ADDENDUM 4

DATE: April 19, 2017

PROJECT: Lab Information System (LIS) and Data Migration

RFP NO: 744-R1715

OWNER: The University of Texas Health Science Center at Houston

TO: Prospective Bidders

The following are University's responses to bidder's questions received by the Question Deadline on April 10, 2017, 11:00 AM CST.

1. In reference to Section 4 of the RFP, I understood that the vendors did not have to submit a list of exceptions as part of the contract. Any exceptions would be addressed should the vendor be selected to continue in the RFP process. Is that a correct interpretation of the discussion?

   Answer: No, that interpretation is not correct. Appendix Two is a sample agreement containing terms and conditions substantially similar to those that will be contained in the Agreement with the Contractor for this project. Per Section 5.3.1, every Proposer must submit a list of the exceptions it has to the terms and conditions in this document. (For example, in light of the scope of work for described in this Project, a Proposer may take exception to Section 12.41 on the basis that Educational Records will not be used and are not applicable to the work.) Such exceptions will be addressed with the successful Proposer, also known as the Contractor, during the contract phase of the RFP process.

2. How many printers (slide, requisitions, specimen labels) will be interfaced to the LIS? Will all the printers be the same vendor, make and mode? If not, how many different models?

   Answer: Ten (10) printers will interface with the LIS for slide and specimen labels—all Zebra brand of various models.

3. How many cassette etchers/printers will be interfaced to the LIS? Will they all be the same vendor, make and model? If not, how many different models?

   Answer: Two (2) to three (3) etchers, all Dako brand of various models—reference **Exhibit B** (Instruments List) of the RFP.

4. Please recall the following from **Addendum 1**, Question 3:

   *With respect to Section 5 "Specifications And Additional Questions", "Surgical Module" items **5.3.15, a** and **5.3.15, b**, please provide further details for the Reports desired. For example, what information should be included on the Reports?*

   Answer: The surgical reports should include logo, department contact info, patient demographics, specimen #, dates collected, received and reported, ordering md, copy to md, diagnosis statement, gross description of specimen, site and type of specimen, type of

report, CPT code, ICD-9 code, teaching statement, special stain info, report status, pathologists signature, specimen images and diagrams.

As a follow-up question, the University indicated that it wants diagrams on the reports. In addition to diagrams (specific to Prostates), are organ maps a requirement for other body sites as well? If organ maps are required, for which specialties?—GI (upper and/or lower), Dermatology, Podiatry, Cervical Cone, Breast, or other (please define).

Answer: Yes, the University will require GI (upper and/or lower), Dermatology, Podiatry, Cervical Cone, Breast, and all available in vendor's package not specified.

5. Is there a CRM system today?

    Answer: If CRM refers to a Customer Relationship Management system, no.

6. Is RFID currently in-use or planned for future use? If yes, what pathology assets are tracked via RFID?

    Answer: Yes. The University uses the TPID system for specimen tracking in all its labs.

7. Travel guidelines related questions regarding vendors needing to book UT or State rate hotels and airfare through UT Health.
    - Does UTHS handle these transactions directly?
    - Does UTHS get billed directly? Do not require vendor staff to use out of pocket funding.
    - Will vendors be provided with appropriate points of contact for handling such travel arrangements.

    Answer: Please refer to the following excerpt from the Sample Agreement (Appendix Two, Exhibit C, Payment for Services, of the RFP):

    AIR TRAVEL AND RENTAL CAR
    At this time, Contractor may not book air travel or rental car directly with travel vendors and obtain the State rates. If the UT institution books air travel and rental car for Contractor and pays the travel vendor directly (direct bill to UT), then the UT institution will receive the State rate for Contractor's airfare and rental car.

    HOTEL RESERVATIONS
    State Hotel Rates: A hotel under contract with the State may, at the hotel's discretion, offer the State rate for Contractor travel. The hotel, at the hotel's discretion, may permit the Contractor to book and pay the reservation or may require the UT institution to book and pay the reservation (direct bill to UT). The UT institution should contact the hotel to ask if (1) the hotel honors the State rate for Contractor travel, and (2) the hotel requires UT to book and pay the reservation (direct bill to UT).

    UT Negotiated Hotel Rates: The UT institution may obtain the UT negotiated hotel rates (when available) for Contractor travel. The UT institution should contact the hotel to confirm the reservation and ask if the hotel requires UT to pay for the reservation (direct bill to UT).

