Response to Bidder's questions

1. We were not specifically and intentionally invited by UC Davis, do you have any concerns with this?
   R: RFP is open for participation.

2. What platform or platforms currently contain the equipment planning, room template, asset tracking, budget and procurement data expected to be migrated, and approximately how much data currently resides in each platform? This would include any incumbent equipment planning software, ERP, BIM/Revit platforms, Strata, and the CMMS?
   R: UCDH currently uses an application for equipment planning purposes and equipment cost estimating. Our Clinical Engineering dept uses AIMS and possibly ServiceNow for asset management tracking. Room templates are web based and we currently have templates available for Outpatient Clinic, Cancer Services, Ambulatory Surgery Rooms, Non-Standard Rooms. Historical procurement data resides with UCDH Purchasing Dept. We currently use an application for activation, we may consider integration in the future if circumstances allow. No other info is available at this moment.

3. System landscape and integration - Please identify the existing systems that the proposed solution is expected to replace, retain or integrate with, including maintenance-management, asset-management, procurement, project-management, scheduling and design systems. Please also indicate which of these integrations are expected for the initial implementation.
   R: Integration with another system is not required or expected (initially). Although you are free to share examples of systems that you have successfully integrated with.

4. Is this RFP a required part of a state or organizational guideline?
   R: Yes. RFP is one of the vehicles to solicit proposals.

5. Please describe the principal business, operational, and technical drivers that led UCDH to issue this RFP at this time?
   R: Seeking the solutions available in the marketplace for a long term contractual purpose.

6. Please clarify the required level of BIM/Revit interoperability. Is this mandatory or desired functionality?
   R: This is not mandatory, it is desired. Level of interoperability is TBD (unknown at this moment).

7. BIM/Revit and room data - Please clarify the expected BIM/Revit and space/room data integration requirements, including current source systems, file formats/standards, Revit

versions, room numbering/naming conventions, and whether bi-directional integration is required or if import/export capability is sufficient for Phase 1.
R: Integration is not mandatory, it is desired. Integration requirements not available at this moment.

8. Please provide the estimated number of users by role, including internal equipment planners, Facilities personnel, Supply Chain, Clinical Engineering, Information Services, clinical departments, executives, external consultants, architects, and contractors.
R: Initially 5-10 total users within the equip team, Facilities team and CE team. This may extend to 10-20 users in total later in the future as process and adoption is evangelized to other departments.

9. May a bidder respond as prime contractor while delivering the licensed equipment planning platform through a subcontracted software provider? If so, do the Vendor Qualifications and References requirements in Exhibit B apply to the prime bidder, the platform subcontractor, or both?
R: If the prime contractor is the one who will issue proposals or invoices and UC issues PO, the detail of prime contractor is essential. Since there is subcontractor involved, details of subcontractor also need to be provided. It is essential to understand as to who will provide software support and services. Prime contractor will be responsible.

10. Integration scope and IT/security readiness - The Scope of Work lists ERP/procurement, CMMS and asset management, BIM/Revit, project management, scheduling, data warehouse, and SSO systems as potential integration targets. Please confirm which integrations are required for award versus optional or future-state. In addition, does UCDH expect the awarded vendor to perform network and security provisioning tasks (for example EMR/EPIC integration, VLAN and data jack configuration, firewall rule requests, and security review) as part of implementation scope, or are these handled by UCDH IT as a separate workstream?
R: These system integrations are not required for award. They are all optional, some integrations may be future state initiatives as we learn and explore the value propositions and work requirements for each. As a result, any potential network and security provisioning tasks are TBD but will likely be handled by UCDH IT as separate workstreams.

11. Award scope: single campus or systemwide - Section VI references UC's right to extend a resulting contract to other University of California entities. Should bidders scope and price a UCDH implementation only, or propose systemwide UC pricing and scale in the initial response?
R: UCDH implementation only.

12. Cost proposal structure for platform and professional services - Exhibit C requests SKU-level pricing across the Cloud and On-Prem tabs. Where a response includes both licensed

platform pricing and professional services (such as implementation, integration, and ongoing support), should those service line items be entered within the Exhibit C template, or provided as a supplemental cost narrative
R: All pricing details are entered within Exhibit C template. There is a separate row for implementation (section 2).

13. Narrative attachments - Section V permits PDF and PowerPoint attachments to enhance the Exhibit B and Exhibit C response. Is there a page limit, format preference, or evaluation weighting we should observe for narrative materials submitted alongside the required exhibits?
R: Primary information needs to be entered in Exhibit B and C. If intending to provide additional or supporting information for Exhibit B, please provide accurate references such as document name, page numbers etc., for easy identification.

