



RENO COUNTY
206 West First Avenue
Hutchinson, Kansas 67501-5245
(620) 694-2929
Fax (620) 694-2928
TDD (800) 766-3777

TO: ALL INTERESTED PARTIES
FROM: BOARD OF COMMISSIONERS
RE: NOTICE OF MEETINGS
DATE September 9, 2016

The Reno County Board of Commissioners will meet as regularly scheduled at 9:00 a.m. on Tuesday, September 13, 2016, in Commission Chambers to hold their Agenda Session.

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AGENDA SESSION
RENO COUNTY COMMISSION
COMMISSION CHAMBERS OF COURTHOUSE
Tuesday, September 13, 2016
9:00 A.M.

1. Roll Call: Deming_____Dillon _____Schlickau _____
2. Pledge of Allegiance to the American Flag and Prayer
3. Determine Additions to the Agenda (Restricted to subject matters that were not known at the time of the agenda publication and to subject matters that require immediate Board discussion and/or action and which cannot be deferred to a later date.)
4. Public Comment on Items not on the Agenda. Please come forward to the podium, state your name and address and limit your remarks to not more than 5 minutes per item.
5. Consent Agenda (items considered routine for approval. If any commissioner or person in the audience would like further discussions or explanation of any item they may ask that it be removed from the consent agenda for additional consideration.

- a. Vouchers (bills or payments owed by the county or related taxing units) totaling _____.
- b. Change Orders 2016: 1377, 1388 and 1401.
- c. Commission Meeting Minutes for August, 2016.
- d. PROCLAMATION: Proclaiming Saturday, September 17, 2016 as "Constitution Day."

Motion for consent agenda items: Approval _____ Disapproval _____

Motion _____ Second _____

Dillon _____ Schlickau _____ Deming _____

6. Consider for approval District Attorney Keith Schroeder's recommendation to appoint John Settle as a Special Assistant District Attorney effective October 1, 2016 at the rate of \$50 per hour. AI

Motion for action: Approval _____ Disapproval _____

Motion _____ Second _____

Dillon _____ Schlickau _____ Deming _____

7. Consider for approval the purchase of courthouse security cameras, system storage for the security cameras and door access control system at a total cost of \$126,773.26. AI

Motion for action: Approval _____ Disapproval _____

Motion _____ Second _____

Dillon _____ Schlickau _____ Deming _____

8. Consider for approval an amended and revised Job Incentive Policy and subsequent Resolution adopting said policy. AI

Motion for action: Approval _____ Disapproval _____

Motion _____ Second _____

Dillon _____ Schlickau _____ Deming _____

9. Consider for approval a request by Community Corrections to submit an application for a 2016 Title II Grant in the amount of \$19,075 for Juvenile Electronic Monitoring Services. AI

Motion for action: Approval _____ Disapproval _____

Motion _____ Second _____

Dillon _____ Schlickau _____ Deming _____

10. Consider for approval Solid Waste’s request to purchase two (2) ¾-Ton Crew Cab 4x4 Pickup Trucks from Allen Samuels Auto Group, Hutchinson, for \$51,690. AI

Motion for action: Approval _____ Disapproval _____

Motion _____ Second _____

Dillon _____ Schlickau _____ Deming _____

11. Consider three (3) bids received by the Health Department for the implementation of an Electronic Health Record System. DI

12. Report on Mortgage Registration Tax and Recording Fee Revenues

13. Discussion of items added to the agenda

14. Department update from Information Services Director Mike Mathews

15. Department update from Community Corrections Director Randy Regehr

16. Adjournment

Items listed on the agenda as “DI” (Discussion Item) will normally be discussed that day and voted on the following week. Items listed as “AI” (Action Item) will normally be voted on that day unless postponed for further discussion or to await additional information. The Commission reserves the right to take a final vote on any agenda item but normally, on items coming up for the first time discussion, will await the following week for a final vote.

Tax Year: 2015

TAX ROLL CORRECTION - REAL ESTATE

AAELT014

Printed by / Date Time jami.radloff 9/1/2016 9:35:55AM

AGENDA

ITEM #5b

Taxpayer POTU00004

System Control # 2016001377

Tax Year 2015

POTUCEK, SCOTT

User Control # 2016001377

Tract # 09088

POTUCEK, ANNE

CAMA # 121-01-0-30-22-017-00-0-01

Type of Correction Abate

1909 E 30TH AVE

Tax Unit 5 HUTCHINSON CITY / USD 308

HYDE PARK 1ST, S01, T23, R06W, BLOCK 12, Lot 20

HUTCHINSON, KS - 67502-1229

Parcel 09088

USD USD 308 OTHER

Check Payable to: POTUCEK, SCOTT

Property Location 100 W 18TH AVE - HUTCHINSON, KS - 67502

APPRAISER SECTION (Value) Aug 25 2016 9:24AM Arianna Hoskinson Approved

Appraised Prior to Correction:				Appraised After Correction:				Net Change
CL	Land	Imp	Total	CL	Land	Imp	Total	
RU	2,800	98,650	101,450	RU	2,800	70,200	73,000	-28,450
Total	2,800	98,650	101,450	Total	2,800	70,200	73,000	-28,450

Assessed Prior to Correction:				Assessed After Correction:				Net Change
CL	Land	Imp	Total	CL	Land	Imp	Total	
RU	322	11,345	11,667	RU	322	8,073	8,395	-3,272
Total	322	11,345	11,667	Total	322	8,073	8,395	-3,272
SDX			2,300	SDX			2,300	0

Comment: REFUND 2015 PUP 8/25/16 AMH

CLERK SECTION (Tax) Sep 1 2016 9:35AM Jami Radloff Order to Print

Tax Prior to Correction			Tax After Correction			Net Change
Levy	Gen Tax		Levy	Gen Tax		
173.87500		2,028.60	173.87500		1,459.68	-568.92
	SDX \$	46.00		SDX \$	46.00	0.00
SDX Tax Dollars		1,982.60	SDX Tax Dollars		1,413.68	-568.92

Comment:

TREASURER SECTION (Summary)

Net Change in Assessed Value (no SDX influence)	-3,272	Type of Correction	Abate
Applicable Mill Levy	173.87500	Correction Code	TP
Net Change in Levied Tax Dollars	-568.92	Tax Statement #	128987
Net Change in SDX Exemption	0.00	Owner	POTU00004
Net Change in Total Tax Dollars	-568.92		POTUCEK, SCOTT
			1909 E 30TH AVE
			HUTCHINSON, KS - 67502-1229

Comment:

By order of the Board of County Commissioners of RENO COUNTY (Per K.S.A. 1475,1701,1701a, and 1702)

, Kansas. _____

(Date)

Approved by Commission: _____

Attest by County Clerk: _____

Tax Year: 2014

TAX ROLL CORRECTION - PERSONAL PROPERTY AAELT013

Printed by / Date Time jamradloff 9/2/2016 2:59:05PM

TaxPayer HOLL00087
HOLLENBECK, SHAWN
HOLLENBECK, MARDEE
15614 S VALLEY PRIDE RD
HUTCHINSON, KS - 67501

System Control # 2016001388
User Control # 2016001388
Cama # 266-14-0-00-003-00-0-01
Tax Unit 280 CASTLETON TOWNSHIP / USD 311
Property Location 15614 S VALLEY PRIDE RD - HUTCHINSON, KS - 67501

Tax Year 2014
Doc # 250230

Check Payable to: HOLLENBECK, SHAWN

APPRAISER SECTION (Value) Aug 29 2016 10:45AM Christen Childs Approved

Table with columns: Appraised Prior To Correction (Value, Penalty %), Appraised After Correction (Value, Penalty %), Net Change, Assessed Prior To Correction (Value, Penalty, Total), Assessed After Correction (Value, Penalty, Total), Exempt Value. Includes comment: 2002 BLOOMER 4 HORSE GN TRL (VIN#1B9BG300212L511698) - REG AS RV 8/5/2014

CLERK SECTION (Tax) Sep 2 2016 2:58PM Jami Radloff Order to Pri

Table with columns: Tax Prior To Correction (Levy, Gen Tax, SB41 \$, Exempt Tax Dollars), Tax After Correction (Levy, Gen Tax, SB41 \$, Exempt Tax Dollars), Net Change. Includes comment: 2002 BLOOMER 4 HORSE GN TRL (VIN#1B9BG300212L511698) - REG AS RV 8/5/2014

TREASURER SECTION (Summary)

Summary table with columns: Net Change in Assessed Value, Mill Levy, Net Change in Levied Tax Dollars, Net Change in Exempt Tax Dollars, Net Change in Total Tax Dollars, Type of Correction, Correction Code, Tax Statement #, Comments.

Comment:

By order of the Board of County Commissioners of RENO COUNTY, Kansas. (Date)

Approved by Commission:

Attest by County Clerk:

Tax Year: 2013

TAX ROLL CORRECTION - REAL ESTATE

AAELT014

Printed by / Date Time jami.radloff 9/1/2016 9:36:07AM

Taxpayer NELS00227

System Control # 2016001401

Tax Year 2013

NELSON, ANDREW

User Control # 2016001401

Tract # 19266

CAMA # 132-09-0-40-12-001-00-0-01

Type of Correction Abate

615 N CESSNA RD HUTCHINSON, KS - 67501-1935

Tax Unit 9 HUTCHINSON CITY / USD 313

HOMEFIELD, S09, T23, R05W, BLOCK 2, Lot 7

Parcel 19266

USD USD 313 OTHER

Check Payable to: NELSON, ANDREW

Property Location 615 N CESSNA RD - HUTCHINSON, KS - 67501

APPRAISER SECTION (Value) Aug 31 2016 11:16AM Arianna Hoskinson Approved

Table with columns for Appraised Prior to Correction and Appraised After Correction, including rows for CL, RU, and SDX with sub-columns for Land, Imp, Total, and Net Change.

Comment: REFUND 2013 PUP 8/31/16 AMH

CLERK SECTION (Tax) Sep 1 2016 9:36AM Jami Radloff Order to Print

Table comparing Tax Prior to Correction and Tax After Correction, including rows for Levy, Gen Tax, SDX \$, and SDX Tax Dollars.

Comment:

TREASURER SECTION (Summary)

Summary table showing Net Change in Assessed Value, Levied Tax Dollars, SDX Exemption, and Total Tax Dollars, along with correction details like Type of Correction, Code, and Owner.

Comment:

By order of the Board of County Commissioners of RENO COUNTY (Per K.S.A. 1475,1701,1701a, and 1702)

, Kansas. (Date)

Approved by Commission:

Attest by County Clerk:

PROCLAMATION

WHEREAS, the United States of America Constitution is one of the nation's most distinguishable and honored documents; and

WHEREAS, on September 17, 1787 the United States Constitution was signed by 39 men at the Constitutional Convention in Philadelphia; and

WHEREAS, for the past 229 years the Constitution has served as a model for our government, protecting and preserving values and rights that have become ingrained in citizens of the United States along with serving as a beacon of freedom for other countries; and

WHEREAS, September 17 serves as an American Federal Observance to recognize both adoption of the Constitution and those who have become citizens; and

WHEREAS, locally, the Uvedale Chapter of National Society of the Daughters of the American Revolution wishes to recognize and honor the United States Constitution along with those who made it possible and continue to protect and preserve it in today's society;

NOW THEREFORE BE IT RESOLVED that we, the Reno County Board of Commissioners, hereby formally recognize and proclaim Saturday, September 17, 2016 as

"Constitution Day"

AND HEREBY ask all residents to remember the sacrifices, compromises and struggles that went into drafting, approving, signing and preserving the Constitution of the United States of America along with honoring the work of the National Society of the Daughters of the American Revolution, Uvedale Chapter, for their efforts to publicize and preserve the importance of our Constitution .

IN WITNESS WHEREOF, WE HEREUNTO SET OUR HANDS AND CAUSE THE seal of Reno County, Kansas to be affixed this 13th day of September, 2016.

BOARD OF RENO COUNTY
COMMISSIONERS

Dan Deming, Chairperson

James D. Schlickau, Member

Brad D. Dillon, Member

ATTEST: _____
Donna Patton, Reno County Clerk



AGENDA REQUEST

Approval to purchase Courthouse Security cameras, System Storage, and Door access control system.

PROPOSED AGENDA ITEM: _____

PRESENTED BY: Sgt. Troy Selby

RECOMMENDED ACTION: Approval

BACKGROUND/DISCUSSION DATE: 09/06/2016

PROPOSED AGENDA DATE: 09/06/2016

FINANCIAL CONSIDERATIONS:

Cost: \$126,773.26 Funding Source: Is it budgeted? Partial

Fund/Dept.: Project Fund & Courts Effective Date: _____

Revenue: None

Grant Amount: None Local Match: N/A

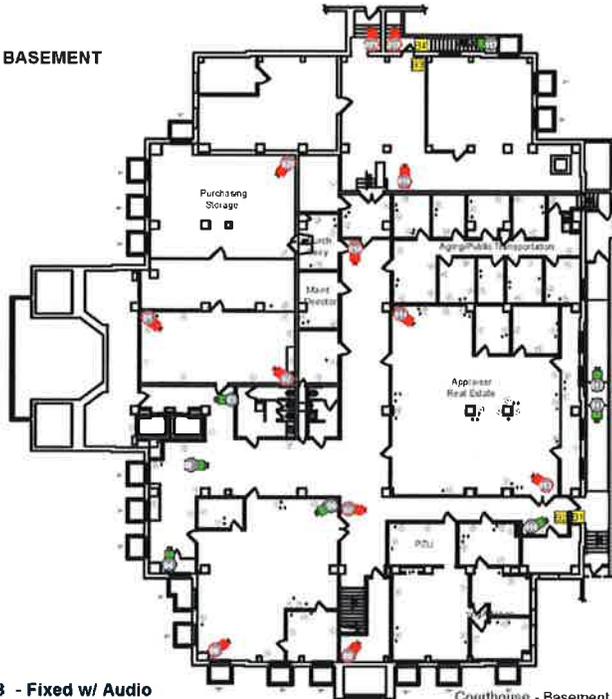
LEGAL CONSIDERATIONS: If the Agenda Item concerns a Contract, Agreement, Policy, County Resolution, or other matter involving legal issues, has it been reviewed by the County Counselor for legal form/sufficiency/recommendation? No

Will this Agenda Item replace an existing policy, agreement, contract or resolution?
If Yes, please explain: No

OTHER: _____

OPTIONS/ALTERNATIVES: If not approved, are there other options alternatives available? No

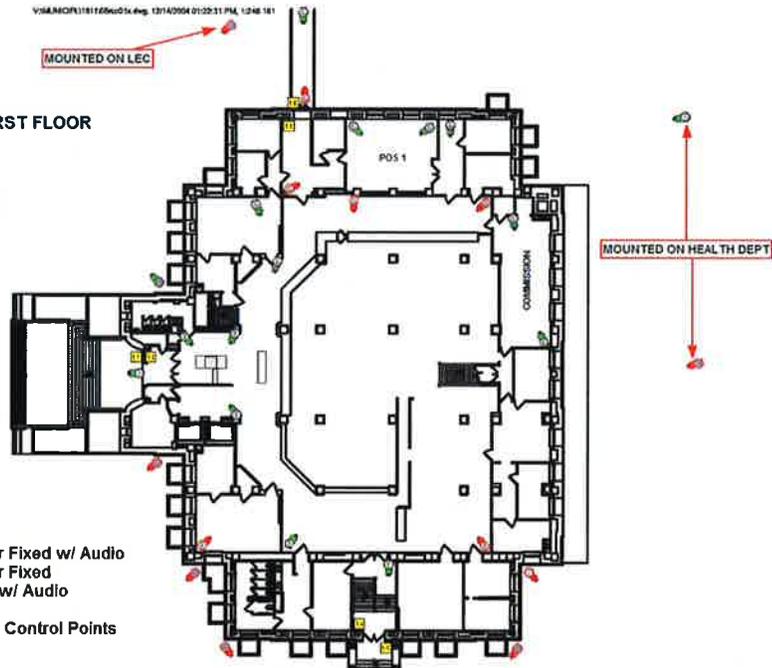
BASEMENT



- 8 - Fixed w/ Audio
- 12- Fixed
- 4 - Access Control Points

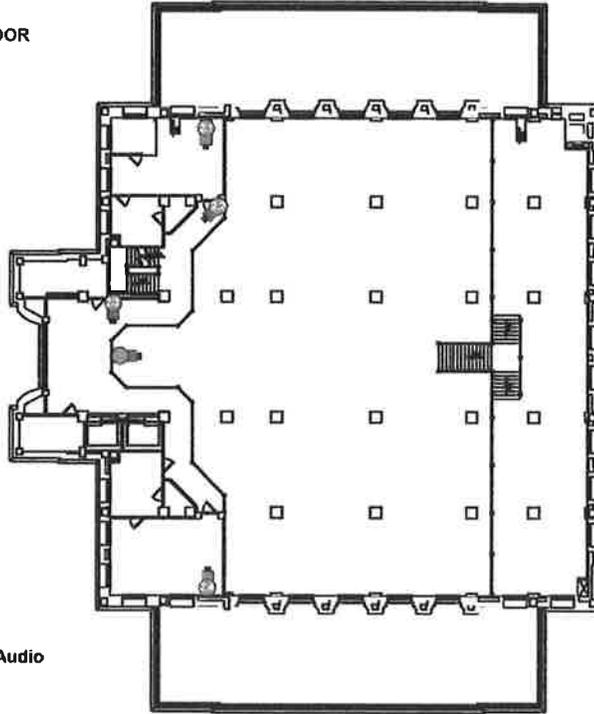
Courthouse - Basement
● = Electrical Outlet
⊗ = Telephone Outlet
⬢ = Computer Drop
▵ = Unopenable Window

FIRST FLOOR



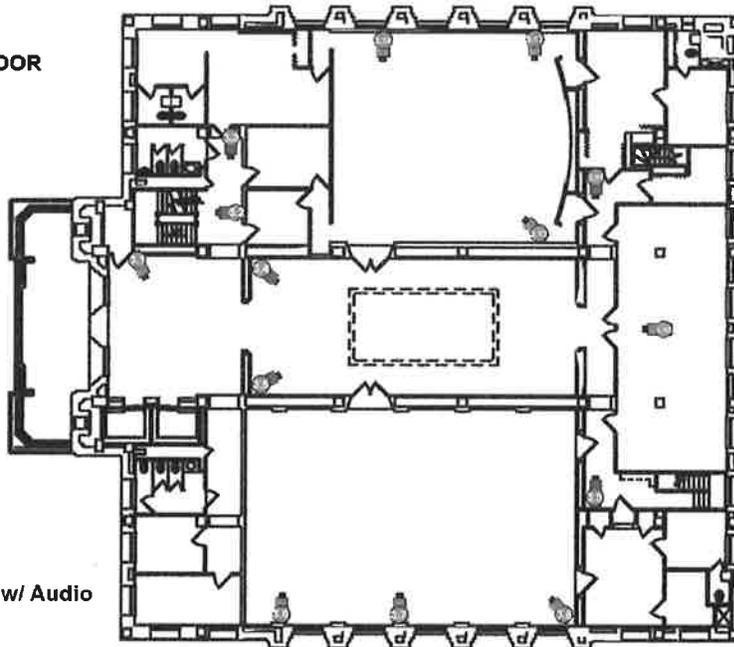
- 3- Exterior Fixed w/ Audio
- 7- Exterior Fixed
- 13- Fixed w/ Audio
- 6- Fixed
- 6- Access Control Points

SECOND FLOOR



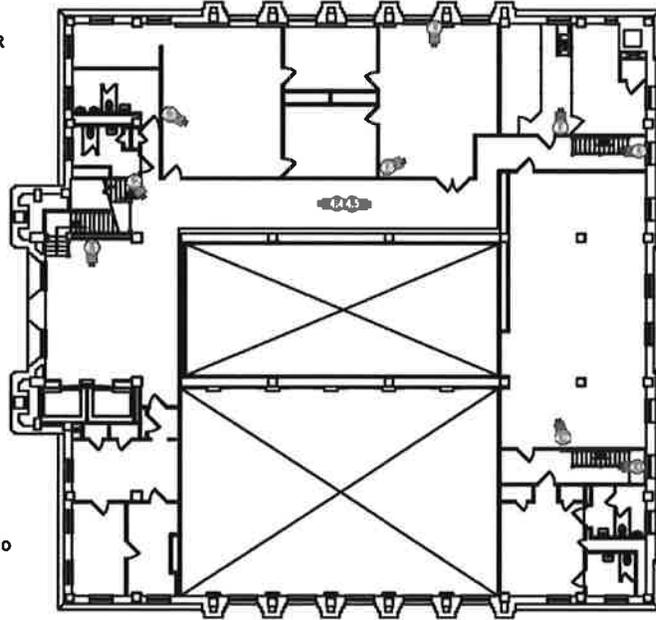
2 - Fixed w/ Audio
3 - Fixed

THIRD FLOOR



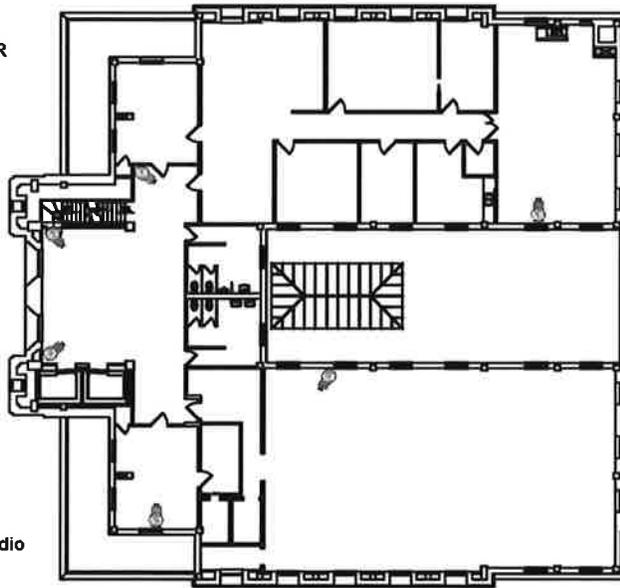
8 - Fixed w/ Audio
6 - Fixed

FOURTH FLOOR



7 - Fixed w/ Audio
4 - Fixed

FIFTH FLOOR



2 - Fixed w/ Audio
4 - Fixed



Communications Technology Associates, Inc.
 2007 S Hydraulic
 Wichita, KS 67211 U.S.A.
 Phone: (316) 267-5016 Fax: (316) 267-8903

Quote

No. **22175**
 Date: 5/25/2016

Prepared for

Contact: Troy Selby Phone: (620) 694-2511
Reno County Courthouse (Main ID)
 206 West 1st Avenue
 Hutchinson, KS 67501-5204 U.S.A.

