Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: March 05, 2007

PSC#736

EMERGENCY SYSTEM FOR ADVANCED REGISTRATION
OF VOLUNTEER HEALTH PROFESSIONALS (ESAR-VHP)

FOR

DIVISION OF PUBLIC HEALTH

Date Due: APRIL 17, 2007
11:15 AM

ADDENDUM # 1 Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID.

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RFP 736 PRE BID QUESTIONS AND RESPONSES
FOR
EMERGENCY SYSTEM FOR ADVANCE REGISTRATION OF VOLUNTEER HEALTH PROFESSIONALS

Q1 –Question regarding "Minority Women," must vendor be certified in Delaware?

A1 – Appendix A, number 21, of this RFP, states the Office of Minority and Women Business Enterprise Self-Certification Tracking form is used by the Department of Health and Social Services for informational tracking purposes only. If a bidder wishes to be certified they must contact the Office of Minority and Women Business Enterprise. Certification is not required to bid on this RFP. However, submission of the form with your bid is required.

Q2 –Question regarding "Exceptions to contract" [can information be added to contract]?

A2 –There will be no changes made the contract boilerplate.

Q3 –Question regarding "Irrevocable License," parts applicable to ESAR-VHP. Do vendors lose rights?

A3 –Appendix C of the RFP is the standard contract we would expect the successful bidder to sign. Paragraph B.21. of that contract states that:

The Department shall have the unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, or other materials prepared under this Contract. Contractor shall have no right to copyright any material produced in whole or in part under this Contract. Upon the request of the Department, the Contractor shall execute additional documents as are required to assure the transfer of such copyrights to the Department.

If the use of any services or deliverables is prohibited by court action based on a U.S. patent or copyright infringement claim, Contractor shall, at its own expense, buy for the Department the right to continue using the services or deliverables or modify or replace the product with no material loss in use, at the option of the Department.

Appendix A section 12 page 42 of this RFP states: The State of Delaware reserves a royalty-free, exclusive, and irrevocable license to reproduce, publish,

or otherwise use the copyright of any deliverables developed under the resulting contract.

Both of these clauses refer to work developed, created, or produced under this contract. If there is a copyright or license already in existence that the bidder brings into this contract, the state does not have any claim on that license or copyright. However, any product developed or created under this contract belongs to the state.

Q4 – Question regarding “Maintaining secure data”?

A4 – Data can be maintained on or off site (out of state).

Q5 – Question regarding who will “Own” ESAR-VHP system?

A5 –The State of Delaware, Division of Public Health will own the system.

Q6 – Question regarding “Patent,” once DPH accepts, will it be used in another area?

A6 – Exclusivity; Violation of Licensure. No other department or agency in the State of Delaware can tap in to use.

Q7 – How many volunteers will be inputted within the first 12 months?

A7 – There are currently over 300 volunteers.

Q8 – Will Smart Card have to interface with Patient Tracking database?

A8 – Yes; Refer to RFP 732

Q9 - How many must it interface with?

A9 – The ESAR-VHP database may interface with the patient tracking system that will be acquired or developed as a result of DHSS RFP

Q10 – When will RFP 732 be awarded?

A10 – April 20, 2007

Q11 – Who are the bidders?

A11 – Please see attachments.

Q12 – Will the ESAR-VHP project receive additional funding?

A12 – Delaware is a Phase III state. Each state received funding to build an ESAR-VHP database for their state. No additional funds for this project are expected.

Q13 – Will DTI provide Tier I support?

A13 – Yes, unless there is a problem with the product. Help desk will be supplied by Information Resource Management (IRM).

Q14 – Who can get into system?

A14 – Please see A100.

Q15 – Who can change information?

A15 – The ESAR-VHP Program Manager, IRM, and other DPH identified administrators, and volunteers when updating information.

Q16 – What can be changed?

A16 – Volunteers can update and change personal information

Q17 – How far back?

A17 –At this time there is no set length of time.

Q18 – Where will storage space on server be held? …in case it needs to be accessed during an emergency.

A18 – Technical considerations will vary depending on the proposed solution.

Q19 – Hosted Solution vs. vendor provided solution?

A19 – No preference

Q20 – Credentialing Levels?

A20 – See Section 4.0 *Credentialing and NIMS Resource* Typing in the HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions are found on the HRSA website (http://www.hrsa.gov/esarvhp/guidelines/default.htm).

Q21 – How many in-state people will be trained to be Administrators?

A21 – Several individuals from our Information Resource Management (IRM) section and several DPH administrators.

Q22 – How many in-state MRC units are there?

A22 – There are two in-state MRC units.

Q23 – Question regarding the number of volunteers to be added to the system?

A23 – 10,000 people/volunteers.

Q24 – Will non-medical professionals be included on the system?

