**RFP No. 744-1826 – EHR/RCM**

**ADDENDUM 1**

DATE: August 16, 2018

PROJECT: EHR/RCM

RFP NO: 744-1826 – EHR/RCM

OWNER: The University of Texas Health Science Center at Houston

TO: Prospective Proposers

This Addendum 1 forms part of and modifies The Request for Proposal Number 744-1826 EHR/RCM (“RFP”) dated August 02, 2018 with amendments and additions noted below.

1. Whether companies from Outside USA can apply for this?     (like,from India or Canada)

Yes. However, the proposers must meet minimum requirements, pass legal, privacy and IT security approval.  Hosting (and our data) must reside in US.

1. Whether we need to come over there for meetings?

For many meetings, we would expect an on-site presence. We would additionally need to have a good understanding of international travel costs.

1. Can we perform the tasks (related to RFP) outside the USA? (like, from India or Canada)

Yes. However, for certain meetings, we expect an on-site presence.  Again, our data must remain within the United States.

1. Can we submit the proposals via email?

Please refer to section 3.1 of the RFP.

1. Would the “interoperability” platform be limited to use by UTP physicians or will it be extended to use by Memorial Hermann clinicians and / or clinicians at other organizations?
2. Please list other organizations or facilities other than UTP, HCPC and Memorial Hermann that need to be part of the “Interoperability” platform?

Harris Health (<https://www.harrishealth.org/>) uses EPIC

Greater Houston HealthConnect (<http://ghhconnect.org/>) uses Intersystems HIE

1. As related to Billing in Section 5.1.
2. Can you provide the staffing or organization chart within the central billing office?

Not germane to the RFP

1. Is the business model with PBS based on a percentage of collections?

Not germane to the RFP

1. Please provide the total number of UTP providers utilizing TouchWorks.

Total providers & extenders in all UTP systems is 899 (All UTP EHR’s). This does not include physicians in training (fellows and residents).

1. Please provide the total number of UTP mid-levels utilizing TouchWorks.

Included in #7 above, however estimated at 146 (All UTP EHR’s)

1. Please provide current total concurrent users on TouchWorks (total peak simultaneous logged in users).

See RFP Section 5.1 (2300)

1. Please provide the total number of UTP providers utilizing GE Centricity.

All non-supervised providers inclusive of Ambulatory (UTP EMRs) and Inpatient (not on UTP EMR’s) is 1470. In this response ‘utilizing’ implies billing usage as providers do not log into the billing system directly.

1. Please provide the total number of UTP mid-levels utilizing GE Centricity.

457 mid-levels. This includes inpatient billing providers that do not normally use our ambulatory product(s).

1. Please provide current total concurrent users on GE Centricity (total peak simultaneous logged in users).

Current GE concurrent license cap is 1162. Essentially (90%+) all users are also included in the total EHR user count.

1. Please provide the current total number of HCPC providers utilizing GE Centricity.

45 of which 15 are included in #10 above as they cross between both components (UTP/HCPC) within UTHealth.

1. Please provide current total number of HCPC concurrent users on GE Centricity (total peak simultaneous logged in users).

 Included in #12 above

1. Please clarify what Ambulatory EMR the HCPC providers are currently utilizing.

Allscripts Touchworks - UTP instance – note the HCPC providers ARE UTP/UTH providers. The same psychiatry department is in both components of UTHealth and have extensive overlap.

1. As it relates to an “Enterprise Integrated EMR and Revenue Cycle System” for HCPC; is HIM/Document Management part of that requirement?

We prefer integrated solutions where possible. See RFP 5.2 for current HCPC systems (Documentum & 3M are currently used in HIM).

1. Will HCPC retain Mediware as the go-forward Pharmacy module?

If needed, but strongly prefer integrated single vendor solutions.

1. 3.1 Number of copies - Original Signature - We are happy to provide signatures in formats requested. We typically sign contracts using digital certificates/electronic signatures as it facilitates the quick exchange of data across electronic media. Are such signatures allowed or is the preference for ink?

Yes.

1. 3.4.1 Terms and Conditions - As a current Vendor we currently have an active master agreement with Terms and Conditions. Would it be acceptable for us to also include the current terms and conditions, as an addendum for your reference with our submission of Section 4 materials?