Prepared by 1193 - Brett J. Kolasch

Account No. 51805
 Account Phone: (620) 665-8800

Qty.	Item ID	Description	UOM	Sell	Total
95	4570TND30R5V2	Vitek Transcendent Series 5 Megapixel Outdoor WDR	EA	\$435.50	\$41,372.50
10	4571TWM03	Vitek Transcendent Vandal Dome wall mount	EA	\$21.50	\$215.00
1	08000300	Surveillance camera Mounting labor		\$3,675.00	\$3,675.00
28	4599ML1SF	Flush Mount Omni-Direction Microphone	EA	\$21.50	\$602.00
95	08000405	Firm Bid CAT5e 4-Pair wire runs - cameras	EA	\$125.00	\$11,875.00
1	99000007	Core drilling external mortar joints labor		\$1,200.00	\$1,200.00
75	76001701I	ICC 1-1/4-Inch Ivory Raceway 6-Foot Stick	EA	\$14.00	\$1,050.00
1	08000300	Conduit mounting and painting		\$1,050.00	\$1,050.00
6	2852191024GPOE	HP 24-Port 10/100/1000Base-T PoE 365w Switch	EA	\$1,085.00	\$6,510.00
6	78252488	24-Port CAT5e 19inch 8x8 568B PatchPanel	EA	\$40.00	\$240.00
3	99000007	Surge arrester for 8 cat5 data lines	EA	\$150.00	\$450.00
1	08000300	Network equipment installation labor		\$210.00	\$210.00
1	4500PAX682290	Paxton Net2 Plus 2 Door PoE Starter Kit	EA	\$1,309.00	\$1,309.00
3	4500PAX682230	Paxton Net2 Plus Single Door PoE Exp Kit	EA	\$623.00	\$1,869.00
10	4500PAX355110	Paxton KP50 Keypad/proximity reader	EA	\$208.00	\$2,080.00
1	4500ACO600S	600lb 12/24Vdc Single Door Magnetic Lock	EA	\$154.50	\$154.50
1	4500ACO600D	600lb 12/24Vdc Double Door Magnetic Lock	EA	\$252.00	\$252.00
2	4500HES9400	Slim Line Electronic Strike Plate Surface Mount	EA	\$375.00	\$750.00
2	4500PAX376310	Paxton E75 Door Exit Button	EA	\$55.00	\$110.00
25	4500PAX695644	Net2 Proximity Keyfobs (Box of 10)	EA	\$37.50	\$937.50
6	99000007	Magnetic Door Contact (N/C)	EA	\$5.00	\$30.00
500	74005016	22/8 Plenum Stranded Shielded Cable	FT	\$0.60	\$300.00
250	74001104	18/2 Riser Stranded Shielded Paging/Control Cable	FT	\$0.22	\$55.00
5	08000405	Firm Bid CAT5e 4-Pair wire runs - Door Access	EA	\$125.00	\$625.00
1	08000300	Door Access Control installation Labor		\$840.00	\$840.00

If you swap out the 5 Megapixel cameras with the 3 Megapixel cameras; there is a \$166 per camera cost savings. Total cost if using all 3MP is \$60,991.50.

Item Total: \$ 77,761.50

Total: \$ 77,761.50

Prices are firm until 9/5/2016

Quoted by: 1193 - Brett J. Kolasch

Date: 8/5/2016

Accepted by: _____

Adjusted cost for interior 3 Megapixel camera
 plus exterior 5 Megapixel cameras \$53,339.50
 Cost of Access Control System \$ 9312.00

Date: _____

Total \$62,651.50

Cost for storage & backup \$64,121.76

GRAND TOTAL \$126,773.26



EMC Unity 300 Proposal



Prepared For: Reno County KS
 Customer #:
 Attention:
 Project: EMC Unity 300
 Date: 08/26/2016

Submitted By: Zach Ferdinand
 Solution Architect
 Phone: 6082981571
 E-Mail: zachfer@cdwg.com
 Quote #: 6000484596 V04

	Qty.	Part	Description	Unit Sell	Extended Sell
Hardware	1	D31DEMCK12KIT	UNITY 12 DRIVE DPE FLD INSTALL KIT	\$0.00	\$0.00
	1	D3SP-L9X4000-NL	UNITY SYSPACK 9X4TB NLSAS 12X3.5	\$5,415.53	\$5,415.53
	1	D31D24AF12	UNITY 300 2U DPE 12X3.5 DRIVE FLD RCK	\$4,637.52	\$4,637.52
	3	D3-PS07-4000	UNITY 4TB NLSAS 12X3.5 DRIVE	\$601.73	\$1,805.19
	9	D3-VS07-4000	UNITY 4TB NLSAS 15X3.5 DRIVE	\$601.73	\$5,415.57
	1	D3123F	UNITY 3U 15X3.5 DRIVE DAE FLD RCK	\$1,020.12	\$1,020.12
	1	D3SFP10I	UNITY 4X10GB SFP ISCSI/ETH CONNECTION	\$0.00	\$0.00
	1	D3SL10ICU	UNITY 2X4 PORT 10GBASE-T ISCSI IO	\$1,083.59	\$1,083.59
				Hardware Total:	\$19,377.52
Software	1	458-001-288	UNITY 300 BASE SOFTWARE + D@RE=IC	\$0.00	\$0.00
	1	458-001-440	RECOVERPOINT FOR VM STARTER PACKS	\$0.00	\$0.00
	1	458-001-374	RP BASIC FOR UNITY 300/300F =IC	\$0.00	\$0.00
				Software Total:	\$0.00
Support	1	M-PREHWE-004	PREMIUM HARDWARE SUPPORT (36 mos.)	\$6,394.46	\$6,394.46
	1	M-PRESWE-004	PREMIUM SOFTWARE SUPPORT (36 mos.)	\$0.00	\$0.00
				Support Total:	\$6,394.46
Services	1	PS-BAS-UXIMB	BASE IMPLEMENTATION	\$1,958.75	\$1,958.75
	1	CE-EVALPAKNXT	NXT VALPAK	\$443.99	\$443.99
	1	PS-BAS-UXIMREP	REMOTE REPLICATION IMPLEMENTATION	\$3,353.37	\$3,353.37
	1	CE-UNITYLRNCTR	UNITY LEARNING CTR VIDEO 1 TITLE=UC	\$532.79	\$532.79
				Services Total:	\$6,288.90
				Extended Sell	
				Solution Total:	\$32,060.88

Prepared By: Zach Ferdinand (Solution Architect)
 Prices are contingent on final pricing approval from Manufacturer
 Quote provided based on specification provided by customer. No workload validation has been done.
 The terms and conditions provided on this link apply: <http://www.cdwg.com/content/terms-conditions/default.aspx>
 Applicable Taxes and Shipping not shown.

64,121.76

RENO COUNTY RESOLUTION 2016-_____

**A RESOLUTION APPROVING AND ADOPTING THE AMENDED AND RESTATED
RENO COUNTY ECONOMIC DEVELOPMENT JOB INCENTIVE POLICY**

WHEREAS, this governing body by Resolution 2010-26 initially adopted and approved the Reno County Economic Development Job Incentive Policy; and

WHEREAS, said Policy was subsequently amended on December 27, 2011 and on November 18, 2014; and

WHEREAS, this governing body desires to amend said policy further.

IT IS THEREFORE RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF RENO COUNTY, KANSAS, that the amended and restated Reno County Economic Development Job Incentive Policy, bearing date August 30, 2016, attached hereto and incorporated herein by reference, is approved and adopted. Said revised policy supersedes the prior policy adopted on November 18, 2014, in its entirety.

BE IT FURTHER RESOLVED that this Resolution shall be effective from and after its adoption and shall remain effective until rescinded or amended.

ADOPTED in regular session this 13th day of September, 2016.

BOARD OF COUNTY COMMISSIONERS
OF RENO COUNTY, KANSAS

Dan Deming, Chairman

ATTEST:

Brad Dillon, Member

Reno County Clerk

James Schlickau, Member

RENO COUNTY ECONOMIC DEVELOPMENT
JOB INCENTIVE POLICY
(Amended and Restated September 13, 2016)

OVERVIEW AND PURPOSE

The Board of County Commissioners of Reno County, Kansas, establishes this amended and restated Economic Development Job Incentive Policy for Applicants (employers) who create new employment within Reno County, Kansas.

When considering requests for incentives pursuant to this Policy, the County will first determine whether granting an incentive primarily serves a public purpose. It is the position of the County that promoting the creation of and sustaining well paying jobs with benefits in the community serves a significant public purpose.

Grants of public monies for economic development will be considered only in connection with job creation and for no other purpose. For example, the County will not pay cash incentives for the acquisition, construction, remodeling or renovation of new or pre-owned buildings or for the purchase of tangible personal property, such as machinery and equipment.

When applying for participation in the County's economic development cash incentive program, the Applicant will be required to satisfy the County that the proposed job creation would not take place but for the payment of cash incentives. An Applicant who has committed to the creation of new employment positions prior to submitting an application for cash incentives or prior to the County's determination of the Applicant's eligibility to receive cash incentives, will not qualify for the payment of cash incentives for such employees.

POLICY DETAILS, CRITERIA AND PROCEDURE

1. In each application for cash incentives, the County, in accordance with the criteria and review process indicated below and subject to the availability of lawfully budgeted funds for said purpose, will determine the Applicant's eligibility and the amount of cash incentives to be offered and paid by the County. When an Applicant has been determined to be eligible for cash incentives for job creation, the following minimum wage criteria and cash incentives per job created shall apply:
 - a. Wages for newly created jobs must meet a starting minimum base wage requirement of at least \$15.00 per hour per job in order to qualify. Jobs paying less than \$15.00 per hour are not eligible.

- b. Jobs paying a starting base wage of \$15.00 per hour or more may qualify for an incentive not to exceed \$500.00 per job.
 - c. Jobs paying a starting base wage of \$18.00 per hour or more may qualify for an incentive not to exceed \$1,000.00 per job.
 - d. Jobs paying a starting base wage of \$21.00 per hour or more may qualify for an incentive not to exceed \$1,500.00 per job.
2. Applicants must create a minimum of 10 new jobs to qualify for the incentives. Any combination of jobs within the specified hourly wage categories will be credited to the minimum number of jobs required. Applications for incentives involving less than 10 new jobs will not be considered.
3. In addition to the incentives specified at Paragraph 1 above, the Applicant may qualify for a bonus incentive based upon the total number of qualifying jobs created within the period for job creation specified in the Development Agreement (see Paragraph 4 regarding the Development Agreement requirement). Such bonuses shall be determined as follows:
- a. For 25 – 49 jobs, 10% of the total qualifying incentives.
 - b. For 50-99 jobs, 20% of the total qualifying incentives.
 - c. For 100 or more jobs, 30% of the total qualifying incentives.

Bonus incentives will be calculated and paid when the total number of jobs identified by the Applicant in the Development Agreement have been created and qualified for base incentives in accordance with the terms of the Development Agreement and at its conclusion, or the time period for creating them has expired.

4. A Development Agreement setting out the terms and conditions of the incentive shall be negotiated and executed between Reno County and the Applicant. The Applicant will be required to identify its anticipated job creation and a time frame for accomplishing the same in the Development Agreement. The period for job creation and earning an incentive shall not exceed three (3) years following the Effective Date specified in the Development Agreement. The County will consider approval of incentives for job creation identified and committed to by the Applicant in the Development Agreement which are not speculative or conditioned upon the happening of future events.

5. Jobs shall be understood to be full time employment of not less than forty (40) hours per week. Only persons directly employed by the Applicant for four (4) consecutive quarters qualify the Applicant for payment of an incentive. Persons employed by a third party employment agency, for example, do not qualify.
6. In order to earn the incentive, all jobs must be sustained for four consecutive quarters and the Applicant must file written documentation accompanied by an affidavit verifying the information is correct. Incentives will be considered for payment when eligibility criteria has been verified.
7. Under circumstances deemed exceptional by the Board of County Commissioners, the County may consider payment of a portion of the cash incentives for job creation in advance of the time for payment of the same otherwise specified in this policy. Factors to be considered shall include, but are not necessarily limited to, the financial viability of the Applicant, substantial capital investment in real estate improvements and tangible personal property acquisitions by the Applicant, a commitment to create more than 100 new full-time employment positions, the creation of jobs paying significantly higher wages than prevailing wages in the community, and such other criteria deemed appropriate by the County. The time for remittance of any such advance payment is subject to the determination of the governing body and shall be set out in the Development Agreement. All such advance payments shall be subject to "clawback" provisions, whereby any ~~position~~ portion of the advance payment which is not subsequently earned pursuant to the criteria set out in this policy and the Development Agreement, will be refunded to the County by the Applicant within thirty (30) days following receipt of written demand for the same by the County.
8. When an Applicant is considering locating in Reno County or when a Reno County firm is contemplating expansion and has contacted the Chamber of Commerce, and before job incentives are discussed with the Applicant, a screening committee will evaluate the Applicant to determine the financial stability of the Applicant, its investment in new or renovated real estate improvements, and the number and types of jobs that will be created, and the anticipated wages to be paid. The County screening committee will consist of a County Commissioner the County Administrator and the County Counselor. The County screening committee may meet and confer with similar committees of other municipalities and such other persons deemed necessary.

9. ~~An Applicant will not qualify for job incentives unless it satisfies. It is the intent of the Board of County Commissioners that the Applicant when filling new employment positions will give priority to the governing body that substantially all of its new hires will come from residents of Reno County or from persons likely to move to Reno County, or from residents of adjacent counties who reside within 35 miles of the City of Hutchinson.~~
10. The County screening committee may under unusual circumstances recommend to the Board of County Commissioners that the maximum per job incentives permitted by this policy be exceeded. Such circumstances may include hourly wage compensation significantly exceeding \$21.00 per hour; the creation of new employment in the community which brings diversification to local industry and the labor force; the probability of the Applicant sustaining new job creation over the long term without governmental or tax subsidy either to the Applicant or to the industry in which the Applicant participates.
11. The Applicant must provide satisfactory employee benefits as determined by the screening committee. In evaluating the benefits, the committee will consider the range of benefits being offered and the amounts the employee and employer share in the cost of the benefit. The employee benefit must include, at a minimum, health insurance.
12. Cash incentives will not be awarded if, in the judgment of the County, the Applicant has committed itself to the creation of new employment in Reno County prior to submitting its application for incentives.
13. Based upon the information provided and using established criteria above and such other considerations as the County deems prudent, the eligibility and amount of the job incentives will be determined.
14. The County will require the Applicant to verify in writing that nothing of value was promised or given to the County, its elected officials, officers, employees, or agents in connection with the cash incentives approved by the County.
15. This job incentive criteria will be reviewed periodically by the County Administrator to determine its effectiveness in achieving the economic development goals of Reno County. The County Administrator shall report his or her findings and recommendations with respect thereto to the Board of County Commissioners.

This amended and restated Reno County Economic Development Job Incentive Policy was approved and adopted on the 13th day of September, 2016, by Reno County Resolution 2016-_____.

BOARD OF COUNTY COMMISSIONERS
OF RENO COUNTY, KANSAS

DAN DEMING, Chairman

BRAD DILLON, Member

JAMES SCHLICKAU, Member

ATTEST:

Reno County Clerk



AGENDA REQUEST

AGENDA
ITEM #9

PROPOSED AGENDA ITEM: Application of a 2016 Title II Grant for Juvenile Electronic Monitoring Services

PRESENTED BY: Randy Regehr

RECOMMENDED ACTION: Application Approval

BACKGROUND/DISCUSSION DATE: _____

PROPOSED AGENDA DATE: September 13, 2016

FINANCIAL CONSIDERATIONS:

Cost: _____ Funding Source: Is it budgeted? _____

Fund/Dept.: _____ Effective Date: _____

Revenue: _____

Grant Amount: \$19,075 Local Match: \$0

LEGAL CONSIDERATIONS: If the Agenda Item concerns a Contract, Agreement, Policy, County Resolution, or other matter involving legal issues, has it been reviewed by the County Counselor for legal form/sufficiency/recommendation? _____

Will this Agenda Item replace an existing policy, agreement, contract or resolution? If Yes, please explain: _____

OTHER: **This is a Federal grant passed through the Kansas Dept. of Correction - Juvenile Services. The grant will pay for electronic monitoring as an alternative to detention and out-of-home placement.**

OPTIONS/ALTERNATIVES: If not approved, are there other options alternatives available? _____

2016 TITLE II - APPLICATION

Kansas Department of Corrections - Kansas Advisory Group on Juvenile Justice & Delinquency
Prevention

DOC USE App. #:

*Federal Awards: 2011JFFX4011; 2012JFFX4005;
2013MUFX4014*

1. APPLICANT INFORMATION

APPLICANT AGENCY		Reno County Community Corrections	
Full Address	115 W. 1st, Hutchinson, KS 67501		
Project Director	Randy Regehr	E-mail	Randy.regehr@renogov.org
Phone	620-259-8412	Judicial District	27th
Fax	620-662-8613	County	Reno

PROJECT TITLE	Electronic Monitoring Program
----------------------	--------------------------------------

APPLICATION TYPE	<input type="checkbox"/>	Disproportionate Minority Contact (DMC)
	<input checked="" type="checkbox"/>	Alternatives to Detention (ATD)

SIGNATURES		
Authorized Official	<i>Signature:</i> <i>Typed Name: Randy Regehr</i>	<i>Title: Director</i> <i>Agency: Reno County Community Corrections</i> <i>Phone #: 620-259-8412</i> <i>Email: randy.regehr@renogov.org</i> <i>Fax: 620-662-8613</i>
Project Director	<i>Signature:</i> <i>Typed Name: Gale Yoder</i>	<i>Title: ISO II</i> <i>Agency: Reno County Community Corrections</i> <i>Phone #: 620-259-8417</i> <i>Email: gale.yoder@renogov.org</i> <i>Fax: 620-662-8613</i>
Financial Officer	<i>Signature:</i> <i>Typed Name: Rita Blackburn</i>	<i>Title: Office Manager</i> <i>Agency: Reno County Community Corrections</i> <i>Phone #: 620-259-8411</i> <i>Email: rita.blackburn@renogov.org</i> <i>Fax: 620-662-8613</i>

FEIN #	4	8	6	0	1	5	5	4	2
DUNS #	1	6	0	2	8	2	4	7	1
SAM CAGE Code					5	H	M	G	2
SAM CAGE Code Expiration (mm/dd/yy)	0	8	2	3	1	7			

Total Amount of Funds Requested:
\$19,075
Total Amount of Project:
\$19,075

IS THE JURISDICTION(S) TO BE SERVED IN COMPLIANCE WITH THE JJDP ACT?	X Yes <input type="checkbox"/> No
---	-----------------------------------

2. Project Summary

A. PROBLEM STATEMENT:

(1) Reno County lacks alternatives to detention for youth both pre-adjudication and while on supervision post-sentence. Pre-adjudication the courts have been forced to either leave youth in detention or send them home with little or no supervision. Court Services doesn't have the resources to check on youth after business hours or weekends, and Community Corrections only has one part-time Surveillance Officer working a few hours per month. Post-sentence out-of-home placement options which the court has traditionally used for moderate to high risk youth are closing due to the SB367 changes.

Electronically monitored house arrest allows youth to remain in the community with their family, attend school, and engage in other interventions. However, since families can rarely afford electronic monitoring it isn't ordered by the courts. In the late 1990's Community Corrections owed their own equipment for electronic monitoring, EM, but the equipment became outdated and maintenance became too costly. The program was successful and frequently used by the courts.

(2) The changes with SB367 have indicated a clear need for additional options for youth under supervision in the community. The number of out-of-home placements is being significantly reduced and the courts will be restricted in their use of detention facilities. Reno County had eleven youth in out-of-home placements at the end of FY 2016. Under SB367 this won't be an option. EM will provide officers with an additional intervention to help fill this gap and provide additional supervision and structure for these youth. The cost of local detention is \$150 per day compared to \$10 or less for most EM systems which is an advantage to the community.

(3) The target population for EM would be youth who score moderate to high risk on the YLS/CMI risk assessment and have been assigned to Court Services or Community Corrections supervision. It would be available to youth living within Reno County. Currently youth from poor families who are unable to afford these services are most discriminated against by not having this option.

B. PROJECT DESCRIPTION:

(1) Through this grant Reno County Community Corrections, RCCC, and Reno County Court Services, RCCS, will partner to pay for and staff the Electronic Monitoring Program for youth. The courts would have an additional intervention to use to address negative youth behavior without removing them from their home. Since the service would be free to the youth it wouldn't be a burden to their family. The State

and County would also not be burdened with having to house the youth in detention or an out-of-home placement. The youth would be able to remain at home where they can continue their education, substance abuse or mental health treatment, and other interventions.

