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**Pennington Firm**
OPEN SOURCE TECHNOLOGY SOLUTIONS

## Pennington Firm – Questionnaire
## Practice Management and Electronic Medical Record Features
## January 2004

Checklist to Determine Features Needed from EMR and Practice Management System

Thank you for your consideration of OpenEMR and the Pennington Firm.  OpenEMR is an open source electronic medical record application ("EMR") and practice management system ("PMS") application.  OpenEMR is different from other EMR and PMS applications in that you receive the source code, you are able to choose who to provide customization and support, and the product cannot be orphaned or discontinued at our caprice.  Below is a list of items for you to use in evaluating your needs EMR and PMS needs, and to help compare OpenEMR to other applications.  We have created 23 evaluation areas, which are:

1. Appointment Scheduling
2. Patient Registration
3. Eligibility/Method of Payment
4. Patient Check-In/Encounter Form Management
5. Patient Check-Out/Charge Entry
6. Billing, Payments, and Accounts Receivable Management
7. Laboratory and Ancillary Tracking
8. Patient Tracking and Recall
9. Management Reporting Capabilities
10. Functional Innovation – Integration with other applications
11. Application Service Provider (ASP) Option

12. Technology Infrastructure Specifications/Pricing
13. EMR Integration
14. Technology Requirements – Database
15. Technology Requirements – Practice Management
16. Scalability
17. Training
18. Documentation
19. System Support
20. Software Pricing
21. Implementation Pricing

We realize that OpenEMR may not meet all of your EMR and PMS needs, and this document will help you determine the features you need for your clinics.  As an open source application, OpenEMR gives you control over your EMR and PMS.  With OpenEMR you are no longer are you tied to a maintenance contact with a company that is unresponsive to your support or customization needs.  With the source code you can have your own technology staff make changes, or obtain competitive bids from different vendors.  We are unaware of any proprietary software vendor (i.e. Medical Manager, MegaWest, NextGen, etc.) that offers you a choice of vendors for support, customization and upgrades.  If you are currently frustrated with the level of support or cost with your current proprietary software vendor, please consider whether a switch to another proprietary company that similarly limits your choices will meet your future needs.

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**Need** – Evaluate if your clinic needs this feature
**Feature** – Description of the feature in the category
**S** – Standard Feature of OpenEMR
**O** – Optional feature, available with custom programming
**Client Comments/Requests** – Note additional comments concerning special needs of the clinic with this feature
**Other** – other notes

## 1. Appointment Scheduling

**Overview:**

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 1.1 Ability to easily and quickly pre-register a new patient on the phone prior to booking the appointment. | x | | | |
| | 1.2 Ability to pre-register patients in the system by entering a subset of registration information when the appointment is made including client's name and clinic patient number. | x | | | |
| | 1.3 Ability to determine eligibility for sliding fee scale discount by entering income and family size into chart to automatically calculate percentage of discount from when pre-registering a client. | | x | | |
| | 1.4 Will software architecture support easy access to a Medicaid/Medi-Cal or other website to verify whether client is Medicaid/Medi-Cal eligible. | x | | | |
| | 1.5 Pre-registration screen is a subset of fields in the main registration screen.  (If you require a full registration screen, do you wish to highlight those fields that are required for pre-registration?) | x | | | |
| | 1.6 Require data entered at pre-registration to be reviewed and verified when the client is registered at the clinic? | | x | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 1.7 During the pre-registration do you require any information to be captured and displayed such as date of pre-registration, ID of the registration clerk or other information? | | x | | |
| | 1.8 Will you share information with other clinics, and do you have a shared numbering scheme with those other clinics or hospitals? (For OpenEMR, sharing information with other systems will require customization, and is optional assuming other systems are on a different EMR) | | x | | |
| | 1.8.1 When pre-registering a client, do you wish to use a permanent or temporary patient number? (OpenEMR uses a permanent number by default) | x | | | |
| | 1.8.2 Pre-registered clients will have a permanent number in the event of a no-show. | x | | | |
| | 1.9 Do you call your clients in advance of their meeting to verify their appointment and do you require automatic appointment reminders? | | x | | |
| | 1.9.1 Do you use automated software to call clients to remind them of their appointments, and should this be integrated with the practice management and EMR? | | x | | |
| | 1.9.2 Ability to flag clients who cannot receive appointment reminder calls. | | x | | |
| | 1.9.3 Ability to generate reminder calls in Spanish and English automatically flagging clients who are monolingual in Spanish (feature of your automated calling software) | | x | | |
| | 1.10 Ability to view past visit information, any pertinent information regarding the patient and outstanding balance when booking an appointment. | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 1.11 Ability to set permissions based on log-on to enable all staff to view appointments for all sites; while restricting the ability to change an appointment or modify a schedule to certain authorized staff. | x | | | |
| | 1.12 Ability to flag patients or enter an alert note at the time the appointment is made. | x | | | |
| | 1.12.1 Flexibility to develop pull down lists of reason(s) that staff can choose to flag patients. | | x | | |
| | 1.13 Ability to easily update the patient's demographic information including address, phone number, and payer source while making an appointment. | x | | | |
| | 1.14 Ability to input instructions or scripts with questions to ask clients when booking various types of appointments, so they can be easily accessed from the appointment module. Examples may include questions to ask a client when booking an appointment for pregnancy testing or a list of information to tell a patient when scheduling a colposcopy. | | x | | |
| | 1.15 Ability to search for the first available appointment by provider. | x | | | |
| | 1.16 Ability to view provider's schedules in flexible ways. | x | | | |
| | 1.16.1 Multiple providers on a single day. | x | | | |
| | 1.17 Ability to enter the reason for the visit in a note section when booking an appointment. | x | | | |
| | 1.18 Ability to schedule a patient with multiple providers on a given day with flags to indicate patient scheduled with more than one provider? | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 1.19 Ability to automatically check for appointment redundancy.  For example, if a patient schedules two appointments on the same day at any site, should this be flagged?  (OpenEMR flags the second added appointment, notifying the staff that another appointment for that patient is already scheduled for the day.  OpenEMR allows the patient to schedule two or more appointments on the same day). | | x | | |
| | 1.20 Ability to automatically track patients who want an earlier appointment to call them if a slot becomes available? | | x | | |
| | 1.21 Ability to log On-time arrival | | x | | |
| | 1.21.1 Ability to log Late arrival | | x | | |
| | 1.21.2 Ability to log other comments that pertain to status in special field for comments. | x | | | |
| | 1.22 Ability to generate a daily appointment for reception and back office to facilitate chart retrieval for next day appointment. | x | | | |
| | 1.23 Flexibility to designate scheduling templates by site and then for each site by provider name, provider type (MD, NP) or clinic type (Surgical, Pediatrics). | | x | | |
| | 1.24 Ability to easily adjust schedule templates based on provider availability. | x | | | |
| | 1.25 Ability to copy a schedule over a designated number of months. | x | | | |
| | 1.26 When a provider's schedule is changed, previously booked appointments are automatically "flagged" on a reschedule list, so patients can be contacted and rescheduled. | | x | | |
| | 1.27 When appointments need to be re-scheduled, system should allow editing those appointments, allowing input of a new date and time, rather than re-entry of each appointment. | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 1.28 Ability to tabulate the number of appointments for a specified time period by specific visit types.  Do you want to have a drop-down list of visit types, or allow narrative entry for visits? (Narrative entry is default.  Pennington Firm can add a drop down list with the types of visits.) | x | x | | |
| | 1.29 Ability to have the calendar on-line or printed for use by staff, providers, or other user-defined | x | | | |
| | | | | | |
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| | | | | | |

