

**ePrescribe Florida**  
**Electronic Prescribing Software**  
**Request for Information v 2.1, current as of 08/30/07**

**Section A: Corporate Information**

Response

**Today's Date**

**Company Name**

**Home Office Address**

Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Telephone	<input type="text"/>
Website URL	<input type="text"/>

**Years in Business**

**Parent Company Name**

**Financial Status (select all that apply)**

Public	Yes/No
Private	Yes/No
For Profit	Yes/No
Not for Profit	Yes/No
Symbol	<input type="text"/>

**Company Total Annual Revenue**

ERX Revenue	<input type="text"/>
EMR Revenue	<input type="text"/>
Other Revenue	<input type="text"/>

**Financial Rating**

A.M. Best Rating

Date

Moody's Rating   
Date

Standard & Poors Rating   
Date

Dunn & Bradstreet Rating   
Date

Other Name   
Rating   
Date

**Total Number of Employees**

**Business Alliances**   
**Affiliated Companies**   
**Subcontracting Arrangements**

**Software Product (one per RFI)**   
Version   
ERX - Standalone   
EMR with ePrescribing

**RFI Contact**   
Name   
Street   
City   
State   
Zip Code   
Phone   
email

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**Section B: Market Experience**

<b>Software Product Name (1 per RFI)</b>		
Version		
Product Category		ERX standalone or EMR plus ePrescribing
General Product Description	open text box field	

**Company time in ePrescribing Market (all products)?**  years

**Software time in ePrescribing Market?**  years

<b>Total Number of ePrescribing Employees</b>	
Sales & marketing	
Technical Installation	
Implementation/Training	
Product Support	
Product Development	

**States with ePrescribing clients**   
*(insert check list or drop down)*

<b>Registered Users</b>	<b>All</b>	<b>Florida</b>
	<input type="text"/>	<input type="text"/>

<b>Active Users (≥ 50 RXs/month)</b>	<b>All</b>	<b>Florida</b>
Physicians	<input type="text"/>	<input type="text"/>
Nurse Practitioners	<input type="text"/>	<input type="text"/>
Physician Assistants	<input type="text"/>	<input type="text"/>
Registered Nurses	<input type="text"/>	<input type="text"/>
Licensed Nurses	<input type="text"/>	<input type="text"/>
Medical Assistants	<input type="text"/>	<input type="text"/>

Other

<b>Users (<math>\geq</math> 50 RXs/month) by FL MSA</b>	<b>Registered</b>	<b>Active</b>
Daytona Beach		
Fort Myers-Cape Coral		
Fort Pierce-Port St. Lucie		
Fort Walton Beach		
Gainesville		
Jacksonville		
Lakeland-Winter Haven		
Melbourne-Titusville-Palm Bay		
Miami-Fort Lauderdale		
Naples		
Ocala		
Orlando		
Panama City		
Pensacola		
Punta Gorda		
Rural Florida		
Sarasota-Brandenton		
Tallahassee		
Tampa-St. Petersburg-Clearwater		
West Palm Beach-Boca Raton		

<b>Physician Users by Group Size</b>	<b>National</b>	<b>Florida</b>
Solo		
Small (2-9 physicians)		
Mid (10-49 physicians)		
Large (50+ physicians)		

<b>Hospital &amp; Hospital Systems</b>	<b>National</b>	<b>Florida</b>
Total		
Community Hospitals		
Tertiary Care Hospitals		
Community Care Centers		

Long Term Care Facilities	National	Florida
Total		

Physician Users by Specialty	National	Florida
Primary Care/Family Practice		
Internal Medicine		
Pediatrics		
Obstetrics/Gynecology		
Geriatrics		
Allergy/Immunology		
Cardiology		
Dermatology		
Emergency Medicine		
Gastroenterology		
General Surgery		
Hospitalists		
Infectious Disease		
Intensive Care		
Nephrology		
Neurology		
Occupational Medicine		
Oncology		
Pulmonary Medicine		
Psychology		
Rheumatology		
Sports Medicine		
Urology		
Other		
Unknown		

Volume of ePrescriptions	National	Florida	Time Period
All Transactions			
% electronic transmitted			
% fax			

weekly, monthly or yearly

% printed			
Pharmacy Renewal Requests			

**Client References - Florida Reference Preferred**

Organization Name
City
State
Contact Name
Contact Title
Contact Telephone
Contact Email
Product Installed
Date Installed

Organization Name
City
State
Contact Name
Contact Title
Contact Telephone
Contact Email
Product Installed
Date Installed

drop down

Organization Name
City
State
Contact Name
Contact Title
Contact Telephone
Contact Email
Product Installed
Date Installed

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**Section C: Sales & Support Model**

