# RFP No. 744-R1917 – EHR/RCM Partner (“RFP”)

# ADDENDUM 2

DATE: May 20, 2019

TO: Prospective Proposers

# The following are University’s responses to bidder’s submitted questions and additional information provided.

# This Addendum 2 shall herein be made part of the RFP.

1. Section 5.4 – Additional Questions Specific to this RFP is deleted in its entirety and replaced with:

**5.4 Additional Questions Specific to this RFP**

**The following questions will be used to score your RFP response. Please respond as clearly as possible to each question.**

|  |  |
| --- | --- |
|  | **Services Being Proposed** |
| **Please indicate your selection(s) with “X” in the boxes below** | **Groups** |
|  | Group 1 : Strategic Implementation Partner |
|  | Group 2: Implementation of Epic Software and 3rd Party Applications (Staff Augmentation) |
|  | Group 3: Training and Go Live/Activation support |

**PLEASE USE THE ATTACHED SECTION 5.4 EXHIBIT A TO RESPOND TO QUESTIONS IN SECTION 5.4.1 GROUP 1 – STRATEGIC IMPLEMENTATION PARTNER, SECTION 5.4.2 GROUP 2 - IMPLEMENTATION OF EPIC SOFTWARE AND 3RD PARTY APPLICATIONS (STAFF AUGMENTATION), AND SECTION 5.4.3 GROUP 3 - TRAINING AND GO LIVE/ACTIVATION SUPPORT**

1. Will UTHealth be installing the Epic applications locally or utilizing the Epic hosted environment?

Hosted

1. What is the total budget for the RFP and are there target budgets for each Group specified in the RFP?

Depends on the responses and awards made as part of this RFP

1. Addendum 1, Question 2 mentions 7 leadership positions needing "2 in the box" leadership report. Please provide the titles for these 7 positions.

These are the positions under consideration. Will revise with Group 1 partner

|  |
| --- |
| Project Director |
| Technical PM |
| Ambulatory Applications & Project Manager |
| Rev Cycle/Practice Management Applications & Project Manager |
| Reporting Manager |
| Training Manager |
| Communications/Change Management/Operational Readiness |

1. Addendum 1, Question 1 provides the hours and FTEs for Epic resources. Can you provide the roles for the Epic resources?

We provided how Epic provided to us, no further details

1. Is UTHealth open to the use of offshore resources?

Not a preferred method

1. Is UTHealth open to the option of a long term Managed Services contract for post go-live Epic support?

Not a consideration as part of this RFP

1. Does UTHealth have an enterprise PMO and governance framework for enterprise projects? If so, how will the UTHealth PMO coordinate with the Group 1 program and project management resources?

Yes, in partnership with Group 1 award and Epic.

1. Does UT Health have an Organizational Change Management team? If so, how will this team coordinate with the Group 1 change management resources?

Not at this time. It is an area we will develop with partner organization.

1. For each Group, what are the KPIs and/or metrics that will be used to measure success of the project?

TBD, will develop with group 1 partner

1. Who is the UTHealth sponsor for the Epic implementation?

Four senior leaders representing function areas in the project

1. Who are the members of the evaluation committee?

The evaluation committee consists of the VP and CIO, CMIO, VP and Chief Revenue Cycle Officer, CFO of HCPC, Executive Director and CTO, Director of Clinical IT management, Director EHR, and Director Revenue Cycle Systems and Training

1. Does UTHealth have a steering team identified for the project? If so, who are the members of the steering team?

Yes, will be refined with Group 1 partner

1. Is archiving and decommissioning of legacy systems in scope for this project?

Yes in the terminal phase

1. Does UTHealth have a Data Governance Committee and if so, will that committee participate in the development of the data conversion strategy?

No

1. Does UTHealth have advisory committees that will participate in the project (e.g. clinical operations, physician, revenue cycle, etc.)?

Yes

1. How many physical locations does the organization have and where are they located? Including business and administration offices.

Can be located on the UTphysicians.com website.