## 2. Patient Registration

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 2.1 Ability to support on-line real time patient registration at all sites. | x | | | |
| | 2.1.1 On-line registration records date and time that the registration was entered. | | x | | |
| | 2.2 Printed registration form populated with patient identification data? | x | | | |
| | 2.3 Registration screen includes field to indicate where client heard about clinic? | | x | | |
| | 2.3.1 Registration screen includes client's name | x | | | |
| | 2.3.2 Registration screen includes telephone number (number of alternative numbers for each client the type of number i.e. contact, work, home) | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 2.3.3 Ability to label additional phone numbers by type (i.e. narrative field or "brother's cell"  (Four fields are available for entry of information of any type) | x | | | |
| | 2.3.4 Registration screen includes field next to each phone number to indicate "OK to call." | | x | | |
| | 2.3.5 Registration screen includes client's address | x | | | |
| | 2.3.6 Registration screen includes field to indicate "OK to use address for mailings." | | x | | |
| | 2.3.6.1 Registration screen includes field for alternative mailing address, if "no" is entered | | x | | |
| | 2.3.7 Registration screen includes Social Security Number | x | | | |
| | 2.3.8 Registration screen includes birth date | x | | | |
| | 2.3.9 Registration screen includes age | | x | | |
| | 2.3.10 Registration screen includes gender | x | | | |
| | 2.3.11 Registration screen includes emergency contact | | x | | |
| | 2.3.12 Registration screen includes marital status | x | | | |
| | 2.3.13 Registration screen includes ethnic group | x | | | |
| | 2.3.14 Registration screen includes payer information (OpenEMR includes information for three payers) | x | | | |
| | 2.3.15 Registration screen includes a number and type of customizable fields (OpenEMR has four open fields) | x | | | |
| | 2.4 Ability to enter comments, such as, "do not call at work", or "do not call or send mail home." | x | | | |
| | 2.5 Practice Management automatically assigns a unique medical record number once the registration is completed. | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 2.6 Ability to change the patient name automatically moving the original name to an AKA field. | | x | | |
| | 2.7 Ability to search for patients by multiple variables including, Last Name, Date of Birth, Patient ID or SSN | x | | | |
| | 2.7.1 Ability to search by imprecise name match (i.e. first three letters of last name)? | x | | | |
| | 2.7.2 Ability to search by alternative name(s) or AKA | | x | | |
| | 2.8 Patient Notes area to alert front desk staff that an issue needs to be addressed with the patient at check-in.  Examples include: "wrong address, wrong phone number, phone confidentiality, bounced check risk, need to make payment, etc.". | x | | | |
| | 2.8.1 Pop-up screen insert, color highlight, flashing field or other mechanism to alert front desk staff that an issue needs to be addressed with the patient at check-in.  Examples include: "wrong address, wrong phone number, phone confidentiality, bounced check risk, need to make payment, etc.". | | x | | |
| | 2.9 Registration screen displays method of payment | | x | | |
| | 2.9.1 Registration screen displays prior balance due from patient (Patient notes can be used to add information on amounts due) | | x | | |
| | 2.9.2 Registration screen displays date of original registration with ID of employee who entered the data | | x | | |
| | 2.9.3 Registration screen displays dates when registration was updated with ID of employee who entered the data | | x | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 2.10 Flexibility to customize and change (add/modify/delete) selected fields on the Registration Screen to be able to update registration information as requirements for billing and reporting change. | x |  |  |  |
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## 3. Eligibility/Method of Payment

| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 3.1 Ability to design drop down lists or pop up windows with key eligibility requirements for various programs to be used by front desk staff when assessing the client's eligibility status. |  | x |  |  |
|  | 3.2 Ability to easily access the Medicaid or California Medi-Cal website to determine eligibility for new patients and to verify eligibility for established patients. |  | x |  |  |
|  | 3.3 Ability to attach an electronic copy or screen shot of the State of CA Medi-Cal Eligibility Screen to the client's registration record to be accessed by billing to verify patient was eligible on the date of service. |  | x |  |  |
|  | 3.4 Practice management system includes adequate number of fields to enter insurance benefit information by type of insurance and/or employer including pre-approval information. | x |  |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 3.5 Ability to enter and store three active insurance carriers, public programs, or other payers for each patient and to designate the primary payer to be billed for each visit. | x |  |  |  |
|  | 3.6 Ability to automatically calculate the discount on a sliding fee scale discount for cash patients based on monthly income and family size. | x |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## 4. Patient Check-In/Encounter Form Management

Overview: The encounter form or Electronic Medical Record (EMR) captures all of the data pertinent to the visit including the services provided (CPT or visit code), diagnosis(s) (ICD-9 codes), associated fees, responsible payee, and method of payment at the time of the visit.  It is the source of patient billing, claims processing, and statistical reporting/analysis.  Each encounter or EMR, as an auditable document, needs to be tracked and accounted for at the end of the clinic session.

| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 4.1 Patient Information Screen can be easily accessed by the receptionist to review patient demographic and financial data (copay, and balance owed) at the time of check-in. (Balance owed is in the patient notes) | x |  |  |  |
|  | 4.2 Ability to easily toggle between the patient information screen, appointment schedules, patient check-in, and account history screens. | x |  |  |  |
|  | 4.3 Ability to print a custom designed form at patient check-in that includes patient demographic information | x |  |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 4.4 Each EMR has a separate control number to identify the number of encounters entered in a particular day |  | x |  |  |
|  | 4.4.1 Encounters can be reconciled to CPT/ICD by day, week or other specified period. | x |  |  |  |
|  | 4.5 Patient identification labels can be printed to be used for various functions including lab specimens, medical record forms, etc. |  | x |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## 5. Patient Check-Out/Charge Entry

Overview:  Maintaining accounting for patients to pay their copay at the time of their visit, prints demand bills after the encounter is finished, records the diagnostic and billing codes, and adjustment for sliding fee scale patients.

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 5.1 There is one "Charge Screen" that allows the medical provider to easily enter visit/diagnostic data for multiple providers at the end of the visit from the encounter form, thereby closing the encounter at the end of the clinic session. | x |  |  |  |
|  | 5.2 Practice management system supports the ability to scan encounter forms into the system rather than manually entering data. |  | x |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 5.3 EMR records the employee ID code to identify the clerk who entered the data for the encounter.  This ID code is displayed in the EMR.  (OpenEMR records this in the database, but is not viewable as a part of the encounter.  The patient ID can be obtained from the database by an authorized user) | x |  |  |  |
|  | 5.4 Visit/procedure (CPT), diagnosis (ICD), and provider codes are all required fields. |  | x |  |  |
|  | 5.5 "Dummy" codes or "names" can be used as proxies for visit and diagnostic codes.  "Explosion codes" can be used with one code that groups multiple CPT codes for various procedures. |  | x |  |  |
|  | 5.6 Ability to record multiple CPT codes for visits and procedures as well as both primary and secondary diagnostic codes (ICD) per encounter. | x |  |  |  |
|  | 5.7 Ability to process charge entry and billing for a visit with multiple payers.  For example, a client comes in for an annual exam which is charged to Payer One and also has a wart removal that is self-pay.  (OpenEMR records this as two separate encounters for one patient) | x |  |  |  |
|  | 5.8 System provides for user defined edits to flag charges not allowed by payer source or formulary, in cases where procedures do not match specified diagnoses, or where an inappropriate service is charged by a clinic. |  | x |  |  |
|  | 5.8.1 Examples of 5.8 include only 13 cycles of Oral Contraceptives can be dispensed in a 12 month period for clients.  System edits to flag amounts over 13 cycles in a 12 month period. |  | x |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 5.8.2 A test requires both a primary and secondary diagnosis to be a billable visit.  Only one diagnosis is entered and system edits to flag missing diagnosis. (OpenEMR addresses this during form customization.  Pennington Firm takes your forms and customizes OpenEMR to follow your current information flow). | | x | | |
| | 5.8.3 Only certain medications are included on the a payers (i.e. Medicaid/Medi-Cal) list.  System edits to reject those that are not included, unless payment code is changed to self-pay. | | x | | |
| | 5.9 The appropriate fee and description are automatically displayed according to the method of payment when the visit code is entered. | x | | | |
| | 5.9.1 Fee and description from 5.9 can be overridden with a "default" fee? | | x | | |
| | 5.10 Practice management system can interface with point of sale technologies that includes a cash drawer linked to the Practice management system that automatically opens when a payment is entered into the system much the way a cash register is used. | | x | | |
| | 5.11 For sliding fee scale transactions, the system is able to record the full charge, sliding fee scale discounted amount as an adjustment, and the amount owed by the patient.  The "calculated" amount owed can be overridden and adjusted only by authorized personnel with an access code. | | x | | |
| | 5.12 Ability to handle cash transactions for over-the-counter supplies and educational materials that are not associated with a patient visit. | | x | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 5.13 Demand bills can be printed at the end of the visit for patients to review their account or to bill their own insurance company. | | x | | |
| | 5.14 Receipts can be printed on demand at the end of the visit for all cash transactions including donations and payment for services rendered. | | x | | |
| | 5.15 A day sheet or "cash receipts log" is generated at the end of the day to provide an audit trail to balance to deposits with patient, account, payer charges,CPT and ICD codes, cash payments, taxable and non-taxable items. | | x | | |
| | 5.16 Ability to electronically transmit the day sheet from each site to accounting with the site identified on the day sheet and sign-off by the clinic manager. | | x | | |
| | | | | | |
| | | | | | |
| | | | | | |