**Sales Model (check all that apply)**

Direct to Physician	<input type="checkbox"/>
Payer based Programs	<input type="checkbox"/>
Health Systems	<input type="checkbox"/>

**Minimum Number of Licenses per Contract**

**Software Fees (check all that apply)**

	Yes/No	Range	
Annual per provider	<input type="checkbox"/>	<input type="text"/>	<\$500, \$500-1000, \$1000-\$2000, >\$2500
Monthly Subscription	<input type="checkbox"/>	<input type="text"/>	<\$30, \$30-59, \$60-89, \$90-109, >\$110-\$150, >\$150

**Do you offer volume discounts for software fees?**

 Yes or No

Number of Licenses	Discount Range
<input type="text"/>	<input type="text"/>

**Do you offer ePrescribe Florida Discount for software fees?**

Yes/No	Discount
<input type="checkbox"/>	<input type="text"/>

**Do you require additional fees for software utilization?**

Yes/No	Type	Required
<input type="checkbox"/>	Content Fees	<input type="checkbox"/>
<input type="checkbox"/>	Transaction Fees	<input type="checkbox"/>
<input type="checkbox"/>	Maintenance Fees	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

Please Describe

**Hardware Acquisition (check all that apply)**

	Compatible	Included with Software Purchase	Additional Fee
PC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Implementation (please check all services offered or coordinated)**

	Available	Included with Software Purchase	Additional Fee
Pre-implementation office workflow assessment	Yes/no	Yes/No	Yes/No
Customized Implementation Plan	Yes/no	Yes/No	Yes/No
Internet Installation/Upgrade	Yes/no	Yes/No	Yes/No
Wireless network installation	Yes/no	Yes/No	Yes/No
Cellular Service	Yes/no	Yes/No	Yes/No
Device installation & configuration	Yes/no	Yes/No	Yes/No

**Initial Training**

	Available	Included with Software Purchase	Additional Fee	Description of Service
<b>On site</b> Do you offer on-site Training?	Yes/no	Yes/No	Yes/No	
Individual Training Provided?	Yes/no	Yes/No	Yes/No	
Train the Trainer Approach	Yes/no	Yes/No	Yes/No	
Allowed Time per Prescriber	Yes/no	Yes/No	Yes/No	
Allowed Time for Office Staff	Yes/no	Yes/No	Yes/No	
Allowed Time for Clinical Staff	Yes/no	Yes/No	Yes/No	
Additional time allowed	Yes/no	Yes/No	Yes/No	
Charge for additional time	Yes/no	Yes/No	Yes/No	

**Describe Typical On-site Initial Training by Group Size**

	Allowed Time	Per Physician	Per Clinical Staff	Per Administrative Staff
Small				
Mid				
Large				
Comments				

**Other Training**

Ongoing Training Provided?

Ongoing Training Description	Available	Additional Fee	Comments or Description
On site	Yes/No	Yes/No	
On-line References	Yes/No	Yes/No	
Telephonic	Yes/No	Yes/No	
User Webcasts	Yes/No	Yes/No	
User Communities	Yes/No	Yes/No	
Train the Trainer	Yes/No	Yes/No	

Software Support Provided	Available	Available 24/7?	Excludes Holidays?	Additional Fee	Comments or Description
Online Help Reference	Yes/No	Yes/No	Yes/No	Yes/No	
Telephonic HelpDesk	Yes/No	Yes/No	Yes/No	Yes/No	
Live Chat Online	Yes/No	Yes/No	Yes/No	Yes/No	
Email	Yes/No	Yes/No	Yes/No	Yes/No	

Levels of Software Support & Guarantees					
Level	Description	Resolution Guarantee	Available 24/7?	Excludes Holidays?	Additional Fee
1 (Low priority)			Yes/No	Yes/No	Yes/No
2 (Medium priority)			Yes/No	Yes/No	Yes/No
3 (High/Urgent priority)			Yes/No	Yes/No	Yes/No
After Hours			Yes/No	Yes/No	Yes/No

Software Upgrades/New Releases	Fee Required
Do new upgrades or releases require on site technical support?	Yes/No
Training Offered	Yes/No
Describe Release Schedule	
Describe Communication	

**Software Warranties**

Hardware Installation Services	Provided	Additional Fee
Wireless Network/Router	Yes/No/Not Required	Yes/No/Not Required
Handheld configuration	Yes/No/Not Required	Yes/No/Not Required

PC/Laptop configuration	Yes/No/Not Required	Yes/No/Not Required
Printer/Fax	Yes/No/Not Required	Yes/No/Not Required
Local Server	Yes/No/Not Required	Yes/No/Not Required

Hardware Support Service & Guarantees	Provided	Additional Fee	Description
On site repair	Yes/No	Yes/No	
Replacement	Yes/No	Yes/No	
Remote repair/service	Yes/No	Yes/No	
Online technical support	Yes/No	Yes/No	
Telephone Help Desk	Yes/No	Yes/No	

<b>Hardware Warranties</b>	
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**Section D: Value Proposition & Outcomes**

Please provide input as to outcome measure you can provide for the following constituents either through direct reporting or additional information. Please provide metrics that you can supply to support outcomes.

