Addendum #2

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

**Update/Change**

Is a SQL server being used to store adverse event data?  **No**

If not, where is the data being stored and what is the method (i.e SharePoint, Excel, etc.)?  **Data is being stored in separate pdf files**

Does adverse event reporting exist currently?  **Yes, paper-based form system.**

If so, will the client be providing existing queries and reporting layouts for use in the build?  **No**

Are there any concerns with the integrity of the existing reports/queries?  **Unknown**

What is the estimated volume of report categories?  **Unknown**

Will UNTS allow contractor access to UNTS system and databases in order for contractor to build the proposed solution?  **UNTS will allow access or secure access per UNTS requirements. No databases currently exist related to adverse event reporting.**

Does UNTS maintain a clear definition of what constitutes an adverse event?  **UNTS aligns with AHRQ**

Are adverse reactions to medications included?  **Yes.**

Are adverse events documented in the same manner across the organization or are there variances?  (this question relates to source of truth from an IT perspective. We are looking to identify if multiple source of truths will need to be built for a full scope of the reporting).  **Yes**

Is there a requirement for bi-direction NextGen EMR integration?  **Information from the Adverse Event Reporting System will not integrate into NextGen.**  Do you utilize the NextGen Connect Integration Engine?  **We utilize NextGen Care Optimize feature, through Nextgen Share.**

Do you have all your forms standardized?  **We have one form that will not be used as a template for the new system.**

How many users are expected to use the system?  **Would be based on the vendor user rights and workflows. Providers and clinical team members able to submit is about 200. User of the system and administer max 10 or less.**  What is the expected volume of data that will be submitted?  **Unknown, limited and underutilized reporting.**
Are there any other integration requirements outside of NextGen? Yes, NextGen interface must be established.

Is the goal to provide a "passive" or "active" adverse event reporting system? Active.

"5.2 states "unlimited users" accessing the portal. Who are the primary groups, organizations, individuals, etc you envision accessing the portal? (parents, patients, and health care professionals, etc)" Health care professionals/employees. Patients/Parents will not have access.

Would you like to provide searchable knowledge articles to your users visiting this system? We would utilize the feature, but not required for submission of bid.

Do you want to include real-time chat capabilities? No.

Do you want to provide updates or notifications to responders by text and/or email? Email, yes. Text, no.

Does UNTS have an anticipated project timeline (project kick-off, go-live, etc.?) Full implementation by end of FY21, August 31, 2021

Is Data Transformation and Migration part of scope? No, adverse event data to transform/migrate. If legal claims management is part of system, there will be data to input via Excel. If yes, what are the data and file storage volume that needs to migration to the new system?

Are you looking to extend other workloads from EMR that are nonclinical (FHIR/ HL7)? Clarification is needed to reply to this question

Is there a 3rd party organization or system to notify or route urgent needs to? No.

Do you have an existing middleware to support integration efforts? Yes, Rosetta and Mirth Connect.

What are the primary data sets you would like to integrate to/from NextGen? Patient demographic information (name, DOB, etc.)

-Jill Roys

Issued by

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