Achieve More.

NOTEWORTHY
medical systems, inc.

Response to

California Department of Mental Health

Information Technology Division

Electronic Health Record (CA BH-EHR)

Request for Information

December 2008

Achieve More.™

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December 5, 2008

California Department of Mental Health
1600 9th Street, Room 141
Sacramento, CA 95814

Noteworthy Medical Systems, Inc. ("Noteworthy") appreciates the opportunity to respond to California Department of Mental Health's Request for Information. We are pleased to present this submittal in the hopes we can play a role in your efforts to provide outstanding quality of care to your patients.

Noteworthy provides a robust turnkey Community Health Record / Medical Hub. The Hub will provide the community with the ability to share clinical data among providers within the community. A critical feature of our vision is to allow providers to make a selection on how to participate without limiting the provider's ability to share medical information with the community. Those who implement will be fully connected and benefit from the large number of community interfaces that are available.

We look forward to participating in your selection process and demonstrating the value of Noteworthy Medical Systems. We are certain we will be a strong partner and satisfy your needs today and over time. If you have any questions please do not hesitate to contact me directly at 408-499-6718.

Very truly yours,

Steve Scalzo
Sales Executive
Noteworthy Medical Systems, Inc.
408-499-6718

D. Company Background

RR-D-01 Please provide the following information regarding the makeup of your company.

Corporate Information	
COMPANY NAME	Noteworthy Medical Systems, Inc.
COMPANY TYPE (C-CORP, S-CORP, LLC, LLP, SOLE PROPRIETORSHIP, ETC.)	C-Corp (Corporation)
LOCATION OF CORPORATE HEADQUARTERS	**Corporate Headquarters:** Noteworthy Medical Systems 6001 Landerhaven Drive, Unit D Cleveland, OH 44124 Telephone: 800.224.9740 Fax: 440.684.6801
LOCATION OF FIELD SUPPORT OFFICES	Noteworthy Medical Systems (NMS) has three additional locations in Arizona, Idaho, and Washington: **Arizona Office**: 3300 North Central Avenue, Suite 2100 Phoenix, Arizona 85012 Telephone: 877.891.8777 Fax: 602.288.3427 **Idaho Office:** 134 West Chubbuck Road, Suite C Pocatello, Idaho 83202 Telephone: 888.627.7633 Fax: 602.258.3530 **Washington Office:** 101 S. 3rd Street Yakima, WA 98901 Telephone: 877.567.6825 Fax: 509.457.0777
LOCATION OF PROGRAMMING/TECHNICAL SUPPORT PERSONNEL	Noteworthy has programming and technical support staff in all four of our locations.
Primary Contact Information for this RFI	
NAME	Steve Scalzo
TITLE	Sales Executive
OFFICE/LOCATION ADDRESS	1343 Fieldfair Court Sunnyvale, CA 94087
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RR-D-02 Provide an overview of your firm and its history. Describe the strength of your firm and its ability to meet the needs of California's behavioral health recipients and providers.

Firm Overview and History

Founded in 1996, Noteworthy Medical Systems is a leading provider of software and solutions to the ambulatory healthcare sector. With the acquisition of MARS Medical Systems, Noteworthy created a complete continuum of highly advanced and intuitive software technologies serving the business, administrative and clinical needs of the medical practice community throughout the United States.

In 2008, Noteworthy acquired ChartConnect, based in Yakima, Washington, provider of a turn-key EHR now known as NetPracticeEHRweb. This strategic move enabled Noteworthy to focus on meeting the precise needs of healthcare institutions and providers in a way not previously possible. Noteworthy's target markets include ambulatory care providers—whether single providers, hospitals or health systems. The expanded suite of products serves a two-fold objective: first, to equip physicians with the tools they need to provide quality care, prosper economically and go home on time; and second, to equip communities of providers, hospitals and health systems with the connectivity in the ambulatory arena to facilitate quality care and wellness.

Noteworthy and the NetPractice line of products have established a solid reputation for quality and responsive support, allowing administrators and providers to Achieve More™. Noteworthy now has a complete application suite to support both the administrative and clinical workflows for ambulatory care in a physician's office, a multi-specialty clinic or, more importantly, ambulatory care for an entire community of providers. Noteworthy currently has 18 communities where its medical hub and community health record are deployed along with other EHR applications. Several of these communities have an 85% to 90% participation rate among the providers in these communities.

Noteworthy serves a customer base of almost 1,200 practices, more than 5,600 healthcare providers and more than 12,000 users across 43 states. Company locations include Cleveland, Ohio; Phoenix, Arizona; Yakima, Washington; and Pocatello, Idaho.

Noteworthy's Strength and Ability to Meet Needs of Behavioral Health Providers

Noteworthy's unique medical Hub gives providers and communities unprecedented ability to share data between practices, while also providing state of the art confidentiality and privacy controls. The medical Hub is a clinic/user self-managed network allowing clinic administrators to configure how information should be shared with other clinics. We find that each entity has their own legal processes (Authorizations, Business Associate Agreements, etc), which typically give clinics the right to share patient data with others involved in the patient care. If so, clinics can indicate specific parties they wish to share with (or exclude particular parties they don't), or they can ask Noteworthy to configure sharing for them. Once these settings are in place, data is automatically made available to partner clinics without additional work on the part of the user.

Once the sharing is in place, Noteworthy's Hub also offers strong confidentiality and privacy controls through features such as:

- The clinic can easily mark any patient as "Opted-out" of cross-clinic data sharing
- The user can lock specific notes in the record at their discretion or at the request of a patient. This lock prevents any other user from accessing that particular note.