- (2) RCCC would use these grant funds to pay for the use of the EM equipment. The monitoring would be done by RCCC or RCCS staff, whichever agency the youth was assigned to for supervision. Current staff would be trained to set up and monitor the equipment and report to the court violations as needed. The EM could be short term, two days to a week, or longer term, up to thirty or sixty days. The equipment could also be used to monitor curfews when confinement to the home and restriction from activities isn't warranted.
- (3) The grant funds would be managed through Reno County by the Director and Office Manager of RCCC. The equipment would be shared between RCCC and RCCS. The supervising officers would be responsible for using and the EM equipment and monitoring the movement of the youth. The courts will approve the use of EM when it is used in a liberty restricting manner beyond curfew monitoring.
- (4) The Electronic Monitoring Program focuses on youth post-arrest through post-adjudication and throughout probation supervision. The courts could use it pre-adjudication as part of bond supervision as well as during the supervision period as a sanction or intervention.
- (5) The grant request is to pay for ten EM GPS units per day. Youth must score moderate to high risk on the YLS/CMI and be supervised by RCCS or RCCC to be eligible. The program will be available to all ages, ethnicity/races, and genders. Youth will not be discriminated against based on their family's economic status since the cost of the services will be covered by the grant.
- (6) The Courts and supervising agencies want to hold youth accountable in order to gain long term behavior change. Typically out-of-home placements were used as an intervention for continued negative behavior but this option will be significantly limited through SB367. The Electronic Monitoring Program will add a new sanctioning option for the Courts and supervising officers to address negative behavior at a significantly lower cost. Other court requirements such as substance abuse or mental health treatment and continued education will not be interrupted but rather supported through the use of EM.

- (7) A potential barrier to EM will be youth living in outlying areas of the County with limited cell phone tower service. Since the GPS EM equipment works off of cell phone towers as well as satellites there may be some limitations in the most rural areas. However the vast majority of youth being supervised do live in Hutchinson or the surrounding area. Staff would use other area providers if problems were encountered, but this would come with a higher daily cost.
- (8) If the grant is approved the project will begin January 1, 2017. Even though funding through this grant will end June 30, 2018, RCCC plans to prove the cost effectiveness of EM to continue the program.
- (9) The courts and supervising officers are the primary stakeholders. District Court Judge Patty Macke-Dick is supportive of ordering EM and paying for it for the youth. Since she will be approving, or ordering, the EM she is a key player in the program's success. The Assistant District Attorney who handles the juvenile cases is also supportive of this program. The supervising officers like the option of EM as an alternative to out-of-home placement or detention. Officers will be able to monitor the youth's movement and know that they're attending services that have been set up for them. The families of the youth monitored through EM will have the benefit of additional supervision without having to worry about the cost. The parents will also have added assurance that the youth is attending school and other interventions and will know if the youth is sneaking out when they should be at home. Parents have support from supervising officers in addressing these problems since the equipment will show evidence of the negative behavior. The community receives a benefit as well in knowing the youth is being held accountable. If the youth is employed he or she will be able to pay on court costs and restitution rather than the money going towards monitoring costs.

C. GOALS AND OBJECTIVES:

- (1) The short term goal is to pay for EM for up to ten youth at a time to keep them from being placed into detention or out-of-home placement. EM services are currently not being used with youth due to the cost. To meet this goal the first objective would be to contract or enter into a MOU with Scram Systems within the first forty five days of the grant. This agreement would outline the costs, services, and number of EM units to be used by Reno County for this program. The second objective would be to customize the system to meet the needs of RCCS and RCCC and train at least two staff from each agency in the use of the equipment. This would be done within the first sixty days of the grant. The third objective would be to have youth engaged in EM services by the end of the first ninety days of the grant.

- (2) The long term goal for this grant is to establish EM as an alternative to detention and out-of-home placement for youth under the supervision of RCCS and RCCC. Since this is a new program there is no baseline data from which to derive actual estimates. Factors like the amount of downtime for each unit for transferring the equipment from one youth to the next are hard to know. The first objective would be for three thousand days of EM services to be completed within the eighteen months. EM will be used with some youth for a short time like two days to a week, while others may need the additional supervision for up to sixty days. The second objective would be to have seventy percent of youth complete their electronic monitoring time without re-arrest.

D. RESEARCH OR EVIDENCE-BASED PROGRAMS AND ACTIVITIES:

- (1) The body of research is limited and has mixed results when it comes to EM and the recidivism rates among juveniles. However, EM does allow the flexibility to address the individual risk, needs, and responsivity for each youth. The Electronic Monitoring Program will focus on moderate to high risk youth according to the YLS/CMI. The areas of need for the youth as identified in the YLS/CMI can continue to be addressed in the community and through local providers. The youth and his or her family can continue to access these treatment and educational services once supervision has ended. The EM equipment also allows for differing levels of supervision from total home confinement to curfew monitoring depending on the specific needs of the youth.
- (2) Bales and colleagues (2010) evaluated the Electronic Monitoring System in Florida and found that, compared with the control group on other forms of community supervision EM reduced the risk of failure to comply by thirty one percent¹. The additional structure and compliance monitoring of EM reinforce appropriate behaviors and attendance in interventions. “Both home confinement and EM offer two distinct advantages over incarceration. First... juveniles are allowed (in fact, required) to continue their schooling uninterrupted. Second, it reduces the human and financial costs associated with incarceration”². EM also avoids the criminogenic conditions related to incarceration³. Rather than placing youth in an environment around youth with criminal thinking EM focuses on keeping them away from negative associates. EM also avoids mixing youth of different risk levels. Plus, the amount of use across the United States indicates a belief in the effectiveness on EM and home confinement with forty seven states having EM legislation³.

¹Bales, William D., Karen Mann, Thomas G. Blomberg, Gerald G. Gaes, Kelle Barrick, Karla Dhungana, and Brian McManus. 2010. “A Quantitative and

Qualitative Assessment of Electronic Monitoring.” Tallahassee, Fla.: Florida State University, College of Criminology and Criminal Justice, Center for Criminology and Public Policy Research.

²Development Services Group, Inc. 2014. “Home Confinement and Electronic Monitoring.” Literature Review. Washington, DC.: Office of Juvenile Justice and Delinquency Prevention.

³”Evidence-Based Electronic Monitoring: The Legal Landscape and (Inconsistent) Evidence.” Brian K. Payne, Georgia State University, Deeanna Button, University of Delaware, Matthew DeMichele, American Probation & Parole Association.

- (3) Paying for EM for youth will be a new program within Reno County so no data is available currently. Data will be collected throughout the eighteen months to track the effectiveness of the program as an alternative to detention.

E. SUSTAINABILITY:

- (1) A focus of this grant is to develop an EM program and collect data to justify continued funding through the KDOC-JS. With an established program Reno County can ask that the program continue to receive funding based on the data collected. In the eighteen month time period modifications can be made as needed to improve outcomes and program successes. This will help show the need to continue the EM program in Reno County.
- (2) Beyond the term of this grant funding would be requested from the Kansas Department of Correction Division of Juvenile Services. Since KDOC-JS would see the greatest financial benefit from the anticipated reduction in out-of-home placements they would be the primary funding source. Additional funding could be sought through a Justice Assistance Grant or local alcohol tax grants.
- (3) If the EM program shows positive results and gains strong support the program will be expanded. This could include using a sliding fee scale so the youth is responsible for some or all of the cost if they're employed. Additional funding would also be used to increase the number of units being used within Reno County. With additional data collected over the eighteen months improvements may be able to be made in who is referred for EM and who is not.

3. BUDGET

A. BUDGET TABLE:

	<i>Grant Request for Federal Funds</i>	<i>Match or In-Kind</i>	<i>Other Funds</i>	<i>Total</i>
<i>1. Personnel</i>	\$0	\$0	\$0	\$0
<i>2. Employer Taxes & Fringe Benefits</i>	\$0	\$0	\$0	\$0
<i>3. Local Travel</i>	\$0	\$0	\$0	\$0
<i>4. Equipment</i>	\$0	\$0	\$0	\$0
<i>5. Supplies</i>	\$0	\$0	\$0	\$0
<i>6. Training</i>	\$0	\$0	\$0	\$0
<i>7. Contracts / Consultants</i>	\$19,075	\$0	\$0	\$19,075
<i>8. Other (Specify)</i>	\$0	\$0	\$0	\$0
<i>9. Other (Specify)</i>	\$0	\$0	\$0	\$0
<i>10. Grant Award Amount (sum of lines 1-9)</i>	\$19,075			\$19,075
<i>11. Match/In-kind (sum of lines 1-9)</i>		\$0	\$0	\$0
<i>Total (Sum of 10-11)</i>	\$19,075	\$0	\$0	\$19,075



AGENDA REQUEST

Consider for Approval of Two (2) Three Quarter Ton Crew Cab

PROPOSED AGENDA ITEM: 4X4 Pickups from Allen Samuels Auto Group

PRESENTED BY: Justin Bland

RECOMMENDED ACTION: Approval

BACKGROUND/DISCUSSION DATE: _____

PROPOSED AGENDA DATE: September, 13 2016

FINANCIAL CONSIDERATIONS:

Cost: \$51,690 Funding Source: Is it budgeted? Yes

Fund/Dept.: 008-8050 Const.&Equip Effective Date: _____

Revenue: _____

Grant Amount: _____ Local Match: _____

LEGAL CONSIDERATIONS: If the Agenda Item concerns a Contract, Agreement, Policy, County Resolution, or other matter involving legal issues, has it been reviewed by the County Counselor for legal form/sufficiency/recommendation? _____

**Will this Agenda Item replace an existing policy, agreement, contract or resolution?
If Yes, please explain:** _____

OTHER: _____

OPTIONS/ALTERNATIVES: If not approved, are there other options alternatives available? _____

Two(2)- Three Quarter Ton 4X4, Crew Cab Trucks

Receive Bids by 9:00am, Thursday September 1, 2016

Bid Award 9:00am, Tuesday September 13, 2016

	Allen Samuels Auto Group	Midwest Superstore	Midway Motors	Shep Chevrolet
	1421 E. 30 th Ave Hutchinson, KS 67502 620-860-4173	1100 E. 30 th Ave Hutchinson, KS 67502 620-662-6631	1200 E. 30 th Ave Hutchinson, KS 67502 620-622-4421	106 E. 2 nd Haven, KS 67543 6620-465-2275
YEAR	2017	No Bid	No Bid	No Bid
MAKE	Dodge			
MODEL	Ram 2500			
WARRANTY				
BID PRICE				
TOTAL PRICE	\$51,690 including 2 trade ins Price Per Truck: \$26,845			



Due 9/1 9am

RENO COUNTY SOLID WASTE DEPARTMENT
703 S. MOHAWK RD.
HUTCHINSON, KS 67501
(620) 694-2586
FAX: (620) 669-8126

August 16, 2016

Bid

2 CREW CAB PICKUPS

Reno County Solid Waste Department requests a bid on the following item. Please return the quote to the Reno County Landfill office by 9:00am on Thursday September 1, 2016. Please include picture if available. If you have any questions please contact Justin Bland (620)899-3046.

VEHICLE PREFERENCES:

3/4 Ton ✓

4 Wheel Drive ✓

Automatic Transmission ✓

Crew Cab

White in Color ✓

Minimum 5.7 V8 or Larger (Gas) ✓

6.5' Bed

6'4"

Cloth Seats ✓

Vinyl (Preferred) Carpet will work if that is all that is available ✓

Tow Package ✓

Cruise ✓

2017 Dodge Ram 2500 Crew Cab 4x4

Power Windows ✓

MSRP \$40,385

Standard Equipment ✓

Discount -13,540

No Extra Warranties ✓

Price Per 26,045 x 2 = 53,690

Trade In: Both Trades

- 2,000

FOB RENO COUNTY SOLID WASTE

Total Bid \$51,690

COMPANY NAME: Allen Samuels

SIGNATURE: [Signature] - Jeff Cox Fleet Mgr.

DATE: 8-25-16

We do have 2 trade-ins to put towards the purchase of this vehicle. They can be seen at the Reno County Landfill. Please contact Justin Bland at 620-899-3046 to schedule a time to see it.

Vehicle:
2001 Dodge 1500
VIN: 1B7HC13Y11J591999

2001 CHEVY SILVERADO 1500
VIN: 2GCEK19T911337341

Allen Samuels Chrysler Dodge Jeep Ram
 1421 E 30TH AVE
 HUTCHINSON, KS 675021235

Configuration Preview

Date Printed: 2016-08-26 5:46 PM VIN: Quantity: 1
 Estimated Ship Date: VON: Status: BA - Pending order
 FAN 1: 004GQ Reno, Kansas, County of
 FAN 2:
 Client Code:
 Bid Number: TB7065
 PO Number:
 Sold to: Ship to:
 Allen Samuels Chrysler Dodge Jeep Ram (45689) Alien Samuels Chrysler Dodge Jeep Ram (45689)
 1421 E 30TH AVE 1421 E 30TH AVE
 HUTCHINSON, KS 675021235 HUTCHINSON, KS 675021235

Vehicle: 2017 2500 TRADESMAN CREW CAB 4X4 (149 in WB 6FT 4 IN box) (DJ7L91)

	Sales Code	Description	MSRP(USD)
Model:	DJ7L91	2500 TRADESMAN CREW CAB 4X4 (149 in WB 6FT 4 IN box)	38,495
Package:	28A	Customer Preferred Package 28A	0
	EZC	5.7L V8 HEMI VVT Engine	0
	DFP	6-Spd Automatic 68RFE Transmission	0
Paint/Seat/Trim:	PW7	Bright White Clear Coat	0
	APA	Monotone Paint	0
	*V9	Cloth 40/20/40 Bench Seat	0
	-X8	Black/Diesel Gray	0
Options:			0
			0
			0
	CK9	Delete Carpet	0
	AJY	Popular Equipment Group	695
	5N6	Easy Order	0
	4FM	Fleet Option Editor	0
	4FT	Fleet Sales Order	0
	174	Zone 74-Denver	0
	4EA	Sold Vehicle	0
Non Equipment:			0
Bid Number:			0
Discounts:	YC2	5.2 Additional Gallons of Gas	0
Destination Fees:			1,195
Total Price:			40,385

Order Type: Fleet PSP Month/Week:
 Scheduling Priority: 1-Sold Order Build Priority: 01
 Customer Name: Reno County
 Customer Address: 703 S Mohawk Rd
 Hutchinson KS 67501 USA

Instructions:

Note: This is not an invoice. The prices and equipment shown on this priced order confirmation are tentative and subject to change or correction without prior notice. No claims against the content listed or prices quoted will be accepted. Refer to the vehicle invoice for final vehicle content and pricing. Orders are accepted only when the vehicle is shipped by the factory.



It is our pleasure to provide this proposal for your review and consideration.

Presented to: **Reno County Health
Department**

Proposal Description: **Aprima Upgrade Project**

Presented By: **Aprima Medical Software, Inc.
Jeff Falconer**

Phone: **(480) 231-6222**

Fax: **(480) 907-1667**

Date: **September 1, 2016**

Designed for the way you practice medicine
Smarter EHR, PM and RCM technology

TAKE THE STOPWATCH CHALLENGE
See how Aprima documents patient visits with lightning speed.

ANY EHR VS APRIMA

“Aprima has transformed the whole picture of how we operate, beginning and end. The doctors can see more patients, manage their time more efficiently, achieve better compliance with pay-for-performance guidelines, have more information at their fingertips, and create better financial stability for the practice.”

*— Jeffrey Hyman, MD
University Physicians Group*

**Aprima Medical Software, Inc. * 3330 Keller Springs Road, Suite 201
Carrollton * Texas * 75006 * 866.960.6890**

Aprima Medical Software, Inc.
 3330 Keller Springs Road, Suite 201
 Carrollton, Texas 75006
 214-206-3540 (Phone)
 214-594-5490 (Fax)



v06012016 Direct
 SALES REP: Jeff Falconer
 PHONE: (480) 231-6222
 FAX: (480) 907-1667
 EMAIL: jfalconer@aprima.com
 Senior Rep Jeff Falconer

PRACTICE NAME: Reno County Health Department
 STREET ADDRESS: 209 W. 2nd ,
 CITY/STATE/ZIP: Hutchinson,KS 67501
 SPECIALTY: Home Health
 LOCATIONS: 1

PHONE: (620) 259-8161
 FAX: -
 CONTACT: Nick B
 EMAIL: nick.baldetti@renogov.org

SALES ORDER	Proposal Description: Aprima Upgrade Project
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DATE 9/1/2016 Proposal Expiration: 10/1/2016

Qty	Description	List	Subtotal	Annual Fees
Software Licensing: (PRM = 1, EMR = 2, PM = 3, Billing Service = 4)				
1	Part Time Providers: PRM 1 at 5%	\$425.00	\$425.00	\$93.75
1	PRM PM/EMR Full Time Mid-Level Provider License	\$5,100.00	\$5,100.00	\$1,125.00
1	Part Time Mid-Level Providers: PRM 1 at 20%	\$1,020.00	\$1,020.00	\$225.00
Aprima Mobile for Android & iPhone included with Aprima EHR licensing				
1	PM Billing Only Agency ID # Asset @ 20% FTE Other Mid-Level Provider (to cover Nurse Clinics, Home Aides, Geriatric Aides, RN's, ect.. Billing under Agency NPI/ID)	\$510.00	\$510.00	\$148.10
Aprima reserves the right to audit Part Time equivalents as noted above. In the event providers' Part Time status increases additional licensing fees will apply.				
Subtotals:			\$7,055.00	\$1,591.85

Subscriptions:				
4	CPT, ICD & HCPCS codes (per year/per prov)	\$200.00		\$800.00
3	Drug Interaction Database - (per year/per provider)	\$225.00		\$675.00
3	Clinical Decision Support (incl Pat Ed, HEDIS, Preventive Care & 170+ pre-built rules)	\$225.00		\$675.00
Y	Patient Portal-patient remote access, annual fee covers 1 provider, 2 midlevel	\$1,320.00		\$1,320.00
2	Hosting - 50GB storage per FTE Provider (per year) - 100GB included	\$1,200.00		\$2,400.00
Additional disk usage over 50GB per provider will be invoiced at \$6/GB per month				
0	Hosting - Additional 1GB disk space over 50GB per FTE provider (per year fee)	\$72.00		
1	Annual Subscription to Web Based Training and Aprima Academy videos	\$350.00		\$350.00
2	Immunization registry (per registry) \$120/prov/yr, min \$240/yr			\$240.00
2	Bright Futures (licensed from AAP) - per provider per year pricing	\$150.00		\$300.00

Drug Interaction Dosing option Subscription Subtotal: - \$6,760.00

Interfaces & Conversions :				
1	Quest Laboratory Bi-Directional Integration	No Charge		\$500.00

Aprima may not have access to specific third party devices or systems and therefore Interface pricing assumes cooperation of the other vendor and Customer. Aprima also assumes industry standard protocols (HL7, DICOM, etc) will be used. Otherwise, additional charges for time and materials may apply (at our standard engineering rates).

Once interface work commences by Aprima, any cancellations are pro-rated based on work completed Interface Subtotals: - \$500.00

Services as Detailed on Services Page:				
Aprima 'Bronze' Training and Implementation Services (including options)			\$19,100.00	
Installation & Training Subtotals:			\$19,100.00	

Cash Purchase Payment Option				
			Subtotal	Annual Fees
Subtotals :			\$26,155.00	\$8,851.85
Strategic Account Incentive			-\$2,975.51	
Due at Contract Signing =			\$19,218.80	
Due at Software Installation =			\$9,609.40	
Due at earlier of PM or EHR Go-Live =			\$3,203.13	
Discounted Project Total			\$32,031.34	

Sales Tax and Shipping (if applicable) will be included on your invoice and charged to your credit card or account at the time payment is processed
 You may also pay by MasterCard, Visa, or American Express

Lease payment per the above purchase	\$ 320.31
Stimulus Program	
Per provider payment = \$106.77	
The above is an estimate only; final payment amount is subject to credit approval.	

A practice or site is considered live ("Go Live Date") at the sooner of the date that Customer uses Aprima Service(s), or the date that installation and training are complete and Aprima Service(s) are available for use by Customer.
 All proposed time lines WILL NOT START until Aprima has received and accepted all signed Contracts and Deposits at the Corporate office.

This sales order is executed pursuant to the terms of either i) a written Software License Agreement ("SLA"), including all exhibits to such agreement executed between the parties or, ii) the Terms of Service. If no written SLA has been executed by the parties, then this Sales Order, and the Business Associate Agreement ("BAA") between the parties, if applicable and governed by, and incorporated by reference as if set forth in full, the Terms of Service ("TOS") located at www.Aprima.com/EULA/ClientServer. The TOS may be revised from time to time and such changes will be effective upon posting, provided that no revision shall be effective during the Initial Term, or Renewal term (if any) of this Sales Order. The SLA or Terms of Service, together with the Sales Order and BAA, as applicable, shall be referred to herein as the Master Agreement. By signing the Sales Order, the parties agree to be bound by the terms of the Master Agreement.

