

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3675 for the Mississippi State Department of Health (MSDH)

From: Craig P. Orgeron, Ph.D.

Date: December 22, 2011

Subject: Responses to Questions Submitted and Clarifications to Specifications

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RFP Number 3675 is hereby amended as follows:

1. Title page, INVITATION is modified as follows:

INVITATION: Sealed proposals, subject to the attached conditions, will be received at this office until January 18, 2012 @ 3:00 p.m. local time for the acquisition of the products/services described below for Mississippi State Department of Health, Project Number 39279.

2. Title page, third box is modified as follows:

<p>PROPOSAL, SUBMITTED IN RESPONSE TO RFP NO. 3675 DUE January 18, 2012 @ 3:00 p.m., ATTENTION: Tangela Harrion</p>
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3. Section VII Technical Specifications, Item 3 Project Schedule is amended as follows:

Task	Date
Deadline for Questions Answered and Posted to ITS Web Site	12/22/2011
Open Proposals	01/18/2012
Begin Evaluation of Proposals	01/19/2012

On-site Vendor Demonstrations	01/30/2012 – 01/31/2012
ITS Board Presentation, if necessary	02/16/2012
Project Completion	06/30/2012

4. **Section VII, Technical Requirements, Item numbers 7.1.3, 7.1.4, 7.1.4.1 through 7.1.4.7 and 7.1.4.7.1 through 7.1.4.7.3 are deleted from this RFP.**
5. **Exhibit B, page 87, List of Table Definitions Documents is being modified as follows:**

The file names listed below are text files that MSDH receives from the laboratory. These files contain data that matches the tables in the filename listed above labeled “Newborn Screening Table Definition.pdf”.

- **Comments_2011_09.28.txt.pdf**
- **Mother_2011_09.28.txt.pdf**
- **Specimen_2011_09.28.txt.pdf**
- **Tests_2011_09.28.txt.pdf**
- **Child.pdf**

The Child document was posted to the web site but not mentioned in the Exhibit B. These files were posted as PDF documents and not text files. Vendors can request to see the actual text file of the PDF files by email to Tangela Harrion at Tangela.Harrion@its.ms.gov.

6. **Based on feedback received at the Mandatory Vendor Web Conference on December 2, 2011, the following sample documents are being provided.**
 - **Addl reporting reqs.pdf**
 - **Billing invoice.pdf**
 - **Birth defects_Hospital Data.pdf**
 - **CDC Report.pdf**
 - **Codebook.pdf**
 - **Confirmed Loss by District.pdf**
 - **Follow-up Confirmation.pdf**
 - **Form 53.pdf**
 - **Form 288.pdf**
 - **Manual submissions for BDR.pdf**
 - **MS NBS Disorders.pdf**
 - **QryFollowupSummary.pdf**
 - **Reports Generated from BDR.pdf**
 - **Report Generated from BDR 2.pdf**
 - **Snapshots 1-3.pdf**
 - **tbl_lab_comments.xls**
 - **tbl_LabNumber.xls**
 - **tbl_LabSlipData.xls**
 - **tbl_LabSlips.xls**

7. As presented at the Mandatory Vendor Web Conference on December 2, 2011, the Vendor's proposed solution will not be required to integrate with MSDH's document management system.

Vendor must include in their proposal a response to each amended requirement as listed above. Vendor must respond using the same terminology as provided in the original requirements.

The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: 2.4 – Who will be responsible for providing the hardware and software required to host the application and data (Test, Quality Assurance and Production)?

Response: **MSDH will be responsible for providing the hardware and software required to host the application and data.**

Question 2: 2.4 - Who will be responsible for providing technical support for the hardware (Test, Quality Assurance and Production)?

Response: **MSDH will be responsible for providing technical support for the hardware.**

Question 3: 2.4 - Who will be responsible for the server backups (Test, Quality Assurance and Production)?

Response: **MSDH will be responsible for the server backups.**

Question 4: 2.6 – Who will be responsible for providing the database management system software and licenses (Test, Quality Assurance and Production)?

Response: **MSDH will be responsible for providing the database management system software and licenses.**

Question 5: Newborn Screening Program Process Narrative – Please provide examples of the invoices sent to the hospitals.

Response: **Refer to the attached PDF document named “Billing Invoice.pdf”.**

Question 6:

- a) Birth Defects Surveillance Registry Process Narrative - Please provide examples of the electronic records provided to the Birth Defects Registry from the hospitals.
- b) Please provide examples of the manual submissions of data for the Birth Defects Registry.
- c) Please provide examples of the reports generated from the Birth Defects Registry.