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- The patient can be marked as a "VIP" which still allows "break-the-glass" access but only after two warnings that the provider-of-record for that chart will be sent a "Chart Access" message (and their license is on the line).
- Admin/Superusers can restrict particular user groups from accessing certain elements of patient records and tools such as medication history or electronic prescribing.
- Access to information such as SureScripts-RxHub medication history requires an additional reminder for the user to validate that they have patient permission to access their national medication history.
- Chart Access messages are a unique feature within Noteworthy's hub. Whenever a provider views a chart, the provider-of-record for that patient receives a message indicating who viewed it.
- Auditing – As part of HIPAA compliance we have a full chart access auditing system available to any clinic in the system. This allows for reporting in flexible ways; reporting by user for every patient they have accessed in a period of time, reporting by patient for every user who has accessed their chart by date-time range. We can even forward this chart access data to a remote auditing system such as hospitals often use so they don't have to audit two different systems (our and their own).
- SAMHSA - Certainly our commitment to meeting HIPAA rules includes following their SAMHSA rules for substance abuse disclosures. We also provide methods to facilitate the capture and recording of authorizations for the release of this sensitive information.

RR-D-03 List the number of employees (Full-time equivalents) in your organization by category for the last 3 years:

Category	2006	2007	2008
Total Employees	65	74	160
Installation / Setup	7	6	11
Research and Development	23	28	56
Application / Technology Support	7	7	12
Customer Service / Helpdesk Support	9	9	50
Other	24	28	58
Those with Clinical Backgrounds:			
▪ **Physicians**	2	1	2
▪ **Psychologists**	-	-	-
– **Psychiatrists**	-	-	-
– **Registered Nurses**	4	2	4
– **Other Clinicians**	4	5	6

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RR-D-04 Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

Noteworthy acquired both MARS Medical Systems and ChartConnect in 2008. For more details, please refer to our response to RR-D-02.

RR-D-05 How long has your company been in the business of developing and implementing your Electronic Health Record related products?

Noteworthy has been serving the needs of practices for over 20 years. The first client install of our PM system was in 1982. In 1999, we introduced our browser-based Practice Management System, NetPracticePM. In 2000, we introduced our browser-based Electronic Health Record System, NetPracticeEHRweb.

RR-D-06 What were your firm's annual revenues for the last 3 fiscal years?

Noteworthy Medical Systems is a privately held company and as such does not disclose financial information. However, our revenue for 2007 was approximately $8 million. We expect our revenue in 2008 to exceed $12 million. We project revenues for 2009 of over $20 million.

RR-D-07 What percentage of your firm's annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Noteworthy Medical Systems is a privately held company and as such does not disclose financial information. However, at least twenty of Noteworthy customers have practices that include a behavioral health component; seven of these provide primarily behavioral health care. Nearly half of such practices were initially installed within the past three fiscal years.

RR-D-08 What percentage of annual revenue did your company expend for research and development (R&D) on your proposed products during the last 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Expended on R&D	45.0%	32.5%	26.6%

RR-D-09 What percentage is budgeted for R&D in the current and next fiscal year?

Category	2008	2009
Percentage of Annual Revenue Budgeted for R&D	23.0%	20.5%

E. Partner and/or Reseller References

RR-E-01 Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

Although we do have reseller relationships, none are specific to behavioral health.

RR-E-02 For each partner or reseller listed above, please identify the following:

1. Functional areas.
2. Nature of partnership/relationship.
3. Length of the relationship.
4. Referencable customers for whom you have jointly provided services.

N/A

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F. Behavioral Health Solutions Experience

Descriptions of the Functional Requirement Categories referenced in questions RR-F-01 through RR-F-05 of this section are in The Preface (Section A). In your responses to the questions in this section, emphasize your experience in the State of California.

RR-F-01 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems.

Noteworthy's practice management group has been in designing, developing and deploying Behavioral Health Systems for more than 15 years in free standing out-patient practices as well as a component of Federally Qualified Community Health Centers.

RR-F-02 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems.

Noteworthy's electronic health records group has been designing, developing and deploying Behavioral Health Systems for more than 15 years in free standing out-patient practices as well as a component of Federally Qualified Community Health Centers. We have a very flexible template and content builder/editor which allows us to work with most any medical specialty. Additional specialty content modules are being developed continuously.

RR-F-03 Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems.

Our 20 year background in practice management consulting, medical billing and medical application development has resulted in the development of what we refer to as a Community Health Record (CHR) or Medical Hub that focuses on data-import/interfaces for the accumulation and delivery of patient information, as well as web-based applications which support sharing this patient information, messaging, workflow improvement, cost-savings and patient care improvement. The combination of our CHR or Medical Hub, our array of web-based applications and our willingness and ability to include 3rd party vendors in the Medical Hub have allowed us to build communities with up to 90% provider adoption – many times the single digit adoption rate communities are normally struggling to achieve. In fact two of our communities were recognized at the Boards of Pharmacy convention in San Francisco in 2007 as being the most electronically connected communities in the nation (using SureScripts statistics comparing number of total providers in the community with percentage of providers using ePrescribing or EMR)

Our unique community-based Medical Hub approach started in 1999 because we saw traditional EMR products concentrating on creating a chart-note, rather than critical workflows, which is why the industry was sporting a 50% failure rate in EMR implementations. Their demos show beautiful reports and alerts, but nobody asks "how did all of the data needed for that report get into the system?" Scanning is too expensive, delays delivery of critical reports and does NOT provide the discrete data elements needed for reporting and patient safety alerts.

Our focus on building interfaces and connecting data-providers (labs, hospitals, rad/path-groups, transcription, etc. etc.) with physician groups has netted over 9 times the national average for interfaces per clinic according to a 2007 AAFP survey of members. It is also what has now grown into our CHR and Medical HUB. As our data-provider partners experienced how easy and inexpensive it is to interface just one single interface with the Noteworthy Medical Hub and deliver to any and all Noteworthy ResultManager and EHR users, they began to ask us to deliver to clinics using 3rd party EMR products. Many of our data-provider partners now would rather pay us to deliver results (and orders) to these 3rd parties than have to build, maintain and support scores of separate interfaces.

