



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: March 12, 2010

HSS 10 068 ADDENDUM # 1

IMMUNIZATION PROGRAM REGISTRY IMPLEMENTATION

FOR

DIVISION OF PUBLIC HEALTH

Date Due: MARCH 31, 2010
11:00 AM

Please Note: THE ATTACHED SHEETS HEREBY
BECOME PART OF THE ABOVE
MENTIONED BID.

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IMMUNIZATION PROGRAM REGISTRY IMPLEMENTATION

RFP – HSS 10 068

Questions and Answers

Pre-bid Meeting March 12, 2010

| Question |
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| 1. Could we receive a copy of the gap analysis performed by representatives from the DPH Immunization Program, the CDC, and Public Health Informatics Institute (PHII)? Yes |
| 2. What formats will be required for data exchange? Data exchange formats are HL7, Flat and direct database connection |
| 3. Does the vendor or DHSS run the JAD sessions? It is a Joint process |
| 4. What level of effort can be expected from DHSS to help fill in the gaps from missing, incomplete, out of date, or inaccurate documentation? The level of effort from DPH will be HIGH. |
| 5. How much testing system availability is going to be available? As much as needed |
| 6. The RFP says documentation will be reviewed on a 10/5/3 schedule. If the unavailability of DHSS prevents that, how will the schedule be adjusted? DPH will be available, there will be no schedule adjustments. |
| 7. The RFP states that the vendor project manager and business analysts are required to be on-site as needed. However, there are subsequent references to less than full-time on-site requirements. Could you please clarify the actual on-site requirements? The onsite requirements will totally be dependent on the various situations that arise from this project: "AS NEEDED" |
| 8. Please define "as required" as stated in the 3 bullet points. 'As Required' means "As Needed" |
| 9. What is the State Standard Identity Access Management Tool? That is a universal login screen for all web apps |
| 10. Define "Recommended" as stated in paragraph 3. In this instance "Recommended" is a status for an internal business requirements document. It is the go ahead if you will. |
| 11. What are the database requirements? The requirements are whatever your application requires. However keep in mind that Delaware is a Microsoft shop. |
| 12. Please define performance expectations. This refers to how fast your application is. Is it a resource hog or is it light. |
| 13. What is the annual budget for on-going maintenance and support? That is mainly dependent on your platform. |
| 14. What availability of DHSS staff can the vendor expect? Total availability |

| Question |
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| 15. Item K: Where do we find information to support “Technical platform needs to be the State of Delaware standard which is Microsoft.Net (see DHSS Information Technology Environment Standards Version: August 2009)” Copy was made available at the pre-bid meeting. |
| 16. Who from the vendor team is required to be on-site? That is up to you whoever is needed to get the task done. |
| 17. What level of effort can the vendor expect to receive from DHSS in providing Delaware specific business experience in the development of test scripts? High level of effort |
| 18. Has DHSS developed any functional requirements? They are in the RFP |
| 19. What data will be provided to the vendor to use off-site? Whatever data is needed |
| 20. Are the vendors bidding licenses for lifetime or will DHSS be paying for perpetual licenses? This is an unclear question with respect the 4.11.2 |
| 21. Deliverable 8: Who is expected to be on-site? Whomever is needed to get the task done |
| 22. Is it expected that the vendor will modify the application for free to meet future, unknown HIPPA or other requirements? Immunizations is HIPPA exempt in Delaware |
| 23. Where does the vendor get the requirements necessary to estimate the hours necessary to apply DHSS customization features to new releases? The JAD Sessions. |
| 24. The last paragraph, last sentence regarding the transmittal letter states that “.. All other copies of the Transmittal Letter shall be bound into the copies of the Technical Proposal.” However, the State is not requesting bound copies, only electronic copies on CD. Should we include the transmittal letter as part of the electronic document on each CD? Yes please do that. |
| 25. What is the budget for each Phase? There is no budget per phase only the total project budget |
| 26. Please define “technical standards” as used in paragraph 1, sentence 2. This refers to how business is done. |
| 27. If a vendor provides a COTS product, how is the vendor protected from the use of that product for use by other than the Delaware Registry? You are not. All systems used by the State can be extended for use outside its original spec if said product meets a need. |
| 28. How did the State arrive at the budget of \$394,000? That is what was granted by ARRA funding. |
| 29. Are there any existing systems the new immunization registry is required to interface with (i.e., Vital Records, Provider EMRs,, etc.)? New Born Screening, Lead, CHCIS, Vital Stats, PEPR and Providers EMR’s |
| 30. Would the State consider a solution hosted by the COTS vendor at the COTS vendor’s location? Not unless there was an overwhelming reason to go with a hosted solution. |
| 31. Is it possible to obtain Microsoft Word/Excel documents of the RFP for efficiency in responding on the required forms? Or should we retype them in similar format? There is a text only version available to download http://www.dhss.delaware.gov/dhss/rfp/rfpHSS-10068.txt |
| 32. I am writing to make sure that the action dates in the Immunization Registry RFP are still correct, because it lists the release date as March 1, but the RFP is actually already out. We were able to release the RFP a week ahead of schedule. |
| 33. Is the mandatory pre-bid conference still scheduled for March 12 and receipt of proposals due March 31, 2010? There was a mandatory pre-bid meeting on March 12, 2010 and the proposals are due by March 31, 2010 |