A24 – Yes.

Q25 – Will the Health Alert Network (HAN) be used as a notification engine, therefore, capability must be built in?

A25 – The RFP for another notification system is currently out. HAN will not be a part of ESAR-VHP.

Q26 – Should vendors bid without notification system as part of ESAR-VHP?

A26 – Vendors should bid without notification system as a part of ESAR-VHP.

Q27 – Will the system be “Role Based?”

A27 – Yes, medical personnel, i.e. fire fighters – multiple credentials – no duplicates.

Q28 – Is the system scalable?

A28 – Yes.

Q29 – Should system list other occupations?

A29 - Yes, system should list primary occupation, secondary etc. i.e. Nurse, EMT etc.

Q30 – Must the system list certain skills?

A30 - Yes.

Q31 – Question regarding “Multiple System” – Who’s available?

A31 – The system should interact with other states.

Q32 – How do we know if they are deployed or not?

A32 – The system should be able to tell us this information.

Q33 – Will all systems share information?

A33 – Yes.

Q34 – Question regarding RFP 732 for database diagrams?

A34 – The Logistical Data Flow Diagrams for our existing systems and the proposed ESAR-VHP system can be found online as part of RFP 732 at this URL: http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm

Q35 – Can we be supplied with a blank application?

A35 – Yes, included in attachments.

Q36 – Where is information on current volunteers stored?

A36 – Information is currently stored on an Excel worksheet.

Q37 – Does the Excel database include retired volunteers?

A37 – Yes.

Q38 - Will vendor be involved with recruitment efforts?

A38 – System must include an online, user-friendly application.

Q39 – How much integration is needed?

A39 – New systems should use open architecture design SOA technologies to interface with other systems.

Q40 – How many primary source verifications?

A40 – Please see A107, A108 and A110.

Q41 – How do additional request for support come through?

A41 –Request for Medical resources go through the Emergency Support Function (ESF) 8 Liaison, Medical and Public Health, at the State Emergency Operations Center during an emergency.

Q42 – Has Health Insurance Portability Accountability Act (HIPAA) been addressed?

A42 – DPH is covered under HIPAA. However, there are no HIPAA concerns, because patient information would not be stored in the database.

Q43 – Question regarding “Manual Verification”?

A43 – Vendors do not have to manually verify data.

Q44 - Reference is made to granting access from this system to the HAN. Can this simply be a link or does it have to be a data reach into the HAN?

A44 – A link would be fine.

Q45 – Where should system link to?

A45 – No link between HAN and ESAR-VHP are required as part of this RFP

Q46 – May selected vendors give a demonstration of their product?

A46 – Yes.

Q47 – How will Level 1 Credentials be verified? MOU with Hospitals?

A47 – Vendor will not contact hospital; no hospital integration. Please see response to question Q110.

Q48 – Color ID cards?

A48 – Yes; DPH would like to be able to print it out on the spot. We have hardware in Department but not smart card. DPH is interested in the Smart Card as used by the military.

Q49 – What will the role of the system be in the field? Used during power outage or network down?

A49 – DPH should be able to use the system during power outage and when network is down. System should be portable.

Q50 – Question regarding “property requirements”?

A50 – Must be able to comply with HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions.

Q51 – Question regarding how proposal will be scored?

A51 – DPH will score what’s in proposal.

Q52 – Question regarding Delaware receiving supplemental funding?

A52 – There is no supplemental funding at this time.

Q53 – Question regarding level of security – primary source verification?

A53 – System must be able to perform primary source verification.

Q54 – How will volunteer information be updated?

A54 – Volunteer will have access to their file by going online.

Q55 – Does the system need to have hardcopy backup?

A55 – Yes.

Q56 – Will Delaware's system be interoperable between states? i.e. portability/share info with states

A56 – Yes.

Q57 – The subject RFP state that the vendors will complete the Mandatory Submission Requirements Checklist Appendix O. This appendix does not appear to be included in the RFP. The RFP appears to conclude after Appendix M. Can you please provide appendix O?

A57 – The reference to Appendix "O" is a typo, the Mandatory Submission Requirements Checklist is Appendix "H"

Q58 – Does the state have a preferred vendor or software package that is used currently for credentialing?

A58 – No.

Q59 – What do you define as a reoccurring basis?

A59 – Please see A111.

Q60 – What do you mean by "authorized party"?

A60 – Please see A100.

Q61 – Can you further expand on this requirement?

A61 – See A100

Q62 - Can you please describe Level 3 and 4 credentialing. What is the relationship between these items and ESAR-VHP? Are they a part of the ESAR-VHP system?

A62 – Level 3 – License Verified and Unencumbered; Level 4 – All credentials and privileges are indeterminate. See Section 4.0 *Credentialing and NIMS Resource* Typing in the HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions are found on the HRSA website.

