall technology on the client side to be included with the bid. **Yes, we use standard SSL/TLS protocols and the firewall technology can be of your choice. We currently use Cisco as the standard on our side at this point in time.**

3.9.6 Product must have the ability to be securely accessed from any location with an Internet/broadband connection, also must provide security requirements for remote users. **Yes, you must have a static public IP address for the location accessing the system. Typically if outside of the facility you will access via VPN thru the facilities network and firewall which is recommended by NTTData to keep within HIPPA compliance.**

3.9.7 Vendor shall list all security enhancements which must be accommodated on client workstations e.g. Internet sites trusted, active x controls enables, Dot Net versions supported, registry modifications, etc.) **IE version 11 is all that is needed and trusted sites and pop ups allowed for the site.**

3.9.8 Product must support the following external devices:

- USB Devices **Yes, specific to local operating system**
- Scanners (Manufacturer/Model) **Yes, using barcodes in eCharting requires that you purchase one or more scanning devices. A scanner attaches to your computer by USB port. To scan medication barcodes, you must use a scanner compatible with the type "Interleave 2 of 5" barcode such as the Wasp WCS 3900, which has been tested with NetSolutions eCharting.**

- Handheld (i.e. Barcode, PDA, BlackBerry Devices, etc.) **Yes, specific to local operating system**
- Card Readers (i.e. Smart Card, Security) **Yes, specific to local operating system**
- Other Input Devices **Yes there is an electronic signature pad for use with Resident Funds if you want to use it to approve deposits or withdrawals the Topaz SigLite 1x5 pad model T-S460-HSB-R. This device must be attached by USB to the computer on which you are working, and its driver software (an ActiveX control) must be installed. Other signature devices will also probably work with the NetSolutions functionality, however, only the Topaz device has been tested by NTT DATA.**

3.10 Prior to going live, product must provide the minimum workstation requirements to run the software including: **Please see the attached hardware specifications sheet for the hardware specs for the workstations. Exhibit E**

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

3.11 Prior to going live, vendor must provide required type of client (i.e. Citrix, Oracle, Clientware, Cisco VPN, etc.) to utilize software. **There is not a need for a client unless you want to use a VPN connection.**

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

- Java **N/A**
- Flash **N/A**

- Adobe reader **Yes, works with Crystal Reports but the reader is installed on the server if the user wants to locally store and open reports Adobe Reader must be installed on wortkstation.**

- Microsoft (i.e., Word, Excel, etc.) **N/A**
- Antivirus - **Recommend Symantec Antivirus**
- Which folders/files must be excluded from active scanning? **On workstation there are no exclusions**
- Crystal Reports **This is on the server when we host, if you do custom reporting or download reports to local workstation you need crystal installed on the workstation**
- Open Office **N/A**
- Remote Access Software (WinVNC,RDP, GoToMyPC, etc.) for support. **You can use logmein, joinme or other similar access software. The hosted database we have direct access to.**

3.12.1 Prior to going live, list any and all Open Database Connectivity drivers or Standard query Language applications that need to be loaded on workstations. **None**

3.12.2 Vendor/Program shall list all scheduled application migrations scheduled within the next six months to one year. **NS 6.5.1sp4 July 2016, NS 6.5.2 9/2016**

3.12.3 Two weeks prior, vendor must list expected downtime/testing/release timing to customer. **Yes, update information is communicated to the user more than 2 weeks before any updates are done.**

3.12.4 Vendor must provide all data usage policies including details on how data is saved and stored to the administrator or designee prior to installation. . **The only limits on data usage policy is with the eDocs module and this is outlined in detail within Exhibit G.**

3.12.5 Software must be able to download and distribute the patient's health record. **Yes there is a process built into the Net Solutions product to make a copy of an electronic health record on a resident in a PDF format electronic or paper. The record disclosure indicates whom it was disclosed to purpose and range of dates as well as what was included the end user can select specifically what they want to disclose and a record is kept as to what was produced.**

3.12.6 Product must upload patient-provided records (either paper or electronic format, radiology, medical records, lab data, etc.) **Yes, the system will come with our eDocuments module which will allow for the scanning of paper or attaching electronic documents to the residents electronic record based on user defined folders and types with security for each.**

3.12.7 Product must export information to CD/DVD in Comma Separate Values (CVS) or comma text delimited format, CCD, Computer Design Activity, Extensible Markup Language format. **Yes, product built using a SQL database and has the ability to export in a format such as the ones stated above, end user will have a data dictionary of all tables.**

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

Yes, once the software is loaded in our datacenter a schedule of backups, updates and the like will be provided to you as a customer before they

occur. We use LightSpeed which is a Microsoft product for SQL backup which is automated.

3.12.9 Must provide within 24 hours a contingency strategy or disaster recovery plan in the event internet service is lost and customer is unable to access your system and application. **Yes, during the implementation process a disaster contingency plan will be implemented so all functions can be completed including the med pass.**

3.12.10 Data must be gathered during Internet outages and uploaded into the system when Internet is restored either manually or automatically and provide verification when the information has been uploaded. **Yes all Net Solutions users are encouraged to have more than once internet connection service of a different type in case of failure of the primary provider.. During the implementation process there are specific steps which a facility can take to go with paper for a period of time including an up-to-date MAR and TAR**

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

Yes, we monitor the system's operations constantly but there are a myriad number of reasons a client might not be able to reach the front-end that we would be unable to monitor for. Anytime the site might be unavailable we provide immediate notification to our hosted clients and an estimate to when the system would be fully functional. Our RTO is 4 hours and our RPO is 2 hours.

3.12.12 Vendor must provide a list of outages due to infrastructure issues in the last 24 months with bid. **The new Atlanta datacenter has had but one outage since it came on line over 18 months ago due to infrastructure which was a failure of a switch and since then redundancy to that possibly ever happening again is now in place. The data center outage percentage would be 99.9% uptime.**

3.12.13 Vendor must have redundant internet providers. **Yes, there are multiple primary connections to more than one backbone**

3.12.14 Vendor must provide a detailed list of network infrastructure requirements with bid. **Yes, see the attached Hardware Specifications which give the latest network infrastructure requirements. Reference Exhibit E**

3.12.15 Vendor must provide a test environment prior to go-live for the customer to use on-site at the facility. **Yes, a test environment is included in the attached bid for customer to use prior to go live.**

3.12.16 Vendor must provide documentation of proper encryption and antivirus on vendor servers, including policies that describe the audit process to identify attempted accesses with bid. **Yes, this will be made available, the Atlanta Datacenter Operations Policy will be made available to the West Virginia Veterans upon signing of the contract. To provide this document at this stage of the process could be detrimental to our business (trade secrets) since the RFP and the attachments would be public documents and accessible to our competitors giving a view into what we do and how we do it.**

3.12.17 Vendor must provide proof of off-site disaster recovery location for the vendor server farm and frequency of testing with bid. **Yes, provide proof of off-site disaster recovery location for the vendor server farm and frequency of testing with bid. See Attached Datacenter spec sheet Exhibit G.**

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

3.13.1 Must provide all levels of each technical, training and service support with your standard service level agreement for each support program for the life of the contract. **Yes, SLA's are available and will be negotiated upon signing of contract the West Virginia Veterans Homes samples are part of Exhibit D.**

3.13.2 Must provide support statistics (# of support calls to the % of resolutions at each severity level. **Percent of calls, by month, that are responded to the same day they are received we don't have the data by severity level:**

Month	**Percentage**
Apr-15	**81.87**
May-15	**87.6**
Jun-15	**85.92**
Jul-15	**86.9**
Aug-15	**90.87**
Sep-15	**89.26**
Oct-15	**91.85**
Nov-15	**90.63**
Dec-15	**87.51**
Jan-16	**89.56**
Feb-16	**90.86**
Mar-16	**92.5**
Apr-16	**90.98**

3.13.3 Vendor must provide 24/7 customer technical support throughout the life of the contract. **Yes, 24/7 customer technical support is available there is an extra charge for afterhours support vs standard support hours which are 8am EST to 8 pm EST**

3.13.4 Must provide to the facility response timeframes per severity level. 24 hour maximum time frame to include phone, email, and fax. **Average monthly response time for critical and non-critical support calls (hours/minutes):**

	Critical	**Non-Critical**
Jun-15	**1:05**	**2:31**
Jul-15	**0:57**	**2:25**

Aug-15	**1:03**	**1:45**
Sep-15	**0:51**	**2:08**
Oct-15	**0:43**	**1:40**
Nov-15	**0:46**	**1:38**
Dec--16	**0:31**	**2:14**
Jan-16	**0:32**	**1:41**
Feb-16	**0:47**	**1:28**
Mar-16	**0:31**	**1:31**
Apr-16	**1:02**	**1:50**

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

- Data **The data is the clients data**
- Software **NTTData owns the software and would reside in the cloud**
- Enhancements or customizations paid for by the customer– **Any enhancements or customizations paid for by the customer become part of the software which all clients can use. There is only one instance of the software and any client asking for customization that we complete becomes part of the software for all of our clients. If this was a feature that did not benefit other clients it might not be turned on for but the client that is using it but most customizations do benefit the whole client base and all of our clients would benefit.**
- Hardware **Hardware is the ownership of the client , We do not sell hardware but we do have a hardware partner IT Medical Solutions to provide Point of Care Kiosks and Med Cart Computers but any vendor can provide them as well based on the hardware specifications. Standard laptop, desktop and tablets are typically off the shelf from your vendor of choice.**
- Servers **Hardware is the ownership of the client**
- Workstations **Hardware is the ownership of the client See the above hardware explanation**

3.15 Vendor must provide a list/menu of additional fee based services with bid. **See Exhibit F**

3.16 Vendor must provide their enhancement request model with bid. **Yes, the customer requests/Enhancements are entered into our customer portal (Nexus) by the customer or a NTTData employee. Additionally during our yearly client conference the clients have their user meeting where they create a list of software requests which are included in our development roadmap for the year. Customer requests outside of the client conference list are assembled by our product development team based on demand by our clients and input from our implementation, training, support and sales teams. Additionally a customer may ask for a specific custom enhancement to the software which can be done by our team based on hours for product management, development, QA, technical writing and release.**

3.17 Vendor must provide ongoing maintenance schedule, timelines and procedures to include: upgrade process, testing and product enhance requests through the life of the contract. **Yes, we have software upgrades typically 4 times per year. If there is a need for a patch they are released as necessary the format is an auto update of the release/patch on uses schedule and release notes are released with each release/patch. Timelines for releases are typically 3-4 per year the scheduled releases for 2016 are as follows NS 6.5.1sp2 01/2016, NS 6.5.1sp3 04/2016, NS 6.5.2 09/2016**

Product enhancement requests are encouraged from our user base individually or though the users group/conference.

3.18 Vendor must include all phases of training and testing from selection through going live including the following services: **Yes we will**

3.19 The development and training environment will be provided on-site immediately after contract is awarded. **Yes, training environment will be provided via the cloud immediately after contract is awarded.**

3.20 Access must be granted to the development/training environment for testing during upgrades and training. **Yes, development/Training environment will be available at all times after contract is signed.**

3.21 Training must be provided through the following delivery channels, but not limited to one format: video, web based training; facilitator/consultant led training session, training documents. **Yes, during a typical implementation/training NTTData uses web based training for client specific setup followed by consultant on-site training sessions. Video training can also be used we have training covering all aspects of our software including updates. There are also training guides on our users only website which are available. Additionally there is also extensive help on line as well.**

3.22 Vendor must provide clarification on when materials or specialty training is created by the vendor or the consumer to the facility. **This is detailed in the project plan laid out between NTTDATA and the West Virginia Veterans home. See Attached Exhibit H.**

3.23 Workflow assessments will be completed by the vendor and included with bid. **Yes, a workflow review assessment/review is included in the bid. See Attached Exhibit H.**

3.24 Vendor must provide during testing and go-live recommendations and workflows for abstracting and/or bulk loading data from paper charts into electronic health records. **Yes, we will provide recommendations and workflow processes. Customer will be responsible for providing data for processing.**

3.25 Vendor must provide contractual availability to access the live electronic medical records prior to going live for build or pilot purposes with bid. **Yes, the electronic record will be available to the West Virginia Veterans Facilities prior to going live for build or pilot purposes with bid.**

3.26 Vendor must provide a detailed statement of work to include: superior training cost of training, on-site training and post-live training and support. The statement of work will include number of hours, number of resources, on-wit and off-site hours, on-site and off-site resources assigned to this project with bid.. **The above is included in detail with the bid. See Exhibit I.**

3.27 Vendor must provide a going live assessment to be completed within 90 days after transition from the level of going live support to 'normal' support level with bid. **Yes, NTTDATA will provide a going live assessment that will be completed within 90 days after the transition from implementation to being handed off to "Normal "support.**

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

3.28.1 Customer must be allowed to perform acceptance testing of the product 24 hours prior to go live training. If unacceptable, vendor will be required to make necessary adjustments. **Yes, customer will be allowed to perform acceptance testing of the product prior to go live training. Any critical software defects will be fixed immediately.**

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

any critical software defects will be addressed immediately.

3.28.3 Vendor must provide upon request an escalation channel if training is not conducted in agreed upon time frame and/or training materials are not adequate or delivered per contract deliverables. . **Yes an Escalation Channel is provided for through our Customer Services department**

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

3.28.5 Vendor must provide replacement of hardware during transport if purchased through vendor or while vendor is on-site during installation. **Not applicable**

3.28.6 Vendor must provide upon request a mitigation plan if incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software. **Yes, Mitigation plan will be provided upon request, if needed**

3.28.7 Vendor must provide to the facility remedies if data corrupted during the course of normal use and operation of product upon request for the life of the service. **NTTData will provide remedies if such a need arises.**

3.28.8 Vendor must warranty any functionality and/or work provided by any company on your behalf (implementation, upgrades, etc.) **See attached contract warranty section included in Exhibit G.**

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

Yes, we provide a more comprehensive certification thru our CCHIT testing. There are currently no ONC-ATCB certification for Long Term Care at this point, NTTDATA exceed this with the CCHIT certification. See additional information below detailing the certifications. NTTDATA Net Solutions received this certification in November 2013. CCHIT Certification obtained by NTT is specific to the unique needs of LTPAC. It also was a very large, comprehensive list of items to certify to. It was an all or nothing certification in that you had to pass ALL criteria elements in order to get certification. Not only is CCHIT's criteria exacting, it is numerous – a 45 page list of functions that must be included in the software system. The criteria is organized into 31 categories including Medication Prescribing and Ordering, Medication Reconciliation, Diagnostic Tests Ordering, Results, Immunization Management, Inter-Provider Communication, Health Record Output, Confidentiality, and Security including access control, audit, authentication, and documentation.

It was not only an expensive process in that products needed to be modified, developed and tested to meet the high requirements of CCHIT standards but NTT Data had to pay a significant fee to apply for certification.

The ONC-ACB Certification was designed for Ambulatory and Hospital providers. The Ambulatory component is specific to physicians and the Hospital component is specific to acute care hospitals. Furthermore with the ONC-ACB Certification you don't have to certify to all criteria elements but you can pick and choose the criteria elements you want to certify to. Finally the fees for ONC-ACB certification can be considerably less than the fees for the full certification under CCHIT because you are certifying for far fewer criteria elements.

So while NTT performed the full certification under CCHIT that was unique and specific to long term care and mandated that the vendor had to certify to 45 pages of long term care specific criteria.

Some vendors certified for Ambulatory care (that would be physician offices and has nothing to do with long term care) and certified to a very limited set of 6 criteria as follows:

1. Computerized Physician Order Entry (Physician Order module)
2. Medication List
3. Medication Allergy List
4. Automatic numerator recording (this has nothing to do with long term care but has to do with calculating the clinical measures defined for physicians)
5. Safety enhanced design - this demonstrates that you have a design process and seek input from the customer base when designing product
6. Quality management system - this demonstrates that you have processes in place for testing the software before general release

Only the first three above have anything to do with product functionality and at that are only a minuscule representation of all of the criteria elements NTT certified to.

EHR Certification in LTPAC

Certification plays an important role in the adoption and utilization of Electronic Health Records (EHRs) in LTPAC. EHR certification consists of both a checklist of minimum functional criteria and a testing process to verify EHRs meet the criteria.

Types of certification

There are two distinct types of certification available for LTPAC:

- Comprehensive certification – CCHIT Certified ® 2011
- Meaningful use certification – ONC-ATCB Certified 2011/2012

Comprehensive certification (CCHIT Certified ® 2011)

Comprehensive certification is defined by the industry and describes everything an EHR should do for an LTPAC provider. The Certification Commission for Health Information Technology (CCHIT) has developed comprehensive criteria for LTPAC providers. While LTPAC encompasses many care settings, the criteria are geared toward:

- Certified home health agencies
- Skilled nursing facilities
- Hospice agencies
- Inpatient rehab facilities
- Long-term acute care hospitals

The criteria consist of core requirements that pertain to all of the above care settings. In addition, an EHR may certify for certified home health and/or skilled nursing facility via specific add-on criteria. A certified EHR must meet 100% of the core requirements that pertain to these care settings and 100% of the home health or skilled nursing add-ons if applicable. More information on CCHIT certification for LTPAC can be found at:

- http://www.cchit.org/workgroups/long-term-and-post-acute-care for a process description
- http://www.cchit.org/certify/2011/cchit-certified-2011-long-term-post-acute-care-ltpac-ehr for the criteria and testing process

Meaningful use certification (ONC-ATCB Certified 2011/2012)

Meaningful use certification is defined by the government and is the basis for adoption incentives for hospitals and physicians. These adoption incentives are not available for LTPAC providers at this time. However, LTPAC EHRs may certify for any specific meaningful objectives that apply. The Office of the National Coordinator for Health Information Technology (ONC) within HHS defined the criteria and an Authorized Testing and Certification Body (ATCB)

More information on ONC-ATCB certification can be found at: http://www.cms.gov/EHRIncentivePrograms/25_Certification.asp

Why is certification important?

Both CCHIT and meaningful use certification require products to have the ability to share information with other EHRs utilizing industry standards. In addition, certified EHRs provide buyer assurance that the product has been independently tested to meet or exceed the established criteria. Finally, should adoption incentives become available for LTPAC providers, it is likely that certification will be required to participate.

4.1.2 Vendor must provide information on any outstanding lawsuits or judgments within the last five (5) years. Indicate any cases that vendor cannot respond to as they were settled with a non-disclosure clause at the time of bid. **No NTTData does not have any outstanding lawsuits or judgments within the last five (5) years We confirm that Long Term Care (NTTDATA) does not have any outstanding sales tax or income tax liabilities with the State of West Virginia.**

4.1.3 All software applications should, at minimum, provide the same functionality or equal to Point-Click-Care. **Yes NTTData's Net Solutions meets and exceeds the functionality capabilities of PointClickCare as indicated by our CCHIT certification.**

4.1.4 Vendor must provide detailed explanation for all licensing options to be included with bid. **Hosted by NTTData at our hosting facility in Atlanta, the end user can self-host the software or a 3rd party may host the software.**

4.1.5 Vendor must define 'user' if it relates to the licensing model by obtaining the authority to use software without purchasing (i.e. FTE MD, all clinical staff, etc.). . **Not applicable to Net solutions licensing is not user based.**

4.1.6 Vendor must provide a detailed explanation of how the system licensing shall account for residents, part time clinicians and mid- level providers. **Not applicable to Net solutions licensing is not user based.**

4.1.7 Vendor must disclose to the customer additional licensing per workstation and any handheld devices count towards this licensing. **Licensing is not associated with per-user unlimited number of users may use the software**

4.1.8 If the system is a concurrent licensing system, the vendor must provide an account of when the licenses are released by the system, (i.e., when the workstation is idle, locked, or only when user logs off) **Not applicable to Net solutions licensing is not user based.**

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

4.2.1 Meet all IDPPA (Health Insurance Portability Act), IDTECH (Health Information Technology for Economic and Clinical Health) security requirements. **Yes, Net Solutions currently and during the life of the contract will meet all HIPPA and HITECH security requirements.**

4.2.2 Product must provide different levels of security based on User Role, Site, and/or Enterprise settings. **Yes, Net Solutions provides different levels of security based on user role/group, facility and enterprise settings which the end user can configure to suit their needs.**

5. CONTRACTAWARD:

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

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

Please read this section in its entirety if Vendor is submitting an Electronic Bid

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

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

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

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. **See Exhibit I.**

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:
Vendor concurs with all points listed under paragraph 9. See Exhibit B for staff personnel.

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. **Vendor Concurs. With all points listed under paragraph 10**

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 Immediate cancellation of the Contract.

10.2.2Immediately 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 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: Kim Allen
Telephone Number: 425-307-2354
Fax Number: 425-307-2230
Email Address: kim.allen@nttdata.com

NTT DATA Americas Fact Sheet: NetSolutions Admit Discharge Transfer - ADT
NTT DATA Long Term Care Solutions, Inc.

NetSolutions Admit Discharge Transfer (ADT)

NetSolutions™ Admit Discharge Transfer (ADT) centralizes resident and census information. It tracks resident information needed for billing and can generate a Continuing Care Document to share electronically with other healthcare providers.

Powerful Tool for Maintaining Resident Information

Snapshots: ADT, Clinical, Financial

The ADT Snapshot in NetSolutions Admit Discharge Transfer is your online facesheet, giving you summary data at a glance with links to full information – clinical and financial. Scroll through for answers, such as physician, next of kin, diagnoses, allergies, and payor. The ADT Snapshot guides and standardizes the registration process and ensures important data is included with the ability to set required fields.

The Clinical Snapshot is an index to the EMR – click on an item in the summary to drill down to details or navigate to an area, such as the care plan. Link to a list of reports needed when a resident transfers. The Financial Snapshot gives you summaries of census, reimbursement data, payors/plan balances, resident funds, guarantor, and contacts. Click on an amount for a history.

The ADT Snapshot provides comprehensive information on each resident and makes it available anytime anywhere with authorization. It's sorted into these categories:

» Census Information – such as dates, location, bed type, level of care, bed hold
» Reimbursement Information – for each of the resident's payers
» Clinical Information – such as diagnoses, physician, allergy, and advance directives
» Contact Information – for personal and professional contacts such as next of kin, guarantor, dentist, therapist, friend, family, and clergy
» Additional Information – offers open comment and user-defined fields for data such as referral source, veteran status, hobbies, and arbitration agreement status. Generate reports from these fields to prepare lists for special projects and activities.

Health Record and Continuing Care Document

The Health Record feature packages resident information that you select into a single file that can be shared with other health care providers. To add information to the Health Record file you simply check a time range and items, such as allergies, diagnoses, physician orders, immunization record, and vital signs. The data is generated as a report that can be saved in pdf format or as a Continuing Care Document in xml.

You select the contents to include in the file. For example, only data related to a certain diagnosis could be appropriate for a physician consult. But if the resident is transferring to another LTC facility or you are preparing for a power outage, the full record would be appropriate.

With the Health Record Disclosure feature you document the date, purpose, description, and recipient of protected health information. The file can be accessed later from a Summary window.

NTT DATA
Long Term Care Solutions, Inc.
www.nttdataltc.com - 800-426-2675

The NetSolutions System

Revenue Cycle Management
» AR-Billing
» Resident Funds
» General Ledger, Accounts Payable

Electronic Medical Record
» MDS 3.0
» Care Plan
» Progress Notes
» Therapy
» User-Defined Assessments
» Wound Management

Medication Management
» eCharting, eMAR
» Drug Interactions
» Physician Orders
» ePrescribing

Documentation Management
» Incident Reporting, Infection Control
» eDocuments
» eResults

Communications
» Insight Dashboards
» Point of Care
» Constant Care Technology
» eAssignment & Messaging

CCHIT CERTIFIED 2011
Long Term Post Acute Care
+Skilled Nursing Facility

CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

Continuity of Care Document

The ability to transfer patients' Health Records from one care setting to another is an important part of Electronic Health Records. The Continuity of Care Document (CCD) also known as Continuing Care Document has emerged as a standard format for health records. NetSolutions supports Long Term and Post-Acute Care providers use of the CCD.

CCD format HITSP C32 is a recognized standard for the transmission of health record data. NetSolutions is able to generate the CCD version C32 per the published standard. If the facility where a resident is being transferred has the ability to receive an electronic version of the resident's health record, NetSolutions can create a CCD that can be sent electronically using the Health Record feature described above.

Incoming CCDs – when a resident is admitted or returns from a hospital or facility, NetSolutions is able to receive the CCD, per HITSP standards, as an xml document. Using the NetSolutions eDocuments application, the intact transfer document can be downloaded and viewed.

Diagnoses with ICD-10: Work Faster, Smarter

ADT includes the Master Library of ICD-10 codes with annual updates.

Once selected, a diagnosis is flagged as "commonly used" to speed searches and assist in standardization. Save more time by setting up a two-way flow of diagnoses with open MDS assessments. You can set and maintain separate clinical and billing sequence diagnoses rankings.

Quickly begin an initial care plan based on problems suggested by the diagnoses when your system includes NetSolutions MDS 3.0, Care Plan, and the Care Plan Library.

You can designate which diagnosis should flow to the bill from ADT.

Retain Pre-Registration Data

At the first contact with a prospective client, you can collect and store information in the Pre-Registration page, a duplicate of the Registration page. Data flows into Registration at admission with no re-keying. You will be alerted of possible duplicate resident registration.

Additional data such as medications and treatments as well as assessments of level-of-care and ADL needs that are entered in NetSolutions Physician Orders and User-Defined Assessments can be maintained and added to the resident's Electronic Medical Record at registration. A Waitlist report lists prospects and their waitlist status.

Tracks billing information

ADT uses census and assessment periods to track activities that can affect billing. When changes occur in a resident's location, level of care, or pay type, the current census period is closed and a new one is opened. Census data is brought forward, so you enter only changes.

Recording Statements from Residents and Family

NetSolutions can capture statements made by residents and/or their family members that are contrary to or in addition to information maintained in the resident's health record. Make note of the statement quickly by using a Resident Annotations window that pops up on top of the page where you're working. Enter the note, and use software tools to add comments, connect it to an application such as Care Plan, and assign it a type and/or folder. The software automatically records the date and user.

[illegible]

Key Features

- » ADT exports resident and census information using NetSolutions interfaces with Therapute and point-of-care systems such as DartChart, CareTracker, and AccuNurse
- » Maintains resident demographic data, including a history of name and address changes; data flows from ADT to MDS 3.0
- » Photos of residents can be uploaded to their ADT Snapshot pages
- » Maintains allergies, including those in free text, and can indicate "no known allergies"
- » Face Sheets are prepared automatically using data entered in ADT. State-specific and facility-specific formats are available
- » Choice of using a resident number and a health record number or one number for both
- » Alerts you of possible duplicate resident entry during registration
- » Search for a resident by birthdate, Social Security Number, and birth date
- » Tracks events in the software, including views and edits with user and date/time
- » Records resident's consent to share data with Health Information Exchange organizations
- » Generates a Health Record in the Continuing Care Document format, CCD HITSP C32
- » Calculates private portion amount, net income, allowable deductions, and adjusted net income

Reports add value to your data

Ad Hoc Reporting

With Ad Hoc reporting you can combine data from MDS 3.0 as well as ADT/Prospects, and User-Defined Assessments (UDA) to create a report such as all residents in a certain station, who are patients of Dr. Smith, and use a hearing aid. NetSolutions ADT also provides the following on-demand reports.