**1. Patients**

**1.a. Out of Pocket Cost savings through Formulary compliance**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**1.b. Improved Medication Safety**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**1.c. Patient Convenience/Satisfaction**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**1.d. Improved Medication Compliance/Wellness**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**2. Pharmacies**

**2.a. Work Flow Efficiencies**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**2.b. Script Renewal Processing Efficiency**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**2.c. Script Legibility**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**2.d. Reduced Calls Back to Prescriber**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**2.e. Formulary Issues/Medication Cost**

Documented	Yes/No	
Define Metric(s)		
Additional Details		

**3. Physicians/Providers**

3.a. Reduce Office Staff Time Associated with Script Renewals	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
3.b. Reduced Office Staff Time Associated with Pharmacy/Patient Call Backs	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
3.c. Reduced Provider Time Associated with Pharmacy/Patient Call Backs	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
3.d. Staff Reductions	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
3.e. Provider Satisfaction	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
3.f. Decrease Provider Liability Cost	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
3.g. Improved Quality of Care Associate with Clinical Decision Support	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		

**4. Hospital Systems**

4.a. Medication Reconciliation	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
4.b. Discharge Meds Process	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		

**5. Manage Care/Health Plans**

5.a. Formulary Compliance Cost Savings	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
5.b. Increased Generic Utilization Cost Savings	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
5.c. ADE Avoidance Cost Savings	Documented	Yes/No	
	Define Metric(s)		
	Additional Details		
5.d. Improved Patient Safety/Clinical Outcomes	Documented	Yes/No	
	Define Metric(s)		

**6. Employers**

Additional Details		
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6.a. Patient Satisfaction

Documented	Yes/No	
Define Metric(s)		
Additional Details		

6.b. Plan Cost Savings for Drug Spend

Documented	Yes/No	
Define Metric(s)		
Additional Details		

6.c. Increased Employee Satisfaction

Documented	Yes/No	
Define Metric(s)		
Additional Details		

6.d. Lower Employee Cost Share/CoPay

Documented	Yes/No	
Define Metric(s)		
Additional Details		

6.e. Decreased Sick Days associated with Medication Non Compliance

Documented	Yes/No	
Define Metric(s)		
Additional Details		

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Section E: Care Management

Please complete this Functional information for each item.

Care management

1 Maintain and Manage Patient Record

1.a. Note information can be stored & maintained to identify unique patient

Field	Required	Optional
First & Last Name		
Date of Birth		
Address		
Phone Number		
Gender		
Height		
Weight		

1.b. Minimal set of Patient identifying information (name, gender, date of birth) visible in user interface throughout process of creating a prescription?

Yes/No

1.c. Lookup function using demographic information to uniquely identify patient?

Yes/No

Description

1.d. Import capability for patient demographic information?

Yes/No

1.e. Data entry supported for patient demographic information?

Yes/No

1.f. Merge capability available to allow multiple identifies to be combined as one patient?

Yes/No

1.g. Does the software allow for diagnosis or chief complaint entry and selection?

Yes/No

If yes, is this information transmitted with the prescription to pharmacy?

Yes/No

2. Manage and Maintain Patient Specific Medication List

2.a. Prescribed Medications are maintained as part of record?

Yes/No

2.b. Administered Medications in office (injectables, etc) can be entered and maintained as part of patient medication record?

Yes/No

2.c. Dispensed medication history is accessed and incorporated into local Medication list (either through connectivity to PBM, health plan or retail pharmacies)

Yes/No

2.d. List Fields Supported by Medication History Type

	Prescribed Medication	Administered Medications	Dispensed Drug History
Drug Name	Yes/No	Yes/No	Yes/No
Strength	Yes/No	Yes/No	Yes/No
Dosage Form	Yes/No	Yes/No	Yes/No
Quantity	Yes/No	Yes/No	Yes/No
Days Supply	Yes/No	Yes/No	Yes/No
SIG	Yes/No	Yes/No	Yes/No
Start Date	Yes/No	Yes/No	Yes/No
End Date	Yes/No	Yes/No	Yes/No
Lot Number	Yes/No	Yes/No	Yes/No
Prescriber Name	Yes/No	Yes/No	Yes/No

2.d. Does the software merge medication lists from multiple sources into one list (i.e.. Remove duplicate drug records from local vs. dispensed drug history)?