| Question |
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| <p>34. In Section 4.4.1, Architecture Requirements, page 11, there is a list of four bullet items that are referred to as being “preferred” for the COTS solution. Could you first define how preferred items will be scored during evaluation? Preferred items are/will be scored like this: If all things are equal between the products being considered those that conform to the State of Delaware technical platform would be scored higher. This is because if we have to deviate from the platform the project costs (servers, personnel, etc..) could exceed current budgetary constraints.</p> |
| <p>35. Do any of the bullets carry more weight than the other? No item carries more weight than any other.</p> |
| <p>36. Are COTS solutions that can utilize many of the Windows standards listed but also may utilize other standards such as Oracle or Java acceptable solutions for this project? Yes they are acceptable solutions with consideration to my first answer.</p> |
| <p>37. Page 1 of the RFP says that the proposal is due on March 31st, 2010. We would like to respectfully request a two week extension to the response timeline. We cannot extend the time frame of the proposal deadline.</p> |
| <p>38. In section 4.4.1, page 11: In case a COTS application is not based on C#, would the availability of web-services for platform independent interaction be taken into account? Yes</p> |
| <p>39. In section 4.10.K, page 13: It says the DE platform <i>needs</i> to be .Net. Can you clarify this statement with the context mentioned in Section 4.4.1 (page 11) that "preference" will be provided to .Net. Delaware is a .Net house and because of that anything that we do, we prefer it to be a .NET based. However it is recognized that not all solutions are available in .NET or C# and products that do not conform to the standards are evaluated equally however if all things are equal then we would lean more towards the .NET solution</p> |
| <p>40. What is the budget for this project? On page 64 under Cost Cap: The total Project Cost From Schedule F1 cannot exceed \$394,000 usd.</p> |
| <p>41. Has the State’s Project Director (Section 3.1, page 4) been identified for this project? The project director will most likely be Kendall Patterson, he is the business analyst for the program that requires this technical solution.</p> |
| <p>42. Section 4.10. Item M on Page 14, could you clarify the vendors responsibility in the term “GIS Interconnect?” The GIS Interconnect means that we need to be able to push data from the new Immunizations System (database) directly to the current State GIS system.</p> |
| <p>43. Can the State extend the due date on responses to ensure the best possible responses from vendors? We cannot extend the due date as the timeline for this project is very aggressive.</p> |
| <p>44. Will COTS solutions that utilize other architecture standards than the ones mentioned in Section 4.4.1, Page 11, be considered providing they meet functional and other requirements? Yes they will be considered</p> |
| <p>45. We have a question about the Deliverable/Pricing schedule. There is no deliverable or milestone to include costs for the development/configuration of the COTS package. Currently the schedule jumps from Design to UAT and then to Acceptance in Production. Could you clarify the State’s expectation for cost associated with development/configuration? Pages 15-20 outline the Milestones. There are no costs attached as we (the State of Delaware) do not know what you (the Vendor) are going to bid.</p> |
| <p>46. How was the budget figure determined for this project? The funding is provided via ARRA Grants.</p> |
| <p>47. The RFP references numerous attachments in the various appendices and related requirements that these attachments be included in each proposal. Will DHSS be providing Microsoft Word versions of these forms (in order to facilitate including them in our proposal)? If not, will it be acceptable to</p> |

