ADDENDUM NO.1

TO: **All Vendors**

FROM: **Jack Nichols**

SUBJECT: **Solicitation #USC-BVB-1406-JN**
Deadline for Responses: Remains The Same

DATE: **February 5, 2009**

This addendum No. 1 modifies the Best Value Bid only in the manner and to the extent as stated herein.

Item One: Questions from Vendors
Vendor A

Q1)   [Is the RFP available in MS Word or RTF (Rich Text Format) format?
It is difficult to convert PDF documents that have tables into a form that can be filled out.
We will not make any changes other than to fill out the tables.]

A1)   The solicitation in Word format is available upon request.

Q2)   On Pg 12
Provides problem list that can be sorted by chronology, diagnosis, and provider
Problem list can be archived by status (active or resolved)
 Problems in list are linked to orders/results (labs, medications)
[In our system we make a distinction between chronic ongoing issues which we call problems and encounter   based diagnosis.
Diagnosis can be promoted to problems but they are stored as separate items in a chart.
Problems can have a status (active/resolved).
Diagnosis can be linked to orders/results (labs, medications).]

A2)   This meets the criteria.

Q3)   On Pg 13
E/M coding support is provided and maintained regularly with updates
[We provide regular updates to the Ingenix codes and the E&M Rules.
If you choose to use the E&M Coder you must ensure you use templates that support E&M scoring.
The coder is a fairly new component in our system. We support templates that are E&M Code aware and also those that were authored prior to this module being developed. If you develop your own templates to be   used with the E&M Coder, you need to ensure that you maintain those templates.]

A3)   This meets the criteria.

Q4)   On Pg 16
Schedule information can be made portable, i.e. To a hand held unit.

[Just to clarify, while we support handheld devices with schedules, there are strict constraints on which devices we support and which versions of MS Outlook you can use to sync our schedule to a device.]

A4)   This meets the criteria.

Q5)   On Pg 17
        Provide ability for patients to interact with SHS in the following ways via the web:
        Advisement
        [Please clarify the intended behavior for "Advisement"]

A5)   Self Care web content is adequate.

Q6)   Ability for SHS to be able to communicate securely with outside providers and other entities and append this information to patient's record
        [This is a new feature that we are currently testing. We are planning to officially release this capability over the Summer. We do not anticipate any delays, but we would not want to be contractually bound to enabling this on your release date in case there are any last minute changes to this capability.]

A6)   Outside providers are defined as Counseling and Campus Wellness.

Q7)   Ability for On-Line Payments
        [There are constraints on the type of On-Line Credit Card Payments we can accept. This is because many schools have strict rules about which Card Handling Services are used campus wide and how they are interfaced.]

A7)   Third Party vendor recommendations are acceptable.

Q8)   E/M coding is automated, available, and suggested for all clinical encounters
        [To function correctly you must use clinical templates that are aware of our E&M Coder.]

A8)   This meets the criteria.

Q9)   On Pg 19
         System has custom report capabilities with other applications, such as those for word processing, database management, and spreadsheets
        [I presume the question is do we support third party reporting tools such as Crystal Reports? Please clarify if this is not the case.]

A9)   This meets the criteria.

Q10)   Ability to track and report on incurred but not reported (IBNR) amounts (for primary care physicians) responsible for paying specialists
        [Please clarify in more detail what is required. We assumed this referred to specialists under a capitated plan but we were not 100% certain.]

A10)   Yes, this meets criteria.

Q11)   On Pg 20

        Data dictionary can be mapped to SnoMed nomenclature
        [We have made provisions for SnoMed but none of our sites are actively using it today. We anticipate this will change over time.]

A11)   This meets the criteria.

Q12)   Has minimum time between screens – Each vendor to specify time between screens with their system
        [This is sub-second for most of our screens if you follow our hardware guidelines. There are some reporting

screens that can take longer. The time taken is a function of the complexity of the ad-hoc report.]

A12)   This meets the criteria.

Q13)   On Pg 22
Fax and e-mail information can be directly entered into patient chart as opposed to scanning printed document
[Yes, but fax input is usually used in conjunction with a 3rd party fax server. If you plan to do fax output only, you do not require a third party server.]

A13)   This meets the criteria.

Q14)   On Pg 23
Charts can be attached to e-mails, tasks, memos
[Charts can be attached to instant and secure messages. They are already implicitly linked in our system for tasks and memos]

A14)   This meets the criteria.

Q15)   On Pg 23
Faxing of documents or accepting of fax information is an integrated function
 (no 3rd party)
[Yes, but fax input is usually used in conjunction with a 3rd party fax server. If you plan to do fax output only, you do not require a third party server.]

A15)   This meets the criteria.

Q16)   Includes the capability of bi-directional interface with existing equipment (Coulter ACTDIFF 5 and Clinitek Status) to capture test results and associate these results with a specified patient record available to a requesting provider. Proposed system must also have capability of interfacing with any additional industry standard equipment acquired by the Student Health Center.
[We were under the assumption that this would be provided by the OrchardSoft LIS. We could support this if you require, but we would be assuming that if you have an LIS it would be responsible for this.]