Q63 - Are they external interfaces to the ESAR-VHP system?

A63 – See A104

Q64 - Is the ESAR-VHP system required to import registration information from these functions?

A64 – Yes, in the future.

Q65 - Are these functions internal to the ESAR-VHP system or are they external interfaces to the ESAR-VHP system?

A65 – In the future it will most likely be both

Q66 - Can you describe the scope of the Registration function in more detail?

A66 – The registration function will consist of an online, password protected application that each volunteer will fill out.

Q67 - Will details be made available about the various State licensing databases and how many databases there are?

A67 – Please see A110.

Q68 - Should ESAR-VHP have the capability to generate smart cards and Static cards?

A68 – Yes, system should have capability to do this.

Q69 - Does the state currently utilize smart cards and static ID cards?

A69 – Yes; please see Q and A 132.

Q70 - Does this mean the ESAR-VHP system should store the same information that's on a volunteers ID card? In this way, when a volunteer shows up at an emergency center, an emergency coordinator can use ESAR-VHP to authenticate the ID card information of the volunteer.

A70 – Yes.

Q71 - States, "DHSS staff will be available to consult with the vendor on the data needed to be cleaned up for conversion". This statement seems to contradict statements made at the bidder's conference indicating that the healthcare volunteers will re-enter registration data. Will existing data be cleaned-up and imported into the ESAR-VHP system?

A71 – Volunteer information is currently on an Excel spreadsheet. New volunteers will be asked to register with the state's ESAR-VHP system. Current volunteers will be asked to verify their information.

Q72 - If so, what data needs to be imported? What factors should the vendor use to estimate the time and cost of importing data?

A72 – All data on the Excel spreadsheet needs to be imported. There currently 300 volunteers. The factors for estimating the cost are decided by the vendor.

Q73 - Does this imply DPH would prefer the ESAR-VHP system to operate from the Biggs Data Center?

A73 – DPH does not have a preference.

Q74 - Is DPH's preference to host ESAR-VHP on a new hardware suite at the Biggs Data Center instead of using existing production mainframes?

A74 - DPH does not have a preference.

Q75 - What are you looking for during the vendor's demonstration?

A75 – A demonstration of the system and if it meets all requirements in this RFP.

Q76 - At the bidder's conference, DHSS identified September 2007 when ESAR-VHP is operational. Should the vendor include this milestone for delivery of ESAR-VHP with its core registration, emergency credentialing, and emergency verification functions?

A76 – Yes.

Q77 - Sogeti failed to receive the Excel version of Schedule G1 at the bidder's conference. Can one still be provided?

A77 – A copy of the Excel version of Schedule G1 is included.

Q78 - Does a scope change resulting from a PCR result in a contract addendum with changes to cost estimates of the contract?

A78 – It states in the note, "if the scope change will impact the amount of hours and/or cost on the deliverables". If that impact will increase or decrease the total amount of the contract, then, yes, a contract amendment will have to be done that will include changes (revisions) to the cost estimates (budget) of the contract.

Q79 – In the pre-bid meeting we discussed the tracking processes you currently have in place for your medical volunteers. In order for us to accurately capture the fields in which you track information, we would like to see your current format. If you have a blank database that can be sent with only the fields you require information (no actual personnel information in needed), this will help us capture what information is important for you to track. Please let me know if this is something you can provide.

A79 – Yes, included in attachments.

Q80 – Do you have any existing databases that need to be integrated into the new system?

A80 – Please see A71.

Q81 – Do you prefer to use .net vs. Java?

A81 – .Net has been the development tool of choice for recently developed applications. DHSS requirements can be found at http://www.dhss.delaware.gov/dhss/dms/irm/dhsstechenv.html

Q82 – How many volunteers do you currently have ready to register?

A82 – 300

Q83 – What phase is Delaware in the ESAR-VHP integration?

A83 – Phase III

Q84 – What funding are you using for this project?

A84 – US Department of Health and Human Services/Health Resources and Services Administration Grant funding.

Q85 - In order to keep apples to apples comparison for you to evaluate, do you want the bid to include two complete sites for backup/redundancy with neither of them being at a DE State site?

A85 – No.

Q86 - How many administrative rights do you expect to need?

A86 – Please see A100.

Q87 - Do you want the system to accommodate both medical and non-medical volunteers?

A87 – Yes.

Q88 - Should this system be able to integrate with the Health Alert Network? If so, how?

A88 – No.

Q89 - If there are applicable security protocols for external hosting, please provide asap. (i.e. ASP Security Checklist).

A89 – Bidders are expected to address proposed security protocols as they apply to satisfying HIPAA security requirements along with a description of how they will secure internal and external traffic.

