

Provider

2012 Software Survey

Directions:

Please complete the following survey questionnaire and e-mail to
Kate McCullough at kmccullough@ahca.org

Form must be returned by:

FRIDAY, JANUARY 20, 2012

Thank you!

You may also fax your survey to 202-842-9806. Please send
an email to kmccullough@ahca.org to confirm receipt.

Name of Company: _____

Date Company Formed: _____

City: _____ State/Province _____ Country: _____

Contact Person: _____

Telephone: _____

E-mail Address: _____

Web Site Address: _____

Number of states served:

(If regional, please list region): _____

Total Number of Clients: _____

Total Number of Locations: _____

Operating Systems:

Servers & PCs:

- Java
- Unix
- Windows NT, 2003, 2008
- Windows 98, 2000, XP, 7
- None

Delivery Methods

Browser Client Citrix Internet LAN SaaS WAN

Software Applications Available

Applications/Features

- Admission/discharge/transfer
- Dashboard
- Dietary
- Document management
- Enterprise reporting capabilities
- E-prescribing
- E-signature
- E-training built into the system
- Incident reporting
- Marketing / Customer Relations
- Risk management
- Therapy

Electronic Health Record Applications

- Care plans
- Physician order entry
- Electronic health record
- Electronic point of care
- eMAR
- eTAR
- MDS
- MDS analytics
- User-defined assessments
- Wound management

Business Applications

- Bank reconciliation
- Bar coding/charge capture
- Billing / Electronic claims submission
- Cash Application / Collections
- General ledger
- Payroll

- Resident trust
- Revenue cycle management
- Staff scheduling
- Time and attendance
- Workflow management

Technology Services

- Communication management
- Disaster recovery
- Managed hosting
- Network security
- Project management
- Technology audits

General Questions

1. Does your company offer a software program designed specifically for:

- Assisted living providers
- Skilled nursing providers
- Home care providers
- Pharmacy
- Rehab providers
- CCRCs

2. Does your company provide a clinical and financial software package that utilizes single database technology (completely integrated)?

- Yes No Future

3. Did your company’s products accommodate MDS 3.0 by the Oct. 1, 2010, implementation date?

- Yes No

4. What is your software pricing model?

- Purchase
- Subscription
- Both

5. Is your company participating in any RHIOs or HIEs?

Yes No Where_____

6. Will your company be participating in CCHIT certification?

7. Additional information that you would like to report:

Name: _____

Title: _____

Date: _____