

ADDENDUM NUMBER TWO

THE UNIVERSITY OF NEW MEXICO HOSPITALS

Purchasing Department
933 Bradbury Dr. SE Ste 3165
Albuquerque, New Mexico 87106

Date: July 7, 2020

Proposal Number: P419-20

Name of Procurement Specialist: Jennifer Sanchez

Due Date: July 7, 2020 @ 2:00 pm MST/MDT

Revised Due Date: July 15, 2020 @ 2:00 pm MST/MDT

Notice to all respondents:

Amend the Proposal: **RFP 421-20 TELEHEALTH PLATFORM AND PLATFORM SOFTWARE SUPPORT SERVICES**

This **addendum** becomes part of the Proposal Documents and **modifies**, as noted below, the original Bidding Documents. THE FOLLOWING PROVISIONS OF THE ABOVE-REFERENCED RFP ARE AMENDED AS FOLLOWS:

WRITTEN RESPONES – QUESTIONS AND ANSWERS

GENERAL INQUIRES

QUESTION 1: What kind of infrastructure is UNM looking for? Is UNM interested in utilizing their own carts/patient TVs/Workstations on Wheels (WOWs)? How many endpoints?

RESPONSE: CARTS: The UNM Parties have ~50 telehealth carts in which the UNM Parties could leverage, however, the UNM Parties are also open to using vendor carts. Everything else is open depending on the solution. Endpoints: Unknown. The UNM Parties are a hub and spoke hospital, this number depends on originating sites aside from internal endpoints.

QUESTION 2: What services lines and programs? Outpatient, inpatient, and home?

RESPONSE: Yes, all mentioned above in Question 2.

QUESTION 3: What are the two most important pieces for UNM? Why? (Price? Features/Functions? Proven Ability? Quality? Flexibility/Customization? Other?) Jennifer comment –

RESPONSE: All areas equally important. Per the Exhibit B Evaluation Criteria, the points are weighted to reflect how proposal responses will be evaluated.

QUESTION 4: What are UNM’s primary pain points or primary problems that we can help with?

RESPONSE: This is outlined in Exhibit A - Scope of Work of the RFP.

QUESTION 5: What are the biggest health system needs as related to telehealth?

RESPONSE: The RFP outlines the Health System’s priorities.

QUESTION 6: What is the budget assigned for this project?

RESPONSE: The UNM Parties determine that the question is not relate to the RFP or any clarification thereof.

QUESTION 7: Which departments are most involved? Who are the stakeholders and champions?

- Clinical (CMO, ICU, ED, etc.)?
- Technology/IT?
- Administration (Finance, Executives)?
- Other Influencers?

RESPONSE: The UNM Parties have identified an evaluation committee team that contains stakeholders from all of the above departments.

QUESTION 8: How many telehealth visits does UNM plan to conduct monthly/yearly? How many concurrent Telehealth sessions are you planning? Do you have a count of how many visits you’ll conduct in a day/week?

RESPONSE: The UNM Parties have close to a million encounters a year. Up to 50% has potential to be done via telehealth, therefore we reason that we could begin with thousands of

encounters per year. The UNM Parties have 2,500 providers. It is our estimation that at peak use, the system would eventually need to handle 700 concurrent sessions.

QUESTION 9: What kind of rooms will be enabled for Providers? -Doctor Desks, Special Telehealth rooms or both.

RESPONSE: Both will be enabled for Providers. The system needs to be usable from mobile devices, homes, desks and specialty telehealth rooms.

QUESTION 10: Do you have a count of telehealth rooms needed?

RESPONSE: THE UNM Parties believe that 5 physical telehealth rooms would be sufficient to begin.

QUESTION 11: Does UNM have any ideas of the expected volume or percentage (i.e. 10% of all patient visits should be virtual) of Virtual Visits per year after implementation.

RESPONSE: The UNM Parties expect the initial percentage to be low, but the system should be able to eventually handle up to 50% of all patient visits (see question # 8)

QUESTION 12 : Do you have a 5 year strategic plan?

RESPONSE: A strategic plan is currently in process.

