The following amends the above referenced RFP documents. Receipt of this addendum must be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda" Form and returning it along with your proposal.

PLEASE NOTE: The due date and time for the Technical Proposals to be submitted to the University has been EXTENDED from Wednesday, July 14, 2010 by 2:00 p.m. to TUESDAY, JULY 20, 2010 by 2:00 p.m. to the issuing office.

A. DOCUMENT REVISION:

In Section 1, add Item#30, “Piggybacking - UMBC is a member of the University System of Maryland ("USM") and as such, UMBC reserves the right to extend the terms, conditions, and prices of this contract to other institutions of the USM. Furthermore, on occasion, other State educational institutions (e.g., St. Mary’s College, Morgan State University, Baltimore City Community College) may desire to take advantage of this contract. Each of the piggyback institutions will issue their own purchasing documents. UMBC assumes no obligation on behalf of the piggyback institutions. Proposers must set forth their willingness and ability to extend this contract and the terms, conditions and prices stated herein to these other institutions.”

B. QUESTIONS AND ANSWERS:

1. QUESTION: For on-site Maintenance, it is stated that the vendor must provide optimal on-site maintenance for critical periods which are defined by UMBC as 8:30 am – 5:00 pm Monday – Friday, except on Holidays. Describe your provision for this. Please clarify the intention of vendor must provide optimal on-site maintenance. Does that mean what it appears to mean--that the vendor would provide an on-site staff member 8:30 to 5:00, Monday-Friday for maintenance purposes?

   ANSWER: We would need to be able to reach the vendor and have their support staff available to assist with the system if there is a problem during these hours minimally. This could be done on site or remotely, as long as the system can be repaired and functional as needed.

2. QUESTION: What is the projected Go Live date/timeframe for this project?

   ANSWER: The target go-live date is January 7, 2011.
3. QUESTION: What is the total number of users?

   ANSWER: There are approximately 20 users of the system

4. QUESTION: What is the total number of concurrent users? (i.e., the greatest number of users that would use the system at any one time?)

   ANSWER: There are approximately 20 users that may concurrently use the system.

5. QUESTION: What is the total number of prescribing providers?

   ANSWER: The number of prescribing providers is 3.5. (This number is derived from the formula of .5 for part-time and 1.0 for full time.) There are 2 part-time doctors, 1 part-time NP, and 2 full-time NP's.

6. QUESTION: What is the total number of concurrent prescribing providers?

   ANSWER: There would be 4 concurrent prescribing providers.

7. QUESTION: Please provide the specifications of the UHS Hardware described in Section 4.2 A.

   ANSWER: Memory: We have machines with RAM ranging from 1GB to 4GB; Processor: All machines have Intel Pentium -4 processor. Some of them are Dual core, but not all; Hard disk: Either 40 GB or 80GB; Operating System: Windows machines - Windows XP, Vista and Windows 7 and one Mac. We do NOT have any UNIX based machines; Vendor: Most of the desktops we have are DELL machines. We also have Gateway laptops. The Director has I Mac.

8. QUESTION: Based on this question in the RFP: The system will allow for separate patient category in the practice management system and EMR for Mental Health, Drug Counseling, Faculty/Staff Assistance, Primary Care and Dental. How many Counseling/Mental Health staff members are there? Are your Dental services provided through the Health Center, or in a standalone Dental Clinic? Are there any other Clinics? (i.e., Women's Health, Urgent Care, etc.)

   ANSWER: There are 6 Counseling /Mental Health staff members. We do not provide any dental services. There are no other clinics provided through UMBC Health Services.

9. QUESTION: Our pricing is primarily based on the number of workstations with installed software. It appears that we should do pricing for 20 workstations. Is that correct? Are there currently workstations in the exam rooms?
ANSWER: Yes, we will need 20 workstations. There are no workstations located in the exam rooms. Please include workstations for both clinical and non-clinical work areas such as schedulers, cashiers, and administrators. There should be 3 workstations at front desk, 5 in the Billing Area, 5 for providers laptops, 1 for the Director, 2 Admin support/Procurement areas, 2 for Medical Assistants, 1 for IT Specialist, and 1 in Dispensary.

10. QUESTION: Are you planning on installing exam room computers or using wireless mobile devices?

ANSWER: We are using wireless devices for exam rooms.

11. QUESTION: Our 3rd party drug database is licensed by prescribing providers. How many prescribing providers do you have? Part time providers that work less than 20 hours 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.)

ANSWER: The number of prescribing providers will be 3.5 (see #5 above).

