

# COUNTY OF FRESNO

## ADDENDUM NUMBER: THREE (3)

RFP NUMBER: 962-5233

### HEALTH INFORMATION EXCHANGE SOLUTION

February 24, 2014

PURCHASING USE

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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, 2<sup>nd</sup> Floor  
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON MARCH 18, 2014.

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

Proposals will be opened and publicly read at that time. 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](mailto:CountyPurchasing@co.fresno.ca.us), **FAX (559) 600-7126.**

**NOTE THE FOLLOWING AND ADDITIONAL QUESTIONS AND ANSWERS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 962-5233 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM COVER PAGE WITH YOUR PROPOSAL.**

➤ ***Closing date has been moved out to MARCH 18, 2014, 2:00pm PST.***

#### **ACKNOWLEDGMENT OF ADDENDUM NUMBER THREE (3) TO RFP 962-5233**

COMPANY NAME: \_\_\_\_\_  
(PRINT)

SIGNATURE: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_  
(PRINT)

## QUESTIONS AND ANSWERS

- Q1. What authority is Fresno Department of Public Health (DPH) using to direct health care providers to participate in the Fresno HIE?**  
*A1. Meaningful Use*
- Q2. Is the program to be voluntary or required?**  
*A2. The syndromic surveillance component will be mandatory*
- Q3. Will Fresno DPH use participation in the Fresno HIE to verify that providers have established EDI exchanges meeting Stages 1 and 2 Meaningful Use public health requirements?**  
*A3. Yes, FCDPH will use participation in the Fresno HIE to verify that providers have established EDI exchanges meeting Stages 1 and 2 Meaningful Use public health requirements.*
- Q4. Or is Fresno DPH looking to the state to verify meaningful use for reporters? If so, does Fresno DPH have a plan to work with providers in mandatory reporting areas that the state is unable to verify because the data is collected and used only at the local level?**  
*A4. The county will work with individual providers in mandatory reporting areas that the state is unable to verify because the data is collected and used only at the local level.*
- Q5. Will health reporters signing up be allowed to continue using routine manual means (e.g. faxes) beyond potential exception/error processing?**  
*A5. No*
- Q6. Is Fresno DPH open to reporters paying a fee for use of the Fresno HIE so that it is financially sustainable? Or does Fresno DPH wish for the cost associated with processing provider data be built into the ongoing maintenance bid for Fresno to pay?**  
*A6. We are open to reporters paying a fee*

- Q7. Provider Outreach:** Question 15 in Addendum A asked *“Is a hospital/medical provider outreach program within the scope of this project?”* For which the response was *“Most of the hospital facilities are already apart of Central Valley HIE. They are already connected.”* Given that outreach is not included, could the following questions be clarified?
- a. Does this indicate Fresno DPH is planning to receive data from the Central Valley HIE rather than directly from providers?
    - a. *If the providers are already linked into CVHIE then we will not need to connect directly*
  - b. How does Fresno DPH envision the outreach process for Central Valley HIE to occur in order to establish the agreement to share data?
    - b. *That will be the vendor’s responsibility*
  - c. If the intent is to have (or at least enable) transmission of reportable data by reporters directly to the Fresno HIE, how does DPH envision the outreach process to occur?
    - c. *The HIE should have a Cal-REDIE interface built in so providers can submit directly to Cal-REDIE for reportable conditions*
  - d. In either case, it is conceivable that the HIE infrastructure will be built and operational well before actual production data begins to flow from any hospitals and providers. Given that outreach is a Fresno County responsibility, does DPH envision payment upon completion of the infrastructure prior to receipt of operational data?
    - d. *Payments will be made upon identified milestones per contract.*
- Q8. Query and reporting:** The functional requirements for query and reporting presented on page 25 of the RFP state that the HIE must have the ability for users to generate ad hoc queries using a variety of technologies, and to enable users to extract data in common formats.
- a. Question 9 in *Addendum 1* also bears on the query and reporting requirement. The question asks about the envisioned ability for the solution to enable manipulation of data. The response is that *“It is most important that the software be able to export the data to some non-proprietary format.”*  
Is it correct to conclude, therefore, that the reporting and query requirement is limited to capture of required data for download and manipulation using the indicated tools?
    - a. Yes
- Q9. The RFP calls out “BioSense,” “CAIR” and “Avatar” as specific systems for public health, Title 17 and Federal systems. Are the following systems to be addressed also?**
- Cal REDIE
  - RASSCLE - Childhood Lead
  - CCR – California Cancer Registry and Regional Cancer Registry
- A9. Yes**

