FORM APPROVED COUNTY COUNSEL 9/11/14 DATE
BY: GREGORY P. PRIAMOS
Departmental Concurrence

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

450

FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
September 23, 2014

SUBJECT: APPROVAL OF AMENDMENT NO. 23 OF THE AGREEMENT WITH SIEMENS MEDICAL SOLUTIONS, INC. TO PROVIDE TECHNICAL SUPPORT FOR INVISION AND REVENUE CYCLE SUPPORT [ALL DISTRICTS; $671,160; ENTERPRISE FUNDS]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Chairman of the Board to execute Amendment No. 23 with Siemens Medical Solutions, Inc. in an amount not to exceed $671,160 effective September 23, 2014 through September 22, 2015; and;
2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to sign amendments that do not change the substantive terms of the agreement.

BACKGROUND:
Summary
The Siemens Invision software product is essential for successfully tracking and billing of all services provided to the hospital's inpatients and outpatients. This software is nearing the end of its useful life and requires additional maintenance as we plan for the transition to more current software in the next two years. In the near term, the addition of an electronic records system has put an additional strain on Invision, requiring testing and revisions to the interface between it and other hospital software.

Lowell Johnson, Interim CEO

Purchasing: Mark Seiler, Assistant Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	$ 671,160	$ 0	$ 671,160	$ 0	Consent ☐ Policy ☒
NET COUNTY COST	$ 0	$ 0	$ 0	$ 0	

SOURCE OF FUNDS: Hospital Enterprise Fund 100%

Budget Adjustment: No
For Fiscal Year: 14/15

C.E.O. RECOMMENDATION: APPROVE

BY: Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

☐ Positions Added ☐ Change Order
☐ A-30 ☐ 4/5 Vote

Prev. Agn. Ref.: 9/4/07; 3.50, 3/17/09; 3.60 | **District:** ALL | **Agenda Number:** 3-61

BACKGROUND:
Summary (continued)

On September 04, 2007, agenda item 3.50, the Board approved the contract agreement with Siemens Medical Systems for a total contract term of 122 months (an implementation period of 38 months and up to 84 months (seven one-year renewal options) of ongoing operations, support and maintenance). The cost associated included a one-time acquisition, installation, implementation, and support and system maintenance for continued operations of the Hospital Information System Project. The estimated cost of the project was $63.6 million, consisting of the following major components:

Total Contract Amount = $50.6 million
Hospital Implementation Cost = $10 million
Implementation Contingency Reserve = $3 million
Total Project Estimated Cost = $63.6 million

On March 17, 2009, agenda item 3.60, the Board approved the amendment to exercise the option to license the applications of ZynxOrders and ZynxCare (60 month software license).

Approval of this amendment No. 23 will allow the Siemens team to continue to promote greater automation within the Invision System. Amendment No. 23 consists of 3,948 hours at $170 per hour for a total expenditure of $671,160. The project is expected to yield savings of approximately $915,600 through improved cash generation and corresponding cash savings. These efforts will result in an immediate reduction in overtime; reduce regulatory risk, redundancy of manual processes and improvements to patient flow. Priorities I, II, and III listed below, will take approximately twelve months from initial assessment to go-live.

The projects will require a minimum of one week per month on-site for the Siemens team. The following project plan outlines the core resources and time allocations.

I. The automation of core revenue functions will reduce manual intervention by 40 percent. As each re-design is brought on line the manual processes will be further reduced. This will improve the accuracy and timeliness of the accounts receivable process as well as support regulatory requirements.

II. The redesign of pathways for the clinic charge entry team as well as automation of secondary billing for the business office will significantly reduce department overtime by an estimated 180 hours per month. Regulatory risk reductions through platform redesigns will ensure regulatory compliance with current and future standards in the areas of charging, documentation standard, claims, and governmental reporting.

III. A patient management module update will reduce the number of current screens used to register patients from 28 to 14, increasing accuracy and speeding the patient registration process.

Summary: Cost Saving and Cash Improvements

1.	Overtime Savings:	$ 75,600.
2.	Staffing Re-focus Savings:	$ 290,000.
3.	Revenue Optimization:	$ 550,000.
	Total Savings	$ 915,600.

Impact on Citizens and Businesses

This service impacts the patients receiving care from the hospital. Both timely support and supplementing the hospital's resources, will improve the ability to collect on outstanding claims.