Q90 - How many individuals/departments will need trained on the new system?

A90 – Around 10 individuals.

Q91 - What kind of involvement do you expect from the Medical Reserve Corp?

A91 – Full involvement.

Q92 - Do you expect this new system to integrate with the other requested systems in the RFP 732? If so, how?

A92 – Yes. We expect open architecture application design and SOA technology to be used for integration.

Q93 - Do you want to retain photos of volunteers in the system and all information to be able to create/print ID cards on the spot?

A93 – Yes.

Q94 - If so, do you have the hardware to use for creating ID cards?

A94 – If the proposed solution requires specific hardware to print ID cards, then the solution must include the specific hardware and software that is needed. These must be compatible with the DHSS technical environment as specified in Appendix D of RFP

Q95 - If so, how does that hardware operate in order to integrate with the new system?

A95 – The ESAR-VHP solution should include preferred hardware and software and not assume that the state owns it now.

Q96 - What data fields needs to be contained in the Audit Trail?

A96 – Please see A.120.

Q97 - Functionality M) references what the manual system will include. Does this mean that the ESAR-VHP system simply must provide either reports or file extractions that can then be used with other manual systems?

A97 – Yes.

Q98 - Functionality P) references Static ID cards. Do you expect the production of ID cards to come directly from this system, or do you expect an extract of the data to be able to be fed into a system to product such cards?

A98 – Possibly both.

Q99 - Will hospitals and other medical facilities receive unlimited access to the ESAR-VHP system?

A99 – Hospitals and medical facilities will not have access to ESAR-VHP system.

Q100 - What restrictions to data access apply? Please provide any examples from planning documentation or internal discussions.

A100 - Access to the ESAR-VHP database will be restricted to ESAR-VHP Program Manager, three level of management that are within the Public Health Preparedness Section (PHPS), and the Information Resource Management (IRM) section as well as a few key management positions assigned to emergency operations within the Division of Public Health (DPH).

Q101 - Please describe what “better utilize” refers to. General management, scheduling, tracking, reporting, alerting and other functions?

A101 – “Better utilized” refers to the overall general management of volunteers to include scheduling, tracking, reporting, alerting, etc. General Management is grouping of occupations to identify skill sets. Scheduling is the ability to send out e-mails to individuals for training purposes and track work assignments during emergencies. The system needs to track items such as licensing and renewal, training, number of meetings attended, work assignment location, and work schedule, etc. The system must have the ability to create and print reports. The

system must have an alerting system to contact volunteer and send messages through email for work assignments, schedule, training, etc.

Q102 - Additional? If there are specific use models available these would help determine compliance with this requirement.

A102 – Question is not easily understood. Specific uses for the ESAR-VHP system are stated in Q101.

Q103 - Please provide a list of specific problems you wish the system to help with.

A103 – System design must provide advanced registration of health volunteers, designation (tracking, scheduling, assignments) of resource types, and emergency verification of the identity, credentials, and qualifications of volunteers. See A101.

Q104 - Exactly which interstate and intrastate organizations must information be portable between?

A104 – The system design must have the capability to share volunteer information between entities (i.e. other Delaware State agencies, other states or regions, federal government) during an emergency.

Q105 - Exactly who are the stakeholders for ESAR-VHP in Delaware?

A105 – The Division of Public Health (DPH), Delaware Medical Reserve Corps (DMRC) volunteers, hospitals, federal government, and other state public health agencies outside the state.

Q106 - Will interstate collaboration occur strictly through ESAR-VHP protocols or are there other data transferring protocols that should also be considered (i.e. security protocols).

A106 – Health Resources Services Administration (HRSA) has not provided the protocols for interstate collaboration. The system design must have the ability to collaborate with other systems in the future. The expectation is that the chosen vendor will use web services or types of SOA technologies to share data between applications.

Q107 - Does Delaware have one (or more) credentialing databases we specifically need to interact with. If so, please provide POC's for these.

A107 – The Delaware Division of Professional Regulations maintains licensure and certification information for all Delaware healthcare providers licensed or certified to practice in Delaware. A point of contact will be given to the awarded vendor.

Q108 - Do these databases have existing protocols for data exchange and/or Application Program Interfaces (API's)?

A108 – It is unknown as to what existing protocols are being used by other credentialing databases. The preference is to use SOA technologies for the transfer of data where possible.

Q109 - Should database integration costs with these sources be included in the RFP.

A109 – Yes.

Q110 - If Delaware prefers credential validation through Credential Verification Organizations (CVO), is there a budget available for engaging their services? If so, please provide a description of the volume and type of credential verifications, by profession.

A110 - Health Resources and Services Administration (HRSA) has contracted with Quality Research Services (QRS) to be the CVO for the United States. This service will be free of charge. HRSA anticipates that it will be available in summer of 2007.