8. How many EMR interfaces?

    Answer: The required EMR interfaces are as follows:
    - AllScripts: UTHealth EHR system (required at Go-Live)

- Cerner: Memorial Hermann Health system EHR system (required at Go-Live)
- EPIC: LBJ (Harris Health) EHR system (NOT required at Go-Live)

9. What percentage of the following patient types are served by the University?

Answer: See the following:
- Non-patient/outreach/consults: 100%
- Inpatient: 0%
- Outpatient: 100%

10. Who performs registration today for AP cases (Enterprise/Lab/other)?

Answer: The orders/registration will be placed in the new LIS (via LIS or web orders if available) and via the EHR's systems.
- Non-patient/outreach: 100% Pathology and Dermatology departments
- Inpatient: 0%
- Outpatient: 100% Pathology and Dermatology departments

11. What ADT interface would be considered the source of truth of MPI for any orders coming in?

Answer: The source EHR will be the true MPI for each patient. The LIS will be required to handle multiple MRN's to unify the patient cases (if necessary). The required EHR ADT interfaces are as follows:
- AllScripts: UTHealth EHR system (required at Go-Live)
- Cerner: Memorial Hermann Health system EHR system (required at Go-Live)
- EPIC: LBJ (Harris Health) EHR system (NOT required at Go-Live)

12. Would the University want the AP LIS to trigger a registration query to the EMR and hold the order until registration is received from the EMR?

Answer: At this time, the University's answer is no. The University will discuss this issue in detail during planning since each scenario for each EMR may require a different solution.

13. What percentage of orders (or how many) are electronic currently?

Answer: See the following:
- Non-patient/outreach: 70%
- Inpatient: 0%
- Outpatient: 70%

14. What percentage (or how many) of the case reports are electronic? What percentage are faxed from the AP LIS?

Answer: See the following:
- % Non-patient/outreach: 100%
- % Inpatient: 0%
- % Outpatient: 100%

15. How many outreach clients/practices will use the AP LIS portal to place orders (physician/clients without EMR interfaces)? How many physicians per practice?

    Answer: There of hundreds of outside physician offices.

16. How many orders per month will an outreach client place via the portal?

    Answer: Ten (10) to 50 orders are placed via the portal per week depending on the practices.

17. Other than Cerner or Allscripts, how many outreach EMR interfaces are needed? Orders / results / orders and results?

    Answer: No outreach EMR interfaces are required. The required EHR interfaces are as follows:
    - AllScripts: UTHealth EHR system (required at Go-Live)
    - Cerner: Memorial Hermann Health system EHR system (required at Go-Live)
    - EPIC: LBJ (Harris Health) EHR system (NOT required at Go-Live)

18. Is an enterprise-wide view of results for a given patient needed? In other words, does the University want any user that logs into the LIS need to be able to see all the results for a given patient or should the user be restricted to only those ordered by that physician/practice?

    Answer: Yes, the LIS is required to handle multiple MRN's per patient.   Yes, the physician should be limited to view only the records of their patients; they should see ALL records for their patients.

19. How many workstations will capture images?

    Answer: Thirty-eight (38) pathologist workstations. This refers to placing images from microscopes or cameras as .jpg, not digital pathology at this time.

20. How many workstations will scan documents?

    Answer: Five (5) to ten (10) workstations will scan documents.

21. Provide the official name of each facility and the annual case volume for each.

    Answer:
    UTHealth Department of Pathology and Laboratory Medicine:
    - Number of Cases: 24,233
    - Number of Specimens: 32,541
    UTHealth Dermatology Department
    - Number of Cases: 9,969
    - Number of Specimens: 9,969

22. Provide the manufacturer number, make and model of the HPV instruments.

    Answer: It is Panther by Hologic—reference **Exhibit B** (Instruments List) of the RFP.

23. Please provide a copy of the University's BAA agreement for us to review proactively.

    Answer: Please refer to **Exhibit C** (HIPAA Business Associates Agreement) of the RFP.

24. With respect to the LIS Minimum Qualification Requirements provided in **Section 5.2.2** of the RFP, does "ImageLink" refer to the ability to include hyperlinks to reports and images with results, or does "ImageLink" refer to a third-party system to which the Pathology LIS is to interface? Please provide additional details and requirements as applicable.

     Answer: Yes, it refers to a hyperlink. Image Link is a feature available in many EHRs in today's market. The basic process is that the LIS will send a final report to the EHR. Within the EHR, any user can look at the final report. Embedded in the final report is an URL (hyperlinks). When the user selects the URL, the LIS will display the original report in .pdf format or as an image. In the LIS world, the URL directs the user to the LIS .pdf final reports. From a technical perspective, authentication credentials need to be transferred from the EHR to the LIS systems for Image Link to work successfully.