QUESTION 13: Does UNM have any estimates of how many provider shifts per month you will be allocating to telehealth?

RESPONSE: No, the providers have not yet determined this.

QUESTION 14: What is the desired go-live date for the telehealth platform?

RESPONSE: A desired go-live date is January 1, 2021.

QUESTION 15: Can UNM provide information on:

a) No. of EMR instances – one (1)

b) No. of claims feeds – response will be forthcoming on another addendum.

- c) No. of administrative data sources - This question needs further clarification for the UNM Parties to provide a response.
- d) Any other data sources - This question needs further clarification for the UNM Parties to provide a response.
- e) No. of users for application - All providers, RNs, medical staff, scheduling
- f) User personas accessing the Telehealth and supporting application - This question needs further clarification for the UNM Parties to provide a response.
- g) Total number of members - This question needs further clarification for the UNM Parties to provide a response.
- h) Name of Payer Contracts - The number of payer contracts ranges from 30-40; however, it is unclear what is meant by 'name' of payer contracts
- i) Population Size - This question needs further clarification for the UNM Parties to provide a response.

QUESTION 16: In regards to the "Community Providers", can we assume that they are using their own EHR or are they using Cerner's instance?

RESPONSE: Their own EHR.

QUESTION 17: For improved quality measure and cost results what high level outcomes are expected?

RESPONSE: Quality metrics outlined in UOP which can be found on the UNMH Purchasing Department page at the web site: <https://hsc.unm.edu/health/about/bids-proposals/proposals.html>.

QUESTION 18: I wanted to clarify if you are looking for a nurse triage call line to compliment any physician on-call systems you are implementing. We offer web-based nurse triage services that could fit perfectly into the scope of work you are looking for. Using telephone nurse triage will help streamline your process, saving time and money for both you and the telehealth organization you plan to work with.

RESPONSE: The UNM parties are not seeking web-based nurse triage services as part of this RFP. Optional to provide info on this for future interest. Will NOT be part of scoring criteria.

CURRENT TECHNOLOGY/INTERFACES

QUESTION 19: Per the RFP: **ID. D (page 10) Current Technology**. The UNM Parties currently use Zoom for Synchronous telehealth consultations primarily to originating site clinics across the state and for consultations to the patient home. How many Zoom visits have the UNM Parties completed in 2020? Currently how many telemedicine software licenses does UNM have with Zoom? How many sites and clinics are currently using telemedicine?

RESPONSE: Zoom Visits: The UNM Parties expect to have 50,000 visits as of mid-June. HIPAA Compliant Zoom Licenses: 2,000, # of Sites/Clinics using Telemedicine: ~100

QUESTION 20: What kind of Cerner EHR integration is UNM looking for? One-way? Bi-directional?

RESPONSE: The UNM Parties are looking for a Bi-directional integration.

QUESTION 21: Can you provide details on how you'd like the telemedicine solution to tie into your revenue cycle management system? What would the integration with these systems facilitate for your organization ideally?

RESPONSE: The UNM Parties seek a system integration into Cerner, or directly into Sorian/IDX.

QUESTION 22: Please detail endpoints/peripherals—needs, existing hardware today, desired use case/work flow

RESPONSE: Endpoints include UNM and non-UNM facilities leveraging a wide range of software and hardware computing solutions including carts, otoscopes, stethoscopes, cameras and microphones. Desired use case/workflow varies by specialty, site capabilities, and recipient of services.

QUESTION 23: What do you mean by ‘are interfaces automated?’ Do the provided interfaces require manual steps to maintain standard workflows. Are flat files needed to maintain interoperability between systems?

RESPONSE: Do the provided interfaces require manual steps to maintain standard workflows. Are flat files needed to maintain interoperability between systems?

QUESTION 24: Is your interpretation that a platform must include video to be considered? The RFP said “HIPAA compliant video technology”, but I also saw something in the RFP that said multiple platforms would be considered if necessary, to meet the needs. Are we eligible, in the sense that we could fill the non-video need, and another platform could fill the video need?

RESPONSE: The UNM parties would not score a platform that did not have video as high as one that did given the RFP. With that said if they are putting together a combined solution or suggesting one (multiple vendors) then yes it should be considered.