Q111 - How frequently should credential verifications be updated?

A111 – The system design must have the ability to obtain primary source verification on a monthly basis. The system should be able to send email reminders on a quarterly basis to prompt health volunteers to review and update their information as well as verify credentials. However, during an emergency credentials must be able to verified using primary source verification on a real time basis

Q112 - Has Delaware approved specific logic for determining levels based on criteria?

A112 – No. The system design must resemble Section 4.0 in the HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions *Credential Elements (levels) and Resource Typing*. HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions are found on the HRSA website (http://www.hrsa.gov/esarvhp/guidelines/default.htm).

Q113 - ESAR-VHP calls for a combination of both credential verification and local authority approvals before levels are assigned. Please provide specific case examples for how each level should be assigned based on both criteria and policy.
A113 – Cases examples have not been developed.

Q114 - There are a number of medical professions not covered by ESAR-VHP guidelines (see section 'H' of the RFP requirements). Are there specified data models, requirements and policies for these as well?

A114 – HRSA is planning to release this information this year. The system should be able to add and delete information based on new guidelines. Refer to RFP page 8 (KK).

Q115 - PHIN is often customized at the local level. Please provide all documentation and data standards which define PHIN for Delaware along with a list of any databases and/or technologies which have already obtained PHIN compliance in Delaware (a POC for PHIN would also be beneficial).

A115 – There is currently no Delaware customization of the PHIN standards. There are no 100% PHIN compliant systems currently in place in Delaware. The various PHIN documentation and data standards can be found at the PHIN website at http://www.cdc.gov/phin/.

Q116 - Please provide any policies or liability disclaimers currently utilized by Delaware related to use and authorization of health volunteer information.

A116 – To the extent you are asking for liability disclaimer for health volunteers, 16 Del. C. Section 6801 (a) protects any person who volunteers to aid another from any civil liability. This is a qualified protection. In addition, 16 Del. C. Section 6802 protects any nurse who similarly volunteers. Also, in the event of a declared emergency, 20 Del. C. Section 3129 provides qualified immunity to any person who is called into action because of a declared state of emergency.

Q117 – Please define “acknowledgements”.

A117 –Acknowledgements are information needs from Health volunteers that will be asked, but not required to answer. Example of a question:

In the event of a declared national emergency, would you consider volunteering to work under the auspices of the Federal Government? If you check yes, in the event of a national emergency, the information you provide will be made available to the Federal Government upon its request. (Yes | No)

Q118 – Please define exactly what type of identification process is required for volunteers (ESAR-VHP is vague on this, leaving it to the states to define processes).

A118 –The identification process should be based on the information provided on the volunteer application and verification of credentials as well as photo identification.

Q119 - Please verify that Delaware is 100% compliant with national ESAR-VHP data models or if there are exceptions. If there are exceptions, please define.

A119 –The RFP for the ESAR-VHP program meets HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions. ESAR-VHP Document should be reviewed entirely by all bidders.

Q120 - There are many kinds of audit trails, please provide description of exactly what must be audited, how audit data should be accessible, and what level of security is required to access the audit data.

A120 – An audit trail showing the date and time of any record change and who changed it will be sufficient. We would like to keep this data online for a year and then give the ability to print it for historical records purpose. We would want to access this data as a menu function of the application through the Internet. The security should be role based and allow only those with Admin privileges to access the audit log.

Q121 - There are many forms of encryption. Please specify what type of encryption is required and which data transactions it must apply to.

A121 – According to, HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards: Any electronic communications/data passed over shared lines should be encrypted to prevent accidental release of data. Mode of encryption should be determined by the vendor. Furthermore, appropriate security

precautions, such as firewalls, should exist between the System and any entity with access to health volunteer information. It is recommended that information be transmitted in digital form so that an audit trail is established, and information is provided in a form that may be utilized by a wide number of receiving individuals. In being able to access and review information from multiple authorized locations, the Internet is the most flexible, prevalent, and effective network to accommodate the functioning of the System.

When data is transferred electronically between a System and other databases, the data should be encrypted to reduce the risk of its interception by unauthorized parties. To provide additional security, network segments on which an ESAR-VHP System resides can also be equipped with intrusion monitoring systems, of which a wide range are available. Such systems provide additional safeguards against malicious cyber-activity.

Q122 - Please provide any applicable state health information privacy policies and procedures.

A122 – The Delaware State version of HIPAA is located at 16 Del. C. Section 1232. DHSS Policy Memorandum #5 may also apply.

Q123 - This implies that the vendor may be of assistance in helping Delaware determine protocols. Is this correct (RFP Section 3, K)?

A123 – Yes. Vendors who have experience in this area may be asked to assist with developing protocols.