## 6. Billing, Payments, and Accounts Receivable Management

Overview: The claims/billing feature of the Practice management system is critical to assure that visits can be turned into billable claims to be sent in a timely manner to patients, private insurance, and to public payers.

| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 6.1 Multiple service (CPT) and diagnosis codes (ICD) can be entered on a single claim. | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 6.2 Claims can be printed in standard format for submission to private insurance and public programs.  (837 & HCFA 1500) (OpenEMR may require some customization to meet the requirement of some insurers) | x | | | |
| | 6.2.1 Claims can be submitted electronically to private insurance and public programs.  (837 & HCFA 1500) (OpenEMR may require some customization to meet the requirement of some insurers) | x | | | |
| | 6.3 Billers can flag claims and write memos or notes on accounts to each other without this information printing on a claim. | | x | | |
| | 6.4 There is a field included to enter an ID number for a consulting provider for insurance company cross reference. | | x | | |
| | 6.5 System supports open item insurance estimation. | | x | | |
| | 6.6 Can claims be reviewed prior to submittal? | x | | | |
| | 6.6.1 Does the format meet HIPAA standards? | x | | | |
| | 6.6.2 Claims be submitted directly to payers i.e. to EDS in the case of Medi-Cal or is a clearing house required? | x | | | |
| | 6.6.3 Billing can be completed without using a clearing house is required? | x | | | |
| | 6.6.4. If a clearinghouse is required, what is the cost per claim?  (A clearinghouse is optional for OpenEMR) | | x | | |
| | 6.7 System supports claims submittal to primary and secondary insurance carriers with ability to record the primary insurance payment when a secondary claim is sent. Automatic secondary insurance processing is generated by primary insurance response. | | x | | |
| | 6.8 The electronic claims submittal program provides for electronic re-submission of corrected claims. | | x | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 6.9 Practice management system supports "period processing" with user choices of day end, week, month, etc. for billing and reporting transactions. | x | | | |
| | 6.10 Billing statements can be generated according to user defined criteria in multiple cycles such as alphabetic by last name, payer, aging date, etc. | | x | | |
| | 6.11 Patient statements include the amount due from fee agreements, total balance amount, and flexible user messages. | x | | | |
| | 6.12 Individualized statement messages can be entered and displayed on billing statements with an unlimited number of characters? | | x | | |
| | 6.13 "Posting" errors are recorded and reportable | | x | | |
| | 6.13.1 "Posting" errors are not printed on billing statements. | | x | | |
| | 6.14 Fee agreements and payment history can be selectively printed on billing statements. | | x | | |
| | 6.14.1 Next payment due can be selectively printed on billing statements. | | x | | |
| | 6.15 Electronic remittance is supported for all payers to whom electronic claims are transmitted. | x | | | |
| | 6.16 Third party payments from public programs where client is not required to pay, can be batched and entered on a single screen.  System then automatically posts to individual accounts. | x | | | |
| | 6.17 Optional open item accounting for third party billing with ability to post payments against specific charges rather than be credited to the oldest aged balance on the account. | | x | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 6.18 Flexible tracking of charges and payments by multiple variables including visit or procedure code (CPT), provider, financial class, Client site, payer, and claim status, etc. | | x | | |
| | 6.19 Accounts receivable tracking for patients paying according to fee agreements | | x | | |
| | 6.19.1 Tracking for fee agreements including a history of payments made, next payment due, and date of payment in full. | | x | | |
| | 6.19.2 System flags patients who are delinquent in their payments. | | x | | |
| | 6.20 Accounts are aged by date of service, date of entry, and billing date including current (under 30 days), 30-60 days, 61-90 days, 91-120 days, over 120 days.  Ability to run receivables report by site and insurance type. | | x | | |
| | 6.21 Separate aging and combined aging capabilities by provider, insurance company, payer, contracts, etc. to easily review claims submitted, returned, adjusted, re-submitted, and paid. | | x | | |
| | 6.22 Includes "canned" and customized letters for fee agreements with the ability to sort by payee and facility. | | x | | |
| | 6.23 CPT E/M Codes are included (OpenEMR is offered with CPT codes for a fee, or if the client has a license from the AMA for the CPT codes) | x | | | |
| | 6.23.1 ICD-9 Diagnosis Codes are included. | x | | | |
| | 6.23.2 Translation files to convert standard visit codes (CPT) into codes required by payer i.e. Medi-Cal, etc. | | x | | |
| | 6.23.3 Private insurance master files to include identification information to bill the insurance company. | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 6.23.4 Provider (clinician) Master File | x | | | |
| | 6.23.5 Master Charge File (Fee schedule) (These fees can be entered into the database or manually adjusted, but fees are not included with CPT codes) | | x | | |
| | 6.23.6 Sliding Fee Scale Schedule(s) | | x | | |
| | 6.24 Access to Master Files to change, adjust, or delete codes is restricted by system security. (OpenEMR is open source, and easily uses phpMyAdmin to administer the database) | x | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## 7. Laboratory and Ancillary Tracking

- Laboratory tests can be ordered on-line using the practice management system with an electronic linkage to the outside laboratory.
- Reports regarding laboratory tests provided by type of test and results can be generated from the laboratory log.