Yes/No
Yes/No

2.e. Are all medications prescribed locally within one practice visible to all prescribers within practice? If no, please explain

Yes/No
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2.f. Describe any limitations to medication history access for prescribers within one practice

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2.g. Does the software restrict view to any specific medication history?

Yes/No
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List medications restricted

HIV/AIDs	Yes/No
Mental Health	Yes/No
Other	

2.h. Prescribers can view complete medication list from all clinicians across medication history sources?

Yes/No
--------

If no, please explain limitations

--

2.i. List maximum time period for received dispensed drug history from PBMs, Payers or retail pharmacies

30 days	(drop down check)
60 days	
180 days	
365 days	
Other	
No limit	

2.j. Note maximum number of medication history records that may be maintained within software.

50	(drop down check)
100	
Other	

No limit	
----------	--

2.k. **Software supports entry of self-reported medications by patient that are not available from other sources?**

Yes/No

List all fields maintained for self-reported medications

Drug Name	Yes/No
Strength	Yes/No
Dosage Form	Yes/No
Quantity	Yes/No
Days Supply	Yes/No
SIG	Yes/No
Start Date	Yes/No
End Date	Yes/No
Lot Number	Yes/No
Prescriber Name	Yes/No

2.l. **Discontinuance Date for medications on maintained patient record is allowed.** Yes/No

2.m. **Medication history allows for separate view of discontinued medications** Yes/No

2.n. **The software can support inpatient medication reconciliation.** Yes/No

3. **Manage and Maintain Patient Allergy and Adverse Reaction**

3.a **The software allows for recording and maintenance of patient-specific allergy lists.** Yes/No

3.b **The software supports and maintains patient-specific adverse reaction record.** Yes/No

3.c **The software supports structured data entry and coded maintenance for allergy and adverse events.** Yes/No

3.d **The software supports full text entry for allergy and adverse events.** Yes/No

3.e **Indicate which components for Allergy and Adverse Reaction Lists can be coded and maintained.**

Allergen Name	Yes/No
Allergen Type	Yes/No
Immunization	Yes/No
Prescription Medication Name	Yes/No
Over the Counter Medication Name	Yes/No
Herbal products & vitamins	Yes/No
Intolerances or Suspected Allergy	Yes/No
Environmental triggers	Yes/No
Dietary allergens/intolerances	Yes/No
Patient-reported events	Yes/No
Description of reaction type	Yes/No
Duration of reaction	Yes/No

Date of reaction	Yes/No
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3.f Are allergy and adverse event records fully visible within patient record Yes/No

#### 4. Prescribing Writing Capabilities

4.a Indicate criteria medications are searchable by:

Brand Name	Yes/No
Generic name	Yes/No
Alphabetized lists	Yes/No
Therapeutic category	Yes/No
Diagnosis/indication	Yes/No
Frequently prescribed medications	Yes/No
Favorite Lists	Yes/No

4.b Does the software support Favorites Lists for Frequently Prescribed Drugs? Yes/No  
 If yes, are Favorites Lists required to be manually created and maintained? Yes/No  
 Does the software allow for "smart" creation of favorites lists over time based on drug frequency? Yes/No

4.c Medication Orders may be differentiated by type of order

New	Yes/No
Refill	Yes/No
Renew	Yes/No
Discontinue	Yes/No
Cancel	Yes/No
Administer	Yes/No

4.d Indicate which fields and formats are supported for medication order

	Coded/Structured	Free Text
Drug Name	Yes/No	Yes/No
Dosage Form	Yes/No	Yes/No
Strength	Yes/No	Yes/No
Route	Yes/No	Yes/No
Frequency	Yes/No	Yes/No
Duration	Yes/No	Yes/No
Quantity	Yes/No	Yes/No
SIG or Directions	Yes/No	Yes/No
Prescriber signature	Yes/No	Yes/No
Number of refills	Yes/No	Yes/No
DAW	Yes/No	Yes/No
Notes to dispensing pharmacy	Yes/No	Yes/No
PRN field	Yes/No	Yes/No

4.e. Time Stamps for all medication order activity is recorded and accessible?

4.f. Does the software allow for record for sample designation and provision?

4.g. Does the software allow for the following information to be entered & maintained for medication record.

Lot Number	Yes/No
Expiration Date	Yes/No
Medication Start Date	Yes/No
Medication End Date	Yes/No

4.h. Does the software allow for automated selection from the dosages and forms available?

4.i. Does the software enable the creation and transmission of multiple prescriptions at the same time?

4.j. Is the software capable of drug specific designation to indicate specialty drug status?

4.k. Does the software contain a list of DME equipment for selection?