25. With respect to Section 5.3.26 "*Compliance",* is the LIS compliant for Reportable Diseases (Infectious, Cancer)? Please provide additional details and requirements.

     Answer: Reports should include information mandated by CAP, CLIA, cancer registry and State of Texas Health Department in addition to reports listed on item **5.3.25, h** of the RFP.

26. With respect to Sections 5.3.116 – 5.3.117 (Data Conversion), please provide the following additional information:
    a. What is the amount of data to be converted?

        Answer: See the following:
        - Total Number of cases signed: 176,484
        - Total number of specimens signed: 216,262 as of 03/30/2017

    b. What is the format of data to be converted (e.g. PDF reports, etc.)?

        Answer: All the cases referred to above will be in .PDF reports. However, we still do not know if some discreet data from the database will need to be migrated as well.

    c. What are the expectations for converted data in new system?

        Answer: We expect to migrate the .PDF reports as final reports and for the data within those reports to be searchable discreet data in the new LIS.

27. With respect to Section 5.4 "Scope of Work", please provide the following additional information:
    a. Our company assumes that Pathology is needed at all eight (8) labs—seven (7) pathology labs and one (1) dermatology lab). Is molecular testing performed at each of these labs or is it centralized, for example, one lab?

        Answer: Yes, one of the eight labs performs all molecular testing.

    b. Please provide a test menu (a list of tests performed) per site.

        Answer: The following molecular tests are performed:
        - HPV
        - HPV (16,18 & 45)
        - Chlamydia
        - Gonorrhea
        - HSV 1 & 2

- Trichomonas
- BD Affirm (Trichomonas, Gardnerella & Candida)
- Viral Heart Panel

28. With respect to the provided "Agreement Between University and Contractor_rev0317" document, Item 11 Insurance, Item 11.1.1 "Workers' Compensation policy must include under Item 3.A. of the information page of the Workers' Compensation policy the state in which Work is to be performed for University", please provide additional information regarding Item 3.A. of the information page of the Workers' Compensation policy. Please provide additional details regarding requirements.

Answer: Please see the answer to Question 29 below.

29. With respect to the provision shown below (reference "Agreement Between University and Contractor_rev0317" document, Item 11 Insurance) please clarify what the "appropriate limit" would be for this contract.

Answer: The insurance limits applicable to this project are listed below. If needed, the University is open to additional questions and discussion concerning these limits with the selected Contractor during the contract negotiations.

Workers' Compensation Insurance with statutory limits, and Employer's Liability Insurance with limits of not less than $1,000,000:

Employers Liability - Each Accident	$1,000,000
Employers Liability - Each Employee	$1,000,000
Employers Liability - Policy Limit	$1,000,000

Commercial General Liability Insurance with limits of not less than:

Each Occurrence Limit	$1,000,000
Damage to Rented Premises	$ 300,000
Personal & Advertising Injury	$1,000,000
General Aggregate	$2,000,000
Products-Completed Operations Aggregate	$2,000,000

Business Auto Liability Insurance covering all owned, non-owned or hired automobiles, with limits of not less than $1,000,000 single limit of liability per accident for Bodily Injury and Property Damage.

Umbrella/Excess Liability Insurance with limits of not less than $2,000,000 per occurrence and aggregate with a deductible of no more than $10,000.

Professional Liability (Errors & Omissions) Insurance with limits of not less than $1,000,000 each occurrence, $3,000,000 aggregate.

Directors' and Officers' Liability Insurance with limits of not less than $1,000,000 per claim. The coverage will be continuous for the duration of this Agreement and for not less than twenty-four (24) months following the expiration or termination of this Agreement.

30. During the Pre-Proposal Conference on March 29, 2017, UTHealth indicated that it desires a web portal for the physicians to place orders and access results. How many providers/nurses would need to access the LIS on a concurrent basis?

Answer: Less than 100 concurrent users will access the LIS concurrently on a daily basis.

31. Within Section 5.4 of the RFP, UTHealth mentions seven (7) pathology laboratories as well as a dermatology laboratory. Are all of these locations connected to a single wide area network?

    Answer: Yes, all laboratories are located at the UTHealth McGovern Medical School.

32. Please elaborate on the University's expected number of locations and users.

    a. Please list each laboratory location that will access the LIS.

        Answer: All laboratories are located at the UTHealth McGovern Medical School.

    b. Within each location, list the number of employees that will require access to the LIS by role. For example, specify how many pathologists, techs, accessioners, IT staff, administrators, and anyone else that will need access to the LIS.