Contract History and Price Reasonableness

This amendment is essential for successfully tracking and billing of all services provided to the hospital's inpatients and outpatients. These efforts will result in an immediate reduction in overtime; reduce regulatory risk, redundancy of manual processes and improvements to patient flow and more importantly, yield a savings of approximately $915,600.

The amendment was reviewed by a negotiating team consisting of personnel from RCRMC, Purchasing, Information Technology and County Counsel. The team reviewed the amendment and existing Siemens' Master Service Agreement to ensure that the terms and conditions were consistent with Riverside County policy and that the best possible terms were reached on behalf of the County.

CONFIDENTIAL TO THE EXTENT PERMITTED BY LAW

AMENDMENT #23

This Amendment is made as of the ______ day of July, 2014 ("Amendment Effective Date") between SIEMENS MEDICAL SOLUTIONS USA, INC., 51 Valley Stream Parkway, Malvern, Pennsylvania 19355 ("Siemens"), and RIVERSIDE COUNTY ON BEHALF OF RIVERSIDE REGIONAL MEDICAL CENTER, located at 26520 Cactus Avenue, Moreno Valley, CA 92555 ("Customer").

Customer and Siemens are parties to an Agreement dated as of September 28, 2004, as amended ("Agreement"). The prior amendments to the Agreement consist of the following, together with purchases added to the Agreement from time to time through Professional Services Requests (PSRs): Amendment #1 - March 8, 2005, Amendment #2 - September 26, 2007, Amendment #3 - September 30, 2008, Amendment #4 - October 6, 2008, Amendment #5 - December 22, 2008, Amendment #6 - February 9, 2009, Amendment #7 - December 22, 2009, Amendment #8 - January 11, 2011, Amendment #9 - March 24, 2011, Amendment #10 - March 24, 2011, Amendment #11 - December 21, 2011, Amendment #12 - March 28, 2012, Amendment #13 - April 16, 2012, Amendment #14 - May 15, 2012, Amendment #15- October 18, 2012, Amendment #16 - January 22, 2013, Amendment #17 - March 20, 2013, Amendment #18 - September 30, 2013, Amendment #19 - October 24, 2013, Amendment #20 - February 11, 2014, Amendment #21 – March, 26 2014, and Amendment #22 – July 15, 2014.

Siemens and Customer now agree to amend the Agreement as follows:

1. **Professional Services Fees: INVISION RCO Optimization and Revenue Cycle Support**
   Customer hereby engages Siemens to perform services in accordance with the Scope of Work attached hereto as Attachment 1. The fee for these services is as follows:

   1.1 Siemens shall perform services on a time and materials basis. The estimate for said services is 3,948 hours at $170 per hour for an estimated fee of $671,160. The professional service fees for these services shall be billed and paid monthly as incurred based on the actual hours performed.

   1.2 Travel and Living expenses will be billed separately as incurred, in accordance with Agreement dated September 28, 2004 between Customer & Siemens.

2. **General.**

2.1 As required by 42 CFR 1001.952(g) and (h), Customer must, where applicable, fully and accurately report any discounts or credits or other financial concessions described in the Agreement or this Amendment, in the applicable cost reporting mechanism or claim for payment filed with U.S. Department of Health and Human Services ("DHHS") or a state agency, and, upon request from the applicable agency, must provide the information contained in the Agreement or this Amendment regarding any discounts, credits, or other financial concessions to DHHS or the state agency.

2.2. This Amendment supersedes any contrary or inconsistent provisions of the Agreement and any prior amendments. No provisions of any Customer purchase order shall apply. As amended, the Agreement shall remain in full force and effect.

2.3. This document has been negotiated equally by both parties and shall not be construed against one party or the other on the basis that it was drafted by one or the other. Each person signing below certifies that he or she is authorized to bind his or her respective party to all terms of this Amendment.

To show their agreement to these terms, and intending to be legally bound, Siemens and Customer hereby execute this Amendment as of the Amendment Effective Date

SIEMENS MEDICAL SOLUTIONS USA, INC.

By: [signature]

Alfred Candello
National Sales Director
Typed or Printed Name and Title

By: [signature]

Jeffery B Jorgensen Sr. Director/Controller
Typed or Printed Name and Title

COUNTY OF RIVERSIDE COUNTY ON BEHALF OF ITS RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

By:______________________

____
Typed or Printed Name and Title

By:______________________

____
Typed or Printed Name and Title

FORM APPROVED COUNTY COUNSEL
BY: [signature] 9/11/14
NEAL R. KIPNIS DATE

1-709049

CONFIDENTIAL TO THE EXTENT PERMITTED BY LAW

Attachment 1

SCOPE OF WORK FOR RIVERSIDE COUNTY REGIONAL MEDICAL CENTER (RCRMC)

INVISION RCO Optimization and Revenue Cycle Support

PROJECT OVERVIEW

Beginning in January, 2013, the Siemens Strategic Services Group has been providing RCRMC with technical and operational support for Siemens INVISION Patient Accounting and other related applications. That engagement was concluded in June of 2014.

