Please note the following clarifications are hereby made to the aforementioned RFP.

**Update/Change**
This document is being issued to answer questions that have been submitted as follows:

**Questions and Answers**

**Question 1**: Do you have item list for the bid?

*There is no item list. Refer to the Specifications/Deliverables in 5.2.*

**Question 2**: Section 5.2.5 RE: Specification and Deliverables -please explain which details and data cuts you are referring to, and/or if you have a specific amount of users requiring access to the data and need a SOP/Workflow Training Document on how to access? Please provide high level of what data elements are needed and their source of location to pull from.

*Section 5.2.5 is referring to ongoing HSC stakeholder access to the analytics platform and underlying data sources to view and further analyze data visualizations created by Proposer in support of its market expansion evaluation strategy. End-user training will be needed. HSC can extract relevant data from its EHR/EMR and RCM software platform (NextGen) including facilities (address, years in service, etc.), patient visits (by facility, month, and service line), encounters (details of patient encounters), and de-identified patient information (demographic/ geographic) that may be relevant inputs to this analysis.*

**Question 3**: Section 3.3 Per Senate Bill 249, please explain 180 days notice regarding delivery and pricing, is this to ensure that pricing is guaranteed after award with up to a post 180 day kick off, or to allow the state to continue 180 day competitive bid process.

*180 days is to ensure that pricing is guaranteed after receiving the responses (submittal) up until the committee has made an award selection with an executed contract.*

**Question 4**: Section 5.2.1 Where is the data held for all 5 service lines? Is this a clinical data repository, or more than one repository? If so- please name the type of hardware and software (versions) currently used. If data is in a clinical health record system, please provide confirmation that access to these data elements is constructed.

*All data is housed in HSC’s EHR/EMR and RCM software platform (NextGen). HSC can extract relevant data from NextGen including facilities (address, years in service, etc.), patient visits (by facility, month, and service line), encounters (details of patient*
encounters), and de-identified patient information (demographic/geographic) that may be relevant inputs to this analysis.

Question 5: Section 5.2.2 Regarding 5 patient profiles, is there a release from the patients per HIPAA on file which includes 3rd parties contracted to obtain and provide population health criteria for the purpose of your program?

Yes.

Question 6: Is the UNT looking to develop a platform, or is there a platform in use already and a need to create the 5 patient profile (use case) w/Analytics?

HSC has an internal data and analytics platform but is expecting to leverage Proposer’s platform for this market expansion evaluation (anticipate other data sets, including possibly proprietary ones, will need to be integrated and/or considered).

Question 7: What end user stakeholder computer system version, software and versions are immediately available for use in order to view the data via excel?

HSC stakeholders will have either a Mac or Windows 10 endpoint with MS Office (versions range from 2016 to 2019).

Question 8: Does the UNT wish to have a BI analytics visual dashboard with alerts in addition to the excel spreadsheets in order to maintain advanced concepts and meet NIST requirements per AHRQ and NCQA?

HSC is open to exploring this option.

Question 9: Will we have access to the Strategic Plan?

UNTHSC has 2020 Strategic Roadmap located at: https://insite.unthsc.edu/roadmap/ This is currently being revised for 2021.

Question 10: What is the date of the most recent Strategic Plan?


Question 11: What are the potential service lines that could be part of this project?

Family Medicine, Geriatrics, Pediatrics, Internal Medicine, Physical Medicine & Rehabilitation, Osteopathic Manipulative Medicine, Sports Medicine.

Question 12: To what extent do you have an interest in future development of inpatient settings in the identified markets?

None.

Question 13: Who are the targeted bidders for this project?

There are no targeted bidders as this is a competitive solicitation.

Question 14: What platform have you used in the past for data collection and monitoring?

Microsoft technologies (SQL Server OLTP/OLAP environments and Power BI visualizations).
Question 15: Do you have any platform that you’ve preferred, and if so, why are they preferred?

*Microsoft technologies given continued product innovation and broad adoption across the enterprise.*

Question 16: What are the skills, job titles and/or background of the users and power users who will utilize the platform tool?

*Provost, Special Assistant to the President, Vice President for Finance and Administration, Executive Director for Clinical Operations, Senior Vice Provost for Clinical Affairs.*

Question 17: For Section 5.2.4 – Existing Facilities Assessment, are actual architectural, departmental or infrastructure assessments being requested for existing UNT facilities?

No.

Question 18: For Section 5.3 – Pricing/Fees, can additional “planning” or “consulting” fees be added beyond the bullets requested in 5.3.1?

Yes.

Question 19: Is there an individual, small group, or steering level type committee (or similar) that will be overseeing this effort for UNT?

*Office of The Provost, HSC Health and Office of Brand and Communication leadership.*

---End of Addendum---

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Tawana Laster, Senior Buyer

October 2, 2020

**ACKNOWLEDGEMENT:** Please acknowledge receipt of this addendum by initialing the appropriate line on the Addenda Checklist, Section 4 of the RFP.