        Answer: The following are the users, by role, required to access the LIS:
        - 36 Pathologists & Dermatology Pathologist
        - 1 Dermatology Fellow
        - 25 Pathology Residents
        - 25 Technologists
        - 4 Accessioners
        - 12 Administrative Staff
        - 3 IT Staff and System Administrators

33. Will the pathologists need to access the LIS remotely for reviewing or signing out cases? If yes, how many pathologists would need remote access on a concurrent basis?

    Answer: The University will need 36 licenses for remote access pathologists in both departments.

34. Section 5.2.2 of the RFP indicates that the LIS must have a billing module. Please clarify the following:

    a. Does the University require the Contractor to provide a complete billing solution to include A/R, Invoicing, Payments, etc.?

        Answer: Yes, a complete billing solution is needed for Client Billing services.

    b. Alternatively, does the University require the Contractor to provide basic billing compliance (as listed in section 5.3.22 of the RFP) within the core LIS, and then send that information to a third party billing solution (via HL7) that is currently owned by UTHealth? If so, what third party billing system would be used?

        Answer: Yes, a third-party billing system is needed for Patient Billing services. UTHealth Pathology utilizes McKesson Billing Services (required at Go-Live of new LIS) and UTHealth Dermatology utilizes IDX Billing Services (NOT required at Go-Live of new LIS).

    c. Item numbers 5.3.63, 5.3.68, and 5.3.69 of the RFP asks about functionality to integrate to Cornerstone, IDX, and McKesson for billing. Please elaborate on your desired functionality with the proposed LIS and these third-party billing systems.

        Answer: Please see the following:

- Cornerstone: no interface required since the University does not use its services
- McKesson Billing Services: HL7 interface required at Go-Live
- IDX Billing Services: HL7 interface required at a later date after Go-Live

35. Section 5.3.61 of the RFP references an interface to PeopleSoft. Please elaborate on your desired functionality with the proposed LIS and PeopleSoft (e.g. Specify what information needs to be transmitted to the LIS from PeopleSoft—and vice versa—and for what purpose).

Answer: No PeopleSoft interface is required.

36. Section 5.3.61 of the RFP refers to a variety of EHR systems and UTHealth's desire to interface to those third party systems. Please list the exact number of EHR interfaces desired and the owner of each. (For example, are these UTHealth-owned systems, or are the interfaces external clients of UTHealth services?)

Answer: The following EHR interfaces are required:
- AllScripts – UTHealth EHR system
- Cerner – Memorial Hermann Health System EHR System
- EPIC – LBJ (Harris Health) EHR System

37. Does UTHealth require an interface to a voice recognition system? If so, what is the name of the third party voice recognition software you are using or will be using?

Answer: No, UTHealth utilizes Winscribe for dictation. UTHealth does not foresee an interface to this system in the future.

38. Please elaborate on UTHealth's desire for interfaced laboratory equipment. For example, please list all analyzers, printers, cassette labelers, slide labelers, microscopes or any other lab equipment that the University intends to have interfaced to new LIS.

a. Please identify the laboratory location where each piece of equipment is located.

Answer: Please refer to **Exhibit B** (Instruments List) of the RFP.

b. Please provide quantity of each piece of equipment and the equipment vendor, make, and model for all desired interfaces.

Answer: Please refer to **Exhibit B** (Instruments List) of the RFP.

39. Section 5.3.17 of the RFP, b of the RFP asks about supporting an interface with a "molecular testing machine". Please list the manufacturer, make, and model of the molecular analyzer(s) the University intends to interface.

Answer: The molecular analyzer is a Panther by Hologic Model 902615—reference **Exhibit B** (Instruments List) included in this Addendum 4.

40. Does UTHealth anticipate including graphics/images onto final pathology reports?

Answer: Yes, images and graphics are needed in the reports. This refers to placing images from microscopes or cameras as .jpg, not digital pathology at this time.

41. Does UTHealth have a particular pathology result report format that it intends to utilize? If so, please forward an example of that report format.

Answer: Our reports generally include these items in their formats - logo, department contact info, patient demographics, specimen #, dates collected, received and reported, ordering md, copy to md, diagnosis statement, gross description of specimen, site and type of specimen, type of report, CPT code, ICD-9 code, teaching statement, special stain info, report status, pathologists signature, specimen images and diagrams (if available).

42. Regarding data conversion, please specify the following:

   a. How many years of data will need to be migrated into the new LIS?

   Answer: The department began use of AP Easy for reporting in 2001-2002. All data will need to be migrated.

   b. How many records will need to be migrated into the new LIS?