At the request of the RCRMC leadership Siemens has been asked to continue this work. In response Siemens has prepared this scope of work which provides a detailed list of Tasks jointly prepared by RCRMC and Siemens along with terms and conditions.

DESCRIPTION OF TASKS

Listed below are the specific tasks agreed upon by Siemens and RCRMC, along with an estimated number of Consultant Hours required to complete the work.

MID-POINT VALIDATION

At approximately mid-way through this work but not later than when 1,874 hours have been Billed, RCRMC CFO Christopher Hans [or his designee] has the option to terminate these services for any reason by giving Siemens written notice of this decision, to occur not sooner than when 1,974 hours have been Billed, in order to allow time for an orderly wind-down/turn-over.

REVISIONS TO SCOPE OF WORK

The work to be performed during this engagement will not deviate from these tasks without the express written consent of RCRMC CFO Christopher Hans or his delegate.

TASK	Description	Benefits	Estimated HRS
Statements are not set up appropriately	1. Develop new statement processing logic that will supersede existing poorly constructed logic.	1. Reduce costs by not sending out unnecessary statements.	160
Bad Address on Statements - uncorrected	1. Develop logic to minimize statement production for accounts with bad addresses 2. Implement NCOA (National Change of Address) 3. Work with Siemens to automate corrected addresses when provided by vendor	1. Reduce costs by not repeatedly sending statements to an incorrect address.	120
Level of Care bill Hold	1. Adding an appropriate level of care matching the hospital service will automatically relieve the edit. 2. Oversight and active accountability are required in order to bill within timely filing limits.	1. Complete and accurate billing. 2. Minimize timely filing rejections 3. Failure to monitor this process (requested by the site) will result in no claims generation for the flagged claims. 4. Requires ongoing RPM maintenance whenever new LOC and hospital services.	4

TAR bill hold	1. Bill hold automatically - removed manually by a comment code (FTRC - Final TAR review completed, NTN - No TAR needed) added to the account via Collector Workstation. 2. . Oversight and active accountability are required in order to bill within timely filing limits. Note : this is 4 hours per change	1. Complete and accurate billing. 2. Minimize timely filing rejections 3. Failure to monitor this process will result in no claims generation for the flagged claims. 4. Requires ongoing RPM maintenance for new Medicare or Medi-Cal.	4
Automatic balance transfer	1. Service codes created - logic in test mode. 2. Requires modification to add new service codes and then implementation (9 policies in report mode). 3. Requires inactivation of current logic (437 logic lines) Note : this is 4 hours per change	1. Eliminate the need to manually transfer balances resulting in increased billing and cash. 2. Pre-requisite for automatic secondary billing. 3. Increased efficiency of RPM processing.	100
Automated secondary billing	1. Requires modification to automatic balance transfer policies to include date parameter from last balance transfer and balance in secondary bucket. 2. COB must be coordinated correctly 3. Active daily monitoring for 30 days to ensure logic is working as designed after implementation.	1. Eliminate or minimize manual intervention resulting in increased billing and cash. 2. Complete and accurate billing. 2. Minimize timely filing rejections	120
Correction of Automatic adjustment processing (existing logic)	1. Requires 20 hours of site participation to document current business practices during an on site meeting. 2. Develop logic in accordance with current business practices. 3. Signoff from site on test policies. 4. 60 days active daily monitoring to ensure that balances are adjusting as designed. With an on site visit the week of go live.	1. Eliminate/minimize the need for manual data entry. 2. Greater accuracy of adjustment processing. 3. Stop instances of credit processing as a result of faulty logic.	220
ICD10 requirements	1. Analysis to identify screens and pathways that will be impacted by field expansions for ICD10. 2. Revise or revert impacted screens to model or to accommodate ICD10 requirements. 3. Identify OML options and update for compliance. Note: project should commence by Jan 2015 in order to meet the Federal Deadline and ensure adequate testing.	1. Regulatory Compliance 2. Claims submitted for dates of service after 10/1/15 will NOT be paid under CMS current guidelines.	200