**Q10. The need to be able to “download” public health data in format that supports Excel, SPSS and SAS was identified – this infers that there is a “place” to download the data from. Is Fresno looking for the HIE to provide this functionality?**

*A10. Yes*

**Q11. Is the HIE responsible for supporting downloads of cases, lab results and other data from CalREDIE or BioSense for Fresno?**

*A11. No, data can be exported directly from Cal-REDIE or Biosense*

**Q12. There was no expressed interest in an “application”, but to support downloads of data with access / privacy controls based on rules – an application that provides support for these queries, creation and templates is inferred.**

- **Can this be clarified?**
- **The “Clinical Alerts” section specifies that the HIE must have the ability to send e-mail alerts to providers based on user defined or designated criteria, thresholds, and/or triggers – this infers an application to set/manage such criteria. Can this be clarified?**

*A12. The clinical alerts are primarily the purview of physicians. If a physician wants to be alerted to a patients change in status this should be an available feature. The non-physician researchers that will be using this program will be alerted via the BioSense tool.*

**Q13. Does Fresno have enterprise / license agreements with the following?**

- **Orion**
- **Amazon Web Services**
- **Oracle**
- **Microsoft Azure**

*A13. Only Oracle and MS Enterprise at this time*

**Q14. It was mentioned that the Inland Empire Health Information Exchange was the HIE for the central valley.**

**a. Is this an official position?**

*a. No, that is not an official position. IE HIE forms the technological backbone for Central Valley HIE, which is backed by the Hospital Council.*

**b. Is there a contract with Inland Empire Health Information Exchange?**

*b. Not that I am aware of.*

**c. Is there a requirement to connect the HIE to Inland Empire Health Information Exchange?**

*c. The important requirement is a connection to CV HIE*

**Q15. Fresno identified the CDC BioSense 2.0 system as a destination for syndromic surveillance data.**

**a. Has Fresno executed a data use agreement with BioSense?**

*a. The agreement has not been executed yet*

**b. As BioSense 2.0 is a “catcher’s mitt” (receive only) at this time, does Fresno want the HIE to send the data to BioSense on its behalf?**

*b. Yes*

**c. Does Fresno also want to have the HIE maintain the data so that Fresno can download it in a form to support Excel, SAS and SPSS?**

*c. Yes*

**Q16. The topic of supporting LOINC and SNOMED codes as per Meaningful Use Stage 2 was mentioned. As laboratory data is being sent to Cal REDIE, will Cal REDIE be responsible for the implementation and support of the coding?**

*A16. Has not yet been addressed with Cal REDIE. Vendors to resolve.*

**Q17. CalREDIE is the application that Fresno is using. Is Fresno referring laboratories to send directly to CalREDIE or does Fresno desire that data to go through the HIE?**

*A17. Electronic lab reporting is already being implemented at the state level. Individual labs and providers are slowly being on boarded.*

**Q18. Multiple health information organizations have been mentioned as desired organizations including Inland Empire Health Information Exchange, the Local Extension Center, and Kaiser Permanente as well as individual and group provider organizations. Is the goal of Fresno to have this HIE support those (and other) Health Information Organizations and connect directly to the individual and group providers?**

*A18. It is not necessary to connect to the individuals if the data can be procured through connecting the HIO*

**Q19. By “standard HL7 formats” in the Data Transfer section – is Fresno referring explicitly to the three Stage2 public health reporting measures under Meaningful Use – Immunization, Syndromic Surveillance and Electronic Laboratory Reporting?**

**• If not, can this be clarified or a list provided?**

*A19. Yes*

**Q20. Under clinical alerts the ability to generate direct messages to providers was mentioned. Is this refereeing to the Direct Project protocol?**

**a. Is this an ability desired both to and from Fresno?**

*a. Two way messaging would be preferred*

**b. Is Avatar configured to support Direct at this time, if not, when?**

*b. Not at this time. There is no plan to implement this feature in Avatar*

**Q21. What is the list of third party systems used in Fresno county that need to be supported by HIE?**

*A21. Avatar, CAIR, MS Office, BioSense, also depends upon what your system may interface with.*

**Q22. Since the proposal talks about a hosted solution for HIE, will the county of Fresno take care of hosting or expects vendor to take care of it?**

*A22. The vendor should host.*

**Q23. Does County have any preference on the Hosting Platform? Is County open to Cloud based hosting?**

*A23. Yes, a cloud based system would be our preference.*

**Q24. Apart from HL7, would there be additional formats that need to be supported for data transfer? If so, can you list?**

*A24. HL7 is the primary requirement.*

**Q25. What is the version of HL7 that will be most widely to be used by the HIE?(v2.7.1 or v2.5)**

*A25. It will vary depending on organizations participating in the HIE and the EMR capacity.*