Q124 - How many protocols currently exist?

A124 – This has not been determined.

Q125 - Please provide all current Bioterrorism response plans, policies and procedures that interact with ESAR-VHP and define areas where additional support may be required.

A125 – This information is not necessary to create the ESAR-VHP system.

Q126 - For multi-jurisdiction responses, please provide current policies and a breakdown of how state, regional and local command & control currently works inside Delaware.

A126 –This information is not necessary to create the ESAR-VHP system. The Division of Public Health is the owner and keeper of the system. However, the system design must have the capability to share volunteer information between other entities (i.e. other Delaware State agencies, other states or regions, federal government) during an emergency via reporting mechanism.

Q127 - What is the role of the ESAR-VHP system during non-disaster times?

A127 – The role of the ESAR-VHP system during a non-disaster is to provide advanced registration, track and update volunteer information.
Q128 - “Processes” may refer to both technical matters and internal policy. Please define / clarify.

A128 – The processes as outlined in Section P that relate directly to this RFP are that the system should be web based. It should have the capability of using Smart Card and Static ID card technology as they are put in place.

Q129 - Please provide all current policies and processes involved with professional license renewal for EACH profession and also how, specifically, the ESAR-VHP system is to reinforce or provide these.

A129 – The ESAR-VHP system must be able to provide primary source verification on credentials. Knowledge of policies and procedures for license renewal is not necessary to develop the ESAR-VHP system.

Q130 - Is the vendor at all responsible for “manual verification of licensure information?”

A130 – No, but the system must have the capability for manual verification to be entered or uploaded.

Q131 - Hospitals often have their own credential registries; does the system need to interact with these? If so, how many and which databases require interaction? We will also need POC’s for any target hospital systems.

A131 – Not initially; however, yes, for future expansion, Credential Level 1 requires physician to have hospital privileges. Some measure of advanced verification of hospital privileges is necessary for physicians to be considered Level 1.

Q132 - Are there current capabilities in Delaware for smart cards, static ID cards, telephone verification, hard copy directories etc. that the vendor should accommodate and / or interact with?

A132 – The only current technology the State of Delaware has in place that we would want the vendor to accommodate is smart cards.

Q133 – Please describe all requirements for interaction with Delaware HAN. If a current database is in use please provide the specifications and a POC we can coordinate with.

A133 – There is no expectation that the ESAR-VHP application interact with our HAN database. DPH is currently searching for a new system to replace the HAN system.

Q134 - Are all ESAR-VHP volunteers automatically to belong to HAN?

A134 – No, volunteers must register to be on HAN

Q135 - Please define the difference between alerting done through HAN vs. ESAR-VHP or if all actual alerting should be done through HAN alone (which would imply a stronger database integration).

A135 – The Health Alert Network (HAN) is a system designed to send important health information or alerts to healthcare professionals that could affect the public. ESAR-VHP system is an advanced registration system for healthcare volunteers for emergency verification of identity, credentials, and qualifications of volunteers as described in the RFP. No alerting is required through the ESAR-VHP system as part of this RFP. There is no expectation of database integration between the two systems.

Q136 - Does an ASP hosting environment need to be SAS-70 compliant?

A136 – At this time an ASP hosted solution does not need to be SAS-70 compliant.

Q137 - Please define “additional steps” or provide examples.

A137 – Referring to Section 3 CC, System Overview – Volunteers information must be password protected. Volunteers should be prompted to change their password every 6 months.

Q138 - What does this refer to? Section 10.4 of National ESAR-VHP?

A138 –National ESAR-VHP is a future focus area to determine the appropriate data standards and methods to link together disparate intrastate networks, evaluate System architectures from State models in development phase to assist in the development of peer State System architectures, determine appropriate model for coordinating System design implementations to ensure capability to utilize health volunteers across State lines. More information can be found in the HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions.

Q139 - What is the vendor requirement related to this (if any)?

A139 – The ESAR-VHP system will initially be a stand alone system that will not reach out to other volunteer registries; however the system must have the ability to expand in the future.

Q140 - Please provide a specific list of existing volunteer registries that ESAR-VHP is to expand and a definition of what expansion means. Integration with them?

A140 – Referring to Section 3, System Overview – FF 1 and 2, please see A139.

Q141 –If so, is it bi-directional?

A141 – DPH expects all new systems to use SOA technologies to share information both within and outside of the organization. So this capability needs to be part of any new system.

Q142 - State volunteer databases only?

A142 – No.

Q143 - If so, for which departments?

A143 – Please see response to question Q140.

Q144 - How do we handle expansions that include databases that are not able to interact with outside systems?

A144 – The system developed for this RFP must have the ability to be expanded and added to in the future.

Q145 - Does Delaware have an outreach plan for engaging new organizations? If so, please provide.