4.l. Does the software allow for selection of OTC product selection?

4.m. Can a physician create a prescription using free text for compounding or for orders not listed in drug database?

## 5. Pharmacy Selection

5.a. Is Prescriber-Pharmacy communication bi-directional?

5.b. Does the software support electronic refill authorizations?

5.c. Are you certified to send/receive EDI prescription transactions?

5.d. Does the software provide and maintain a list of all participating pharmacies?

5.e. What is the source of the pharmacy list?

NABP	Yes/No
Other	

5.f. Indicate fields which may be queried for pharmacy look up

Alphabetical	Yes/No
Name search	Yes/No
Zip code	Yes/No
Street/Address	Yes/No

5.g. Does the software allow local entry of pharmacy for fax transactions?

5.h. Does the software allow local creation & maintenance of a local "Favorite" pharmacy list?

5.i. Is your software capable of transmitting prescriptions to mail order facilities?

CareMark	<input type="text" value="Yes/No"/>
Medco	<input type="text" value="Yes/No"/>
ESI	<input type="text" value="Yes/No"/>
Rightsource	<input type="text" value="Yes/No"/>
Other ( Please Name)	<input type="text"/>

5.j. Does the software allow for retention of patient specific preferred retail pharmacy?

5.k. Does the software allow for retention of patient specific preferred mail pharmacy?

5.l. Does the software allow for transmission to specialty pharmacies?

If yes, list which ones.


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**Section F: Decision Support**

Please complete this Functional information for each item.

**1. Commercial Messaging**

**1.a Does the software allow for marketing messages or prompts? This does not include clinical, DUR or guideline based messaging?**

*If so list the types of marketing messages supports*

Pharmaceutical Manufacturer	Yes/No
Retail Pharmacy	Yes/No
Mail order Pharmacy	Yes/No
Specialty Pharmacy	Yes/No
Other	Yes/No

Please Describe:

**2. Clinical References/Education**

**2.a. Does the software maintain local drug reference database?**

*If yes, please indicate which database:*

Medispan	Yes/No
First Data Bank	Yes/No
ePocrates	Yes/No
PDR	Yes/No
Multum	Yes/No
Lexi	Yes/No
Other:	<input type="text"/>

**2.b. Can prescribers readily access the following:**

Drug label information	Yes/No
Dosing information	Yes/No
Clinical Studies	Yes/No

**2.c. Does the software contain a library of patient educational materials ?**

Please indicate which types of education:

Medication Specific	Yes/No
Diagnosis or condition specific	Yes/No

2.d. Can patient educational materials be printed?

2.e. Can patient educational materials be emailed or sent electronically to a patient?

2.f. Does the software maintain formulary files for major payers?

If yes, please list all sources of such formulary files:

RxHub	Yes/No
SureScripts	Yes/No
Infoscan	Yes/No
Other:	

### 3. Clinical Alerts & Medication Recommendations

3.a. Does the software allow medication selection based on diagnosis or problem?

3.b. Does the software maintain lists of medications based on diagnosis or protocols?

3.c. Does the software provide dosing calculator?

Body size	Yes/No
Age	Yes/No
Weight	Yes/No
Liver function	Yes/No
Kidney function	Yes/No

3.d. Please list all of the patient specific clinical alerts the software supports based upon patient record?

Drug-Allergy	Yes/No
Duplicate Therapy	Yes/No
Maximum Dosage	Yes/No
Minimum Dosage	Yes/No
Drug-Gender	Yes/No
Drug-Age	Yes/No
Drug-Health Condition or Diagnosis	Yes/No

Fill Status or non-adherence	Yes/No
Guidelines based treatment gap	Yes/No
Lab order or monitoring alert	Yes/No

**3.e. Are interactions classified by the following?**

Type	Yes/No
Frequency	Yes/No
Severity	Yes/No

**3.f. Can prescribers set local alert levels (e.g. only present severe, etc)**

Yes/No

**3.g. Can provider link to alert reference information directly from alert?**

Yes/No

**4. Formulary & Drug Coverage Information**

**4.a. Does the software display relative pricing index or comparative cost information based on AWP or other pricing reference?**

Yes/No

**4.b. Please indicate which visible symbols the software presents regarding formulary information:**

Formulary Status	Yes/No
Covered	Yes/No
Not Covered	Yes/No
Brand	Yes/No
Generic	Yes/No
Copay tier	Yes/No
Copay Levels	Yes/No
Coinsurance levels	Yes/No
Mail order availability	Yes/No
Prior Authorization requirement	Yes/No
Step therapy requirement	Yes/No
Quantity limits	Yes/No
Gender limits	Yes/No
Age Limits	Yes/No
TROOP	Yes/No
Deductibles	Yes/No
Specialty Drug designation	Yes/No

4.c. Does the software present alternative recommendations based on formulary, pricing or coverage?

