

ADDENDUM II

DATE: JULY 9, 2021

FOR

REQUEST FOR PROPOSAL # 21126

BUDGETING AND PLANNING SOLUTION

FOR

MU HEALTH CARE

DATED: JUNE 09, 2021

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

Addendum to RFP documentation

Modification 1: Submissions can be received via email with two separate emails.

Proposals must be submitted in the number and manner as specified below: **All submissions are requested via email to Kyla Rogers rogersk@umsystem.edu**

Submit two separate emails for each volume listed below, with the subject lines as follows: RFP#21126 Volume I and RFP#21126 Volume II **Note attached the MUHC Budget RFP final excel spreadsheet to both email submissions. I will remove tabs 10 & 11, that contains the financials, on Volume 1 submissions.****

Volume I – Functional Section must be submitted electronically through email and contain:

- Response to Information for Respondents and General Conditions
- Mandatory Specification with vendor confirmation response
- Desirable Specifications and vendor response
- Any vendor related contract documentation that must be signed as part of doing business
- Any additional documentation requested from the University of Missouri Health Care
- **No pricing information should be included in Volume 1. (Tabs 10 & 11 will be removed from the MUHC Budget RFP Final Excel Spreadsheet.)**

Volume II – Financial Section must be submitted electronically through email and contain:

- Authorized Respondent Representation Form
- Request for Proposal Form (Pricing form with any supplemental pricing schedules, if applicable. Also include financial summary including additional costs, if any, for Desirable Specification Compliance, functional or technical.)
- Supplier Diversity Participation Form.
- Supplier Registration Information Form.
- Financial statements that may be required are also to be included in this section.

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. Would MU Healthcare be open to a phased approach for implementation? If yes, what is the functionality that should be implemented first? **We are not planning a phased approach, but are open to the idea if a compelling case is presented**
2. Is MU Healthcare looking for a traditional consulting approach, where the consulting firm is responsible for the majority of the implementation with support from MU Healthcare? **Yes**
3. Is MU Healthcare considering any changes to business processes as a result of this implementation? If yes will these decisions be made before the start of the implementation? **Yes, to the extent that it is possible.**
4. Will Organizational Change Management be a part of this implementation? If yes, will that be supported by MU Healthcare, or would you need this support to be provided by the implementation partner? **Yes, MUHC will lead this component.**
5. What solution is MU Health Care currently using? **Syntellis**
6. Is the current system currently supported in any way by the University of Missouri Board of Curators (UM System) team? **No**
7. Will the MUHC model need to roll up to the UM System at all? Is there a desire for this to occur? **MUHC reports their financials into the UM System modules, we do not need this to be automated.**
8. Does separate reporting occur today for MU Health? Can you describe the current report consolidation process for UM System Campuses and MUHC data for UM System leadership? **Business Unit specific financial reporting for MU Health currently occurs in Syntellis and would transition to future reporting tool. The consolidation process for UM System Campuses and MUHC data for UM System leadership is handled by the UM System Division of Finance utilizing PeopleSoft general ledger and current reporting tools available for UM System and not completed in the MU Health reporting tools.**
9. Is there a preference for a cloud vs on premise solution? **Cloud**
10. When do you kick off your budget process? Is there a desired go-live date in mind for this project? **We would like the system fully implemented by December 2021 to align with the annual budget process that begins in January**

11. Will the initial go-live include all elements outlined in Exhibit A (Budget Process, Long Range Planning, Reporting)? **Yes**
12. Approximately how many individuals will need access to the system? **300 users with ability to edit and up to 100 users with view only access.**
13. Is a process redesign anticipated as part of this project? **I anticipate some of our annual budget processes will change as a result of this project.**
14. Can you please the following data points? **The data points listed below will not impact this particular RFP and will not be released.**
 - # of Full time employees (as defined below)
 - # of part time employees
 - # of associate employees (student workers, contingent workers)

Full-Time Employee” means: (a) for Employees reported to the Integrated Postsecondary Education Data System (“IPEDS”), a full-time employee (faculty and other staff) as reported by Customer to IPEDS annually in the fall;

Part-Time Employee” means: (a) for Employees reported to IPEDS, a part-time employee (faculty and other staff) as reported by Customer to the IPEDS annually in the fall; and (b) for Employees not reported to IPEDS, an employee of Customer regularly scheduled for twenty hours per week or less regardless of the method of payment or actual hours worked, whether or not such employee is eligible to receive employee benefits in accordance with Customer’s internal standard practices. A Part-Time Employee will be considered non-temporary if they are hired to work for a period of more than 3 months in a given year.