A145 – No, not at this time. The system needs to be expandable.

Q146 - Please specify exactly which first responders require credentialing through ESAR-VHP.

A146 – Referring to Section 3, System Overview – GG, The ESAR-VHP system must be able to support primary source verification for all healthcare providers registering in the system. This would include Emergency Medical Services providers, who are traditional first responders.

Q147 - Please provide a list of current databases which contain credentialing data.

A147 – PHPS currently uses an Excel spreadsheet to manage information from the Delaware Medical Reserve Corps application for each volunteer.

Q148 - Please provide POC's for these and a definition for credentialing levels, if any, for first responders.

A148 – Please see A146

Q149 - Please defined "vetted."

A149 – Vetted is defined as reviewed and approved

Q150 - Are there HRSA guidelines the system should be compliant with beyond ESAR-VHP?

A150 –All HRSA guidelines should be found in the HRSA ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions.

Q151 - Should the vendor wish to sub-contract to offshore programming firms to complete customizations required by Delaware, will this be permitted in order to save costs?

A151 – As stated in Section 5.1.3 of this RFP, offshore project work will not be permitted

Q152 - Does second-level support need to be available 24/7/365?

A152 – No. Section 5.1.6 in the RFP states that vendor second-level support is expected only during State business hours.

Q153 - If there is a disaster and additional support is required will that contingency be covered under this contract or handled separately at the time?

A153 – The vendor can outline in their proposal how they would prefer to handle charges for the additional support needed during a disaster.

Q154 - As the volunteer system will not be holding medical information on volunteers, does HIPAA apply?

A154 – This will be a secure database. Authorized DPH staff will be the only ones with access. No personal medical information is required from volunteers.

Q155 – If not, what level of 'understanding' should the vendor comply with?

A155 – Referring to, 5.3 - Requirement to Comply With HIPAA Regulations and Standards. Refer to HIPAA Regulation for requirements.

Q156 - Is a remotely hosted COTS solution preferable?

A156 – Not necessarily.

Q157 - If the entire application is 'standard', we understand that the state has no IP or ownership claims on source code, functions, etc. Correct?

A157 – Yes.

Q158 – The statement was made in the RFP that DHSS has contracted with Vital Records, Inc. as the offsite media storage contractor for client/server and

mainframe backup media. SunGard Recovery Systems is contracted as the client/server and mainframe cold site contractor. Disaster recovery tests are conducted every six months for the Biggs mainframe. Contractor is expected to review this process with IRM and DTI to ensure that it is sufficient. If a COTS ASP solution is utilized, will Delaware consider other existing providers for these functions?

A158 – For COTS and ASP solutions; bidder will describe their backup and recovery strategies.

Q159 - If so, are there state minimum performance requirements that should be considered?

A159 – Please see A158.

Q160 – The statement is made in the RFP that source code will initially be delivered to the IRM Manager of Application Support or designee at the time of User Acceptance Testing. Confirm that ASP solutions do not need to provide source code, as this is proprietary.

A160 – No. ASP providers do not need to provide source code.

Q161 - Please provide POC's in these departments so we can discuss specific issues related to security.

A161 – Point of Contacts with IRM and DTI will be given to the awarded vendor.

Q162 - During disaster response it's likely that there will be partnerships with non-profit organizations that will assist in mobilization of volunteers?

A162 –The system design must have the capability to share volunteer information between other entities (i.e. other Delaware State agencies, other states or regions, federal government) during an emergency. Q16 and Q163 go together.

Q163 – During disaster response it's likely that there will be partnerships with non-profit organizations that will assist in mobilization of volunteers. What will the policy be for networking them if they:

a: Have access to ASP software

b: Use PC software that is not utilizing Citrix gateway but still needs to exchange data with DHSS ASP system.

A163 – The method of how a non-profit organization may interact with the proposed application will be discussed with the winning vendor.

Q164 - Are there special technical considerations to accommodate this scenario?

A164 – Technical considerations will vary depending on the proposed solution. At this time there are no special considerations.

Q165 - Do ASP products qualify as “custom applications” which therefore must conform to standards usually reserved for internally hosted software?

A165 – No.

Q166 – References in the RFP such as, “responses must include a list of needed/recommended hardware, software and telecommunications requirements, including costs” make it appear that DHSS prefers to internally host the application, even if it’s a commercial ASP system. Please confirm preference.

A166 – DHSS does not have a preference between internally hosting and having an ASP solution. For ASP solutions; vendor will describe their hardware and software platforms as well as system configurations.

Q167 - If external hosting is an option, please provide specific performance requirements.

A167 – Please see A166.

Q168 - As we need to put together a complete project plan, please tell approximately how frequently these review meetings should occur.