1. How many providers?  Are all providers employees of the organization? If not, will non-employed providers be utilizing/accessing Epic in practices outside of the organization’s locations?

See RFP, yes.

1. How many providers are there for each physical location? Varies
2. How many clinical staff members are there for each physical location? Varies
3. How many non-clinical staff are there for each physical location? Varies
4. How many interfaces are in scope? 100+ to be migrated/consolidated
5. How many years and what types of patient data will be migrated? Active patient data or subset (approx. 2 years)
6. Of the up to 45 FTE client resources mentioned in the addendum, how are they allocated across Epic products/integrated areas?

As recommended by Epic

1. How often would staff be required to be onsite in Houston versus remote?

TBD by role. Leadership positions largely on-site.

1. Does UT Health desire assistance with hardware inventory and rollout?

Potentially

1. Does UT Health desire technical resources to stand up the Epic environments?

No, using hosting

1. Can you provide ticket data for legacy applications (and those requiring support during the Epic migration) for a 3 or 6 month period?

No, legacy support will be in a forthcoming RFP

1. Can you provide number of staff currently providing support for the applications referenced in question 1?

Not clear

1. Do you prefer legacy application support be provided with onsite resources or remote resources (costs less)?

Mixed

1. Do you have any SLAs (service level agreements) in place for support of legacy applications you can share?

Varies by severity, impact and application

1. What service ticketing system do you currently use?  For legacy support would you like us to use that or provide our own?

Heat, Yes

1. Will UT Health provide the 1 or 2 training coordinators that a training manager will require or is the vendor expected to source that role?

Manager is two in the box, rest TBD

1. What specific third-party applications are included in Group 2?

See section 5.2 in RFP

1. Will UTHealth accept any payment incentives beyond what is already included in the RFP if offered by the chosen vendor?

Possibly

1. On page 5, the RFP states “it is highly desirable that the new solution be interoperable with MHHS Cerner Millennium EHR and various ancillary systems and modules.”  Can you please clarify this requirement?

Our primary hospital partner is Memorial Hermann Healthcare Systems. We need deep interoperability with their clinical systems. They are a Cerner shop.

1. The RFP states this is a multi-award solicitation.  Does this mean multiple vendor awards within the Groups?

This may be an option and will depend on the proposals submitted

1. On the pricing, the table asks Proposers to state “Number Resource Type Allocated.” Pleas clarify if you are looking for the number of resources we have available or the number that we plan to use? Plan to use
2. Which Group will determine the scheduling of Group 3? UT and group 1 partner
3. In the document you list the modules from Epic, but when reviewing specialties in the RFP there are modules that may have a potential fit. Can you provide some information as to the use of systems for the following specialties? None of these modules will be deployed in our EPIC implementation.
   1. Anesthesia – is this for professional billing and charting only or will you need Anesthesia module in UT Health IP setting?
   2. Cardiothoracic/Vascular – is this for professional billing only or will you be performing procedural capabilities in the IP location? Will you have outpatient visits for this specialty using Cupid or base ambulatory functionality?
   3. You have a specialty for emergency medicine, will you be doing professional billing only and contract to outside places of service or will you be using ASAP to provide care to patients?
   4. You have a specialty for OB, will you need Stork given you have a fetal monitoring software in place or will you keep all pre-natal, delivery and peri-natal information in your legacy system. This question is more specifically about where you will be documenting the pregnancy and birth. Or will this be for professional billing only.
   5. You have a dentistry specialty, will you be using Wisdom for this or will it remain in the legacy system. If in the legacy system, is the plan to interface notes and charges into epic and provide professional billing only?
   6. You have a Surgery specialty, will they be using OpTime or is the plan to use professional billing only?
4. UT Health has a significant research arm, will you be using the research module to track research studies and suppress charges? What is the approach for tracking research with UT Health? Not at this time
5. Within Rev Cycle and the SBO approach, do you have plans to build contracts in Epic utilizing the contract module so you are able to leverage epic to adjudicate claims in the system or will this be handled externally? Utilize Epic
6. Stated/extrapolated list of modules from RFP:
   1. Grand Central, Prelude, Cadence, Referrals, and Transfer Center
   2. EpicCare Ambulatory, Urgent Care
   3. EpicCare Inpatient ClinDoc
   4. EpicCare Inpatient Orders
   5. Willow Inpatient
   6. HIM – ROI, Deficiency Tracking
   7. Bones
   8. Behavioral Health
   9. Nurse Triage
   10. Radiant
   11. Cogito
   12. Cognitive Computing
   13. Welcome
   14. Haiku/Canto
   15. Healthy Planet
   16. Bridges (interfaces)
   17. Identity
   18. Care Everywhere
   19. EpicCare Link
   20. MyChart
   21. Epic CRM