EXHIBIT A - SCOPE OF WORK

QUESTION 25: Exhibit A, Section III (Scope of Work), Part A, Number 2 (System Specification/Capabilities), Point G [Page 13] This is requiring ability to integrate with peripheral devices. Are there specific examples of peripheral devices identified / requested? That would help determine software components needed.

RESPONSE: Currently Being Used: Firefly digital otoscopes, dermatoscopes and Littman Stethoscopes. Our external UNM clinics are connecting with other types of devices.

QUESTION 26: Exhibit A, Section III (Scope of Work), Part A, Number 3 (Preferred System Functionality), Point D [Page 14] Could you please clarify what the request is specifically for scheduling integration of Telehealth in Cerner EHR and Patient Portal? Is the request to be able to write back to their schedule or something else?

RESPONSE: Correct can any scheduling data generated by the system be provided for integration back into our native scheduling system and or reflected in our patient portal.

QUESTION 27: Regarding Page 12, Section III.A.1.g, please describe the anticipated use case and workflow for educational sessions. How will attendees and hosts will join the session? Are all attendees at different locations joining remotely or will they be located at a centralized location where the host is remote? What type(s) of devices will be used to record sessions?

RESPONSE: Attendees and Hosts can be at any location on campus or off. Ideally, vendor software will be used to record sessions.

QUESTION 28: Please describe the use cases you'd like to cover for asynchronous telemedicine. i.e., what do you need to be able to accomplish?

RESPONSE: Currently, dermatology, ultrasounds, EKG, ECG patient labs, post-surgical photographs. More use cases expected as telehealth adoption increases.

QUESTION 29: Please describe the use cases you'd like to cover for remote monitoring. i.e., are there specific systems you'd like to integrate to and how would you envision those working?

RESPONSE: Remote Patient Monitoring is not currently being leveraged, but the UNM Parties would like to use this technology. We don't have specific systems to integrate to as of right now.

QUESTION 30: In the RFP, you note "The System shall connect to primary care providers after hospital discharge for a smooth transition of care experience for all patients." Is this simply noting the solution needs to be able to be used by PCPs to follow up with patients post-discharge or do you envision something more?

RESPONSE: The ability to work in a VBC environment is important. The UNM Parties anticipate that more of our business will fit into this model.

QUESTION 31: You state, "The System and its integrated tools and modules must allow and facilitate for coordination and management of clinical support to ensure continuity of service as needed." Could you elaborate more on what you desire in the way of facilitating coordination and management of clinical support?

RESPONSE: The system would need to be able to coordinate care with multiple providers including nursing and care coordination staff. Improved access is desired.

QUESTION 32: Please confirm if the following request is "screen sharing" or something different: The System is required to have convenient physician ability to switch from live feed to DICOM-fed images and notation of specific sections of images for patient viewing. If something other than screen sharing is desired, please describe the desired functionality.

RESPONSE: This does meet the need of screen sharing. Screen sharing is sufficient at this time but other functionality may be desired.

QUESTION 33: System Specifications Capabilities, Query G. The System must have software components allowing for hardware to integrate with peripheral devices if needed; Is UNM open for a cloud based deployment of the solution? If a cloud strategy is deployed, what cloud solutions is being used? (Microsoft, AWS, etc.)

RESPONSE: The UNM Parties would consider a cloud deployment with appropriate security controls in place.

QUESTION 34: Exhibit A, "III"-Scope Of Work, Query "n" The System must possess the ability to accommodate asynchronous, remote monitoring and other virtual health use cases; Which telehealth use-cases UNM plans to implement? Could you please elaborate on the requirement as our pricing may depend upon the custom requirements, if any?

RESPONSE:

- Asynchronous: patient to provider and provider to provider. Currently being used with dermatology, radiology, ultrasounds, and cardiology.
- Remote Monitoring: not currently in use
- Video Visits: ~100 different specialties

EXHIBIT B – EVALUTION CRITERIA

QUESTION 35: Other than the point assignments listed in the RFP document, are there any components the selection/decision process that Offerors should know about?