Excess storage due to non-purging	Maintenance on data storage has been neglected requires review, analysis and changes. **Must be coordinated with Siemens - as a change to the HPPI to turn on purging can bring down the entire CICS.	1. Day end processing will be quicker. 2. May incur a cost reduction for accounts on file.	10
Excess storage due to current PA processes preventing archiving	1. Requires compilation of issues preventing archiving and individual review to resolve identified issues.	1. Reduction in Siemens bills for accounts on file.	120
RECI D16 error	RECI error due to site practice of combining charges pre-dating surgery with surgery account where the admit date is equal to the procedure date. Accounts are unable to bill without manual intervention. 2. Additional discussion with the site to determine a best practice solution that will still meet business requirements.	1. Elimination of the majority of the D16 errors.	20
Charge Capture	1. Site needs operational balancing processes to ensure that all charges sent have been received. 2. Site needs to set up front end balancing that will ensure that all accounts with appointments have generated charges. 3.Review of charge capture points, integration, reconciliation reports and processes will be completed and a document recommending improvement of process will be presented.	1. Ensure that all patients receiving services have charges posted timely will minimize untimely filing adjustments and result in increased cash flow.	240
NDC capture in Patient Accounting. This currently accounts for 40% of the Medicare/Medi-Cal billing errors. This currently requires manual intervention	1. This issue could be corrected by implementation of 48-3 processing from Siemens Pharmacy to INVISION Patient Accounting to facilitate quicker reimbursement by elimination of manual data entry of NDC numbers into the scrubber. 2. OML changes to support push of NDC data to claims by payor class. 3. Recommend implementation in a go-forward process with a fixed implementation date. 4. Training and documentation on correction of RECI errors. 5. Training and documentation on adding missing NDC data via 28 records.	1. Up to 40% of MDX claim scrubber errors could be eliminated. 2. Elimination of data entry errors as the current process is completely manual. 3. Compliant automated regulatory process.	120

Optimize report generation	1. Currently reports are generated without data. Review all scheduled reports and either change or eliminate the schedule for reports not generating data. This would decrease reporting costs.	1. Decrease reporting costs on Siemens bill.	80
Financial Class	1. Utilize RPM to evaluate nightly the FC based upon primary insurance plan by development of complex RPM logic. 2. Daily monitoring of process over a 30 day time period.	1. Gain accuracy for FC reporting. 2. Statement and balance transfer policies have FC criteria.	120
ADT Flag - per Mark Duffy Siemens as of Jan 2014	The registration system must be set up to use this value by the SC IC. The ADT Consent Flag is used to identify OPT IN or OPT OUT Patient preferences. It is used for ADT and CCDA. 1.1 MMD recommends the PV1-51 segment with these values: 1.1.1 value = "b" blank indicates the patient has opted in 1.1.2 value = "1" indicates the patient has opted out 1.1.3 value = "2" indicates the patient has opted out because of age	The Customer has to develop an entire workflow related to the Opt In/Out decision. When do they ask the patient? How is it worded? What is the default? Etc. Once they have determined how it is to be implemented they need to determine where in the pathway(s) the data will be collected and how it will be communicated. This is where they will probably decide to use a '2' field, what it will be named, which z-segment to send it on, etc. Then an Invision Analyst/Programmer has to make changes in Invision "code" to populate the field for use in OpenLink. Then the OpenLink programmer has to make changes to recognize the values for sending ADT messages to the HIE. Then the AIS programmer has to make changes to recognize the values for sending CCDAs to the HIE.	80
SSN	1. Suppress the Social Security Number Online - display only the last 4 digits 2. Flag patient records that have incorrect social security number (process/technology)	1. HIPPA compliance	40
Electronic comparison of Social Security Administration Death Master	Maintain systems by identification of deceased patients and updating systems electronically. Move deceased patients to archive, reducing storage. HIM benefit to reduce charts. May require a 3rd party license.	1. Reduction in paper storage costs 2. Fast track collections to the estate. 3. Reduce exposure to identity theft.	200