- Response:**
- a) **Refer to the posted PDF document named “Birthdefects_Hospital Data.pdf”.**
 - b) **Refer to the posted PDF document named, “Manual submission for BDR.pdf”.**
 - c) **Refer to the attached PDF documents named, “Reports Generated from BDR.pdf” and BDR Generated from BDR 2.pdf.**

- Question 7:**
- a) Section 3. General Overview and Background - The physician and the family are contacted and the baby is referred for further medical evaluation, diagnostic tests and treatment. Can you elaborate on how the software will be used to contact the physician and the family, as well as referrals for further services?
 - b) The lab runs the tests and reports the test results to the Newborn Screening Program. Data for 15 fields are transmitted electronically from the screening lab that performs the testing to the Bureau of Genetic Services. Is it possible to receive a file sample containing “dummy” data?
 - c) For inconclusive test results, the Newborn Screening Program sends a report to the district office and requests that a repeat blood spot specimen be collected. Are repeat screens also transmitted electronically?

- Response:**
- a) **The software would not be used to contact the physician at this time; however, the program needs the software to generate email alerts for follow-up for district and central offices.**
 - b) **Refer to the posted Excel documents named tbl_LabSlips.xls, tbl_lab_comments.xls, tbl_LabNumbers.xls and tbl_LabSlipData.xls.**
 - c) **Yes.**

- Question 8:** Section 7, Section 3 – Technical Description of NBS - Can we get a sample of data that you receive from the Lab in a text file that includes all 40 disorders?

- Response:** **Due to the complexity of obtaining the requested text file, MSDH will show the awarded Vendor the text file of the 40 disorders. MSDH has provided a listing of the 40 disorders in a PDF document named, “MS NBS Disorders.pdf”.**

- Question 9:** Children from birth to age 21 determined to have a birth defect are reported and entered into the Birth Defects Registry. Manual reports come from hospitals, physicians or clinics. The Public Health team in the field assists the family with services and referrals to other programs.
- a) Can you estimate the number of births per year?
 - b) What is the rate of birth defects identified at birth?
 - c) Are there any automated processes that are required?
 - d) Are risk factor or procedure data required?
 - e) Is there a diagnosis verification process? If so, could you describe the process?

- Response:**
- a) There are an estimated 40,000 births per a year in Mississippi.
 - b) The rate of birth defects at birth is 2.8%.
 - c) Yes, there are a few automated processes for the birth defects registry that helps with creating CDC report, possible duplicates, invalid ICD-9 codes, and county names/districts. Refer to posted PDF document labeled “Snapshots 1- 3.pdf”.
 - d) Yes, risk factors are required for mother behaviors such as drinking and smoking. Refer to the posted PDF document named, “Addl Reporting Reqs.pdf” for a complete list.
 - e) Currently, the program accepts the diagnosis “as is” from reporting sources. In some case, supporting documents are sent from the provider but MSDH does not have file attachments in the database. However, case information such as baby’s birth weight, mother’s date of birth, and address at the time of birth is verified using internal program data such as Newborn Screening data, Birth Certificate data and PIMS.

- Question 10:**
- a) This database currently has not interface with Patient Information Management System (PIMS). Is it possible to interface with PIMS to obtain these data directly?
 - b) Can you estimate the number of children annually who do not pass the initial newborn hearing screening?

- Response:**
- a) **The database will not interface with PIMS at this time.**
 - b) **Approximately 550-600 children do not pass the initial newborn hearing screening.**

- Question 11:**
- a) Early Hearing Detection and Intervention Process Narrative - Please provide examples of the forms that are faxed or mailed form the hospitals to the central office.
 - b) Please provide examples of reports generated by the EHDI System including the annual statistical report for the CDC.

- Response:**
- a) **Refer to the posted PDF documents named, “Form 288.pdf” and “Form 53.pdf”. Form 288 is the hospital form and Form 53 is the diagnostic form.**
 - b) **Refer to the posted PDF documents named, “Confirmed Loss by District.pdf”, “QryFollowupSummary.pdf”, and “Follow-up Confirmation.pdf”. These reports are generated by the EHDI System. The “CDC Report.pdf” which is also posted is not generated by the EHDI System. The CDC survey come from the CDC and MSDH is required to complete it by using reports from our system.**

- Question 12:** 5 – Statement of Understanding, Please provide an example of the file from Vital Records.

Response: Refer to the posted PDF document named, “codebook.pdf”.

Question 13: Security Administration Requirements, 7.4.1 - Please expand on the Single Sign On for MSDH employees and how it should integrate with the Active Directory.

Response: Please consult with Microsoft as to how this should be accomplished.

Question 14: Health Informatics Requirements, 7.4.1 - Please expand on what are you expecting on the Disaster Recovery and Business Continuity Plan.