RESPONSE: The points assigned to the Exhibit B – Evaluation Criteria will be used to score proposal responses; however, finalist(s) may be invited for oral presentations and demonstrations at the UNM Parties sole discretion at a date and time to be determined. The presentation will be based on the written proposal submitted and technical clarifications.

QUESTION 36: Exhibit B, Section E [Page 30] This section emphasizes providing a workflow diagram and Security Plan. Could you elaborate on specifics on what the Security Plan should include? Some items may be dependent on and provided after understanding the nature of integrations.

RESPONSE: The security plan (Exhibit J) to the RFP constitutes the questions that need to be answered by the vendor.

QUESTION 37: Pages 22 Requirement 1 (i) Vendor needs to provide the amount & content of data available that exceeds our current 72 hour disclosure capabilities. Please clarify “72 hour disclosure capabilities”

RESPONSE: “72 hour disclosure capabilities”. This relates to notification of HIPAA breach. What data will be available in the case of a HIPAA breach within in the 72 hours disclosure period to the UNM Parties.

QUESTION 38: Pages 23 Requirement 2 (iii) Vendor will be required to fulfill all required obligations to meet the UNM Parties IT Security requirements and complete questionnaire & receive IT Security approval. Please clarify that you are referring to Exhibit J.

RESPONSE: Yes.

QUESTION 39: Pages 23 Requirement 1 (ii) Vendor needs to provide detailed information on the types of products or devices used and required to access the data. For example, is it Windows, Android, or ios and are they encrypted. Please indicate if they can run as a standalone and they sync at a later time or if the devices are required to constant connectivity.

RESPONSE: Standalone with sync would be acceptable.

REPORTING

QUESTION 40: What metrics or KPIs are you most looking for to measure the impact of the services and/or real-time metrics reporting?

RESPONSE: Quality metrics outlined in UOP which can be found on the UNMH Purchasing Department page at the web site: <https://hsc.unm.edu/health/about/bids-proposals/proposals.html>.

QUESTION 41: What type of bulk data do you need to import?

RESPONSE: ADT, Clinical values, billing.

QUESTION 42: What are the user personas at UNM who would be using the Analytics/Reporting application?

RESPONSE: The user personas would include Financial reporting, Clinical Practice Excellence, Pop Health, Contracting

QUESTION 43: What is the level/type of analysis that will be performed by the users?

RESPONSE: The level/type of analysis includes payer, location, predictive analytics, and specialty

QUESTION 44: What are the standard Reporting Measures?

RESPONSE: The standard reporting measures are outlined in UOP which can be found on the UNMH Purchasing Department page at the web site: <https://hsc.unm.edu/health/about/bids-proposals/proposals.html>.

PROPOSAL FORMAT/MISC

QUESTION 45: Per the RFP, Offerors should submit-one (1) ORIGINAL, ten (10) HARD COPIES, and seven (11) ELECTRONIC COPIES of the proposal; ORIGINAL and COPY shall be in separate labeled binders. The proposal can NOT be emailed. Is it 7 or 11 electronic copies? Regarding Page 6, Section 2.1.2, could UNM clarify whether 7 or 11 electronic copies are needed?

Can you please confirm the number of electronic copies to be submitted? In Section II. Proposal Copies and Format, 2.1.2, on page 6, the RFP instruction states, “One (1) ORIGINAL, ten (10) HARD COPIES, and *seven (11)* ELECTRONIC COPIES of the proposal.” The number of electronic copies does not match the number in parenthesis.

RESPONSE: Section 2.1.2 of the RFP is hereby deleted in its entirety and replaced with the following:

Proposal - One (1) ORIGINAL, ten (10) HARD COPIES, and eleven (11) ELECTRONIC COPIES of the proposal; ORIGINAL and COPY shall be in separate labeled binders. The proposal can NOT be emailed.

QUESTION 46: We noticed in the RFP your team had requested One (1) ORIGINAL, ten (10) HARD COPIES, and seven (11) ELECTRONIC COPIES of the proposal. Given the severity of Coronavirus, we wanted to see if your teams would want to forgo paper copies and just submit electronic copies? We can certainly have them printed but know a lot of organizations are rethinking the hardcopy requirement right now so wanted to check in.