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RR-F-04 Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems.

We have been moving data between facilities and providers since 1985, (web-based since 1996) and coined the phrase "Community-based EMR" in 2000 long before the term RHIO became known, so we are very skilled in interfacing and interoperability. According to a recent AAFP survey of members and their EMR vendor capabilities, the average EMR vendor has slightly less than one interface per clinic-customer – we average over nine interfaces per customer. We were also recognized at the 2007 Board of Pharmacies conference in San Francisco as having the "two most electronically connected communities in the nation" with an 80+% provider adoption rate (with most RHIO's struggling for anything over 10%). We have multiple communities where providers share charts electronically, send/receive referrals and consults electronically and where hospital ED providers and hospitalists have "Permissions" to electronically access outpatient charts from throughout the community.

RR-F-05 Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems.

Noteworthy has over seven years of experience in building patient portals. We offer WebPractice, an Internet enabled secure interface that allows you to provide your patients with limited access through your Web site for pre-registration, account review, appointment scheduling, inquiry and cancellation, referral requests and much more. WebPractice is seamlessly integrated with EHRweb.

WebPractice allows for the secure bi-directional emailing of messages that contain patient health information. EHRweb allows providers and staff to write patient messages and/or respond to results/reports (labs, radiology, hospital, etc.) with comments and instructions that can then be transmitted electronically to WebPractice which then sends a generic email to the patient notifying them of the message and linking them to the login of the WebPractice inbox and therefore the message and result/report.

With the use of electronic credit card data capture, WebPractice is able to comply with the ruling for providing "eConsults".

RR-F-06 Describe your firm's experience and qualifications for Systems Integration.

Since we've been building interfaces for over 10 years we've found we needed to be very flexible to be successful. We have many different ways to build the communications links between data-providers, vendors and our Medical Hub. Examples include several variations of VPN socket connections, HTTPS:Post exchanges, web-services and others. For those who have no technology available, we even have a proprietary "encrypted Biloader" tool which allows even technology challenged people like work-at-home transcriptionists to upload their transcription automatically each time they complete and save a file.

We work with all industry standard formats and have been recognized for our ability to customize as needed. We support electronic exchange of patient demographic data, billing, and more. We follow existing standards such as HL7, ANSI, CCR and NCPDP for exchange of information between vendors, but also interface and parse RTF, MSWord, WordPerfect, WordPerfect for DOS, plain-text, PDFs and have custom interfaces.

Our applications also have special collection processes for data not interfaced. This includes (not limited to) connecting fax lines, scanners, cameras, etc. to our "Note Import" or "Graphic Import" features to allow patient matching and routing of these documents throughout the network. Also multiple data collection options are available to users within the applications, such as VoiceMacros, Voice Recognition, keystroke-macros, hand-writing recognition, touch-screen templates and of course typing.

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Our interfaces and the above mentioned tools are used for capturing data. Interfaces are also used for disseminating data to the proper parties whether into Noteworthy product “Inboxes”, fax/paper or delivered to a 3rd party EMR vendor. The messaging system and “Send Records” feature can also be used to disseminate information, again either within the network or anywhere in the world (via our fax server farm for those not on the network).

One of our core competencies is interfacing and interoperability. We have hundreds of interfaces with other vendors and have never failed to be able to integrate with a willing 3rd party.

RR-F-07 Describe your firm’s experience and approach to the conversion of electronic behavioral health data.

We have not had a behavioral health group require or ask for electronic conversion of their data to our system, but our approach would be to negotiate what formats/options are available from the legacy system. If this system has CCR format capability, that would be the easiest method of conversion. If not, we would need to review their data structure to make recommendations about how to convert the files and whether the legacy system can output the files in a structure easily adopted or whether we would need to do more involved manipulations after the export from the old system.

RR-F-08 Describe your firm’s experience and approach to the conversion of paper-based behavioral health data.

There are several approaches to paper conversion. 1) Scan all paper charts into the EHR as part of the initial implementation. 2) Scan individual charts only as required for the next patients' visit. 3) Some groups have opted to not scan (except certain documents for individual patients very selectively), adding new information to the EHR and only referring back to the paper chart for historic reasons.

All methods have their strengths and weaknesses. The strength of #1 is having every piece of every chart available electronically and not having to pull charts even for historic reasons (and not having to store paper charts), but the negative is of course cost. The strength of #2 is a balance between having the information available online for active patients and keeping scanning costs down. And #3 is a future compromise, minimizing scanning/input costs in trade for chart-pull costs; although these taper off over time as more and more current data is available online and the historic is needed less over time.

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G. Solution Product History

RR-G-01 Please provide the following information about the solution product(s) that you propose.

#	PRODUCT NAME AND PRIMARY FUNCTION	WHEN FIRST DEVELOPED	WHEN / WHERE FIRST DEPLOYED	NUMBER OF INSTALLATIONS TO DATE
1	NetPracticePM	1999	1999, to a large cardiology group in Boise, ID	873
2	NetPracticeEHRweb	1999	2000, to a mid-size primary care group in Yakima, WA	282

RR-G-02 For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

NetPracticePM was internally developed by MARS Medical Systems beginning in 1999 continuously through to the present. MARS Medical Systems was acquired by Noteworthy Medical Systems in 2008.

NetPracticeEHRweb was internally developed by ChartConnect beginning in 1999 continuously through to the present. ChartConnect was acquired by Noteworthy Medical Systems in 2008.

2. The specific Industry standards that the product was designed to, including any exceptions to those standards.

We work with all industry standard formats and have been recognized for our ability to customize as needed. We support electronic exchange of patient demographic data, billing, and more. We follow existing standards such as HL7, ANSI, CCR and NCPDP for exchange of information between vendors, but also interface and parse RTF, MSWord, WordPerfect, WordPerfect for DOS, plain-text, PDFs and have custom interfaces. We transmit data in HL7, LOINC, XML, NCPDP, IEEE, and X12 using HIPAA compliant standards.