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 7.1 Does the Practice management system include Laboratory Tracking functionality? | | x | | |
| | 7.2 Does the Practice management system currently have electronic interfaces with commercial laboratories? | | x | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 7.3 Can laboratory tests be ordered through the Practice management system then electronically transmitted to the commercial laboratory? |  | x |  |  |
|  | 7.4 Can laboratory results be downloaded from a commercial laboratory directly into an automated log built into the Practice management system that will provide for review of the results and tracking patient contacts/outcomes for patient follow-up regarding positive results? |  | x |  |  |
|  | 7.5 Can reports be generated from the Laboratory Tracking Log. |  | x |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## 8. Patient Tracking and Recall

- The system should have a flexible mechanism for patient tracking and recall based on user-defined variables stored in the visit/patient demographic database files.

| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 8.1 Tracking can be done for patients using multiple variables to define the population to be tracked.  For example, Client might want to identify all females over 50 who were diagnosed with heart disease. |  | x |  |  |
|  | 8.2 System has the ability to generate a recall notice based on recall parameters set by the user. |  | x |  |  |
|  | 8.3 System has the ability to track referrals to outside agencies and providers. |  | x |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
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## 9. Management Reporting Capabilities

- Canned reports or a standard set of reports to meet reporting requirements to outside agencies.
- The system has a flexible report generator to report on any data element stored in the PMS.
- Documentation that explains the PMS file structure, the data elements that are queried to build specific reports and the calculations/comparisons that are made to produce the end result are provided by the vendor.
- Data can be easily exported to standard database software such as Crystal Reports, Excel, or similar software for further data manipulation.

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 9.1 Can your system electronically interface with California state or county reporting systems for family planning, The OSHPD Annual Report of Clinics, Title X or others? |  | x |  |  |
|  | 9.2 Practice management system includes flexible report generator with user-based query and ad hoc reporting capabilities to report on any of the data elements entered into the system. User can determine date ranges and can generate site specific reports. (OpenEMR is packaged with phpMyAdmin an open source database reporting and manipulation tool). | x |  |  |  |
|  | 9.3 Reports can be generated easily by the user without technical assistance from the software vendor. | x |  |  |  |
|  | 9.3.1 Is there an interface to modify report criteria easily by the user without assistance from a consultant or vendor? (OpenEMR is packaged with phpMyAdmin.  PhpMyAdmin is a web based database tool that can report on every database table field, or row in the database). | x |  |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 9.4 Vendor includes detailed written documentation to explain what fields are queried for each report and how calculations are made including row, column and values (e.g. "age" row is calculated from the date of birth minus the date of service, not today's date; "Asian" in the ethnicity column corresponds to codes 8-20 in the demographic table.) |  | x |  |  |
|  | 9.5 Ability to preview reports on screen prior to printing. | x |  |  |  |
|  | 9.6 Reports can be produced in file or hard copy output | x |  |  |  |
|  | 9.7 Reports can be generated by individual site, selected sites chosen by the user, and/or for the entire organization. | x |  |  |  |
|  | 9.8 Ability to cross tab data for custom reports by site, department, user demographic data, visit or diagnostic code, provider, or any combination of fields to perform chart audits and respond to other quality management issues. |  | x |  |  |
|  | 9.9 Practice management system includes "Period processing" with ability of user to define fiscal year, day end, week, month, etc. for all types of reports, both "canned" and "custom". |  | x |  |  |
|  | 9.10 Ability to produce the following daily reports: |  |  |  |  |
|  | 9.10.1 Daily Cash Receipts Report |  | x |  |  |
|  | 9.10.2 Daily appointment roster by provider (run a day before) | x |  |  |  |
|  | 9.10.3 Daily appointment additions (run the morning before clinic) |  | x |  |  |
|  | 9.11 Practice management system includes financial reports to monitor billing and accounts receivable |  | x |  |  |
|  | 9.12 Practice management system has the capability of reporting all data including CPT codes, ICD-9 codes, method of payment, and ethnicity by both patient (unduplicated user) and by number of encounters or visits. |  | x |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 9.13 Data can be exported to standard office automation software such as crystal reports, Microsoft office, etc. | x |  |  |  |
|  | 9.14 Canned reports for California's Office of Statewide Health Planning and Development (OSHPD). |  | x |  |  |
|  | 9.15 The reporting system can update to account for annual changes to required reports in a timely manner (OpenEMR is open source, allowing clients to enter new reporting information when desired) | x |  |  |  |
|  | 9.16 Clinic should list all reports that you require for your normal business purposes. |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**10. Functional Innovation – Integration with other applications**

- Integrating the PMS and EMR application with any other applications for use in medical clinic;
- Are there other applications, unrelated to specific medical applications that can be integrated with your product, such as accounting, imaging for documents related to patients, voice recognition, on-line patient registration, etc.

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 10.1 Integration with Intranet/Internet content management system (postnuke) to allow users to post news, announcements, information, files to download, etc.  All content is available or restricted by user login.  For an example of PostNuke, see OpenEMR.net | | x | | |
| | 10.2 Integration with help desk software (DQ Helpdesk).  This allows users to post technical requests to computer support department or to call the support requests, and let the support department enter those requests.  The technical support department can prioritize and assign requests.  A demonstration of DQ Helpdesk can be found at OpenEMR.net, then click Help Desk. | | x | | |
| | 10.3 Voice recognition for speaking directly with the application.  Voice recognition requires some Dragon Naturally Speaking for Medical Solutions (approximately $950 per user) and some customization. | | x | | |
| | 10.4  Accounting.  OpenEMR can be integrated with OSSuite, an open source accounting application.  An example of OSSuite can be found at: http://demo.openemr.net/ossuite/oserp/   login=admin, password=password. | | | | |
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**11. Application Service Provider (ASP) Option**