Reno County Health Department _____ Date

Aprima Medical Software, Inc. _____ Date

Aprima Medical Software, Inc.
 3330 Keller Springs Road, Suite 201
 Carrollton, Texas 75006
 214-206-3540 (Phone)
 214-594-5490 (Fax)



v06012016 Direct
 SALES REP: Jeff Falconer
 PHONE: (480) 231-6222
 FAX: (480) 907-1667
 EMAIL: jfalconer@aprima.com

PRACTICE NAME: Reno County Health Department
 STREET ADDRESS: 209 W. 2nd ,
 CITY/STATE/ZIP: Hutchinson,KS 67501
 SPECIALTY: Home Health
 LOCATIONS: 1

PHONE: (620) 259-8161
 FAX: -
 CONTACT: Nick B
 EMAIL: nick.baldetti@renogov.t

Sales Order Services	Proposal Description: Aprima Upgrade Project
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DATE: 9/1/2016 Proposal Expiration: 10/1/2016

Bronze Implementation & Training Services

Aprima's Bronze training package is designed to offer a high value, cost effective, implementation process to get your practice up and running quickly and efficiently. This is ideal for highly motivated self-starters who are willing and able to devote time and effort to system set up and self study under the guidance of their Aprima Project Manager and Trainer. Additional training is available for purchase if needed. The Aprima Bronze Implementation & Training Services includes the following:

Qty	Description
6	On-site training days (per day, excludes travel & expenses)
2	Post go-live training days (per day, excludes travel expenses)
16	Web based training (hourly units typically used in 4 hour blocks)
24	Project Management Weeks (Qty is an estimate; add'l time billed as needed)
1	Configuration/Installation of Aprima software
4	EDI Set Up & On-line Training for Claims/Remit/Eligibility (per provider)
3	e-Prescribing Set-Up (per provider)
1	Electronic Remittance Set up for Payer Formats
1	Content Build per Provider or Care Team

Subtotal T&I Services : \$18,600.00

Optional Services Selected :

1 Patient Portal setup and web training sessions

Subtotal Optional T&I Services : \$500.00

Grand Total for T&I Services : \$19,100.00

Please place a check in the box next to your choice for EDI and Service Options outlined below:

<input type="checkbox"/>	e-Prescribing via SureScripts, includes electronic refills, medication history, pharmacy eligibility (no claims), and formulary (optional) -	Included at no charge
<input checked="" type="checkbox"/>	e-Prescribing via SureScripts (Only applies if Faxing is used)	14¢ each (Billed Quarterly)
<input type="checkbox"/>	AprimaClaims Electronic Medical Claims Processing	39¢ per claim
<input type="checkbox"/>	AprimaClaims Medical Paper Claims Processing	67¢ per claim
<input type="checkbox"/>	AprimaClaims Electronic Remittance Processing	20¢ per transaction
<input type="checkbox"/>	AprimaClaims Electronic Eligibility (no Claims or Remit)	\$39 per month per provider
<input type="checkbox"/>	AprimaClaims EDI Bundle - includes Electronic Medical Claims Processing, Remittance, and Eligibility. EXCLUDES Institutional UB claims	\$99 per month per provider via ACH
<input checked="" type="checkbox"/>	Institutional UB claims are NOT included in unlimited monthly bundle	20¢ per claim
<input type="checkbox"/>	Worker's Comp claim with attachment (electronic)	\$1.00 per claim
<input type="checkbox"/>	ACO reporting using duplicate claims (priced per ACO + \$400 set up per ACO)	\$10/provider/month + \$400 set up per ACO
<input type="checkbox"/>	Fax2Mail faxing service (pricing per fax number)	\$5.95/mth + \$0.05 per page
<input type="checkbox"/>	N-Krypt secure email (pricing is per named user) - 5 user minimum	\$120/year/user
<input type="checkbox"/>	eTactics Statement Service	Estimate per statement fee of 69¢ ea
<input type="checkbox"/>	Easy Pay Credit Card Processing Service	Estimated by Easy Pay Solutions, Inc.
<input type="checkbox"/>	CallPointe Appointment Reminder Service per month	Estimate based on \$75/mth/FTE provider

All proposed time lines WILL NOT START until Aprima has received and accepted all signed Contracts and full payments due at signing at the Corporate office. Implementation & Training on-site days are 8 hour blocks unless otherwise noted. Any additional time onsite in a given day will be charged against purchased days.

All services are quoted based on information gathered during the sales cycle and are estimates. Additional services may be required once the project begins and more detailed information is collected.

Cancellations of scheduled services with 31 - 60 days' notice will result in a cancellation fee equal to 50% of the services cancelled; Cancellations of scheduled services with 0 - 30 days' notice will result in a cancellation fee equal to 75% of the services cancelled. Any resulting travel change fees or penalties will be billed to customer. Changes must be in writing (e-mail) to the project manager.

Aprima charges \$250/day for all travel related expenses for each day of on-site training. This charge includes all meals, lodging and non-airfare related transportation. Airfare will be billed separately based on best airfare available at the time of scheduling. Confirmation should be made two weeks prior to any onsite event, minimum.

Travel for training personnel will be first class whenever flight time excluding layovers is 8 hours or more.

Reno County Health Department

Date

Aprima Medical Software, Inc.

Date



It is our pleasure to provide this proposal for your review and consideration.

Presented to: **Reno County Health Department**

Proposal Description: **RCM Partnership Add-On**

Presented By: **Aprima Medical Software, Inc.
Jeff Falconer**

Phone: **(480) 231-6222**

Fax: **(480) 907-1667**

Date: **September 1, 2016**

Designed for the way you practice medicine
Smarter EHR, PM and RCM technology

TAKE THE STOPWATCH CHALLENGE
See how Aprima documents patient visits with lightning speed. Ⓞ

ANY EHR VS APRIMA

“Aprima has transformed the whole picture of how we operate, beginning and end. The doctors can see more patients, manage their time more efficiently, achieve better compliance with pay-for-performance guidelines, have more information at their fingertips, and create better financial stability for the practice.”

*— Jeffrey Hyman, MD
University Physicians Group*

**Aprima Medical Software, Inc. * 3330 Keller Springs Road, Suite 201
Carrollton * Texas * 75006 * 866.960.6890**

Aprima Medical Software, Inc.
 3330 Keller Springs Road, Suite 201
 Carrollton, Texas 75006
 214-206-3540 (Phone)
 214-594-5490 (Fax)



v06012016 Direct
SALES REP: Jeff Falconer
PHONE: (480) 231-6222
FAX: (480) 907-1667
EMAIL: jfalconer@aprima.com

PRACTICE NAME: Reno County Health Department
STREET ADDRESS: 209 W. 2nd ,
CITY/STATE/ZIP: Hutchinson,KS 67501
SPECIALTY: Home Health
LOCATIONS: 1

PHONE: (620) 259-8161
FAX: -
CONTACT: Nick B
EMAIL: nick.baldetti@renogov.org

RCM Sales Order Services

Proposal Description:
RCM Partnership Add-On

DATE: 9/1/2016 **Proposal Expiration:** 10/1/2016

Qty	Description	List	Monthly	One-Times
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Estimated average monthly collections for the entire practice, or providers being added = **\$ 50,000.00**

1	PRM PM/EMR RCM Provider License plus up to 50GB per provider	8.75%	8.75%	
2	PRM PM/EMR RCM Mid-Level Provider License plus up to 50GB per provider Aprima Mobile for Android & iPhone included with Aprima EHR licensing	8.75%	8.75%	
	Collection rate discount based on dollar volume and multi year term	-3.55%	-3.55%	
	Net RCM collection rate	5.20%	5.20%	

To be paid monthly as invoiced - minimum monthly RCM fee is \$2,500.00

RCM services and fees are based on a 60 month Initial Term effective at the earlier of billing Go-Live or 6 months from date of execution

"Go Live Date" is defined in the applicable Master Agreement

0	Additional 1GB disk space over 50GB per FTE provider (per year fee)	\$6.00	\$0.00	
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Estimated Monthly Fees in Addition to Collection Percentage:

3	Practice Start up fee (First provider \$2,995 and \$1,495 each additional)	\$5,985.00		\$5,985.00
1	Existing Customer Concession	\$(5,490.00)		\$(5,490.00)

	Est Monthly fees	One-Time Fees
RCM services and fees are based on a 60 month Initial Term effective at the earlier of billing Go-Live or 6 months from date of execution	Collection Rate : 5.20%	\$495.00
	Additional Monthly Options : \$ -	

Sales Tax and Shipping (if applicable) will be included on your invoice and charged to your credit card or account at the time payment is processed

A practice or site is considered live ("Go Live Date") at the sooner of the date that Customer uses Aprima Service(s), or the date that installation and training are complete and Aprima Service(s) are available for use by Customer. **Due at Signing: \$495.00**

All proposed time lines WILL NOT START until Aprima has received and accepted all signed Contracts and Deposits at the Corporate office.

Termination prior to the end of the Initial Term will be subject to Section 8.3 of the Terms of Service.

This sales order is executed pursuant to the terms of either i) a written Software License Agreement ("SLA"), including all exhibits to such agreement executed between the parties or, ii) the Terms of Service. If no written SLA has been executed by the parties, then this Sales Order, and the Business Associate Agreement ("BAA") between the parties, if applicable and governed by, and incorporated by reference as if set forth in full, the Terms of Service ("TOS") located at www.Aprima.com/EULA/RCM. The TOS may be revised from time to time and such changes will be effective upon posting, provided that no revision shall be effective during the Initial Term, or Renewal term (if any) of this Sales Order. The SLA or Terms of Service, together with the Sales Order and BAA, as applicable, shall be referred to herein as the Master Agreement. By signing the Sales Order, the parties agree to be bound by the terms of the Master Agreement. The parties agree that if any prior Sales Order for the same service(s) as listed on this Sales Order exists between the parties, then the Initial Term, or Renewal Term as applicable, of that prior Sales Order is hereby amended to match the term of this Sales Order.

Reno County Health Department _____ Date

Aprima Medical Software, Inc. _____ Date



Exhibit A

APRIMA SERVICE(S)

1. Aprima shall provide the Billing Services in accordance with the following service level standards. Aprima reserves the right to change the terms of this Exhibit A on written notice (which can be by e-mail).
 - a. Perform its billing and collections functions in good faith, with reasonable care, and at all times in the name of the applicable Physician Practice.
 - b. Bill and collect on charges in a manner consistent with all applicable federal, state, and local laws and regulations and in accordance with all policies and procedures of Customer and of third party payers which are made known to Aprima by Customer or otherwise known by Aprima.
 - c. Direct all patients and payers to send all payments for health care services directly to the Customer.
 - d. Aprima shall provide, at its cost and expense, all software, materials, supplies, and all billing and output forms necessary or appropriate for the Services as indicated on the applicable Sales Order(s).

2. Aprima shall provide the following Services to Customer. Aprima Services begin with the submission of validated claims to the payer. A validated claim is a claim which the Customer has created and is subsequently marked as ready for Aprima to begin the billing and collections cycle.
 - a. Eligibility requests in excess of 600 per month per provider may be subject to a pass-through charge from Aprima based on the fees from its third party provider for EDI. Other pass-through fees may apply in the future if charged to Aprima by a third party in order to provide a service the Customer has requested.
 - b. Submit all superbills in the Customer database with a status of "Queued Primary" to all insurance carriers and other third-party payers on a daily basis, and for all others: within three (3) business days of receiving all required information.
 - c. Correspondence and payments including ERAs, mail, and/or lockbox submissions posted and applied to accounts within 72 hours of receipt.
 - d. Review and reprocess all denied, incorrectly paid, and/or partially paid claims within 72 hours of notifications.
 - e. Monthly production and mailing of patient statements. Once insurance carrier makes payment and the patient has a payment responsibility, up to three statements will be mailed. If no response or payment is received from the patient, the practice will be notified and no further statements will be mailed. Customers who maintain current email addresses, subscribe to Easy Pay, and have installed the Aprima Patient Portal are eligible for electronic statements and remittances.
 - f. Monthly recommendation of accounts to be reviewed by customer for further collection activity either by in-house collection department or referral to an outside collection agency.
 - g. Provide a staffed nationwide toll-free telephone number, from 8:30 a.m. to 5:00 p.m. CST Monday through Friday, to answer patient or insurance carrier inquiries about billing or collections, and respond to all telephone inquiries and written correspondence from patients and Insurance carriers concerning patient accounts within 24 hours.
 - h. Provide reports, including, at a minimum, the following standard reports:
 - i. Financial Summary (Charges, Receipts, Adjustments, Ending AR, and Net Collection Rate)
 - ii. Procedure Productivity Summary (Charges and Receipts by CPT, and Outstanding AR)
 - iii. Insurance Aging Summary
 - iv. Insurance Productivity (Charges, Receipts, Adjustments, and Outstanding AR by Payer)
 - v. Monthly Transactions Trial Balance (Deposits and Allocated Amounts per day)
 - vi. Patient Aging Detail (for patient overpayments and Aged Patient Balances)
 - vii. Patient Credit Balance Report (as required by OIG)
 - viii. Superbill Status Review (Number and Amount of all Superbills by Status)
 - i. Monthly telephone conference with RCM Account Manager, and Customer's appointed personnel by mutual agreement as to date and time, but in any event no later than three (3) weeks after the close of each month, unless mutually agreed to skip a given month. A member of Aprima's RCM Senior Management is available for a quarterly telephone conference.
 - j. Aprima will make commercially reasonable efforts to perform chart audits on a periodic basis, and when such audits are performed, Aprima will report results to the Customer.

3. **Customer Responsibilities:**
 - a. Customer will provide Aprima access to the database to execute Services throughout the term of the agreement.
 - b. Customer is responsible for entering all charges, including selection of correct CPTs, ICD10s, and modifiers.
 - c. Customer is responsible for validation of claims. For those claims failing validation, Customer will correct within three (3) business days. For purposes of this Exhibit "validation" will mean the same as defined in the then current version of the Aprima PRM Practice Management User's Guide.
 - d. Customer is responsible for obtaining a copy of the contracted allowed fees from all payers except for Medicare and Medicaid fee schedules, which Aprima will download.
 - e. All other services not specifically enumerated above related to patient billing (Services) including but not limited to patient registration, collection and allocation of co-pays at the time of service, maintaining documentation of patient insurance coverage, and verification of insurance benefits is the responsibility of Customer.
 - f. Customer will submit all patient charges generated by the Practice (Tax ID) within the Customer database for the term of the agreement.
 - g. Customer is responsible for designating a representative (ie, Provider or Manager) to be available for monthly telephone conferences.

4. Additional Services available for additional fees:
 - a. Credentialing services can be provided for an additional charge.
 - b. Aprima reserves the right to convert from paper mailing to electronic mailing of statements on sixty (60) days written notice to Customer ("e-Statement Date"). If Customer elects to continue with paper mailing after the e-Statement Date, then Aprima will charge and Customer will pay for the actual costs of paper mailing plus ten percent (10%) or at Aprima's election the then current price for such services. Customer will be responsible for entering its patient e-mail addresses in Aprima's PM software and for updating such e-mail addresses on a periodic and timely basis.

Accepted By: Customer	Accepted By: Aprima Medical Software, Inc.
Authorized Signature _____	Authorized Signature _____
Date ____/____/____	Date ____/____/____

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 Aprima is a registered trademark of Aprima Medical Software.
 All other trademarks are the property of their respective holders.
 DO NOT FORWARD
 ref V2.3 9-31-16



Bank Draft/ACH Debit Authorization

Instructions

1. Please complete the information on page 2, and select the services you wish to authorize.
2. Attach a voided check.
3. Fax the completed form (page 2) and a voided check to the Accounting Department at (214) 594-5490. All information and a voided check must be provided in order to process your request

Agreement

I (We) understand that my (our) checking account will be billed as indicated below for services rendered and so authorize said billing, as well as additional usage charges as they occur. I (We) understand that charges declined by the financial institution which maintains this checking account will constitute grounds for cancellation of service and that all monthly fees and usage charges incurred will be subject to collection procedures.

1. Aprima Medical Software, Inc. (Aprima) is hereby authorized to draw drafts of ACH debits on the account maintained by me (us) at the above named financial instituon for payment to Aprima.
2. It is agreed that;
 - a. Aprima shall incur no liability if the balance in the account is insufficient to cover any draft upon presentation.
 - b. The canceled draft, bank debit memo account statement will constitute a receipt for the payment of the specific amount.
 - c. Drafts returned unpaid or marked NSF may be subject to a \$25 Returned Draft Fee. This agreement shall continue in effect unless and until terminated by either Aprima or the customer by written notice to Aprima. In addition, Aprima may terminate the agreement immediately if any draft of the ACH Debit is not paid upon presentation.
3. By selecting the boxes for services below, I (we) authorize Aprima to debit my (our) account for these charges as they occur. I (we) understand that an amended form will be required if services are to be added or removed from this ACH authorization.

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 Aprima is a trademark of Aprima Medical Software, Inc.
 All other tradenames and trademarks are the property of their respective owners.
 Ref: 6051.01

Bank Draft/ACH Debit Authorization

See page 1 for instructions

Customer Information:

Customer Name : Reno County Health Department
Customer Address 1 : 209 W. 2nd
Customer Address 2 : #####
City / ST / Zip : Hutchinson, KS 67501
Phone : (620) 259-8161

Bank Account Name : _____

Name of Person Authorized to Sign Checks : _____

Full Name of Financial Institution : _____

Branch Name : _____

Branch Phone : _____

Account Number : _____

Routing Number : _____

Email address for invoice delivery required : _____

Authorized Services (check all that apply)

Service	Debit Schedule
<input type="checkbox"/> EDI (Claims/Remit/Eligibility)	Monthly
<input type="checkbox"/> RCM	Monthly
<input type="checkbox"/> ASP	Monthly
<input type="checkbox"/> Hosting	Monthly
<input type="checkbox"/> Renewal (maintenance & subscriptions)	Annual
<input type="checkbox"/> Other: _____	

Authorized Signature #1 for : Reno County Health Department _____ Date _____

Authorized Signature #2 for : Reno County Health Department _____ Date _____



Client Order# 196653 - 1

Address:
8529 Six Forks Rd
Raleigh, NC 27615

Opportunity ID: 0061a00000Er3FB
Sales Executive: Thompson, Adam B.
Email: Adam.Thompson@allscripts.com
Phone#:
Fax:

Currency Code:
USD

Valid Until: 21-MAY-2016
Proposal Date: 09-MAY-2016

Client Name:	Hutchinson Clinic, P.A.	Client Address:	2101 NORTH WALDRON	Delivery:	Hutchinson Clinic, P.A.
Client No:	10061487		Hutchinson, KS 67502 US	Address:	2101 NORTH WALDRON
Client Contact:	Robert Davidson	Client Phone#:	+16206944403		Hutchinson, KS 67502 United States
Client Email:	davidsonr@hutchclinic.com				

Solution Investment Summary:

Investment Total. Below is a summary of your investment in the items covered by this Client Order. Investment totals cover the initial Term only; recurring fees are payable annually (unless otherwise stated in this Client Order); and to the extent applicable the stated amounts do not include the Inflatior or annual adjustments.

Category	Investment Total
Allscripts Solutions	\$19,950.00
Third Party Solutions	\$0.00
Professional Services (initial Term)	\$17,380.00
Solutions Total	\$37,330.00
Annualized Allscripts Support Fees	\$3,597.05
Annualized Allscripts Subscription Fees	\$199.00
Annualized Third-Party Subscription Fees	\$682.00
Recurring Total	\$4,478.05

Summary Payment Schedule: Non-recurring fees (i.e., those not payable Yearly or on a Monthly or other time basis) are payable per the following table:

Event	Fees
Payable Upon Order Date.	\$3,080.00
Payable Upon 14 Days After The Order Date.	\$19,950.00
Payable Upon Services Completion.	\$3,080.00
Time And Materials, As Incurred.	\$11,220.00

Preferred client discount: The stated fees reflects a \$9,680.00 discount off Allscripts' current standard prices.

Facilities. The Facilities for which the ordered Solutions are licensed are as follows or as listed in the List of Facilities attached hereto and incorporated for reference. Certain Solutions may be licensed for use only for a sub-set of the Facilities if "All" is not specified in the "Facility" column(s) of the Purchase Table(s) below; in such case(s), such column will specify the in-scope Facilities for each corresponding item per the numbering below.

Facility #	Facility Name	Address	Email	Telephone	Facsimile
1	[Primary] Hutchinson Clinic, P.A.	2101 NORTH WALDRON Hutchinson KS US 67502		+16206692500	

Purchase Tables: The tables below lists your ordered Solutions and Services (with purchased quantities), the associated fees (for initial term only), the fee payment schedule, and

the associated license/service duration. Recurring fees are stated as annual fees during the corresponding Term, unless otherwise provided. Unless otherwise stated, if any "Support/Subsription" column for any ordered item states "Support declined" or the like or does not have a specified fee (zero is not a specified fee), then Allscripts will not be obligated to deliver support services for that item as it is being declined by the Client or is unavailable.