We have aligned our company with initiatives and organizations that are influencing the future of EHRs in practices and institutions across the U.S.

Our Product Management team is a group of individuals with backgrounds in technology, medicine, software development, and clinical informatics. Together, they are responsible for tracking industry trends and for the direction and design of our product.

The Product Management team is involved with a number of industry organizations and our employees hold a number of seats on industry panels including:

- EHR Vendors Association (EHRVA)
- Doctors Office Quality – Information Technology (DOQ-IT)
- Health Information Management Systems Society (HIMSS) Gold Member

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- National Association of Community Health Centers, Inc. (NACHC)
- Health Level Seven (HL7) Member
- Medical Group Management Association (MGMA)

1. Whether the product is CCHIT certified.

    a. If the product is CCHIT certified, for which category and year is it certified? Examples would be “Ambulatory 2006”, “Ambulatory 2007”, etc.

    b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

We expect NetPracticeEHRweb to achieve CCHIT Ambulatory Certification for 2008.

RR-G-03 How are enhancement and new release priorities determined?

Noteworthy releases two NetPractice product updates annually, one minor revision and one major revision. Major revisions introduce new features of significant scope while minor revisions are reserved for improving existing features and introducing smaller product enhancements.

There is no system downtime during updates, as most of these are done after hours. All software versions are supported with detailed Release Notes which document each enhancement or change.

As long as NetPractice is covered by either Initial Warranty or Software Maintenance, you will receive all standard updates and enhancements to the program. Noteworthy distributes the updates on an as needed basis.

All change requests are managed through our web-based support system ("IAS"). Customers may initiate change requests directly into the support system website or may call their account manager.

Requests for add-ons or customizations - such as custom reports, custom letters and forms, certain complex decision support or workflow enhancements, and certain interfacing requests - are handled by the customer's account manager. Working with the customer, the account manager prices the request as described in the license agreement and develops a mutually beneficial timeframe for delivery.

Enhancement and feature requests to the core program are handled by the Product Management team. Requests of this nature are prioritized versus other change requests and overall market needs. To assist in this prioritization, the Product Management team periodically will engage the Noteworthy Clinical Advisory Group, made up of Noteworthy customers.

RR-G-04 How are clients supported during the release of an enhancement?

There is generally no down time for Service Packs and Minor Releases, which are deployed overnight. Major updates generally require less than an hour to deploy, unless operating system or other upgrades are involved.

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RR-G-05 Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

	Sites	Providers	Users
NetPracticePM	873	4421	7333
NetPracticeEHRweb	282	1119	3758
Total	1155	5540	11091

RR-G-06 Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

Noteworthy holds an annual National User's Conference. Our 2009 NetPractice User Conference will be held April 14-17 in Tempe, AZ. Additionally, local or virtual user group meetings are offered with any new releases to our application.

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H. Solution Product Technologies

Software Technologies

RR-H-01 Provide the technologies used for each solution product identified above.

#	PRODUCT NAME	PRODUCT TYPE (CLIENT SERVER, WEB, ETC.)	OPERATING SYSTEM (WINDOWS, UNIX, LINUX, ETC.)	DATABASE (SQL SERVER, ORACLE, DB2, ETC.)	APPLICATION LANGUAGE (VB6, VB.NET, C, C++, C#, JAVA ETC.)
1	NetPracticePM	Web	Windows	Caché	CachéScript
2	NetPracticeEHRweb	Web	Windows	MySQL	PHP

Note: Both products are hosted, browser-based products. Internet Explorer is used to access the applications. The databases are hosted by Noteworthy. Linux is used to host the back end NetPracticeEHRweb services.

Server Hardware Minimum Specifications

RR-H-02 In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

#	PRIMARY SERVER PURPOSE	NUMBER OF PROCESSORS PER SERVER	PROCESSOR TYPE/SPEED (MHZ)	MEMORY (GIG)	STORAGE (GIG)
1	Image Repository	2	3.0 MHz	4 GB	As dictated by rate of image acquisition.
2	Internet Proxy Server	2	3.0 MHz	4 GB	300GB

Client Hardware Minimum Specifications

RR-H-03 In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

#	TYPE OF CLIENT HARDWARE	OPERATING SYSTEM	PROCESSOR TYPE / SPEED (MHZ)	MEMORY (GIG)	BROWSER LEVEL (IF APPLICABLE)	REQUIRED DISK SPACE (IF APPLICABLE)
1	Practice Management or EHR	Windows XP Professional, or Tablet	2.0 GHz	512 MB	Internet Explorer 6.x or 7.x with 128 bit	20 GB

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#	TYPE OF CLIENT HARDWARE	OPERATING SYSTEM	PROCESSOR TYPE / SPEED (MHZ)	MEMORY (GIG)	BROWSER LEVEL (IF APPLICABLE)	REQUIRED DISK SPACE (IF APPLICABLE)
	Workstation - Standard x86 hardware	Edition Windows Vista Business, Premium			Encryption	
2	Scanning Workstation - Standard x86 hardware	Windows XP Professional, or Tablet Edition Windows Vista Business, Premium	Dual Core 2.0 GHz	2 GB		80 GB

Peripheral Hardware Minimum Specifications

RR-H-04 Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	TYPE OF PERIPHERAL HARDWARE	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1	Network Card	N/A	10/100 MBit card
2	Monitor	N/A	SVGA (1024 x 768) or Higher – at least 16 bit color resolution
3	Scanner	N/A	If Image Management will be used, a Twain compliant scanner is required.
4	Printers	N/A	No specific requirements

Minimum Network/Communication Specifications

RR-H-05 Provide the minimum network/communication technologies employed by your solution software products.

#	TYPE OF NETWORK/COMMUNICATION TECHNOLOGY	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1	Internet Connection	N/A	A broadband connection (256K or higher) is required.
2	Wireless	N/A	If wireless technology is being used, 802.11g or greater compliance is recommended as well as WPA or better security.