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 11.1 Does the ASP version of the system offer the same functionality as the proposed solution? | x | | | |
| | 11.2 Does the ASP solution offer the ability to use custom programming to add additional functionality to the system? | x | | | |
| | 11.3 Provide pricing for 1. practice management and 2.  electronic medical records (Pennington Firm charges $3,500 setup fee includes customizing five of your encounter forms, and your superbill, $279 per authorized user per month (medical provider) for the first five, $219 for the next five authorized users, and $189 per unauthorized user (support staff) for the first five users and $149 for the next five users.  This price does not include data migration or additional customization). | | | | |
| | 11.4 Is the same version of the ASP available to be installed at the client site (Yes) | x | | | |
| | 11.5 Describe how client would access the data in their system with an ASP solution. (Client accesses data over the Internet with any web browser such as Internet Explorer or Mozilla). | | | | |
| | 11.6 Describe procedures that are in place to assure continuity of data and operations in the event of technical and/or business failure.  (Pennington Firm sends a monthly CD or DVD with both the latest version of OpenEMR, and all of your data.  Using the CD or DVD, you can install OpenEMR and your data). | | | | |
| | 11.6.1 Are updates of the data that is in the ASP available in daily or weekly frequencies?  (Yes, we can email a file daily or weekly with your data for an additional fee) | | | | |
| | 11.7 For ASP, do you use client side security certificates. | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 11.8  Is the software the you use for your ASP open source?  (All of OpenEMR is open source) | x |  |  |  |
|  |  |  |  |  |  |

## 12. Technology Infrastructure Specifications/Pricing

Identify technology infrastructure elements required to run the proposed system.  All software used by the Pennington Firm is open source, unless otherwise noted, and can be downloaded from our site on the Internet.  When considering other vendors, please inquire concerning all other proprietary software or hardware that is required for the project.

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 12.1 Server requirements (OpenEMR runs on Linux, Windows, UNIX or MacOSX.  A Linux server with a 2Ghz processor, 1.5 GB RAM and 200 GB of data in a RAID 1 configuration will support 50 users up to 75,000 patient visits per year for five years.  For clients hosting their own OpenEMR server, Pennington Firm recommends hosting redundant servers with RAID configuration to prevent office interruption due to hardware failure) |  |  |  |  |
|  | 12.2 Provide WAN requirements for users accessing the system the system outside the local network.  (DSL or Cable speeds for EMR features) |  |  |  |  |
|  | 12.3 Provide local area network requirements (10/100 MB is recommended) |  |  |  |  |
|  | 12.4 Provide workstation or terminal requirements (Any workstation or terminal with a web browser.  Pennington Firm is available to configure a Linux Terminal Server for clients that wish to host EMR and office applications for word processing and spread sheet on a server) |  |  |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 12.5 Provide printer and peripheral requirements (OpenEMR has no specific printer or peripheral requirements) |  |  |  |  |
|  | 12.6 Provide specifications on all additional hardware or infrastructure required to operate the system as proposed (OpenEMR has no additional hardware requirements) |  |  |  |  |
|  | 12.7  Will your application run on the Linux or other open source operating systems?  (Yes) | x |  |  |  |
|  |  |  |  |  |  |
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## 13. EMR Integration

| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 13.1 Is the proposed system fully integrated with an EMR?  If so, please describe.  (OpenEMR is both a PMS and EMR) | x |  |  |  |
|  | 13.2 Does the proposed system have interfaces developed with other EMR systems? | x |  |  |  |
|  | 13.3 Provide *specific* detail on the level of integration the proposed system offers with third-party EMR vendors.  (At this time OpenEMR does not have specific integration with any other PMS or EMR systems) |  | x |  |  |
|  | 13.4  Is your EMR open source? | x |  |  |  |
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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|      |         |   |   |                          |       |

## 14. Technology Requirements – Database

| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|      | 14.1 Describe in detail the database used in the proposed system. (OpenEMR uses a MySQL database) |   |   |   |   |
|      | 14.2 Product is based on a relational database management system (RDBMS). | x |   |   |   |
|      | 14.3 Open Database Connectivity (ODBC) and SQL compliant | x |   |   |   |
|      | 14.4 Security exists at the database server, database object, and objects within the application database | x |   |   |   |
|      | 14.5 Integrated security exists to allow users to connect to the server and the application without separate login | x |   |   |   |
|      | 14.6 Does the database require licensing separate from the application? (No.  MySQL is free, open source software) |   |   |   |   |
|      | 14.7 Describe the server environment or environments on which the database operates.  Include the names of all supported operating systems.  (MySQL supports Windows, Linux, UNIX, MacOSX, FreeBSD, OpenBSD and other operating systems) |   |   |   |   |
|      | 14.8 Can the database be configured to log transactions at the field level? | x |   |   |   |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 14.9 Identify the size at which the proposed database would begin to exhibit degraded performance. (OpenEMR's performance will degrade at greater than 800 MB of data for a 2Ghz server with 1.5 MB of RAM.  On a dual Opteron Linux server with 16 GB of RAM, performance will not degrade until 12 GB of data) | | | | |
| | 14.10 How does the proposed database scale?  (The database can continue to scale with additional hardware.  For  clinics with over 75,000 patient visits per year, Pennington Firm recommends installing the OpenEMR database on a separate database server.  On a dual Opteron Linux server with 16 GB of RAM, clinics can support up to 750,000 patient visits per year. Pennington Firm also recommends installing a fail over server for the database, which will allow the EMR and PMS to continue, even if the hardware in one of the database servers fails.  Also, see answer to 12.1) | | | | |
| | 14.10.1  What additional software costs exists for redundant or fail over servers?  (OpenEMR has no additional licensing or software fees for using redundant or fail over servers. Pennington Firm recommends fail over servers for both the database and the OpenEMR application). | | | | |
| | 14.10.2 Identify any limitations to the system's ability to scale? (See answer in 14.10) | | | | |
| | 14.11 The proposed solution employs an open source database such as MySQL or PostgreSQL? (Yes, OpenEMR uses MySQL, an open source database) | x | | | |
| | 14.12 The database will track or log any change made in the system, and the user who made the change, resulting in a clear audit trail. | x | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 14.13 Identify any database tools that are packaged with your application to perform advanced database queries. (OpenEMR is packaged with phpMyAdmin, which allows system administrators to perform queries on all database tables, rows and fields.  phpMyAdmin is an open source application) | x | | | |
| | | | | | |
| | | | | | |