Associate” means an individual not counted as a Full-Time Employee or Part-Time Employee but in one of the following categories: temporary employees, student workers, visiting academics, independent contractors and affiliated non-employees including, but not limited to, volunteers and vendors whose Active Records are in the Service.

15. Budgeting Process, Requirement 4: Does the solution provide integration with Cost Accounting for data sharing?
 - What solution is currently being leveraged for Cost Accounting? **Strata**
 - What is meant by “data sharing”? **Interface of the cost accounting data to inform analytics within the budget tool**
16. Data Integration, Requirement 48: Does the solution support data integration from multiple data sources using ETL and mapping utilities that can be configured to map data from current and future source systems without requiring the redesign or reimplementations of the solution data models?
 - What sources will MU Health Care be pulling data from? **PeopleSoft Financial and Strata Cost Accounting**
17. How many users will require access to the Solution? Please provide the specifics on the type of users: **(420 Total)**

- **Admin** (Users that need access to configure and administer the system) 20
 - **Budget users** (Users that need access to enter/update the budget information) 300
 - **View Only users/Report users** (Users that need access to view the budget data via reports) 100
18. Can MU Health Care please extend the deadline for submission from July 14th to July 23rd to properly incorporate question answers, the 4th of July holiday and the physical response requirement. **Extension approved through end of business day 7/16/2021**
19. 2. Scope – Does MUHC deploy different budget methodologies at each of its different units or is the methodology consistent across MUHC? **The methodology is consistent**
2. Scope – Can MUHC describe its budget methodology and how budgets are constructed within each of its units? **Currently the MUHC annual budget development process is based on projected volumes and historical rates with inflation factors, adjustments are made for initiatives and efficiency measures. Budgets are built at the detailed operational cost center level. Quarterly re-forecast are developed similarly but with adjustments made at a higher level of materiality. For the future, MUHC is looking to change the budget process to be a higher level rolling forecast approach with projections based on service line impacts across multiple areas.**
20. 2. Scope – What are the key areas of modeling related to the that the forecasting and long-range planning models that MUHC focuses on and are these consistent across the various business units? **MUHC does not currently have a long range planning module, but do conduct long-range planning analyses based upon volume/market assumptions, and revenue and expense pressures/drivers.**
21. 2. Scope – Many of the items **Not sure of the question with this question.**
22. 3. Background Information – Can MUHC provide their goals for the project and detailed overview of the current challenges they face leveraging their current tools and solutions? **MUHC is looking for solutions to implement long-range financial planning, flexible quarterly reforecasting, and integration with other tools that will allow for a more simplified yet accurate financial planning process. More detail around goals can be found in the RFP**
23. 3. Background Information – Can MUHC provide and detail all of the expected source systems currently in place as well as the systems/solutions they are currently using to do the planning this solution will be replacing? **Below are the current finance functions and the source used. Everything under “Current State” in RED is desired to be provided within the new toolset.**

Finance Function	Current State
Budgeted Balance Sheet and Cash Flows Statement	Manual Process
Capital Budget	Strata
Cost Accounting	Strata
Financial Reporting	Axiom/Syntellis
Flex Budgeting	N/A
Long Range Financial Planning	Consultants
Management Reporting	Axiom/Syntellis & Power BI
Operating Budget	Axiom/Syntellis
Transaction Level Detail / Invoice Images	WebApps

24. 7. Evaluation and Criteria for Award of Proposal – Can the University provide the names, titles, roles, and organizations (or just titles, roles, and organizations) that are part of the evaluation committee?

