The following amends the above referenced RFP document. Receipt of this addendum must be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda" form and submitting it along with your firm’s technical proposal. All other specifications, terms and conditions of this solicitation not expressly amended by the responses in this Addendum remain as originally stated.

The following questions were submitted for a response:

1. **To clarify the requirement for a cloud solution, does this mean that the University is only accepting “cloud-based” solutions? Or will the University still accept turnkey (on premise) or Hosted solutions via a firm’s Data Center. We provide clients with direct access to our data center via secure connection.**
   
   The University would accept a turnkey solution from a firm’s Data Center if it possessed cybersecurity controls as required in the Section 3 of the RFP document. Firms that propose this solution are to include information that demonstrates the Data Center’s compliance with these requirements.

2. **What are the pain points with your current software/process that can be improved?**
   
   UMBC does not currently utilize a HEDIS software system. As a result, the University is currently using in-house staff to code each measure, which is a pain point and the reason for this RFP.
3. Will the University run parallel processes as the University completes a transition from current systems to a new platform?
Yes, the University reserves the right to run parallel coding.

4. What are the three (3) most important aspects of a HEDIS solution/vendor for UMBC?
Please refer to the requirements of the RFP document.

5. Can the University estimate how many HEDIS-like state specific measures should be included in the scope of this RFP?
The University is unable to provide an estimate at this time as this number depends on the requests from the Maryland Department of Health.

6. Is there an expected time window goal (processing hours) to complete the data refresh and the measure runs process after the incremental data is received each month?
A goal has not been specified; however, our production processes currently take about two hours total. Firms should provide the amount of time needed for processing within their response.

7. What is the University’s data volume based on available history (example: approximately 10 million medical claims, 2.6 million pharmacy claims, 1 million lab claims)?
Please refer to information that has previously been provided in the RFP document and the subsequent addenda. The University does not have any additional information to provide in response to this question.

8. What is the University’s monthly incremental data volume?
Please refer to information that has previously been provided in the RFP document and the subsequent addenda. The University does not have any additional information to provide in response to this question.

9. After calculating the initial 5 years (CY 2014 – 2018), how many years of measure results does the University want the system to maintain on an on-going basis?
The systems should maintain a rolling five (5) years of data.

10. Does the University currently have or is planning to have a site-to-site VPN connection from the University’s network environment to Microsoft Azure or AWS? If so, please specify which one.
Currently, the University has tested using a VPN connection to AWS. The University is also comfortable standing up a VPN to Azure if required.

11. Can the University provide examples of custom or ad-hoc reports that are currently in use?
The change in age or enrollment criteria of a HEDIS measure.
12. Please indicate how many measures will require changes/customizations from the written HEDIS measure.
The University is unable to provide an estimate at this time as this number depends on the requests from the Maryland Department of Health.

13. For 5 years of trending, if we implement option 2 from question #6 of the Addendum dated 2/28, would the University only expect the results from prior years to be run 1 time and those results carried forward to trend against since that input data should not change?
Yes.

14. In terms of trending, is data element variance sufficient, or does the University require high-level, trending visualization (line graphs of rates, etc.)?
Visualization is not required, but would be helpful.

15. Please provide approximate count for ad hoc custom measures beyond NCQA HEDIS.
The University is unable to provide an estimate at this time as this number depends on the requests from the Maryland Department of Health.

16. What are the different data sources/source systems involved? (Claims, EHR, Supplemental and Databases like SQL, Oracle)
SQL and SAS

17. Are existing source systems generating data in any standard formats? If yes, what are the file formats being used to generate the data? Does the selected firm need to connect to multiple data sources or does the University have a single database?
The file formats currently being used are SAS7BDAT and SQL. It is anticipated that the selected firm will need to connect to multiple data sources, although it is not likely to exceed two. This will depend on the firm’s definition of data source.

18. Will the University need support for extraction of data from the source databases?
No.

19. Will the University need any help for State or NCQA submission?
No. UMBC will not submit the official NCQA results.

20. Will the University need any NCQA HEDIS or state/regulatory audit support?
No. UMBC will not submit the official NCQA results.

21. Does the University have the capability to detect & send only the incremental feeds? Or does each feed have to be full historical?
Yes. The University’s data warehousing technique considers records beyond a certain time as static, i.e. five (5) years back.
22. Does the University need any custom reporting period (e.g. rolling 12 months)?
This is not required, but may be requested if the firm has this capability.

23. Who would consume HEDIS analytics by function/Role (if possible) e.g. Student, Admin etc. and security profiles that will be required to be implemented
The University expects there will be multiple roles with different granularity of security. The University is unable to provide greater detail without information about the security configuration available within the system.

24. Enterprise level identity provider like Active Directory? Any enterprise level SSO - using which tool/protocol?
Active Director or Shibboleth LDAP will each be considered, with preference to AD.

25. Will the University want to own subscription of the Cloud environment from initiation or post implementation? Or does the University want the selected firm to manage the cloud environment on an on-going basis?
The University will assess the management of the cloud environment as part of the implementation plan. The decision will depend upon the infrastructure and the controls of the cloud environment.

26. If the University owns the Cloud environment, is there any preference for the cloud environment (AWS / Azure)?
There is no preference.

27. Is there any specific choice of reporting technology (e.g. Tableau)?
UMBC would like the data available at the person level, and if possible, would like to be able to visualize aggregate data in Tableau.

28. Will the University procure the technology product licenses or will the vendor be responsible for it?
This RFP is for HEDIS software. The University expects the selected firm to provide the University with licenses for HEDIS software.

29. Does the University have provisions (e.g. VPN, VDI, Firewalls etc.) to enable remote / offshore team members access systems & data
UMBC has policies and procedures for assessing and enabling access securely from remote team members. Offshore team members would require further discussion pursuant to HIPAA regulations, as well as other legal requirements.
30. Is UMBC open to a hybrid onshore-offshore shared support model for operational support? No.

31. Please describe the list of existing data sources for Membership, Enrollment, Claims, Provider, Pharmacy, Lab and other supplemental data sources. Also, please highlight if the source data is extracted from single data lake or multiple data sources etc.
Data sources will include eligibility, claims, and encounters. The University does not have access to lab or medical record data. The source data is extracted from a single source.

END OF ADDENDUM #3
RFP NO.: BC-21130-M

RFP FOR: UMBC HEDIS Software

TECHNICAL PROPOSAL DUE DATE: March 13, 2019 on or before 11:59 P.M. Eastern Time.

NAME OF PROPOSER: ___________________________________________

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. 1 dated 2/18/19
Addendum No. 2 dated 2/28/19
Addendum No. 3 dated 3/6/19
Addendum No. ____ dated _______
Addendum No. ____ dated _______

As stated in this Addendum, this form is to be returned with your Technical Proposal.

________________________________________
Signature

________________________________________
Printed Name

________________________________________
Title

________________________________________
Date