## 15. Technology Requirements – Practice Management

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 15.1 Describe the technical architecture of the system. (OpenEMR is a web based application using PHP as the development language with MySQL as the database). | | | | |
| | 15.2 Identify the programming languages used to develop each component of the recommended solution. (PHP) | | | | |
| | 15.3 Identify programming languages used to add the custom features identified in the proposal, if any.  (PHP) | | | | |
| | 15.4 If screen shots are available to show how to register a new patient, please include a link to the screen shots, if you do not have screen shots on-line, please provide prints of the client registration process. (www.openemr.net, then click "Screen Shots") | | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 15.5  If screen shots are available to show how to schedule an appointment, please include a link to the screen shots.  If you do not have screen shots on-line, provide prints and procedural documentation showing how a configured version of the proposed system would schedule an appointment.  (www.openemr.net, then click "Screen Shots") | x | | | |
| | 15.6 Provide screen shots and procedural documentation showing how a configured version of the proposed system would enter charges for a visit.  (www.openemr.net, then click "Screen Shots") | | | | |
| | 15.7 Does the system offer advanced programming interfaces (API) to allow third party vendors to add functionality to the system? (OpenEMR is open source allowing any vendor to attach to OpenEMR) | x | | | |
| | 15.8 The proposed system has EDI interfaces that support direct electronic billing without the use of an intermediary or clearinghouse. (OpenEMR uses the open source FreeB Billing EDI interface) | x | | | |
| | 15.9  Is the proposed practice management system open source? (Yes) | x | | | |
| | 15.9.1 If the proposed practice management system is not open source, how can the client obtain the source code in the event that you discontinue support of the product, or in the event of dissolution of your company? (OpenEMR is open source, and the client has all the source code) | x | | | |
| | 15.10 When upgrades are issued, is it mandatory to upgrade to a later version? (No) | | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
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## 16. Scalability

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 16.1 Describe the use of application servers and/or presentation servers in the delivery of the proposed solution. (Pennington Firm recommends using the Apache Web server to present the web pages). |  |  |  |  |
|  | 16.2 Describe the maximum recommended size of the database in the proposed system.  (OpenEMR's database is not limited by size, only by the hardware serving the database.  With a multi-processor system with 10 or more GB of RAM, OpenEMR can host Terabytes of data). |  |  |  |  |
|  | 16.3 If we acquire, merge or expand our clinic facilities, and need to increase the performance of your application, can we choose vendors, other than you, to scale the PMS and EMR application? (OpenEMR is open source, and clients can choose any vendor to provide support and customization for OpenEMR or to scale OpenEMR). | x |  |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 16.4 Can we offer access on our PMS and EMR to other smaller clinics, and if so, are there additional license or user fees? (OpenEMR  has no user or license fees, and you can host services to other clinics.  With no additional hardware or software, two or more OpenEMRs can be configured on the same server, allowing multiple clinics to use the same hardware and software, but preventing each clinic from seeing any information from other clinics on that server). | x | | | |
| | | | | | |
| | | | | | |

## 17. Training

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 17.1 Please describe the preferred method of the PMS vendor for providing and/or supporting training of the proposed system. (Pennington Firm recommends a "train the trainer" approach, on-site at your facility). | | | | |
| | 17.2 Describe the training mechanisms, including printed documentation, on-line help, web sites, etc. (Pennington Firm on-line documentation at OpenEMR.net, in addition we host a discussion board for OpenEMR users to discuss issues, as well as a mailing list to post questions to OpenEMR users). | | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 17.3 Describe the strategy employed by the vendor to provide training materials and support in the system as it has been customized in the client environment.  (Pennington Firm will provide as part of the customization documentation related to those areas that are customized for the client). | | | | |
| | 17.4 Is there a certification program for super users? (Currently there is no certification program for OpenEMR) | | | | |
| | 17.5 Describe how training and support is made available for system upgrades.  Is there an additional cost?  (Clients are not required to update to newer versions of OpenEMR.  If you are satisfied with the performance and productivity, you are welcome to continue with the current version. | | | | |
| | | | | | |
| | | | | | |

## 18. Documentation

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 18.1 Do you have on-line documentation? (Yes) | x | | | |
| | 18.2 Do you provide file, record, and field layout descriptions including definitions of fields on all screens? | | x | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
| | 18.3 Do you provide clear instructions for set-up of all modules including development, maintenance, and updating of all master files or data dictionaries? (Yes.  Pennington Firm also offers remote login support using Secure Shell (SSH), which uses an encrypted connection to allow us to assist you with configuring OpenEMR.  SSH allows us to configure and support your server, will all traffic being encrypted, without the requirement of us having to be on-site) | | | | |
| | 18.4 How do you make new or revised documentation available to existing clients? | x | | | |
| | 18.5 Do you make the source code available to users in escrow in case of discontinuance of the product?  Is there an additional charge? (OpenEMR is open source, eliminating the need to put source code in escrow). | | | | |
| | 18.6 Are there any upgrades that are now in alpha or beta testing? When will these upgrades be available? (Pennington Firm is working on advanced reporting features, and on improving billing information). | | | | |
| | 18.7 Do you provide documentation of all changes to the program with each system upgrade? | x | | | |
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**19. System Support**

