

## MCIS/EMR Scoring Tool

Vendor: \_\_\_\_\_

**Instructions:** In the **Vendor's Response** section, place an X in the column to indicate whether or not the requested functionality is available in the software (in its current release). If it's less than 6 months out, it can be considered "Included".

In the **Meets Our Needs** section, place an X in the column to indicate whether the functionality, as it is being presented, exceeds, meets, or does not meet expectations. Try not to let the recreation of current processes be the determinant. Instead, think of new possibilities.

In the **Comments** section, provide an explanation as to why the functionality, as it is being presented, meets, exceeds, or does not meet our business and/or program needs.

	Question	Vendor's Response			Meets Our Needs			Comments
		Included	Customizable	Working on it	Exceeds	Meets	Doesn't Meet	
Intake	1. Demonstrate how a case gets opened in the system based on a drop-off by law enforcement (SUD Agency Level)							
Screening & Assessment	2. Demonstrate screening and assessment in the system (SUD Agency Level)							
Authorization & Treatment Plan	3. Demonstrate how a treatment plan is created for the client (SUD Agency Level).							

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	4. Demonstrate how a case is Authorized (PIHP Level) and notification provided to the Agency (SUD Agency Level).							
	5. Demonstrate how authorization notification is provided to each agency – either as a group of step-down authorizations, or based or one at a time.							
Service Activity and Claims	6. Demonstrate how a clinical service activity is entered for engagement with the client. (SUD Provider Level)							
	7. Demonstrate how group activity is recorded for a client. (SUD Provider Level)							
	8. Show how service activity is turned into a claim. (SUD Provider Level)							

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Discharge & Transition	9. Demonstrate how an individual is discharged from one program and entered into a step-down program (reduced level of intensity) at another agency.							
	10. Demonstrate the ability to track provider census/capacity both current and at any time in the past (e.g. Inpatient, crisis residential, etc.).							
Clinical	11. Demonstrate Substance Use Disorder clinical tracking including Interagency collaboration (e.g. DHHS, VA, Department of Corrections, etc.) and non-standard behaviors tracking (e.g. shoplifting, prostitution, gambling, pornography, etc.)							
	12. Demonstrate the mobile functionality to allow for community-based services. Include the use of system and tools, clarifications of whether a live connection is needed, and confirmation of what happens when a user is disconnected unexpectedly.							

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Finance	13. Demonstrate billing maintenance in your system, including how to do individual service rates.							
	13.a. DRILL DOWN QUESTION: creation of programs, service codes, and rates at multiple providers							
	13.b. DRILL DOWN QUESTION: Does the system capture missing data or missed billing opportunities? If so, demonstrate how your system handles capturing this information.							
	14. Demonstrate the ability of your system to create/send a claim for fee-for-service payment as if it were a provider.							
	15. Demonstrate the ability of the system to adjudicate a claim received from a provider, and to coordinate payment to the provider.							
	16. Demonstrate how your system would produce an 837 from the case example.							

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Finance	17. Demonstrate the creation of and sending of an 835 electronic remittance advice.							
	18. Demonstrate verification of Medicaid Eligibility. (Include interface with CHAMPS – operated by the Michigan Public Health Institute).							
	18.a. DRILL DOWN QUESTION: Demonstrate outbound eligibility files for CMH members of the region.							
	18.b. DRILL DOWN QUESTION: Demonstrate your process for Insurance Eligibility Request (270) and Response (271), and any experience in working with CHAMPS.							
	19. Demonstrate incurred but not reported (IBNR) projections. (e.g. Inpatient claims not yet received, but services have been provided. Lag-time is 45-60 days)							
	20. Demonstrate your system's file interface to accounting system (e.g. Posting of claims batches by account number in GL).							

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State Reporting	21. Demonstrate capacity to produce a State of Michigan Behavioral Health Treatment Episode Dataset (BH TEDS) record from this info.							
	22. Demonstrate ability to produce a Michigan Mission-Based Performance Indicator System (MMBPIS) dataset.							
Reporting / Data Mining	23. Review examples of your system's "canned reports" including the interface to select and run							
	24. Provide an example of a key performance indicator (e.g. NQF, HEDIS, etc.).							
	25. Review examples of your system's customized reports and how they can be integrated into canned report list.							
	26. Demonstrate ability to produce a CMH Report Card (e.g. Service efficacy, cost per service/client, audit compliance across multiple CMH's)							

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Quality & Compliance	27. Demonstrate your system's ability to record and track CMH/Provider audits (e.g. Interface to allow for development and onsite utilization of a quality/clinical audit rubric to record results).							
	28. Demonstrate your system's ability to track PIHP accreditation (i.e. NCQA, URAC) compliance. Example: Utilization management reports or other prefabricated tools to create proofs to meet accreditation criteria.							
Utilization Management	29. Demonstrate client contact tracking ability. (e.g. Ability to track all client contacts within the region regardless of disposition (i.e. Individuals authorized, eligible but not authorized, ineligible, referrals, etc.). Would require a file transfer or data exchange from the provider network.)							
	30. Demonstrate how your system manages patient consents and consent interchange.							

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Provider Network/Contract Management	31. Demonstrate how your system manages credentialing/source verification.							
	32. Demonstrate how your system tracks provider accreditation.							
	33. Demonstrate your system's capacity to maintain multiple provider contracts with multiple locations per provider.							
Customer Service/Recipient Rights	34. Demonstrate Recipient Rights investigation process including documentation and reporting.							
	35. Demonstrate customer service complaint and resolution processes. Example: Demonstrate ability to log and track resolution of issues, provide escalation, and perform data interchange for grievance and appeal information from regional providers							

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	36. Demonstrate critical incident tracking and reporting process, disassociated from client record.							
Health Information Interchange	37. Demonstrate your system's ability to create and exchange Admitted Discharged Transferred (ADT) messages (HL7).							
	38. Demonstrate your system's ability to create and exchange Continuity of Care Document (CCD) messages (HL7).							
	39. Demonstrate your system's ability to use DIRECT Messaging as a secure transmission standard.							
	40. Demonstrate your system's ability to receive and process non-standard files from CMHSPs.							