ADDENDUM III
DATE: JULY 20, 2020
FOR
REQUEST FOR PROPOSAL # 31114
NURSE TRIAGE LINE SERVICES
DATED: JUNE 15, 2020

The above entitled specifications are modified as follows and except as set forth herein remain unchanged and in full force and effect:

THE PROPOSAL OPENING DATE HAS NOW CHANGED

- Old opening date: July 17, 2020 at 12:00 PM CDT.
- New opening date: July 24, 2020 at 2:00 PM CDT.

**ALL RESPONSES MUST BE SUBMITTED VIA EMAIL DUE TO REMOTE WORKING DURING COVID-19. Please email the responses to rogersk@umsystem.edu.**

QUESTIONS AND ANSWERS: The following questions and answers are provided as a matter of information to clarify issues raised about the RFP. All responses are noted below in red.

Vendor Clarification Questions

1. Will the university consider proposal from organization who are striving towards URAC accreditation but do not currently have it? YES

2. Will the university consider alternative accretion to URAC such as ISO 27001 accreditation? YES

3. With regard to “the possibility of expansion to 24/7 call center scheduling service in the future.” – can the university share further information in relation to scope and volumes of the potential work? The Service is from 5:00 to 8:00 AM. The volume is around 1500 calls a month. Scope: Primary Care and Gen Peds

4. Which licensures will Registered Nurses require to perform the work? RN

5. Will the university consider organization who wish to log directly into their Cerner platform? Or is the preference an interface? Remote log on...no interface
6. Are RNs expected to schedule appointments and tee up medication refills? Acute Appointments and No medication refills
   o If so, is there standardized training materials in place? YES
7. Is it the University’s preference or have a “nurse first” answer model or would they prefer an agent to field the call first? Either
8. Will the University provide an escalation pathway to a provider/APP on call? YES
9. Please describe hours of operation include public holidays in scope?
   o Daily operation is 5:00 p.m to 8:00 a.m. Hours for holidays would be 24/7.
   o We have eight official holidays – Thanksgiving and Friday after, Christmas, New Years, Martin Lutheran Day, Memorial Day, July 4th, Labor Day.
   o Early closure due to inclement weather
10. If available please share? Not available
    o Average Handle Time of calls
    o Historic Volumes (per 15 minute interval)
    o Existing FTE performing this work?
    o % of true to task calls? (i.e. % of call that are deemed clinical and require a nurse)
11. What is the reporting expectation?
    o Average Handle Time of calls
    o Historic Volumes (per 15 minute interval)
    o Existing FTE performing this work?
    o % of true to task calls? (i.e. % of call that are deemed clinical and require a nurse)
    o Per call Reason and Disposition
12. Will the university expect an element of customization of protocol dispositions? NO
13. Has the University outsourced this work before? If so, to whom? and did the contract go full term? YES this work has been outsourced and will go to full term. At this time we are not releasing the incumbent vendor name.
14. What is the preferred layout of the response document? Template developed within the EMR
15. Regarding the pricing model, maybe tenderers provide alternative pricing models other than a cost per call? Possibly– open to understand other models
16. Do you have a projected go live date/start date for this afterhours nurse triage initiative? January 2021
17. How do we take exception on contractual language modifications within the General Terms and Conditions? Redline and insert recommended language modifications on the General Terms and Conditions for review. Submit all modification request with the proposal submissions.

18. How many providers will be supported by the after-hours nurse triage service? Roughly around 300

19. What types of providers will be supported by the after-hours triage service i.e. Internal Medicine, Pediatrics, and any specific specialties? Primary Care and General Pediatrics

20. Please provide the following metrics:
   o Average volume of calls daily and monthly 1500
   o Top reasons for calls Informational, Acute Care
   o Duration of Calls unknown

21. What is the projected monthly call volume for clinical calls? 70%

22. What is the projected monthly call volume for nonclinical calls? 30%

23. What percentage of the clinical calls result in paging the provider? Unknown

24. Does the scope cover inbound and outbound after hour calls? Inbound Calls

25. What are the current or expected call types expected to be addressed? Acute Care needs, appointment question, information seeking

26. Can you provide annual call volumes? 18,000

27. Describe the expected triage call volume and an expected start date? 1500 a month and January 2021

28. What is the call model requirement, is it a nurse answer model, a callback model, or are you open to both? Open to both

29. Please provide details on the scope of the expected interaction for the Nurse Triage Line and MU Health patients (e.g., customer support, patient care/telehealth, medication management, employee questions, other)? Acute Care needs, appointment question, information seeking

30. Is MU Health’s Physician Group serving as the Medical oversight for the call center vendor? NO

31. What specific goals or outcomes does the University have for the call center?
Assure patients get the right level of care, avoid unnecessary ER Care
Patients with acute needs are quickly provided access to care

32. What does the University value the most about the current system? The University is interested in identifying what is new and innovative in the market.

33. What does your current system provide that the University would like to continue to receive? It is the University’s desire to obtain a solution that will increase efficiency while delivering the highest quality care and service to our patients.

34. What does your current system not provide that the University would like to include in a future state?
   - Data that allows us to capture Per call Reason and Disposition
   - Average Handle Time of calls
   - Historic Volumes (per 15 minute interval)
   - Existing FTE performing this work?
   - % of true to task calls? (i.e. % of call that are deemed clinical and require a nurse)

35. Does the University have a specific diversity spend goal or requirement for this opportunity? NO

36. What is the current Telephony System(s) used today? Cisco/Telephone

37. Will UOM consider candidates who have 5 years nurse triage experience but do not include 5 years after hours nurse triage experience? YES

38. Are there multiple EHR platforms to access? NO

39. Is Global Sourcing allowed? If so, are there any restrictions/requirements? Global Sourcing will not be allowed for the project.

40. What are the average call times expectations? Expected National Average Score

41. Can you share written protocols already in place? NO Protocols, we use the Schmitt-Thompson Clinic Guidelines

42. What are the coverage call hours? 5:00 p.m. to 8:00 a.m.

43. Is there an answering service in place? If so, are there reports to show peak hour calls coming in? Not available

44. What are the current KPI’s/SLAs?
   - We would like to request the following data from our vendor
     - Data that allows us to capture Per call Reason and Disposition
- Average Handle Time of calls
- Historic Volumes (per 15 minute interval)
- Existing FTE performing this work?
- % of true to task calls? (i.e. % of call that are deemed clinical and require a nurse)

45. Can you provide the number of Providers by Practice? We have roughly 300 Providers for Primary Care and General Pediatrics