COUNTY OF FRESNO
ADDENDUM NUMBER: ONE (1)

RFP NUMBER: 962-5233

HEALTH INFORMATION EXCHANGE SOLUTION

February 3, 2014

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL: MARCH 10, 2014, 2:00 P.M. PST

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Louann M. Jones, phone (559) 600-7118,** e-mail CountyPurchasing@co.fresno.ca.us, **FAX (559) 600-7126.**

NOTE THE ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 962-5233 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS PAGE OF ADDENDUM WITH YOUR PROPOSAL.

➢ *See attached Question and Answers*

➢ *Note the Deadline for Written Questions has been extended to February 14, 2014 and the RFP Closing Date has been extended to March 10, 2014.*

ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 962-5233

COMPANY NAME: _____
(PRINT)

SIGNATURE: _____

NAME & TITLE: _____
(PRINT)

1. **Is the Department aware of the number of unique patients?**

   a. No, it will vary depending on the cases of TB and the targeted area for our MHC program.

2. **How many discrete systems do you want information on?**

   a. We want information from all eligible hospitals and providers.

3. **Does the Department have a Homeless Management System? Any plans for one?**

   a. We do not and I am not aware of any.

4. **Can the "fully operational within 6 months" requirement apply to a subcontractor or aggregate of prime & sub?**

   a. Not of the aggregate of prime and sub. One or the other has to have been fully operational within 6 months.

5. **Are there any facilities that are more important to you than others? Can we make recommendations on ranking order, based on what we know?**

   a. It is most important that hospital facilities and large physician practices are covered.

6. **Will you provide relevant County ITSD standards?**

   a. In the RFP, Page 22-23.

7. **Does the use of the phrase "chart changes" refer to patient charts or trending data?**

   a. Patient charts and trending data.

8. **Does the HIE need to pull data from EHR?**

   a. Yes.

9. **Do you want a system that simply gathers and spews data or do you want to be able to manipulate the data?**

   a. It is most important that the software be able to export the data to some non-proprietary format.

10. **Do you want an ECL tool to send data?**

    a. Not necessarily, as long as the data can be exported for manipulation in another software analysis package.

11. **What type of interface do we need?**

    a. Needs to be HL7 compliant.

12. Do you want lead and immunization info for children? What about VA data?

    a. Yes, if possible.

13. How is this project funded?

    a. Health realignment.

14. Are the local hospitals aware of this project?

    a. Yes.

15. Is a hospital/medical provider outreach program within the scope of this project?

    a. Most of the hospital facilities are already apart of Central Valley HIE. They are already connected.

16. Should our solution connect to the hospitals individually or the Central Valley HIE?

    a. Ideally the focus would be a connection to the CVHIE.

17. Do you expect de-duplication of data?

    a. Yes.

18. With low income SNOWMED and condition codes and mappings and reportable conditions, are you using CalOHI resources to check to do that, or are you looking at those to be an available as an option, aka Dr. Duffy?

    a. We are interested in condition matching and artificial AI for assistance with diagnoses of patients or groups of syndromes, but it is not a requirement.

19. In ELR: are you interested in the negatives?

    a. Yes.

20. Do you have a preference as to where the solution is hosted?

    a. No, but it is not to be hosted with the County IT.

21. Will the County want to write connectors/develop web services? Should that be included in the bid?

    a. Suggest to bid it both ways to either 1] allow the County of Fresno to create their own and stipulate the method and process in which to do that and 2] what your company would charge (or provide a range) for a web services or connectors.

22. What applications will pull the data?

    a. Internet Explorer, Chrome, Firefox. Once the data are extracted then they will be manipulated by Excel, SAS, or SPSS.

23. **Do you want information regarding residents who seek medical care out of state?**

    a. We would like their record updated, but we understand the limitations of the systems across states.

24. **Do you anticipate gathering information from Indian tribes?**

    a. No, AI/ANs only constitute .05% of the population of Fresno County and have been trending downward.

25. **Is Fresno County requesting any special interface**

    a. The interface should be bi-directional, utilize HL7, and have a simple web interface that can be accessible by Internet Explorer, Firefox, or Chrome.

26. **What is the main impetus behind this HIE project – i.e. is there an existing problem or opportunity the County is trying to solve/pursue?**

    a. To look at chronic health conditions and traditionally non-reportable diseases in Fresno County. Ideally, we would like to be able to geocode all information from the HIE in the x,y coordinate level so that we could aggregate it to changing census tracts or zip codes as needed.

27. **What is the name/title of the executive sponsoring the project?**

    a. Assistant Director, County of Fresno, Department of Public Health

28. **The RFP mentions the objective of meeting Meaningful Use requirements. Can you expand by specifying which entities are hoping to leverage the successful HIE vendor technology to meet MU objectives and what time period they must report for MU attestation?**

    a. All eligible hospitals and providers under the CMS requirements are the target of FCDPH. The time period is set by the Centers for Medicaid and Medical Services.

29. **What does the rough sequence/prioritization for project deployment look like?**

    a. First, we wish to target eligible hospitals and then we would like to move on to eligible providers.

30. **Can the County provide a graphical representation or an itemized inventory of the source/target systems (with corresponding data sets) it hopes to exchange through HIE?**

    a. Not at this time.

31. **On top of the scope highlighted in the RFP, are any of the following important towards the project? (did not specifically see reference to any of these…)**

      Bidirectional orders/results exchange?

   a. This will be important for our public health nurses and our TB clinic.

      Community level patient portal focusing on patient engagement?

   a. We at the public health department are less concerned with the patient interface, but we understand that this is an important component to our clinical.

32. **Are there any regional military facilities with referral patterns into any of the provider organizations?**

   a. Other than the VA hospital, I am not aware of any.

33. **Who is on the evaluation committee?**

   a. The evaluation team is made up of various county departments and potentially outside of the county people.

34. **Will there be an opportunity to speak with them directly?**

   a. Vendors will communicate directly with the Buyer from Purchasing (Louann Jones) *exclusively* per the RFP requirements unless invited to demo their capabilities.

35. **Does it require Board approval?**

   a. Probably. The winning bid will determine if the Board of Supervisors will need to approve.

36. **What is the schedule of events after the RFP?**

   a. Bids go to the evaluation team, demos are requested and viewed, recommendation made approximately 4 to 8 weeks after receipt, contract to be negotiated, contract presented to Board of Supervisors.

37. **When will final decision likely to be made?**

   a. Timeframe is dependent on many variables, 3-6 months estimate.

38. **Is there funding available for this project?**

   a. This will be a priority in our funding allocation on an annual basis.

39. **In what fiscal year?**

   a. The fiscal year the contract is signed.

40. **What is the funding source?**

   a. Health realignment

41. **How many vendors have been invited to participate in the RFP?**

   a. 40

42. Where did the County identify vendor candidates?

      a. The majority were from an internet search.

43. Who were the attendees at the vendor conference?

      Orion Health

      JK Corporate Services

      InterSystem Corporation

      Vigilance Health

      Cognizant

      The Simi Group

      eClinicalWorks