Response: MSDH is responsible for the recovery of the environment. MSDH requests the Vendor define back up and restart procedures as they pertain to the application once the environment is restored.

Question 15: 8.1.5 - Proposed solution must provide mechanisms for follow-up to families.

- a) Can you provide more information about the desired mechanisms?
- b) For example, would the follow up include things such as letters and care plans or limited to documenting contact with the family?

Response:

- a) **MSDH desires an alert to generate a letter and/or email such as request for repeat letters, result letters and status of follow up letters.**
- b) **Follow up would include letters only.**

Question 16: 8.1.6 - Proposed solution must receive reports from labs and send reports to all submitters (e.g., birth hospitals, MSDH clinics and etc.)

- a) What is the format of reports that are to be received?
- b) For example, would this incorporate such technologies as electronic transmission or file attachment?

Response:

- a) **Crystal Reports version 10 or higher.**
- b) **Electronic transmission.**

Question 17: 8.1.7 - Proposed solution must provide the ability to generate an invoice to send to the submitting hospital(s) for newborn screening tests, as well as generate a list of newborns that supports the invoice. Does the invoicing and receipt of payment involve any interfaces or electronic transmission of data?

Response: No, however MSDH would like the capability if the decision is made in the future.

Question 18: 8.1.16 - Vendor’s proposed solution must provide electronic data transfer for newborn hearing screening and newborn metabolic demographic and result data. Does this requirement reference the import of hearing screening and metabolic data or the export of these data?

Response: Yes, the requirement references the import of hearing screening and metabolic data as well as the export specified metabolic data.

Question 19: 8.1.21.2 - Track reporting sources Section 3 states that birth defect data is entered manually from reports by “hospitals, physicians or clinics.” Are there additional reporting sources? Could you elaborate on the tracking requirements?

Response: Birth defects are imported and entered manually from data sources (hospitals, physicians, clinics/ health department). Refer to Items 8.5.4.1 and 8.5.4.2 of this RFP for tracking requirements.

Question 20: Will the MS Department of IT Services consider an annual subscription service for the COTS components provided?

Response: Yes, MSDH will consider an annual subscription service depending how it is defined and the benefits MSDH will gain for this.

Question 21: How does MS plan to customize the selected COTS systems? Will you use in-house development or contract with the selected COTS vendor?

Response: MSDH is expecting the awarded Vendor to customize their COTS system based upon the RFP requirements. MSDH will contract with the awarded Vendor to accomplish this.

Question 22: Is MSDH expecting to receive a copy of the source code? If yes, is this to be used to modify the application or simply to be placed in escrow?

Response: MSDH is not expecting to receive a copy of the source code.

Question 23: When is the MSDH planning to sign the contract with the winning provider so as to consider enough implementation time to a go live planned on 6/30?

Response: The State is planning to have the Software License and Maintenance Agreement executed by the end of February 2012.

Question 24: Since the solution proposed is a COTS and web based, can we leverage current technology and tools to work remotely in order to reduce cost?

Response: MSDH would prefer to have an onsite Project Manager for any customization or implementation phases however, other work can be done remotely with prior approval from MSDH.

Question 25: What is the role of the District? Can we get a list of existing Districts?

Response: There are 9 Public Health Districts in the state. Each district has approximately three designated staff that will require read only access to the

new system. A list of districts and primary location of the designated staff will be provided to the awarded vendor.

Question 26: What does specimen rejection by submitter mean?

Response: This means the specimen is not suitable to screen for genetic disorders and requires a repeat screen by the submitter (hospital or health department).

Question 27: What is the role of the 6 system administrators as you see them in the new system?

Response: The role is separate from a security administrator whose responsibility is to add and delete users. The systems administrators as described should not have the ability to add and delete users.

Question 28: Functional Requirements: Section 8.4.4.5 - What are your expectations about Social Security Number – all 9 digits or last 4?

Response: All 9 digits are required for internal data matching; however, MSDH does not want the full SSN listed on reports.

Question 29: If the cost proposal meets MS requirements, would the State be open to an alternative implementation plan where NHS precedes Birth Defects implementation?

Response: Yes.

Question 30: Is there flexibility in the initial deployment date or the project end date?

Response: Yes, MSDH will consider, however this will only be negotiated with the awarded Vendor.

Question 31: Is a hosted solution a viable option?

Response: No.

Question 32: Please confirm the date on which the award will be announced.

Response: The announcement of the award will occur prior to the ITS Board presentation currently scheduled for February 16, 2012.

Question 33: Can some of the biweekly database design meetings be conducted remotely?

Response: Yes, with prior approval from MSDH.

RFP responses are due January 18, 2012, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Tangela Harrion at 601-432-8112 or via email at Tangela.Harrion@its.ms.gov.

cc: ITS Project File Number 39279