- Whitney Stuckenschneider, Manager Business Development & Financial Planning – MUHC
- David Parker, Senior Director Finance – MUHC
- Brittany Jaegers, Assistant Controller – MUHC
- Paula Littleton, Controller – MUHC
- Debbie Rodman, Budget Specialist – MUHC
- Lisa Gruenloh, Budget Analyst – MUHC
- Chris Coakley, (TITLE?) – Tiger Institute

25. 7. Evaluation and Criteria for Award of Proposal – Can MUHC provide a defined success criteria for the Cloud Service Trial Requirements?

The Cloud Service Trial will not be required.

26. 7. Evaluation and Criteria for Award of Proposal – Can MUHC expand upon points b), c), and d) under Cloud Service Trial Requirements?

- b) Is it expected that the solution will be fully integrated with all on-prem systems as part of the trial?
- c) Can MUHC define what they consider a fully functional planning model and is it expected the trial model will be delivered with MUHC metadata, data and related artifacts or can a generic model be deployed to prove out specific functionality and tasks.
- d) What are the use case scenarios MUHC has in mind for the trial or are these expected to be generic to the functionality of the platform?

The Cloud Service Trial will not be required.

27. MUHC Budget RFP Final.xlsx – Can MUHC define whether it expects all of these Req. ID# are formal requirements to the initial scope of work or capabilities MUHC wants to leverage in the future or is a desired functionality? MUHC uses standard methodologies across units with patient revenue and supply cost based on volumes, historical rates, and inflation factors. Labor cost is based on job code level detail and net worked hours per volume targets for each operational cost center, using current rates and inflationary factors. Operating expenses have

been based on calendar year actuals with adjustments for approved additional investments. Global drivers are used for revenue or expense dictated by central budget (e.g. lease, School of Medicine Support, intra-system MOUs or rebillings). Physician compensation and physician revenues are recorded under the University Physicians Practice Plan under the School of Medicine, not directly to MUHC financials.

28. What is the expected duration and timeline the project? Are there key dates the team will be able to dedicate significant time to the project and make decisions or is this expected to occur from September 1st, 2021, through Spring/Summer 2022 sporadically? **The team will have dedicated time to complete implementation from September through December. The annual budget process begins in January and the intent is to complete the new budget process within the new toolset.**
29. What level of engagement should we expect from the Core Team from an FTE perspective and how many members of the team (including PMO) are there expected?
- Budget Team – **9 FTE will be involved with this project with one project manager to help coordinate planning for change management and end-user training. The budget team will dedicate FTE as needed to the implementation of the new budget system.**
 - Accounting Team – **FTE support to be determined based on final scope of the project and implementation timeline.**
 - IT Team - **FTE support to be determined based on final scope of the project and implementation timeline.**
30. Can we assume members across the University not in the Core Team will primarily be acting primarily in review, feedback, SME, and consensus building roles only? **Yes**
31. What is MUHC's current policy regarding Covid-19, onsite visits, and expectations? Should all travel and expenses be included in the proposal or estimated? **Please refer to section 13 on page 9 of the RFP for COVID guidelines. Estimated travel and expenses can be a line item on the volume II financials.**
32. Can MUHC provide the expected breakdown by users by the following types for us to best provide detailed licensing costs?
- Administrator User - **20**
 - Frequent Input User - **300**
 - Infrequent Input User
 - Reporting/View Only User - **100**
33. Will the Core MUHC Team be responsible for training end users (Train the Trainer Approach) and will they handle all change management responsibilities before, during, and after the implementation? **Yes**

1.11 Does the solution provide the ability to generate reports about status and usability of application artifacts (i.e. business rules, calculations, data forms, reports, etc.)?

Please explain, and provide an example of, how the "status and usability" reporting differs from item 1.10: Does the solution provide the ability to document and generate documentation reports for application artifacts (i.e. business rules, calculations, data forms, reports, etc.)?

Combine these questions and describe reporting ability to track changes and updates made within the budget tools.