**Q26. With regards to HL7 transactions, will there be any need to up convert files from older versions to new versions when transactions are being passed into the system?**

*A26. This could be a possibility if outdated files are being uploaded.*

**Q27. As per our understanding, the scope of handling HL7 messages received involves 1) In scrub 2) Transform and 3) Validate the messages that needs to be sent to HIE. Please confirm if this understanding is correct.**

*A27. Yes, that is correct.*

**Q28. Does County expect HIE solution to convert messages of HL7 files i.e. some ORU's to be converted to MDM to generate Discharge Reports (Converting transcription results from ORU)?**

*A28. Not at this time.*

**Q29. What are the core systems and products used by County of Fresno?**

*A29. MS Office, Avatar, CAIR, CalREDIE are most applicable here.*

**Q30. Does County of Fresno have any existing system which holds the Patient/Provider data? If yes, should the data be migrated to the new HIE system?**

*A30. No*

**Q31. What other HIEs exist within or surrounding Fresno County that will be likely data trading partners and/or Fresno HIE stakeholders?**

*A31. CVHIE*

**Q32. Based on current Fresno projections, what is the likely number of HIE stakeholders/connections expected within the first 6 months/12 months/18 months/24 months?**

*A32. We are expecting to have the major hospitals in the region, excluding Kaiser participating in the HIE within 12 months.*

**Q33. What is the current approximate patient population within the County's jurisdiction that could be included in the HIE patient data exchange system?**

*A33. There is no way to estimate that*

**Q34. What would be the average volume of transactions that new system should support on a daily basis?**

*A34. Unknown, we have no precedent for this type of system nor outdated version of this system. We have no way of reliably producing a number here.*

**Q35. What are the organizations that DPH must share data from proposed HIE solution?**

*A35. Other providers that are sending data to the HIE. Also, the County would like to share data with the CVHIE.*

**Q36. Is MPI (Master Patient Index) required as part of HIE implementation?**

*A36. Yes*

**Q37. Is there any existing ETL process to link and get data from the hospitals? If yes, please provide details.**

*A37. Secured FTP*

**Q38. Are we targeting C32, CCD or CCDA Continuity Care Document as part of HIE implementation?**

*A38. Yes*

**Q39. Please share details about implementation timeline?**

*A39. We are expecting to onboard the largest facilities within the first three months and then begin to bring on larger physician practices and independent physicians.*

**Q40. Does the county have any preference on the technology platform?**

*A40. Anything that is current.*

**Q41. How much of current business processes are expected to change in the new application?**

*A41. None are anticipated.*

**Q42. What are the requirements for data retention? Can the County confirm the expected frequency of backup that needs to be maintained in the HIE solution? Is there any period set for data retention/archival in the system or will it be based on client (submitter/provider) need?**

*A42. According to HIPAA requirements*

**Q43. Please confirm if the County would provide infrastructure for development, training, testing and production environments, or if this is expected as part of hosting as well.**

*A43. It is expected as a part of hosting.*

**Q44. Will there be any exchange of data with federal systems (like SSA) through NwHIN/eHealth-Exchange network?**

*A44. Not at this time.*

**Q45. Will there be any interface with MMIS?**

*A45. Perhaps in the future.*

**Q46. Is there any patient consent management system that HIE needs to be integrated with, for disclosure of data in the CCDs? Will there be any specific localized consent provisions for mental/behavioral, substance abuse, minor consent patients?**

*A46. Yes, we would like a consent management system. We would like there to be localized provisions for organizations such as mental health.*

**Q47. Should the HIE solution meet MU stage 1 and 2 at the time of implementation?**

*A47. Yes*

**Q48. Is the third party applications like Epic, Genesis, Meditech, Biosense willing to do their changes to integrate with the new HIE solution, if required?**

*A48. We expect the vendor to ascertain whether desired entities will work with you.*

**Q49. Is there an expectation on NFR (Non functional Requirement) for HIE solution?**

*A49. Not at this time.*

**Q50. Is the County considering any mobile platform as part of the solution? If yes, please provide details.**

*A50. No*



**Q51. Can the County please confirm various transactions to be supported for each interface?**

*A51. See RFP; typical HL7 ADT, ORD, etc.*

**Q52. Can the County confirm who would be the direct end users of the system? Will they be hospitals and providers or the business solutions?**

*A52. The end users will include hospitals, providers, and researchers.*

**Q53. Can the County please confirm if the HIE solution is expected to support any additional language other than English?**