Examples of on-demand ADT reports:

- » Resident Allergy Report
- » Resident Birthdays
- » Resident Diagnoses, ongoing and resolved
- » Advance Directives
- » Residents by Age, by Allergy, by Diagnosis, by Location
- » Contacts, personal and medical
- » Level of Care
- » Residents by Clinician, Next Visit
- » Clinicians by Resident, by Organization
- » Optional, User-Defined Information
- » Veteran Status

Examples of Census Reports:

- » Admission Census
- » Available and Occupied Beds, including bed reserves
- » Away Report with Option to include Discharges
- » Bed Rate Master
- » Census, Daily Activity
- » Length of Stay
- » Month-to-Date Occupancy
- » Pending Discharge
- » Resident Bed Analysis
- » Resident Census Periods
- » Transfer Census

To Learn More

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About NTT DATA

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NTT DATA Americas Fact Sheet: NetSolutions Accounts Receivableand Billing
NTT DATA Long Term Care Solutions, Inc.

NTT DaTa

NetSolutions Accounts Receivable & Billing

NetSolutions AR-Billing is a powerful and flexible system for managing resident accounts and for billing all Long-Term and Post-Acute Care payors. It offers a cost-effective method of connecting facilities for centralized AR and Billing.

AR-Billing's tools enhance revenue cycle management, providing an efficient processresulting in full and timely reimbursement and optimal cash flow.

Maximum flexibility for Resident Account Management

Accurate and Automatic Billing

The software's power lies in its profile windows that accept an amazing amount of data and rules on payor plans and residents' coverage. AR-Billing uses these profile rules to generate claims according to the needs and preferences of your facility and residents.

You and your NTT DATA Implementation Consultant set up your rules. After that AR-Billing works in the background to deliver fast, bullet-proof performance every day. AR-Billing handles Medicare, Medicaid, commercial insurance, and managed care. You can specify:

- Billing cycles for optimum cash flow by payor: weekly, monthly, and bi-monthly
- When to send No-Pay/Benefits Exhaust bills
- An unlimited number of plans for each payor including the bill format needed for each plan
- Limits or minimums on specific ancillary items
- Billing criteria for hospital leaves
- Plan requirements, such as whether it pays for the day of discharge or admit

One-Touch Billing

Our One-Touch Billing feature adds even more automation to the claims process. With one click it handles all steps required to produce bills for groups of residents.

It works by using billing lists of residents you set up in master files. The lists are defined by criteria such as time period, payor, and bill spec. When it's time to bill, all you do to is select a list, review its contents, identify any claims to be held or omitted, and hit the Process button. From there, One-Touch Billing:

- Calculates charges
- Generates bills and bill data
- Creates paper and electronic output
- Generates the Billing Report
- Generates a Summary form Electronic Report
- Gives you ability to edit UB data and reprocess the claims
- Emails you when processing is complete

Coordination of Benefits

AR-Billing automates coordination of benefits among multiple payors. When you add residents, you use templates to set up their reimbursement profiles with information on all their eligible

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The NetSolutions System

Revenue Cycle Management

- AR-Billing
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Electronic Medical Record

- MDS 3.0
- Care Plan
- Progress Notes
- Therapy
- User-Defined Assessments
- Wound Management

Medication Management

- eCharting, eMAR
- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management

- Incident Reporting, Infection Control
- eDocuments
- eResults

Communications

- Insight Dashboards
- Point of Care
- RosieConnect
- eAssignment & Messaging

CCHIT CERTIFIED 2011
Long Term Post Acute Care
+Skilled Nursing Facility

CCHIT®certificationgives you an objective way to select LTPAC software that is secure, complete, and ready for ElectronicHealthRecords.

plans, including the order of payment. Following those rules, the software pro-rates the charges for each payor and produces the claims automatically. Charges not covered by one payor are passed on to the next.

Retroactivity: Rebills and More

What do you do when you find out a resident has been approved for Medicaid after billing her as private pay? With AR-Billing, you simply change the primary payor to Medicaid in her reimbursement profile and retroactivity functions take care of the rest.

AR-Billing prepares a Medicaid claim and generates a GL journal entry that is posted to the current month with the appropriate service date. Retroactivity functions embedded throughout work in the background to make all the necessary changes. For example, AR-Billing's retroactivity features update YTD revenue, contractuals, and resident days.

Streamlined Medicare Billing

AR-Billing was updated for HIPAA-compliant electronic claims in the ANSI 5010 format and is used successfully nationwide for Medicare and Medicaid claims. It offers numerous features for Medicare regulations, such as residents in an ER at midnight.

AR-Billing tracks Medicare 100 days, automatically including leaves and hospital stays. If the level of care changes to non-skilled, it pushes charges to the resident's next payor.

When installed on a SQL database with NetSolutions clinical applications, data from MDS 3.0 for Medicare PPS billing is available in a page designed for billers. Updated for Change of Therapy assessments, this page includes data on billing periods, assessment type, assessment reference date, and RUG score. You can review MDS data or opt for it to flow automatically to claims.

270/271 Eligibility Interface

The NetSolutions 270/271 Interface will send a real-time query about a beneficiary's eligibility in the 270 format to CMS, Medicaid and other commercial payors through an eligibility vendor. The eligibility information will be returned in a 271 message that is sent back to your system through the eligibility vendor.

The 271 response will be translated and the information displayed in a readable report format in NetSolutions AR-Billing. The 270/271 Eligibility Interface is a separate purchase.

Key Features for Billing

- Complies with HIPAA Transaction Standards for electronic Medicare and Medicaid claims (ANSI 5010), remittance advice, and the National Provider Identifier (NPI) in each state
- Supports Medicare Part B Therapy Cap and G-Codes, including billing with modifiers and G-codes, and tracking the cap by resident. Reports on therapy used and when cap exceeded
- Generates Medicare No-Pay and Benefits Exhaust bills automatically per CMS rules
- Consolidates bills automatically for residents on leave
- Offers user-defined billing cycles by payor, such as weekly, biweekly, or early bills
- Tracks ancillary fees for inventory and reporting
- Automates contractual adjustments according to rules set up by your facility
- Collects data on residents' hospital stays including leaves and discharge
- Accommodates date-sensitive setup of ancillary items, including cost, price, and markup, with an HCPC/CPT code lookup

- Supports charging for both an apartment and a bed during the same time span
- Bills for reserving beds as an option
- Creates electronic bills for multiple payor types with same bill spec
- Offers many options for processing that have been suggested by our clients
- Supports calculating charges and producing bills and reports for the next billing period without closing the current period

Electronic Remittance Advice

AR-Billing accepts Electronic Remittance Advice in the HIPAA standard ANSI 835 format. Electronic remittance eliminates entering each line and manual reconciliation. Simply import the file. AR-Billing matches remits with claims and reports discrepancies. The Electronic Data Interchange feature pulls data from the 835 message and displays it in a readable format.

Key Features for Efficiency

- Integrates with NetSolutions ADT and MDS 3.0 to directly share resident information, census status. Data needed for Medicare PPS billing is displayed in a special page
- Maintains separate lists of diagnoses sequence order for billing and clinical use
- Supports multiple fee schedules for payors; can set up by copying and pasting schedules
- Exports data to NetSolutions General Ledger and GL software from other vendors
- Integrates with NetSolutions Insight dashboard for custom reporting and key indicators
- Interfaces with acute care, pharmacy, and lab systems through HL7
- Imports paper forms such as insurance cards using NetSolutions eDocuments
- Makes across-the-board changes for prices and payor rates
- Accommodates entering future month information without closing current month
- Offers an easy process for posting receipts to the appropriate accounting period, preserving the aging of receivables
- Provides one page for viewing a resident's complete account history
- Interfaces with bar code systems to import ancillary charges
- Supports multiple report writers with ODBC-compliant database
- Verifies all deposits are in balance before close as an option
- Provides a simple process for user at end-of-month closing
- Supports multiple bank accounts
- Offers features for apartments, such as maintaining guest lists, reservations, and generating one bill for a couple sharing an apartment

Collections

Collections functions include expanded tools for reporting, a summary page, collection letters, and the ability to extract usable information from data messages.

Electronic Data Interchange: Sending electronic claims in the ANSI 837 format is a first step of the electronic revenue cycle. In response, payors send you messages, but extracting meaningful information is very difficult. This feature pulls out important data and displays it in a clear and readable format. The message formats are the 270/271 eligibility (separate purchase), claims submission (837), claim receipt acknowledgement (277, part of 837), and payment (835).

The Collections Summary Page pulls information you need to take action and view the current status in a highly effecient format. Use filters to select the time period, residents, payors/ plans, days outstanding, and amounts. Outstanding balances are displayed by resident, payor/ plan, and time period. Choose a payor/period to see charges, receipts, adjustments, and balances for your selection.

Reporting: An unlimited number of reports are possible. You can see all outstanding accounts for all residents for a specified payor. And you can review all collection activity for one resident across all that resident's payors. With the new report filters you can pinpoint collection data by number of days outstanding, days without payment, and balances.

Letters: Sending collection letters will be easier with features for building letter templates with variable fields that are automatically filled by information in your residents' records.

Other features include an Aging button to show real-time outstanding balances. Data such as payor phone numbers are on the page where you enter and view notes and schedule due dates.

Flexible Chart of Accounts

The software's Chart of Accounts structure provides maximum detail and flexibility. You can set up the Chart of Accounts to track at the levels of facility, business unit (such as Alzheimer's wing), and a further subcategory of Product Line (such as a Certified Distinct Unit). Add more detail by using the Item position to define categories such as apartment and durable medical equipment.

Batch Charge Interface Module

This optional module imports files of resident charges from third-party systems, such as those that use bar code technology to capture data including inventory items, therapy charges, and orders for pharmacy, x-ray, and lab. AR-Billing prepares a validation report on the batch file that can be viewed before the charges are posted to residents.

Security

Security profiles of individuals and groups start with access to one or more facilities and provide password security at the levels of screens and menus. Access for each group also can be set by activity; such as adjustments, apply cash receipts, and calculate charges.

Reporting

Custom Reports

With NetSolutions you can create custom reports that combine clinical and AR-Billing data and add your custom reports to the User Reports menu. Custom reporting also is available with Insight our dashboard software.

Reports on Demand

You can specify sorting criteria and other variables such as time periods and residents, when generating reports. More than 100 standard on-demand reports are available, including:

A/R Ledger: Lists billing and account detail activity for all residents for a billing period.

Resident Roster: Resident information such as bed, admission date, payor or plan level of care, and private portion amount billed under Medicaid.

Monthly Census: Lists the payor and level for each day of the month for residents with a stay during the date range specified. Offers sort options.

Ancillary Orders: Detailed data on each resident's ancillary orders, including frequency, start/ end dates, price, override and gross dollar amount.

Resident Ledger: Available from the Financial Snapshop without first calculating charges

Adjustment Posting: Lists all adjustments posted for a specific date range.

Retro Adjustments: Lists details of all retroactive changes performed during a specific date range.

Ancillary Charge Summary: Lists ancillary charges processed by payor type.

Medicare Financial Log: Lists Medicare Part A and/or B charges grouped by revenue code along with any payments made by the intermediary.

Billing Recap: Room and ancillary charges, advance billing, receipts, total billable days by payor.

A/R Reconciliation: Summarizes month's activity with beginning and ending balance. Sorted by plan within payor type.

Journal Entry Summary/Detail: Resident financial activity. Sales Journal and Cash Receipts Journal.

Aged Ledger: Displays detailed data used to generate period balances on the Aged A/R report.

Aging by Month: Lists resident account balances by payor, by aging category, with options to detail amounts over 180 days, run it only for discharged residents, display collection notes, and show charges, payments, and adjustments for total.

Open Item Listing: Shows outstanding receivable amounts with collection notes and resident's Medicare and Medicaid numbers.

Collections Activity: Shows the last collection note activity for any outstanding balances and includes current month payments posted.

Collections by Payor: Shows ending balances by AR period and receipt amounts (less resident funds) applied to ending balance after report end date.

Routine Care Reconciliation: Shows room and board by payor, plan, and level with gross charges, reimbursement amounts, and contractual adjustments. Shows GL accounts affected by bed charge activity.

Profile Reports: Displays data from resident and payor profiles such as Payor Bill Setup.

Aged Outstanding Balances: Lists resident receivable balances by payor/plan. Options include outpatients and discharged residents.

Activity Log: Lists all activity by date range, type of activity, and/or user ID. Use for auditing, monitoring staff activity, and identifying retraining needs.

Insurance Aged Trial Balance: Displays the aged accounts receivable balance for each account for each resident by payor type and plan for a particular A/R period, can extend to 360 days.

System Information

NetSolutions AR-Billing is Web-based software, part of our complete .NET/SQL Server-based billing and clinical system. NTT DATA offers you a choice of self-hosting or our Private Cloud Services offering LTC a state-of-the-art data center, private cloud, and IT maintenance.

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
[illegible]
[illegible]

800-426-2675

NTT DATA is your Innovation Partner anywhere around the world. With business operations in more than 40 countries, we put emphasis on long-term commitment, and combine global reach and local intimacy to provide healthcare technologies and premier professional services varying from consulting and system development to business process and IT outsourcing.

Visit www.nttdata.com/americas to learn how our healthcare technologies and IT services deliver value for your organization.

NTT DATA Americas Fact Sheet: NetSolutions Resident Funds
NTT DATA Long Term Care Solutions, Inc.

Resident Funds

Streamlined tracking of your residents' funds

Long-Term Care facilities use NetSolutions Funds software to set up and track their residents' incoming and outgoing funds in the residents' account.

Federal law requires facilities provide a trust fund for any Medicaid resident that requests one. Other common types of funds are burial, savings, and security deposit accounts.

NetSolutions Resident Funds software provides features and functions that automate:

» Interest allocation
» Bank reconciliation
» Petty cash
» Bank charges distribution
» IRS 1099-INT forms
» Statements for residents and family

Features

» Supports batch processing of deposits and withdrawals
» Provides features for balancing petty cash
» Supports printing checks
» Tracks amount of petty cash funding by resident funds or from facility's operating cash
» Accepts split receipts from NetSolutions AR-Billing
» Supports more than one fund account for a resident. Dollar amounts can be transferred from one Fund type to a different Fund type for the same resident or between residents
» Tracks resident's portion of fund account interest using two options: one determines the amount of interest based on the interest rate and the average daily balance. The other method's calculation includes subtracting service charges from earned interest
» Captures a resident's signature electronically for withdrawals
» Supports adding a cash drawer to all fund types
» Prepares separate statements for each type of fund, for one or all residents, and according to the time period you specify
» Integrates with NetSolutions AR-Billing to avoid duplicate data entry. Integration also allows online payments from a resident's fund to their accounts receivable account
» Exports transactions to NetSolutions GL and other General Ledger software
» Provides a snapshot view of the resident's census, demographic, and contact data, including reimbursement information. The ADT Snapshot page includes hotlinks and drill downs for immediate answers.

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» Resident Funds
» General Ledger, Accounts Payable

Electronic Medical Record
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» Care Plan
» Progress Notes
» Therapy
» User-Defined Assessments
» Would Management

Medication Management
» eCharting, eMAR
» Drug Interactions
» Physician Orders
» ePrescribing

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» eDocuments
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Valuable Reports

Reports useful in day-to-day operations and for management information are available on demand:

- Cash Drawer
- Transactions, including check numbers, and option to include all transactions, depostis, payments, and withdrawals
- Interest
- Resident Information
- 1099-INT forms (paper and electronic)
- Fund History including residents with inactive funds
- Reconciliation, Reconciliation Worksheet
- History
- Journal Entry
- Fund Balances
- Fund Statements: shows withdrawals, deposits, and balance by resident
- Resident Statements: shows current standing of a resident's fund, detailing balances as of the last reconciliation, all unreconciled transactions, and the current balance

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at
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800-426-2675

About NTT DATA

NTT DATA is your Innovation Partner [illegible] around the world. With business operations in [illegible] countries, we put emphasis on long-term commitment and combine global reach and local intimacy to provide premier professional services varying from consulting and system development to business process and IT outsourcing.

Visit [illegible] to learn how we deliver value for a range of businesses and government agencies.

ICD-10 and NTT DATA Software:

Supporting a Smooth Transition

ICD-10 diagnosis codes replace the current ICD-9 system on October 1, 2015. NTT DATA released software updates in time for the previous deadline of October 1, 2014. The NetSolutions update with a master library and conversion tools was released in March 2014.

In July 2014, ICD-10 versions of these reports were released: Clients by Diagnosis, Admission Census, Census by Business Unit, and Record of Discharge,.

Transition Tools

To help with the transition, NetSolutions includes an ICD-9 summary screen alongside an ICD-10 summary screen so you can compare the two and start testing (see sample screen below). This testing phase will continue until October 1, 2015 when you will switch to ICD-10 codes for residents' MDS 3.0 and billing.

Software Training

For ICD-10 we have maintained the logic and navigation that we used for ICD-9 in NetSolutions to support our clients' smooth transition. We anticipate that minimal software training will be needed. The updates includes our normal training tools, such as Help and training guides.

We'll record eLearning sessions covering how to search for and enter ICD-10 codes for clinical and billing needs. We will also report ICD-10 developments on our Insider blogs.

> Choosing the right ICD-10 code is the hard part and for that you'll need training from CMS, your state, or professional organization.

Training on ICD-10

Choosing the right code is the hard part and for that you'll need training from CMS, your state, or professional organization.

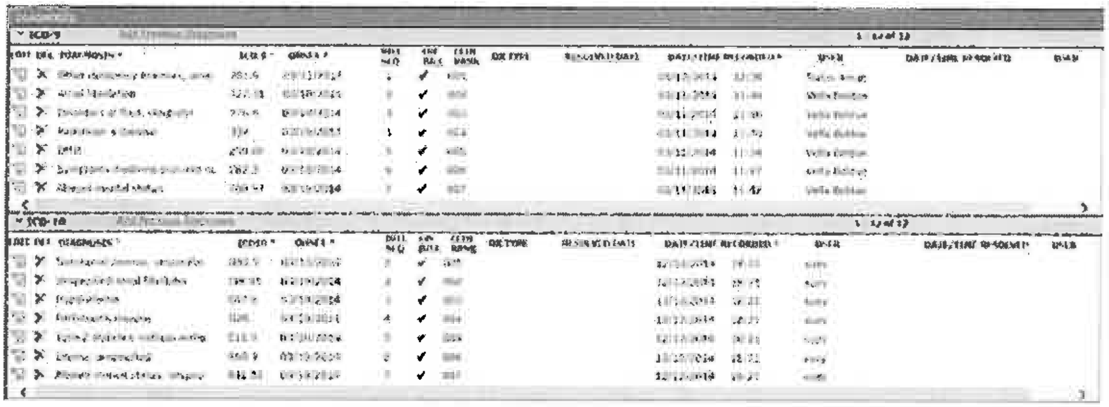
CMS offers training resources such as timelines and transition checklists on its ICD-10 Website where you'll also find the GEMs (General Equivalency Mapping) at:

http://www.cms.gov/Medicare/Coding/ICD10/index.html

The American Health Information Management Association, is offering ICD-10 training classes,

continued

Compare Diagnosis Codes with Features in NTT DATA Software



To help with the transition, the Resident Clinical Info page, shown above, will display a summary section for ICD-9 and ICD-10. You can choose to display both at the same time, or only one.

both online and in-person:
http://www.ahima.org/

Software Fees

NTT DATA clients who have the full library of ICD-9 codes and a current Software Update Service subscription will receive the ICD-10 library at no charge.

Hardware Requirements

The ICD-10 library will not impact current hardware requirements for NTT DATA software.

ICD-10 and Claims

Billing staff are already using a claim format that supports ICD-10 – the HIPAA 5010 format for electronic claims that was implemented in 2012. Additional changes for billing have been made.

Working with ICD-10

Working with ICD-10 codes in NetSolutions software will be much the same as it is with ICD-9 codes, for example:

- A tool tip displays the full diagnosis description when you hover the mouse over the description field in the summary grid and the Snapshot page.
- You can correlate ICD-10 codes to MDS 3.0 Section I. If an ICD-9 code correlated to MDS 3.0 has an exact ICD-10 match, the correlations will be updated already in the software release.
- The Commonly Used feature– after a code has been selected it will be added to the list of commonly used codes. You can specify that your search be limited to that list.
- If you select an ICD-10 code and a more specific code is available, a message will display, showing other codes.

Resources

See CMS' ICD-10 Website for complete information on the new diagnoses codes, including news, fact sheets, and the GEMs.
http://www.cms.gov/Medicare/Coding/ICD10/index.html

The link to Medicare Fee-for-Service Provider Resources from the main page includes MedLearn Matters articles and more for the provider community:
http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html

What's Different? ICD-9 and ICD-10 diagnosis codes

ICD-10 codes allow much greater clinical detail than ICD-9. Updated to current clinical practice, they support specifics such as comorbidities, etiology/causation, complications, detailed anatomical location, and degree of functional impairment. Their structure allows room for future codes. CMS' Quick Reference document lists these differences:

ICD-9 Features

- 3-5 digits
- First character is alpha (E or V) or numeric
- Digits 2-5 are numeric
- Decimal is used after third character
- Approximately 13,000 codes

ICD-10 Features

- 3-7 alpha and numeric characters, but the format is very much the same as ICD-9
- 7th character is used in several chapters and has a different meaning depending on the section where it is being used
- Approximately 71,000 codes

About NTT DATA

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NTT DATA Americas Fact Sheet: NetSolutions™ Resident Assessment for MDS 3.0
NTT DATA Long Term Care Solutions, Inc.

NTT Data

Resident Assessment for MDS 3.0

NetSolutions is your assistant in the MDS 3.0 process

NetSolutions Resident Assessment provides maximum ability to import and export data. It imports responses from NetSolutions applications and through interfaces. It streamlines workflow by exporting data for CAAs, care plans, and billing.

Maximum assistance in completing the assessment

NTT DATA has been meeting MDS deadlines since the MDS began. You can rely on your NetSolutions MDS 3.0 software to deliver the data needed for efficient MDS completion and more:

» Support changes including Distinct Calendar Days and co-treatment minutes
» Import responses from forms created with NetSolutions User-Defined Assessments (UDA) including the Nursing History and Assessment
» Import flu and pneumococcal vaccination data to Section O from Immunization Record feature
» Interface with NetSolutions Point-of-Care and other POC systems to import data (optional)
» Interface with Therapute and Rehab Optima to import days and minutes of therapy for Section O (optional)
» Interface with MDS analysis services PointRight, eHDS, MDS Director, and Team TSI (optional)
» Support real-time point-of-care data entry for resident interviews when loaded on windows laptops and tablets with wireless connection to the facility's network
» Share data for PPS billing and care planning
» Complete CMS 672/802 forms for surveyors automatically with tools for quick updates
» Provide security by individual user and groups of users for each MDS section
» Meet state-specific requirements
» Display previous responses for an item as you complete an assessment
» Link to the appropriate page of the RAI Manual from the item you are completing
» Exclude assesments for residents with Medicare Advantage plans from the batch sent to CMS

Information Central for MDS 3.0

The Summary page for MDS 3.0 is a clutter-free source for the information and tools you need to get to work and stay organized. With the links on this page you can:

» Add a new assessment
» Create an EDS file
» Open the latest version of the RAI manual
» Edit and delete assessments
» Audit an assessment
» View and print reports

The information you'll use every day in the Summary page includes:

» Assessment status, such as incomplete, audit failed, and "complete ready for submission"
» Type of assessment per A0310

The NetSolutions System

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» Therapy
» User-Defined Assessments
» Wound Management

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» eDocuments
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» Insight Dashboards
» Point of Care
» CareConnection Interface
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- RUG scores: Medicare Part A, Medicare Non-Therapy Part A, and State Medicaid
- Assessment Reference Date
- Completion date (Z0500B)
- Completion dates for CAAs and Care Plan (V0200B2 and V0200C2)

CAAs and CATs

NetSolutions gives you online tools to work Care Area Assessments (CAA) following the 9-step process in the RAI Manual with all documentation becoming part of the Electronic Medical Record.

After an assessment is complete, view a list of triggered CAAs, select CAAs to include in the care plan, and enter the location of CAA documentation. Click Notes to see the MDS responses that triggered a CAA for a resident.

Work the CAAs from the MDS by opening the CAA worksheets, originally from Appendix C of the RAI Manual. Document your CAA assessment with the CAA worksheets (Review of Indicators). The CAA worksheets, including your notes, are available from each MDS for future reference.

Add electronic files such as photos and lab results to CAA Notes using NetSolutions eDocuments.

Be Prepared for Surveyors with CMS forms 672 and 802

With NetSolutions your CMS-672/802 forms are completed automatically for surveyors.

View the full forms on one page, the resident report shows the F-tags an individual triggered. The facility report includes the number of residents that triggered for each item. Click that number for a list of residents and their MDS responses. From that window you can edit items and add residents. This information updates open assessments or is saved for the next assessment.

By making it simple to update items on the fly, it's much easier to keep the CMS-672/802 current for Quality Assurance activities as well as surveyors. The software assists you in completing items on the 672/802 that do not correspond with MDS 3.0 items.

Key Features

MDS Data used for Billing

MDS data is used by NetSolutions AR-Billing software for Medicare PPS claims. NetSolutions gives billing staff a special page to quickly review and approve recently imported assessments for residents in your facility. Separate diagnoses rankings are maintained for clinical and billing use.

Stay on Schedule with Due Date Reports

See at a glance which MDS sections are complete with the interactive navigation bar. Due Date reports are important tools that show all assessments due during the time period you specify, and include any past-due assessments. Sort criteria include residents location, ARD, and payer type. You can generate the report by date, date range, or location.

Suggests Care Plan Problems

Based on CAAs, correlations with MDS 3.0 responses, and diagnoses, this software prepares a list of suggested problems to be addressed in the care plan and displays them in NetSolutions Care Plan.

Help Where and When you Need It

While you're working on an assessment you can open a dialog box to see the resident's responses on a previous assessment, by MDS 3.0 item and date, going back as far as the previous comprehensive assessment. The box can be moved around the desktop for quick reference.

Use a link to open the appropriate page of the RAI Manual from the item you are completing

Audits and Security by MDS Section

This software audits asssessments to identify incomplete sections, inconsistencies with coding rules, responses outside allowable ranges, and sequencing discrepancies.

Manage access to the MDS by setting security levels for individuals and groups of users by MDS section. System Manager staff assign authority and access levels: edit, view only, or no access.

Timesaver Tools

You can navigate the form using the Tab and Enter keys if you prefer. It doesn't show items that are skipped depending on a response, for example if B0100-Comatose is answered Yes, the other items in Section B collapse immediately. The software calculates subtotals in sections.

Including MDS Assessments in Continuity of Care Documents (CCDs)

The Health Record feature packages resident information that you select into a single file that can be shared with other health care providers. The feature adds data to the file according to the time range and items you select, such as MDS 3.0 assessments, allergies, diagnoses, physician orders, immunization record, vital signs, progress notes by category, and care plan. The data is generated as a report that is saved in pdf format or as a Continuing Care Document in xml.

Snapshots: Clinical and ADT

NetSolutions is a resident-centered system that presents information efficiently and logically, using features such as the ADT, Clinical, and Financial Snapshot pages for fast navigation. The Clinical Snapshot connects you to all areas of a resident's Electronic Medical Record (EMR). For MDS assessments, it gives you a summary of completion status and dates. Drill down to a full assessment. Information needed for the MDS is immediately available from the Clinical Snapshot including progress notes, medication orders, care plans, vitals, and immunizations.

Massachusetts MMQ

This NetSolutions module is available as a separate purchase. It streamlines completion of the Massachusetts Management Minutes Questionnaire and offers valuable on-demand reports.