| Question |
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| <p>create similar layouts directly in our proposal? (Examples include the Key Position Resumes, the Schedule Rates for Project Staff, State Purchased Third Party Software Schedule, etc.) The RFP states that bidders at the pre-bid meeting will receive a sample Microsoft project plan (page 28), and sample Microsoft Excel version of Schedule F1 (page 30). These are the only templates that we will provide everything else it up to your discretion. ? There is a text only version available to download http://www.dhss.delaware.gov/dhss/rfp/rfpHSS-10068.txt</p> |
| <p>48. Page 13, Bullet B “Establish a registry Record within 4 weeks of birth ...” The RFP indicates that the proposed Immunization Registry must connect with the Newborn Screening, Vital Statistics, and CHICS to establish a new immunization record. Please provide details on any existing interfaces implemented within these systems that will be exposed to provide data to the Immunization Registry. Currently linkages are with Newborn Screening and CHICS those linkages and all of our current linkages are batches that do direct to each database. There is no presentation layer connectivity, although that should not be ruled out for future projects.</p> |
| <p>49. Page 13, Bullet J “Support Daily Operations” The third sub-bullet indicates a requirement to “maintain linkages to key data sources (see No. 2)”. <ul style="list-style-type: none"> • Please elaborate on what is being referenced with “(see No. 2)”. • Please elaborate on what is expected for linkages to Lead and DHIN. Are there existing interfaces implemented within these systems that will be exposed in order to exchange data with the Immunization Registry? If so, please provide details on any such interfaces. Currently Lead and DHIN do not have linkages to immunizations it is expected that these Linkages will be established with this project. More details will be provided once the Lead and DHIN projects provide specifications of what they need.</p> |
| <p>50. Page 13, Bullet L “Data Conversion and Cleanup” Can you provide some additional details regarding the legacy data in the VacAttack system that will need to be converted to the new system? <ul style="list-style-type: none"> • How many records (patients, vaccinations, etc.) will need to be converted? • What format is the existing data in? There are currently 4+ million records in our current database, it is formatted in DB2 however, we do have a copy-over batch that converts the DB2 into SQL2000 and by the time this project starts the copy-over will be migrated to sql2005.</p> |
| <p>51. Was this RFP written by a 3rd party vendor or state staff? It was written by state staff.</p> |
| <p>52. Is it a showstopper if solution is not .NET? No it is not a show stopper.</p> |
| <p>53. What size IT team will work on this project? There will be enough people to support this project.</p> |
| <p>54. Can we provide a list of EMR’s? No.</p> |
| <p>55. What appendices have to be submitted as hard copy live signature forms? Appendix B, I, and J need to be submitted in hard copy with live signatures.</p> |
| <p>56. Can we bid higher than the budget amount of \$394,000? You can bid any amount you feel you need to, but \$394,000 is all we have available for this project.</p> |
| <p>57. Is FedEx an acceptable delivery method? Yes, but be advised it is your responsibility to ensure your proposal is delivered on time and to the correct delivery point. Don’t count on delivery service’s guaranteed delivery times.</p> |
| <p>58. Page 13, Bullet H “Exchange immunization Support Daily Operations” – The second bullet is an incomplete sentence, what is the entire sentence? ” Provide a loosely coupled HL7 interface that can connect with current EMR’s, and other health systems.</p> |