RESPONSE: At this time, the UNM Parties are not willing to forgo paper responses. Under special circumstances please submit your request for consideration to Jennifer Sanchez at jedsanchez@salud.unm.edu.

QUESTION 47: What is UNM’s ideal timeline? What are the milestone dates for the RFP process? (review, vendor finalist, vendor selection, etc.

RESPONSE: There is no specific timeline dates. Once proposals are received, the UNM Parties evaluation committee members will decide how much time they will need to review and adequately score the responses.

QUESTION 48: We will be disclosing sensitive information in our response to the RFP; would UNM be willing to sign the attached NDA? Confidential Information: If we're asked to share proof of insurance and / or a sample contract (proprietary), we'd like a mutual NDA in place. If MNDA is not available, how would UNM recommend proceeding with confidential information?

RESPONSE: No, the UNM Parties will not execute an NDA in connection with an RFP proposal response. The UNM Parties must comply with any law, regulation, court order or other legal requirement that purports to compel disclosure of any “Confidential” and/or “Proprietary Information”, including, without limitation, the New Mexico Inspection of Public Records Act, Section 14-1-1 et seq., NMSA 1978, as amended (“IPRA”). Offeror shall be responsible for its own attorneys’ fees and expenses with respect to exercise its rights to protect its information.

The UNM Parties’ will recognize as confidential only those elements in each response, which are sepersted from the proposal into its own section and which are clearly marked as “CONFIDENTIAL” or “PROPRIETARY” in order to facilitate eventual public inspection of the non-confidential portion of the proposal. .

Please see pages 1-2, Sections 4, 5 and 6 of the RFP for more information.

QUESTION 49: Per UNM, this response will be public record, so in the past, have you requested other telehealth / telemedicine RFPs and if so, can we review them?

RESPONSE: In the past, the UNM Parties have not issued an RFP for the services identified under Exhibit A, Scope of Work.

QUESTION 50: Question about EXHIBIT E - SMALL AND SMALL DISADVANTAGED BUSINESS CERTIFICATION. Per the RFP we should mail the Certificate to Purchasing. Should we mail this to purchasing and keep a copy for the RFP or should we just wait and submit the certificate with the RFP.

RESPONSE: Offerors must submit Exhibit E with its proposal response.

QUESTION 51: Will the RFP submissions / proposals become public record?

RESPONSE: UNMH will generally treat proposals as public records and will comply with IPRA in response to public records requests. If Offeror specifically request in their proposal, the UNM Parties will give them notice of any IPRA request; however, it will be Offeror responsibility to defend.

QUESTION 52: Will alerts be sent for addenda items created on behalf of UNM?

RESPONSE: Please see addendum #1 to this RFP which can be found on the UNMH Purchasing Department page at the web site: <https://hsc.unm.edu/health/about/bids-proposals/proposals.html>. This addendum includes an Intent to Submit proposal form. The Intent to Submit a Proposal is not mandatory but is strongly recommended for a Prospective Provider to submit in order to receive courtesy notification of information related to this RFP. The addendum is also being sent via email to potential Offerors who submitted questions.

QUESTION 53: Does the RFP require a vendor to be in NM?

RESPONSE: No, the RFP does not require the vendor to be in NM.

QUESTION 54: If additional clarification questions arise on our end after the clarification deadline, are we able to submit them for response? If so, what is the best process for doing so? (email direct to Procurement Specialist?)

RESPONSE: Yes, Offerors may submit additional questions past the deadline; however, the UNM Parties reserve the right to respond if they feel necessary and/or time allows before the proposal response deadline.

QUESTION 55: In case an organization doesn't have small and disadvantaged business certification, do you allow vendor to share its intent to participate along with an MWBE organization?

RESPONSE: Yes, the UNM Parties will allow for an Offeror to submit its intent to participate along with an MWBE. This certification is not a requirement to submit a proposal.

All other provisions of the Proposal Documents shall remain unchanged. This addendum is hereby made a part of the Proposal Documents to the same extent as those provisions contained in the original documents and all itemized listing thereof.