



Sample EHR Request for Proposal (RFP) / Request for Information (RFI)

Practice Overview

Name of practice: _____

Practice address and contact info: _____

Practice contact person and contact info: _____

Practice specialty: _____

Number of providers: _____

Number of office staff: _____

Estimated daily patient load/encounters: _____

Current IT hardware (number of computers, type of computers- desktops/laptops/tablets, OS, in house server, scanners, printers, fax/fax line, internet access- DSL/Cable/T1, medical devices with EHR connectivity options, etc.):

Current practice software (practice management system, scheduling system, billing system, existing EHR needing database transfer/conversion, etc.): _____

Estimated EHR implementation goal (date of planned completion): _____

Company Overview

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Sales Contact: _____

Customer Support (email, online, phone, list all that apply): _____

URL: _____

Number of full time employees (FTE's): _____

Choose one: Single Company **OR** Part of larger organization

*PLEASE PROVIDE HIPAA BUSINESS AGREEMENT

Product Name and Version: _____

Year of Product Release: _____

Does this product integrate with a practice management system? Yes No

Does the system use the same database for both the PM and EHR products? Yes No

What is the operating system? _____

Do you offer one of the following license models (check all that apply)?

Hosted, ASP-Based, Software as a Service On site, Traditional Software License

If ASP-Based, describe company policy regarding data ownership: _____

What were the gross revenues generated in the past three fiscal years?

*PLEASE PROVIDE COPY OF YOUR ANNUAL REPORT

How much revenue is reinvested in research and development on an annual basis? _____

How many de-installations have you experienced in the last three years? _____

Users

Is the product an acquired product? Yes No

If acquired, what other internal systems are integrated with the EHR? _____

Ideal size of practice using your product: _____

Has the EHR received any awards? Yes No

Name of Award(s)/Date(s) of Receipt: _____

Range of Current Installations: _____

Number of installations for the past three years:

How long have you been active in the EHR market? _____

Specialties for which the product is designed: _____

Current list of specialties using product: _____

Number of physicians in California using the product: _____

Number of physicians in the U.S. using the product: _____

Functionalities

Has your product been certified for meaningful use by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and listed in the Certified HIT Product List (CHPL) on the ONC website? Yes No

CCHIT Certification Dates: _____

Does the product have a patient portal? Yes No

Is there a secure HIPAA compliant email communication tool built in the system? Yes No

Does the product provide quality outcomes based on national performance measures? Yes No

PQRI Reporting? Yes No

Surescripts Certification Dates: _____

Does the product use voice recognition? Yes No

If yes, what software? _____

How often are user group meetings held? _____

How many physicians attended last user group meeting? _____

List hardware and software specs to implement and run product (attach separate document if necessary).

Breadth of support (I.E., is it 24/7/365): _____

What is your recommendation for disaster recovery? _____

What warranties are provided for hardware? _____

Costs

Primary Costs	Solo Physician	Additional Provider License
Software/License (Base Product for First Year)		
Implementation and Training (Vendor Charge First Year)		
Practice Management (Interface or Additional Fee for Software/License)		
E-prescribing (Interface or Module)		
Technical Support		
Other (Hosting Fees, Interfaces)		
Hardware		
Total		

Additional Costs or Other Modular Features	Solo Physician	Additional Provider License
Data Conversion		
Interfaces with Labs, Dictation, Radiology, List Per Interface Charge		
Eligibility Verification (Interfaces / Modules)		
Patient Portal		
Communication (HIPPA Compliant Email)		
Report Tools, Software, Data		
Scanning Software		
Voice Recognition Software		
Total Additional Costs		

Ongoing Costs	Solo Physician	Additional Provider License
Ongoing Costs (Annual License, Support, and Other)		

Costs

How often are CPT and ICD code updates provided? _____

What is the charge to interface with health registries? _____

Does product support Continuity of Care Record? Yes No

Top five PM systems the product interfaces with: _____

List of all PM systems product successfully integrates with to date: _____

How often are drug formularies provided? _____

Do your system interfaces comply with health level 7 (HL7) interface standards for data exchange with other systems? Yes No

List the interface type (ADT, Orders, Results, Financial, etc.) and the version(s) of HL7 supported by the interface:

With which other software or health care equipment does your product interface? _____

Disclaimer: This document is only intended as a sample to demonstrate what an RFP/RFI may look like. Please use your own judgement in creating an appropriate RFP/RFI document that accurately demonstrates the needs of your practice. Thank you.