UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
Bid No. 2015-07
Document Scanning Services

October 15, 2015

ADDENDUM NO. 1

QUESTIONS / ANSWERS

Q.1 Under Scope of Services you state that the Proposer must include the following technology:
- **TRAKSTAR**
- **Ultrasonic Detection Scanners**
- **VRS Technology**
- **Tri Linear Cameras**

Can you elaborate on the Hospital's reasoning for such software and equipment to aid us in better preparing our response.

A.1 Require above as UMCSN is copying and destroying medical records.

Q.2 Can you provide a estimated quantity of documents for the above reference RFP, how they are currently stored and if we can review them?

A.2 1 million pages in binders in sections. UMCSN does not currently have the option for on-site meeting to view the records.

Q.3 What are the work hours? Can we work 10 hour days?

A.3 Monday through Friday, 8am – 5pm. 10 hour work days are okay.

Q.4 What size area in square feet, will be provided for document prep and scanning?

A.4 Approximately 20 feet by 30 feet and tables are provided.

Q.5 Will office furniture be provided by UMC? Desk, chairs, prep tables, etc.

A.5 Yes.

Q.6 How far is the designated space from where the records are located?

A.6 They are in the same area.

Q.7 Will a cart or hand cart be provided to move the boxes to the scanning area?

A.7 Yes.

Q.8 Will boxes be provided by UMC? If provided, what size boxes? What condition?

A.8 No.

Q.9 How many binder are there for each group?

A.9 Small group approximately 140 and the large group approximately 700.

Q.10 How many Folders for the Active Wait List?

A.10 Approximately 140 binders.

Q.11 Why is Trakstar software required by the vendor?

A.11 Requiring for medical records.

Q.12 All black and white scanning?

A.12 Yes.

Q.13 Is there any color that needs to be scanned in color?
A.13 No.

Q.14 200 or 300 dpi?
A.14 200.

Q.15 Do you want the highlighted text to show highlighted or have it removed?
A.15 Removed.

Q.16 Output to PDF files acceptable?
A.16 Need to be automatically scanned into the correct section within the electronic medical record (for instance labs into the lab work section). PDF format is okay.

Q.17 After scanning, do the paper pages need to be returned back into each binder or file?
A.17 No, but need to be kept together.

Q.18 Are there staples, binder clips, paperclips other types of fasteners that will need to be removed?
A.18 Yes.

Q.19 If the files can only be gone for 4 days, are they to be returned to their original filing space after scanning? Or are the scanned files loaded out every day?
A.19 Could work either way.

Q.20 What is a timely manner? What is UMC's preferred turnaround time?
A.20 Depends upon prep time, etc. A couple of months?

Q.21 We index inside our capture software, it sounds as if you want the vendor to index or perform data entry in your system? Would you explain this process?
A.21 It needs to be entered into the OTTR system and indexed within itself so that we can go to the lab tab, for instance, and see the labs that were scanned.

Q.22 Where are the 20 different tabs of information located on the documents? Can this information be captured electronically during scanning?
A.22 Items such as labs, progress notes, etc. Yes, it needs to capture and place pages in the correct section.

Q.23 How many characters are in each of the 20 tabs?
A.23 Approximately 20.

Q.24 Would it be possible for us to visit the site to better understand the workflow and requirements?
A.24 Yes.

Q.25 What EMR is currently in use?
A.25 OTTR.

Q.26 In exhibit A section II, there is reference to the volume of 1M pages. Is this total volume of all 6 areas combined 1M pages? Is 1M the total volume that needs to be scanned for this project?
A.26 Approximately 1 million pages total.

Q.27 The RFP mentions a 1 year contract term with an option of a 1 year renewal. Is the expected turnaround time for the scanning of the 1M pages 1 year. Is the 1 year renewal period, to cover additional work beyond is described in this RFP or to just continue working on the documents described in this RFP?
A.27 No, turnaround should be much quicker, approximately 2-3 months. No maintenance of additional scanning.

Q.28 Exhibit A section II, mentions that each of the 6 areas of files would need to be addressed individually because of the different structure and content. Would it possible to get samples of each are of files that would provide more details on the 20 identified tabs that need to be indexed as part of the scanning project, and the different structure and content contained therein?

A.28 Yes, there are different tabs for different types of charts. UMCSN does not currently have the option for on-site meeting to view the records.

Q.29 In exhibit A section II, can you please provide an explanation of what is meant by "a compiled copy of scanned data"?

A.29 All the data scanned compiled onto a hard drive.

Q.30 In exhibit A section II, it says the proposer will deliver all scanned images and data onto a provided hard drive, later in that same section there is mention of a secure web repository. Will the final destination for the scanned images and data be a hard drive or a secure web respository?

A.30 Both, the scanned images go into the chart and are the medical record. All work must be done on a HIPPA secure repository, these are medical records. The compiled copy on the hard drive is a back-up.

Q.31 Could you please provide more detail on how TRAKSTAR will be used as part of this project?

A.31 Trakstar is required as these are medical records that we need to inventory and we need to know immediately where every chart is at any time.

Q.32 Is the separate location for prepping which is mentioned in exhibit A section II, another location within the OTD facility? If so, please provide detail on this location.

A.32 Within same facility.

Q.33 In reference to the statement of handling the total volume in a timely manner: Would an off-site solution be considered to significantly reduce the overall time needed to complete this project because of the off-site ability to scan projects on continual basis, and available 24/7.

A.33 No, too difficult to ensure a guarded chain of custody for the medical records and maintain HIPAA compliance.

Please delete the following section in its entirety and replace with the following:

I. GENERAL CONDITIONS, 6. TENTATIVE DATES AND SCHEDULE

RFP Published in Las Vegas Review-Journal	Sunday, September 27, 2015
Final Date to Submit Questions	Wednesday, September 30, 2015
Last Day for Addendums	Thursday, October 15 , 2015
RFP Responses Due (2:00 p.m. PST)	Wednesday, October 21, 2015
RFP Evaluations	October 2015
Finalists Selection	October 2015
Finalists Oral Presentations (if required)	October - November 2015
Final Selection & Contract Negotiations	October - November 2015
Award & Approval of the Final Contract	October – November 2015

Issued by:

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