

Response to Bidders' questions

1. Document Name - Exhibit A: Bidder Response, Section - Item 4, 4.01 - 4.04. If a vendor has an effective MSA, UC Ts&Cs, BAA, and Data Security agreement in place, can these be considered "Accepted" by UC Health and UC Davis?

R: For the most part, we will be able to utilize a systemwide agreement. Will confirm upon review during contract phase.

2. Document Name - Exhibit C: Cost Proposal, Section - All. If a vendor's existing Agreements includes negotiated pricing and rate cards extended to the UC System. Does this section need to be completed?

R: Exhibit C, Cost Proposal needs to be completed. May attach the pricing document or agreement from the existing agreement.

3. Document Name - Exhibit C: Cost Proposal, Section - All.

- a. The RFP does not provide specifics with respect to acuity levels, use cases, patient volumes, average daily census, logistics needs, nurse monitoring models, and device needs. Is it acceptable to quote based on single unit pricing?

R: 350 patients annually with 3% growth per year.

- b. Does UCDH require a specific project quote? If so can UCSD provide the following:

R: Exhibit C, Cost Proposal needs to be completed.

- c. Is Hospital at Home continuous monitoring in scope?

For each use case, for example, Care after Discharge, Post Surgical, CAR-T, BiTE Therapy

What is the project 12 month ramp of Average Daily Census?

What is the projected Length of Stay?

R: We are not planning a traditional Hospital at Home program but planning to implement an early discharge program.

- d. Is Hospital at Home intermittent monitoring in scope?

For each use case, for example, CHF, HTN, OB HTN, etc.

What is the projected 12-month ramp of Average Daily Census?

What is the projected program lengths?

What are the anticipated device types?

R: Patient population specific monitoring. For example, Hypertension will be 90 days. Other patient populations will/could be a different duration.

- e. Is Chronic Disease Management in scope?

For each use case, what is the projected 12 month ramp of Average Daily Census, What is the projected program lengths, what are the anticipated device types?

R: Patient population specific monitoring. For example, Hypertension will be 90 days. Other patient populations will/could be a different duration.

f. Will vendor need to provide Nurse Monitoring Services?

If Yes.

High Acuity/ H@H? 24/7 or other?

Higher Acuity Chronic Disease Management, 24h/7d, 12hr/7d, or other?

Lower Acuity Chronic Disease Management, 24h/7d, 12hr/7d, other?

R: Vendor should provide their current capability and if Nursing Monitoring services is part of the core product offerings.

4. Document Name - Exhibit B: Bidder Response, Section - C 1.06. Please clarify the question, what do you mean by multiple RPM solution types?

R: Device types that support multiple patient populations such as Hypertension, Diabetes, Heart Failure, etc.

5. Document Name - Attachment 1: IT Evaluation Checklist, Section - All. If a vendor's rpm and platform solutions are currently deployed at UCDH, does this section need to be completed?

R: If the solution is exactly the same with no updates or upgrades or additional new module and no change from original submissions, then it may not be necessary to complete the form. Please make a note in the document.

6. Document Name - Attachment 2: Evaluation Technology Questionnaire, Section - All. If a vendor's rpm and platform solutions are currently deployed at UCDH, does this section need to be completed?

R: If the solution is exactly the same with no updates or upgrades or additional new module and no change from original submissions, then it may not be necessary to complete the form. Please make a note in the document.

7. Document Name - Attachment 3: IT Evaluation Security Questionnaire, Section - All. If a vendor's rpm and platform solutions are currently deployed at UCDH, does this section need to be completed?

R: If the solution is exactly the same with no updates or upgrades or additional new module and no change from original submissions, then it may not be necessary to complete the form. Please make a note in the document.

8. Document Name - Exhibit B: Bidder Response, Section - C 1.06. Please clarify the question, what would be entailed by kit logistics only?

R: Direct ship kit delivery to a patient

9. Do you know the number of Users (Admin, Clinical, etc) that will need access to the solution software?

R: [Less than 20](#)

10. Do you know or have an estimate of how many patients will be using this service?

R: [350 patients annually with 3% growth per year.](#)

11. Anticipated volumes of patient serviced with RPM.

R: [350 patients annually with 3% growth per year.](#)

12. Do you currently have a RPM program you are moving from?

R: [We have current RPM capability but augmenting what exists today](#)

13. What are your goals for this RPM program?

R: [Enhance our Remote Patient Monitoring \(RPM\) capabilities, aiming to collaborate with leading vendors capable of addressing our wide-ranging clinical needs in various care environments, including home, ambulatory, acute, and post-acute settings.](#)

[RPM leverages technology to monitor patients remotely, enhancing care beyond clinical settings. Objectives include improving outcomes, engaging patients, optimizing resource use, enabling timely interventions, and fostering care continuity.](#)

14. Are your plans to be live in 2024 or 2025?

R: [2024 with projected growth in 2025](#)

15. I noticed this language in the RFP and wondered if it means that we agree to forgo any redlines if RFP is awarded.

Each bidder is required to agree to the documentation format and terms in Exhibit A as listed below. Exhibit B and Exhibit C shall contain the responses to the bid as dictated in the Excel Spreadsheets.