Solutions	Facility	Qty	License				Support/Subsription			
			List Fees	Client Discounted Fees	Payment Schedule*	Term In Months (unless renewed)	Annualized Recurring List Fees	Annualized Recurring Client Fees	Payment Schedule*	Term In Months # (unless renewed)
Allscripts Solutions										
Allscripts PM for TouchWorks EHR License (SWL02131)	All	1	\$7,000.00	\$7,000.00	14D Order Date	Perpetual	\$1,247.40	\$1,247.40	\$1,247.40 / Yearly (Commencing on 100P Commencing Order Date)	60
Allscripts TouchWorks EHR Core EHR License (SWL02139)	All	1	\$12,950.00	\$12,950.00	14D Order Date	Perpetual	\$2,349.65	\$2,349.65	\$2,349.65 / Yearly (Commencing on 100P Commencing Order Date)	60
Allscripts Touchworks CareGuides (SWX00666)	All	1	\$0.00	\$0.00	NA	NA	\$199.00	\$199.00	\$199.00 / Yearly (Commencing on 100P Commencing Order Date)	60
Third Party Solutions										
IMO Problem IT - Per Provider (AMENT400011)	All	1	\$0.00	\$0.00	NA	NA	\$35.00	\$35.00	\$35.00 / Yearly (Commencing on 100P Commencing Order Date)	60
Alpha II Code Wizard (AMPRO400003)	All	1	\$0.00	\$0.00	NA	NA	\$240.00	\$240.00	\$240.00 / Yearly (Commencing on 100P Commencing Order Date)	60
Allscripts CPT Licensed Users (AMPRO400005)	All	2	\$0.00	\$0.00	NA	NA	\$26.00	\$26.00	\$26.00 / Yearly (Commencing on 100P Commencing Order Date)	60
Allscripts Enterprise eRx+ - Per Provider (SFW00525)	All	1	\$0.00	\$0.00	NA	NA	\$125.00	\$125.00	\$125.00 / Yearly (Commencing on 100P Commencing Order Date)	60
Allscripts Enterprise CCI Module (SWL04020)	All	1	\$0.00	\$0.00	NA	NA	\$96.00	\$96.00	\$96.00 / Yearly (Commencing on 100P Commencing Order Date)	60

Solutions	Facility	Qty	License				Support/Subscription			
			List Fees	Client Discounted Fees	Payment Schedule*	Term In Months (unless renewed)	Annualized Recurring List Fees	Annualized Recurring Client Fees	Payment Schedule*	Term In Months # (unless renewed)
Allscripts Enterprise MEDCIN Software - Per Concurrent User (SWX00664)	All	1	\$0.00	\$0.00	NA	NA	\$54.00	\$54.00	\$54.00 / Yearly (Commencing on 100P Commencing Order Date)	60
Allscripts Enterprise LMRP Database (per provider) (SWX00665)	All	1	\$0.00	\$0.00	NA	NA	\$106.00	\$106.00	\$106.00 / Yearly (Commencing on 100P Commencing Order Date)	60
TOTAL			\$19,950.00	\$19,950.00			\$4,478.05	\$4,478.05		

Other Items	Facility	Qty	List Fees	Client Discounted Fees	Payment Schedule*	Term In Months# (unless otherwise stated; unless renewed)
T&M Professional Services: Allscripts standard implementation per attached Scope; fees are estimates only (See T&M Professional Services Details Below)			\$11,220.00	\$11,220.00	T&M Fees payable Monthly as incurred	12
Fixed Fee Professional Services: Allscripts standard implementation per attached Scope.						
Allscripts TouchWorks EHR CCD Export to 3rd Party Community/HIE (1 Org only) Intergration and testing. (PSTWFF01010)		1	\$15,840.00	\$3,300.00	Fixed fees payable upon 50P Completion	12
Allscripts PM for TouchWorks EHR (PSENTFF00750)		1	\$2,860.00	\$2,860.00	Fixed fees payable upon 50P Completion	12
TOTAL			\$29,920.00	\$17,380.00		

As used in the Payment Schedule column(s) of the above tables, "Yearly", "Quarterly", "Half-Yearly", or "Monthly" means the corresponding fees are payable on a contract, not calendar, basis.

"Service Completion" means the date on which Allscripts has completed its portion of the corresponding in-scope work effort (as Client permitted)

"Time and Materials, as Incurred" means fees are calculated on a time and materials basis and invoiced periodically and as incurred

"100P Commencing Order Date" means 100% of recurring fees commencing upon the Order Date

"14D Order Date" means 100% due upon 14 days after the Order Date

"50P Completion" means 50% upon the Order Date and 50% on Service Completion, which is the date on which Allscripts has completed its portion of the corresponding in-scope work effort (as Client permitted)

Term. Each initial support and subscription term ends after the specified period of time following the first date on which all or a portion of the corresponding fees are payable to Allscripts.

T&M Professional Services.

Description	Estimated Hours (Non-Binding)	Rate (Business Hours)	Client Discounted Rate (Business Hours)	Fees (Estimated)
TouchWorks EHR Interface Routing/Modifications				
Integration Consultant (PS0000021)	20	\$220.00	\$220.00	\$4,400.00
Project Management (PS0000012)	4	\$220.00	\$220.00	\$880.00
Allscripts Community Direct Message - TouchWorks - Additional Professional Services				
Project Management (PS0000012)	3	\$220.00	\$220.00	\$660.00
Technical Services (PS0000013)	12	\$220.00	\$220.00	\$2,640.00
TouchWorks EHR				
Platform Technology Services (PS0000023)	10	\$220.00	\$220.00	\$2,200.00
Project Management (PS0000012)	2	\$220.00	\$220.00	\$440.00
Estimated Total				\$11,220.00

Delivery. Ordered items will be shipped to the following contact:

Name: Hutchinson Clinic, P.A.
Address: 2101 NORTH WALDRON Hutchinson, KS 67502 United States

Shipping Preference.

- o Overnight AM
- o Second Day
- o Standard Ground (estimated 7 to 10 days)

ALLSCRIPTS ORDER PROVISIONS

This Client Order ("Order") between Allscripts Healthcare, LLC ("Allscripts") and the above-referenced client ("Client"), as of its effective date ("Order Date"), is hereby made a part of and amends that certain existing written agreement between the parties that includes Client's license of the above-identified Allscripts solution or is otherwise applicable to the ordered item(s) ("Agreement"). Capitalized terms used and not otherwise defined herein shall have the meanings set forth in the Agreement.

The general terms and conditions set forth in the Agreement will apply to this Order, except where expressly identified herein and in addition to any specific terms and conditions set forth in any Attachment(s) to this Order. In the event of a conflict between the terms and conditions of this Order and any Attachment (s) hereto, the terms and conditions of such Attachment(s) shall control. In the event of any conflict between the terms and conditions of this Order and the Agreement, the terms and conditions of this Order shall control.

Term: This Order is effective upon being signed by both parties, except that Allscripts' signature on this Order is not required if the total dollar value of this Order, including any estimated T&M Services, is less than \$100,000. If Allscripts' signature is not required, this Order is effective upon submission of this Order to Allscripts Commercial Operations prior to the Expiration Date. Allscripts may, in its discretion, reject this Order if the last date of signature is after the Expiration Date. "Expiration Date" is the earlier of 30 days from the Proposal Date stated on this Order or the last day of the calendar quarter that includes the Proposal Date. If Allscripts so rejects this Order, it will advise Client and such Order will then be deemed null and void even if mutually signed. Any unauthorized modifications, including but not limited to Client's handwritten revisions, are null and void unless initialed by Allscripts Commercial Operations. Each initial support and subscription term ends after the specified period of time following the first date on which all or a portion of the corresponding fees are payable to Allscripts. This Order shall end for each ordered item as specified in this Order. Unless otherwise stated in this Order or the Agreement, (a) the term for each ordered item will start on the Order Date, and (b) for each Renewable Item, upon expiration of the initial or any renewal term, the term will automatically renew for additional 1 year periods, unless either party provides the other notice of non-renewal at least 90 days prior to the expiration of the then-current term. Ordered professional services will end upon Allscripts completion of its portion of the in-scope work effort, as Client permitted ("Service Completion").

Fees and Expenses. T&M Services fees, if present, are calculated based on the actual time spent by Allscripts personnel (measured in hours, unless otherwise stated), regardless of the stated estimate(s). Unless otherwise agreed to in the Agreement, and if applicable, out-of-pocket expenses actually incurred by or on behalf of Allscripts in performing ordered services are payable by Client hereunder in accordance with the T&E Policy (i.e. meals, lodging, airfare as outlined and located at <http://www3.allscripts.com/resources/docs/legal/corporate/Travel-and-Expense-Policy.pdf>).

Third Party Solutions: This paragraph applies to certain third party owned components purchased by Client. For certain such items, Allscripts is required by the applicable vendor to pass-through certain additional terms, which Client agrees to comply with (in addition to the Agreement, as amended). These terms are available for review at <http://www3.allscripts.com/resources/legal/thirdpartyterms.html>. At Allscripts' request, Client agrees to replace any such items with a comparable substitute on substantially similar terms, provided there is no increase in license fees.

If this Order includes any ordered interfaces, the then-current Allscripts Standard Interface Terms, which are available for review at <http://www3.allscripts.com/resources/legal/interfaceterms.pdf>, apply to such interfaces and are incorporated by reference.

Payment: Except as otherwise stated, T&M Services fees will be billed periodically and in arrears and Client shall pay such invoiced amounts due under this Order within the applicable time period specified in the Agreement, as amended by this Order, or within 30 days of invoice date if no such period is specified. Fees for other ordered items are due and payable upon the occurrence of the event(s) set forth in the corresponding Payment Schedule column(s) of this Order.

Third Party Financing: If Client concurrently submits to Allscripts with its executed original of this Order both (1) an accompanying purchase order (PO) that expressly designates a third party financing company to receive, on Client's behalf, invoices for some or all of the fees hereunder and (2) a copy of its associated financing arrangement with such third party and/or other documentation that provides sufficient and clear details as to which of the fees hereunder are to be invoiced to such company, this "Third Party Financing" Section shall apply; otherwise it shall not apply (and Allscripts will invoice Client directly for all fees under this Order). Client represents that it has financed such designated amounts through a separate arrangement with such designated third party finance company and arranged for that company to receive and pay associated invoices from Allscripts on Client's behalf. Accordingly, Allscripts may send applicable invoices to that finance company (rather than to Client directly) for payment. Allscripts may share Client confidential information with the finance company as reasonably required in connection with invoice processing. Notwithstanding anything else, Client will remain solely and directly responsible for paying all amounts due on a timely basis, irrespective of any payment delay or failure by the finance company. Client may change or remove the designated finance company on at least 60 days advance notice with sufficient detail (if the subject fees have not been invoiced and are not scheduled to be invoiced until after that 60-day period). Client will ensure that the finance company (a) keeps Allscripts confidential information confidential and (b) does not attempt to impose any conditions or other provisions on Allscripts related to any payment or otherwise. Client's financing arrangement with the finance company is not binding on Allscripts. Client has selected the finance company without reliance upon any representations or statements made by Allscripts.

General Terms: Client will comply with the Anti-Kickback statute (42 C.F.R. 1001.952(h)), including accurately reporting any discounted or no-cost items to the Federal government. The Agreement (as amended) comprises the full understanding of the parties related to its subject matter. Client acknowledges that it has not relied on the availability of any future version of any ordered item or any other future product or service in executing this Order. In the event of any conflict between the terms of this Order (including any supplemental terms expressly incorporated by reference) and those set forth elsewhere in the Agreement, the terms of this Order shall control. This Order may be executed in counterparts and electronically scanned or facsimile signatures shall be deemed originals. Any supplemental or modified provisions contained in any Client (or third party) proposed purchase order(s) are not included in this Order and shall not be binding on the parties. The "Notes" section of this Order is for informational purposes only and does not contain any provisions that are binding on either party. For clarification, the materials and information disclosed by Allscripts hereunder are Allscripts confidential information and this Order is confidential information of both parties, all pursuant to the confidentiality provisions set forth elsewhere in the Agreement. All sales are final, non-cancellable and non-refundable.

[Signature Page to Follow]

ALLSCRIPTS

CLIENT

By: _____
Authorized Signature

By: _____
Authorized Signature

Name Printed, Title

Name Printed, Title

Date

Date



Quote#: 196653
Client# 10061487

Description: Hutchinson Clinic will be adding a new PM DB. This new PM DB will be for Reno County Health Department.

Hutchinson Clinic will also need a new Organization added into the existing TouchWorks database. The Organization will be set up as a "shared" organization.

Scope: Allscripts shall provide technical resources to assist the client with the following.

- *Creation of a new Hutchinson Clinic PM database on the existing PM database server*
- *Create new Organization in TouchWorks as "Shared" (Org name to be determined) to accommodate the new PM department being added in Production and Test*
- *Update current Registration Interface to accommodate filing data to TouchWorksEHR for new Organization in Production and Test*
- *Update current Scheduling interface to accommodate filing data to TouchWorksEHR for new Organization in Production and Test*
- *Update Charge Interface (if necessary) in TouchWorks to accommodate the sending of charges to new PM database in Production and Test*
- *Set up connectivity for new Organization to Kansas HIE – Since clinical data will be shared across the Organizations, we'll need to connect this new Organization to the HIE as well*
- *Configure new Organization for Direct Messaging functionality*

NOTE: Demographics and Appointment conversion is not included in this scope.

NOTE: EHR clinical data conversion is not included in this scope.

NOTE: Meaningful Use connectivity for the new Organization is not needed.

NOTE: No ancillary interfaces are part of this scope (lab, rad, etc.)

NOTE: A Copy of Environment from Production to Test (if needed) is not included and may be contracted for separately for PM or TouchWorks EHR.

NOTE: It is assumed that TouchWorks EHR (existing Organizations) is already set up to exchange information with the Kansas HIE. This scope will be adding the ability for the new Organization to exchange information with the Kansas HIE via CCD export only.

NOTE: Charges will not be captured from the new Organizations. All (any) billing to be done from new PM database for Reno County Health Department will be done manually in PM.

NOTE: All work to be performed in Test first and then moved to production at the appropriate time.

NOTE: PM Installation Consultant time can be contracted for separately. PM Installation Consultant time is not included in this scope.

Client Responsibilities

System Staging

1. Client is responsible to connect the systems to the network.
2. Client is responsible to join the systems to an Active Directory domain and provide accounts in accordance with specifications and guidance provided by the Allscripts project resources for implementation & support access and application services.
3. Client will provide access to 3rd party software media if required to perform services outlined under this agreement.
4. Client will verify that all servers meet the Allscripts System Environment Specifications (SES) and are staged in accordance with guidance provided by Allscripts resources.
5. Client is responsible for printer driver and print queue creation if applicable to the scope of the services to be provided.
6. Client is responsible for modem installation, configuration and telecommunication connectivity if applicable to the services to be provided.
7. Client is responsible for RightFax client installation and configuration if applicable to the services to be provided.
8. Client is responsible for providing adequate storage to perform installation and restoration of databases if applicable to the services to be provided.
9. Client is responsible for purchase and installation of SSL certificates on servers if applicable to the services to be provided.

Support

10. Client is responsible for installation\configuration, support and maintenance of hardware and obtaining hardware vendor support if required unless provided under the terms of an Allscripts hosting or Allscripts technical services contract.
11. Client is responsible for installation\configuration, support and maintenance of operating systems and obtaining support if required from the operating system vendor unless provided under the terms of an Allscripts hosting or Allscripts technical services contract.
12. Client is responsible for installation\configuration, support and maintenance of virtualization infrastructure and obtaining virtualization infrastructure vendor support if required, unless provided under the terms of an Allscripts hosting or Allscripts technical services contract.
13. Client is responsible for installation\configuration, support and maintenance of thin client infrastructure and obtaining thin client infrastructure vendor support if required unless provided under the terms of an Allscripts hosting or Allscripts technical services contract.
14. Client is responsible for installation\configuration, support and maintenance of network hardware and connectivity unless provided under the terms of an Allscripts hosting or Allscripts technical services contract.

Connectivity

15. Client is responsible for ensuring network connectivity requirements are established in accordance with the Allscripts System Environment Specifications (SES) and guidance provided by Allscripts resources.



Quote#: 196653
Client# 10061487

Assumptions

16. Activations of systems or software into Production environments are to be performed off-hours in coordination with the client. All other services are to be performed during weekday business hours unless otherwise specified in the services agreement or project scope documentation
17. All services are to be performed by remote resources unless otherwise specified in the services agreement.
18. Restricted system access during the services engagement may increase the overall engagement duration and effort.
19. System access will be established via SecureLink. The Client shall allow Allscripts to configure the SecureLink Gatekeeper or provide a resource to work with Allscripts to configure the SecureLink Gatekeeper.
20. Allscripts shall record server information in the Allscripts CRM.
21. Allscripts shall configure all TouchWorks EHR servers to be monitored via SupportOne.
22. Client will make available all information, resources, and personnel reasonably requested by Allscripts.
23. Education and knowledge transfer and documentation requests beyond what is specified in the services agreement will require additional services agreements.
24. The scope of this agreement assumes a timely and linear project execution of the deliverables identified solely in this agreement. Additional scope or re-work of included scope items introduced by additional projects which overlap in either timeline or scope are not included unless explicitly stated in this agreement.



July 12, 2016

Mr. Nicholas S Baldetti
Director/Health Officer
Reno County Health Department
209 W. 2nd
Hutchinson, KS 67501

Nick,

Thank you for your interest in our solution. Below please find the information you requested. I have included estimated costs for both options at the end of this document.

CDP is an Illinois corporation, and currently employs 104 people who are based in offices in Romeoville, Illinois and Frankfort, Kentucky, as well as various remote locations throughout the nation.

CDP has been a partner with public health for more than thirty years and is well known for the delivery of high quality technology solutions.

Originally founded to provide programming and computer support services to private businesses and governmental organizations, CDP broadened its scope in 1981 to include custom software solutions for the public healthcare industry. Not only is CDP one of only a handful of companies worldwide that focus on the public health market, the company's experience spans three decades and includes a full-range of support services are unprecedented in the industry.

Over the last three decades, CDP has grown significantly in the services offered, as well as the number of employees supporting those services. Recognizing that corporate management structure must evolve, CDP has established methodologies to appropriately staff and manage projects that provide the best quality staff resources for all clients.

CDP has no mergers in its history, nor has any planned. CDP has a long history of fulfilling commitments and a track record of always fulfilling contractual requirements. CDP does not anticipate any transformative event which will impact a potential agreement with the Collaborative. In addition, CDP has never filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee. CDP has an outstanding financial history providing numerous options for funding additional growth.

CDP's resume includes custom software design and development, turnkey application development, hosting applications on behalf of our customers, and managing/supporting our customer's telecommunications networks. CDP's primary business is providing services to government. Consequently, CDP is familiar with the needs and constraints that are involved in working in the public sector. The project team includes many key members who are former government employees. CDP understands the need for cost controls, stakeholder participation, predictable outcomes, and a high quality product. The company has well-defined business practices for refining, quantifying, and managing the scope of an effort which includes a rigorous requirements management and change process.

CDP's business model is to work in a collaborative partnership with our customers to create solutions that are sure to meet their technology needs. This close relationship with customers is enhanced by our ready accessibility.

Over the past three decades, CDP has grown significantly in the scope of service offerings as well as the staff to support them. Recognizing that corporate management structure must evolve, CDP has established methodologies to appropriately staff and manage projects to provide the best quality staff resources for clients.

CDP is a leading provider of comprehensive data management tools and platforms that assist public health reporting while aiding data accuracy and financial management. CDP provides the public health community with software and information technology solutions in a Software as a Service (SaaS) model, making CDP a leader as a public health provider.

CDP has implemented national, statewide, district, and county-level public health data systems. CDP is uniquely qualified to understand and fulfill the requirements of this RFP.

CDP has been, and continues to be, involved in the development and hosting of public health-related systems including Patient Services, Immunization Tracking, Environmental, WIC, and WIC EBT. The functionality of these systems includes, but is not limited to, case management, billing, tracking, monitoring, all within a variety of state and local rural public health department environments.

CDP is positioned (*like no other vendor*) to provide solutions depending on our client's needs – all of which can be integrated:

- Provide Modifiable Commercial-off-the-shelf (COTS) data management solutions:
 - **Stage 1 & 2 Certified EHR, Practice Management, and optional Revenue Cycle Management (RCM) service solution designed specifically for Public Health – ezEMRx.**
 - **Environmental Health** including but not limited to inspections, permits, billing, and offline mobility.
 - **WIC and WIC EBT (WICDirect)**, including its ancillary products.
 - **Home Healthcare** including, but not limited to, the complete OASIS/Comprehensive Assessment through comprehensive billing.

- **DataDirect**, a data warehouse for the valuable, detailed information that is generated by Operations to empower state and local agencies to translate data into active program monitoring, management, and evaluation—all in an effort to guide better decisions leveraging analytics.
- Serve as a “**System Integrator**.” Our unparalleled depth of knowledge and experience in public health technology can help integrate isolated systems that contain valuable data; and therefore, result in information tools that benefit patients, providers, and the general public.
 - Most governments still work very much in silos, where agencies have their business systems and IT supports them. CDP is trying to break down those silos as much as we can and foster collaboration across departments resulting in efficiencies and cost savings.
- **New Custom development** to meet unique requirements utilizing agile development best practices constantly measuring trajectory of the project.
- **Maintenance/enhancement** of customer’s systems already in operation.

CDP’s varied portfolio includes experience in custom software development, hosted software applications, web-based and mobile application development, network services, and a full-range of customer support service. CDP’s solutions can be built for highly complex, enterprise-level applications for services tailored to small projects. Moreover, CDP continually enhances its solutions to meet the growing needs of our governmental client base while focusing on three important goals: security, portability, and interoperability.

CDP understands government processes and regulations in the public healthcare industry, having developed customized solutions to help agencies meet federal and state guidelines as well as electronic business requirements.

CDP’s strategic partner ezEMRx is a rapidly growing company with healthcare product verticals. ezEMRx currently provides products and services to providers and public health organizations. They are able to focus entirely on the provider’s satisfaction, client requirements, and technology developments. Their strong business ethic gives our customers confidence in the longevity of their products and offers them long-term investment protection. CDP and ezEMRx’s combined team offers customers a talented and skilled staff in healthcare IT, one that provides a dedication to superior customer service and ongoing technical support.

ezEMRx was founded in Chicago in 2002, after recognizing the value of technology within the healthcare industry. ezEMRx is the provider of choice for clients looking for maximum return on their investments. ezEMRx is built on a world class technical infrastructure, rendering excellence in service, competitive industrial knowledge, and healthcare industry expertise.

The ezEMRx suite of clinical products is geared toward public health clinics. The product is easily customizable to fit any public health department. Its unique tab layout allows a user to capture discrete clinical information, which makes reporting easy and effective. System interoperability is achieved using standard practices such as data exchange using Health Level 7 (HL7)

specifications and/or Continuity of Care (CCD)/document (C32) electronic exchange and secure DIRECT messaging.

Providers can use any operating environment, such as Apple or Microsoft Windows, to access and use the ezEMRx suite on computers. Additionally, ezEMRx delivers the power of mobility by its unique supporting native applications on Apple and Android platforms.