12. QUESTION: 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? Do not include providers.

ANSWER: There is a total of 5 billing staff and cashiers.

13. QUESTION: Does this deployment involve counseling? If so, how many counselors? We require this for our 3rd party DSM IV code licensing.

ANSWER: We currently have 6 counselors, but Counseling is not involved at this time, but may be needed in the future if UCS would decide. We are not currently collaborating on UHS/UCS data or billing, but we would like this option if possible, depending on cost.

14. QUESTION: Will you require your data to be migrated?

ANSWER: Yes, data will need to be migrated.

15. QUESTION: Will you require an X12 claims interface to a clearing house, insurer or insurers? If so, how many?

ANSWER: Yes, although we are not doing this currently, we may want to do it in the future and would need access for 2.

16. QUESTION: We have existing interfaces to certain systems and will also do custom interfaces if required. Will you require a lab interface to ACM?

ANSWER: Yes, we will need lab interface to ACM.
17. QUESTION: Do you have an outside lab service to which you will require a direct interface such as Quest?

ANSWER: Yes, If you have an interface to an outside lab through your LIS you do not require an additional interface.

18. QUESTION: In different parts of the RFP you refer to your pharmacy system as A.S. Medication and ProPharm. These are entirely different systems. Is A.S. Medications the correct system?

ANSWER: Yes, this is the correct system.

19. QUESTION: Will you require an interface to the pharmacy system?

ANSWER: Yes, an interface will be required.

20. QUESTION: Do you require an interface to an outside radiology facility for receiving results? If so, which system do they use?

ANSWER: Yes, we use United Imaging and Seton Imaging which uses a separate fax line that can be uploaded into an E.H.R.

21. QUESTION: Will you require an ad-hoc report writing tool?

ANSWER: Yes, ad-hoc reporting capability is needed.

22. QUESTION: Should we price the system with our optional web portal? This lets patients fill out immunization data and health histories over the web. It also lets them book appointments and communicate with the clinic via secure messaging.

ANSWER: Yes, please include the web portal option if it is available.

23. QUESTION: Do you require an optional survey tool for patient satisfaction surveys or counseling screening purposes?

ANSWER: Yes, please include information on the survey option if it is available.

24. QUESTION: 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.

ANSWER: Yes, please include 3 kiosk licenses.

25. QUESTION: Do you require an optional template editing tool or will you be primarily using the included template library? The included template library has in excess of 200 templates optimized for the needs of Student Health and Counseling and is free with the system.

ANSWER: We will be primarily using the template library.
26. QUESTION: Do you have state immunization and reporting needs?
   ANSWER: Yes, our Immunization Compliance module can automatically calculate compliance for multiple populations.

27. QUESTION: Is the service in only one building or are there multiple locations around campus? Please be specific with your answer. This impacts how we structure deployments.
   ANSWER: UHS is located in one building only (Erickson Hall), with 2 separate areas - Clinical/Medical side and the Health Education side.

28. QUESTION: Do you have dedicated IT staff for the Health Service? If so, how many?
   ANSWER: No, we don’t have dedicated IT staff for our department, but we do have a part-time IT Graduate Assistant.

29. QUESTION: Should we include our Inventory Module in the pricing component?
   ANSWER: Yes, please provide a thorough description of the module in the technical portion of your proposal and include pricing information only in the Price Proposal.

30. QUESTION: Should we include our Dispensary Module in the pricing component?
   ANSWER: Yes, please provide a thorough description of the module in the technical portion of your proposal and include pricing information only in the Price Proposal.

Enclosure:
Acknowledgement of Receipt of Addenda Form

Cc: Procurement File

END OF ADDENDUM #1 DATED 07/09/10

(This Addendum and enclosure were posted on the University's eBid Board)
(Originals were not mailed via U.S. Mail)
RFP #: BC-20672-P

PROPOSAL DUE DATE: TUESDAY, JULY 20, 2010 BY 2:00 P.M.

PROPOSAL FOR: ELECTRONIC MEDICAL RECORDS MANAGEMENT SYSTEM

NAME OF BIDDER:___________________________________________

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. 1 dated 07/09/10
Addendum No. ______ dated ______
Addendum No. ______ dated ______
Addendum No. ______ dated ______
Addendum No. ______ dated ______
Addendum No. ______ dated ______

As stated in this Addendum, this form must be completed and returned along with your Proposal.

________________________________________________________________________
Signature

________________________________________________________________________
Printed Name

________________________________________________________________________
Title

________________________________________________________________________
Date

END OF FORM