42) Additional apps covering some of the specialties that are listed or on the website:

a. Stork – OB No

b. Contract Module (SBO, Billing, managing contracts) – potential, not tapestry

c. Cupid – Cardiology and integration with Cardiac imaging No

d. OpTime – Anesthesia & Surgery No

c. Wisdom – Dentistry No

43) Do you have any joint ventures where you deliver care with another organization creating a revenue split? (impacts billing and facility org build) HCPC and UTP have 4 TINS

44) How do you track revenue between the hospital / facility and the physician group? Is this done using professional versus technical fees? Do you need to track and report on this separately? HCPC will be combined billing, UTP is pro fee only

45) Do you share patients between locations and orgs outside of UT Health management where you will do billing? (impacts billing and transfer center and patient movement approach) Yes, no plan to use transfer center

46) Is there any consideration to using the Epic CRM for patients that may be coming for an education session or nurse triage visit but not a UT patient yet? Patient Conversion question

TBD/Unknown

47) Does UT Health have plans to centralize patient movement (i.e. centralized patient transfer center)? No

48) Does UT Health have plans to centralize scheduling? If so, will this happen ahead of Epic install, during install or post install? We are partially centralized today, We may fully centralize with EPIC

49) Does UT Health have plans to centralize the referral and auth function for referrals and services? Yes If so, will this happen ahead of Epic install, during install or post install?

1. Does UT Health have a standard supply master that all locations use or will this be work that has to be completed prior to install? Yes, but different between UTP and HCPC
2. Does UT Health have an ACO and are there external providers included in the ACO that will be using the system but not part of the ambulatory install? (Sharing data with external providers, case request, referrals). Yes with MHHS
3. Is there an agreed upon approach for the amount of data conversion that will take place and from which systems or data types? Or do you want a recommendation as part of the RFP response?

Have a general plan and open to recommendations

1. Has UT Health determined if they are doing technical hosting model? In other words will the application be hosted on site, at Epic or by a third party? EPIC Hosted
2. Has UT Health determined if they will implement Rover as part of the device strategy? (for nursing and ancillaries) Yes
3. Has UT Health determined if they will implement Bring your Own Device (BYOD) approach for mobility options or will they furnish devices for end users? Likely a Mix
4. Is UT Health on Office 365 and Windows 10 or an older version? This helps with scoping and resourcing as part of the overall technical team and scope. A Mix, Mostly Windows 10 and Office 16
5. Is there an existing governance structure in place (Rev, Clinical, Clinical Physician, Data, etc.) or is the request to recreate new? Is this a recommendation that comes by way of the RFP response? The latter
6. The instructions state an original signature by an authorized officer of Proposer must appear on the Execution of Offer (section 2). Are the other signature areas (cover letter, HUB, section 4, and section 6) required to be an original officer signature or can they be electronic and signed by a different individual who is an authorized representative (not necessarily an officer)?

Yes

1. Please clarify the due date for the HSP. Appendix Three states the HSP is due by May 31st however in the text of the RFP instructions section 2.5.4 (pasted below) it shows HUB HSP is due with the proposal (in separate envelope).