Interfaces with Point-of-Care, Therapute, Analysis Vendors

NetSolutions Point of Care seamlessly exports data to the MDS that was charted by direct caregivers. Data is delivered to eight MDS 3.0 sections including Sections G (for ADLs), C, D, E, H, M, and O.

NTT DATA also provides interfaces to third-party vendors of point-of care solutions. These interfaces share data such as resident information, responses for MDS items, and vitals. NTT DATA currently has interfaces with CareTracker, Dart Chart, and AccuNurse.

Therapute and Rehab Optima

Import minutes and days of therapy entered in Therapute and Rehab Optima software for MDS 3.0 Section O. With Therapute you can import resumption-of-therapy dates for item O0450B.

MDS Analysis Services

One-step connection to your choice of MDS data analysis specialists including:

» PointRight (formerly LTCQ): www.pointright.com
» eHDS: www.ehds.biz/
» Team TSI: www.teamtsi.com/

Reports: Ad Hoc and on Demand

Ad Hoc Reporting: combine data from MDS 3.0 as well as ADT/Prospects, and User-Defined Assessments to create reports such as all residents in a certain station, who are patients of Dr. Smith, and use a hearing aid.

Assessment Item Analysis: Generates an unlimited number of report combinations, such as all residents with restraints and/or stage 2 pressure ulcers, and all residents who have glasses and/or dentures. Query criteria can be saved and re-used. It pinpoints data for survey preparation.

The following standard reports are available on demand from this MDS 3.0 software:

Assessment Status: Sort by location, resident/s, assessment type, and ARD date range. It shows assessment status, such as placed in EDS batch, inactivation pending, and audit failed.

Audit Trail: Track events during the MDS 3.0 process with this report that shows saves, audits, and changes, with when, why, and who.

Significant Change: Compares current and previous assessments to determine whether Significant Change assessment criteria were met.

Case Mix History: Shows data needed for Medicare PPS billing, including residents' RUG scores, ARDs, and PPS Assessment Type.

Case Mix Roster: Select your sort criteria: by resident, location, or RUG. Report includes a bar chart showing RUG frequency.

Due Dates: Reports show all assessments due during the time period you specify, and include past-due assessments. Organize reports by resident or location.

Nursing Kardex: a paper method for advising staff of resident's status on ADLs, hearing, cognition, allergies, and more.

RUG Comparison: Compares a resident's current and previous RUG-IV scores.

System Information

This MDS 3.0 software is part of the Web-based, NetSolutions system. It shares data directly with ADT, AR-Billing, Care Plan, Physician Orders, User-Defined Assessments, and Point of Care. For more information contact Sales at 800-426-2675 or www.nttdataltc.com.

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
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Visit www.nttdata.com/americas to learn how our consultants, products, managed services, and cloud-based solutions help a diverse range of businesses and government agencies.

NTT DATA Americas Fact Sheet: NetSolutions Care Plan
NTT DATA Long Term Care Solutions, Inc.

NTT DATA

NetSolutions Care Plan

Using MDS 3.0, CAAs, three libraries of care plan language, and correlations with User-Defined Assessments and diagnoses, NetSolutions Care Plan provides an intuitive and efficient method for building a resident's individualized care plan as part of their EMR.

Seamless Care Plan Process using MDS 3.0, CAAs, Diagnoses

With this NetSolutions application you begin a care plan by selecting from an online list of Suggested Problems. The problems are triggered by correlations between the NetSolutions MDS 3.0 Library and the resident's MDS 3.0 responses, CAAs, diagnoses, and User-Defined Assessments (UDA). Be sure to include problems identified at registration or before, with UDA assessments such as Risk of Fall, Risk of Pressure Ulcer, and the Nursing History assessment.

If you are using a care plan library written by your facility staff, the software supports you in setting up correlations with that library to take advantage of the Suggested Problems feature.

As you select problems from the Suggested Problems list, you add goals and interventions from one or more libraries to build a care plan. You can also choose to enter care plan text into free-form fields or use a combination of methods.

Individualized Care Plans

Build a care plan efficiently using the Summary panel that displays all current or resolved problem complexes. It gives you tools to select and deselect multiple items from multiple libraries as you choose the set of items for each resident.

Asterisks in Care Plan statements prompt for individualization, such as body part or left/right. Maintain the care plan with one online page that shows the complete care plan. Click on a problem, goal, or intervention and its complete text displays, ready for you to edit.

Care Plan Progress Notes

Add free-form notes to a resident's EMR to document progress related to a goal. Reference a care plan problem number for efficient retrieval and reference. Text from a previous note can be copied, pasted and edited for the current note. Spell check for accuracy. These notes, as well as the resident's problems and goals can be printed in a report.

Key Features

- Suggests problems based on correlations with the MDS 3.0 Quik Plan Library and CAAs, MDS 3.0 items, diagnoses, and items in User-Defined Assessments
- Displays the full care plan in one online page, details can be collapsed and expanded
- Offers an MDS 3.0 library of pre-established care plan language (optional), a built-in Medical Diagnoses library, and a downloadable I-PLAN library
- Supports facility-defined care plan content to increase efficiency and standardization. These custom libraries may be exported to share with a sister facility

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CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

Key Features (continued)

- Prompts you to add resident-specific information when creating care plans
- Provides link to standard care plan protocols and guidelines at the National Guideline Clearinghouse Website with option for facility staff to add more links
- Supports paperless care plan conferences with tools for scheduling the conference, notifying attendees, signing in attendees, and entering notes.
- Provides a Strengths window for adding positive resident information
- Supports saving a partially completed care plan by using Pause and Resume buttons
- Provides options for documenting and reporting resolved problems, goals, and interventions. Supports reinstating a resolved problem with goals and interventions
- Supports storing a Care Plan Problem/Goal/Intervention as historical data prior to editing
- Tracks events in the software such as edits and views with user and date
- Captures statements made by residents and family members
- Updates review dates automatically following review date intervals (30, 60, 90 days) that you set up. On-demand report lists goals due for review

Vitals for the EMR

Chart residents' vital parameters and notes with this feature of NetSolutions Care Plan and Physician Orders. Parameters include blood glucose level, weight, temperature, pulse, blood pressure, oxygen saturation, level of consciousness and respiration. It maintains acceptable ranges and alerts staff to values outside those ranges.

Data can flow to Vitals from CareConnection (RosieConnect) devices with an optional interface.

Clinical Snapshot

NetSolutions is a resident-centered system that presents information efficiently and logically. For example, from the one-page scrollable Charting Snapshot you can connect to all areas of a resident's EMR. The Snapshot includes summaries of progress notes, assessments, the care plan, vitals, diagnoses, and allergies. Click on a link to open source data.

MDS 3.0 Quik Plan Library

With the MDS 3.0 Quik Plan Library you can build care plans by using pre-established statements as the foundation for individualized plans. The library offers complete problem complexes, formed by adding measurable goals and interventions to each problem statement. The MDS 3.0 Quik Plan library is purchased separately from NetSolutions Care Plan.

All problem complex statements can be customized easily, to reflect facility-specific practices.

The MDS 3.0 library of Problem, Goal, and Intervention statements includes correlations between problem statements and CAAs and MDS 3.0 items.

Click the Suggested Problems link when you start the care plan for a list of the problems triggered. Select problems from the list and complete the care plan by selecting and individualizing statements of goals and interventions.

You can edit the correlations between care plan problems and MDS items, diagnoses, CAAs, and User-Defined Assessment items built into the library to suit your facility's standards. The library includes approximately 168 problems with accompanying goals and approaches. You can view and print the problem correlations in a master report.

[illegible]

Medical Diagnoses and I-PLAN Libraries

NetSolutions Care Plan includes a built-in Medical Diagnoses library. Browse the library of 60 diagnoses and select from the library of pre-defined goals and interventions that are available to add to the resident's care plan. The Library Assistant feature prompts you to add language that individualizes each statement.

An optional I-PLAN library is available for use with NetSolutions Care Plan software at no additional charge. Based on nationally recognized standards of care, library items are written from the resident's point of view with "I" statements. Statements can be individualized to match the resident's ability and preferences.

Links to Practice Guidelines

As you complete a care plan, the software offers links to external Websites that provide additional care planning information and guidelines. A link has been set up to DHHS' National Guideline Clearinghouse, a public resource for evidence-based clinical practice guidlines. NetSolutions supports setting up additional links.

Care Plan Conferences

Start by scheduling a Care Plan conference in advance including location and attendees in the Care Plan Conferences page, where you'll see a summary of past conferences by date. Click the eAssign checkbox if your facility uses NetSolutions eAssignment & Messaging and has chosen that trigger. It will send a message to each attendee about the meeting.

When it's time for the conference, attendees can sign in electronically to chart their attendance. Facility staff simply enter their password and click Done. Attendees who aren't in the system, such as family members, can sign in using a digital signature-capture pad. NetSolutions has been tested with the Topaz SigLite 1x5 pad model T-S460-HSB-R. After the conference, notes can be added in the Conference page.

Reporting

Standard on-demand reports based on care plans include:

Nursing Kardex: A reference tool for direct-care providers, it clearly describes how much support a resident requires with Activities of Daily Living based on MDS responses that are imported automatically from NetSolutions MDS 3.0 software.

Care Plan: Complete text of the problem, goals, and interventions.

Care Plan Snapshot: Care Plan in effect on a certain date or date range for a resident

Documentation Records: Monthly schedules for each discipline to document care plan interventions. Create custom charting records for specific areas, such as a UTI record.

Acuity Report and Acuity Summary by client, by discipline

Additional Reports: Conference Report, Goals Due for Review, Goals Resolution, Problem Summary, Suggested Problems

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at
[illegible]
[illegible]

[illegible]

About NTT DATA

NTT DATA is your Innovation Partner anywhere around the world. With business operations in more than 40 countries, we put emphasis on long-term commitment and combine global reach and local intimacy to provide premier professional services varying from consulting, system development, business process and IT outsourcing to cloud-based solutions.

Visit www.nttdata.com/americas to learn how our consulting, projects, managed services, and outsourcing engagements deliver value.

NTT DATA Americas Fact Sheet: NetSolutions Point of Care
NTT DATA Long Term Care Solutions, Inc.

NetSolutions Point of Care

Out of the box system with user-defined buttons for charting

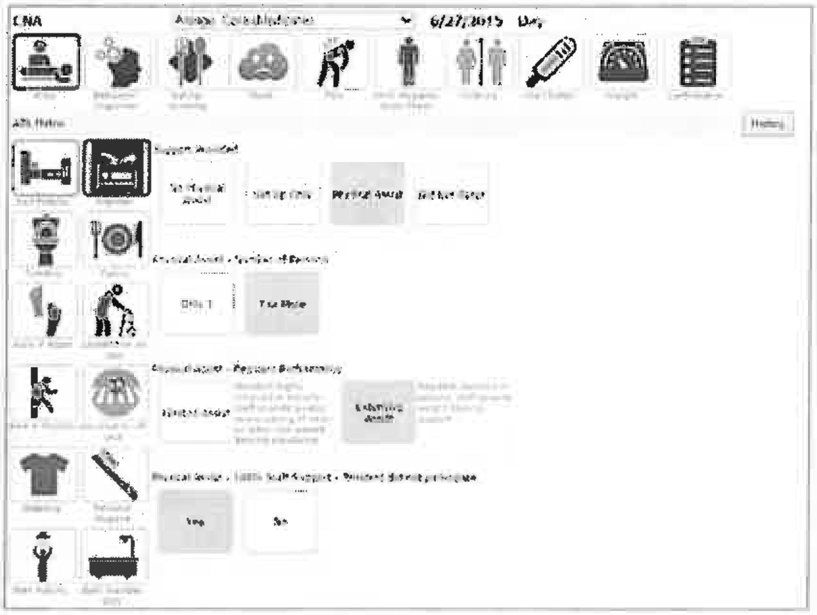
NetSolutions™ Point of Care software increases the quality and quantity of information charted by caregivers in Long-Term and Post-Acute Care. It solves problems with paper charting, such as copying, no charting, absence from the floor, and end-of-shift charting. The result is more accurate information for delivering patient care and for receiving appropriate payment.

The NetSolutions Point of Care application provides a quick and simple method for caregivers to chart observations and care delivered. Data is collected for any care activity using user-defined and pre-loaded items in categories including CNA/ADLs, Restorative Nursing, Therapy, and Mood Observation. It runs on PCs and wall-mounted kiosks. For mobile data entry, use it on windows laptops and tablets.

This Point-of-Care (POC) software makes residents' health status available to all authorized staff. For example, from a PC, wall-mounted kiosk, or your tablet you can check on residents' vitals, ADLs, reports of pain, and how much breakfast they consumed.

Charting for MDS 3.0, ADLs, and RUG Scores

Using data collected at the point of care, POC calculates totals for MDS 3.0 responses, and exports them to NetSolutions MDS 3.0 software. The software is pre-loaded with correlations to eight MDS sections. You can set up additional correlations between POC items and almost all MDS 3.0 items. Easy-to-use tools assist you in setting up POC buttons that will export responses.



Straightforward Charting

Start with a topic, such as ADLs in the top left corner. Then choose an event. A click on Bed Transfer brings up possible responses.

Depending on the answer, additional buttons may display. This sample shows that the Physical Assist response triggered additional buttons to display related to that response, such as number of persons and resident performance.

Items are color-coded. Yellow borders mean required, green means required and captured, yellow is required and not yet completed. Gray borders indicate it is not required.

NetSolutions POC is pre-loaded with correlations to these MDS 3.0 items:

- ADLs for MDS 3.0 Section G - G0110a thru j, G0120
- Cognitive - MDS 3.0 Section C - C0700, C1000
- Mood Observation - MDS 3.0 Section D
- Bladder and Bowel - MDS 3.0 Section H - H0200c, H0300, H0400, H0500
- Behaviors - MDS 3.0 Section E - E0100, E0200, E0800, E0900
- Skin Conditions - MDS 3.0 Section M - M1200A,B,C
- Therapy - MDS 3.0 Section O - O400A,B,C
- Restorative Nursing - MDS 3.0 Section O - 0500

Data entry is user-friendly, with simple navigation, icons, and language that paraphrases that used in MDS 3.0. Responses are saved automatically. Items are color coded to show when completed.

By making charting easier, caregivers document more information more often, reducing the risk of missing important data, such as a 1-person assist during the day but a 2-person assist on night shift. This results in more accurate ADLs, a significant component of RUG-IV scoring. A one-point difference in an ADL score can mean a loss of $10 to $40 per day/per resident in payment by Medicare Part A and by Medicaid in a majority of states.

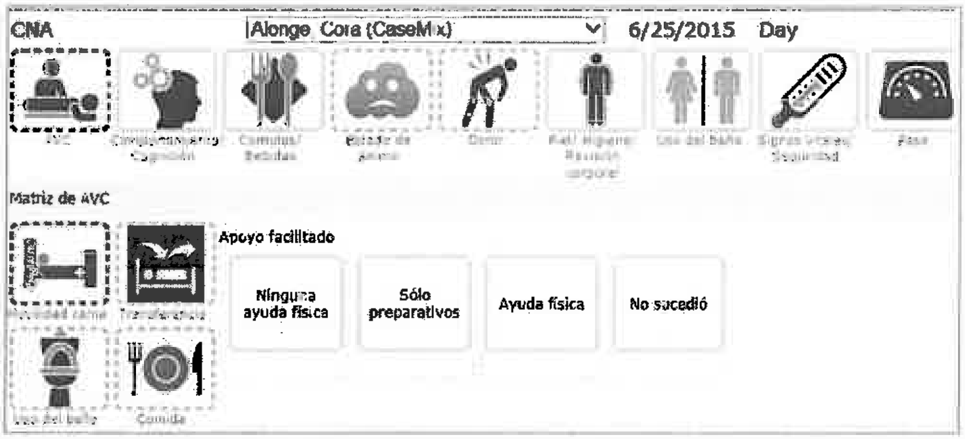
POC can record multiple occurrences in a shift and gives you the ability to view all entries as well as add and strike entries as appropriate along with the reason for change. Time/date and user is recorded automatically. These functions help in capturing the highest level of ADLs.

Tailor Your POC Data with User-Defined Buttons and Icons

Set up user-defined buttons, complete with graphics and labels, to capture items per your facility's preferences. Logical tools simplify the process of defining a button including timeframe, language, correlations to MDS 3.0 and Vitals, response format (yes/no, single response, multiple choice), and any conditional responses. You can generate reports on data captured through user-defined buttons.

POC gives you additional control over data collected with the ability to set items as "required." Required items are color coded, showing caregivers which are required, and showing at a glance whether required items have been captured. Further customize your POC system with graphic images that can be added to buttons in addition to text labels and text in other languages; the software is delivered with Spanish.

Capture Data in Spanish and Other Languages



CNA
Alonge Cora (CaseMix)
6/25/2015 Day

Increase accuracy by capturing data in your caregivers' preferred language. The sample above shows ADLs in Spanish. Language can be set up in caregivers' profiles, so it displays automatically.

Benefits of Point of Care

Long-Term and Post-Acute Care providers see improved performance in:

- Accuracy of data used for MDS 3.0 and care planning
- Speed of MDS completion – a reported saving of 30 minutes per assessment
- Communication of resident status with a direct path from caregiver to authorized staff
- Quality of care – by tracking resident status, identifying trends, and providing data for QA
- Reimbursement – due to increased accuracy of RUG-IV scores
- Preventing risk of undercoding by collecting complete ADL charting across all shifts

To Learn More
Contact an NTT DATA LTC
Solutions representative to
[illegible]
[illegible]
Contact us at
[illegible]
[illegible]
[illegible]

Efficient Data Entry Saves Time

By making data entry quick and easy NetSolutions POC encourages caregivers to chart completely. Features that enhance efficiency include:

» Automatic saves – just click your response and move to the next
» Ability to document the same type of care for multiple residents in one session. Stay on a topic page such as weight or morning snack consumption and select the next resident
» Supports your facility's workflow, you can enter responses in the order you prefer
» Questions are set up so they require data entry only for responses different from the default

Selecting Residents for Charting

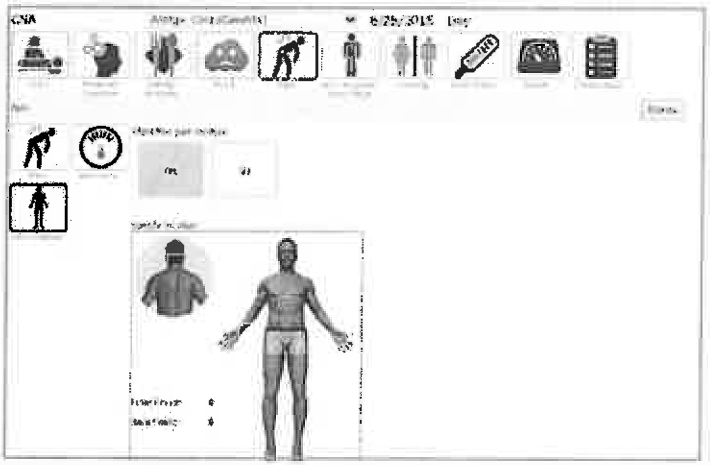
NetSolutions POC gives you flexibility in building lists of residents to include in a session. You can chart on every resident for every shift. And you can filter the list, such as:

» According to residents' assessment schedules for Medicare PPS, Medicare OBRA, Medicaid, and Medicare Advantage plans
» For all shifts/all residents, as a mechanism to manage daily resident condition
» By location/station
» For individual residents who need monitoring for specific needs
» To identify trends and check on outcomes of Quality Assurance activities

By MDS Schedule

MDS Coordinators can set up future assessment dates including lookback dates. When the dates arrive, the residents' names will be color coded as a prompt for CNAs.

The Benefit Sensitive Fields report gives MDS Coordinators an overall view of a resident's MDS 3.0 responses on items used to calculate RUG-IV scores. To view different scenarios, MDS Coordinators can change dates and view the corresponding changes in responses to assist in selecting the most beneficial Assessment Reference Date (ARD).



Pinpoint Location on Graphic of Body

NetSolutions gives your facility's staff the option of associating items such as pain with a specific part of the body on a graphic.

The Signs of Pain button is pre-loaded in NetSolutions Point of Care.

The NetSolutions System

Revenue Cycle Management
» AR-Billing
» Resident Funds
» General Ledger, Accounts Payable

Electronic Medical Record
» MDS 3.0
» Care Plan
» Progress Notes
» Therapy
» User-Defined Assessments
» Wound Management

Medication Management
» eCharting, eMAR
» Drug Interactions
» Physician Orders
» ePrescribing

Documentation Management
» Incident Reporting, Infection Control
» eDocuments
» eResults

Communications
» Insight Dashboards
» Point of Care
» CareConnection Interface
» eAssignment and Messaging

CCHIT CERTIFIED 2011
Long Term Post Acute Care
+ Skilled Nursing Facility

CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

Key Features of NetSolutions Point of Care

- User-defined buttons can be set up to collect additional data
- Icons can be added to buttons in addition to labels
- Text can display in multiple languages, Spanish is delivered with the software
- Includes conditional responses to provide more information depending on the first response. For example, if you set up a button for Swelling, and the response was Yes, then another set of responses could display, such as Applied Ice and Applied Heat
- Start a charting session by clicking the subject area that correspond to your job title in the security setup, such as CNA, Restorative Nursing, Therapy, or Mood Observation
- As charting is completed, a summary of responses is available with a separate table for ADLs
- Supports review and edit of multiple charting occurrences in a shift
- A handy table shows how complete charting is for all or some residents. Change the criteria and see one resident's responses on topics such as wandering. An on-demand report shows completion compliance by CNA.
- Click the Help button in non-ADL categories for definitions written in clear language
- Security is assured with required master setups for each user that control the pages available to each user according to their needs
- Caregivers' list of residents can be saved and re-used
- Calculates the totals to be entered for MDS 3.0 sections based on the individual responses entered for shifts and days. In NetSolutions MDS software, click the Import button to view data before adding it to the assessment
- Entries from the previous shift are not visible to the current shift to prevent copying
- Help is available at the kiosk, PC, and tablet
- Information can be added with a body graphic
- Items can be set as required, with color coding, including showing completion
- Text for items and labels can be displayed in multiple languages. Spanish is delivered. Preferred language can be set up in caregivers' profiles so it is displayed when the caregiver enters a POC session

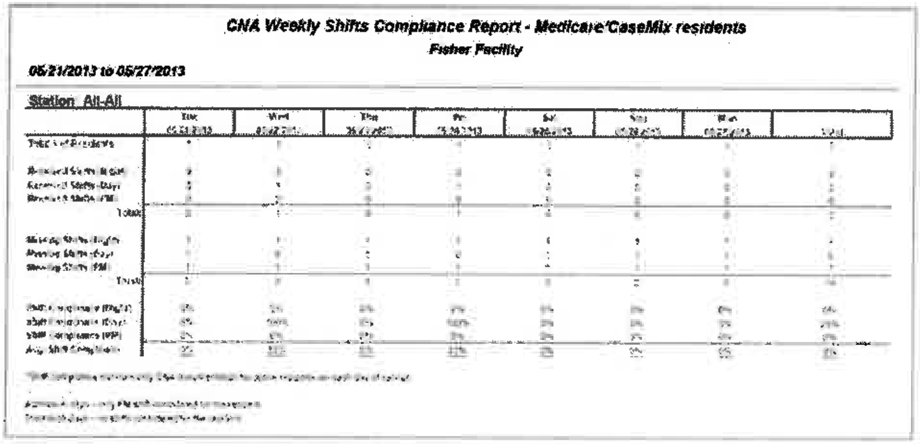
Reports: On-Demand Reports and User-Defined

Reports give you a behind-the-scenes look at the data being collected for the MDS. They provide vital data for residents' care plans as well as management information.

- ADL Tracking Log - for 7 days. Results that will go to MDS 3.0. Shows variances over shifts/ days that could indicate change in resident status or issues with charting or staffing
- Shifts Received by Date of Service - informs staff of any residents for whom data was not collected in the past 24 hours. A tool to monitor and manage compliance on a day-to-day basis
- CNA Compliance by shift for a 7-day or 31-day period - all residents. A management tool that shows percentage of compliance by shift (see sample report on next page)
- Flow Sheet Reports - multiple reports are delivered with the software and additional Flow Sheet Reports can be added, based on user-defined Documentation Types

- 7-Day Bowel Report and a Bowel Movement Report
- Benefit Sensitive Fields - shows responses to MDS 3.0 items used for RUG-IV scoring that are exported to MDS 3.0 from NetSolutions Point of Care

Sample Report: CNA Weekly Shifts Compliance - Medicare/CaseMix Residents



CNA Weekly Shifts Compliance Report - Medicare/CaseMix residents
Fisher Facility

05/21/2013 to 05/27/2013

Station All-All

See at a glance whether data is missing for residents by shifts over a week. This report makes it easy to verify data collection across all shifts – the key to accurate MDS assessments. The sample above is for only one resident.

Hardware and Specifications

NetSolutions® POC gives providers a choice of hardware. The software runs on wall-mounted touchscreen kiosks as well as Windows desktops, laptops, and tablets. The requirements for kiosks include Windows compatibility with 2g ram and IE10 or higher. Also required is administrator access to configure devices, load the activeX print control, and modify IE settings.

NTT DATA does not recommend specific vendors, but we have had positive experience working with IT Medical Solutions. Contact Patrick Hanson at 905-881-5814x222 or patrick@itmedicalsolutions.com.

To Learn More

[illegible] discuss how our offerings would work for your organization.