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System Backup/Recovery Considerations

RR-H-06 Describe the system backup process for your core product.

The NetPracticePM servers are backed-up using Cache utilities. The backups are done while the database is on-line, avoiding downtime, to a server designated for this purpose. The data is then copied to tape and stored off-site. The NetPracticeEHRweb servers are mirrored in real time to a set of dedicated hot-backup servers. In addition, copies of the data are stored off-site.

RR-H-07 Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

Yes.

RR-H-08 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

See RR-H-06. Noteworthy is responsible for managing all aspects of backups.

RR-H-09 Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

The servers supporting the NetPractice Medical Hub, containing the clinical patient data, are mirrored in real-time, providing an immediate fail-over capability. The servers supporting NetPracticePM are not mirrored, but are backed-up in real-time. Mirroring of the NetPracticePM servers can be implemented upon request.

Data Archiving Considerations

RR-H-10 What are the capabilities for archiving data?

NetPracticePM – It is possible to mark patients as “inactivated”, which is simply a switch that indicates whether or not a patient should show up in patient lists or in patient look-ups. Inactive patients are still included in reports, which ensures the numbers balance and are consistent with reports run earlier.

NetPracticeEHRweb – Typically all patient data is online and available for customers to recall as far back in history as needed. A patient record can be tagged in several ways to reduce accessibility: VIP, Non-Sharing, and Discharged. If a customer wants to completely remove a patient chart from the main clinic, an archival clinic is set up into which patient charts can be moved, with access limited to select users.

RR-H-11 What are the capabilities for restoring archived data?

NetPracticePM – Patients can easily be reactivated by an administrator at any time.

NetPracticeEHRweb – The archived data is readily available to select administrative users. Patient charts can be moved back to the main clinic using the "Move Chart" function as needed.

RR-H-12 What tools/media are used for archiving data?

The archiving approach described in RR-H-10 and RR-H-11 is accomplished without any additional tools/media.

System Interface Considerations

RR-H-13 Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

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Noteworthy has created interface software following industry standards such as HL7, XML/CCR, NCPDP, and ANSI. This is a company strength as demonstrated by the fact that we provide over nine times the national average with regard to the number of interfaces per clinic customer.

Data-Providers give glowing reports that we are consistently the best and easiest to work with of all vendors. Common interfaces such as HL7 can be built and tested in as little as 5 hours with our experienced integration team (given direct access to data-providers programming team). However, the average timeline for an interface is close to 30 days, because of some data-provider's conference call schedules, processes and/or lack of available resources.

All common exchange languages are accepted, including: HL7, NCPDP, and XML. Multiple other file types and exceptions are used, including parsing MSWord, WordPerfect, RTF, plain-text and custom formats, and others can be explored with the integration team on a client basis. The Hub allows for independence of vendor choice as the network has and will integrate with other EHR technologies.

RR-H-14 With what version of HL7 is your product compliant?

HL7 versions 2.1, 2.2, 2.3.

Data Security Considerations

RR-H-15 Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

All Noteworthy applications are fully HIPAA-compliant and go beyond HIPAA in many areas to insure data security. For example, an eight character password (HIPAA requires six) is required for users to access our three layer HIPAA-compliant firewall system. Data transmission is consistent with industry standards of SSL or VPN, encrypted to a minimum of 128 bit. We transmit data in HL7, LOINC, XML, NCPDP, IEEE, and X12 using HIPAA compliant standards. Other security measures include our unique "Chart Access" messaging system, clinic-controlled user-access levels and report/auditing.

Scalability Considerations

RR-H-16 Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

Both NetPracticePM and NetPracticeEHRweb are browser-based products backed by back-end services that are scalable through the techniques typically used for web applications. With regard to NetPraticePM, the Caché technology stack has been proven to be highly scalable. Additional application servers can be added to support increased load. Caching at the application server layer is available to boost performance and absorb load from the database server. With regard to NetPraticeEHRweb, Apache's has proven clustering/scaling capabilities. MySQL also has clustering capabilities the provide extremely high levels of scalability.

RR-H-17 Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level

NetPracticePM – recently a load test scenario was developed to determine the amount of hardware required to host 4,000 concurrent users. This was achieved using eight application servers and a single database server, although in practice at least two database servers and an extra application server would be included for redundancy. In a hosted model, Noteworthy is responsible for maintaining optimal performance as load increases. There would be no additional cost to the customer beyond normal user licensing fees.

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NetPracticeEHRweb – presently the hosting center is managing 18 communities, 250+ practices, and approximately 3,700 end users. As noted earlier, this environment is scalable to much higher concurrent user counts through additional hardware.

RR-H-18 It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additional staff, increase locations and the possible impact to implementation and training schedules, and problem response times.

The web-browser based nature of Noteworthy's applications reduces or eliminates on-site requirements for equipment and infrastructure. Web-based training and tutorials will provide individual users training, while on-site practice training will initially be staged from our facilities in Phoenix, Arizona. As volume increases, Noteworthy is committed to putting one or more (as needed) field offices in California to facilitate deployment and support of this project.

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J. Implementation Planning

RR-J-01 Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to your suggested approach.

The easiest way to get an overview of the best practices for implementing NetPracticePM and NetPracticeEHRweb is to review the sample implementation work plans attached as "RR-J-01_Attachment_A.pdf" and "RR-J-01_Attachment_B.pdf". These attachments show the tasks, timelines, and order of events for our implementations.

These sample work plans serve as starting points for implementation plans tailored to each client's business needs and technical requirements. The timelines provided for individual tasks are meant to show elapsed calendar time only. They do not represent actual effort or staffing requirements.

When implementing both products, we recommend that clients plan the NetPracticeEHRweb go-live several weeks after the NetPracticePM go-live. However, because different staff is typically involved with the implementation of the two products (that is, clinical versus front office/billing), much of the preparation work for the implementations can go on simultaneously.