As stated in 2.5.4, “*At the same time Proposer submits its* proposal *(no later than the Submittal Deadline (ref.* ***Section 2.1****))*, Proposer must submit the following HUB materials (**HUB Materials**):”, which is 2 PM CST on June 10, 2019. Attached is the Revised Appendix Three.

1. Can you elaborate on current business relationship to Memorial Hermann and level of IT integration today with MH Cerner Millennium EHR and IT systems? We are separate organizations with separate IT platforms and teams
2. Is there scoring matrix with weights to factors described in section 2.3 “criteria for selection”?

Yes, not disclosed

1. Can you clarify "consider alternatives to this (PBS) billing method" under 5.1 Billing operations summary and what is the expectation from strategic implementation vendor? Looking for group 1 partner for best options/practices
2. In Section 1.2 on page 5, it mentions that UT Physicians is partnered with Harris Health System (HHS) and Memorial Hermann Health System (MHHS). Do professional services performed by UT Physicians get charged through HHS and MHHS, or do the professional charges get billed through UT Physicians PBS group via GE? All pro fees go through GE for UT
3. In Section 5.4.2 on page 24, can you define "Revenue Cycle functional staff"? Back office Revenue cycle staff for Epic
4. Section 5.1 under Billing Operations Summary on page 16, "UTP has outsourced the billing Practice plan revenues for the past 10 years. The Physician Business Services group (PBS) provides insurance billing, payment posting, other billing, customer service and collections in a centralized office."
5. Does PBS process both provider billing and hospital billing? Both
6. Can you describe the nature of UTP's relationship with PBS? Both are under UT Health umbrella
7. For third-party applications (e.g. scanning) that are different between UTP and HCPC, is the plan to migrate to one system or to keep separate? One where possible
8. Within each group, the RFP requests the vendor to "submit top five executive resumes". Are you requesting resumes for the vendor's account management and internal team, or are you requesting consultant resumes corresponding to each group? Former, but both preferred.
9. Are there needs to take legacy system data and store data for Legal Medical Record retention? Yes, archiving is part of our plan
10. Are you open to other options outside of staff augmentation? Potentially, depends on the offering
11. Please provide a breakdown on role and number of people by location (indicating which facilities are inpatient and which are outpatient) to aid in scoping education and go-live support staffing requirements. Over 100 Clinics, one Hospital. Specifics available on UTPhysicians website for clinic locations
12. Please provide the go live support hours that will be required per location?  For example, an inpatient unit might require 24/7 support while a clinic may need support from 05:00 to 17:00. Hospital is 24x7, clinics 7-7
13. Is education that teaches patients how to use MyChart desired? If so, what languages would be required? No
14. For instructor led training, how many classrooms are available across all locations and how many seats are in each classroom? TBD
15. Is training specifically for use of the mobile device applications Haiku, Canto, and Limerick desired? If so, what are the key roles that will use the mobile applications? Potentially but would likely be limited to instructions or video instruction
16. Our adoption methodology combines an online education component that blends with classroom learning, is web-based learning blended with classroom training also an acceptable education strategy for your organization? Yes

General Questions:

1. This question was asked during the pre-proposal conference and is reproduced for validation: will vendors be allowed to submit partial responses to a group? yes
2. Is it UT Health’s intent to designate one vendor partner for each group, or does “multi-award solicitation” imply that multiple vendors may be selected for each group? We could have one or multiple awardees or none in one group or across several, depends on submission and ranking
3. Will vendors be expected to supply equipment for all resources engaged on the project, or will UT Health provide equipment? If laptops are the responsibility of the vendor, can you specify what programs/software will be required? Group 1 and 2 we are open to BYOD and/or UT provided, for Group 3 only trainers would need to model group one and 2. ATE support should not require UT Devices
4. Does UT Health expect all resources to work a typical/traditional onsite schedule (Monday through Thursday) each week? Is there any opportunity for remote work? Offsite options can be considered, depends on role of staff.
5. To better inform expense estimates, can you provide the onsite work location where resources will travel and work each week? Greater Houston Area served by George Bush or Hobby Airports
6. We acknowledge the note provided on page 31 regarding travel expenses. Is UT Health agreeable to any direct bill expense models, or should we develop travel expense estimates assuming UT Health will not allow direct billing on this project?