Contact us at
[illegible]
[illegible]

800-426-2675

About NTT DATA

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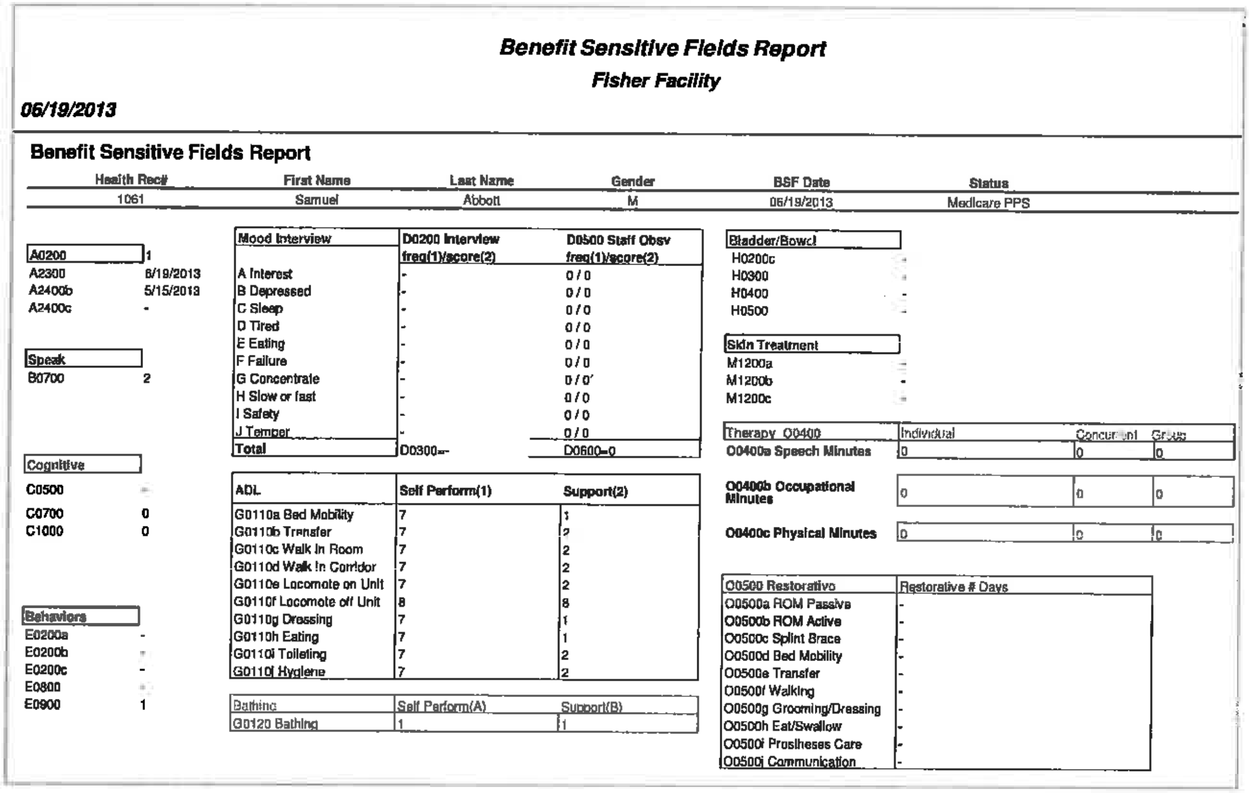


Benefit Sensitive Fields Report

Fisher Facility

06/19/2013

Benefit Sensitive Fields Report

Health Rec#	First Name	Last Name	Gender	BSF Date	Status
1061	Samuel	Abbott	M	06/19/2013	Medicare PPS

A0200	1
A2300	6/19/2013
A2400b	5/15/2013
A2400c	-

Speak	
B0700	2

Cognitive	
C0500	-
C0700	0
C1000	0

Behaviors	
E0200a	-
E0200b	-
E0200c	-
E0800	-
E0900	1

Mood Interview	D0200 Interview freq(1)/score(2)	D0500 Staff Obsv freq(1)/score(2)
A Interest	-	0 / 0
B Depressed	-	0 / 0
C Sleep	-	0 / 0
D Tired	-	0 / 0
E Eating	-	0 / 0
F Failure	-	0 / 0
G Concentrate	-	0 / 0'
H Slow or fast	-	0 / 0
I Safety	-	0 / 0
J Temper	-	0 / 0
Total	D0300=-	D0600=0

ADL	Self Perform(1)	Support(2)
G0110a Bed Mobility	7	1
G0110b Transfer	7	2
G0110c Walk In Room	7	2
G0110d Walk In Corridor	7	2
G0110e Locomote on Unit	7	2
G0110f Locomote off Unit	8	8
G0110g Dressing	7	1
G0110h Eating	7	1
G0110i Toileting	7	2
G0110j Hygiene	7	2

Bathing	Self Perform(A)	Support(B)
G0120 Bathing	1	1

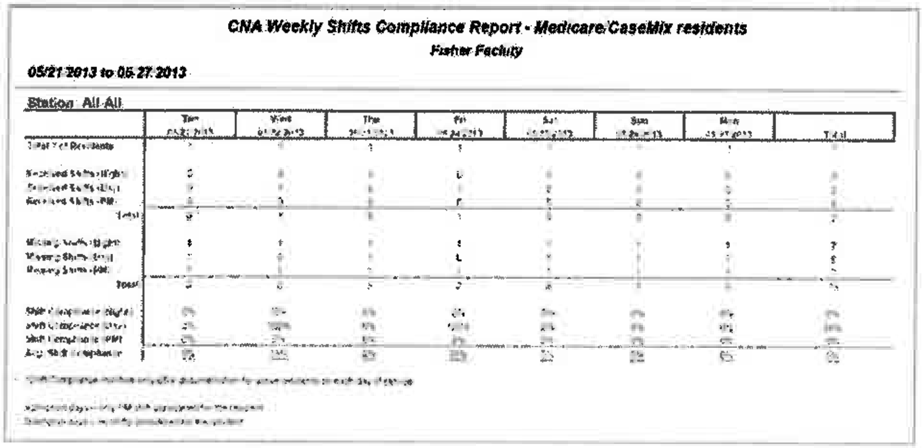
Bladder/Bowel	
H0200c	-
H0300	-
H0400	-
H0500	-

Skin Treatment	
M1200a	-
M1200b	-
M1200c	-

Therapy O0400	Individual	Concurrent	Group
O0400a Speech Minutes	0	0	0
O0400b Occupational Minutes	0	0	0
O0400c Physical Minutes	0	0	0

O0500 Restorative	Restorative # Days
O0500a ROM Passive	-
O0500b ROM Active	-
O0500c Splint Brace	-
O0500d Bed Mobility	-
O0500e Transfer	-
O0500f Walking	-
O0500g Grooming/Dressing	-
O0500h Eat/Swallow	-
O0500i Prostheses Care	-
O0500j Communication	-

This report shows the MDS 3.0 items that can be documented with NetSolutions POC. Each item contributes to the calculation of RUG-IV scores. The software calculates total scores for export to the MDS 3.0 assessment. As the assessment is being completed, each MDS 3.0 response can be viewed before entering it. This report can be generated for different dates to assist MDS Coordinators in selecting the Assessment Reference Date.



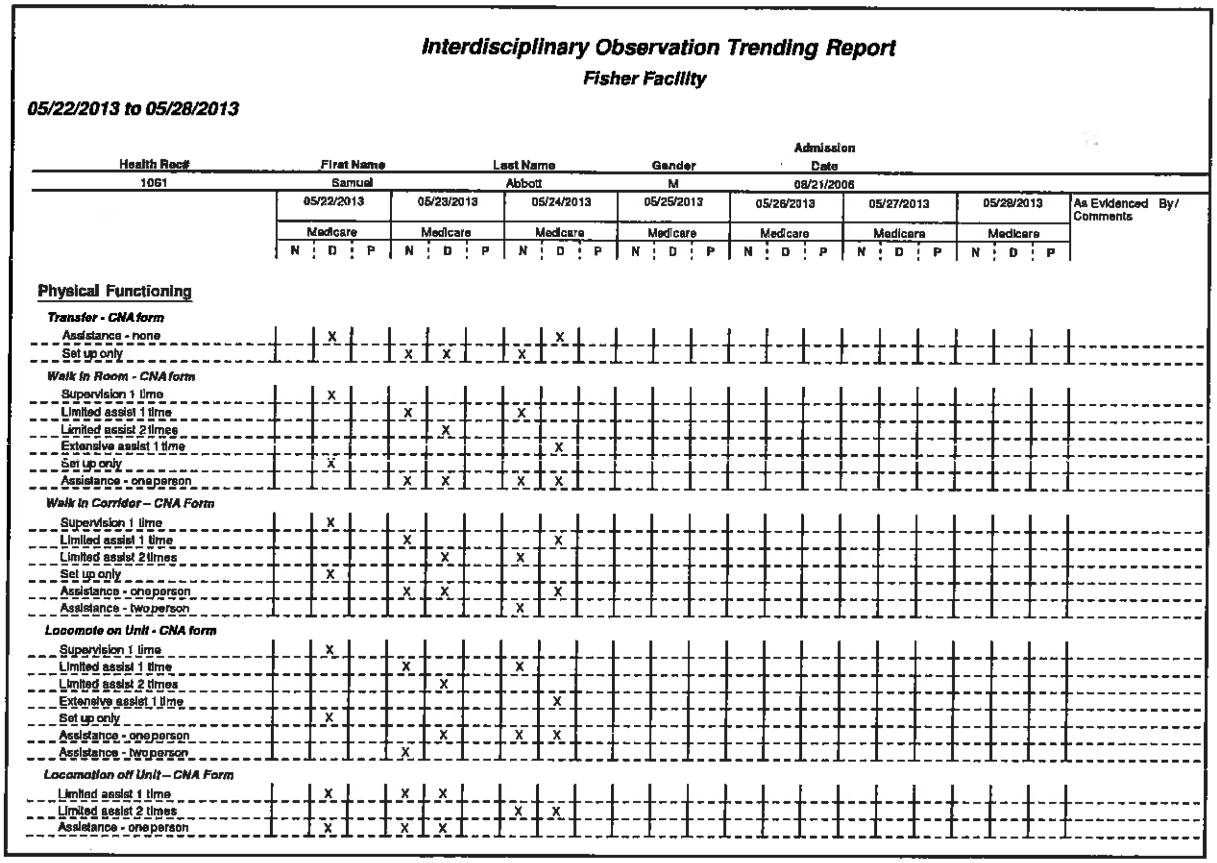
CNA Weekly Shifts Compliance Report - Medicare/CaseMix residents

Fisher Facility

05/21/2013 to 05/27/2013

Station All All

See at a glance whether data is missing for residents by shifts over a week. This report makes it easy to verify data collection across all shifts – the key to accurate MDS assessments. The sample above is for only one resident.



Interdisciplinary Observation Trending Report

Fisher Facility

05/22/2013 to 05/28/2013

Health Rec#	First Name	Last Name	Gender	Admission Date
1061	Samuel	Abbott	M	08/21/2006

	05/22/2013			05/23/2013			05/24/2013			05/25/2013			05/26/2013			05/27/2013			05/28/2013			As Evidenced By/ Comments
	Medicare			Medicare			Medicare			Medicare			Medicare			Medicare			Medicare			
	N	D	P	N	D	P	N	D	P	N	D	P	N	D	P	N	D	P	N	D	P	
Physical Functioning																						
Transfer - CNA form																						
Assistance - none		X						X														
Set up only				X	X		X															
Walk In Room - CNA form																						
Supervision 1 time		X																				
Limited assist 1 time				X			X															
Limited assist 2 times					X																	
Extensive assist 1 time								X														
Set up only		X																				
Assistance - oneperson				X	X		X	X														
Walk In Corridor – CNA Form																						
Supervision 1 time		X																				
Limited assist 1 time				X				X														
Limited assist 2 times					X		X															
Set up only		X																				
Assistance - oneperson				X	X			X														
Assistance - twoperson							X															
Locomote on Unit - CNA form																						
Supervision 1 time		X																				
Limited assist 1 time				X			X															
Limited assist 2 times					X																	
Extensive assist 1 time								X														
Set up only		X																				
Assistance - oneperson					X		X	X														
Assistance - twoperson				X																		
Locomotion off Unit – CNA Form																						
Limited assist 1 time		X		X	X																	
Limited assist 2 times							X	X														
Assistance - oneperson		X		X	X																	

This sample Trending Report shows the data captured across all shifts with a 7-day look-back period. It shows one section of the full data available. Nurses find it an excellent reference report for the Care Plan Conference.

About NTT DATA

NTT DATA is your Innovation Partner anywhere around the world. With our operations in more than [illegible] countries, we put emphasis on long-term commitment and combine global reach and local intimacy to provide premier professional services [illegible] to business process and IT outsourcing.

Visit www.nttdata.com/americas to learn how our consulting, projects, managed services, and outsourcing engagements deliver value.

NTT DATA Americas Fact Sheet: NetSolutions Physician Orders
NTT DATA Long Term Care Solutions, Inc.

NTT DATA

NetSolutions Physician Orders

Superior system for managing medication orders

Physician Orders is the center of the NetSolutions™ electronic medication management system. It increases efficiency and accuracy in the process of entering and maintaining orders in Long-Term and Post-Acute Care residents' electronic medical records.

Physician Orders shares medication and treatment orders with NetSolutions applications including:

- eCharting for the eMAR/eTAR
- ePrescribing for sending orders electronically by NCPDP message and auto-fax
- Clinical Decision Support for medications

Optimal Organizational Tools on Summary Page

The Physician Orders Summary page is a powerhouse – displaying maximum information and linking you to tools that add precision and accessibility. From this one page you can:

- Add and edit orders for medications, treatment, lab tests, and x-rays
- Use eSignatures for order review
- Chart PRN order results
- Check drug interactions on demand
- Document lab/x-ray results
- Add notes about a resident
- Filter orders displayed by active, discontinued, telephone, pre-admit, and discharge
- View information including prescribing physician, advance directives, diagnoses, allergies
- Link to U.S. National Library of Medicine, Medline Plus Connect
- Indicate that a medication was taken prior to admission
- Show orders that were paused before order entry was complete
- Select reports to view, display uploaded images
- Reconcile medications

Order Entry Features

- Reduce risk of error in data entry by adding medication orders using NDC codes. Choose from a lookup list of codes and the software spells out the data embedded in the code: product name, strength, dosage form, and route of administration.
- Set up your facility's standard orders with their codes in master pages. When you enter a resident's orders, you enter only the code. The full, editable order appears online and in reports. Order text can be copied, pasted, and edited to enter additional orders. Multiple standard orders can be selected at one time.
- Keys to the codes for orders, time, and medications, with their values, are instantly available in look-up lists as you enter orders.
- Order date, order code, and order text are required fields for all orders. Additional fields can be required for certain order types. An over-ride by order code is available.

The NetSolutions System

Revenue Cycle Management

- AR-Billing
- Resident Funds
- General Ledger, Accounts Payable

Electronic Medical Record

- MDS 3.0
- Care Plan
- Progress Notes
- Therapy
- User-Defined Assessments
- Wound Management

Medication Management

- eCharting, eMAR
- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management

- Incident Reporting, Infection Control
- eDocuments
- eResults

Communications

- Insight Dashboards
- Point of Care
- CareConnection
- eAssignment amd Messaging

CCHIT CERTIFIED 2011
Long Term Post Acute Care
+Skilled Nursing Facility

CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

- Time codes can be set up by location and by order type. For example, you can set up BID as the code for two times per day. When the order prints or displays in the MAR/TAR, it can show 8:00 AM and 5:00 PM for one station and 8:30 AM and 5:30 PM for another.
- Standard Admitting orders can be identified and one, some, or all added for the resident
- Orders can be entered in free-form text; drug-interaction checking will not occur
- "Resident takes no medications" can be checked to differentiate from orders not yet entered
- Partially completed orders can be saved and completed later. Generate an on-demand report of pending orders

eSignatures

Prescribers and nurses with security rights can review current orders, electronically sign and note orders, and sign unsigned orders in a PO Manager summary panel.

Clinical Decision Support

When your system includes NetSolutions Clinical Decision Support, each order entry is automatically screened for negative interactions. Drug Interaction warnings can be viewed from the Physician Orders summary page and the eMAR.

Telephone Orders

Key telephone orders directly into the system. Prescribers can receive a list of orders to be reviewed and sign orders electronically. A prompt displays to remind nurses to read back the order to the prescriber during the telephone exchange. Nurses chart that read back occured in same screen. All orders can be printed as telephone orders for prescriber signature.

Link to Reference Website

While entering orders you can link to the U.S. National Library of Medicine, Medline Plus Connect (www.nlm.nih.gov/medlineplus/medlineplus.html). That Website will open to the medication ordered and provide information such as why it's prescribed, how it should be used, side effects, dietary instructions, storage/disposal, and brand names. A link is also available on the Summary page and main menu. NetSolutions supports adding links to additional reference Websites.

Lab and X-ray orders

Physician Orders in conjunction with NetSolutions eMAR, ePrescribing, eResults and eDocuments provides a complete system for managing lab and x-ray orders. Start by entering the order, the system can then auto-fax it from your computer to the lab or x-ray company. Prompts to facilitate the lab test or x-ray will display in eMAR. Results can be received electronically with NetSolutions eResults. You can also attach faxed results to the resident's EMR using eDocuments.

Medication Reconciliation

Physician Orders software can document that a medication review and reconciliation occur at admission, at care level changes, and at discharge, according to your facility's procedures. At admission, information on the medications taken by the resident prior to admission can be documented, including fields for prior location, data source, and whether the medication will be continued at the facility.

Another medication reconciliation occurs at discharge, when medications that should be continued after discharge are identified. Those medications can be selected from a list and a report listing those medications can be generated to give to the resident as a part of their Discharge Instructions.

continued on next page

Key Features

- Maintains orders entered for residents before they register. Those orders are included in the admission medication reconcilation process
- Diagnoses: imports diagnoses and allergies from NetSolutions ADT. Diagnoses can be added while entering an order. Multiple diagnoses can be associated with an order
- Documents reviews of each resident's orders and schedules the next review
- Offers option of automatically discontinuing all orders on discharge. Lists discontinued orders in a separate report. Supports charting the reason order was discontinued
- Provides lists of choices to assist with order entry and to avoid unapproved abbreviations
- Completes drug names based on initial typing. Route is added based on NDC selected
- Supports opening another application from an active PO page, performing a task such as entering a progress note, and returning to the PO page
- Tracks actions in the software such as edits, and includes the date/time and user
- Exports master order setups to other facilities
- Imports order data at initial implementation from a third-party system. The data is first exported to an Excel spreadsheet template where it is organized and audited

Immunization Record

NetSolutions provides a central page for maintaining residents' status on immunizations, particularly influenza and pneumococcal. Data on those immunizations populates MDS 3.0 Sections O0250 and O0300.

The Immunization Record is updated automatically by data captured in eMAR charting sessions. You can set up a separate med pass for flu shots with eMAR filters, that use flu season dates and resident's recorded consent/refusal. The Immunization Record can record the vaccine manufacturer, lot number, and whether there is a declared shortage of vaccine.

Ordering and Reordering Medications

Each time a new medication order is added or marked for reorder the information is entered automatically in NetSolutions' order processing system. For reorders, the request is added to a list and held for review. For new orders, the data is sent to the Pharmacy Order Request report for faxing to a pharmacy.

When your facility's system includes NetSolutions ePrescribing, it checks if the pharmacy, lab or x-ray company accepts orders by electronic message (NCPDP format) or by auto-fax and sends them accordingly. You are alerted if any required data is missing or the order is not received.

NDC Library

The NetSolutions system uses NDC codes to identify medications. The complete library of 40,000 National Drug Codes (NDC) is included with Physician Orders and is updated quarterly. It provides information such as brand and generic names, strength, form, manufacturer, route of administration, and unit dose.

With the NDC Master page you can maintain a list of NDC Codes commonly used by your facility to add efficiency and support standardization. These codes display when you use the Search for NDC Codes window.

continued on next page

Therapeutic classes. The NDC Master page includes the Therapeutic Class panel, which displays the four-level therapeutic class for each code provided by the system for reference. In the Therapeutic Class Correlation dialog, you can associate order codes with NDC codes at any level of the therapeutic class hierarchy.

Vitals for the EMR

Document residents' vital parameters and text notes for their EMR with this feature of NetSolutions Physician Orders and Care Plan. Parameters include blood glucose, weight, temperature, pulse, blood pressure, oxygen saturation, level of consciousness, and respiration.

The Vitals feature maintains acceptable ranges and alerts staff to values outside those ranges. A report shows at a glance whether data is missing or needs attention.

Data can flow to Vitals from RosieConnect devices using an optional interface.

Reports from Physician Orders

The following are some of the on-demand reports that can be viewed and printed with NetSolutions Physician Orders:

- Physician Orders – resident's current orders, can be sorted by location or physician
- Lab and X-ray Orders
- Reviewed Orders
- Pending Orders
- Medication Reconciliation Status
- Pre-Admission Orders
- Discharge Orders
- Telephone Orders
- Documentation forms, including MAR
- Order Text Search
- Orders by Order Type, Code, Date
- Orders missing NDC codes
- Pharmacy Reorder Requests
- PRN Messages
- eCharting Transactions

System features

Physician Orders is part of the Web-based NetSolutions system. It shares data with all NetSolutions applications, including MDS 3.0 software, ADT, eCharting, ePrescribing, and Clinical Decision Support-Medications, and the RosieConnect® interface.

For more information please contact your NTT DATA Sales Representative, call the sales department at 800-426-2675 or visit www.nttdataltc.com.

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
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NTT DATA is your Innovation Partner anywhere around the world. With business operations in more than 40 countries, we put emphasis on long-term commitment and combine global reach with local intimacy to provide premier professional services varying from consulting and system development to business process and IT outsourcing.

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NTT DATA Americas Fact Sheet: NetSolutions eCharting with eMAR/eTAR
NTT DATA Long Term Care Solutions, Inc.

NTT DaTa

NetSolutions eCharting

Includes eMAR / eTAR for paperless point-of-care documentation

NetSolutions™ eCharting brings Long-Term and Post-Acute Care providers a point-of-service method of documenting care. It includes an eMAR and eTAR to improve accuracy and efficiency in charting medications, treatments, and vitals while making the information instantly available to residents' Electronic Medical Records (EMR).

eCharting is part of the integrated NetSolutions Electronic Medication Management system that includes ePrescribing, Clinical Decision Support, and Physician Orders.

With eCharting, new orders and updates are available to the eMAR/eTAR in real time – ready for the next session. New orders are color coded. Drug interaction warnings are available in eMAR when NetSolutions Clinical Decision Support software is installed. eMAR/eTAR replaces end-of-month turnover and paper versions of the MAR (Medication Administration Record) and TAR (Treatment Administration Record).

Point-of-Service Computing

Connect to NetSolutions eCharting on the medication cart, at the bedside, in the dining room, or anywhere it's needed when you use a tablet PC with a wireless connection to your facility's network. Wireless technology makes charting information available to the network in real time.

Point-of-care data can be secured through software passwords as well as hardware devices such as biometric thumbprints and card scanners.

As a Web-based product, NetSolutions can be accessed through the Internet or your intranet. Authorized physicians and staff can check on a resident's status anytime, anywhere.

How Does the eMAR/eTAR Work?

The first step in preparing for a medication session is to build a list of residents using these criteria: location, shift, pass time, and route(s) of administration. eCharting reads the data from NetSolutions Physician Orders and assembles resident orders that meet the criteria. It gives you the option of further sorting by name, location, or odd/even rooms.

Next an eCharting page for the first resident in the session is displayed, showing the orders including PRN orders if selected (sample on page 4). Boxes are color coded to highlight orders that are late, new (color-coded for the first 72 hours), due during this session, due in an upcoming session, and held.

As the session begins, simply click the Yes box for each medication/treatment administered and the box turns white. If an order is held, check No and document the reason. For orders flagged to require a vitals check or documentation, the system displays the appropriate window.

If you notice that a medication supply is low, click the Reorder button to add your request to the order processing system.

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The NetSolutions System

Revenue Cycle Management
- AR-Billing
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Electronic Medical Record
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- User-Defined Assessments
- Wound Management

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- Physician Orders
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- eDocuments
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After a resident's medication/treatment pass is complete, click for the Next/Previous resident or a specific resident in the group. You can use barcoding to navigate to another resident. The system alerts you to any orders missed for the previous resident.

When the session is complete, the system displays a summary page with statistics for the session including start, end, and elapsed time; PRN orders; totals for residents, delivered medications and treatments; plus any held, late or missed orders. Drill down on each statistic for a list of residents, treatments, and medications.

Advantages of eMAR / eTAR

Notes Shared with the EMR

You can flag any order to require documentation at the time of delivery. Charting may also be required for orders that are late, missed, held, or PRN. Those notes are shared with NetSolutions Interdisciplinary Progress Notes with an appropriate category and become part of the resident's electronic medical record.

Orders Updated in Real Time

New orders and updates are available to the eMAR/eTAR in real time – ready for the next session. New orders are color coded for the first 72 hours. Drug interaction warnings are available when NetSolutions Drug Interactions software is installed.

Handles PRN Orders

You have the option of displaying PRN orders on the session page. If none are needed, you do nothing. A history of past PRN administrations is at hand. When a PRN order is delivered, the system prompts for required documentation. You have the option to attach a vitals check and requirement for co-signatures.

After a session is complete, a PRN Results window is available in NetSolutions Physician Orders for documenting the outcome of PRN medications/treatments delivered. A summary of previous PRN administrations is in the same window.

Vitals Charting Connected to Orders

Orders may be flagged to require a specific vitals check of weight, temperature, pulse, respiration, blood pressure, oxygen saturation, and/or blood glucose. The results and any text notes are automatically shared with the Vital Parameters area and with Progress Notes, in a note associated with the specific order delivery.

Lab and X-Ray Orders

eCharting includes orders for lab and x-rays in session lists per the orders entered in Physician Orders. In an eMAR session, staff can be reminded to prepare the resident for the test or x-ray and chart their actions. Results can be recorded, similarly to charting PRN results.

Barcoding Identification

In addition to the photo on the eMAR page you can verify a resident's identity by using barcoding technology to scan a resident's barcode, for example on a bracelet.

Complete Information at a Glance

Resident information always appears at the top of eCharting orders pages, including date of birth, gender, physician, allergies, advance directive, and any nursing alert. A list of diagnoses is a click away. Information Orders, such as "crush medications" are available in a dropdown list. Medications can be shown as "Pulled" to assist if the nurse is interrupted during the pass.

Corrections

A correction feature maintains the integrity of the EMR. If an order is checked Yes in error, when it is checked No, a window displays to document the change. The correction note is linked to the delivery, and stored in the eMAR/eTAR and Progress Notes.

Key Features

- Eliminates end-of-month turnover by keeping orders current online
- Connects the eMAR with Physician Orders and ePrescribing for medication reorder requests
- New orders, including PRN, are displayed in blue in the eMAR for the first 72 hours
- Reads barcoding to navigate to resident data and to identify residents
- Displays drug interaction warnings when NetSolutions Clinical Decision Support software is installed
- Supports flagging a medication/treatment order to require a specific vitals check
- Displays informational physician orders, such as crush medications, on eMAR
- Identifies medications/treatments delivered late, according to administration times you set up. Reports may be prepared on late orders
- Alerts automatically about missed orders
- Links an electronic photo to an order to illustrate a resident's condition, such as a wound, rash, pressure ulcer. Photos are available during the session, including date and descriptive text
- Provides a one-step procedure for holding all medications for a resident. Requires charting of held orders for the EMR
- Displays Nursing Alert text on the eMAR page with orders due to be administered
- Supports the option to require two signatures at medication pass.
- Provides an automatic date stamp and identifies the caregiver for each order delivered
- Time values for delivering medications/treatments can be shown as a specific time, shift, or range such as early AM. Orders can be shown as Stat and one-time
- A resident's history of order administration is available from the eMAR
- Prepares a summary page automatically with data on medications and treatments administered in a session. Each statistic is hyperlinked to lists of residents, medications and treatments, included in each category

Reports

Standard reports that may be viewed online or printed:

eMAR and eTAR: the completed Medication and Treatment reports show vital parameters and initials of staff who administered the medication/treatment

Corrections Report: list of notes correcting charting information, showing date, time, and caregiver

Descriptive Text Results: notes entered for vitals, held meds, and other documentation

Late Orders: orders that have not been documented

PRN Results: list of PRN orders delivered with documentation of the outcomes

Resident Barcodes: List of residents' HR number barcodes so you can scan a barcode to bring up their eCharting page

Session - summary and detail reports showing order totals in several categories

Transaction Report: generates an unlimited number of report combinations, such as how many PRN Acetaminophen were delivered in a day, residents who received specific medications, and orders administered late. You can save your criteria to re-run a report.