HDX Remittance Processing for electronic payors	Currently MDX is processing remit and secondary claims are processed as primary resulting in duplicate payments and adjustments causing credit balances. Approximately 150 hours for initial payor of PA time. 20 - 30 hours per each additional payor. Also requires FTP processing set up to MDX and SSI for secondary billing and reporting information. Note: 150 hours include 3 days of on site training for balancing. Pre-requisites: EFT set up for payor, electronic claims, and Siemens enrollment.	1. Correct and timely posting of payments and adjustments. 2. Automatically xfer co-insurance directly to patient or next responsible party if site agrees. 3. 350 hours assumes 5 payors and 3 days on site training on balancing and error resolution. Each additional electronic payor would be approx 30 hours to implement. 4. **Daily Balancing is critical**	350
HDX Remittance Processing for Lock box (paper claims converted to 835 file by the bank.	Siemens and some banking providers have the ability to convert via OCR processing to convert a paper EOB to an 835 to allow for electronic posting.	1. Drastically minimize manual payment posting.	200
Credit Balance Clean up	1. RPM logic for adjustment processing is resulting in credits because total charges are adjusted vs. account balance. 2. Identify accounts with credit balances with recommendations.	1. Correct picture of AR. 2. Compliance with regulation and or hospital policies.	180
28 Record capturing ICN numbers required for replacement billing (corrected claims/late charge) from the MDX and SSI scrubbers	Coordinate with the claims scrubbers to pass this information via 28 records. Recommend implementing HDX for all remittance processing.	1. Reduce billers time in producing a corrected claim due to late charges or erroneous charge processing.	80

TCE 825	1. Resolve TCE-825 – Deploy Invision Enhancement to support "Super Accounts" (I/P accounts that reach 7,500 detail limit). 2. Identify impacted accounts by utilization of IP@BFPRE and AR@BFPRE and daily review. The IP@BFPRE is currently routed to ANYQRPTS\Billing folder. There are currently 7 real patient accounts on the report. 1 has reached the max limit and has a discharge date and DX coding but has not billed because of a TAR bill hold. The 6 other accounts are approaching max capacity and should be discharged and a new account opened for the patient if necessary. The RECI file should be reviewed to see if the patient at max capacity has any charges re-circulating, if so a new account should be opened and the charges currently in the RECI file should be updated with the new account number. The bills can be combined in the billing editor.	1. Ensure all accounts are eligible for billing and can still receive charges	20
OSHPD reporting	1. Currently NOT coming from PA. Information is pulled from PM. Reverting to model PM screens will impact process and require redesign of OSHPD reporting. 2. Would recommend information be pulled from PA as is the Siemens standard.	1. Would be in standard with other Siemens customers.	160
S01 proration (self pay)	1. VOF hold indicator of 'w' is still holding "old" accounts (prior to June 1, 2014) and cannot be billed. 2. Patient Statement logic review is required.	1. Ensure all self pay accounts are eligible to receive statements - currently they are on hold. 2. Ensure accounts will be able to archive.	120
OAS Screen processing error	Error and work stoppage: PTIQ (Patient Inquiry Screen) at RCRMC, the following error message occurs: "E201488: COMPONENT %PA27IND IS MISSING FROM AU" User cannot get past this message to use the PTIQ screen	1. Ensure OAS screens process and do not loop.	6

Insurance Policy numbers are hard coded to "0"	Issue needs to be corrected as part of the PM pathway fix	1. Eliminate scrubber errors for invalid policy numbers - resulting in faster billing and quicker cash in flow.	10
Automatic posting of a comment when insurance is verified or added	Add a comment via RPM when insurance is added or verified.	Assist in trouble shooting billing issues to determine at what point was the insurance added or verified.	40
CDM revert screen with split billing indicator to Model to take advantage of capture of CDM description for misc. HCPC	1. RFC signed. Requires system testing with EMUE scripts for updates.	1. Eliminate manual effort of cutting and pasting descriptions for misc HCPC which is required. 2. Minimal build with a large impact to billing.	4
Special billing requirements for Lab only Claims	1. Regulatory requirements for billing lab only services.	1. Regulatory Compliance	20
		Estimated total hours	3148

TASK	Description	Benefits	Estimated HRS
Synchronize OAS Logic through all registration pathways Pre-Register, Register, and Revise pathways are not in sync in terms of OAS logic e.g. required fields, auto defaults, etc.	Because Schedistrars are now creating the OP accounts via Soarian, the edits that are in place in the Pre-Register pathways must be included in the Revise and Register Pre-Registered pathways. Analysis is required to identify logic required for synchronization.	Required data for financial and billing processing will be complete.	40
Prevent changes to Reg/Admit on OP accounts Users are able to change the Reg/Admit Date on an OP account in Invision.	Add Edit to OP cases in INVISION when linked to an appointment to prevent a user from changing the Reg/Adm Date.	This will prevent the account becoming out of sync with the corresponding Soarian appointment.	16