With the ezEMRx product line, providers can work more effectively. The system:

- Helps locate patient records instantly and accurately.
- Eliminates the need for large physical storage spaces for patient charts.
- Improves the quality of care and patient experience.
- Documents patient encounter information with ease and consistency.
- Features electronic prescriptions and labs.
- Can be integrated with labs.
- Can be integrated with state HIEs.
- Can be integrated with hospitals.
- Integrated patient portal.
- Mobile platform support.
- Compliance with Meaningful Use.
- Integrated merchant services (ability to process credit / debit cards and checks electronically) with patient balances.

Health Nautica is a cloud-based practice management solution for claims processing, financial reporting and billing services. The solution is comprehensive, secure, and Health Insurance Portability and Accountability Act (HIPAA) -compliant.

Significant features include:

- Integrated eligibility and benefits verification in real time.
- Automated electronic claims submission with comprehensive claims scrubber.
- Automatic electronic remittance advices posting capability.
- Integrated patient statement processing, mailing, viewing, and reporting capability.
- Service area based reporting and accounting.
- Roster billing functions.

Utilizing our **Revenue Cycle Management Solution** our goal is to ensure that the reimbursement model is designed to address the county client's needs and Illinois's long term goals. Our model is transparent; you can view claim status or run reports at any time.

- Certified coders
- Goal-oriented A/R staff
- Analysis and follow-up services
- Coding and denial audits

RCM Process

1. The CDP Team will work with the practice staff to enable "clean" bills to be sent out.
2. Utilizing ezEMRx, the county clients will use one of the following methods for coding submission:
 - a. Document and code patient visits in ezEMRx's certified EHR and such information will be automatically transmitted for claims processing.
 - b. Upload billable hospital/non-office visit summaries to ezEMRx's secure cloud.
3. Acknowledgement that ezEMRx requires all documentation of patient visits. ezEMRx is not responsible for the accuracy of coding of patient visits submitted as superbills or coded only visits.
4. The CDP Team will send claims and statements and process secondary insurance claims, in a timely manner.
5. The CDP Team will follow-up on transmitted/submitted claims.
6. The CDP Team will make any corrections and re-bill if required
7. County Clients will scan and upload all EOBs/documents to ezEMRx's secure cloud upon receipt in a timely manner.
8. The CDP Team will post payments.
9. The CDP Team will utilize *BillFlash* to process and mail patient statements. *BillFlash* charges will be separately billed as third party expenses.
10. The CDP Team will provide ongoing reports on a monthly basis based on the following:
 - a. Total charges for the time period
 - b. Total collections for the time period
 - c. Outstanding receivables for the time period
 - d. Aging accounts receivable balance – as of that time period
11. The CDP Team will conduct all activities remotely.
12. County clients will notify the CDP Team within five days of any payment received.
13. The CDP Team will not initiate any legal action or proceeding to collect an account without first obtaining specific written authorization from the County Client.
14. The CDP Team will make best effort to collect on pre-existing receivables that may be presented prior to this agreement. The CDP Team however does not guarantee collections on these pre-existing receivables.

Our RCM team utilizes Health Nautica (located in Oakbrook Terrace, Illinois) which is a cloud-based **practice management solution for billing services**. The solution is comprehensive, secure, and Health Insurance Portability and Accountability Act (HIPAA)-compliant.

Significant features include:

- Completely and seamlessly integrated with ezEMRx
- Integrated eligibility and benefits verification in real time
- Automated electronic claims submission with comprehensive claims scrubber
- Auto posting capability of electronic remittance advices
- Interfaces with Quest Diagnostics and LabCorp
- Optional integrated merchant transaction capability, i.e., ability to process credit and debit cards and checks electronically
- Integrated patient statement processing, mailing, viewing, and reporting capability
- Interfaces with ezEMRx via HL7
- Smart phone access to charge capture and scheduler applications
- Secure communication with patients through our patient portal

ezEMRx Reports

The ezEMRx suite of clinical products is geared toward public health clinics. The product is easily customizable to fit any public health department. Its unique tab layout allows a user to capture discrete clinical information, which makes reporting easy and effective.

Public Health Metrics and Reporting

ezEMRx has a built-in reporting feature which can be used to extract limited data sets and report the same based on the qualifying criteria being applied. Such extracts can be used by a health department in any form or structure as required.

Throughout the encounter, patient data is collected and stored as discrete data elements. This model enables unlimited possibilities for data mining such as:

- Clinical outcomes
- Medication recalls
- Procedures performed
- Diagnoses

In addition, the Practice Management component also has an integrated patient statement processing, mailing, viewing, and reporting capability.

No special skill set is required to utilize our two reporting functions. Programming or development skills are never required for our reporting functions.

ezEMRx offers two distinct methods of reporting—an ad-hoc report writer and a pre-defined report feature. The reports are designed specifically address the needs of any department. The ad-hoc report writer can used create reports by selection of field elements and does not require programming knowledge. The pre-defined report feature has the capability to render custom reports. ezEMRx has an extensive library of pre-defined reports which have been built over time with public health departments.

Basic Reports Available in ezEMRx

Basic Reports

006 - Labs Administered - Daily Report

006 - Outstanding Results - Daily Report

100 - Total number of patients vaccinate for Flu vaccines

101 - Patient Detailed Vaccine Listing

1544 - Periodic Maternal and Child Health Report

1547 - Clients Aged 3 Months - 2 Years, 11 Months with Immunization Due

1794 - Age and Gender Breakdown

1794 - Race and Ethnicity Breakdown

1794 - Reasons for Testing

1794 - Total Number of TB Tests Administered

205 - Patient Master Listing

2603 - State Cancer Report

2607 - State Cancer Screenings Count

319 - Daily Encounters Entered Into The System

572 - Summary of Immunizations from PEF By Age for County by Reporting Period

75/76 Services by Age/Gender

75/76 Services by Provider

824 - Total number of patients vaccinate by age for Grant vaccines

824 - Total number of patients vaccinate by age for special project vaccines

824 - Total Number of Patients Vaccinated By Age

824 - Total Number of Private Pay Vaccines Administered

824 - Total Number of VFC Doses Administered

824 - Total Number of VFC/Under-Insured/CHIP Doses Administered 824-

Overall Total Number of VFC/Under-Insured/CHIP Doses Administered

824-Overall Total Number of Private Pay Vaccines Administered 824-

Overall Total Number of VFC Doses Administered

824-Overall Total Number of Patients Vaccinated By Age

824-Overall Total number of patients vaccinate by age for special project vaccines

824-Overall Total number of patients vaccinate by age for Grant vaccines

850 - List of Outstanding PEF

902 - Listing of Encounters Assigned for a given date

Appointment No Show Report

Appointment Report

Appointment Totals by Type

Appointment Totals Summary

Appointment Type Report

Blood Draw 36415 Report

Car Seat X0017, X0016 Report

Care Location Report

City Medical Clinic Report

Cribs 4 Kids Report

Dental Varnish Report

Exempt from Reports

Exemption Report (All Patients Receiving Exemption Forms)

Fee Details

Genetic Testing Report

Hemoglobin 85018 Report

Immunization Totals

Immunizations Due by Age Group

Basic Reports

List of Medicaid patients with an active immunization
List of patients with Lead Test
List of Patients with Patient Payment details
List of Patients with Pending Encounter Coding task
NOD Service Count Report
Patient Extract - Encounters with CPT by Location
Patient Extract - Fiscal Encounters with CPT
Patient Extract - Unique Encounters by Location
Patient Extract By Current Medication
Patients over 65 with an encounter
Patients Performed Car Seat test
Patients Receiving Certain Vaccine Lot Number
Potential Duplicate Clients
Pregnancy 81025 Report
Provider wise - Appointment type wise Patients Count
Provider wise - Investigation Count
Provider wise - Lab Name wise Investigation Count
Provider wise [No Show and Cancelled Appointments]
Screening Report
Services Count and Fee Report
STD - County Wide In Detail
STD - County Wide Summary (Total No of Test Performed Negative Result)
STD - County Wide Summary (Total number of Tests Performed)
STD - County Wide Summary (Total No of Test Performed Positive Result)
Strep Test 87081 Report
Strep Test 87880 Report
Time By Patient and Code
Encounter Report with CPT codes 99404 and 99412
Urinalysis X0012, X0014 Report
Vaccine Insurance Report
Vaccine Type Detail Report
Vaccine Type Summary Report
WIC Report - WIC Users by Age Group
WIC Report - WIC Users by Race/Ethnicity
Patients within Birthdate range
Katest
Patient Immunization by Zip Code

Inventory Specific Reports Available in ezEMRx

Inventory Specific Reports

104 - Daily New and Adjusted Vaccine Inventory
106 - Monthly Vaccine Inventory Balance Listing Report
756 - Vaccine Inventory System Report - All vaccines that have at least one dose/unit available
757 - Vaccine Adjustment Report (by date range)
Monthly Medication Inventory Balance Listing Report
Monthly Consumables Inventory Balance Listing Report
Monthly Lab Test Inventory Balance Listing Report
Medication Transaction detail report

Inventory Specific Reports

Lab Tests Transaction detail report
Consumables Transaction detail report
Vaccine Transaction detail report

ezEMRx's EHR is certified to meet Stage 1 & 2 measures. Such reports are available and built to be run real time, thus enabling users to adhere to MU compliance.

Stage 1 Measures

Stage 1 Measures

Measure of up to date problem list of current and active diagnosis
Measure of active medication list
Measure of active medication allergy list
Measure of Record demographics
Measure of Resources identified and used
Measure of Patients got electronic access
Measure of Use CPOE for medication orders
Measure of Generated and transmitted eRx
Measure of Vital signs - All In Scope
Measure of Vital signs - H/W out of Scope
Measure of Vital signs - BP out of Scope
Measure of smoking patients 13 years old or older
Measure of Clinical Lab Test results
Measure of patients provided with e copy of their health information
Measure of clinical summary provided
Measure of patient reminders for preventive care and follow up
Measure of Medication Reconciliation
Measure of Referrals to Another Setting of Care
Measure of Provided Timely Access within 4 Business Days
Measure of Unique Patients view, download or Transmit To Third Party

Stage 2 Core and Menu Measures

Stage 2 Measures

CPOE for Medication Orders

170.314a1.1 Medications
170.314a1.3 Laboratory
170.314a1.2 Radiology
170.314b3 E-Prescribing
170.314a3 Record Demographics

Record Vital Signs

170.314a4.1 Measure 1 - All In Scope
170.314a4.2 Measure 2 - H/W out of Scope
170.314a4.3 Measure 3 - BP out of Scope
170.314a11 Record Smoking Status

Clinical Decision Support

Stage 2 Measures

170.314a8 Implement 5 Clinical Decision Support

Patient Electronic Access

170.314e1.2 Provided Timely Access within 4 Business Days
170.314e1.3 Unique Patients view, download or Transmit To Third Party
170.314e2 Clinical Summaries

170.314b5a	Clinical Lab-Test Results
170.314a14	Preventive Care
170.314a15	Patient-Specific Education Resources
170.314b4	Medication Reconciliation
Summary of Care	
170.314e1	Transition of Care - Measure 1
170.314e2	EP who transition or refers their patient to another setting of care - Measure 2
170.314e3	Use Secure Electronic Messaging to communicate with patient
Menu of Measures	
170.314f3	Syndromic Surveillance Data Submission
170.314a9	Record electronic notes in patient Records
170.314a13	Family Health History
170.314b5a.1	Imaging Results

In addition to the above reporting measures covering Stage 1 & 2, ezEMRx's EHR also provides PQRI and CQM reporting. MU dashboards guide user thru the MU process.

ezEMRx's EHR is designed with extensive audit reporting covering HIPAA requirements. In depth reporting functions are made available via the Security Administrator function.

The ezEMRx software package is fully integrated into a third party billing system, Health Nautica. Health Nautica includes functionality such as; claims submission, re-billing claims, working denials, processing remittances, posting payments and ultimately detailed financial reporting.

Health Nautica includes extensive reporting capability with the following reports:

Health Nautica Reports

Health Nautica Reports	
All CPT Codes Report	IPA Data Capture Report
All ICD Codes Report	Miscellaneous Reports
All Insurance Companies Detail Report	Money Adjusted Report
All Insurance Companies Report	Money Collection Analysis Report
All Insurance Companies Summary Report	Money Refunded Report
All Patients Report	Net Charges Submitted to Insurance Report
All Procedures Summary Report	New Patient Activity Report
All Referring Physicians Report	Office Activity Reports
Analytics Reports	Patient Age Demographics Summary Report
Balance Aging Report	Patient Centered Reports
Balance Payment Report	Patients Without Services Report t
Batch Information Report	Payments Posted Report
Billing Benchmarking Metrics Report	Pending Claims Report
Board Certification Report	Potential Duplicate Patient Accounts Report
Capitated Charges Report	Potential Missing Claims Report
Claim Related Reports	Referring Physician Report

Health Nautica Reports

Claims Denial Report	Responsibility Assignment Report
Claims on Hold Report	Revenues by Financial Class Report
Claims Ready for Submission Report	Salient Remarks Search Report
Collection Company Report	Self Pay Patients Report
Data Dump Reports	Services Never Billed Report
Diagnosis Report	Services Rendered Report
Diagnostic Orders Report	Services with Negative Balances Report
Financial Summary Report	Staff Productivity Summary Report
Follow-Up Report	Surgery Orders Report

All ezEMRx reporting produced using features such as the ad-hoc reporting and pre-defined custom reports can be exported as CSV files. Any reports created using the correspondence feature can be exported as a PDF file.

ezEMRx's EHR feature of Health Records exports provides the capability to deliver PHI based reporting in formats with DIRECT compliance, PDF, and PDF electronic packages which can be written to CD/DVD media accordingly.

All ezEMRx reporting produced using features such as the ad-hoc reporting and pre-defined custom reports can be exported as CSV files. Any reports created using the correspondence feature can be exported as a PDF file.

In Summary:

- A certified stage 1 and 2 Meaningful Use / Public Health ready Electronic Health Record (EHR) solution
- An integrated Practice Management/Billing solution with Revenue Cycle Management (RCM) capability / experience
- Credentialing
- Ability (within the same vendor) to add other public health solutions and services
- A financial secure partner with a strong referenceable track record of delivery results

Please don't hesitate calling me for further clarification.

Thank you again for your interest.



Mike Peth | CDP, Inc. | Director, Sales & Marketing
p 800.888.6035 | c 708.212.0984 | f 630.783.8841

Attachment:

- 1. Pricing:**
 - a. Reno County's Costs – Option A**
RCM Option (Blue shaded items TBD)
 - b. Reno County's Costs – Option B**
Non-RCM Option (Blue shaded items TBD)
- 2. Core Features of ezEMRx**
- 3. Illinois Public Health Association's (IPHA) press releases**

	Client Charge	#s	One-time charges to Client	Monthly County Charges	Total 1st Year County Charges	Total 2nd Year County Charges
Reno County ezEMRx/RCM Project Pricing - July 2016						
One-time Site Implementation charge for ezEMRx & Practice Management						
>5 users at location		1	\$2,000		\$2,000	
Combined implementation/training						
Training for ezEMRx & Practice Management						
On-Site: per day / per trainer, includes travel expenses.	\$1,000	5	\$5,000		\$5,000	
Remote: per hour / per trainer	\$95		\$0		\$0	
			\$0		\$0	
Project Management fees - variable charge/sometimes shared with TOI depending on effort	\$3,000	1	\$3,000		\$3,000	
			\$0		\$0	
Data Conversion						
Demographic conversion only	\$0		\$0		\$0	
All other data migration/conversion not noted billed at hourly rates	\$110		\$0		\$0	
CCD file data conversion per every 5000 patients	\$2,000		\$0		\$0	
Migrating remaining paper records; two options						
1) Users scan and upload as needed, N/C	\$0		\$0		\$0	
2) Develop program to batch imported client-created PDFs of patient data to patient file.	\$3,000		\$0		\$0	
Integration						
Bi-directional flat fee of \$6,000/per	\$6,000		\$0		\$0	
Uni-directional flat fee of \$4,000/per	\$4,000		\$0		\$0	
Kansas Immunization Registry is Kansas WEB-IZ	\$0		\$0			
Kansas DAISY	\$0		\$0			
KHIN	\$0		\$0			
Most, if not all state-wide integrations	\$0		\$0		\$0	
Affiliated Medical Services (AMS) Laboratory,	TBD					
Local hospital lab	TBD					
KPC Lab, Wichita KS	TBD					
Lab, Hospital, etc. integration already built including Quest	\$0		\$0		\$0	
Monthly ezEMRx license rates per user						
<i>ezEMRx is a perpetual license to use the license— no ownership. Licenses are purchased per named users, based on role: Prescribers, Providers, and Non-clinicians. Licenses provide for full access to the system and its functionality by role. This access can be determined by administration.</i>						
Users						
Prescribers (includes 2, 1 at n/c)	\$125	1		\$125	\$1,500	\$1,500
Providers (non-prescribers) total of 11, 5 n/c	\$125	6		\$750	\$9,000	\$9,000
Support staff (non-clinicians); includes access to PM system if required	\$45	10		\$450	\$5,400	\$5,400
Part-time staff (less than 15 hours a week)						
Prescribers and/or Providers	\$60	5		\$300	\$3,600	\$3,600
Support staff (non-clinicians)	\$22	1		\$22	\$264	\$264
Very part-time "Overseeing" Prescribers with NO Rx access. (this is a support role w/ all access except no Rx)	\$0	1		\$0	\$0	\$0
RCM Options						
A. If Average County(s) collections > \$20K/month. Includes 5 ezEMRx user licenses, Additional Licenses charged as shown above.	13.50%	\$30,000.00		\$4,050.00	\$48,600.00	
Monthly Billing and A/R license rates per NPI in RCM OPTION						
Per every billable NPI above 5 in the > \$20k model, or for every one in the <\$20k model. depends on # of billing NPIs you use	\$95	0		\$0	\$0	\$0
Real-time eligibility verification and clearing house charges for every billable NPI in the <\$20k model	\$125	0		\$0	\$0	\$0
Billflash billed at actuals (if used). Split up by provider, BF charges 0.67 for sending each patient statement(print, fold, mail), 0.50 to update an address(on a return).depends on # of billing NPIs you use						
One-time Credentialing & Contract Negotiation per billing NPI, per contract	\$100	0		\$0	\$0	
Blended hourly rate for development, PM....						
	\$110			\$0		
County costs						
			\$10,000	\$5,697	\$78,364	\$19,764

Reno County ezEMRx/Practice Management Project Pricing - July 2016	Client Charge	#s	One-time charges to Client	Monthly County Charges	Total 1st Year County Charges	Total 2nd Year County Charges
One-time Site implementation charge for ezEMRx & Practice Management						
>5 users at location		1	\$2,000		\$2,000	
Combined implementation/training						
Training for ezEMRx & Practice Management						
On-Site: per day / per trainer, includes travel expenses.	\$1,000	1	\$1,000		\$1,000	
Remote: per hour / per trainer	\$95	1	\$95		\$95	
			\$0		\$0	
Project Management fees - variable charge/sometimes shared with TOI depending on effort	\$3,000	1	\$3,000		\$3,000	
			\$0		\$0	
Data Conversion						
Demographic conversion only = N/C	\$0		\$0		\$0	
All other data migration/conversion not noted billed at hourly rates	\$110		\$0		\$0	
CCD file data conversion per every 5000 patients	\$2,000		\$0		\$0	
Migrating remaining paper records; two options			\$0		\$0	
1) Users scan and upload as needed, N/C			\$0		\$0	
2) Develop program to batch imported client-created PDFs of patient data to patient file.	\$3,000		\$0		\$0	
Integration						
Bi-directional flat fee of \$6,000/per	\$6,000		\$0		\$0	
Uni-directional flat fee of \$4,000/per	\$4,000		\$0		\$0	
Kansas Immunization Registry is Kansas WEB-IZ	\$0		\$0		\$0	
Kansas DAISY	\$0		\$0		\$0	
KHIN	\$0		\$0		\$0	
Most, if not all state-wide integrations	\$0		\$0		\$0	
Affiliated Medical Services (AMS) Laboratory,	TBD					
Local hospital lab	TBD					
KPC lab, Wichita KS	TBD					
Lab, Hospital, etc. integration already built including Quest	\$0		\$0		\$0	
			\$0		\$0	
Practice Management without RCM option						
3% Based on paid claims. Please note: Minimum Charge of \$500/mo has been entered to the right as a place holder.	3.00%	\$30,000.00		\$900	\$10,800	\$10,800
Clearinghouse charges additional depending on choice. We prefer Navicare as shown below.						
Clearing House without RCM option						
	Client Charge	#s	time charges	County Charges	County Charges	Year County Charges
OPTIONAL (instead of client's current CH) - our Preferred Clearing House: Navicare. Per every NPI. Our negotiated rate Includes real-time verification and clearing house charges utilizing Navicare.						
Navicare provided training - no charge	\$0	1	\$0	\$0	\$0	\$0
Navicare Implementation (\$1000 one-time fee) -- waived	\$0	1	\$0	\$0	\$0	\$0
Monthly real-time verification and clearing house charges per billing NPI	\$125	1	\$0	\$125	\$1,500	\$1,500
County Annual Maintenance to Navicare	\$250	1	\$250	\$0	\$250	\$250
One-time enrollment per provider, per state to Navicare	\$60	1	\$60	\$0	\$60	
Monthly ezEMRx license rates per user						
<i>ezEMRx is a perpetual license to use the license-- no ownership. Licenses are purchased per named users, based on role: Prescribers, Providers, and Non-clinicians. Licenses provide for full access to the system and its functionality by role. This access can be determined by administration.</i>						
1st 10 users per County						
Prescribers (includes 2, 1 at n/c)	\$125	1		\$125	\$1,500	\$1,500
Providers (non-prescribers)	\$125	11		\$1,375	\$16,500	\$16,500
Support staff (non-clinicians); includes access to PM system if required	\$45	13		\$585	\$7,020	\$7,020
Part-time staff (less than 15 hours a week)						
Prescribers and/or Providers	\$60	5		\$300	\$3,600	\$3,600
Support staff (non-clinicians)	\$22	1		\$22	\$264	\$264
Very part-time "Overseeing" Prescribers with NO Rx access. (this is a support role w/ all access except no Rx)	\$0	1		\$0	\$0	\$0
Blended hourly rate for development, PM....	\$110	1		\$110		
1408 Joliet Road Romeoville, Illinois 60440	800.888.6035		One-time charges to Client	Monthly County Charges	Total 1st Year County Charges	Total 2nd Year County Charges
County costs			\$6,405	\$3,542	\$47,589	\$41,434

Core Features of ezEMRx

The ezEMRx suite of clinical products is geared towards Public Health Clinics, Provider Practices, Multi-Provider Practices, Multi-Specialty groups, and Immediate Care facilities. The product is easily customizable to fit any clinic, practice or physicians requirements. The unique tab layout allows the capture of discrete clinical information making reporting a breeze with the ezEMRx product lines. System interoperability is achieved using standard practices such as data exchange via HL7 specifications and/or CCD/C32 electronic exchange.

ezEMRx offers a comprehensive, practice management system that is used to track and manage a full-range of public health services: patient demographics, household status, eligibility, immunizations, growth charts, and cancer screenings ... to name a few.