Upcoming Meds/Treatments: residents with orders due in an upcoming time period, shift, or pass

System Requirements

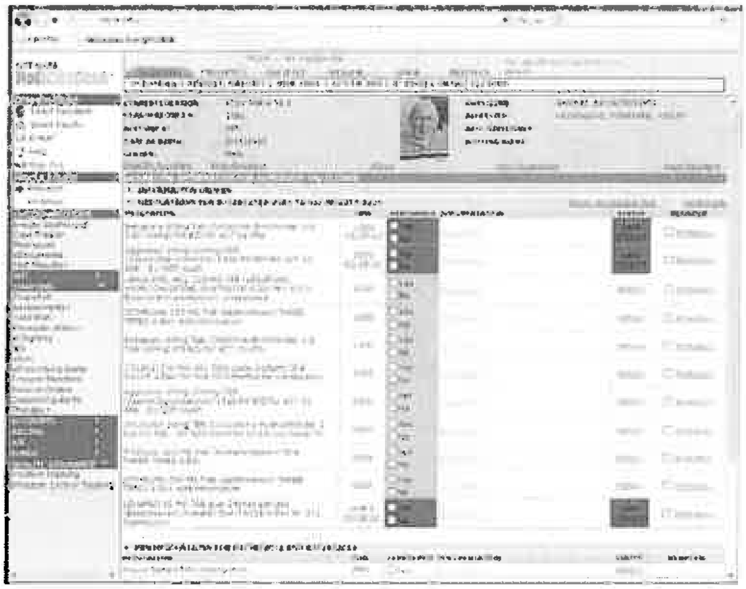
The implementation of an eMAR, point-of-care system requires:

- NetSolutions eCharting, Physician Orders, and the full NDC library
- Wireless network in the facility
- Portable PC for each medication cart, such as a laptop or tablet PC
- Medication carts that accommodate PCs, external batteries, and power access for recharging
- For security and convenience, PCs with a biometric identification or card-swipe capability

eMAR Session Page

Complete information on a resident's medication sessions is available from this window.

Boxes are color coded to highlight orders that need attention. When clicked Yes, the box turns white.



To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
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[illegible]

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NetSolutions Electronic Medication Management

ePrescribing, Decision Support, Order Maintenance, eMAR

Managing medications electronically improves accuracy and quality of care while it removes risk due to illegible handwriting and data entry errors. Efficiency is increased through reduced time spent on the medication pass and elimination of month-end turnover.

NetSolutions offers Long-Term and Post-Acute Care providers an electronic medication management solution that works to close the medication loop, from:

- Entering and maintaining orders, including e-signatures for prescribers and nurses
- Clinical Decision Support, including Black Box Warnings and drug interactions
- Transmitting electronic orders to the pharmacy -- ePrescribing with NCPDP SCRIPT
- Generating an up-to-date eMAR with tools to identify the resident and medication
- Charting administration with notes and vitals

ePrescribing

Streamline how you order and re-order medications and eliminate trips to the fax machine with NetSolutions ePrescribing. When you enter a new medication order, ePrescribing automatically sends it to the resident's pharmacy by electronic message in the NCPDP SCRIPT 10.6 standard format. To re-order, one click adds it to a list you review before it's sent to the pharmacy.

We comply with the "LTC exception" rule and have years of experience working with LTC facilities and their pharmacies. We currently transmit messages to the systems of PharMerica, and Omnicare, and to independent pharmacies using FrameWorkLTC and QSI software systems.

Point-of-Care Charting with eMAR

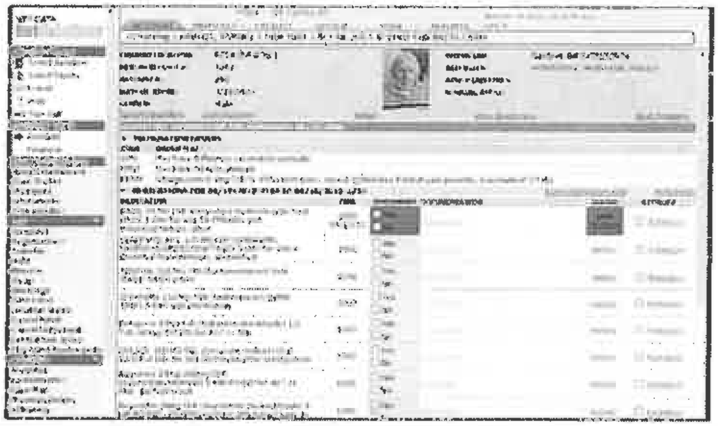
NetSolutions eCharting revolutionizes how you administer medications by replacing the paper notebook on the medication cart with a portable PC connected to your network. The software

continued

eMAR Reduces Risk and Saves Time

In NetSolutions eMAR, orders are color coded to highlight those that need attention. A page for documentation opens automatically per setup instructions.

Informational orders are listed at top and PRN orders are below.



The NetSolutions System

Revenue Cycle Management
- AR-Billing
- Resident Funds
- General Ledger, Accounts Payable

Electronic Medical Record
- MDS 3.0
- Care Plan
- Progress Notes
- Therapy
- User-Defined Assessments
- Wound Management

Medication Management
- eCharting, eMAR
- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management
- Incident Reporting, Infection Control
- eDocuments
- eResults

Communications
- Insight Dashboards
- Point of Care
- RosieConnect
- eAssignment & Messaging

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builds you a list of medications due and PRNs for each resident (sample below). A DHHS study found a 3-hour decline in time required for medication administration per shift with eMAR.

During the pass, simply click each medication delivered. Add notes and chart vitals as needed. Documentation from the pass is shared automatically with the resident's electronic medical record.

By keeping order information current online the need for end-of-month turnover is eliminated, and order changes can be implemented ASAP. eCharting offers powerful risk management tools such as individualized nursing alerts. Orders can be flagged to require documentation and/or vitals at the time of delivery. The notes become part of the Electronic Medical Record.

Clinical Decision Support - Medications

NetSolutions Clinical Decision Support can reduce risk of error in LTPAC. It gives you instant access to information on medications at order entry, medication administration, when discussing the medication with a resident, and when the resident discharges.

- Black Box Warning. You can access Black Box Warnings from eMAR or the Order Entry screen with a link to the Clinical Knowledge database. These warnings are required to be available when administering meds. Online warnings replace hards copies nurses currently use.
- DrugPoints® includes dosage, contraindications, warnings, interactions, adverse effects and other information that you can link to from eMAR or the Order Entry screen
- Clinical Teaching. Items to discuss with patients during medication administration, such as side effects. Reach it through a link from eMAR or the Order Entry screen
- Drug Interactions. Anytime a new medication or allergy is entered in Physician Orders it is automatically checked against all active medications, and findings are displayed
- Patient Education. Information written for the consumer for use at discharge or on demand

Maintaining Orders

NetSolutions Physician Orders organizes orders, providing one-stop convenience for entering orders, signing and noting them with e-signatures, updating them, checking drug interactions, opening the eMAR/eTAR, charting PRN order results, and reordering medications. Orders are part of the Electronic Medical Record, organized for logical and efficient workflow, retrieval, and reporting. When changes occur, communication is effective and timely.

System Requirements

The NetSolutions Medication Management system is made up of the following applications that may be purchased separately: Physician Orders with NDC Library (required), eCharting with eMAR, ePrescribing, and Clinical Decision Support-Medications.

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About NTT DATA

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Clinical Decision Support - Medications

Information on medications, including Drug Interactions, Black Box Warnings, Clinical Teaching, Patient Education, and DrugPoints®

Medication Information When and Where It's Needed

By providing critical information on your residents' medications, NetSolutions Clinical Decision Support reduces risk of error in Long-Term and Post-Acute Care. It gives you instant access to information on medications at order entry, medication administration, when discussing the medication with a resident, and when the resident discharges.

- » Black Box Warning. You can access Black Box Warnings from eMAR or the Order Entry screen with a link to the Clinical Knowledge database. These warnings are required to be available when administering meds. Online warnings replace hards copies nurses currently use.
- » DrugPoints® includes dosage, contraindications, warnings, interactions, adverse effects and other information that you can link to from eMAR or the Order Entry screen
- » Clinical Teaching. Items to discuss with patients during medication administration, such as side effects. Reach it through a link from eMAR or the Order Entry screen
- » Drug Interactions. Anytime a new medication or allergy is entered in Physician Orders it is automatically checked against all active medications, and findings are displayed.
- » Patient Education. Information written for the consumer for use at discharge or on demand

DrugPoints®

The DrugPoints® section gives you access to the exact level of drug information you need to do your job. It helps healthcare professionals prescribe, administer, and monitor drugs safely and efficiently. Information is organized into these categories:

- » Dosing and Indications
- » Contraindications
- » Precautions
- » Drug Interactions: Contraindicated, Major, Moderate
- » Adverse Effects: Common, Serious
- » Name Information: U.S. Trade Names, Class Registration Status, Generic Availability
- » Mechanism of Action
- » Administration/Monitoring
- » How Supplied
- » Toxicology: clinical effects, treatment of exposure, range of toxicity

Drug Interactions

This application screens medications for the interactions you select in your facility's master setup. Your choices include:

The NetSolutions System

Revenue Cycle Management
- » AR-Billing
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- » Care Plan
- » Progress Notes
- » Therapy
- » User-Defined Assessments
- » Wound Management

Medication Management
- » eCharting, eMAR
- » Clinical Decision Support -Medications
- » Physician Orders
- » ePrescribing

Documentation Management
- » Incident Reporting, Infection Control
- » eDocuments
- » Test Results

Communications
- » Insight Dashboards
- » Point of Care
- » Constant Care Technology
- » eAssignment and Messaging

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- Drug – Drug interaction
- Drug – Allergy interaction
- Drug – Lab interaction
- Drug – Disease interaction
- Drug – Food alerts
- Therapeutic duplication
- Ingredient duplication

Your facility selects one, some, or all of the above as default screenings, You also can choose a severity level for the screening, such as moderate or higher, contraindicated, major or higher, minor, or all. For a specialized screening, such as lab interactions, you can run a separate report.

Anytime a new medication or allergy is entered, the system checks it against all active medications. You also can screen drugs on demand and at the point of administration with NetSolutions eMAR.

Allergies

All resident allergies are treated as contraindications. When you add or edit an order and the resident has an allergy interaction, a summary report displays with the contraindication text in red. To continue adding the order, you must enter override information.

An allergy database with search function is included. Access to the master list is protected by password to control ability to edit the list. The module checks against allergies entered in the system using allergy codes that you can select from a drop-down list.

Patient Education

Use the Patient Education information included with the application to improve your process for providing medication information to residents at discharge or on request. The information is written for the consumer in text that is easily understood. The reports give a summary list of medications and full details, including:

- Directions for use
- Brand names
- Purpose of drug
- When not to use the medication
- What to do if a dose is missed
- How to store and dispose
- Drugs and foods to avoid
- Warnings while using medication
- Possible side effects

System Requirements

With NetSolutions Clinical Decision Support you connect from NetSolutions through the Internet to Truven Health Analytics. It requires use of the current release of NetSolutions Physician Orders that includes the complete NDC Library.

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
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NTT DATA Americas Fact Sheet: NetSolutions ePrescribing
NTT DATA Long Term Care Solutions, Inc.

NTT DaTa

NetSolutions ePrescribing

Paperless process for medication ordering and re-ordering

NetSolutions ePrescribing replaces trips to the fax machine to send pharmacy orders with electronic messages in the NCPDP SCRIPT standard format. It works in the background to handle the process invisibly by following your rules.

Flexibility for working with one or multiple pharmacies

With NetSolutions ePrescribing in your system, electronic messages are triggered automatically by software activity including new orders, reorders, discontinued orders and ADT/census transactions. The messages are sent via NCPDP SCRIPT version 10.6. We currently transmit messages to the systems of

» Omnicare - Oasis and OmniDX pharmacy software systems
» FrameworkLTC/FrameworkERX pharmacy software
» PharMerica pharmacy system
» QS1 pharmacy software
» DocuTrack pharmacy software

NetSolutions also offers the option of sending Census/ADT information via HL7 messages.

ePrescribing complies with the "LTC Exception" rule, effective November 1, 2014.

This application gives Long-Term Care providers a paperless process for ordering and reordering medications that increases accuracy and efficiency by eliminating illegible handwriting and tasks such as faxing, filing, and pulling charts.

How ePrescribing Works

NetSolutions ePrescribing works by using the information set up in your system for each pharmacy and resident. Each resident's profile identifies the pharmacy used by the resident. The pharmacy's master information includes whether they can communicate electronically via NCPDP messages. When setting up the pharmacy profiles, facility staff choose how they want to send orders and census messages to that pharmacy.

Reorders: Easy as Shopping Online

You can reorder medications for a resident from Physician Orders or eMAR. Your request is added to a searchable list you can review before sending to the pharmacy. For quick reference, an online prescription history is available.

When you click to process the reorder request, the order is put into the format for NCPDP SCRIPT and sent to the pharmacy. You are alerted if there are any difficulties transmitting the order.

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Key Features in NetSolutions ePrescribing

New Orders: One-Step Process

When a new medication order is added in NetSolutions Physician Orders, ePrescrbing checks the resident's setup pharmacy information and immediately sends the information. You are alerted if any required data is missing or if the pharmacy was unable to receive the order.

Census Information

Certain census or resident status changes made in NetSolutions trigger ePrescribing to send a message to the pharmacy to keep the resident's profile current. Examples of census triggers include new admit, return from hospital, change in allergy, change in attending physician, and discharge.

Cancelling Orders

When an order is cancelled/discontinued, the system automatically sends an electronic message to the pharmacy. If order information is changed, ePrescribing automatically sends the pharmacy a Cancel electronic message and then a New Prescription message.

Limited-time Prescriptions

According to the facility's setup instructions, when an order is entered with a future stop date, the system either sends a Cancel message today with the future stop date or sends the Cancel message on the stop date.

Reports

These reports are sent to pharmacies as appropriate. They may be viewed online, exported as pdf files, and printed.

- Resident Census Information
- Pharmacy Request

Pharmacy Health Information Exchange

In addition to sending messages directly to pharmacies, NetSolutions ePrescribing can connect facilities with the Pharmacy Health Information Exchange. The exchange receives electronic messages from the facility and forwards them to pharmacies.

Possible LTC NCPDP SCRIPT messages

NetSolutions was the first e-prescribing solution certified using Long-Term Care message elements to facilitate the secure, electronic transmission of the following NCPDP SCRIPT messages:

- New prescription
- Resupply/refill medication request
- Fill Status from the pharmacy to the facility
- Census/ADT information on the resident from the facility
- Cancel/discontinue prescription

ePrescribing connects to pharmacies nationwide. It only takes a phone call to your pharmacy to see what system they're using. NetSolutions currently transmits messages to the systems of PharMerica and Omnicare. ePrescribing also sends electronic messages to FrameWorkLTC and to QSI, software systems used by independent pharmacies.

continued

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
James.Ingalls@nttdata.com
Jill.Moss@nttdata.com
800-426-2675

Order Instructions

When you add a medication order in NetSolutions Physician Orders you can include instructions, such as "dispense as written," "fill STAT," and "Do not fill." Choose the do-not-fill option if you have supply on hand but want the medication included in the pharmacy system for calculations by the pharmacy's drug interactions system.

Clinical Decision Support - Medications

An important part of a Medication Management system is information on drugs. That is provided by a separate application, NetSolutions Clinical Decision Support that can reduce risk of error and adverse drug events in Long-Term and Post-Acute Care. It gives you instant access to information on medications at order entry, medication administration, when discussing the medication with a resident, and when the resident discharges.

» Black Box Warning. You can access Black Box Warnings from eMAR or the Order Entry screen with a link to the Clinical Knowledge database. These warnings are required to be available when administering meds. Online warnings replace hards copies nurses currently use.

» DrugPoints® includes dosage, contraindications, warnings, interactions, adverse effects and other information that you can link to from eMAR or the Order Entry screen

» Clinical Teaching. Items to discuss with patients during medication administration, such as side effects. Reach it through a link from eMAR or the Order Entry screen

» Drug Interactions. Anytime a new medication or allergy is entered in Physician Orders it is automatically checked against all active medications, and findings are displayed.

» Patient Education. Information written for the consumer for use at discharge or on demand

System Requirements

NetSolutions ePrescribing requires use of the current release of NetSolutions, the NetSolutions Physician Orders application, and the full NDC Library that is included with Physician Orders.

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About NTT DATA

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NTT DATA Americas Fact Sheet: NetSolutions Interdisciplinary Progress Notes

NTT DATA Long Term Care Solutions, Inc.

Interdisciplinary Progress Notes

Important part of the Electronic Medical Record

Online progress notes are a crucial part of an Electronic Medical Record (EMR) – providing anytime anywhere access to your residents' latest information. It maintains the integrity of records while increasing their accessibility and reducing staff time.

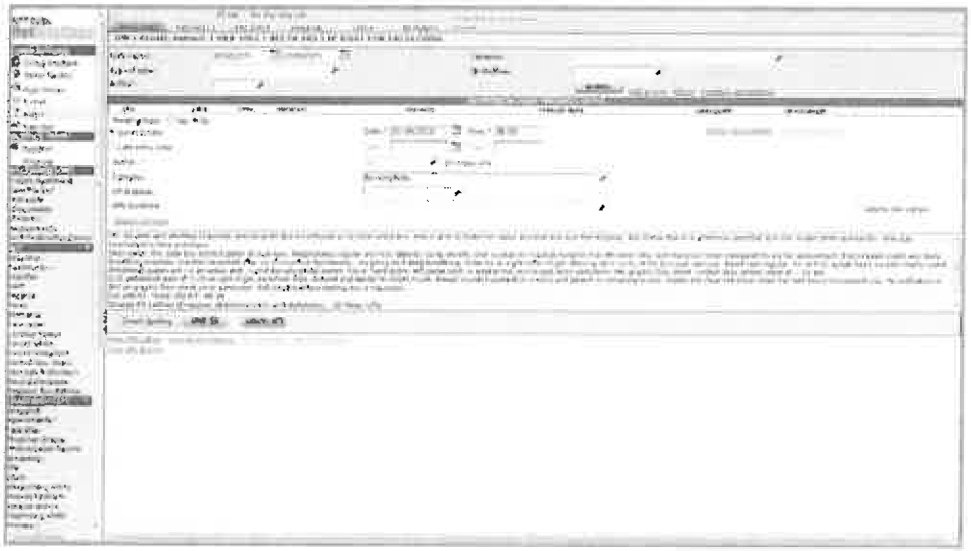
Offers anytime anywhere access to notes

With the NetSolutions™ Interdisciplinary Progress Notes (IPN) application you can:

- Eliminate hand written notes in medical records
- Organize all the progress notes for a resident chronologically, even though they are made at different times, by different staff, by staff in all disciplines
- Save notes to a library and re-use them as templates to save time on writing and formatting
- Begin a note with resident's name, ID number and location already entered
- Categorize notes for easy retrieval and reporting

continued on next page

Add maximum value to your notes with user-friendly tools



It's simple to add a note in IPN – just type in the yellow text box – date/time and your ID are added automatically. Add value to your note with IPN's tools, such as adding a Category for retrieving notes by topic. Link to a Care Plan Problem, check IPN Guidelines for your facility's best practices, click Add to IPN Library to save it as a template. With eDocs in your system you can click "Attach eDocument" to add a photo. Use the links below Check Spelling to view/print notes, and if applicable, check PRN Results and Lab/Xray Results as references for your progress note.

The NetSolutions System

Revenue Cycle Management

- AR-Billing
- Resident Funds
- General Ledger, Accounts Payable

Electronic Medical Record

- MDS 3.0
- Care Plan
- Progress Notes
- Therapy
- User-Defined Assessments
- Wound Management

Medication Management

- eCharting, eMAR
- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management

- Incident Reporting, Infection Control
- eDocuments
- eResults

Communications

- Insight Dashboards
- Point of Care
- Constant Care Technology
- eAssignment and Messaging

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Long Term Post Acute Care
+ Skilled Nursing Facility

CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

Categorizing Notes for Efficiency

MDS completion is quicker when your software assembles all notes on a resident and topic for you. With Progress Notes you can retrieve notes according to subject, such as falls, pain, or CAA.

IPN simplifies assigning a category when you add a note and as an option, a category can be a required field when adding or editing a note. CAAs are already set up as categories; you can add other topics, such as MDS items. You can also find notes using search criteria such as date or span of dates, care plan problem number, type of note, and author.

Care Plan and Therapy Notes

Because NetSolutions IPN is integrated with Care Plan, you can link notes to a care plan problem number for quick reference regarding residents' care plan status.

With the NetSolutions interface to Therapute you can import therapy notes to become part of residents' EMRs and accessible to all authorized staff. Through that Therapute interface, reports can be imported to IPN including Certification and Recertification reports, Progress Report, and Discharge Summaries. Notes entered in Therapute can be imported as PDF files.

Avoid "Insufficient Documentation" Errors with Templates

Under the federal CERT Program, a random sample of Medicare claims are reviewed to determine if they were paid properly. If one of your claims is selected randomly, reviewers will request associated medical records and can determine that your claim has "insufficient documentation" errors, such as incomplete progress notes (for example notes that are, unsigned, undated, with insufficient detail). By using templates to prompt you for details and automatic date stamping you can avoid that kind of error.

After you write a note, with one click you can add it to your IPN library of note templates. In addition to the note text, you can assign categories, include guidelines for use, and insert prompts to make it easy to add appropriate text that individualizes a note based on a template from the library. Note templates can be shared between facilities.

Protect your Electronic Medical Records

Once a progress note has been saved, it cannot be edited or deleted. If necessary, a correction note can be added and attached to the original note, showing the type of correction.

This software can help encourage the entry of notes on your facility's schedule: per shift, daily, weekly, or monthly. Facilities have the option of specifying a maximum number of elapsed minutes between the action and the note entry. The software will calculate whether the note late.

Key Features

- Offers point-of-care charting that's available anytime anywhere when loaded on a portable PC with connection to your network
- Categorizes notes for more efficient MDS completion, incident reports, quality assurance activities, and reporting
- Adds your care plan and therapy notes to the resident's EMR

Key Features (continued)

- Protects charting integrity with correction notes
- Indicates if notes are entered late, as an option
- Saves time by supporting copying from a previous note and pasting text into another note
- Checks spelling, including medical terms
- Supports saving notes as templates for later use
- Saves notes that are started but not completed so they can be finished later. NetSolutions eAssignment can be set up to notify you of pending notes
- Automatically date stamps notes and identifies author of notes
- Links electronic files, such as photos, when imported with NetSolutions eDocuments
- Captures statements made by resident and family members

System Information

Interdisciplinary Progress Notes is part of the single-database NetSolutions software system. An optional interface with Therapute for importing therapy notes in pdf format is available. It requires activation of the NetSolutions Exchange and a SSL security certificate.

To Learn More

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About NTT DATA

NTT DATA is your Innovation Partner anywhere around the world. With business operations in more than 40 countries, we put emphasis on long-term commitment and combine global reach and local intimacy to provide premier professional services varying from consulting to system development and from business process and IT outsourcing to cloud-based solutions.

Visit www.nttdata.com/americas to learn how our consulting, products, managed services, and outsourcing engagements deliver value for a range of businesses and government agencies.

NTT DATA Americas Fact Sheet: NetSolutions User-Defined Assessments
NTT DATA Long Term Care Solutions, Inc.

NTT DATA

NetSolutions User-Defined Assessments

Add your worksheets to the EMR; export data to MDS 3.0

NetSolutions™ User-Defined Assessments eliminates paper versions of your facility's worksheets, surveys, and assessments and puts the information in residents' Electronic Medical Records. It increases efficiency by exporting data to MDS 3.0 items and to the Care Plan Suggested Problems list.

With NetSolutions User-Defined Assessments (UDA) you enter assessment responses online and stand back while it:

» calculates scores
» maintains histories
» shows trends in a graph

UDA lives up to its name – user-defined – by offering unlimited flexibility for capturing exactly the information you want in worksheets and assessments, such as level-of-care evaluations dehydration reviews, and pre-admission worksheets.

Its user-friendly interface lets you complete a form in any order. Use your mouse or scroll to reach any area of an assessment. Learning curves are short since the look and logic of UDA are the same as NetSolutions' MDS 3.0 software.

UDA gives you a choice of creating your own assessments or using pre-built templates of assessments. Your software arrives with 27 templates loaded, with many more available to download. A complete list begins on page 3.

Share responses with MDS 3.0 and Care Plan

The Nursing History & Assessment template is pre-loaded in UDA. It was designed to be an online version of a typical head-to-toe assessment that facilities use at admission, between MDS assessments, and annually. Compare results over time with a History report.

To increase efficiency, items included in the UDA Nursing Assessment that match MDS 3.0 items are already linked. The UDA data is automatically available to import as you complete an MDS 3.0 assessment. Simply click the Import button to select UDA responses to import.

You can set up correlations between UDA assessments and the list of Suggested Problems that is used to develop Care Plans. Your correlations would be in addition to the set of correlations built into the system.

This software gives you tools to link responses in one UDA assessment to another. For example, you could set up a correlation between the choice "Mild" in "Muscles of Facial Expression" in the AIMS to the choice "Mild" in the Grimaces section of the DISCUS.

NetSolutions clients share templates they've created by posting them on our clients-only Website.

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Set up Your Own Assessments

When you set up an assessment, you enter the questions and how you want them answered: with yes/no, multiple choice, or text. Add correlations to export data between UDA forms, between UDA forms and MDS 3.0 items, and between UDA forms and Care Plan Suggested Problems.

You attach score values to each response when you set up the assessment and UDA calculates total scores. If scoring isn't appropriate, skip it. UDA can be set up to compare scores and report changes as increased, dereased, or unchanged. "Required" questions can be specified. An audit will show any missing required fields.

Instructions for conducting an assessment can be added so they are readily available online. An example from the AIMS:

> "4. Have the resident sit in chair with hands on knees..."

Add facility policies and procedures to templates to support standardization.

Reporting: Ad Hoc and On Demand

With Ad Hoc reporting you can combine data from MDS 3.0, ADT/Prospects, and User-Defined Assessments (UDA) to create a report such as all residents in a certain station, who are patients of Dr. Smith, and use a hearing aid.

On-demand reports can be generated by one, some or all residents and include History, Due Dates, and Resident Comparison.

Medicare Certifications and Recertifications

Templates for Medicare Certifications and Recertifications are included and can be signed electronically by physicians with system access. They can also be printed for a paper process, and formatted as a pdf for emailing.

Recording Statements from Residents and Family

NetSolutions can capture statements made by residents and family members in a window that pops up on top of the page where you're working. To add a comment, simply enter its text, and optionally add the type of note, and assign it to a folder.

Marketing Tool

Enter assessment information for prospective residents before they register to make sure their needs match your facility's resources. At registration the assessment becomes part of their EMR.

Add Value to Assessments with Notes and Correlations

Free-form notes can be added to an assessment. The Trends window displays a history of assessments with scores and a graph to identify improvement or decline in a resident's condition. Responses from one assessment can be linked to another, creating a flow of data.

You can set up correlations with MDS 3.0 items and with items in the Suggested Problems list in Care Plan.

Key Features

- » Offers 27 pre-loaded assessment templates with many more available to download
- » Links correlated items in UDA forms with other UDAs, MDS 3.0 items, and list of Suggested Problems in Care Plan
- » Provides a Nursing History and Assessment template with pre-built MDS 3.0 correlations

- Pulls data in ADT to UDA assessments including census information, Advance Directives, diagnoses, allergies, and contact information
- Offers ability to modify and edit templates
- Supports sharing of user-defined templates with other facilities.
- Imports templates created by other facilities from NTT DATA's clients-only Website
- Retains assessment data for prospects – import it at registration
- Gives option of displaying your facility's policies and procedures as you complete a form.
- Generates graphs to show trends in a resident's status
- Calculates total scores and reports increased, decreased, or unchanged

Pre-loaded Assessment Templates

NetSolutions UDA arrives with the following 27 assessment templates already loaded. You can use a template as is or modify it. Additional templates that were created and shared by our clients are available to download from the clients-only section of our Website.

Abnormal Involuntary Movement Scale (AIMS)

The Abnormal Involuntary Movement Scale (AIMS) assessment measures a resident's current neurological condition based on observable involuntary movements, and indicates whether the resident should be referred for a full neurological examination. It contains twelve response items under five headings. The instructions include a scale for interpretation of the AIMS score.