Invision Episode processing: Episodes are not in sync with accounts. The existing INVISION Revise pathway is not updating episodes. Because the Reg. Date and Time can change when an appointment is rescheduled, the RTIF Revise pathway will be updating episodes with Scheduling transactions. Errors can occur if the regular Revise pathway does not have the revise episode program because there will be cases out of sync with the episodes.	Need to synchronize the following PIDX components with the corresponding GIDX components for all active accounts: Adm/Reg Date, Hosp SVC, Dsch Date, FC, Atn Dr No, Atn Dr Name, Pt Sts, Clinic Cd, and Dsch Disp Can be done with an EMUE or a PSR thru Siemens	This will prevent errors when staff are attempting to revise account information for the following components: Atn Dr, Adm/Reg Date, Dschg Date, SVC, or FC.	40
Chart Tracking Borrower Code: Default Borrower UNKN assigned when Department is not found. Some errors still occurring during integrated testing	Need to run analysis on errors and cause	Prevent errors when requesting charts	40
Insurance Review Requirement: OAS change to require Users to view Insurance Detail screens regardless to Verify Flag= Y or N generates error in production with a loop.	Need to identify issue and correct it in the in-patient pathways	Will allow users to continue through registration pathway without error while requiring that the insurance portion of the registration be verified.	32

User Field copy forward logic: OAS change to pull forward user fields to new case through Soarian registration was built in the Outpatient Pathways only. Any revision to these fields in the in-patient pathways will not carry forward to the newly created outpatient pathways through Soarian.	Need to add logic to all other pathways in Invision to store the user fields in the PIDX so that the Soarian logic will carry them forward in all newly created accounts	Updated patient information via all other pathways will not get lost.	32
EMUE: OP accounts for canceled appointments: OP accounts remain in Invision after patient appointment canceled.	Need to create EMUE Script to perform a Delete Case function based on S2 Cancelled Appointment Report	Will remove all OP accounts not being used in Invision and reduce storage cost associated with these inactive accounts.	40
Screen ZPREGS01: Different Address Field This field indicates that the patient resides in a different address than the mailing address collected. There is no help screen associated with Diff Add field. If users do not know what this field is for, they will not know how to answer it.	Add help screen to field for new users	Will educate new users so they know how to respond to the question	16

Screen ZPREGS01: COA and Advanced Directive Schedistrars are not intended to enter any COA or Advanced Directive data in the registration screens. These fields cause confusion for some of the new schedistrars and they may inadvertently complete them in the revise pathway of Invision.	Screen ZPREGCOA stacks unconditionally after ZPREGS01 and contains all the COA and Advanced Directive Info. Suggestion for your consideration: 1. We remove the COA and Advanced Directive fields from ZPREGS01 (they are available in ZPREGCOA. 2. Move the Interpreter Needed question to ZPREGS01 (This field will still default according to the next suggested enhancement. 3. Build logic to suppress screen ZPREGCOA from automatically popping up in the Revise pathway. Registration staff will still have it auto pop up in the upgrade pathway.	Will prevent Schedistrars from Inadvertently completing this information. Only registration staff should complete this information.	40
Screen ZPREGCOA: Interpreter Field: Field requires a "Y" if patient preferred language is anything other than English. It does not default the value and requires the user to manually enter it in.	**Screen ZPREGCOA: Interpreter Field:** Logic needs to be created to auto default a "Y" if language is not equal to "EN"?	Will save users a step in entering specific required information.	8
Screen HEIERD03: HDX Eligibility Auto Pop Up in the Revise pathway: It is not necessary for HDX eligibility screen to automatically pop up on the Revise pathway. The screen should be initiated manually if needed.	For pre-registration schedulers do not use the HDX Eligibility, they use Medi-Cal, IEHP, Molina, or Exclusive Care websites. HDX should not automatically pop up on the Revise pathway but they should be able to initiate if needed.	will save users a step in exiting pathway each time and will save confusion for new users.	32