As a provider, you can use any environment such as Apple or Microsoft Windows to access and use the ezEMRx suite on computers. Additionally, ezEMRx delivers to you as a provider the power of mobility by its unique supporting applications on Apple and Android devices.

ezEMRx product lines empower you as a provider to achieve better clinical outcomes. Here is what we bring to your practice:

- Efficient and knowledgeable support staff
- Locate patient records instantly and accurately
- Eliminate the need for large storage spaces for patient charts
- Improved quality of care and patient experience
- Document patient encounter information with ease and consistency
- Electronic prescriptions
- Integration with State HIEs, Hospitals, and Labs
- Integrated Patient Portal
- Mobile platform support
- Stage 1 & 2 Meaningful Use
- Public Health Metrics and Reporting
- Case Management geared towards pandemic diseases
- Specialty based clinical templates for Ambulatory clinics
- WIC clinical templates exclusive to Public Health

In addition, CDP is capable and experienced to bring under one roof the **complete Practice Management/EMR/WIC/eWIC/Environmental Health solution** combining all of what ezEMRx has to offer plus some or all of what is required of a robust WIC and/or eWIC and/or Environmental Health solution. CDP is experienced with WIC/eWIC software development, maintenance, enhancement services and operational support for multiple WIC information systems, offering a level of experience and knowledge of WIC/eWIC applications functionality that is unique to the industry. In addition, our Environmental Health experience is equally as deep providing the ability to provide a unique solution which enables tracking of public health modalities (i.e. lead poisoning) from an observation by a nurse at a clinic right to the inspection process. All information is seamless recorded one-time with traceability thus enabling concise reporting. Coordinating comprehensive services delivery in a data-driven manner is critical to Public Health, as it allows them to address multiple needs in a more efficient, effective and holistic manner to better serve people.

Core Features of ezEMRx, V9

Advanced Security

ezEMRx incorporates a number of security mechanisms to prevent unauthorized access to records and to maintain legal integrity. ezEMRx meets or exceeds HIPAA requirements.

Appointment Scheduling

ezEMRx is a state-of-the-art, enterprise appointment scheduling system, designed to improve scheduling efficiency and productivity.

Client Scheduling Capabilities

ezEMRx comes with its own patient portal which can be published or integrated with other systems as required.

Clinical Content

ezEMRx provides consistency of documentation, offering pre-built clinical templates and workflow developed specifically for health care management.

Coding Optimization

ezEMRx offers coding optimization functions via its Auto-Coder, supporting evaluations and management coding, maximizing third-party payments, and providing documentation and supporting evaluations for audits.

Medical and Social History

The staff captures the data based on patient responses including social and environmental conditions. ezEMRx translates the interview summary into clinical terminology that is passed to the EMR.

Tuberculosis and Disease Management

ezEMRx offers standardized templates for tuberculosis, diabetes and asthma that meet unique internal objectives which can be analyzed through the reporting functionality. ezEMRx allows the creation of a health matrix with referral tools, reports, and alerts to document patients' compliance with their individual care plans (e.g., periodic HBA1C for diabetic patients).

Care Provider Task List

The Care Provider Task List within ezEMRx helps organize the care provider's day and streamlines the administrative and clinical tasks that confront providers on a daily basis.

Follow-up / Recall Tracking

ezEMRx records follow-up recommendations with just a few keystrokes and the information is readily available to support staff, which can generate follow-up appointments for preventive visits.

Reporting

During an encounter, patient data collected is stored as discrete data elements. This model enables unlimited possibilities of data mining. Some examples of reporting:

- Procedures performed
- Diagnoses

ezEMRx offers an ad-hoc report writer for tailoring information to specifically address any need.

Template Editor

Templates are formulated using a tree concept which utilizes drop-down lists and check boxes to speed the data entry process during patient encounters. Each template features standard problems, diagnoses, conditions, allergies, medications, and symptom lists for each specialty to help standardize care across the clinic and increase user efficiency. The Template Editor allows the user to make changes such as adding new fields, alerts, new screens, clinical pathways, documents, protocols, default fields, required fields, and pick-lists without programmers or additional costs.

Electronic Chart

The heart of the patient record is the electronic chart, which maintains a complete patient record based on input templates completed during patient encounters. Using a range of imaging devices such as scanners and digital cameras, paper documents can be converted into electronic data that has been filed and fully integrated with the patient's electronic medical record.

Enterprise Data Sharing

ezEMRx allows multiple-location healthcare organizations to capture, store, and share data while supporting:

- Single Master Patient Index (MPI)
- Advanced security to protect data
- Locations to operate independently
- System administration cost reduction
- Demographic data sharing and complying with privacy laws
- Improved care with clinical data sharing

Document Generation

ezEMRx features a document generation module that saves clinicians and support staff significant amounts of time.

This module creates a wide variety of printed documents automatically with only a few simple keystrokes, including:

- Referral letters
- Consultation requests and responses
- Drug information
- Patient follow-up letters
- Disease management information
- Routine lab tests
- Chart publishing

Providers using ezEMRx can securely send health records to a patient or other providers with a few clicks. Health records can include any data, such as patient images, demographics, histories, lab results, allergies, diagnoses, patient education documents, and more.

Graphing

ezEMRx's graphing capabilities deliver formats that communicate results most effectively. For instance, capabilities include tracking patient attendance at disease-specific programs or charting county-wide blood values to analyze treatment outcomes.

At ezEMRx, we continuously keep up with product compliance requirements and market requirements. As a product company, we have quarterly releases, monthly patches, and on-demand release patches.

Immunizations/Screenings

The system features built-in intelligence with Centers for Disease Control and Prevention (CDC) rules incorporated to guide care providers with immunization and screening schedules. The system automatically provides alerts to the care provider on items due based on gender and age, thereby reducing the complexity of clinical maintenance. Furthermore, the printed immunization and screening records can be provided to patients for school requirements, etc.

Vaccine Inventory

The Vaccine Inventory enables users to manage inventories of vaccines as well as automatically reduce inventories as vaccines are distributed/given. Within public health, it is understood that vaccines often are funded through various grant programs, for example Vaccines for Children versus Private Pay. The ezEMRx vaccine inventory functionality, integrated with the immunization application within ezEMRx, enables users upon receiving vaccine lots/batches to enter those lots by way of bar code scanning. Subsequently distributing those vaccines will be deducted from your inventory and reports will reflect this administration of vaccines.

Household / WIC

Because of CDP's longstanding experience in public health, we understand the need for public health entities to be able to capture household related data including: numbers in-house, annual household income as well as if a patient is in the WIC program. Based on these numbers, CDP/ezEMRx can incorporate sliding fee scales to determine the proper amount a patient should pay for services for which they are responsible. The Household module also enables a public health entity to schedule a household containing any number of members at once versus scheduling each patient within a household manually.

Unique Specialty-Based Data Capture

The system features specialized templates for Primary Care, Pediatrics (incorporating American Academy of Pediatrics (AAP) guidelines for well child visits, milestones and guidance), OB/GYN (incorporating prenatal charts, tracking of mother and child, Estimating Due Date (EDD) charting and OB Assessment).

Schematics/Image Management

The schematics option in ezEMRx allows for the capture of clinical images from outside sources directly into a patient's chart.

Health Maintenance

The system has comprehensive methods of monitoring compliance with immunization recommendations or screening adherence using preventive alerts. The system comes in built with a standardized workflow designed to meet most clinical roles and workflow needs. ezEMRx offers the capability to customize the workflow to match the department's requirements.

Workflow Management

Includes a standardized workflow designed to meet most clinical roles and workflow needs. ezEMRx offers the capability to customize the workflow to match the provider's processes.

Lab Orders and Results

Provides the user the option of ordering studies and receiving results electronically. Through favorite lists, providers can order studies and tests with a few clicks. The orders are transmitted directly to the appropriate lab, either directly or manually.

Interactions - Decision Support

Includes a complete medication database, designed specifically to enhance physician/provider access. The interaction feature minimizes risks by automatically checking new prescriptions against a patient's medication list and recorded drug allergies to help prevent interactions and/or medication errors.

ePrescribing

Allows eligible providers to order, record, and transmit a prescription directly to the pharmacist, ensuring that no information about dosage, frequency, etc., becomes lost in translation or transport. Partnering with SureScripts, RxHub, and providers through ezEMRx, providers can search medication lists, automatically check for drug-to-drug interactions and drug allergies, and perform a real-time formulary confirmation. Providers can then instantly transmit the prescription to the patient's local participating pharmacy through the SureScripts network Fax Integration Services. This helps ensure that documentation and prescriptions are transferred accurately from ezEMRx. The system is also capable of receiving faxes directly, thus avoiding paper-based fax retrieval methods.

Remote Patient Care

Provides user access to the electronic patient charts. ezEMRx is Web-enabled and can be accessed anywhere – anytime.

ezRite is an adaptive product made for the mobile platform aligning itself with the capabilities of the ezEMRx EHR. The providers have access to patient records and are able to make constructive decisions on patient care and document them anywhere with a smart phone or a tablet.

Interoperability

Provides transferable, comprehensive electronic histories (CCR) that patients can share with providers throughout their life. It meets national and industry standards of communication which facilitates the seamless exchange of patient data between healthcare entities such as payers, labs, pharmacies, and diagnostic imaging centers to other medical records systems, patient portals, and medical devices. ezEMRx is HL7 ready.

HIE Readiness & Integration

Compliant with national and industry standards of health data exchange, which facilitates the seamless exchange of patient data between healthcare entities such as hospitals, payers, labs, pharmacies, and diagnostic imaging centers to other medical records systems, patient portals, and medical devices. ezEMRx is interoperable compliant and offers a provider-based HIE.

HIEs offer unidirectional and bi-directional approaches of integration. ezEMRx uses its own ezEMRxHIE. The ezEMRxHIE is configurable to adapt to any type of connection. An example of an ezEMRxHIE implementation is the DOCS4DOCS service (using an underlying site-to-site VPN connection between ezEMRx data centers and IHIE data centers). The implementation is bi-directional. However, connections from the public health department to the HIE is based on provider and patient consent. Different states base such clinical data exchanges in accordance with patient consent directives. ezEMRxHIE accepts MPIs (Master Patient Index) and also uses its own heuristic algorithm for patient matching. ezEMRxHIE performs data translations between dictionary formats such as LOINC, SNOMED-CT, RxNorm, ICD, and CPT using cross-maps. It can exchange and accept any type of messaging.

ezEMRx integrates using healthcare standards and protocols. Integration is made possible using the ezEMRxHIE platform (ezEMRx's own HIE portal) geared towards clinical data exchanges. The ezEMRxHIE platform supports the following standards towards integration and exchange.

- Transaction standards: HL7, X12, NCPDP, DICOM, IHE Integration Profiles (ebXML), HITSP Interoperability Specifications, CDAs, CCRs and CCDs (Levels 1,2,3)
- Transport protocols: Web Services (SOAP) and TCP/IP Sockets
- Clinical Terminology Standards: LOINC, SNOMED-CT, RxNorm, ICD, and CPT

ezEMRx integrations include HIEs and hospitals. Providers can receive patient records consisting of hospital visits, ER visits, labs, radiology results and other clinical documentation within ezEMRx. ezEMRx has also integrated with other EHRs exchanging CCDs in a bi-directional manner.

Voice Recognition Option

Allows the user to input data using any third-party, voice recognition software.

Client and Third-Party Billing Software

ezEMRx is offered with the Medical Billing Component which includes clearinghouses such as Availity, ClaimRemedi, Emdeon and our preferred - Navicure.

Ability to Manage Pharmaceutical and Vaccine Inventory

ezEMRx is integrated with eDispense systems to perform real time inventory actions such as displaying current availability of drugs prior to prescribing.

Ability to Customize Services, Forms, and Processes

ezEMRx offers a patient check-in method. Patients can answer custom questionnaires; validating their personal information which is tied to the clinic's workflow that feeds directly into the ezEMRx EHR. Front desk staff is alerted as soon as a patient checks in and when the patient is ready to be seen.

Potential for Client "Self-Serve" Registration

In many clinics, patients are required to list their changes in medical history, answer preventive questionnaires, and validate their demographics/insurance details. The information is still captured on paper and entered by staff members which can be taxing and time consuming. ezEMRx Intake is geared towards simplifying the above process. With Intake, patients can be presented with a laptop, tablet or kiosk. Using this equipment, patients can answer questionnaires, validate their personal information and this is all tied into the clinic's workflow feeding directly into the ezEMRx EHR. Front desk staff is alerted as soon as a patient checks in and when the patient is ready to be seen. ezEMRx reduces patient wait times, alleviates front desk staff workload, and reduces overall re-entry errors. ezEMRx is a simple tool, built exclusively to address front desk efficiencies.

Certifications

ezEMRx version 9 is compliant and was certified as a Complete EHR by InfoGard, supporting ONC 2011 and 2014 criteria. It meets Meaningful Use measures required to qualify eligible providers and hospitals for funding under the American Recovery and Reinvestment Act (ARRA).

"This Ambulatory Complete EHR is 2011/2014 compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantees the receipt of incentive payments."

Online Patient Portal

The ezEMRx patient portal can be integrated with other systems as required.

The patient portal is specifically designed to provide documentation to patients in the form of lab results, progress notes, referrals and more. By linking your website to our portal, your patients can access their records at their convenience. Patients can also schedule their appointments via the portal.

In addition, information can be exchanged securely between providers and patients. Patients can request refills or appointments via the portal. Prior to visiting the clinic, patients can complete questionnaires which directly feed into the ezEMRx EHR. ezEMRxPHR compliments ezEMRx.

During an encounter, patient data is collected and stored as discrete data elements. This model enables unlimited possibilities for data mining. Some examples of reporting are:

- Clinical outcomes
- Medication recalls
- Procedures performed
- Diagnoses

The heart of the patient record is the electronic chart, which maintains a complete patient record based on input templates completed during patient encounters. Using a range of imaging devices such as scanners and digital cameras, paper documents, and printed immunization and screening records, documents will be converted into electronic data that has been filed and fully integrated with the patient's electronic medical record. These records can be accessed by the patient via the integrated Patient Portal. The Remote Patient Care functionality gives a user access to their electronic patient charts anywhere – anytime.

In addition, information can be exchanged securely between providers and patients. Patients can request refills or appointments via the patient portal. In addition, prior to visiting the clinic, patients can complete questionnaires which directly feed into the ezEMRx.

Statements can be viewed by patients online through our optional interface with BillFlash. Integration with BillFlash is included in our pricing. Utilizing our integrated BillFlash component for emailing of invoices, mailing invoices and additional reporting is all available if desired.

With Billflash, statements are managed for you. You have the ability to create and manage your statements with customizable templates, review and approve your documents, and save time and money by letting Billflash print and mail your statements for you (additional fees required). The time you spend creating statements can be reduced by hours. Studies show that payers still overwhelmingly prefer paper statements. They then produce the statements at one of their state of the art facilities and mail them via US Postal Service the next business day. This eliminates the time consuming necessity of stuffing envelopes and assigning postage yourself, allowing you to focus on higher priority tasks. Most importantly, Billflash is and will remain current with all applicable HIPAA regulations so that your practice and patients are never compromised.

Account Management

Because of CDP's longstanding experience in public health, we understand the need for public health entities to be able to capture household related data including: numbers in-house, annual household income as well as if a patient is in the WIC program. Based on these numbers, CDP/ezEMRx incorporates a sliding fee scale to determine the proper amount a patient should pay for services for which they are responsible. The Household module also enables a public health entity to schedule a household containing any number of members at once versus scheduling each patient within a household manually.

Ability to flag accounts with alerts (i.e. late payment)

CDP's practice management solution has the ability to identify outstanding balances with alerts and flags. Within the CDP practice management solution users have the ability to setup late payment schedules for these aging balances. For example, users can setup 30, 60 and 90 day notices for all outstanding balances. Further, within the CDP EHR solution users are continually alerted of patient's outstanding balances through the appointment scheduling and registration screens. If a given patient has an outstanding balance the user will be alerted upon entering that patient's record. This proves effective when patient's call in to schedule an appointment the clerical staff can quickly see the patient owes money and ask that the patient bring money when coming in for their next appointment.

Reprint of Receipts

Within the CDP Practice Management and EHR solutions users have the ability to re-run claims as well as re-print any receipts of past payment. By searching for and subsequently finding the patient's record, users have the ability to go back and see all historical transactions and payment information. Receipts can then be reprinted for any previous transactions.

Third-Party Billing (bill businesses, schools, etc.)

The CDP practice management solution has the ability to bill contracted parties. For instance, if the County is contracted with a Fire Department to administer immunizations and subsequently bill for these immunizations, the practice management solution enables you to tie patients to this high level contracted party and generate a bill for all patients and related services that are tied to the contracted party.

Alerts

ezEMRx provides the ability for the user to enter ad-hoc alerts throughout the system. Users can:

- Create an Alert.
- View/Update an Alert
- Editing an Alert from the "Today's Task" screen
- View the Alert history

Users can create and set reminders for important tasks such as tracking a patient's medical condition or billing information.

Examples of alerts already in the application include:

- A comprehensive method of monitoring compliance with immunization recommendations or screening adherence using preventive alerts.
- Built-in intelligence with Centers for Disease Control and Prevention (CDC) rules incorporated to guide care providers with immunization and screening schedules. The system automatically provides alerts to the care provider on items due based on gender and age, thereby reducing the complexity of clinical maintenance. Furthermore, the printed immunization and screening records can be provided to patients for school requirements, etc.

- Templates that are formulated using a tree concept which utilizes drop-down lists and check boxes to speed the data entry process during patient encounters. Each template features standard problems, diagnoses, conditions, allergies, medications, and symptom lists for each specialty to help standardize care across the clinic and increase user efficiency. The Template Editor allows the user to make changes such as adding new fields, alerts, new screens, clinical pathways, documents, protocols, default fields, required fields, and pick-lists without programmers or additional costs. ezEMRx allows the creation of a health matrix with referral tools, reports, and alerts to document patients' compliance with their individual care plans.
- The option for users of the system to alert them before posting any amount to the ledger prior to finalizing entry. Example: Anytime a user or user role posts a payment the system alerts you that you are posting \$300.00 to this account.
- A client percent pay report based on a specific date and sub-program; the system calculates the percent the client must pay for the sub-program specified based on the sliding fee scale information for that date

Reminder Capabilities (calls, texts, or emails)

Email reminders are included.

Text reminders are possible however additional charges will be involved dependent on the service provider (e.g. Verizon, Sprint, AT&T).

Functionality exists to run a report which is can be uploaded to you vendor that specializes in making outbound calls using data from excel spreadsheet.

Search By

You have the capability of searching by patient, date of birth, insurance ID, acct #, responsible party, and encounter/invoice

Functionality exists to search by either patient data (account #, name, phone, DOB) or primary subscriber data (subscriber ID, name).

Flag Accounts

The function currently exists to flag accounts with incorrect address or demographic data can be flagged.

Appointment Scheduling

ezEMRx is a state-of-the-art, enterprise appointment scheduling system, designed to improve scheduling efficiency and productivity.

ezEMRx records follow-up recommendations with just a few keystrokes and the information is readily available to support staff, which can generate follow-up appointments.

Client Registration Process / Client Appointment Scheduling:

- Features complete call intake
- Determines need/type of appointment
- Checks eligibility appointment availability
- Checks clinic availability
- Ability to schedule to a 'resource'
- Validates city, state, and zip code and flags any discrepancies
- Evaluates eligibility appointment type

- Automatically generates client ID numbers
- Allows for management of required demographics, payor, eligibility, and income data fields
- Ability to add and disable data fields and make certain fields required or not required.
- Patients can also request their appointments via the Patient Portal. In addition, information can be exchanged securely between providers and patients. Patients can request refills or appointments via the portal. Prior to visiting the clinic, patients can complete questionnaires which directly feed into the ezEMRx.

Interface with Statewide Immunization Information System

The CDP EHR Solution has the ability, via HL7 2.5.1 industry standard messaging, to interface bi-directionally. Upon submitting an encounter, immunization records are sent to the Statewide Immunization Information System.