Please provide maximum travel expense estimates without direct billing

1. When a question has multiple sub-questions, does UT Health prefer that the full response be limited to 500 words, or is the preference that responses to each sub-question be limited to 500 words? Brevity where possible, but sub questions can have 500 words if needed.

Group 1 Questions:

1. What level of interoperability is expected between the MHHS Cerner EHR and Epic?
   1. Link out to Cerner from Epic for view access to Cerner?
   2. Exchange CCDA data between the systems?
   3. Other?

All of the above and any solution that would provide the best interoperability considering we are distinct entities.

1. What are the locations of the 103 sites? Can the geographic ranges be provided?  Greater Houston Area, with outlier locations in Beaumont and Rosenberg. Locations are listed on the UTPhysicians website <https://www.utphysicians.com/wp-content/uploads/2018/11/UTP-inclusive-map-2018-Jan-Final.pdf>
2. There is a reference to the Mediware Ascend application on page 19 of the proposal that states this will be installed in Fall of 2018. Is that implementation complete?  No
3. Has an evaluation of the end user hardware been completed? Will this need to be upgraded to support Epic? Should this be included in the proposal? No this is not compete, likely will need upgrades, we have a 3 year lease program that is being addressed to cover the Epic needs by go live
4. What types of devices are currently integrated to legacy systems? Are additional types of devices expected to be integrated to Epic? Nothing is currently integrated, would like to have patient vitals integrated
5. Will Beaker AP be implemented with this project? Or is the expectation that AP Easy will continue to be used, interfaced to Epic? No, yes
6. What scanning solution will be used with Epic? Will Documentum be used system wide? Expectation is to use OnBase
7. The Domain Expertise qualifications references archive planning. Will an archival solution be part of this implementation? Or just the planning for a post go live project?  Need expertise in guidance/best practices
8. Should the proposal reflect the entire recommended team of resources needed for the Epic install? Or is there a breakdown of the number of UT resources supporting the project that can be provided in order for the proposal to reflect the delta? Desire partner to provide guidance on best solution, we will source approximately half the team with current staff
9. Are there any minimum educational requirements for resources engaged for this group? No, proven track record and ability to achieve goals

Group 2 Questions:

1. Will you be able to furnish a comprehensive listing of the internal FTE counts, by module, that will be dedicated to the engagement? This will be valuable in determining the “gaps” and developing a recommended staffing model. Not at this time, refer to question 94
2. Are there any minimum educational requirements for resources engaged for this group? No see question 95

Group 3 Questions:

1. Training Discovery: this information will help us determine the total number of resources required. If this information is not available, we will use resource counts from similarly sized/scoped clients to inform staffing estimates.
   * Timeline: is the intent for the selected partner to determine the training timelines, or can UT Health furnish this data?
     + When will training start? Up to 3 months prior to go live
     + How long will the Training Phase last? Up to 3 months
     + How long is the Credentialing Phase? Approx. 3 months
   * Training space and logistics: is a training calculator available? If not, are you able to provide the following? No calculator available
     + How many total rooms/spaces do you have available for training? No current allocation, we have a budget for 500K for space and IT needs
       - How many seats in each?
       - Site name and room name?
       - Is each seat equipped with a computer/monitor?
       - Is there a computer/monitor/projector available and functional for instruction in each classroom?
       - Is network access already available to these spaces?
       - Will each workstation have access to Epic?
     + Will each classroom be fully committed and available for Epic training, or are there recurring blocks wherein these rooms are used for other meetings, events, and activities? Please list any conflicting commitments for each room if they are unable to be rescheduled or reassigned to a different space. Dedicated is the plan
   * Resource planning
     + Can you share the training calculator? If not, can you provide the staffing breakdown, i.e. total resources by application, facility, and job role? Not at this time
     + How many internal trainers do you employ today? Will these trainers be fully dedicated to the EMR training effort and leveraged as Credentialed Trainers? If not, please explain. Up to 7 and credentialing plan TBD for current staff
     + Will this facility leverage the STS program using internal physicians/providers, and if so, how many? Will these staff be fully committed to training sessions, or only partially available? Not sure
     + Will you need contracts in place to compensate your providers for training? No
     + Will you leverage Super Users in any capacity for training? Yes, during go live
     + Will you require any onsite leadership and/or coordination? Yes, potentially
     + Do you anticipate having a provider concierge (LMS Administrator) to help with training registration? We have staffing to support this
   * Locations
     + Are the training locations in a centralized location or will training be held at varying locations? TBD
2. Activation Discovery: when developing a budget, should we assume roughly 300 ATEs will be required (as implied in the RFP), or does UT Health prefer that vendors design a customized plan when responding to the RFP? If the latter, the following information will be required to develop staffing recommendations: 300 is an estimate, and would seek expert advice on accuracy of that count
   * Clinic/Project Details:
     + What specialties exist across the facilities? On UTPhysicians website
     + What is the geographic footprint? Please provide a map of locations.

<https://www.utphysicians.com/wp-content/uploads/2018/11/UTP-inclusive-map-2018-Jan-Final.pdf>

* + - On average, how many of each of the following, by shift (AM/PM), are staffed within each department in a typical day? Varies by locations
      * Providers
      * Front end staff
      * Clinical staff
    - What are the days and hours of operation for each department/facility? 7-7 clinics, Hospital 24x7
    - Will this site require support during appointment conversion or soft go live? Likely some support needed for conversion
  + Clinic/department layout:
    - Multiple clinics/specialties within a campus? yes
    - Departments/specialties that are collocated? yes
    - Central registration areas? some
  + Super User involvement:
    - Will you leverage your internal caregivers as Super Users? If so, how many? Yes, TBD
      * A Super User is an internal staff member that is trained early, oftentimes with extra access to project updates and system exposure prior to go-live. The Super User then supports the training program by providing back-of-the-classroom, peer-to-peer support. Finally, they act as the first line of defense at go-live, answering questions and providing support to their peers. They are removed from patient care responsibilities and are fully dedicated to support.
    - Would your Super Users be fully dedicated to support at go-live, i.e. not engaged in any patient care or standard operational responsibilities? TBD
    - How long can you fully commit your Super Users to support efforts? TBD
  + Support strategy (if UT Health has established the criteria, please provide this – if not, we will provide recommendations):
    - Number of weeks of support (RFP indicated up to three) 3
    - Tapering schedule 3

1. Can the 500 words per question limitation be waived? No
2. With respect to Section 6.2, Pricing for Services Offered, how is a bidder to estimate total hours and travel costs based on the limited information provided in the descriptions of the three groups? Will these services be provided on a time and materials basis or a fixed price basis upon award?

We depend on the proposer’s knowledge and experience in similar projects. It will be on a time and materials basis with a not-to-exceed amount

1. In reference to addendum 1:

*How many UTHealth/UTP FTE’s will be allocated to the project team?*

*Answer:   Current estimated UT project team includes 38-45 FTE’s plus approximately 7 FTE’s in leadership positions needing two in the box consulting support.  Additionally, we expect to recruit and/or contract to hire and/or contract for up to 20 additional FTE’s for the project duration.*

Question: In the above reference to addendum 1 answer (see highlights), what is the appropriate way for vendors to respond to the 20 additional FTE's that will be recruited for the project?  You indicate a hiring strategy to handle either internally, via a contract-to-hire approach, or by additional contractors.  What will determine your decision on how to handle these positions? Long term needs, availability of resources