A16)   This meets the criteria.

Q17)   On Pg 25
 Provides tutorials and at least three printed training manuals
[All of our manuals are delivered as PDF's that can be printed by your staff. This is for sales tax purposes. If we deliver all product via the internet we are not required to pay sales tax on the transaction.]

A17)   This meets the criteria.

Q18)   On Pg 26
Print worklists by workstation
[We were not sure what was intended. If this is a lab work list, we were anticipating that Orchardsoft would handle this.
If this is not the case, please verify the circumstances.]

A18)   This meets the criteria.

Q19)   On Pg 37
• DO NOT INCLUDE ANY OF YOUR STANDARD CONTRACT FORMS!
• UNLESS EXPRESSLY REQUIRED, DO NOT INCLUDE ANY ADDITIONAL BOILERPLATE CONTRACT CLAUSES.
[We usually include a sample of our standard contract so elements of it can be used if required in the final contract.
There are clauses in our contract that are specific to medical software.
Most purchasing departments do not allow any additional documents to be introduced after the RFP, so it is

common practice in this market to include sample T&C's with the RFP response. We can modify any language in the T&C's that conflicts with your campus requirements.]

A19)   Any additional clauses or terms and conditions must be identified as "for reference only". Contractual negotiations may take place after the responses have been evaluated.

Q20)   9. Vendor provides results of customer satisfaction surveys conducted during the last three (3) years.
[We do not have a full 3 years, we have about 18 months. Can we interpolate from the data we do have.]

A20)   This meets the criteria.

Q21)   13. Vendor provides independent reports that directly address its customer service history or the quality of its EMR product conducted within the last three (3) years and including the reporting company's name, contact person(s), address, and telephone number.
[I do not believe there are any outside reporting companies that track this data in this market. The closest we could provide would be our client references.]

A21)   This meets the criteria.

Q22)   On Pg 28
Award Criteria

2. Vendor experience and ability to provide required support services. References shall be incorporated into this review. The scoring shall also be based on the EMR's functionality, limitations and the technology available to support USC's EMR goals.
a. Include a signed letter of understanding of the scope of the work to be done under this contract.
b. Provide a detailed plan for implementation of this project.
[Are these deliverables with the RFP or are they items that the selected vendor needs to send.]

A22)   Provide information with your response.

We also have some questions we need answered for pricing purposes:

Q23)   Our pricing is primarily based on the number of workstations with installed software. How many workstations do you plan to have as part of the deployment? (you should include both clinical and non-clinical workstations such as schedulers, cashiers, and administrators.)
[Prior conversations indicated the number to be 75. The Request for Bid document cites 200 simultaneous users. While we can support over 500 concurrent users, what number should we be using for pricing the system.]

A23)   109

Q24)   Our 3rd party drug database is licensed by prescribing providers. How many prescribing providers do you have?
[Prior conversations indicate 15. Please confirm. Part time providers that work less than 20 hrs per week only require half a license. For example, if you have 10 full time prescribers and 10 part time prescribers that work less than 20 hrs per week each, you will only require 15 licenses.]

A24)   16.5
Q25)   Our ICD, CPT and HCPCS 3rd party licenses are based on the number of billing staff. How many cashiers and billing staff do you have that will need to access the billing codes? [Prior conversations indicate 3. Please confirm. Do not include providers in this tally.]

A25)   2

Q26)   Does this deployment involve counseling? If so, how many counselors? [Prior conversations indicate 12. Please confirm. We require this for our 3rd party DSM IV code licensing.]

A26)   Yes, 17.

Q27)   Would you like us to include optional patient check in kiosk licenses? [If so, how many kiosks will you need licenses for? You should have a minimum of two in case one machine goes down. Prior conversations indicate 2. Please confirm.]

A27)   2

Q28)   Do you require our optional template editing tool or will you be primarily using the included template library? [Prior conversations were to include Template Editing/Creation Tool. Please confirm.]

A28)   The included template library.

Q29)   Are you interested in our patient "self care" web content? Please confirm

A29)   Yes

Q30)   Do you have state immunization and reporting needs? [Prior conversations included the Immunization Compliance Tool.]

A30)   Yes

Q31)   Please clarify the total number of staff at the facility or facilities?

A31)   130

Vendor B

Q1)   Has a "go-live" date been determined yet? If not, would you recommend an approximate "go-live" date in order to help us provide a meaningful Sample Implementation Plan?

A1)   July 1, 2009

Q2)   How many Providers are licensed to write Prescriptions? The Medication Prescription tool is priced according to the number of Providers who are licensed to prescribe a medication.

A2)   16 Full Time, and 1 Part Time

BIDDER SHALL ACKNOWLEDGE RECEIPT OF ADDENDUM NO.1 IN THE SPACE PROVIDED BELOW AND RETURN IT WITH THEIR BID RESPONSE. FAILURE TO DO SO MAY SUBJECT BID TO REJECTION.

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Authorized Signature

_____
Firm

_____
Date