Screens ZPINRE01 - 4: Financial Class: Financial Class does not default. User must remember to enter the correct financial class based on the first letter of the Plan Code. In order to prevent mistakes, we must auto default the Financial Class using the PRINS profile so that it is always correct based on the patient's primary plan code.	Must update PRINS to make accurate financial class values based on each insurance plan then create logic to default this financial class in the registration pathway. Must test and make sure Soarian is updated accordingly when updated FC is processed in Invision.	Will assure that the correct financial class is always entered.	40
Screens ZPINRE01 : Miscellaneous Insurance Plan Codes default blank spaces in address fields Users must only enter an address if using a miscellaneous plan code. If they do not, the system defaults spaces which causes issues when the user is trying to find the line where they need to enter the data. If there is no address in PRINS then it should not wipe out the fields with spaces.	Need to assure that all insurance addresses in PRINS are either valued or completely blank (No spaces).	will eliminate errors in registration screens that prevent users from advancing to the next screen.	40

Screens ZPREGS01, ZPREGS02, RHREGS02, ZPREGS03, ZPREGS04, ZPREGS07, AD1REG07: City and State Default: Various screens in the registration system do not default the City and State when the zip code is entered. We need to review the screens and make sure we are defaulting the data.	Create logic to default City and State when zip code is entered.	Will assure correct city and state based on zip code and avoid typos	40
ZPREGS04: Next of Kin/ Emergency Contact: If Relationship to patient "O" is used, it requires only the first and last name but no phone number or address. Phone number should always be required in order to contact for emergencies.	Create logic to require phone number	Will assure that a phone number is obtained in order to contact emergency contact or next of kin when required	16
Screen AD1REG22: Medicare Questionnaire: Tracy stated that a paper questionnaire is used for patients and registration is instructed to skip the online Medicare Questionnaire screens. The Medicare questionnaire should be set NOT to auto display when a Medicare plan code is used. See TCL RHCONTE1 for stack	Remove automatic stack of Medicare Questionnaire screens. This screen is forced on the entry staff but it is not needed or used and they must enter fake data to get through it.	Will eliminate unnecessary extra step of entering default data to get past screen to exit.	16

Doctor Number --> Name Default When entering a doctor number directly into the doctor number field, it does not default the doctor name. You must use the help screen to default the doctor name.	Add logic to default doctor name if number is entered. At present, the system does not auto populate the MD info when the Doctor Number is keyed. This results in more keystrokes than necessary.	Will prevent blank doctor name fields	16
?ZPZIP: Zip Code Issue 1. User enters a zip code in the Zip Code field and typos or enters wrong city in the city field and presses enter and receives an error. 2. User corrects city name on the screen but system returns error that the user must use the zip code help screen to correct it. (At this point users are confused because their data matches and is correct on the screen) 3. When user uses help screen for zip code, the old incorrect city appears in the help screen. The system stores it in this U field and the user must replace it with the correct spelling and/or name, erase the zip code and reselect the zip code from the help list. Adding a city default based on zip code entered would alleviate most of these issues as well as correcting the	Need to evaluate build and determine logic to delete U field with Zip and/or City value so that the system correctly processes the field values on the screen.	Will prevent zip code data entry errors that stop users from progressing through the registration screens even when the data is correct on the screen.	20

erroneous storage of the u-field.			
Screens ZPSUBS01 - 4: Guarantor same as subscriber Question If the patient is a minor and the guarantor is the parent, we recommend that a question be asked "Is guarantor same as subscriber?" if yes, it will default the guarantor information into the subscriber. Otherwise user is typing all information all over again.	Build question in insurance subscriber screens to default data. Eliminate unnecessary duplicate data entry.	Will eliminate duplicate entry of data and possible typo errors.	16

Screen AD1REG23: Worker's Comp The following fields are not required: Adjuster Name Address Phone Pol #	Make the 'mandatory' fields required entry on the screen	Will assure that complete information is entered for Worker's Comp	16
Screen AD1REG23: Worker's Comp Employer name and phone number should default on the worker's comp screen.	Default the data from the Worker's Comp screen if it has been filled out.	Will eliminate duplicate entry of data and possible typo errors.	16
Screen ??C0824: Doctor Master Search Screen: Doctor help screens are not efficient. The results do not display the doctor First Name, address, phone, or UPIN fields to determine the correct t provider accurately. We need to add these fields to the doctor master search return so that users can select the correct physician.	Enhance the doctor master search screen to include additional data to assure that staff are choosing the correct physician	Will assure that the correct physician is chosen when multiple with same or similar names exist.	40