The agreement resulting from this RFP will be a stand-alone agreement. It is entirely up to the proposer to formulate the proposal to meet the RFP requirements and clearly define the proposed terms and conditions.

1. Additional Questions Specific to this RFP - As a current Vendor there is functionality in existing software owned, or in the portfolio of available new software not utilized. Is it acceptable that we point these area’s out in our responses?

It is entirely up to the proposer to formulate the proposal to meet the RFP requirements.

1. 5.4.2.1 Company/Fit to U.T. Physicians Objectives - Provide references from both high performing and average performing clients. We are happy to provide UT HSC with references as requested; however, our clients have asked that we help facilitate the scheduling of reference calls so that their contact information can remain private and confidential while also avoiding unannounced/unscheduled calls occurring. Would it be acceptable for Vendor to help facilitate the reference calls, if and when requested, so that they may occur at a date/time that works for both UT HSC and our valued clients? Vendor does not participate in the actual call, and UT HSC would use a UT HSC conference line to ensure privacy. In the RFP response, we will still provide the client account names and their addresses, as well as their emails, and how long they have been a client; and then will arrange the reference calls at a mutually-convenient time to protect each client’s privacy and limit any disruptions to their workflows and processes.

Acceptable

1. 5.4.2.6 Interfaces/HIE/Interoperability - How does your systems support direct messaging? What is the cost, what does the workflow look like? Question: What is your definition of "direct messaging"? Is it real-time, or something else?

 Direct via HISP <https://www.directtrust.org/directtrust-101/>

1. 5.4.2.6 Interfaces/HIE/Interoperability - Describe how you interface with HIE vendors and how do you integrate the data/content discretely into the clinical workflow. Question: Can you provide more detail on the data/content you are looking to integrate into the clinical workflow?

All relevant clinical information needed for complete and effective patient care regardless of the originating system

1. Section 3: PROPOSER’S GENERAL QUESTIONNAIRE - 3.6 Miscellaneous - Proposer will provide a list of any additional services or benefits not otherwise identified in this RFP. Comment: EDI interoperability is a considerable input factor to the effectiveness and cost of ownership of the revenue cycle system. Question: Would it be acceptable for us to include reference to EDI interoperability in our answers even though it’s not specifically inquired about?

Yes

1. Section 4: Addenda Checklist - Overall question of the Section - Question: We’d like to confirm our understanding of this section. Beyond the obvious signature and notation of each Addendum, provided on the page in the final submission is it acceptable if we also include each addendum referenced.

Yes

1. Our one question is regarding the demos. The current schedule has the demos falling in the middle of our company’s conference, where 10,000 people will attend. This makes resourcing these demos very challenging. Would UTHealth consider an alternative week for us to demo our solutions?

UTHealth will work with shortlisted suppliers to schedule the demos that will work for all parties without delaying our intended RFP timeline.

1. Can you please complete the attached volume worksheet?

See Attachment 1 to Addendum 1.

1. Do you wish to manage your value-based contracts in EHR/RCM system?  If so, please answer the following questions

Yes. Our current Value Based Contracting is in a pilot phase. We believe this is capability that will be required of our integrated system and are certainly interested in the capability to do so.

− Contract (Payer/Population)  Texan Plus/1015

− Number of attributed members 1015

− Do you receive paid medical claims files? No

− Do you receive paid PBM claims files? No

− Do you receive paid amounts on claims? We receive monthly and annual reports.

− Do you receive other payer-generated data? We receive monthly and annual reports on a variety of cost related metrics.

− How frequently are files provided? (Monthly/quarterly/annually) Monthly and annually.

− Do you receive claims for all activity for the attributed members or have certain data filtered out (inpatient, outpatient, behavioral health)? We don’t receive claims.

– Do you use standard quality measures for this contract (CMS ACO, HEDIS) or a customized set of quality measures. HEDIS based measures.

– If HEDIS, are all measures exactly to NCQA specification, or do you use customized versions of measures that approximate HEDIS. I believe the measures are the NCQA standards.

1. The UTHealth HUB Subcontracting Plan Checklist is herein included in Attachment 2 to Addendum 1.

**Addendum Controlling.**  In the event there is a conflict between the RFP and this Addendum 1, this Addendum 1 will control.

**END OF ADDENDUM 1**