ADL Decline Assessment

The Activities of Daily Living (ADL) Decline Assessment records a resident's level of physical and mental activity and helps track changes that may be a cause for concern. It includes sixteen response items under five headings. A scoring system can be added during facility setup.This assessment can provide some of the required documentation for the ADL CAA and the Physical Functioning ADL Quality Indicator.

Bedfast Resident Assessment

The Bedfast Resident Assessment uses a subset of the ADL Decline Assessment to evaluate the causes and consequences of bedfastness in a resident. It contains thirteen unscored response items in three categories. This assessment can provide some of the required documentation for the Pressure Ulcer Quality Indicator, and the Bedfast Quality Indicator.

Bowel and Bladder Evaluation

The Bowel and Bladder Evaluation assesses factors contributing to incontinence in a resident and tracks interventions taken to resolve or manage the condition. It contains 22 response items under seven headings. A scoring system can be added.

Comprehensive Skin Assessment

This assessment provides an in-depth assessment of a resident's pressure ulcers; other ulcers, wounds, and skin problems; skin history; and nutritional and hydration status; and preventive measures for skin conditions.

Dehydration Review

The Dehydration Review helps analyze the causes, symptoms, and complications of a resident's dehydration. It has 30 response items under seven headings. Scores can be added. This review can provide some of the required documentation for the Dehydration CAA, theDehydration Quality Indicator, and the Surveyor Investigative Protocol for Hydration.

Diminished Activity Assessment

The Diminished Activity Assessment helps evaluate a resident who has poor activity attendance. The emphasis is on the relation between cognitive functioning and social participation. Scores can be added to the sixteen response items. This assessment can provide some of the required documentation for the Activities CAA and the Activities Quality Indicator.

Discharge Instructions For Care

The Discharge Instructions for Care form provides a structured document for residents and their next of kin to receive care instructions at discharge. It includes sections on medications, wound care and treatment, diet, the resident's physical status, resources and services for the discharged resident and important contact numbers, and follow-up care instructions.

Discharge Plan/Discharge Plan Review

The Discharge Plan/Discharge Plan Review document establishes the plan for a resident's discharge. It provides a comprehensive review of the resident's status on admission followed by sections for the physician's input regarding the discharge, the resident's and resident representatives' reaction to the discharge plan, community and referral resources for the discharged resident, and comments.

Discharge Summary and Interdisciplinary Recapitulation of Resident's Stay

This assessment provides a summary of the resident's stay and status at discharge as evaluated by multiple disciplines. After a summary of the resident's stay and the reason for discharge, it includes sections for entering a Social Services summary, resident belongings notes, most recent vital signs and labs, and a detailed Physical Function summary. It also documents the resident's assistive devices, special treatments, dental status, allergies, nutrition guidelines, activities and restorative programs, and post-discharge plan.

Dyskinesia Identification Scale—Condensed User Scale (DISCUS)

The Dyskinesia Identification System - Condensed User Scale (DISCUS) assessment measures the neurological side effects of psychotropic medications. It includes both the main DISCUS neurological exam and an Evaluation section documenting other factors. This is a scored assessment with detailed instructions for diagnosis.

Faber Fall Risk Assessment

The Faber Fall Risk Assessment evaluates a resident's level of risk for falls. It includes 29 response items under headings such as Disease or Condition, Physical Functioning, and Medications. Scores can be added. This assessment can provide some of the required documentation for the Fall CAA and the Fall Quality Indicator.

Faber Pressure Area Risk Assessment

The Faber Pressure Area Risk Assessment helps identify a resident's risk for pressure ulcer development. It contains 26 unscored Yes/No response items. This assessment can provide some of the required documentation for the Pressure Ulcer CAA, the Pressure Ulcer Quality Indicator, and the Surveyor Investigative Protocol for Pressure Sores.

Impaction Assessment

The Impaction Assessment provides a set of questions to evaluate causes of fecal impaction in a resident and to record actions taken to resolve the problem. Contains eight unscored Yes/No items. This form can provide some of the required documentation for the Impaction Quality Indicator.

Interdisciplinary Discharge Summary

The Interdisciplinary Discharge Summary provides a recapitulation of the resident's stay and status at discharge for interdisciplinary care providers, including Social Services, Nursing Services, Dietary Services, Activities, and Rehab Services, plus a Comments/Additional Notes section for each discipline.

Interdisciplinary Foley Catheter Assessment

The Interdisciplinary Foley Catheter Assessment records the care team's rationale and recommendations regarding a resident's need for a Foley catheter. Contains four unscored text entry response items. This assessment can provide some of the required documentation for the Urinary Incontinence/Indwelling Catheter CAA, the Presence of Indwelling Catheter Quality Indicator, and the Urinary Tract Infections Quality Indicator.

Interdisciplinary Restraint Assessment

The Interdisciplinary Restraint Assessment records the care team's rationale and recommendations regarding restraint use on a resident. Contains 40 unscored response items under seven headings. This assessment can provide some of the required documentation for the Physical Restraint CAA and the Restraint Quality Indicator.

Interdisciplinary Weight Loss Risk Assessment

The Interdisciplinary Weight Loss Risk Assessment helps nurses and dieticians determine the cause of a resident's weight loss. Includes 29 unscored response items in three categories. This assessment can provide some of the required documentation for the Nutritional Status CAA, the Weight Loss Quality Indicator, and the Unintended Weight Loss Surveyor Investigative Protocol.

Maryland MDS

The Maryland MDS template enables you to conduct the MMDS state assessment for your residents on the Assessments page. Once you have conducted an assessment, you can print the MMDS as a NetSolutions user report. First add the report on the User Reports Setup page, then print the report from the User Reports page. Both pages are accessed from the Reports tab task menu.

Medicare Certification and Recertification templates

This set of six templates enables you to complete the Medicare certification process for the resident. It includes the following templates:

- Medicare Initial Certification and Recertification
- Medicare Recertification of continued SNF inpatient care. On or before 14th day of admission.
- Medicare 2nd Recertification 30DAY
- Medicare 3rd Recertification 60DAY
- Medicare 4th Recertification 90DAY
- Medicare 5th Recertification 120DAY

Nursing History and Assessment

The Nursing History and Assessment is intended as a general assessment for nurses to conduct with a resident on initial entry to a facility or on a periodic basis such as quarterly or annually. The assessment consists of 18 sections covering standard areas of concern for long-term care residents including Allergies, Vital Signs, Diagnoses, Immunization History, Cognitive Status, and more.

This template is set up with correlations to the MDS 3.0. When you conduct a UDA assessment that is correlated to the MDS, the responses to the correlated items are made available the next time you conduct the MDS 3.0 assessment. In each section of the MDS, you can click the Import link to import the correlated data that was entered in UDA.

Quality Assurance Dining Observation

The Quality Assurance Dining Observation aids dieticians in evaluating the dining room. It contains twelve unscored response items under two headings. This form can provide some of the required documentation for the Nutritional Status CAA, the Weight Loss Quality Indicator, and the Dining and Food Service Surveyor Investigative Protocol.

Quality Assurance Random Hydration Review

The Quality Assurance Random Hydration Review helps determine the hydration needs of a resident. Contains eight Yes/No questions, unscored. This form can provide some of the required documentation for the Dehydration CAA, the Dehydration Quality Indicator, and the Food Service Surveyor Investigative Protocol for Hydration.

Resident Interview for Dietary

The Resident Interview for Dietary form assists Quality Assurance in identifying problems in meal consumption and meal delivery. Contains ten Yes/No questions, unscored. This form can provide some of the required documentation for the Nutritional Status CAA, the Weight Loss Quality Indicator, and the Food Service Surveyor Investigative Protocol.

Residents Who Have Cognitive Deterioration

The Residents Who Have Cognitive Deterioration assessment provides for detailed documentation of any changes in a resident's level of cognitive functioning. It contains 29 unscored Yes/No questions under five headings. This form can provide some of the required documentation for the Cognitive Loss CAA and the Cognitive Quality Indicator.

ROM Decline Assessment

The Range of Motion (ROM) Decline Assessment evaluates the causes and complications of a range of motion reduction in a resident, and tracks any restorative or maintenance measures taken. Includes sixteen response items in five categories. This assessment can provide some of the required documentation for the Decline in Range of Motion Quality Indicator.

Asessment Templates Available to Download

72-Hour Post Fall Observation and Assessment
Activities Assessment
Activities Comprehensive
Activities Evaluation
Activities ReAssessment
Activity Annual and Quarterly Assessment
Admission & Annual Nutrition Assessment
Admission Data Collection
Bed Safety Assessment
Braden Scale (3 versions)
Brief Cognitive Rating Scale
Cardiac Pacemaker Information
Care Plan Conference Summary (2 Versions)
Change In Condition
Clinic Service Assessment
Community Applicant Profile Questionnaire
Comprehensive Hydration Risk Evaluation
Consultant Dietitian Eval
Contracture Tracking
Daily Skilled Nurses Notes
Dietary Meal Card
Early Detection of TB Questionnaire
Elopement Risk Assessment
Evaluation for Bowel and Bladder Training
Existing Pressure Ulcer List
Folstein Mini-Mental Status Exam
Geriatric Depression Scale
Hydration Risk Form
Initial Restraint Assessment
Inquiry
Mattress Assessment
Medical Nutrition (Initial) Therapy Assessment
Nurses Weekly Summary
Nursing Communication to Therapy
Nutrition Screening
Nutritional Risk Screening
Pain Assessment
Pain Assessment Tool
Pain Data Collection Tool
Patient Health Questionnaire (PHQ-9)
Physicians History and Physical
Post Hospital Return Assessment
Pre-Certification for SNF Stay
Pre-Admission Assessment
Pre-Admission Nursing Assessment
Pressure Area Risk Scale

Asessment Templates Available to Download (continued)

Pressure Ulcer – Initial Weekly
Psycho-Social Assessment
Psychotropic Review
Quarterly Medical Nutrition Therapy Assessment
Registered Dietitian Nutrition Assessment
Resident Activity Interest Assessment
Resident Care Card
Resident Transfer Guide
Resident/Family Education Record
Respiratory Assessment
RN Assessment Tool
SBAR (with and without Progress Notes)
Self-Administration of Medication Assessment
Service Plan
Side Rail Evaluation
Skilled Documentation Flow Sheet
Skin Assessment/Review
Smoking Assessment Tool
SNF Coumadin Flow Record
Social Service Anticipated Discharge Plan
Social Service Assessment
Social Service Discharge Referral
Social Services Initial Assessment
Social Services Resident Weekly Summary
Suicide Risk Assessment
Suicide Risk Assessment - RAG
Tenant Summary Assessment
Thirty (30) Day Restraint Review
Urinary Catheter Assessment
Utilization Review - Rehabilitation to Home

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About NTT DATA

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NTT DATA Americas Fact Sheet: NetSolutions eAssignment
NTT DATA Long Term Care Solutions, Inc.

NTT DATA

NetSolutions eAssignment and Messaging

Messaging for alerts, managing tasks, and sharing information in Long-Term and Post-Acute Care

NetSolutions eAssignment gives you triple value – it is an internal message system that improves communication, manages tasks, and scans your NetSolutions system, alerting you to changes in resident condition that need your attention.

Messages generated by people and by software triggers

NetSolutions eAssignment adds electronic communication to your Electronic Medical Records (EMR), replacing less efficient ways of reaching individuals and groups of coworkers, working in different parts of the building, on different shifts, and whether you know their name.

eAssignment helps improve quality of care by scanning EMRs for triggers of events such as infection type occurring, change in level of care, and when lab and x-ray tests are due. With eAssignment, you'll never be the last to know about important resident-centered changes.

It's a complete system for assigning and managing tasks, including your own to-do list, with the ability to add dates, comments, sub-tasks, and completion status.

Internal Message System for More Effective Communication

eAssignment gives LTC providers a specialized internal email system that improves your current processes for communicating among employees. You'll rely on your eAssignment inbox to stay on top of the smooth running of all aspects of resident care. Access it anytime anywhere from Windows computers, laptops, and tablets connected to your network.

Key Messaging Features

- Assists in creating messages with drop-down lists for recipient, resident, type of message, software user, and due date/time. Indicate whether the message is regarding a resident or general. If it's a resident, the subject line displays the resident's name and ID number
- As you compose a message you can open a message history and attach an eDocument
- Shows at a glance when a new message arrives with an icon next to the menu selection. Unread messages in the Inbox are bolded
- Notifies when another user has acted on the message, changing its color in the Inbox. When a message is completed, it turns green
- Supports sending messages to staff by their position instead of their name, including location and shift, for example Charge Nurse, nights, Building A, Station N. Send messages to groups set up for your facility such as nursing, social services, and maintenance
- Supports messaging among individual users, groups, and positions
- Provides option of forwarding all messages and alerts to other staff
- Escalates a message automatically by sending it to other/s following setup instructions

NTT DATA
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Task Management

eAssignmment supports sending task assignments from your Inbox in the same way you would send a message. For tasks, you complete additional fields for type of task, description of task, and due date/time.

As steps are taken on the task, the recipient can reply with an update such as "checked with Ms Johnson, she reports no pain." When a task is complete, click the checkbox and enter the date. That will trigger a message to be sent to the originator and change the font color to green.

Create your own to-do list, by sending yourself tasks and editing them to document your progress. Organize your Inbox by sorting messages by resident, staff assigned, and message type.

System-generated Messages and Alerts

To create system-generated messages, eAssignment scans NetSolutions clinical applications, looking for software activity that matches scenarios and dates set up in master files, such as an MDS 3.0 due date, assessments to be completed at admission, late medication, PRN charting not entered, and an incomplete progress note. When one of these triggers occurs, eAssignment automatically sends a message following setup instructions.

The instructions can include when to send the message (number of hours past designated time), who to send it to (individuals and/or groups), and whether to send copies to other staff.

Escalating Messages

When you set up a trigger message you can include an acceptable time period for completion. If a message signifying completion is not sent within that limit, eAssignment can automatically escalate the task by sending it to a different staff member.

Alerts triggered by actions in Electronic Medical Records

eAssignment scans these NetSolutions applications: ADT, Physicians Orders, eCharting with eMAR, User-Defined Assessments, IPN, Care Plan, Vitals, Interdisciplinary Progress Notes, Quality Assurance with Infection Control and Incident Reporting, and MDS 3.0.

ADT (Admit Discharge Transfer) - for Census Changes

Facility staff set up if and to whom eAssignment should send messages when the following occurs:

- » an admission, discharge, or bed hold happens
- » a diagnosis is added or resolved for a resident
- » a newly admitted resident needs a UDA admission assessment completed
- » change in level of care or location

Physician Orders & eMAR - Tracking Lab and X-ray Orders

In the NetSolutions system, orders for medications, treatments, lab tests, and x-ray images are entered in Physician Orders software. eAssignment scans for triggers that have been set up and sends alerts, such as for late medications and PRN charting not done.

It also can be used to set up triggers for due dates for lab collection, x-ray image, lab result, and x-ray result. If the expected elapsed time is exceeded, eAssignment will send an alert. If an order entry is paused, eAssignment will notify after a specified elapsed time.

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Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
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Jill.Moss@nttdata.com

800-426-2675

MDS 3.0

eAssignment can notify staff of an upcoming assessment, past due assessment, and Significant Change assessment. When an MDS 3.0 completion date (Z0500B) is entered, eAssignment automatically checks for improvement or decline in two or more areas of MDS 3.0 or CMS 672-802 forms, following the F274 Significant Change guidelines.

User-Defined Assessments (UDA)

If certain assessments are associated with admission, eAssignment will send a message when a resident is admitted. And it can notify staff when a UDA assessment type includes entries for followup that is upcoming, due, and past due.

Vitals Signs

NetSolutions maintains baseline and minimum/maximum values for residents' vital signs. eAssignment scans the system as vitals are entered and sends messages if the minimum/maximum have been exceeded for weight, temperature, pulse, blood glucose, respiration, blood pressure, oxygen saturation, and level of consciousness.

Interdisciplinary Progress Notes (IPN)

In the IPN (Interdisciplinary Progress Notes) application, eAssignment will be looking for the entry of certain categories of notes, such as Pressure Ulcers, Falls, Dental Care, and Dehydration. When one is entered, eAssignments sends a message to the people and/or positions designated.

Quality Assurance

Triggers can be set up for each type of Infection and Incident. For example, in the Infection Control module, messages trigger when an event occurs, a report is complete, and an infection is reported to outside agencies. Triggers for Incident reporting include event occurrence, report complete, and reported to outside agencies.

Reports

The following on-demand reports are available in the initial release of eAssignments:

eAssignment Task report: a list of tasks assigned showing originator, the resident (one, some, all), the recipient (one, some, all), group of staff or type (such as care plan, MDS due), date and time, and whether completed.

eAssignment Quick Print report: a method for printing the current task displayed on the screen. It can also print all open messages.

eAssignment Inactive Users report: Identifies any messages for outstanding tasks assigned to users who are no longer active.

Next Steps

NetSolutions eAssignment is scheduled for release in Fall 2013. For more information, please contact your Sales Representative or Sales at 800-426-2675 or www.nttdataltc.com.

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About NTT DATA

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NTT DATA Americas Fact Sheet: NetSolutions eDocuments
NTT DATA Long Term Care Solutions, Inc.

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NetSolutions eDocuments

Import electronic documents and images to a resident's EMR

With NetSolutions eDocuments you can add files to a resident's electronic record and organize them for maximum efficiency. You can upload:

- Scanned documents such as lab results, prescriptions, and insurance cards
- Images and photos
- Electronic files attached to email
- Continuity of Care Documents (CCD) in XML and display in a readable format

Upload any binary file, including a Word doc, pdf, jpg, gif, and bmp

Electronic Document Management

NetSolutions eDocuments provides a system that stores, indexes, accesses, and retrieves electronic documents imported to the resident's medical and financial records.

Files are easily retrieved from a pop-up eDocuments window that opens above the page where you're working. From that page you can import, view, and delete files indexed to the resident. You open this page from links on the main menu, Snapshots (ADT, Clinical, and Financial), progress notes, care plan interventions, physician orders, and the eMAR.

After importing an eDocument to the resident's record you can further improve its usability by attaching it to a progress note, care plan intervention, or order using the associated NetSolutions application.

EHR Tool: Continuity of Care Document

eDocuments is an important tool in Electronic Health Records, giving LTC providers the ability to receive patient information securely from sites such as hospitals and physician offices in a Continuity of Care Document (CCD) sent in the industry-standard XML format.

Import the CCD to a resident's record the same as you would other documents. The CCD includes basic demographic information and optional sections about the patient's medical condition and history. With eDocs the CCD is displayed in a readable format and only sections that contain data display. We're in the early days of EHR and more capabilities are scheduled to be added.

How eDocuments Works

To import a file into NetSolutions, start by using the Browse feature in eDocuments to locate a file on your network or hard drive and import it to a resident's record.

The system automatically date stamps the imported file. Next, you select a file type from a drop-down list of types, such as medical power of attorney. Based on type, and your facility's setup, the system will insert the eDocument into the correct folder such as Advance Directives.

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NetSolutions System

Revenue Cycle Management
- AR-Billing
- Resident Funds
- General Ledger, Accounts Payable

Electronic Medical Record
- MDS 3.0
- Care Plan
- Progress Notes
- Therapy
- User-Defined Assessments
- Wound Management

Medication Management
- eCharting, eMAR
- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management
- Incident Reporting, Infection Control
- eDocuments
- eResults

Communications
- Insight Dashboards
- Point of Care
- Constant Care Technology
- eAssignment and Messaging

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The type of file becomes the file name, following your facility's standard – you don't have to choose a name or remember naming rules.

File types and folder names are facility-defined, possibilities for folders include admission records, payor eligibility, dietary, MDS, physician orders, social services, activities, advance directives, and lab results. The facility's System Manager can edit folder names and set security access by type of document.

Examples of file types: consultation, diet, discharge form, drivers license, hospital H&P, insurance card, payor eligibility, lab report, MDS notes, nurse notes, therapy notes, transfer form, and radiology report.

You can add a note regarding the file, such as the person providing the document. The full text of a note is available from the pop-up summary window.

Key Features

- Organizes electronic documents and images for quick and secure access
- Imports resident information from the first contact and maintains it for use after registration
- Supports linking files to progress notes, care plan interactions, and orders
- Imports and displays Continuity of Care Documents in XML format
- Eliminates paper files, filing, and pulling charts; frees up storage space
- Gives you quick access and easy exit from a file
- Provides simultaneous access to files

Start from First Contact

Medical and financial documents can be added to a resident's electronic file during the pre-registration stage and added to the resident's records at registration.

Security

Access to the imported files is protected by security levels for individuals and groups. Security is assigned to document type and automatically applied to folders based on folder content.

System Information

NetSolutions eDocuments is Web-based software, part of the NetSolutions fully integrated, single-database system. View eDocuments anytime anywhere with a portable PC and a wireless connection.

NetSolutions offers you a choice of self-hosting or subscribing to our Private Cloud Computer Services offering a state-of-the-art data center, private cloud, and IT maintenance.

To Learn More

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About NTT DATA

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NTT DATA Americas Fact Sheet: NetSolutions Quality Assurance
NTT DATA Long Term Care Solutions, Inc.

NTT Data

NetSolutions Quality Assurance

Incident and Infection Control Reporting

NetSolutions® Quality Assurance application includes modules for improving efficiency in the process for incident reporting and infection control. This module removes QA activities such as incident reporting and infection control from residents' legal medical records and keeps them separate in the Administrative Record.

When you automate your facility's paper Quality Assurance (QA) Reports, they are available anywhere/anytime to authorized employees, eliminating handwriting, filing, and pulling charts. You gain tools to standardize report contents while helping to ensure proper actions are taken and crucial data is captured.

NetSolutions QA gives you data you can use to improve your facility's Quality Measures and Five Star rating that are published on CMS' Nursing Home Compare Website.

This application provides measurable data that can increase the accuracy, effectiveness, and efficiency of your facility's Quality Assurance activities. By standardizing the data collected, outcomes can be compared and trends identified. The data can serve as a feedback loop to measure the outcomes of QA activities.

With NetSolutions QA and Insight Dashboard software on your system you can set up alerts to notify you when an Incident or Infection Control report is opened and other milestones.

Incident Reporting

The Incident Report section is organized around a Summary page that lists the resident's incident reports with key clinical information displayed for reference. From the Summary you can view and print previous reports and begin a new one. The software offers areas for notes and simplifies charting when possible by offering checkboxes for your responses in these areas:

» Observations – with a checklist of items in categories such as cognitive status, appearance, injuries, neuro assessment, and reaction to medication
» Findings – for conclusions and causative factors
» Reporting – to record required and other notifications
» Actions – for charting actions at the time of the incident or investigation
» Audit – to ensure all necessary fields have been completed

You can upload electronic files of photos and documents to the Observations, Findings, and Actions pages when your system includes NetSolutions eDocuments, a separate application.

When you begin an Incident Report, the system requires date, time, and incident type, such as fall, abrasion, choking, and physical abuse. Additional fields are included for:

» Location – chose from a drop-down list to standardize terms
» Incident observed by
» Assigned staff – chosen from a list of staff authorized for this duty

The NetSolutions System

Revenue Cycle Management
» AR-Billing
» Resident Funds
» General Ledger, Accounts Payable

Electronic Medical Record
» MDS 3.0
» Care Plan
» Progress Notes
» Therapy
» User-Defined Assessments
» Wound Management

Medication Management
» eCharting, eMAR
» Drug Interactions
» Physician Orders
» ePrescribing

Documentation Management
» Incident Reporting, Infection Control
» eDocuments
» eResults

Communications
» Insight Dashboards
» Point of Care
» CareConnection Interface
» eAssignment and Messaging

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The Reporting area is a comprehensive list of entities to be notified, such as the State (yes/no) with text boxes for names.

This section can be a reminder to comply with your facility's policies as well as the Affordable Care Act and the Social Security Act that require specific individuals in applicable Long-Term Care facilities to report any reasonable suspicion of crimes committed against a resident to State survey agencies and to law enforcement.

Infection Control

The Infection Control module in QA software is used to enter, track and report on residents' infection issues. It is similar to Incident Reporting in that the Summary page is the central point for viewing and adding reports. It displays resident information for reference and provides a list of past infections.

You begin a new report from the Summary page, from there you open these areas:

- Signs and Symptoms – select from choices according to infection type, such as GI tract, Respiratory, UTI
- Tests and Results pertinent to the infection type
- Treatment Information – including an order lookup and follow-up information
- Reporting – to assist in making required notifications
- Resolution – documentation of facts relating to decisions regarding an infection
- Audit – to ensure all necessary fields have been completed

To begin an Infection Control report, you select from the drop-down list of types, including urinary tract, respiratory, and gastrointestinal. After that, only information relevant to the selected types is requested. For example when the type is urinary tract, the Signs and Symptoms area asks for Yes/No responses for topics such as catheter use and flank/ suprapubic pain.

Under Resolution you check whether the infection was healthcare associated or community associated, present on admission, included in the care plan, and the resolution, with choices such as resolved and resident discharged to hospital.

Reports

NetSolutions QA offers a Case Report and a Log for each module. The Case Reports transform checkmarks and entries from the different areas into a narrative report.

The Logs list residents with reports in the system. It can be sorted by resident, location, date, and infection type and generated for all or selected residents. The reports include information on date, location, type, results, and treatment. Infection Control and Incident Logs can be viewed and printed. These reports can be exported as a pdf, Word doc, or Excel spreadsheet.

Key Features

- Audits reports for completeness
- Secures access by individual and group, by actions (edit, view only, no access, add/delete),
- Secures access by sections of the module such as summary, observations, and report generation
- Supports locking reports to prevent editing
- Standardizes terminology, such as type of incident and location through user-defined drop-down lists
- Generates a Case Report and a Log for Infection Control and Incident Reporting

To Learn More

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About NTT DATA

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Continuity of Care Documents in Long-Term & Post-Acute Care

NetSolutions supports you and EHR... import, create, and export CCDs

The Continuity of Care Document will be how many Long-Term and Post-Acute Care providers begin sharing patient information electronically and start using Electronic Health Records (EHR). An important part of EHR is defining the patient information to be shared. Today, Continuity of Care Documents (CCD) fill that role.

The CCD, in the encrypted xml format, has emerged as a standard format for health records. NetSolutions supports LT-PAC providers' in importing, creating, and exporting the CCD.

CCDs can contain information such as a resident's primary language, insurance, allergies, diagnoses, medications, vital signs, advance directives, and immunizations.

Each time you create a CCD NetSolutions will populate it with the most current data.