Red Flag Processing Effective November 1, 2009, the Federal Trade Commission (FTC) is enforcing its "red flag" regulations designed to curb identity theft in the United States. These new regulations apply to healthcare, financial, and lending institutions, including any organization that extends credit for services or covered accounts. Riverside organization is required to meet Red Flag regulations by implementing the policies and procedures related to identity theft.	**Recommended Solution:** Implement Red Flag module in Invision registration and patient accounting so that red flags can be identified and registration can address them accordingly.	Will identify patients with incorrect social security numbers, questionable identification documents, so that registration can follow up on obtaining correct information.	40
Bulk Load PIDX values for existing accounts Many existing accounts do not have the case user fields stored in the corresponding PIDX fields.	In order for the Soarian interface to populate all the case user fields on OP accounts created in Soarian, the PIDX user fields must be valued. Many of the existing accounts do not have the PIDX fields valued and the accounts created in Soarian will cross over to invision with blank case user data.	Will assure that all existing user fields are carried forward on all existing patients without the schedistrar having to enter them manually the first appointment scheduled. Otherwise the schedistrars will need to enter all the information manually the first time for each patient.	48
Update/Status Meetings and Work Sessions Conduct regular meetings to discuss status, issues, questions, and concerns as well as review proposed configuration changes.	In order to keep team members and stakeholders informed of progress and assure that the project moves forward effectively and efficiently, it is imperative that regular communication take place to allow for feedback and direction which will result in the desired outcomes to meet the business objectives of the organization.	Will allow an open forum to discuss progress, roadblocks, recommendations, issues, and concerns.	100
		Estimated Total Hours	800

SIEMENS PROJECT DELIVEREABLES

- Each row on the Statement of Work represents a task/project to be addressed.
- Each item in the Statement of Work will be addressed and worked in accordance with Best Practices used to date on this project.
- The order and priority of working these tasks will be determined by a single 'Gatekeeper'. As per the meeting with Christopher Hann, CFO RCRMC and Theresa Deem, Director Patient Accounts RCRMC, Theresa Deem will be the Gatekeeper, for any changes to the Statement of Work.
- Siemens will address each task/project, as initiated by the Gatekeeper. Siemens will propose a plan of action for each item, which will include a problem summary, proposed solution, design phase, test phase, approval phase and implementation phase. As these are relatively 'small' tasks/projects, in some cases these steps will be combined.
- No solution will be 'finalized' or moved to production without signoff on the plan by the Gatekeeper or her designate. Only written approvals / or approval confirmations in writing will be acceptable for each item.
- Project Statement of Work updated with details by Task addressing the below will be maintained by Siemens:
  - Status (Not started, Started, On Hold (and why), Cancelled or Completed)
  - Hours Forecast versus Hours Completed by Task
  - % hours completed planned versus actual
  - % tasks completed planned versus actual
  - Open Issues impacting the completion of the project and recommendations on how to resolve it
- A Weekly Timesheet with activity detail will be provided to the Gatekeeper
- A Monthly Status Report / Steering Committee Report addressing the below will be provided to the Customer:
  - Status of Tasks with details noted above
  - Hours by Task Monthly and Cumulative
  - Grade Rating by Gatekeeper for completed tasks
  - Out of Scope Tasks/Requests along with status and recommendations

RCRMC RESPONSIBILITIES

In order to ensure successful outcomes RCRMC will provide the following:

- Executive Sponsor: RCRMC CFO Christopher Hans or his delegate will meet with the Siemens team on at least a once monthly basis to review Project status, Budget, and to assist with escalation issues, roadblocks, concerns, and dispute resolution.
- RCRMC and Siemens will establish an orderly and efficient prioritization of the work. Once agreed upon, RCRMC will communicate that plan to its staff and not involve Siemens in meetings or discussions about re-prioritization.
- RCRMC staff will promptly respond to Siemens Consultant requests for meetings, feedback, data and system validations, and other tasks necessary for completing this work in a timely manner.
- RCRMC will provide Siemens with the necessary system access and requested information, including but not limited to documented policies and procedures, copies of managed care contracts and current processes within aforementioned focus areas.

FEES AND BILLINGS

In addition to the services fees, Customer shall reimburse Siemens for all reasonable travel, living, and other out-of-pocket expenses incurred by Siemens personnel in connection with all services rendered by Siemens hereunder, in accordance with Agreement dated September 28, 2004 between Customer & Siemens. In order to help manage expenses, Siemens will make travel arrangements promptly upon confirmation of scheduled dates for on-site service activity. Further, Siemens will comply with RCRMC travel restrictions and will leverage negotiated hotel rates, where available.

PROFESSIONAL SERVICES FEES:

Professional Services	Estimated Hours	Estimated Fees
Siemens INVISION Consultants	3,948 hours	$671,160