14. Implementation - The request includes capabilities across equipment planning, lifecycle management, procurement, budgeting, room planning and reporting. Please confirm if all capabilities/features are mandatory for the initial launch or can be delivered in phases of the program.

R: All capabilities/features are NOT mandatory for initial launch. This can be delivered in phases. Although, it would be helpful for UCDH to understand the functional details for each of the capabilities.

15. Data Migration - Please confirm the legacy systems and broad data sets expected to be migrated, including equipment catalogues, specifications, projects, budgets, room templates, existing standards catalogs, legacy project equipment lists and historical project data. Please also provide indicative record volumes or confirm whether bidders may treat data cleansing and migration volumes as assumptions to be validated during discovery.

R: See answer to question #2. The only legacy data that we may migrate is from our current application that reflect equipment lists (legacy equipment lists by project). This can be exported to excel. Data cleansing not applicable.

16. Data Migration - Please share an estimate of the current size of UCDH's equipment catalog, including the number of equipment records, manufacturers, vendors, and standard specifications currently maintained.
R: Not available at this moment. We do not have an in-house referenceable equipment catalog available today.

17. Scope and phasing - The RFP indicates that the platform should manage Medical Equipment and, if possible, support Furniture and IT Equipment. Please confirm whether Furniture and IT Equipment are mandatory for the initial implementation, optional at go-live, or expected future-phase capabilities.

R: Not mandatory for award or initial implementation. Will mutually determine at a future date if future implementation is desirable.

18. Scope and phasing - Please provide the expected project/facility scope for initial rollout, including number of active capital projects, typical number of concurrent projects, approximate number of rooms/equipment line items per project, and whether rollout is expected to cover all campuses/facilities at once or in waves.
    R: Initial roll-out includes the migration or upload of equipment lists for 10-15 separate legacy projects. The hand-over of this data can be in excel form. Number of rooms/equipment lines per project vary (several dozen to several hundred lines). Projects consist of main hospital campus and ambulatory projects.

19. Procurement and OFCI/OFOI - Please define the expected procurement tracking and OFCI/OFOI coordination scope, including whether the solution must create purchase requisitions/orders, receive procurement status from existing ERP/procurement systems, track delivery/installation milestones, or only maintain project-level equipment procurement status.
    R: These solution elements are desired, not mandatory. We expect vendors to provide examples or educate us on the functional capabilities of their solutions with respect to Procurement and OFCI/OFOI in support of project-level procurement.

20. Catalog governance - Please describe the desired governance workflow for equipment standards, approved equipment lists, specifications, end-of-life/end-of-service updates, version control and change approvals. Please also identify the stakeholder groups expected to participate in approvals.
    R: The governance workflow for all is TBD. Desired governance with respect to changes goes thru a non-formalized level of workflow steps. Additions, spec updates, substitutions, retirements are initiated via change request typically issued by Clinical Engineering, Supply Chain, or clinical stakeholders. Requests can undergo clinical/technical review, and Purchasing value/contractual analysis. EOL/EOS has a formal review process under the purview of a governance committee.

21. Reporting and analytics - Please confirm the priority reports/dashboards required for go-live, including budget summaries, cost escalation, project status, procurement status, variance reporting, asset reuse, standardization compliance and executive dashboards. Please also confirm whether integration with an enterprise data warehouse or BI platform is expected.
    R: Priority reports/dashboards are TBD. UCDH would like vendors to provide examples to be shared. Integration…is not mandatory for award and not expected. If integration has been performed for other clients, UCDH would like examples to be shared.

22. Technical architecture - The RFP requests a cloud-based solution, while the cost proposal template includes both on-premise and cloud tabs. Please confirm whether UCDH requires

a cloud/SaaS solution, whether on-premise alternatives will be considered, and whether bidders proposing only cloud should mark the on-premise cost tab as 'Not Provided'.
R: Open to both SaaS or On-prem. You may mark as 'Not Provided' for the solution not provided.

23. Environments and access - Please confirm the number and type of environments required, such as production, test, training, sandbox or disaster recovery, and whether SSO/MFA integration, guest access controls and non-production data masking/anonymization are required.
R: Production is required. SSO and guest access controls may be required by UCDH IT/IS. Non-production data masking/anonymization are likely not required.

24. Support and SLA - Please confirm required support hours, emergency/after-hours support expectations, target SLAs by incident severity, escalation paths, preferred issue-tracking process and whether integration with UCDH's IT service management system is required.
R: Provide your SLA and support structure in the proposal.

25. Commercial and licensing - Please clarify how bidders should price licenses for internal users, external consultants/contractors, guest/view-only users, administrators and non-production environments. Please also confirm whether pricing should include bundle user-license incentives and whether the same pricing must be extended to other UC Health/UC locations.
R: Provide your pricing under Exhibit C.