Health Record Feature

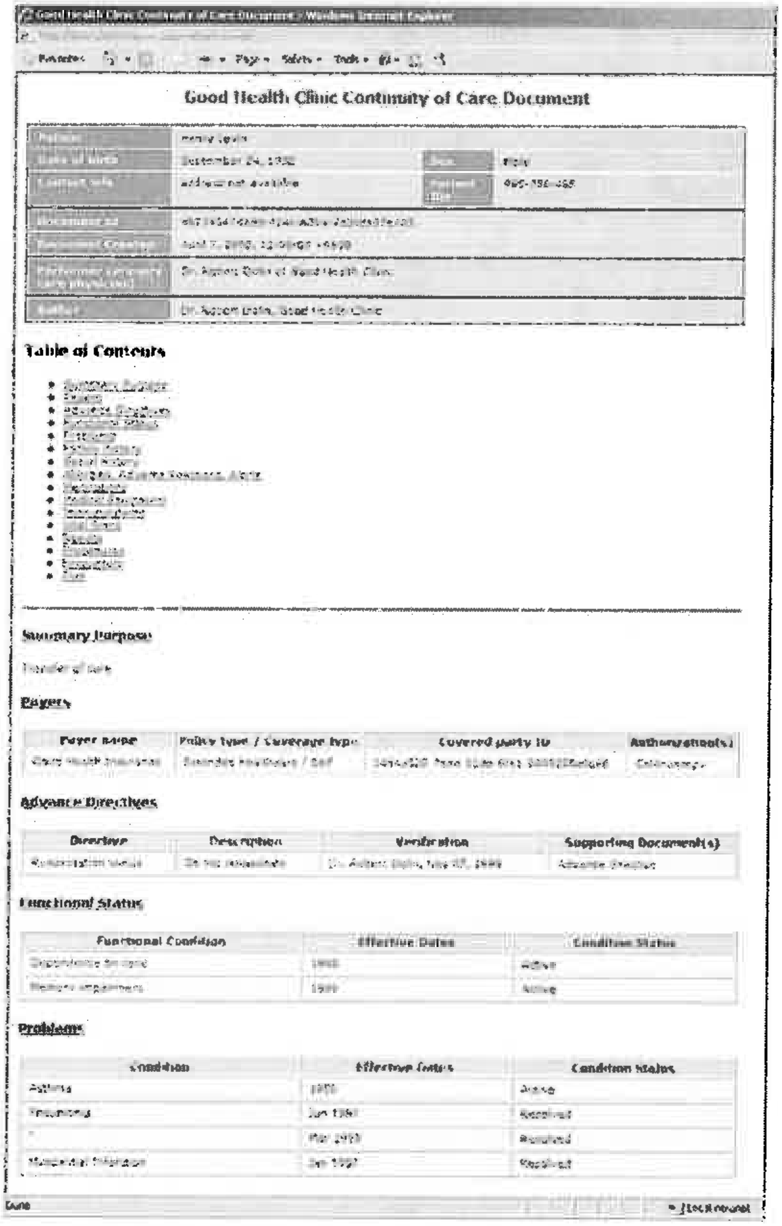
NetSolutions' Health Record feature packages resident information that you select into a single file that can be shared with other health care providers.

To add information to the Health Record file you simply check a time range and items, such as:

- allergies
- diagnoses

continued

Continuity of Care Document for LT-PAC Providers



Good Health Clinic Continuity of Care Document

Table of Contents

Summary Purpose

Payers

Advance Directives

Functional Status

Problems

This sample Continuity of Care Document shows how a CCD imported in xml format with NetSolutions eDocuments could display in your system.

- physician orders
- immunization record
- vital signs
- progress notes by category
- plan of care contents
- resident annotations
- assessments (MDS 3.0, user-defined)
- uploaded documents

The data is generated as a single report that can be saved in pdf format or as a CCD in xml.

You select the contents to include in the Health Record file and the current data will be added. For example, only data related to a certain diagnosis could be appropriate for a physician consult. If the resident is transferring to another LTC facility or you are preparing for a power outage, the full record, including MDS assessment would be appropriate.

Importing CCDs

Using NetSolutions eDocuments, you can import a CCD in xml and display it in a readable format.

Exporting CCDs

The HITSP C32 CCD format is a recognized standard for the transmission of health record data. NetSolutions is able to generate the CCD version C32 per the published standard.

If the facility where a resident is being transferred can receive a CCD in xml, NetSolutions creates a CCD that can be sent electronically. If not, a custom Health Record can be sent in pdf format that can be opened with free Adobe software.

Disclosing Information

With the Health Record Disclosure feature you document the date, purpose, description, and recipient of protected health information.

NetSolutions records residents' permission to share their Protected Health Information (PHI) with other health care providers through Health Information Exchange organizations. If a resident refuses consent, facility staff enter the response in NetSolutions and the system automatically flags their files for exclusion.

NetSolutions complies with the HIPAA Privacy Rule's requirement for disclosures of an individual's PHI by including the ability to report on the specific information disclosed to a resident's associated providers.

Share MDS Data with Health Information Exchanges

NetSolutions can offer an interface that exports a resident's MDS 3.0 data with the resident's permission, from NetSolutions to a third-party system.

That system imports the MDS 3.0 data and maps it to populate CCDs residing in Health Information Exchanges (HIE).

In a HIE, the resident's information is available to authorized providers participating in the HIE, such as physicians, home health agencies, and hospitals.

CCHIT® Certification

NTT DATA is part of a small group of software vendors who can say that our systems have met the current criteria for Electronic Health Records.

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NetSolutions is CCHIT certified® as EHR technology for LTPAC, additionally certified for Skilled Nursing Facilities. It is objective confirmation that our software is a superior choice today and that it is prepared for future EHR requirements as they evolve.

This paper is provided by NTT DATA Long Term Care Solutions, Inc. for informational purposes only. It is not intended and should not be construed as legal advice.

About NTT DATA

[illegible] process and IT outsourcing to cloud-based solutions.

[illegible] of businesses and government agencies.

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NTT DATA Fact Sheet: Medicare Certifications and Recertifications with NetSolutions
NTT DATA Long Term Care Solutions, Inc.

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Medicare Certifications & Recerts with NetSolutions

Improving the process by putting the forms online, eSignatures for physicians, reminders, and alerts

NetSolutions can eliminate the risk of failing to obtain Medicare Certifications and Recertifications for residents by streamlining the process and adding reminders and alerts.

Medicare Certification and Recertification forms can now be completed online with NetSolutions User-Defined Assessments (UDA). Templates for the forms are posted on the Insider (clients-only area) that you can load into UDA. When you use a UDA template, resident information will already be entered when you open it and you can edit the templates.

The documents can be:

- Esigned by physicians when you give them secure access to NetSolutions
- Printed for your paper process
- Formatted as a pdf for emailing to the physician

The certification and recertification templates are:

- Medicare Initial Certification
- Medicare Recertification on or before the 14th day of admission
- Medicare Second Recertification (30 day)
- Medicare Third Recertification (60 day)
- Medicare Fourth Recertification (90 day)
- Medicare Fifth Recertification (120 day)

Reminders and Alerts with NetSolutions eAssignment

At registration, you can use NetSolutions eAssignment to assign staff the task of completing certifications and re-certifications on schedule. If a date passes without the task being marked complete, eAssignment will send you an alert. For more on eAssignment, click here.

Why Certifications are Important

In a Medlearn Matters article, CMS alerts providers and billing staff that a major reason for claims being denied is failure to obtain certification and recertification statements from physicians or NPPs. The routine admission order established by a physician is not a certification of the necessity for post-hospital extended care services.

CMS found that improper SNF payment rate increased from 4.8 percent for 2012 to 7.7 percent during the 2013 report period. The certification and recertification statements for UDA include the required information. Sample scenarios are also detailed in MedLearn Matters SE1328, August 25, 2014, click here.

The NetSolutions System

Revenue Cycle Management
- AR-Billing
- Resident Funds
- General Ledger, Accounts Payable

Electronic Medical Record
- MDS 3.0
- Care Plan
- Progress Notes
- Therapy
- User-Defined Assessments
- Wound Management

Medication Management
- eCharting, eMAR
- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management
- Incident Reporting, Infection Control
- eDocuments
- Test Results

Communications
- Insight Dashboards
- Point of Care
- RosieConnect
- eAssignment and Messaging

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How to Download to User-Defined Assessments

The list posted in the Insider includes pdf files that show you what the templates look like so you can see if you want to add them to your system. The next major NetSolutions UDA release will include the certification templates in the list of templates built-in to the application.

The files are posted in the Insider, clients-only Website (password required). Click here.

Click the NetSolutions tab at top, choose Knowledge from the menu, and scroll to User Defined Assessments.

To import a template, right click on an .xml file, select Save Target As, and put it on your hard drive.

Next, open NetSolutions and select the Facility tab. From the left navigation bar, choose UDA/ Templates, then click Import/Export Templates link at top right.

At the next window, browse for the .xml template you added to your hard drive, Upload it, then Import it.

Full instructions are in the UDA Training Guide, Section 2, Importing a Template, posted on the Insider/NetSolutions/Training Guides.

Next Steps

The tools needed for this streamlined process for Medicare certifications and recertifications are all built-in features of NetSolutions User-Defined Assessments and NetSolutions eAssignment & Messaging. To find out more about these applications, contact your NTT DATA sales representative or Jill Moss at 800-426-2675 or Jill.Moss@nttdata.com.

To Learn More

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About NTT DATA

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NTT DATA Americas Fact Sheet: NetSolutions Insight
NTT DATA Long Term Care Solutions, Inc.

NetSolutions Insight

LTC Dashboards ready for you out of the box or create your own

NetSolutions Insight is business intelligence software that gives Long-Term and Post-Acute Care providers dashboards to visualize, monitor, and analyze information.

Insight is an out-of-the-box solution that can be up and running in hours, bringing you Key Performance Indicators (KPIs) and alerts, both clinical and financial. Your dashboard can be up quickly because NTT DATA staff did the background work, building the KPIs based on our experience and with input from LTPAC providers like you.

We give you a choice on how you want to put Insight to work for you, offering Standard, Premium, and Unlimited packages, as well as the ability to access third-party products.

Insight will be installed on your system with multiple pre-loaded dashboard pages, each with four to seven KPIs displayed as charts, depending on the package you choose.

User-friendly Navigation

Insight information is organized in a logical hierarchy. The main dashboard reports on multiple areas of your business through Key Performance Indicators (KPIs) that provide maximum information in minimum time.

For a different perspective, you can quickly change the format of a KPI, starting with a right-click. Formats include tables, bar charts, pie charts, and gauges.

Insight empowers staff and increases efficiency by providing instant information on an employee's focus, such as nursing or billing.

Analysis Tool

Your initial view of your dashboard is critical for directing your attention to issues that need attention and analysis. It offers tools for:

» Changing to a different view, such as a comparison or consolidation of multiple sites, one facility, a department, or unit
» Filtering and sorting data by one or more factors such as station, facility, and payer
» Drilling down to the source data, such as an individual resident, progress note, or invoice

Alerts

Never miss a critical event – clinical or financial – with the Insight Alerts function. It scans your system for certain conditions, events, or dates that you've set up. If they occur, it notifies you by email or alert charts. Alerts serve many purposes including:

Benefits of Insight

» Quick business and clinical intelligence
» Up-to-date exception reporting with drill down to details
» Uses data already entered in your system
» No coding – dashboards ready out of the box
» Offers options: use as is, modify, or customize
» Answers questions fast: yours, your staff's, resident's family
» Supports multiple facilities and users
» Supports Quality Assurance activities
» Combines data from disparate modules
» Improves communication of issues such as falls, census, and collections
» Provides answers for new regulatory initiatives such as anti-psychotic drug use and hospital readmissions

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- Exception reporting: notifies you if an indicator falls outside a range of numbers you have specified. These Alerts are valuable for financial statistics such as census, cash receipts, and AR aging. They can be lifesavers for clinical issues such as blood pressure, blood glucose levels, and late medications.
- Reminders of scheduled events such as collections activity follow-up, care plan goal review, and AIMs follow-up. Set up alerts for all residents or just those in your station.
- Event monitoring: to notify you of specific entries, such as an admission, a progress note category of dehydration, PRN documentation missing, or Medicaid cash receipt.

About Insight

Insight, developed by Altosoft, is a .NET-based solution that connects with NetSolutions data in SQL Server to aggregate and calculate Key Performance Indicators. Headquartered outside of Philadelphia, PA, Altosoft delivers solutions for commercial and government organizations worldwide. For more information, visit www.altosoft.com.

Insight is delivered with a pre-defined dashboard and financial and clinical KPIs according to the package selected. The KPIs are specific to Long-Term Care providers.

Installation, training, and ongoing support are provided by NTT DATA professionals.

Standard Package

The Standard Package includes the basic dashboards LTC providers need for informed decisions. It offers a main dashboard that gives an overview of critical topics including census, financial, and clinical Key Performance Indicators. Separate pages cover those topics in more detail.

The Standard Package includes the ability to set up user-defined Alerts according to your needs and preferences. When you decide to move to the next level of business and clinical intelligence, you can upgrade to the Premium or Unlimited Package at any time.

Main Dashboard

Census – Yesterday, includes Hold Days
Cash Receipts – Current Month by Payer Type
Census by Payer Type – Yesterday
AR Aging by Payer Type
AR Aging by Category
Today's Resident Birthdays
ADL Average Scores by Station
Chronic Disease Diagnoses – Active

Clinical Dashboard

ADL Alert – ADL score 1-5, Past 30 Days
Care Plan Goal Review Due within 7 Days
UDA Assessments Not Completed in 7 Days
New Orders by Type - Past 3 Days
Held Medications Daily, by Reason
PRN - Most Frequent by Resident - Past Week
PRN Meds without Documentation, 24 Hours
Catheter Appliance
Suctioning, Tracheostomy, Ventilator
Antipsychotic Meds - Days Received, Last 7 Days
Antianxiety Meds - Days Received, Last 7 Days
Antidepressants - Days Received, Last 7 Days
Hypnotic Meds - Days Received, Last 7 Days

Census Dashboard

Census Days by Pay Type – Past Week
Census – Yesterday with Hold Days
Census Days by Payer Type – Yesterday
Admissions - Past 5 days
Discharges - Past 5 days - Medicare, Private
Resident Mix by Level of Care – Top 60
Today's Birthdays
Hospital Readmissions within 30 days or more than 30 days

continued on next page

The NetSolutions System

Revenue Cycle Management
- AR-Billing
- Resident Funds
- General Ledger, Accounts Payable

Electronic Medical Record
- MDS 3.0
- Care Plan
- Progress Notes
- Therapy
- User-Defined Assessments

Medication Management
- eCharting, eMAR
- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management
- Incident Reporting, Infection Control
- eDocuments
- Test Results

Communications
- Insight Dashboards
- Point of Care
- Constant Care Technology Interface
- eAssignment and Messaging

Standard Package (continued)

Accounts Dashboard

Cash Receipts by Payer, Current Month vs Last
Cash Receipts – Current Month
Charges by Payer - Current Month vs. Last
Charges by Payer Type - Current vs Last Month
Adjustments - Current Month
Adjustments by Payer Type - Current Month
Adjustments by Description

Accounts Receivable Dashboard

Collection Activity Due Today
AR Days Outstanding by Payer, Plan, Facility
AR Aging
Aging by Category
Current Aging Compared to End of Month
AR Close Aging by Aging Category, Payer
Aging by Payer Type and Aging Category
AR Aging by Payer Type and Aging Category

General Ledger Dashboard

Net Income
Resident Days by Month
Revenue - Actual vs. Budget
Expense - Actual vs. Budget

Accounts Payable Dashboard

Accounts Payable by Aging Category
Purchases by Month
Purchases - Top 25 Accounts - Past Month
Payment History by Month

User-Defined Alerts

Premium Package

The Premium Package includes all the contents of the Standard package and adds the following dashboards. A partial list of the sub-topic pages of indicators is included here. It includes the Insight Designer for creating your own dashboards and modifying existing dashboards using the events and KPIs already defined in these dashboards and pages.

Census Dashboard

Census (Month)

Census Days by Payer Type - Past Month
Census Days by Facility, by Building
Census Days by Level of Care - Top 15
Hold Days

Census (Year)

Census Days by Payer Type
Census Days by Building, Facility
Medicare Days by RUG-IV Level

Admissions

Admissions by Payer Type
Admissions by Level - Top 10 - 12 Months
Admissions by Source - Top 10 - 12 Months
Admissions by City - Top 10 - 12 Months
Admissions by Visit Type - 12 Months
Admissions by Federal Admit Source - 12 Months
Admissions by Zip, by County - 12 Months
Admissions by Facility

Discharges

Discharges by Payer Type
Discharges by Level of Care - 12 Months
Federal Discharge Destination - Top 10
Discharge Diagnosis - Top 15 - 12 Months
Discharge Destination
Pending Discharges
Discharges by Facility

Prospects

Active Prospects - by Hospital, 12 Months
Prospective Residents - Last 12 Months

Outpatients

Outpatients by Payer Type
Outpatients by Facility
Current Outpatients by Payer Type

Diagnoses

Diagnoses, All - Top 100
Diagnoses, Active - Top 100

continued on next page

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[illegible]

Premium Package (continued)

Hospital Readmissions

Hospital Readmissions by Visit, Length
Hospital Readmissions by Visit, Payer
Hospital Readmissions - Last 12 Months
Hospital Readmissions by Facility

Hospital Stay

Medicare Qualifying Stay - by Month, Facility
Hospital Stays by Hospital - Top 25

Transfer to Hospital

Length of Stay (LOS) before Transfer to Hospital
LOS before Transfer to Hospital by Prior Payer
Transfers to Hospital - Details by Resident

Discharge to Hospital

Visits by Length Category by Hospital Stay, by Payer

Guarantor

Guarantor by Zip Code, Top 20
Guarantor by State
Guarantor Information

Birthdays

Today's Resident Birthdays
Birthdays by Month
Residents by Age
Resident Birthdays

Account Dashboard

Charges

Charges by Payer Type - by Month and Year
Charges by Revenue Code - Past Month
Ancillary Charges by Revenue Code - Past Month
Monthly Census by Payer Type - Past 12 Months
Charges by Plan - Top 20 - Past Month
Charges by Billing Description - Past Month
Charges by Facility - Past Year

Cash Receipts

Cash Receipts – Current vs. Prior Year Compared
Resident Cash Receipts - Current Month
Misc. Cash Receipts - Current/Prior Year Compared
Misc. Cash Receipts - Top 8-12 Months
Bank Deposits

Resident Receipts

Resident Receipts by Payer Type
Resident Receipts – by Plan - Past 12 Months
Resident Receipts – Top Payer - Past 12 Months

Adjustments

AR Adjustments by Payer Type
Adjustment Description – Top 10, Past 12 Months
AR Adjustments by Type

Ledger History

Balance History by User-Selected Date Range
Transaction History - User-Selected Dates
Charge History
Cash Receipt History

AR Dashboard

Aging

AR Aging over 90 Days by Category
Aging of $250+ Over 90 days by Payer and Period
AR End-of-Month Aging by Payer and Time Period

Collections

Note Amount Compared to Balance
Collection Notes by Aging Category

General Ledger Dashboard

P & L Detail

Net Income
Revenue and Expense
Net Income by Facility

Actual vs. Budget

Revenue - Actual vs. Budget
Expense - Actual v.s Budget
Resident Days - Actual vs. Budget
Labor Hours - Actual vs. Budget

Revenue by Department

Expense by Department

Expense Per-Patient-Day by Department

Expense by Sub Account

Expense by Sub Account - Top 10
Expense by Sub Account - Top 100

Premium Package (continued)

General Ledger Statistics

Resident Days by Month
Resident Days by Facility
Labor Hours by Month, by Facility
Ancillary Statistics by Month, by Facility

Accounts Payable Dashboard

Payable Alerts

Invoices Due < 7 Days, 8 to 15 Days
Discount Expires < 7 Days, 8-15 Days

Purchases

Purchases by Facility
Purchases - Top 25 Accounts - Past Month
Purchases by Account - Top 25 - Past Year

Accounts Payable Aging

Accounts Payable by Aging Categories
Accounts Payable Aging by Facility
Aging Balance by Invoice Month - Past Year
Accounts Payable Aging by Vendor

Invoices

Invoice Account by Month
Invoice Discount Status by Month
Invoice Amount by Vendor - Top 25 - Past Year
Invoices by Vendor - Past Year

Payment History

Payment History by Facility
Payments by Vendor - Past Year
Payments - Current Month by Cash Account

Clinical Dashboard

Vital Alerts

Resident Temperature Baseline Alert
Blood Pressure Baseline Variation Alert
Blood Glucose Baseline Variation Alert
Weight Change Baseline Variation Alert
Weight Baseline Variation Alert

MDS Assessments

Assessment Summary - MDS - Past 90 Days
Assessment Summary - MDS - Therapy Days and Minutes - Past 90 Days
Assessment Information - Past 90 Days, by Resident, ARD, Selected Items

MDS Alerts

Change-of-Therapy Assessment Observation
MDS Completed - Not Submitted
MDS Sections - Completed and Not Completed

ADL - Assistance with Daily Living

ADL Average Scores by Station
ADL Average Scores by Station - Past Month
ADL Average Scores by Facility

Charting Alerts

PRN Meds without Follow-up Documentation - Past 24 Hours
Phone Orders Need Physician Signature - Past 30 Days
ADL Alert (ADL Score < 5) Past 30 Days
Care Plans without Goals - Past 90 Days
Care Plans without Interventions - Past 90 Days

Interdisciplinary Progress Notes

Progress Notes by Month
Progress Notes by Category - Top 10
Progress Notes by Type - Top 10 - 12 Months

Care Plans

Care Plan Goal Review – within 7 Days
Care Plan Conference planning – Goals Due in 8-30 Days
Unresolved Care Plan Goals – 1-30 Days Past Estimated Date
Unresolved Care Plan Goals – 31-90 Days Past Estimated Date
Current Problems by Category - Top 20

Physician Orders

Orders by Type - Past Week
Medication Orders – Top 10 in Past Month
Orders by Class (NDC) – Top 10 in Past Month
Orders by Order Code - Top 20 - Past Week
Orders by Type – Past Year
Orders by Therapeutic Class - Top 15, Past Month
Phone Orders Need Physician Signature

Order Administration – eMAR

Medication Administration by Class - Top 10
Yesterday's Medication Administration by Sub-Class - Top 60
eCharting Events (No NDC) by Order Code - Top 20 - Past 24 Hours
Medication Admin by Classification - Past Week

Premium Package (continued)

Anti-Anxiety or Hypnotic Med Administration - Past Week
Residents - Nine or More Medications Taken - Past Month

PRN Administration

PRN Meds Administered by Class - Top 15
PRN Medication – Most Frequent by Resident
Daily PRN Frequency - Past Week

Held Medications

Held Meds by Reason - Daily - Past 2 Weeks
Held Medications by Reason - Past Month

Infection Control

Infection Follow-up Alert
Infections by Type - Past Year
Infections by Type

Incidents

Incidents by Type
Incidents by Type - Past Year
Incidents by Location - Past Year

UDA (User-Defined) Assessments

UDA Assessments not Completed in 7 Days, Past Month
UDA Score Status and Average Score - Past Quarter
UDA Frequency Due 8-30 Days
Due Date in Next 7 Days
Due Date 8-30 Days
Average Scores by Assessment Title, by Month, Past Year

Unlimited Package

With the Insight Unlimited Package you can create unique dashboards for your organization. This package includes all the contents of the Standard and Premium packages as well as Insight Studio.

The Studio includes tools to capture any event and data element in the NetSolutions database, going beyond those already defined in the Insight dashboards and pages.

Use the Dashboard Designer included in this package to determine how you want to display and report the events and Key Performance Indicators you capture from NetSolutions tables.

Your custom dashboards and pages are added to the array that arrives out-of-the-box with Insight Standard and Premium packages.

Interested in building reports from third-party databases or from spreadsheets containing data retrieved from third-party software? Add the optional Third-Party Licensing component.

To Learn More

Contact an NTT DATA LTC Solutions representative to discuss how our offerings would work for your organization.

Contact us at:
[illegible]
[illegible]
800-426-2675

About NTT DATA

NTT DATA is your Innovation Partner anywhere around the world. With business operations in more than 40 countries, we put emphasis on long-term commitment and combine global reach and local intimacy to provide premier professional services varying from consulting and system development to business process and IT outsourcing.

Visit [illegible] to learn how we deliver value to a range of businesses and government agencies.

Great Tool for Readmissions: Insight Dashboard

Dashboard software that generates Key Performance Indicators for at-a-glance data with analysis tools including drill downs and reporting

Why Hospital Readmissions are Important Now

Reducing readmissions has been an issue for hospitals for some time, with readmissions within 30 days causing a penalty in Medicare payment. Long-Term and Post-Acute Care providers have been working with their hospital partners to support their efforts to reduce readmissions.

Financial Incentives for SNFs

SNFs will be eligible for incentive payments related to readmissions in 2019. A provision of the Protecting Access to Medicare Act of 2014 calls for a SNF Value-Based Purchasing Program under which incentive payments are made to SNFs in a fiscal year. That program is to begin in 2019 and shall apply to payments for services furnished on or after October 1, 2018. The Act directs the Secretary of DHHS to begin the program with these steps:

- » Specify a skilled nursing facility (SNF) all-cause all-condition hospital readmission measure by October 1, 2015
- » Specify a measure to reflect an all-condition risk-adjusted potentially preventable hospital readmission rate for SNFs by October 1, 2016
- » Devise a method for achieving a high level of reliability and validity, especially for SNFs with a low volume of readmissions
- » Provide confidential feedback reports to SNFs on their performance; and
- » Establish procedures for making information on SNFs' performance available to the public by posting on the Nursing Home Compare Medicare website

The Data You Need Today and Tomorrow

Much of the information you will need to prepare for the upcoming SNF incentives is being developed, such as the definition of "potentially preventable readmissions." In the meantime LTPAC providers' work continues with their hospital partners to reduce readmissions.

Look to NetSolutions Insight dashboard software for information needed in discussions with hospitals, such as your facility's readmission statistics before and after 30 and 7 days, with patients' payors, and diagnoses. You can compare readmission histories from multiple hospitals.

To prepare for the CMS QAPI initiative and the incentives for reducing readmissions, LTPAC providers are reviewing Quality Improvement (QI) methods and tools designed to reduce readmissions, such as INTERACT (Interventions to Reduce Acute Care Transfers) at www.interact2.net.

A crucial part of all QI activities is identifying problems to address and then monitoring the results of your QI activities. A great tool for this is NetSolutions Insight. It gives you a Hospital Readmissions page you can check anytime anywhere for key performance indicators (KPIs).

For your readmission reduction work, you'll want to watch that page for a quick update and to drill down to details. See sample on the next page.

