

Health IT

Care Management System Vendor Selection Matrix

Company _____

Date _____

Requirement	Ability to Meet Requirement		Comments	Included in Base Price
	Yes/No	Available Now or in the future - with base system		Yes/No
Complete Care Management System <ol style="list-style-type: none"> 1. Community Health Record 2. Secure Messaging 3. Population Stratification/Predictive Analytics 4. Condition Markers 5. Disease Registries 6. Case Management 7. Care Coordination 8. Correspondence Management 9. Call Center 10. Alerts/Notifications 11. Utilization Management 12. Reports/Analytics 				

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13. <i>Workflow Engine</i> 14. <i>Rules Engine</i> 15. <i>Certified HEDIS Reporting and other Quality Improvement Reporting</i>				
Billing and Revenue Cycle management services				
Telehealth and Remote Monitoring				
Integration and HIE Functionality				
Ability to generate a registry of identified patients and assign to owner(s) at multiple levels, including but not limited to MCO, CHW, Case Manager, Nurse Supervisor, Primary Care Provider, etc.				
Ability to extract the following information from various IDN and HIE's: <ol style="list-style-type: none"> 1. Information from MCO regarding patient's insurance status, expiration date, assigned primary care provider/Medical Home information, etc. 2. Patient's summary and complete clinical views from the RHIO, including: patient's ID, a list of 				

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the encounters at participating facilities, and clinical encounter documentation (diagnoses, medications, problem lists, observations, lab tests, radiology reports, etc.)				
Ability to send alerts to multiple parties based on pre-defined business rules and event triggers (i.e., when patients need interventions because certain clinical events have occurred)				
Capability to enable knowledge-driven decisions, based on identified sets of questions or events, and perform the following actions: <ol style="list-style-type: none"> 1. Generate auto-created tasks 2. Send emails and with links to external sites 3. Define and recommend patient education resources and handouts 				
Ability for users to generate a care plan that is able to be exported to other systems in CCDA format				
Include at a minimum a 2011 certified meaningful use EHR capable of generating a care plan for CCM/TCM reimbursable services				
Include a patient portal that provides a longitudinal view of patient health information and compliant with Blue Button Initiative				
Compliant with DIRECT secure messaging protocol, integrated with the EHR/CMS.				
Comply with privacy and security laws and obtain EHNAC or equivalent certification				

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Ability to enroll patients into services or campaigns, which could be social services or others related to clinical events (e.g. medicine refill calls, appointment reminders, etc.)				
Ability to add intervention tasks to a case manager's task list and do the following: <ul style="list-style-type: none"> 1. Assign tasks to specific users 2. Ability to detail when interventions are behind standards or due dates 3. Ability to manage related tasks, which are created automatically (or manually) based on clinical events, procedures, business rules, etc. 				
Must maintain an audit trail of all READ, VIEW and WRITE transactions				
Integrate a full Revenue cycle management billing services with CMS				
Provide HIE/ Integration bus for third party interfaces using recommended exchange standards such as IHE				
At a minimum, provide the ability to display the following for all transactions (as defined 45 CFR Part 170 Subpart C of the Final Rule for Health Information Technology. Audit Log 170.302.r): <ul style="list-style-type: none"> 1. User action date 2. Time 3. Patient identification 4. User identification 5. Action(s) taken 				

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Users are able to perform Self Service Business Intelligence to create functional dashboards that enable drill-down reporting				
Ability to aggregate patient data for population reporting and analytics				
Include payor and provider specific dashboard for collaboration, referral and reporting purposes				
Includes built-in, easy-to-use reporting customization tools that permit self-service report development and facilitate ability to meet regulatory reporting requirements (e.g., PCMH, HEDIS, ACO, etc.)				
Ability to calculate fields (from data extracted from the SDHIE's) based on defined clinical events and/or patient characteristics; examples are: <ol style="list-style-type: none"> 1. Total visits by patient to ER last year 2. Total inpatient visits last year 				
Must use a standards based methodology to support the bidirectional transmission of data between proposed system (CCS) and the HIE databases				
Integration of Care Program data from various sources including HIE's into CMS should be fully automated on a scheduled basis but also allows manual user initiation on an ad hoc basis based on business rules				
Application must be capable of import and export content to and from the third party systems using a				

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standards based approach, where possible. (HI7, CCD, CCDAs, MDM, ORU and more)				
Accessible via mobile technology platforms (tablet, phone, etc.) and compatible with various mobile Operating Systems.				
Ability to map participant and facility location				
System should be integrated with video technology to facilitate tele-health patient care				
Integrate through API with remote monitoring systems for CCM, such as qualcomlife or similar FDA certified network for biomedical device data capture and exchange.				
Ability to include care management protocols that can be configured without code and are automated based on established business rules, such as various assessments				
Ability to integrate with Outlook (i.e., required to have Outlook plug-in) or other desktop applications				
Ability to support task management and care team workflow activities				
Ability to create registries based on certain pre-defined criteria				
System should include alerts, messaging and communications tools				
System should include enterprise scheduling across all stakeholders				

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Application provide tools to enable customization of forms or creation of new workflows by a trained user without requiring programming skills				

SAMPLE