Exhibit A – Master Purchase Agreement

- a. Appendix A – UC Terms and Conditions ver 12-14-21
- b. Appendix B – HIPPA Business Associate Agreement (BAA) ver 08-10-21
- c. Appendix C – Data Security ver 08-20-21
- d. Appendix D – Template Statement of Work (SOW)

Exhibit B – Bidder Response (Excel)

Exhibit C – Cost Proposal (Excel)

Attachment 1. IT Evaluation Checklist v2.0 (pdf)

Attachment 2. IT Evaluation Technology Questionnaire v3.1 (docx)

Attachment 3. IT Evaluation Security Questionnaire v2.6(xlsx)

R: It is intended for Bidders to agree to the documentation format and terms. But refer to Exhibit B, Bidder Response, Tab A_Vendor Qualification, Section 4. Responses impact evaluation scores.

16. Document Name - Exhibit A: Please clarify what bidder needs to provide in Exhibit A if currently contracted with UC Davis Health System.

R: For the most part, we will be able to utilize existing agreement. Will confirm upon review. If the scope is different than the original or current scenario, update Appendix D, SOW, with relevant information.

17. Document Name - Exhibit B, Tab D_Prof Services-Implementation and Tab E_Support: How do we denote current and successful implementation of stated requirements if already live with our solution at UC Davis Health?

R: State product is currently live with planned features/functions that will be included in the future

18. Is a locked down tablet or mobile phone used in your RPM programs today?

R: Yes

19. Does UC Davis Health have a centralized monitoring capability in any care area (i.e. eICU)?

R: No

20. Can we amend Appendix B, we don't accept PHI or PII so much of appendix B does not apply to us.

R: Appendix B is intended to be agreed as is. But refer to Exhibit B, Bidder Response, Tab A_Vendor Qualification, Section 4. For RPM, PHI is applicable hence BAA would need to be executed. This document is same across all UC Locations.

21. IP Development belonging to UC Davis. We are fine giving any workflow, EHR, or UC Davis-led software IP to UC Davis, however, it may be difficult to provide device and device connectivity IP to UC Davis. Is there an expectation of that IP going to UC Davis?

R: No expectation UC Davis will receive device or device connectivity IP

22. What disease states are you looking to monitor? How many different programs is UC Davis planning on rolling out?

R: 4 planned patient populations; Hypertension, Diabetes, Diabetes+Hypertension and CHF

23. Can you provide any milestones and timelines which UC Davis would consider a 'success' for launching this program? What is the end goal/target # of patients to be supported on this program?

R: Vendor Milestone dates and timelines should be included in the vendor response

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24. Do we need to have the accessibility certification if there isn't an app for patients?
(attachment 2 IT evaluation, question 7)
R: [Vendor software will be reviewed by the UC Davis cyber security teams for any potential security risks.](#)
25. What type of information are you looking to send in a bi-directional interface? Is it preferable if UC Davis only has a single-directional system where UC Davis never leaves their environment? (Attachment 2, System Integration Question 4).
R: [Electronic Medical Record \(EMR\) orders and results.](#)
26. What is barcode scanning needed for? Attachment 2, Barcode Scanning and Printing.
R: [Patient to device verification](#)
27. Will we be working with Multiple programs or a single program? Many other health systems use us as common infrastructure to launch multiple programs with multiple vendors.
R: [Common infrastructure to launch multiple programs](#)
28. Do you have a committee or governance structure in place?
R: [Yes](#)
29. Are you going to be using MyChart or a third-party app?
R: [Ideal state would be to use MyChart with capability of 3rd party app.](#)
30. Are you going to do distribution or do we need to work with a partner? Shall we use Amazon Business given UC Davis's partnership with Amazon?
R: [Prefer vendor core capabilities offers direct to patient shipping as an offering/option](#)
31. Are you going to be billing for RPM? What is UC Davis payer mix?
R: [Charge code creation will be within the organization EMR.](#)
32. How are you going to primarily qualify and enroll patients and the plan to consent the patients for RPM?
R: [eConsent will be completed within the EMR](#)
33. Are you going to be monitoring in-house or desire a separate monitoring team? Or a combination? Is 24/7 support expected? What care protocols are expected?
R: [Vendor capabilities should be clearly described in the vendor response. If vendor product includes monitoring service, it should be stated.](#)
34. What geographic areas will patients be monitored?
R: [Local to Sacramento geographical area](#)

35. Is UC Davis looking to work with a singular manufacturer for connected devices, or do they want the flexibility to work across multiple partners?
R: Goal would be to standardize on a single RPM vendor platform as much as possible. UCDH may make an award to more than one vendor if in the best interest of UCDH to do so.
36. How long are patients expected to stay on the programs for?
R: Patient population specific monitoring. For example, Hypertension will be 90 days. Other patient populations will/could be a different duration.
37. Are you planning on receiving devices from patients post-graduation from the program or would you prefer allowing patients to keep devices for monitoring post-program completion?
R: Vendor response/business model should describe/include both models; device purchase and device lease
38. Is UC Davis doing any sort of outcomes research with the program?
R: Automation and accessibility to UC Davis RPM data is an important capability of any UC Davis vendor partner.
39. What version of Epic is UC Davis on?
R: Epic Version – November 2023
40. Are there dedicated UC Davis Epic builders that will be assigned to this project?
R: UC Davis will have dedicated Epic builders assigned to the project
41. Are there any other RPM programs currently in use by UC Davis?
R: Yes.
42. How is UC Davis planning to share this work, learnings, and process with other UC systems? and other Health Systems?
R: There are regular forums for UC organizations and knowledge sharing
43. Is UC Davis interested in expanding any RPM work with their Valid AI initiatives? Would they be interested in our Digital Twin GenAI work with Amazon?
R: This could be considered as future RPM activity but not a requirement for vendor platform functionality or the UC Davis RFP.