   Answer: Please see the following:
      i. Patient Records:
         - Total number of cases signed: 176,484
         - Total number of specimens signed: 216,262 as of 03/30/2017
      ii. Individual Orders: 0
      iii. Individual Samples: 0
      iv. Individual Test Results:
         - Total Number of cases signed: 176,484
         - Total number of specimens signed: 216,262 as of 03/30/2017

   c. Will UTHealth Pathology be extracting the data from its current legacy system (AP Easy), or will the Contractor be expected to extract the data from the legacy system?

   Answer: The Contractor is expected to extract the data from the legacy system. UTHealth and the legacy system vendor will provide any assistance required to accomplish this goal.

43. Is AP Easy the only legacy system from which the historical data will be extracted?

   Answer: Yes.

44. Does UTHealth have a targeted HIS system that has been selected and is this process happening in parallel?

   Answer: Based on the assumption that you are referring to the "targeted HIS System" as being the "targeted" system for the migration ending point, the University desires to migrate data from APEasy into new LIS.

45. Is there an opportunity to be a part of just the implementation/migration process, or is it one project and the selected LIS vendor will handle everything?

   Answer: This is one project in which one Contractor will handle both phases of the project. UTHealth will sign one contract with the LIS vendor even if the Contractor uses a subcontractor for Phase II (data migration).

46. Regarding the labs referenced in Addendum 1, Section II, answer to Question no. 6,
    a. Will the new LIS be required to interface to each of the labs?

    Answer: Yes, if the instruments are capable of doing so—reference **Exhibit B** (Instruments List) of the RFP.

    b. Will orders to these labs be placed in the new LIS?

    Answer: The orders will be placed in the new LIS (via web orders if available) and thru EHR's systems.

    c. Will results from these labs be sent back to the new LIS?

    Answer: Yes, if the instruments are capable of doing so—reference **Exhibit B** (Instruments List) of the RFP.

47. With respect to the images the University specified in Addendum 1, Section II, answer to Question no. 5, SoftMedia repository, will the new LIS be expected to store the images independently of the images on the reports? In other words, are there images for renal bx that are stored on the case, that do not display on the PDF report?

    Answer: No, the new LIS will not need to store images unless they are part of the report. The images are currently stored in shared drives and we will continue to store them in the same locations.

48. In Addendum 1, Section II, Question no. 3, UTHealth indicates that it wants diagrams on the reports. In addition to diagrams (specific to Prostates), are organ maps a requirement for other body sites as well? If organ maps are required, for which specialties?—GI (upper and/or lower), Dermatology, Podiatry, Cervical Cone, Breast, or other (please define).

    Answer: Yes, the University will require GI (upper and/or lower), Dermatology, Podiatry, Cervical Cone, Breast, and all available in vendor's package not specified.

49. In reference to the interfaces listed in the answer to Addendum 1, Section II, Question no. 6, are these all interfaced through the interface engine, or would the LIS Vendor be required to develop interfaces direct to any or all of these? If direct, would they want unidirectional or bidirectional?

    Answer: Please see below.

    Reference Lab Interfaces: Yes, if the vendor offers interfaces to the reference labs, it would be great. We expect these bidirectional interfaces to happen thru an internal interface engine. We prefer to not develop interfaces from scratch.

    Instruments Interfaces: Please refer to **Exhibit B** (Instruments List) of the RFP. We expect these interfaces to happen thru an internal interface engine. We prefer to not develop interfaces from scratch.

50. We need to know the total number of HL7 Interfaces so, need to know:
    a. How Many Instruments will need a bidirectional HL7 Interface and which ones are they.
    b. How many instruments will need a unidirectional HL7 Interface and which ones are they.

    Answer: Please refer to **Exhibit B** (Instruments List) of the RFP.

51. If my company offers either workstation licenses OR concurrent licenses, and not a combination of both, should my company assume that 75 concurrent licenses are required? My company is not sure of the relevancy of the number of workstations if this is the case.

    Answer: Yes, 75 concurrent users or workstation licenses—whichever applies to your company's offerings.

52. The RFP states proposals will be 'normalized' to a common scope of work for evaluation purposes. Since it is likely that the vendors may not have similar offerings / functionality and the functionalities offered will vary, and prices associated with functionality will vary, how will pricing be normalized?

    Answer: The Section 6 Pricing and Delivery Schedule incorporates all components of the LIS pricing that the University deems to be essential to the success of this project. It also provides a mechanism for the University to evaluate various LIS solutions against one another, which is why the Proposer MUST submit its pricing using this pricing structure. The University will evaluate pricing using a point system, allowing the LIS with the lowest price and greatest offerings to receive the most points.

END OF ADDENDUM 4