Training

During an implementation project, our training team works with the practice to develop a training schedule that fits the practice's timelines. Our training program during implementation consists of three parts: product functionality, setup consultation, and on-site go-live support. Please refer to the attached sample work plans for details.

Data conversions

Converting data from a legacy PM system is part of nearly every NetPracticePM implementation. Converting data from the legacy system helps ensure a seamless transition from the old to the new system - your staff can hit the ground running. We offer a variety of options (demographics, appointments, financial, etc.) for conversions so that you are assured that you will get the data that is important to you without having to pay to convert data that is not needed.

Data conversions from legacy EHR systems are less common, although we offer this service. EHR data conversions are easiest if the legacy EHR can output data in the Continuity of Care Record (CCR) format.

More common is converting to our EHR from paper charts. There are several approaches to paper conversion. 1) Scan all paper charts into the EHR as part of the initial implementation. 2) Scan individual charts only as required for the next patients' visit. 3) Scan only certain documents for individual patients very selectively, adding new information to the EHR and only referring back to the paper chart for historic reasons. Our typical advice to new clients is #3.

Finally, we offer conversion of image data to our document imaging system, should a client have a legacy document imaging system.

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RR-J-02 What is the typical implementation timeframe for your solution? Express your answer as a range (6 to 12 months, 1 to 2 years, etc.) qualified by a size-of-project; factor such as number of users, total project cost, etc. An example would “6 to 12 months for a total project cost not exceeding $500,000” etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for your solution.

The standard timeline for the basic NetPracticePM implementation for a single practice is 90 days after an agreement is received. There are several options for accelerating the basic implementation. For example, a practice can be up and running on just the patient registration and scheduling portions of the NetPracticePM system in 4 to 6 weeks. A bare minimum of 8 weeks is required for claims enrollment.

Implementations for NetPracticeEHRweb start with the setup of a new NetPracticeMedicalHub Connected Care Network (CCN, or simply "community"), which takes approximately 30 days. Once the community is established, an individual practice location can be up and running very quickly. Training for NetPracticeEHRweb can be done onsite or via webinars. The majority of users are comfortable and productive after the first online training session, and we provide follow-up training for the next several weeks as the practice ramps up.

When implementing both products, we recommend that clients plan the NetPracticeEHRweb go-live several weeks after the NetPracticePM go-live. However, because different staff is typically involved with the implementation of the two products (that is, clinical versus front office/billing), the much of the preparation work for the implementations can go on simultaneously.

A single practice implementing both NetPracticePM and NetPracticeEHRweb with a 4-week break between go-lives would result in a total implementation timeline of approximately 20 weeks.

Implementation services costs are very reasonable for NetPracticePM and NetPracticeEHRweb. A single-physician practice can implement both solutions for approximately $25,000 in service fees. See the table below for cost estimates for larger practices. The estimates below are given for an ASP implementation at one practice location for NetPracticePM, NetPracticeEHRweb, and our document imaging solution. An actual implementation quote could be more or less than the shown amounts, depending on the add-on products and services selected. The approximations below do not include special electronic claims setups, data conversions, multiple databases, interfaces to other systems, or etc. Also note that NetPracticePM can be self-hosted and has a slightly different implementation cost structure than the ASP system cited here. Finally, this is the approximate cost of implementation services and does not include any license fees, hardware costs, ongoing monthly service fees, or etc.

Providers	Approx implementation cost
1	$25,000
5	$40,000
10	$60,000
15	$75,000

Larger clients that require more complex rollouts will likely experience longer implementation timelines. Starting with practices that have about 20 providers or more than 4 locations, more up-front due diligence is needed to estimate the implementation timeline and costs. Please note that it is not certain that projects of this size will take longer or will have unusual costs, but a more personalized approach has to be taken.

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K. Training and Documentation

Training

RR-K-01 Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

Course Title	Length	Included in implementation quote?		
			On-site [1]	NMS Classroom Or Web [2]
NetPracticePM Courses				
NetPractice Basics	3 hrs	Y	$150/hour	No charge
Scheduling Basics	3 hrs	Y	$150/hour	No charge
Scheduling Advanced	4 hrs	Y	$150/hour	No charge
Transactions Basics	3 hrs	Y	$150/hour	No charge
Transactions Advanced	4 hrs	Y	$150/hour	No charge
Insurance Account and Follow up	3 hrs	Y	$150/hour	No charge
NetPractice Manager	4 hrs	Y	$150/hour	No charge
Collections	4-6 hrs	Y	$150/hour	Upon Request
System Set up Session 1	3 hrs	Y	$150/hour [4]	Not available
System Set up Session 2	3 hrs	Y	$150/hour [4]	Not available
System Set up Session 3	3 hrs	Y	$150/hour [4]	Not available
NetCoder	1 hr	Y [3]	$150/hour	Upon Request
NetVerify	1 hr	Y [3]	$150/hour	Upon Request
Custom	?	N	$150/hour	$95/hour
NetPracticeEHRweb Courses				
EHRWeb Results - ERX (all roles)	2hrs	Y	$150/hour	No charge
EHRWeb Results - ERX (Superuser)	1hr	Y	$150/hour	No charge
EHRWeb Results - Lab Personnel	1hr	Y	$150/hour	No charge
EHRWeb E-Chart	4hrs	Y	$150/hour	No charge
EHRWeb - Full	8hrs	Y	$150/hour	Not Available/ Custom
EHRWeb - Set-up/Superuser Training	3hrs	Y	$150/hour	No charge
EHRWeb - Advanced/Templates	3hrs	Y	$150/hour	No charge
EHRWeb - ChargeCapture (Billing Module)	1-3hrs	Y	$150/hour	No charge
EHRWeb - Graphic Add-on to Full	1-3hrs	Y	$150/hour	No charge
EHRWeb EMR for Provider (Workflow Refresher)	1-3hrs	Y	$150/hour	No charge
EHRWeb EMR for Medical Records	1-3hrs	Y	$150/hour	No charge
EHRWeb EMR for Transcription	1hr	Y	$150/hour	No charge
EHRWeb Enhancement Training	1hr	Y	Note available	No charge
Custom	?	N	$150/hour	$95/hour

Notes

1 For on-site services Licensee will, in addition to the hourly rate, be charged for travel time from either the employee's home or NMS' office (whichever is applicable) at fifty percent (50%) of the rate for the service provided, plus travel, lodging, meals and mileage in accordance with IRS guidelines. The 50% travel time charge will be waived for on-site visits of three (3) days or more by an individual.