*If so, please list recommendation basis:*

Formulary status/Tier levels	Yes/No
Generic Substitution	Yes/No
Tier status	Yes/No

4.d. Can the software display or link to criteria or process behind the following alerts?

Prior Authorization requirement	Yes/No
Step therapy requirement	Yes/No
Quantity limits	Yes/No
Gender limits	Yes/No
Age Limits	Yes/No

4.e. Are symbols, fonts or colors of text able to be referenced at any point in prescribing process?

4.f. Are alerts for Formulary or Coverage information visibly distinguishable from Patient Safety alerts?

4.g. Does the software allow a provider to determine levels of Formulary alerts present?

4.h. Can a prescriber disable all formulary alerts?

4.i. Does the software allow for reminders regarding routine follow up?

*Please list types of reminders*

Laboratory	
Immunizations	
Other	

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**Section G: Connectivity**

Please provide information about electronic connectivity to patient's benefits and formulary information via certification. For each partner doing business in the State of Florida, please respond with an accurate reflection of ACTIVE connectivity status.

A positive response should indicate active and unrestricted display of information at prescriber level, not just indication of available. Solution must be certified and actively displaying information to indicate yes.

**1. ePrescribe Florida Health Plan Connectivity** Description of what information will be provided and displayed by point of care vendor for participating health plans

	Eligibility	Dispensed Medication History	Display Levels or Tiers	Alternative drug messaging	Display Prior Authorized Drugs	Display PA Criteria	Display Quantity Limits (QL)	Display QL Criteria	Display Step Therapy(ST) Drugs	Display ST Criteria	Display Age/Gender Limits	Display Age/Gender Limits Criteria	Other Formulary Messaging
<b>AvMed</b>	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available
<b>Blue Cross and Blue Shield of Florida, Inc.</b>	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available
<b>Humana, Inc.</b>	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available
<b>United Healthcare of Florida, Inc.</b>	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available	Yes/No/Not available

**2. Standards Based Certification**

Partner	Formulary & Benefit Information					Dispensed Medication History	Electronic RX	Electronic Refill	Comments
	Patient Eligibility	Formulary Status List	Alternative Drug List	Coverage List (PA, QL, ST, etc)	Copay List				
RXHUB	Yes/No/In development	Yes/No/In development	Yes/No/In development	Yes/No/In development	Yes/No/In development	Yes/No/In development			
SureScripts									
Blue Cross and Blue Shield of Florida, Inc.							N/A	N/A	
United Healthcare of Florida, Inc.							N/A	N/A	
Humana, Inc.							N/A	N/A	
AvMed, Inc.							N/A	N/A	
AETNA Pharmacy Management							N/A	N/A	
CIGNA HealthCare of Florida, Inc.							N/A	N/A	
WellCare of Florida							N/A	N/A	
VISTA Healthplan							N/A	N/A	
AMERIGROUP							N/A	N/A	
CarePlus							N/A	N/A	
Neighborhood Health							N/A	N/A	
Capital Health Plan							N/A	N/A	
Group Health Inc. (GHI)							N/A	N/A	
Florida Health Care Plan							N/A	N/A	
Preferred Medical Plan, Inc.							N/A	N/A	
Medco Health Solutions							N/A	N/A	
Express Scripts, Inc.							N/A	N/A	
CVS/Caremark RX, Inc.							N/A	N/A	
WellPoint NetRX							N/A	N/A	
AmeriHealth/Perform RX							N/A	N/A	
Argus Health Systems, Inc.							N/A	N/A	
BioScrip							N/A	N/A	
CatalystRX							N/A	N/A	
FutureScripts							N/A	N/A	
FLRx							N/A	N/A	
Health Net							N/A	N/A	
MedImpact Healthcare Systems, Inc.							N/A	N/A	
MedMetrics							N/A	N/A	
PharmaCare							N/A	N/A	
Prescription Solutions							N/A	N/A	
Prime Therapeutics, Inc.							N/A	N/A	
ProCare RX							N/A	N/A	
Regence RX							N/A	N/A	
RESTAT							N/A	N/A	
RxAmerica							N/A	N/A	
RXOptions							N/A	N/A	
Sanovia							N/A	N/A	
SxC							N/A	N/A	



3. Pharmacy Network Certification

SureScripts	Yes/No
eRX Network	Yes/No
Per Se	Yes/No
Other (please list)	

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**Section H: Integration and Interoperability**

<b>Does your system provide PMS Interface?</b>		Yes/No	Frequency
1. ePrescribe Florida Health Plan Connectivity	Patient demographics		
	Patient registration		
	Appointment Schedule		