The NetSolutions System

Revenue Cycle Management
- » AR-Billing
- » Resident Funds
- » General Ledger, Accounts Payable

Electronic Medical Record
- » MDS 3.0
- » Care Plan
- » Progress Notes
- » Therapy
- » User-Defined Assessments
- » Wound Management

Medication Management
- » eCharting, eMAR
- » Drug Interactions
- » Physician Orders
- » ePrescribing

Documentation Management
- » Incident Reporting, Infection Control
- » eDocuments
- » Test Results

Communications
- » Insight Dashboards
- » Point of Care
- » RosieConnect
- » eAssignment and Messaging

CCHIT CERTIFIED 2011
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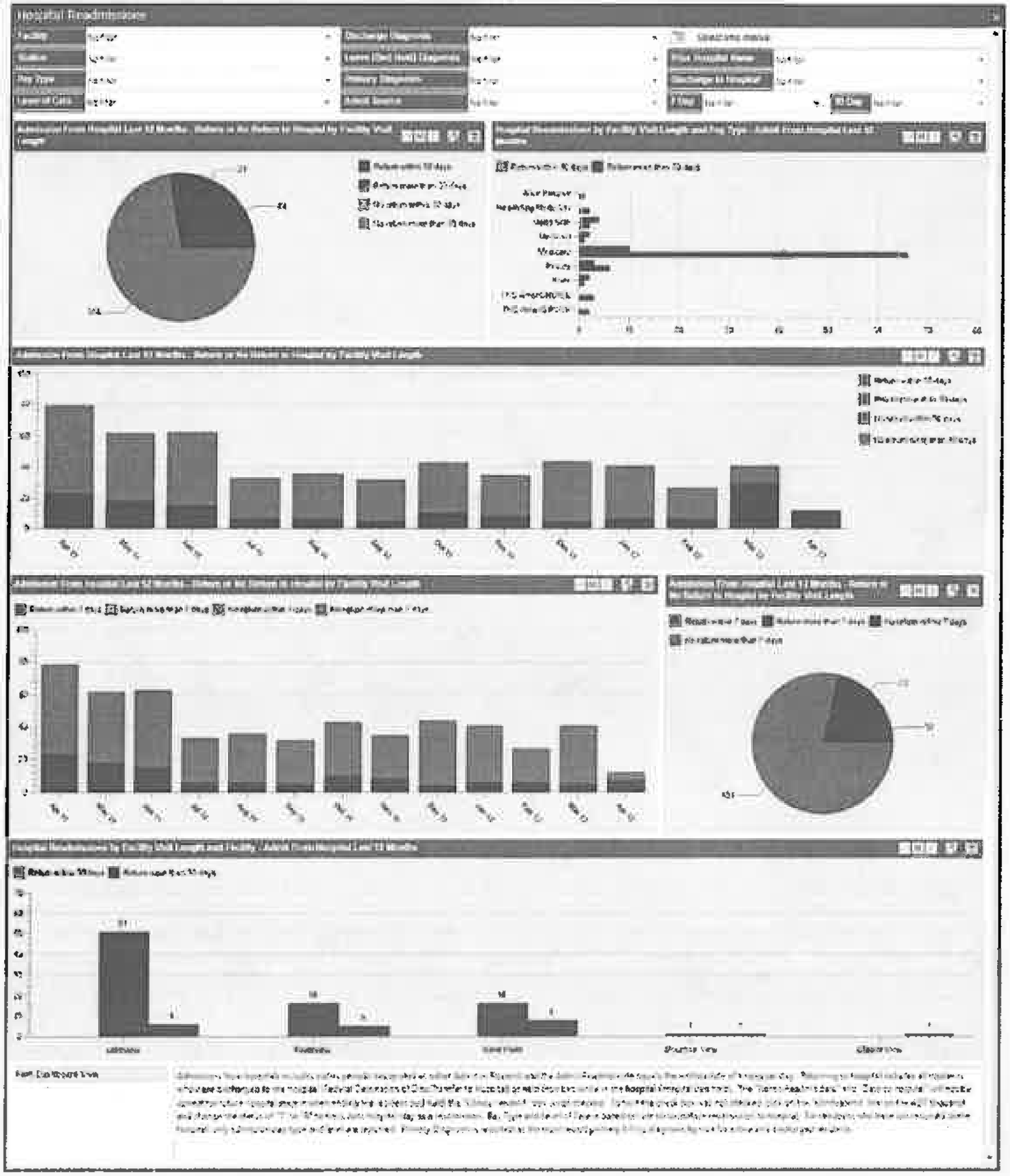
CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

NetSolutions Insight for Hospital Readmission Information


Hospital Readmissions
Facility
Pay Type
Level of Care
Discharge Diagnosis
Admit Source
Medicare

You choose the format you prefer for your data analysis with Insight. This sample page shows that you can view your population in a pie chart showing readmissions (in fewer or more than 30 days) and those who did not return within or more than 30 days. Bar charts above show readmits by facility length of stay and by payor. Comparison information for readmissions by hospital is shown in a bar chart.

Use the filters at the top to report by topic such as Pay Type, Level of Care, and Discharge Diagnosis. You can add criteria, including the hospital addmitted from and to, as well as before/after 7 days and 30 days.

Data Available from NetSolutions Insight for Readmissions

Get to the details fast on the following items that are reported in Insight based on entries in your NetSolutions system. You can sort by all of them and most can be used in a pivot table to query needed data.

- Admit level of care
- Admit or Readmit
- Admit or Readmit date
- Admit pay type
- Admit source
- Age at admit
- Age to hospital
- Date to hospital
- Days before hospital
- Days w/o hospital
- Discharge date
- Discharge destination
- Diagnosis at discharge
- Discharge info or reason
- Discharge to hospital
- Duration Type
- Facility
- Facility code
- Health record number
- Hospital admit date
- Hospital discharge date
- Hospital (readmit hospital)
- Hospital stay days
- Leave diagnosis
- Level of care
- Pay type
- Primary diagnosis
- Prior hospital admit
- Prior hospital discharge
- Prior hospital name
- Prior hospital new spell
- Prior hospital stay days
- Resident name
- State
- Station
- Visit admit date

Background Information on Adverse Events found in SNFs

Although CMS has not yet assembled a list of "all-condition risk-adjusted potentially preventable hospital readmissions," some experts think that a starting place for the list will be a February 2014 report from the Office of the Inspector General (OIG), "Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries."

To identify beneficiaries who were likely to have experienced adverse and temporary harm events during their SNF stays, the OIG contracted screeners who reviewed the records of a sample of patients with SNF stays.

The patient records went through two stages of review. First by medical professionals who identified records that would receive an additional review by physicians. The physicians were charged to determine any "adverse and temporary harm events" that occurred in SNF stays.

The OIG report (page 45) includes in its findings a list of Adverse Events and Temporary Harm Events, broken down by events related to Medication (such as delirium and excessive bleeding), Resident Care (including fall and pressure ulcer), and Infections (including aspiration pneumonia and other respiratory infections).

OIG reported that an estimated 22 percent of Medicare beneficiaries experienced adverse events during their SNF stays. An additional 11 percent experienced temporary harm events during their SNF stays. OIG reviewers found that of the 261 records with adverse and temporary harm events, 59.2 percent were preventable and 36.5 percent were not-preventable events.

The OIG report is available at: http://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf

To Learn More

Contact an NTT DATA LTC [illegible]

Contact us at: [illegible]

[illegible]

About NTT DATA

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Data Resources for Reducing Antipsychotic Use in LTPAC

Providing information to support Quality Improvement Activities

LTPAC providers responded positively when CMS called for a reduction in the unnecessary use of antipsychotic medications with a 17.1 percent reduction (23.8 percent to 19.8 percent) over the 21 months between the end of 2011 and the end of 2013.

CMS announced a new goal in September 2014: reducing the use of antipsychotic medications in long-stay nursing home residents by 25 percent of the end of 2015, and 30 percent by the end of 2016.

The announcement was from CMS as part of the National Partnership to Improve Dementia Care, a coalition of consumers, advocacy organization, providers, and professional associations including AHCA and LeadingAge.

CMS will mark providers' success in this initiative by posting a measure of each nursing home's use of antipsychotic medications on the CMS Nursing Home Compare Website. In the coming months CMS plans to add the antipsychotic measure to the calculations for its Five Star Quality Rating System.

To meet these reductions for 2015 and 2016, many Long-Term and Post-Acute Care (LTPAC) facilities will be taking a systematic approach, including using Quality Improvement and QAPI methods and tools.

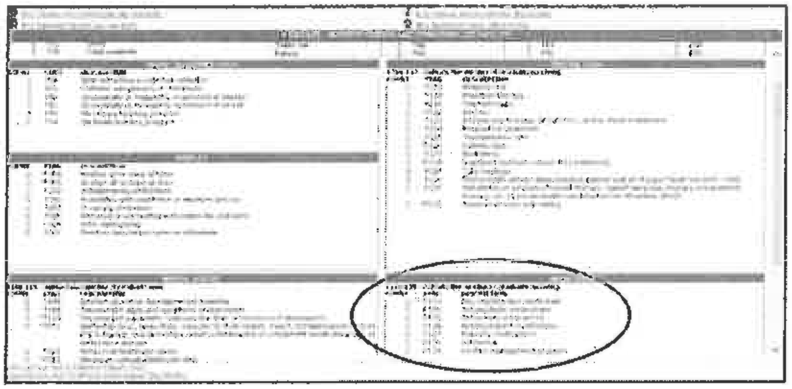
> *CMS announced a new goal in September 2014: reducing the use of antipsychotic medications in long-stay nursing home residents by 25 percent by the end of 2015, and 30 percent by the end of 2016.*

An important first step in a facility's process is to identify the residents who are taking those medications as well as their diagnoses and conditions associated with the use of antipsychotics.

If your facility completes MDS 3.0 assessments and CMS 672-802 forms for surveyors, with a software system such as NetSolutions from NTT DATA, you already have that information.

continued on next page

CMS-672: Powerful Tool for Tracking Antipsychotics...



You can use the CMS-672 report by facility (above) to see how many of your residents have triggered F-tags. Click on the number for a list of residents and click on one resident to see the MDS resonse that triggered the response (shown at right).

...and a Resident's Status

This NetSolutions sample screen shows the resident and his MDS response. You can update a response in this screen and NetSolutions will update the open MDS or, if one isn't open, will hold the data for the resident's next MDS.

Data's Role in Quality Improvement Activities

A key part of Quality Improvement methods is to use data to identify and define issues and to measure progress. As you are putting in place your programs to reduce unnecessary use of antipsychotics, you will find your EMR software is a valuable tool.

EMR systems turn the data already entered into useful information on your residents' medications, diagnoses, clinical status, and more.

CMS-672/802 -- Watching the Forest and each Tree

If you are only generating the CMS-672/802 forms when surveyors arrive, you are missing out on a powerful tool for reduction of antipsychotics.

The form is simple to generate and keep current with software systems such as NetSolutions. Its MDS 3.0 software populates the forms automatically using MDS data and with updates you've entered directly into the forms as part of your daily auditing.

The 672/802 form also gives you advance information on issues that could lead to antipsychotic use in time for you to take action.

The 672 Census & Conditions report can be generated by facility and by resident. The facility report shows how many residents triggered each F-tag. The resident report shows which F-tags an individual triggered.

The Medications category includes:

- » F133 – Any psychoactive
- » F134 – Antipsychotic
- » F135 – Antianxiety medications
- » F136 – Antidepressant
- » F137 – Hypnotic medications

Click on the number at each F-tag in the facility report to drill down to a list of residents who triggered.

Click on a resident name and see the exact MDS response. You can update responses in between assessments. The new data will update an open MDS or be held for the next MDS.

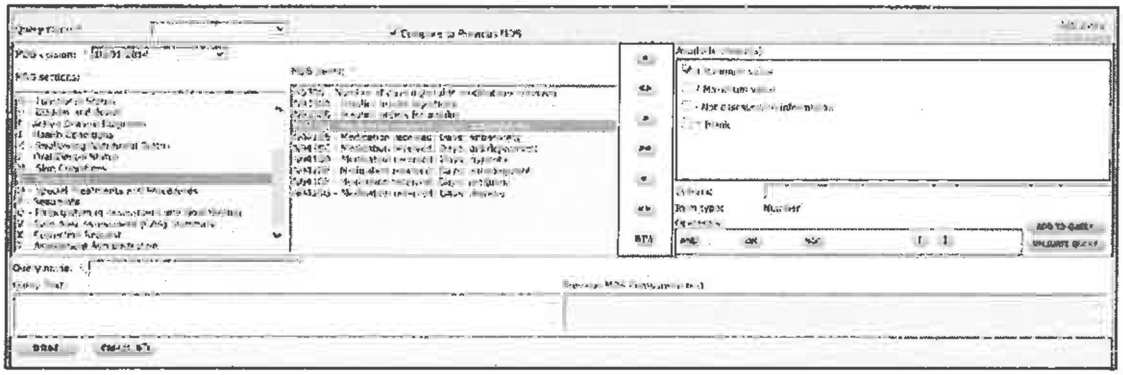
Feedback Loop: The CMS 672/802 reports also can be a feedback loop, giving you an objective way to measure the effectiveness of your actions to reduce use of antipsychotics.

Resident Analysis with MDS

Be sure to take advantage of any advanced reporting capabilities offered with your MDS software. For example, NetSolutions software provides the ability to generate an unlimited number of report combinations, such as all residents using antipsychotics and restraints (see screenshot below).

Reach beyond the MDS to combine data from MDS 3.0 with information from ADT and User-

Combine MDS 3.0 responses to pinpoint data you need to reduce antipsychotic use



Put your MDS data to work in reports for analyzing data. In the above NetSolutions report query page you can build a report of residents by their response at one or more MDS item/s and add directions, such as And or Or, greater or lesser than. Your queries can be saved and re-used to measure change over time and trends.

Defined Assessments to create reports such as all residents in a certain wing who use antipsychotics and are patients of Dr. Smith.

These reports can be a starting point or baseline for Quality Improvement activities and can identify trends as your facility continues to reduce its use of antipsychotics.

Dashboard Indicators

Your dashboard software can give you information at a glance on your facility's status on antipsychotic use. A dashboard product such as NetSolutions can give you these Key Indicators:

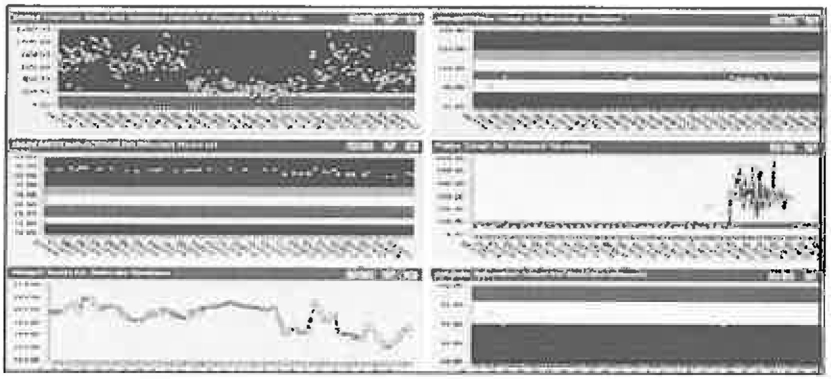
- Antipsychotic Meds- Days Received, Last 7 Days
- Antianxiety Meds - Days Received, Last 7 Days
- Antidepressants - Days Received, Last 7 Days
- Hypnotic Meds - Days Received, Last 7 Days

A number will display for each key indicator in the dashboard view. Click on the number to drill down to information by date and residents included in the number.

For a different perspective, you can quickly change the format of the data, such as tables, bar charts, pie charts, and gauges (see sample screenshot above).

When your dashboard is a cloud-based solution, the information is available anytime anywhere.

Tables, Graphs, Scales, and Trends with Dashboard software



Starting with a key indicator such as "Antipsychotic Medications Received in Previous 7 Days," dashboard software can slice and dice the numbers to give them more meaning for your Quality Improvement projects, as shown above using NetSolutions Insight.

Information from Medication Order Reports

From software such as NetSolutions Physician Orders you can create reports to help you pinpoint residents' use of antipsychotics and other factors. Reports such as these could be helpful:

- Active Orders – selected active physician orders for a resident in a summary list
- Behavior Monitoring Record – residents' behavior related to the administration of psychoactive drugs
- Order by Order Text – to look up specific drugs
- Orders by Order Date – Lists residents who have orders with an order date that falls within a selected range
- Orders by Order Code Report – residents who have orders with a specific order code
- Pre-Admission Orders
- Orders by Order Type – Lists residents who have orders of a specific order type
- Reviewed Orders – shows when residents' orders were reviewed and when they are due for review

More Data Sources: Capture additional information on residents' use of antipsychotics with software such as NetSolutions eMAR. With that product you can flag orders to indicate that notes should be charted and/or vitals taken when a specific medication is administered.

About NTT DATA

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NTT DATA Product Information: eResults
NTT DATA Long Term Care Solutions, Inc.

eResults

Connects to Laboratory, X-ray, Radiology companies for results

This interface displays Laboratory and Radiology results in your NetSolutions system. In addition to increasing access and efficiency in viewing results, the software uses the data to give you graphs and trending information.

NetSolutions offers a simple way for authorized staff to open test results. An icon in the navigation bar and Snapshot shows you if new results have arrived. Click on it to open a summary page with the latest and previous results. You can generate reports and identify trends by selecting specific results to view in a graph.

How It Works

NetSolutions eResults works by using a proprietary interface to connect your NetSolutions system with the Laboratory and Radiology companies used by your facility, and sending the results to NetSolutions.

NTT DATA has interfaces with many Lab and Radiology companies and the chances are good that your facility or hospital uses one of them. If not, we have the resources and technology to set up a new connection.

Benefits

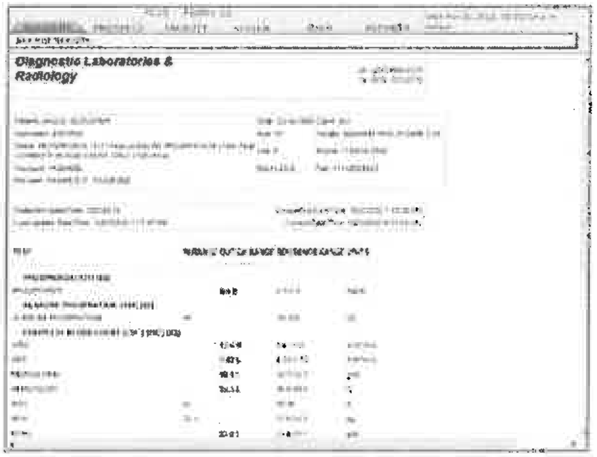
- Improves quality of care through quick access to results by authorized staff
- Increases efficiency in receiving and communicating results – reduces trips to fax machine
- Provides interfaces today in preparation for an ever-expanding array of future connections
- Complies with HIPAA regulations regarding audit, logging, and tracking
- Requires no additional hardware

continued on next page

View lab and radiology results in your NetSolutions EMR

View a resident's lab results along with helpful information including in range, out of range, reference range, and unit of measurement.

NetSolutions makes the data available anytime anywhere to authorized individuals.



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- Wound Management

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- Drug Interactions
- Physician Orders
- ePrescribing

Documentation Management
- Incident Reporting, Infection Control
- eDocuments
- eResults

Communications
- Insight Dashboards
- Point of Care
- CareConnection Interface
- eAssignment and Messaging

CCHIT CERTIFIED 2011
Long Term Post Acute Care
Skilled Nursing Facility

CCHIT® certification gives you an objective way to select LTPAC software that is secure, complete, and ready for Electronic Health Records.

Key Features

- Displays lab and radiology results in NetSolutions with in/out-of-range indication
- Notifies you by icon in the navigation bar and Snapshot when results arrive
- Shows more than one test result in a report
- Offers role-based controls, providing different levels of access based on role, such as nurse
- Displays results data in graphs for trending identification
- Generates result reports for printing or pdf

System Information

This interface with NetSolutions is licensed for a flat monthly fee per facility that covers maintenance, updates, and hosting. Customer service and one-time connection fees are not included in the flat monthly fee.

To Learn More

[illegible] NTT DATA LTC Solutions representative to discuss how our offerings could work for your organization.

Contact [illegible]
[illegible]
[illegible]

800-420-2675

About NTT DATA

[illegible]

[illegible]

NTT DATA Americas Fact Sheet: NetSolutions Accounts Payable
NTT DATA Long Term Care Solutions, Inc.

NTT DATA

NetSolutions Resident Scheduling

Scheduled for release first quarter 2016, subject to change

Providing a quick and efficient way to schedule resident's appointments for physician visits, facility staff, equipment, resources, and transportation. It generates reports that can be used by staff to prepare for the resident's appointments.

NTT DATA Resident Scheduling module will include these features and functions:

- Ability to create master tables to save time when scheduling. When setting up the master tables, resources and appointment types can be chosen from menus of:
    - Resources, such as shuttle van driver, CNA, conference rooms that are needed for the appointment. The resources can be activated and inactivated
    - Appointment types, such as doctor visit, group activity, room reservation
- Ability to create appointments, such as for one resident requiring multiple resources, and for multiple residents requiring one or more resources. The software will:
    - Support recurring appointments
    - Offer a cancel/reschedule feature
    - Include a free text section for comments
- Reports can be generated and viewed and printed for appointments with filters for
    - appointment type
    - resource type
    - selected resources
    - selected residents
    - nursing unit
    - date range
- Reports can serve as reminders and be shared with the resident/family, resource staff, and nurses stations. The reports will offer a calendar view.
- Future integrations will be available for these programs:
    - NetSolutions eAssignments & Messaging
    - Microsoft Outlook or other email system
    - Individual resource availability such as a Staff Scheduling program

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About NTT DATA

NTT DATA is your [illegible] around the world. With business operations in more than [illegible] countries, [illegible] consulting, system development, business process and IT outsourcing to cloud-based solutions.

Visit www.nttdata.com/americas to learn how our consultants, products, managed services, and outsourcing engagements deliver value.

NTT DATA
Long Term Care Solutions, Inc.
www.nttdataltc.com - 800-426-2675

Product information: Therapute

NTT DATA NTT DATA Long Term Care Solutions, Inc.

Therapute

The right tool for therapy management including charting, dashboards, reporting and RUG-IV estimates

Therapute is a complete system for managing therapy in Long-Term and Post-Acute Care. Updated for the latest MDS changes, you can rely on it to:

» Report Distinct Calendar Days and co-treatment minutes
» Report when Change-of-Therapy and End-of-Therapy assessments are needed with daily alerts
» Track and notify you of important dates for Manual Medical Review ($3700 threshold)
» Support requirements for G-codes and modifiers on Part B claims
» Give therapists a quick way to enter data
» Estimate RUG-IV scores based on therapy minutes
» Offer tools to determine optimum RUG score
» Report on productivity and revenue
» Give physicians access to documents and eSignature ability
» Interface with NTT DATA software to export therapy minutes to MDS 3.0, notes to the EMR, and files for billing. Therapute imports resident information including diagnoses.

Therapute collects treatment minutes and puts that data to work for the MDS, billing, and real-time reporting of productivity and RUG scores. It uses the data again for a custom dashboard that puts your key business indicators at your fingertips.

A product of Therapute LLC, the software was designed by therapists for efficient LTC charting. To help in the MDS process Therapute generates schedules, provides tools to optimize RUGs, calculates MDS responses, and generates a report for the MDS Coordinator. It streamlines billing by exporting data to NTT DATA Billing software.

Its centralized database gives you access to one, some, or all facilities' data and the ability to drill down to the patient. It generates real-time reports for comparisons and consolidations.

MDS 3.0 and RUG-IV Tools: MMR and G-Codes

The Manual Medical Review process that began October 2012 calls for advance approval of services above a $3700 threshold. To help you manage the process, Therapute will advise you when a resident is approaching the threshold, based on an amount you set up, such as $2500. The software gives you a simple way to track your initial and subsequent requests along with their responses and the number of visits approved in each. Your record can be viewed in a report.

For G-Codes, Therapute notifies you when a G-Code is required, provides a screen to add the code information per CMS rules and alerts you when G-code reporting is due for the 10th visit.

Therapute makes it fast and accurate to estimate a RUG-IV score for residents receiving therapy. It calculates RUG scores based on actual therapy minutes after MDS 3.0 percentages

Key Features

» Provides tools to support you with regulatory changes such as Medicare Part B G-Code rules, Manual Medical Review, and Change-of-Therapy OMRA
» Imports patient information including diagnoses
» Exports notes and therapy data for MDS 3.0
» Exports the file used to generate claims
» Estimates RUG scores based on therapy minutes and ADLs
» Applies percentages to concurrent and group therapy per MDS 3.0
» Reports on 3-day breaks for EOT and COT assessments
» Offers an Executive Dashboard for key indicators with drill-down and roll-up tools
» Tracks RUG scores, therapy caps, revenue, and productivity
» Tracks the therapy cap and applies the KX modifier
» Handles resident leaves
» Supports functional outcome scale and on-the-fly edits
» Accommodates 8-minute rule
» Uses data-entry approach recommended by therapists for speed and ease of learning

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for concurrent and group minutes are applied. The PPS Planner report shows by date the actual and planned minutes with any variance. That report also shows RUG score estimates by assessment date, need for Change of Therapy MDS, and concurrent and group therapy minutes.

For a more precise calculation you can add ADL totals and whether the resident met the criteria for Extensive Services. The resulting calculations give therapists and nursing staff the information they need for optimal RUG-IV scores.

Therapute calculates RUG scores based on actual therapy minutes after MDS 3.0 percentages for concurrent and group minutes are applied. The PPS Planner report shows by date the actual and planned minutes with any variance.

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Early RUG Estimates

Know the estimated RUG score of residents requiring therapy at admission by entering a therapy plan, expected ADLs, and whether the resident will receive Extensive Services. Pertinent MDS 3.0 and RUG-IV rules are built into Therapute.

Physician Access and eSignatures

Therapute offers physicians the ability to review and electronically sign certifications and re-certifications online. Using a secure login, physicians can review clinical documents for their patients, post comments, request more information, and sign the documents as appropriate.

Certifications/Recertifications

Therapute offers flexibility in documentation for certifications/recertifications. You can choose from standard forms or contract for a custom form that is completed by hand or online.

What Therapute Does for You

Therapute requires minimal patient data in three areas: general, therapies, and spell of illness. Patient demographic data and diagnoses can be imported from NTT DATA software. Therapy can begin without complete information; the software color codes residents with missing data.

Labor information, such as job type, role, salary, and benefits is set up once and protected by password. It is used for productivity and labor reports.

Therapute combines master data on patients and therapists with treatment minutes to update the executive dashboards and generate an unlimited number of reports.

From the Therapist's Viewpoint

Therapists' shifts begin with a worksheet that maps out their day, listing their patients and therapy required. This worksheet is based on planned minutes originally entered by therapy staff, including minutes planned by individual, group, and concurrent categories. Therapute also generates a daily list of scheduled patients for use by the nursing station.

At the end of the shift, therapists simply log in and enter their treatment and labor information. The data is immediately available to everyone in the organization with authorization.

Therapute clients report that therapists usually spend 5-10 minutes per day on this data entry.

Billing Therapy Payors

When you are ready for Therapute to create the file needed by NTT DATA's billing software, simply click File/Export.

Therapy Cap Tracking

Therapute automatically tracks the status of therapy caps for patients with Medicare Part B coverage. When appropriate according to the cap exclusions, the software assigns the KX modifier for billing. The Medicare Part B Cap Modifier and Exemption Report shows cumulative totals by patient and discipline.

When the exclusions are not available, staff will find the Approaching Cap and Exceeding Cap reports useful for communicating with patients and managers.

Executive Dashboard

Therapute gives managers a custom dashboard that shows key indicators vital to managing a therapy business such as projected income statement, revenue by payor type, labor and benefits, productivity statistics, RUG/minutes variance, contract labor report, and budget with variance.

Key statistics are available such as revenue per FTE, total labor minutes, cost per labor hour/minute, and cost per productive hour.

Start with the top level of information for a quick update and drill down to more detailed reports. For example, to dig deeper into productivity stats, you can drill down to a therapist and see a chart of his/her productivity statistics by day.

The data can be displayed by one, some, or all facilities, and by type such as SNF and outpatient

Charting Module

Eliminate handwriting, paper, and filing by entering notes and treatment plans in Therapute. Certifications and recertifications are categorized in five areas: general, history, objective tests, plan, and goals. Questions and answers within those areas can be customized.

Daily and weekly notes can be created by clicking choices to form notes. Therapists can use libraries of pre-established goals or enter their own statements.

When researching the design of this module, developers consulted the Therapute Users' Group and found a wide range of preferences for charting. To meet those needs Therapute developed multiple templates.

Reports

Therapute offers more than 200 real-time reports that can be customized and listed in a custom report menu. Hover your mouse over a title to see a description of the report. Reports can be generated for a selected time period and for one, some or all facilities. They can be viewed online, printed, saved in pdf and rtf formats, and exported to Excel. Following is a partial list of on-demand reports.

- » Concurrent and Group Therapy Reporting by Therapist, Patient Center, Division
- » Patient Functional G-Codes Log, Missing G-Codes Report, G-Codes Alert Report
- » RUG scores impacted by Concurrent Therapy Minutes