2 Periodic group classes are scheduled at a NMS facility, to cover specific functionality and are available to all licensees. This service is free of charge to maintenance licensees and billable to non-maintenance licensees.

3 If applicable.

4 Implementation only.

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RR-K-02 How often is training offered (as needed, or on a set calendar schedule)?

During an implementation project, our training team works with the practice to develop a training schedule that fits the practice's timelines. On an ongoing basis, many training classes are provided for free on a set schedule. Please see our website (http://www.noteworthymedical.com) for the current schedule. Additionally, clients may request training as needed from their account manager at any time.

RR-K-03 Please give the duration of each class, the location of training and the recommended number of people that should attend training.

Standard classroom training at NMS facilities is provided at either our Phoenix or Cleveland offices. Some courses may only be available at one or the other. Both facilities accommodate up to 15 trainees at a time. Virtual standard classroom training sessions are limited to 10 connections, but multiple trainees may use a single connection.

Class size for training conducted at the client's site is limited by the facilities the client can provide. A single instructor can handle up to 20 trainees.

For additional details, refer to the tables under item K-01.

RR-K-04 Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

Most NMS classes are provided live as either traditional classroom or virtual web-based courses. We also provide pre-recorded training for select topics. For details, refer to the tables under item K-01.

RR-K-05 Who provides the training: employees of your company or sub-contractors?

All training classes are provided by NMS employees.

RR-K-06 Do you provide clinician-specific training?

Yes, training is provided by product and by role.

RR-K-07 Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California?

As a policy, we do not provide training on how to bill for specific insurances. However, if there are program features that pertain to specific insurances or the software is customized for specific insurances, we do provide training.

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Documentation

RR-K-07 Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications).
2. User operator/system administrator manuals.
3. Hardware/OS manuals.
4. Network and Security.
5. Training manuals (initial and ongoing user self-training).

User and Superuser manuals are provided in electronic format and are always available, with indexes and search capabilities. The manuals can be down loaded to a word document for editing and customization by the client.

Noteworthy does not support hardware, operating systems, or networks, although we do provide minor troubleshooting to support the client use of the web based application.

Training materials are developed and provided as directed by the clinic during the set-up and Implementation phase of roll-out.

RR-K-08 Is the documentation available:

1. In hardcopy?
2. On CD-ROM?
3. On the Local Area Network?
4. On the Internet?

Application documentation is available to clients for downloading, printing and editing by the client. The client would download the document to their local computer without altering the provided copy.

RR-K-09 How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

The User/SuperUser manuals are updated regular basis, posted on the user's Dashboard (application user home page) with the current manual always available. Subsequent updates to the manual are posted as well.

Users are provided adequate advance knowledge of application updates and receive the applicable Release Notes for the enhancements; usually one week in advance. Updates are released immediately after development and rigid beta testing has been completed. Our approach is to provide the clients with smaller updates, more frequent releases as opposed to one very large release. This provides the clinic the time to adopt new features without delay or impact to the clinic.

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L. Contractual Support

RR-L-01 Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?

   Yes

2. Operating system and related environmental software?

   No. We do not include OS costs in our support.

3. Interface maintenance?

   Yes

4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?

   Yes

RR-L-02 What are your normal support hours (specify time zone)? Where is support staff located?

Expert customer support is available from 8:00 AM EST to 8:00 PM EST, Monday through Friday, excluding holidays. Complete 24 hour, 7 days per week support is available upon request for an additional fee. Support staff are located in the United States in our Ohio, Arizona, and Idaho offices.

RR-L-03 Which of the following support features are available? Check all that apply:

1. Toll-free hotline ☒
2. Remote monitoring ☒
3. Remote diagnostics ☒
4. Training tutorials ☒
5. Web-based support tracking ☒
6. 24x7 software support ☒
7. 24x7 hardware support ☐

RR-L-04 Provide the response time for problems reported during:

1. Regular business hours.
2. Off-hours.

Responses to technical support calls will be prioritized according to problem severity and response and resolution targets will vary accordingly. Noteworthy prioritizes problem severity as follows: Priority 1 means the Noteworthy Software is down (unable to be used by Licensee) due to a Noteworthy software defect (as opposed to a defect due to Licensee's network issues, hardware problems, or other Licensee software) and a work-around is not available; Priority 2 means a major function of the Noteworthy Software is inoperable and loss of such function seriously impacts Licensee's operations; and Priority 3 means a function that does not seriously impact Licensee's operations is inoperable.

Following an initial response, Noteworthy will assign technically qualified personnel to work on problem resolution. The technical problem will be considered "resolved" when Licensee's use of the Noteworthy Software is no longer impaired (either because the technical problem has been fixed or a work-around providing substantially similar functionality has been developed). The initial response times and resolution times will be as follows:

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	Problem Severity		
	Priority 1	Priority 2	Priority 3
Initial Response	1 hour (during normal support time) or 4 hours (beyond normal hours)	4 hours (during normal support time) or 8 hours (beyond normal hours)	12 business hours
Response Update	Each business day	Every week	Every two weeks
Resolution	Within 72 hours	Within 5 business days	With next scheduled Point Release at least 2 weeks after initial response.