<b>Type of PMS Interface</b>		Included in deployment	Additional fee
One time demographic load Unidirectional Bidirectional Other (please describe) Description			

open text field box

<b>2. Standards Based Certification</b>		Solution	# of Active Implementations
(Check list of major FL PMS systems with other field)			

<b>Can your ERX solution exchange data with EMR?</b>		Yes/No	Exchange Frequency	Describe	# Active Implementations
Patient demographics Patient registration Schedule Diagnosis/Encounter Data Medication History Medication Record Allergies					

<b>List EMR Software your software has integrated with:</b>		EMR Name	# Active Implementations
drop down of major EMR vendors			
Other			

	Yes/No	Describe
<b>Does your EMR integration support single user interface?</b>		

	Yes/No	Format
<b>Does your ERX solution allow for data extraction to other systems?</b>		
Patient demographics		
Patient registration		
Schedule		
Diagnosis		
Medication History		
Medication Record		
Allergies		
Local Export?		
Additional Fee?		
Describe Fee basis		

	Yes/No	Format
<b>Does your ERX solution support data exchange with other systems today?</b>		
Patient demographics		
Patient registration		
Schedule		
Diagnosis		
Medication History		
Medication Record		
Allergies		
Laboratory information systems		
Hospital Information Systems		

<b>3. Pharmacy Network Certification</b>	
SureScripts	
ERX Network	
Per Se	
Other (please list)	

<b>Data Exchange Standards Supported</b>				
	HL7/Other	CCR	NCPDP Script	Other (specify)
Problem List				
Medications				
Allergies				
Encounter				

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**Section I. Technical Requirements**

Please provide a description of the technology and infrastructure required or preferred to deploy your solution in a practice.

**Hardware and Operating System Platform**

	Required	Optional	Describe
Server			
Operating System(s)			
Networking			
Local Wireless Network			
Cellular Wireless			
Internet connectivity			
Bandwidth			
Local Host			
ASP host			

**Software Application**

	Describe
Database	
Application Software	
Client Software	

**Client Devices Supported**

	Describe & include version/model	
PC/Windows	Yes/No	
Mac	Yes/No	
Unix	Yes/No	
Linux	Yes/No	
Palm	Yes/No	
Blackberry	Yes/No	
Pocket PC	Yes/No	
Tablet PC	Yes/No	
Smartphone	Yes/No	
Other	Yes/No	

**List all Additional 3rd party software required to run your product**

Name	<input type="text"/>
Version	<input type="text"/>
Additional Charge:	<input type="text"/> yes or no

Name	<input type="text"/>
Version	<input type="text"/>
Additional Charge:	<input type="text"/> yes or no

Name	<input type="text"/>
Version	<input type="text"/>
Additional Charge:	<input type="text"/> yes or no

**System Performance Metrics**

Average time to send transaction	<input type="text"/>
Average time to receive responses	<input type="text"/>
Fax Failure delivery notification max time	<input type="text"/>
Minimum system Availability	<input type="text"/>

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Section J: Reporting

1. Provider/Prescriber Level Reporting

Report Metric	Standard	Custom	Fee Charged
Patients by specific medication	Yes/No	Yes/No	Yes/No
Patients by medication class	Yes/No	Yes/No	Yes/No
Patient Prescription History	Yes/No	Yes/No	Yes/No
Prescriber History	Yes/No	Yes/No	Yes/No
Volume of New Prescriptions by EDI	Yes/No	Yes/No	Yes/No
Volume of New Prescriptions by Fax	Yes/No	Yes/No	Yes/No
Volume of New Prescriptions Printed	Yes/No	Yes/No	Yes/No
Prescriptions by destination pharmacy	Yes/No	Yes/No	Yes/No
Renewal Requests	Yes/No	Yes/No	Yes/No
Renewal Responses	Yes/No	Yes/No	Yes/No
DAW prescriptions	Yes/No	Yes/No	Yes/No
Drug to Drug Interaction Warnings	Yes/No	Yes/No	Yes/No
Drug to Drug Interaction Changes/Cancel	Yes/No	Yes/No	Yes/No
Drug to Allergy Interaction Warnings	Yes/No	Yes/No	Yes/No
Drug to Allergy Interaction Changes/Cance	Yes/No	Yes/No	Yes/No
Formulary Alerts	Yes/No	Yes/No	Yes/No
Formulary Alerts Changes/Cancel	Yes/No	Yes/No	Yes/No
Generic Substitutions	Yes/No	Yes/No	Yes/No
% Generic prescribed	Yes/No	Yes/No	Yes/No
Medication History Requests	Yes/No	Yes/No	Yes/No
Medication History Responses	Yes/No	Yes/No	Yes/No
Eligibility Requests	Yes/No	Yes/No	Yes/No
Eligibility Responses	Yes/No	Yes/No	Yes/No