Eligibility for Vaccine for Children Immunization Programs

The CDP EHR Solution has the ability to identify and flag patients as being VFC Eligible. This process is handled at the front desk and can happen upon registration or simply when accessing and updating the patient's record. CDP understands that a patient is VFC eligible if they are less than 19 years old and meet one of the following criteria:

- Native American or Alaskan Indian
- No health insurance or underinsured
- Medicaid eligible

CDP has taken the above requirements into consideration and has allowed for users to flag patients as VFC eligible based on the criteria mentioned above.

Examples of the types of ad hoc reports that could be developed in the system for VFC Immunizations given can be found in the Immunization Report list at the end of the document. The listing can be sorted multiple ways to show all VFC immunizations given over a date range verse other immunizations.

Vaccine Inventory Management

The Vaccine Inventory enables users to manage inventories of vaccines as well as automatically reduce inventories as vaccines are distributed/given. Within public health, it is understood that vaccines often are funded through various grant programs, for example Vaccines for Children versus Private Pay. The ezEMRx vaccine inventory functionality, integrated with the immunization application within ezEMRx, allows users to enter batches/lots via bar code scanning. As vaccines are used, they are deducted from inventory and the reporting feature reflects the current inventory/administration of vaccines.

Additionally, ezEMRx:

- Has the ability to add vaccine to inventory which includes vaccine name, trade, lot number, vaccine expiration date, dose
- Has the ability to reduce vaccine from inventory based on immunization doses given from a specific trade and lot number
- Features real time inventory actions such as displaying current availability of drugs prior to dispensing.
- Has the ability to track vaccine inventory based on usage

- List of some of the vaccine reports available can be found in the Immunization Reports list at the end of this document.

Scanning Technology

The ezEMRx vaccine inventory functionality, integrated with the immunization application within ezEMRx, enables users upon receiving vaccine lots/batches to enter those lots by way of bar code scanning.

In addition to barcode scanning, ezEMRx provides the ability for the user to scan documents/pictures/etc. into the electronic patient file.

Insurance Verification

The heart of the patient record is the electronic chart, which maintains a complete patient record based on input templates completed during patient encounters. Using a range of imaging devices such as scanners and digital cameras, paper documents can be converted into electronic data that is filed and fully integrated with the patient's electronic medical record.

ezEMRx's scanning functionality does not populate the electronic record with data extracted from the card. The card is scanned as saved as an image.

ezEMRx is offered with the Medical Billing Component which includes:

- Auto Posting through Electronic Remittance Advise
- Integrated Subscriber Insurance Eligibility Verification in Real Time
- Claim Status in Real Time

Medical Claim Submission

ezEMRx is offered with the Medical Billing Component that includes an interface with clearinghouses such as Availity, ClaimRemedi, Emdeon and our preferred -Navicare.

Cost-effective Professional Claims submission via nationwide clearinghouses; Auto Posting through Electronic Remittance Advice (ERA); Integrated Insurance Eligibility Verification in Real Time; Integrated Merchant Transaction Capability/Ability to process credit, debit cards and checks electronically; Integrated Patient Statement Processing, Mailing, Viewing and Reporting Capabilities; Integrated Claims Scrubber; Extensive Set of Comprehensive Reports; Worry Free Software Updates; Multi-office / Multi-location Capability; Account Receivables, Bill and Audits; Diagnosis Related Groupings / CPT Coding Audit; Generate and Monitor: Unresolved Payer Credits, Workload Estimates, Transaction Summaries; Patient Calling and Follow-up; Payment Recovery, Patient Statement and Write-off Validation.

- Ability to bill Contracted payers/parties
- Ability to re-reprint receipts if desired
- Ability to Hold certain claims if not wanting to submit
- Ability to adjust claims if needed

Service Coding (Not Billable to Insurance)

The system will set claims as billable and/or reportable. All claims that cross over to Practice Management are automatically marked as billable to the primary insurance or not billable to insurance in case of self-pay patients or if the primary payer is appropriately marked.

Process examples:

- If the CPT code is marked as hide to minor and if the patient is a minor then claims are not billed to the payer
- If the CPT code is marked as not a procedure code (e.g. Xerox charges, late fees) then claims are not billed to the payer
- If the patient's primary payer is marked as not billable (i.e. capitated) then claims are not billed to the payer
- If the patient is marked as self-pay then claims are not billed to the payer

Through the Office Manager/Administrative level login, Users have the ability to maintain their own CPT codes both within the Practice Management software as well as the ezEMRx solution. When configuring CPT codes, users have the ability to set the charge (to \$0 if not billable) as well as only bill if the patient is flagged as not self-pay. Further, a user can configure approved insurance for a given CPT code and the approved amount.

Within the CPT code configuration screens, users can also identify if there is a related Facility Charge or admin fee that should be associated with a given CPT code along with if a given CPT code (and related charges) can be discounted based on your sliding fee scale

Sliding Scale Payments

ezEMRx incorporates sliding fee scales to determine the proper amount a patient should pay for services for which they are responsible based on income.

The user can also enter different income levels and different sliding fee scales for each subprogram due to the fact that different subprograms have different qualifications for income.

The application generates a client percent pay report based on a specific date and subprogram; the system calculates the percent the client must pay for the specified subprogram based on the sliding fee scale information for that date.

The system also has the ability to maintain and update poverty level tables.

Medical Format Documentation

ezEMRx is compliant with national and industry standards of health data exchange, which facilitates the seamless exchange of patient data between healthcare entities such as hospitals, payers, labs, pharmacies, and diagnostic imaging centers to other medical records systems, patient portals, and medical devices. ezEMRx is interoperable compliant and offers a provider- based HIE. HIEs offer unidirectional and bi-directional approaches of integration. ezEMRx uses its own ezEMRxHIE. The ezEMRxHIE is configurable to adapt to any type of connection. An example of an ezEMRxHIE implementation is the DOCS4DOCS service (using an underlying site-to-site VPN connection between ezEMRx data centers and IHIE data centers). The implementation is bidirectional.

However, connections from the public health department to the HIE is based on provider and patient consent. Different states base such clinical data exchanges in accordance with patient consent directives. ezEMRxHIE accepts MPIs (Master Patient Index) and also uses its own heuristic algorithm for patient matching. ezEMRxHIE performs data translations between dictionary formats such as LOINC, SNOMED-CT, RxNorm, ICD, and CPT using crossmaps.

ezEMRx can exchange and accept any type of messaging.

ezEMRx integrates using healthcare standards and protocols. Integration is made possible using the ezEMRxHIE platform (ezEMRx's own HIE portal) geared towards clinical data exchanges.

The ezEMRxHIE platform supports the following standards towards integration and exchange.

- Transaction standards: HL7, X12, NCPDP, DICOM, IHE Integration Profiles (ebXML), HITSP Interoperability Specifications, CDAs, CCRs and CCDs (Levels 1,2,3)
- Transport protocols: Web Services (SOAP) and TCP/IP Sockets
- Clinical Terminology Standards: LOINC, SNOMED-CT, RxNorm, ICD, and CPT

ezEMRx integrations include HIEs and hospitals. Providers can receive patient records consisting of hospital visits, ER visits, labs, radiology results and other clinical documentation within ezEMRx. ezEMRx has also integrated with other EHRs exchanging CCDs in a bi-directional manner.

On- and Off-Site Data Entry

The health department can be set up in the system with multiple locations. Users can enter data from all of these locations (on or offsite).

Scheduling appointments is one of the primary responsibilities of the front desk staff. ezEMRx provides a user friendly interface that enables front desk staff to easily check the availability of a provider before scheduling an appointment. Another example of the system's flexibility - the users has the ability to restrict time slots (clinic profiles) for each clinic and all clinics simultaneously.

The CDP/ezEMRx solution has the ability to capture data both onsite and offsite. The hierarchy within the system is "Group" and "Location" whereby group would be the high level district or county and location would be each clinic or site within the district/county. Patient encounter can come from a scheduled appointment or by the Nurse "Initiating a Patient Encounter" which does not require an appointment. This would work well for school clinics or mass immunization clinics offsite where schedules may not be present. In addition, restrictions can be put in place to prevent users from entering data from certain locations (i.e. ability to block users from entering data outside the office). When entering immunizations within the ezEMRx solution, the user has the ability to identify a "location" or where a shot was given. This proves beneficial for both reporting and billing purposes.

Statements

ezEMRx interfaces with the Practice Management module (billing system) and documents payment arrangements. Functionality includes:

- Ability to create and modify multiple series of consent statements - as well as have available for signature
- Ability to view, edit and generate patient billing statements
- Ability to override a service fee
- Ability to perform billing corrections and/or adjustments
- Ability to generate (view and print) a list including client name, payor, provider, sub-program, CPT code with modifier, amount for every service, date of service, unit(s), location of service, included in a batch
- Ability to configure labs and immunizations to be billed automatically after they are entered as completed or ordered. All claims that cross over to Practice Management are automatically marked as billable to the primary insurance or not billable to insurance in case of self-pay.
- Generates Remittance Advice (RA) from selected 835 ERN
- Ability to alert staff, per user role, on all registration screens when there are internal notes regarding a client
- Ability to flag and notify staff to read internal/confidential notes regarding a client

- When posting payments, the user has the ability to note that the payment was applied to the deductible, balance, or other explanation of payment destination.
- The solution maintains an audit trail of all security maintenance performed by date, time, user ID, device and location, including logon and log off. It provides designated users with easy access to this information (i.e., by reports or system function).

Illinois Public Health Association's Press Releases



Illinois Public Health Association

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IPHA partners with CDP, Inc. to Enhance Revenue Generation for Local Health Departments through a Billing System fully integrated with Electronic Health Records

SPRINGFIELD, Illinois, February 4, 2015 -- The Illinois Public Health Association (IPHA) today announced a new partnership with CDP, Inc. to assist local health departments with enhanced billing capabilities that are fully integrated with Electronic Health Records (EHR).

Although LHDs in Illinois are the most common provider of vaccines to Medicaid-eligible children, only 10-15 percent of them have developed full capacity to bill public or private insurance carriers for vaccines provided. During the last year, LHDs provided over 150,000 vaccinations to under-insured children or children with private insurance by LHDs. In addition, LHDs remain a key provider of selected adult immunizations, providing over 77,000 vaccinations to adults during the last year.

With 48 percent of LHDs across the country reporting that they reduced or eliminated services in 2012, and 31 percent of them cutting jobs in 2014, it is essential that Illinois LHDs develop the capacity to bill public or private insurance carriers for immunization services in order to capture reimbursement for services, increase health department revenue and increase immunization coverage levels.

Through a new partnership, agencies that are members of IPHA will be able to work with CDP through the Immunization Billing Project to enhance their ability to bill third party payers for immunizations and other billable services, while also ensuring that their system is fully integrated with EHRs. Revenues generated from this project enable LHD's to continue offering immunization services and, in some cases, it may allow health departments the ability to expand the scope of services that they offer.

CDP's EHR program, ezEMRx, is a certified stage 1 and 2 Meaningful Use / Public Health ready Electronic Health Record (EHR) solution. The ezEMRx solution will include a full Revenue Cycle Management system that is fully integrated with ezEMRx. Other features include Insurance Eligibility Verification, Credentialing and Contracting Services, Scheduling, Pharmaceutical and Vaccine Inventory Management, and various other Practice Management Services. All of these features are designed specifically to meet the needs of local health departments.

"The Immunization Billing Project has been a valuable resource to our local health departments and this new partnership with CDP, Inc. will allow even further service benefits by integrating billing systems with Electronic Health Records" says Tom Hughes, IPHA Executive Director.

IPHA is very pleased to report that the claims revenue received by the health departments that are participating in the Immunization Billing Project is greatly exceeding expectations.

SPRINGFIELD, Illinois, October 13, 2015 – Update on the IPHA's partnership with CDP, Inc. to assist local health departments with enhanced billing capabilities that are fully integrated with Electronic Health Records (EHR).

"Using ezEMRx is paying off for our agency and we are starting to receive sizeable monthly reimbursement checks," said Don Cavi, Administrator of the Logan County Health Department. During the months of August 2015 and September 2015, Logan County Health Department received more than \$38,000 in paid claims. When Logan County Health Department contracted with CDP to use ezEMRx, the electronic medical records system that includes complete revenue cycle management, its projected monthly revenue was \$8,000 per month. Thus far, the amount of revenue actually collected is more than double that amount!

McLean County Health Department is also experiencing good results. During the months of August 2015 and September 2015, McLean County Health Department received more than \$44,000 in paid claims. Both Logan and McLean are using ezEMRx for both electronic medical records and billing services.

Franklin-Williamson Bi-County Health Department was the first health department to take advantage of the billing-only option for this project, which allows smaller health departments access to CDP's full revenue cycle management system without the costs of the EMR. During the months of August 2015 and September 2015, the gross revenue from paid claims at Franklin-Williamson Bi-County Health Department was more than \$59,000. "Overall, I'm glad that we did it," said Robin Koehl, Administrator of Franklin-Williamson Bi-County Health Department. "We'd be missing out on revenue that we would not have otherwise been able to capture if we didn't do it."

In addition to the claims revenue exceeding expectations, IPHA has also been receiving rave reviews of the excellent customer service that the CDP and ezEMRx team is providing.

"Overall, I think that the system is working and CDP did a great job with developing, training and implementation," said Cathy Dreyer, Fiscal Manager, McLean County Health Department. Don Cavi stated, "We feel we have a partnership with CDP, for if we don't succeed in capturing our revenue, neither do they. We both have a common goal and will do what is necessary to build a successful revenue stream to ensure the success of both parties." Don also added, "CDP staff is easily accessible, quick to respond and they proactively initiate weekly contacts with our staff to ensure the system is meeting our needs."

Using ezEMRx has also made the transition to ICD-10 a lot easier. "It was so helpful to have CDP transfer all of our ICD-9 codes over to ICD-10. We did nothing for this transition," said Kara Davis, BSN, Assistant Administrator/Director of Nursing for Logan County Health Department. Robin Koehl stated, "Knowing CDP was handling the ICD-10 changes took the weight off of our staff." "With recent staff lay-offs, this was extremely helpful."

Having a billing team that follows up on submitted claims is one of the great advantages of using ezEMRx. "We love the fact that the ezEMRx system does all of our claim follow-up, payment recovery and record documentation," said Don Cavi. "It's like having an additional billing and medical records department in our office without having to hire new employees. This saves our staff time and reduces our overhead." Robin Koehl reported, "If a claim is rejected or denied for any reason, they go after it."

IPHA Immunization Billing Project Exceeds \$700,000 in Revenue

SPRINGFIELD, Illinois, February 11, 2016 - At a time when the fiscal outlook for most local health departments in Illinois is troubling, the IPHA Immunization Billing Project, funded through the Illinois Department of Public Health, is offering some much-needed relief. The claims revenue that is being collected by the participating health departments continues to greatly exceed expectations. During the month of December 2015 alone, fourteen local health departments collectively earned \$261,579 in revenue from paid claims. The total claims revenue for July 2015 to date is \$724,871.17.

Twenty-four local health departments in Illinois have now contracted with CDP, Inc., IPHA's Romeoville, Illinois-based partner on the Immunization Billing Project, to utilize ezEMRx, the electronic medical records system that includes complete revenue cycle management. Of these health departments, nine have contracted to use both the electronic medical records and revenue cycle management services, and fifteen have contracted to use the revenue cycle management system only (the "billing only" option). Twenty health departments have successfully completed their training and implementation, and are now using the system; four are at various stages of training and implementation, and will soon be enjoying increased revenue from billing.

The feedback that IPHA has received from the health departments that are using CDP and ezEMRx has been overwhelmingly positive. The staffs at CDP and ezEMRx have received numerous compliments for providing excellent customer service. "The transition to billing through CDP has been really smooth," said Lora Alexander, Administrative Manager at LaSalle County Health Department. "They are very professional, friendly, and eager to help in any way possible." Kris Marcotte, Administrative Coordinator at Kankakee County Health Department stated, "Having CDP responsible for our billing has been reassuring with our recent undertaking of billing private insurances and the transition to the Managed Care Organizations within the Medicaid system. We can already see the increase in revenue due to their billing expertise. This has allowed additional time for our billing person to complete other job duties within the department."

In these extremely challenging financial times, it behooves **local health departments in Illinois to explore third-party billing and the IPHA Immunization Billing Project**. The Illinois Department of Public Health Director, Nirav D. Shah, M.D., J.D, said “The State of Illinois is putting a strong new focus on public health prevention and outcomes, and moving away from the high cost for services that occurs after people become sick. The IPHA Immunization Billing Project helps local health departments provide preventative services by facilitating collection of much needed payments.”

Immunization Billing Project Generates More Than \$1 Million in Paid Claims Revenue

SPRINGFIELD, Illinois, April 14, 2016 - IPHA is pleased to announce that the Immunization Billing Project funded by the Centers for Disease Control and Prevention through the Illinois Department of Public Health has reached another significant milestone. As of March 31, 2016, the health departments that are participating in the implementation phase of this project have now received more than \$1 million paid claims! During the month of March 2016 alone, twenty local health departments collectively earned \$224,932.17 in revenue from paid claims. The total claims revenue from July 2015 through March 2016 is \$1,082,593.31. This revenue is from commercial payers, as well as Medicare and Medicaid, and is not money that is dependent on state or federal grant funding.

Tom Hughes, Executive Director of IPHA stated, “I am pleased with the progress made by local health departments with billing for immunizations and other health services they provide. I also have to thank IPHA staff and CDP/eZEMRx for reaching this milestone! Congratulations to all.”

Twenty-four local health departments in Illinois have contracted with CDP, Inc., IPHA’s Romeoville, Illinois-based partner on the Immunization Billing Project, to utilize eZEMRx, the electronic medical records system that includes complete revenue cycle management. Of these health departments, ten have contracted to use both the electronic medical records and revenue cycle management services, and fourteen have contracted to use the revenue cycle management system only (the “billing only” option). Twenty health departments have successfully completed their training and implementation, and are now using the system; three have just recently completed the training and implementation process, and will soon be enjoying increased revenue from billing. One is still in the implementation and training phase.

The staffs at CDP and eZEMRx continue to receive rave reviews for their outstanding customer service:

“We are pleased with the great customer service that CDP offers. We get timely responses from their friendly staff.” Cathy Ferguson, Administrator, Lee County Health Department

“Whenever I have questions about billing or insurance they are always willing to answer my questions. The biweekly check-ins are a big help. We are able to brainstorm and talk about issues and concerns in a timely, streamlined manner.” Diana Vasquez, Director of Community & Personal Health, Lee County Health Department

“The Stephenson County Health Department is most pleased with the eZEMRx revenue cycle management system. Our staff was very happy with the training and implementation provided by CDP. To have all staff happy with a new system is quite an accomplishment!” Craig Beintema, Administrator, Stephenson County Health Department

“Adams County Health Department is using the full EMR from CDP/eZEMRx. While there is a bit of a learning curve for staff - from the front-line supportive services to nursing staff in clinic - CDP has been very receptive to our calls, providing excellent customer service, training and even making tweaks to the software based on input from our staff. While we are still in the early stages of use, we see the potential for expanded services, data collection, and billing opportunities with this system and CDP support.” Shay L. Drummond, Director of Clinical and Environmental Services, Adams County Health Department

Given the current uncertainty regarding budgets and funding, every health department in Illinois must seek new and alternative sources of revenue.

2016 MORTGAGE REGISTRATION TAX AND RECORDING FEE REVENUE

	Mortgage Registration Tax		Recording Fee		YTD TOTAL		+/- from 2015
	2015	2016	2015	2016	2015	2016	
JAN.	\$ 34,686.46	\$25,550.70	\$ 15,410.80	\$18,195.30	\$ 50,097.26	\$ 43,746.00	\$ (6,351.26)
FEB.	\$ 17,409.24	\$23,635.69	\$ 15,206.80	\$22,010.00	\$ 82,713.30	\$ 89,391.69	\$ 6,678.39
MARCH	\$ 35,437.13	\$32,622.70	\$ 20,433.10	\$24,046.60	\$ 138,583.53	\$ 146,060.99	\$ 7,477.46
APRIL	\$ 25,091.88	\$21,700.14	\$ 16,167.50	\$24,475.30	\$ 179,842.91	\$ 192,236.43	\$ 12,393.52
MAY	\$ 50,641.45	\$22,885.36	\$ 19,374.10	\$26,741.20	\$ 249,858.46	\$ 241,862.99	\$ (7,995.47)
JUNE	\$ 33,312.48	\$22,095.78	\$ 18,290.70	\$25,620.60	\$ 301,461.64	\$ 289,579.37	\$ (11,882.27)
JULY	\$ 36,353.74	\$26,349.91	\$ 19,402.40	\$22,263.80	\$ 357,217.78	\$ 338,193.08	\$ (19,024.70)
AUGUST	\$ 27,984.10	\$40,578.17	\$ 17,234.90	\$29,152.20	\$ 402,436.78	\$ 407,923.45	\$ 5,486.67
SEPT.	\$ 33,398.06		\$ 16,322.00		\$ 452,156.84	\$ 407,923.45	\$ (44,233.39)
OCT.	\$ 33,685.72		\$ 16,325.90		\$ 502,168.46	\$ 407,923.45	\$ (94,245.01)
NOV.	\$ 48,335.89		\$ 13,932.10		\$ 564,436.45	\$ 407,923.45	\$ (156,513.00)
DEC.	\$ 38,797.22		\$ 20,959.90		\$ 624,193.57	\$ 407,923.45	\$ (216,270.12)
TOTAL	\$ 415,133.37	\$ 215,418.45	\$ 209,060.20	\$ 192,505.00			

	2015	2016	
Plus money paid <u>IN</u> from Other Counties	\$ 18,533.13		
Less money paid <u>OUT</u> to other Counties	\$ (62.50)		
TOTAL REVENUE:	\$ 642,664.20	\$ 407,923.45	\$ (234,740.75)