RR-L-05 Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

Yes. A client can log a problem call over the Internet and the client can view its on-going status through a support website. This enables an on-going tracking of all problem calls for the client. All patch releases are organized in a release folder that includes detailed release notes for both major releases and minor update/patch releases. In addition, a variety of tools are available via our Online Support Center website to assist the client with system functionality..

RR-L-06 Describe your firm's approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products.

Noteworthy releases two product updates annually, one minor revision and one major revision. Major revisions introduce new features of significant scope while minor revisions are reserved for improving existing features and introducing smaller product enhancements.

There is no system downtime during updates, as most of these are done after hours. All software versions are supported with detailed Release Notes which document each enhancement or change.

Under either the Initial Warranty or Software Maintenance Agreement you will receive all standard updates and enhancements to the program. Noteworthy distributes the updates on an as-needed basis.

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M. Cost and Licensing

RR-M-01 Describe your pricing and/or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

Noteworthy's model is to build communities of connected providers using the sophisticated capabilities of our Connected Care Network (CCN), which provides the community the ability to share clinical data among providers within the community.

We will provide our applications via an ASP model. An individual provider can participate via a variety of applications with different price points. How a provider opts to participate will be a function of their personal preference, technology sophistication, their practices needs and the availability of financial resources to fund the application chosen. Pricing will vary based on the level of participation the provider subscribes to. The application choices will include the following non-exhaustive list, presented in order from least to most expensive:

- Web based ePrescribing
- Web based results manager (Labs, Rads, etc.)
- Web based results manager with ePrescribing
- Web based electronic chart with results manager and ePrescribing
- Web based EHR which includes above functionality plus the ability to document encounters, E&M coding, etc.
- Web based PM

Additionally, as mentioned above, the CCN will not be exclusionary to third party applications. A third party EHR application will be accommodated by the CCN to the degree the 3rd party vendor is willing and able to participate.

A critical feature of our vision is to allow providers to make a selection on how to participate without limiting the provider's ability to share medical information with the community. Those who implement will be fully connected and benefit from the large number of community interfaces that are available. They will also be able to send and receive referrals, consults or entire charts within the rest of the provider community.

For each service, there will be a one-time setup fee and then there will be a monthly service fee based on the number of providers. Additionally, there will training fees based on the number of training hours required.

RR-M-02 List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

We will work with each county to set up a program that fits its unique needs. In the past, we have provided special pricing thru IPS's or Health Systems that sponsor our applications in a community. These arrangements usually have a discount from our list price accompanied by a guarantee on the volume we will achieve in the community.

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N. Risks and Issues

RR-N-01 It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when implementing your solution. Please include examples from prior implementations of your solution.

We have opted to identify in this section several critical success factors that will need our joint attention, as well as risks that Noteworthy's applications and model addresses. These latter points are differentiators for Noteworthy applications:

Executive Leadership – Given the magnitude of this project we believe that California DMH needs to identify, as does Noteworthy, an executive to sponsor and oversee all aspects of the project. We will expect California DMH to identify the right senior executive to play this role. Noteworthy has identified Paul Ruflin, President and COO of Noteworthy, to function in this capacity. Paul has over 30 years of experience as a consultant and/or vendor and understands how a project like this needs to be executed.

Long Term Partner - No vendor will satisfy 100% of your needs out of the box. However, we believe Noteworthy will show well in your evaluation for both immediate needs and strategic objectives. Regardless, Noteworthy is open to partnering with you to understand your specific needs and address them in the long term, as necessary.

Immediate and Strategic Objectives – We believe we are best positioned to satisfy your immediate needs and your strategic objectives as discussed earlier in this executive summary. We will not repeat the previous discussion. However, the ultimate success of this project will not only be measured by the level of service California DMH provides as a result. More important will be the ability of California DMH to protect its referral network and maintain and enhance the loyalty of established physicians. As we discussed above we believe Noteworthy is the best application vendor and partner to satisfy these strategic objectives.

One EHR for All Practices – Although Noteworthy's applications are modular, flexible, configurable and adaptable to all specialties, we believe that many times a single vendor's application will not drive significant provider participation. This is usually because a practice has already purchased an EHR and invested heavily in an EHR or because different specialties have different needs due to differences in work flow between specialties. Noteworthy does three things to address this issue: 1st, we have an open model that allows participation of a practice in the larger community even if a practice has another EHR; 2nd, we provide a suite of applications that allow practices to participate at different levels of sophistication which has greatly enhanced participation; 3rd, we have a number of strategic partners who use our PM and are working closely with Noteworthy to more tightly integrate their solutions. These specialty EHR partners include the following companies:

- Stryker OrthoPad, orthopedic specialty
- GMed, GI specialty
- digiChart, OBGYN specialty

Noteworthy's open model allows our strategic partners to tightly integrate with our applications. Other 3rd party vendors can be interfaced or more tightly integrated at their pleasure.

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Substantially 100% Participation – Provider participation is imperative in order to maximize ROI, streamline communication and increase overall efficiencies. Noteworthy has a track record of achieving high levels of participation even in communities that did not have Hospital or Health System sponsorship.

Connectivity failure – Interfacing with data providers and maintaining these interfaces is critical. The vendor of choice should have interfacing and integration as core competencies along with proven management experience and capabilities to ensure uptime of the 'network'. Noteworthy has the requisite experience and competencies to eliminate this risk.

O. Project References

RR-O-01 Provide a minimum of three (3) previous implementations of your solution that most closely approximate a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process.
2. System functionality.
3. Vendor support.
4. Documentation.
5. Training.
6. Overall customer satisfaction.

NMS will provide customer references to individual counties upon request. Please contact Steve Scalzo (408-499-6718) to make arrangements.

NMS has taken this approach for two important reasons. First, to protect our customers, we are very conservative about publishing their contact information. Second, mediating the process will allow us to ensure that reference contacts are appropriate to the size and specific needs of the requesting county.

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