1. Group 1: What is the expectation for percentage of time on site for strategic implementation partner resources? Up to full time, may vary depending on project needs/phase
2. Group 2: What is the expectation for percentage of time on site time for implementation staff augmentation resources? Is remote analyst work considered? Largely onsite, yes for some
3. Section 6.2, Pricing for Services Offered: Can we provide a price range for hourly billing rates per role if we have several possible candidates or staffing models for each role? Can we modify the pricing table to reflect recommended staffing? Yes
4. For Group 2, there is a role listed for Reporting/Business Intelligence/Population Health in 5.4.2 (pg. 24), but that role does not appear on the pricing table in 6.2 (pg. 30). Please confirm if this role should be included in the pricing. Please include
5. Can a responding firm propose only on the training roles of the Group 3 work, and not the ATEs? Yes
6. In APPENDIX TWO Agreement, please confirm that Sections 12.23 and 12.24 do not apply to this contract/situation.

12.23 does not apply

1. For question 3.1.9, "Proposer will provide the name and Social Security Number for each person having at least 25% ownership interest in Proposer," is there a way to protect the owner's Social Security Numbers in our response so that information is not in the published RFP response? Can it be submitted separately from the RFP response via a secure website or portal?

You do not have to provide Social Security Numbers

1. Should the RFP response be organized/ordered by the sections listed in the Submittal Checklist on page 14 of the RFP (3.5.1-3.5.5) or by how the sections are listed in Appendix One, General Information, Section 1.9 Preparation and Submittal Instructions? Or can we organize our response the way it works best for us as long as we include all the required sections?

Submit in accordance to Section 5 – Submittal Checklist. You may add additional information/sections thereafter as needed

1. On the HUB Checklist (744-R1913), item number 12 states that the HUB Subcontracting Plan is due Friday, May 31, 2019 at 2:00 p.m. CST. During the Pre-Proposal conference call, Shaun McGowan stated it is due June 10, 2019. Can you please confirm the due date for the HUB Subcontracting Plan?

Please refer to question 60

1. Is there any guidance on when the requested resources will need to be assigned and available to work on the project? And, will some of the roles be needed earlier than other roles, e.g. before the formal project kick-off? Group one before two, two before 3. So yes
2. Related to the following role identified in Group 1, “Ambulatory Applications and Project Manager”, will this candidate’s responsibility include balancing management of the entire implementation project in parallel with leading the Ambulatory applications roll-out; and if not, can you explain the distinction? No, Ambulatory focus.
3. How do you advise we best answer RFP questions/requirements related to roles for which we are not submitting candidates?  *(i.e. If not submitting for Group 1 "Technical Infrastructure oversight", how best to respond to questions such as: Describe your organization’s technical environment expertise and how that would be used to provide assessments and analysis of technical needs. Please provide examples of output from assessment/analysis recommendations)* Bid on your organizational expertise
4. Will UT health entertain PARTIAL responses for Group 3? Meaning, may be bid on the Principal Trainer and Credentialed Trainers but NOT on the ATE/Go Live Support Staff? Do partial responses hurt our chances of being selected? Yes, and no
5. Please elaborate on specifically what’s being sought in company financial statements? Are you seeking audited statements? Statement for only the most recent fiscal year?

We preferred 2 years of audited statements. If not available, unaudited statements are acceptable

1. References: please specify how many references you are seeking per group?

Minimum of 3 per group

1. In the Pricing grid, please elaborate on how in-depth or high level of a Task Description you are seeking?

High level is acceptable

1. In the Pricing grid, please clarify what is sought by “Number Resource Type Allocated”? Is this how many of these types of resources we have available? Or how many we are recommending for this implementation specifically?

How many you are recommending

1. Are you open to receiving and reviewing a pricing grid that more specifically dictates pricing per resource type? In other words, Epic Beacon PhamD Analysts are likely to cost more than an Epic Ambulatory Analyst but the current pricing grid does not provide for such differences in market rates.

Yes. The instruction states “…Please feel free to add/edit resource type as applicable to your company…”

**END OF ADDENDUM 2**