A168 – It is expected review meetings will take place bi-weekly and as required by project management.

Q169 – The following statement is made in the RFP “The Base Technology group must approve any database(s) or other persistent data store(s) used in DHSS applications. Specifications for these will be evaluated both in terms of logical design and physical implementation. Design proposals must be submitted prior to beginning programming. Once a design proposal has been given initial approval, programming may begin. Any changes to the initial proposal must be

submitted to the Base Technology group as well and require approval. The Base Technology group may request any supporting documentation that they feel is necessary to make a decision but all developers should assume that, minimally, an E/R (Entity/Relationship) model will be required for all relational database tables." This implies a custom solution. How do these requirements apply to a commercial ASP software application?

A169 – For ASP solutions; vendor will describe their hardware and software platforms as well as system configurations. DHSS will review the proposed hardware and software environment with the winning vendor.

Q170 – Following up with Q169. If ASP is ok, how do we document compliance with this requirement and others that reference custom solutions?

A170 – Vendors will develop a requirement and design document for ASP solutions that will be used in acceptance testing of the solution.

Q171 – The following statement is also made in the RFP. "Data model (compatible with the latest version of Visio Enterprise Architect), data dictionary, system documentation and user documentation must be prepared, to the extent applicable, in conformance to the above referenced .NET standards, and must be provided as deliverables." If there is to be an ASP solution, will DHSS IT require these system documents?

A171 – DHSS would require system documentation, user documentation and at least a database design or adequate documentation to allow for user queries and data sharing with other applications.

Q172 - How will proprietary intellectual property be protected from any sunshine laws etc?

A172 – While DHSS recognizes intellectual property, DHSS is obligated to respond to FOIA requests.

Q173 – The following statement is also made in the RFP. "DPH (IMS & designated program staff) and IRM will apply benchmarks to measure acceptable screen population times during testing. The benchmarks must be reached before product sign off. When replacing existing applications, performance equal to or faster than the system being replaced is the norm." How will benchmarks etc. apply to externally hosted ASP solutions?

A173 – Standards and/or benchmarking follow generally accepted performance expectations and would apply to both internally and externally hosted applications.

Q174 - If ASP solution is hosted internally will it be subjected to these standards and if so can they be provided ASAP?

A174 – Please see A173.

Q175 – Following up with Q174. If PC software is part of the DHSS deployment are there performance standards for it?

A175 – Please see A173.

Q176 - If custom programming is required to enhance the ASP solution prior to or after the initial performance period we assume that these forms and processes still need to be followed. Please confirm.

A176 – All required forms and processes still need to be followed as instructed.

Q177 - Regardless of whether the application is hosted internally or externally, are there preferred hardware requirements and configurations?

A177 – DHSS requirements can be found at
http://www.dhss.delaware.gov/dhss/dms/irm/dhsstechenv.html

Q178 - Regardless of whether the application is hosted internally or externally, is it preferred that the DHSS database be on its own server(s)?

A178 – No

ATTACHMENTS:

Attachment B - A blank Delaware Medical Reserve Corps Application

Attachment C - Excel spreadsheet with fields from application

Attachment D - List of Vendors from RFP 736 ESAR-VHP

Attachment E - List of Vendors from RFP 732 Integrated Public Health Preparedness System

Attachment F - Sample Project Costs by Deliverables & Milestones

ADDENDUM #1:

It has come to our attention that some information was inadvertently left out of Section 3, System Overview, paragraph 3.1, Functionality, here is that information:

From the RFP that was posted to the web (deleted language is in **bold** and added language is in **red**):

B) Collect the necessary information on a reoccurring basis (every six months) to allow for system functions to operate:

Letter G

The health volunteer information collected by the ESAR-VHP System should be secure and confidential, particularly since it may be shared with other localities, regions, or States. **The System must be able to generate electronic data files in a secure format that can be interpreted and used by other jurisdictions managing volunteers.** The acquisition, use disclosure, and storage of identifiable health information must all be consistent with federal and State health information privacy laws.

Letter Q on the RFP that was posted to the web should have 6 points instead of five:

6) Track volunteers during deployment and track deployment history of volunteers.

Letter S on the RFP that was posted to the web, the word "should" was changed to "must":

The registration Webpage **must**:

Letter S2 on the RFP that was posted to the web:

2) Allow for rapid queries of critical variables by **DPH and** DOH Staff with the ability to contact volunteers as needed

You mentioned that our interest has been protected by the following statement found in the RFP posted to the web:

The following information was accidentally deleted from the RFP:

LL) The system must ensure that volunteers meet minimal requirements for inclusion as an ESAR-VHP volunteer.

The system must ensure that potential volunteers are not included on the Department of Health and Human Services' Office of Inspector General's List of Excluded Individuals/Entities (LEIE).