## 2. Health Plan/PBM/Payer Level Reporting

Report Metric	Aggregate Level	Prescriber Level	Standard	Custom	Fee Charged
Patients by specific medication			Yes/No	Yes/No	Yes/No
Patients by medication class			Yes/No	Yes/No	Yes/No
Patient Prescription History			Yes/No	Yes/No	Yes/No
Prescriber Utilization History			Yes/No	Yes/No	Yes/No
Volume of New Prescriptions by EDI			Yes/No	Yes/No	Yes/No
Volume of New Prescriptions by Fax			Yes/No	Yes/No	Yes/No
Volume of New Prescriptions Printed			Yes/No	Yes/No	Yes/No
Prescriptions by destination pharmacy			Yes/No	Yes/No	Yes/No
Renewal Requests			Yes/No	Yes/No	Yes/No
Renewal Responses			Yes/No	Yes/No	Yes/No
DAW prescriptions			Yes/No	Yes/No	Yes/No
Drug to Drug Interaction Warnings			Yes/No	Yes/No	Yes/No
Drug to Drug Interaction Changes/Cancel			Yes/No	Yes/No	Yes/No
Drug to Allergy Interaction Warnings			Yes/No	Yes/No	Yes/No
Drug to Allergy Interaction Changes/Cancel			Yes/No	Yes/No	Yes/No
Formulary Alerts			Yes/No	Yes/No	Yes/No
Formulary Alerts Changes/Cancel			Yes/No	Yes/No	Yes/No
Generic Substitutions			Yes/No	Yes/No	Yes/No
Generic Prescribing Rate			Yes/No	Yes/No	Yes/No
Medication History Requests			Yes/No	Yes/No	Yes/No
Medication History Responses			Yes/No	Yes/No	Yes/No
Eligibility Requests			Yes/No	Yes/No	Yes/No
Eligibility Responses			Yes/No	Yes/No	Yes/No
Top Drug Report					



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**Section L: Security**

**HIPAA Standards**

Please complete the chart below with a total page limit to exceed 3 pages. Use the chart not to describe whether the solution addresses Health Information Portability and Accountability Act of 1996 (HIPAA) requirements, but how it complies with these requirements

The following chart is based on Appendix A to the HIPAA Security Rule (45 C.F.R. parts 160,162 and 164, published at 68 Fed Reg. 833 (2003). The vendor should refer to the HIPAA Security Rule for additional detail regarding specific terms.

Standard and Section	Implementation Specification	Detailed Vendor Response
<b>Administrative Safeguards</b>		
Security Management Process (164.308(a)(1))	Risk Analysis, Risk Management, Sanction Policy, Information System Activity Review	
Assigned Security Responsibility (164.308(a)(2))		
Workforce Security (164.308(a)(3))	Authorization and/or Supervision; Workforce Clearance Procedure; Termination Procedures	
Information Access Management (164.308(a)(4))	Isolating Health Care Clearinghouse Function; Access Authorization; Access Establishment and Modification	
Security Awareness and Training (164.308(a)(5))	Security Reminders; Protection from Malicious Software; Log in Monitoring; Password Management	
Security Incident Procedures (164.308(a)(6))	Response and Reporting	

Contingency Plan (164.308(a)(7))	Data Backup Plan; Disaster Recovery Plan; Emergency Mode Operation Plan; Testing and Revision Procedure; Applications and Data Criticality Analysis	
Evaluation (164.308(a)(8))		
Business Associate Contracts and Other Arrangement (164.308(b)(1))	Written Contract or Other Arrangement	
<b>Physical Safeguards</b>		
Facility Access Controls (164.310(a)(1))	Contingency Operations; Facility Security Plan; Access Control and Validation Procedures; Maintenance Records	
WorkStation Use (164.310(b))		
Workstation Security (164.310(c))		
Device and Media Controls (164.310(d)(1))	Disposal; Media Re-Use; Accountability; Data Backup and Storage	
<b>Technical Safeguards</b>		
Access Control (164.312(a)(1))	Unique User Identification; Emergency Access Procedure; Automatic Logoff; Encryption and Decryption	
Audit Controls (164.312(b))		
Integrity (164.312 ©(1))	Mechanism to authenticate electronic protected health information	
Person or Entity Authentication (164.312(d))		
Transmission Security (164.312(e)(1))	Integrity Controls; Encryption	

**Please describe the following processes:**

	Support	Description
Prescriber Verification		
Electronic/digital Signature		
NPI		
Co-Signature Prescribing		



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**Section M: Pricing**