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 19.1 Do you offer the ability to choose service providers other than Pennington Firm for ongoing support | x |  |  |  |
|  | 19.2 Can our clinic's internal staff provide support? | x |  |  |  |
|  | 19.3 Can our clinic join with other clinics in a technology consortium to provide support, and customization? | x |  |  |  |
|  | 19.4 Do your employees provide support? (Yes) |  |  |  |  |
|  | 19.5 Do persons other than your employees provide support for your products?  If so, give a detailed explanation and identify other companies.  (No.  Only Pennington Firm employees provide support). |  |  |  |  |
|  | 19.6 Are there any hardware or connectivity parts of your solution that you sell or support? What is the cost for such support? (NA) |  |  |  |  |
|  | 19.7 With respect to any portions of the application supplied by a third party or for which a third party will provide support or maintenance, state whether you will be legally responsible for the failure of said third party to perform its obligations to the health care organization. (NA) |  |  |  |  |
|  | 19.7.1 Describe the standard recourse provided if a third party vendor fails to perform. (NA) |  |  |  |  |
|  | 19.8 What are the ongoing charges for system maintenance and user support? (There are no mandatory ongoing charges for system maintenance or user support.  Pennington Firm offers support to match the client's needs, and at the level desired by the client.  Typically we recommend that a small hourly contract be agreed to after the initial implementation, and if those hours are insufficient, additional hours can be added to meet the client's needs). |  |  |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 19.9 Provide a detailed description of the service level agreement proposed for maintenance and support of the proposed system.  (Hourly support at $135 per hour, five hours of support for $625 | | | | |
| | 19.9.1 What is your maximum allowed response time and what is the recourse available if vendor fails to meet terms of the agreement.  (Maximum response time is four hours during 9am-6pm Monday to Friday, Pacific Time.  For each hour or part of an hour that the response exceeds the four hour window, Pennington Firm agrees to provide an additional hour of support to client without charge) | | | | |
| | 19.10 What are the hours of direct support?  Is user support available by telephone at standard rates during clinic's business hours?  (Pennington Firm's hours of support are 9am to 6 pm.  Pennington Firm is available to support client at hours other than these for an additional fee.) | | | | |
| | 19.11 Describe the availability of system support during evenings and on weekends?  (Pennington Firm is available for remote ssh and telephone support for clients during the hours of 6pm – 9am  with a monthly contract for support for five hours for $875, with additional hours billed at $165.  If support is needed for weekends, evenings and holidays, we recommend that the clinic consider the OpenEMR ASP option). | | | | |
| | 19.12 Do you support a website, on-line help desk, or electronic bulletin board for reporting issues, applying bug fixes, notifying users of product updates, and providing general information?  (Yes, OpenEMR.net.  We also host three email lists for announcements, developers and users) | | | | |
| | | | | | |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## 20. Software Pricing

| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
|  | 20.1 Define the algorithm used to determine pricing for community clinic/health center clients.  Provide information that will allow us to calculate the initial cost of the system.  (All OpenEMR software is open source, and there are no user, enterprise or system license fees.  Our fees are for migration of your existing data, configuring and installing a server to host OpenEMR, customization of OpenEMR and training). |  |  |  |  |
|  | 20.2 If custom programming is required, identify how custom programming is priced.  (Pennington Firm's offers two pricing offerings for projects: fixed or hourly fees.  For fixed fee projects, we will commit to completing the work in our proposal at a specific fixed rate.  For hourly fee projects our rate is $95 per hour for customization). |  |  |  |  |
|  | 20.3 If we adopt your product, can we choose other companies, other than yours, to provide maintenance and support? (Yes.  You may also choose to apply the monthly support fees toward training for your employees, so your existing employees may support and maintain OpenEMR). |  |  |  |  |

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|---|---|---|---|---|---|
|  | 20.4 Provide detailed information on what support and services are included in annual maintenance and support fees. (OpenEMR has no mandatory annual maintenance or support fees.  See answer to 20.3 above). |  |  |  |  |
|  | 20.4.1 What is the cost for software updates? (All OpenEMR updates are free, and posted at PennFirm.com or OpenEMR.net) |  |  |  |  |
|  | 20.5 Identify any additional software required to operate the system as proposed, including office suites, report generators, etc. (No additional software is required.  Other free, open source applications that Pennington Firm recommends are phpMyAdmin 9 (database administration tool), ossuite (accounting application)). |  |  |  |  |
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## 21. Implementation Pricing

| Need | Feature | S | O | Client Comments/Requests | Other |
|---|---|---|---|---|---|
|  | 21.1 To allow Pennington Firm to determine pricing for implementation, will you be migrating data to OpenEMR, or starting with no entries?  If migrating data, do you plan to migrate all data?  If so, is that patient data currently accessible in a database or is it in a document or spreadsheet? |  |  |  |  |
|  | 21.2 To determine pricing, will you bill your encounters directly to the payer, send all billing to a billing company, or send billing events to a clearinghouse? |  |  |  |  |

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| Need | Feature | S | O | Client Comments/Requests | Other |
|------|---------|---|---|--------------------------|-------|
| | 21.3 If you will send your bills directly to the payer, how many of payers accept electronic invoices?  Of these payers, will you send your invoices to all of them electronically? | | | | |
| | | | | | |