*A53. There is no requirement to be multi-lingual.*

**Q54. Can the County please share response Time SLA requirements from system performance standpoint?**

*A54. 24/7; 95% uptime as stated in RFP*

**Q55. Please confirm if there is any data migration involved from existing system(s) to the new HIE solution. If yes, please provide details, and will data migration testing be part of scope?**

*A55. We do not have this data currently. Thus, there is no requirement to integrate legacy systems.*

**Q56. It is assumed that all PHI data will be handled by County team and masked data will be provided by County during the testing activities of HIE solution. Please confirm.**

*A56. Yes*

**Q57. Please confirm our understanding - the vendor will be responsible for designing test cases for UAT testing. Actual execution of UAT will be performed by DPH users. Vendor team will provide required support during the execution.**

*A57. Yes*

**Q58. It is mentioned that DPH has 450 employees and there are 1918 licensed and practicing allopathic physicians and surgeons.**

**Can you please specify the range of users that will be using the proposed HIE application.**

*A58. Hospitals, Physicians, Researchers (within the County staff)*

**Q59. It is mentioned that 'The HIE should consist of the primary features listed below, and have the ability to transfer data or interface with area systems, such as BioSense, CAIR, and Avatar, to provide a solution to meet or exceed the primary operational and functional requirements identified in this Scope of Work.'**

**Please confirm - if the scope of testing includes validation at data transmission only or also includes validation at data level.**

*A59. It includes validation of data transmission and validation of the data once it is in the system.*

**Q60. Is there any predefined structure being maintained by the County for meaningful use of requirements? If yes, can the county share a sample format of RIM (Reference Information model) that is being used currently for creating CCD's or bidder has to arrive at the CDA structure to be used?**

*A60. Currently, the county is using HMS-EPI Center for syndromic surveillance.*

**Q61. As per our understanding, HIPAA security and compliance requirements are handled by County's Audits and maintenance team. Is the vendor expected to setup the HIPAA security systems and maintain them for the County during testing?**

*A61. We expect the system to be HIPAA compliant; we will establish HIPAA secured connections to the hosted application.*

**Q62. It is mentioned in the RFP 'Where appropriate, use of generally accepted health industry data format and transactions standards.'**

**Is HIE solution expected to incorporate the ePrescribing methods also among the providers? If yes, please provide details.**

*A62. No*

**Q63. Can you please confirm if the multiple foreign system identification numbers need to be captured at the message level or at the HIE system level?**

*A63. Yes, we would like to maintain multiple FNI; Message level and HIE level.*

**Q64. What are the expected clinical lab results formats expected to flow into the HIE system (e.g. ORU etc.) and what trigger types are to be handled here.**

*A64. Unknown at this time.*

**Q65. We understand that ADT message types need to be handled as part of scope. Can you please confirm the various transactions within the ADT's that need to be handled (example ADT\_A01, ADT\_A03, ADT\_A08 etc.)**

*A65. Unknown; will vary by system.*

**Q66. Does the County handle only ADT type or also other types including ORU, MDM's? Please confirm.**

*A66. May handle other.*

**Q67. Does the County expect the HIE solution to capture metadata when files (CCD) are processed and exchanged?**

**A67. Yes**

**Q68. Can the County share details on the frequency of producing and sharing the electronic output between external systems and HIE Solution? Does data sharing take place in a query based exchange model? Please confirm.**

**A68. Yes, a query based exchange is what we had in mind.**

**Q69. Please confirm if delivery of files needs to take place through any gateways of business solutions/FTP's (Secure client transport)**

**A69. Download of the data exports from the HIE should be procured through a secure web interface.**

**Q70. Please confirm if data needs to be transferred to the end user in an encrypted mode (encrypted file).**

**A70. Yes, the file should be encrypted.**

**Q71. What is the growth of business and functionality causing increase in load to the application? What will be its impact on the application in terms of data and user growth?**

**A71. Less than 10%.**

**Q72. Please confirm if there is any restriction from the County in executing any project component(s) from offshore delivery location.**

**A72. U.S. provided support is preferred.**

**Q73. Does the County have an existing IT support team who can be leveraged to provide L1 support (if required)?**

**A73. No**

**Q74. Please confirm if the County will take care of provider onboarding.**

**A74. Ideally, the vendor would do this.**

**Q75. Please confirm if County would provide the necessary hardware/software/middleware related enterprise licenses, that are necessary to setup the HIE platform (licenses that are needed to support the HIE product).**

**A75. We are seeking a hosted solution. County will provide required hw/sw/mw for interfacing.**

**Q76. Is the county prepared to negotiate the services agreement (as opposed to requiring vendors to accept the county's template without any comments/exceptions)?**

*A76. County will use its own template. Exceptions are to be noted in bid, refer to pps. 14, 20, 33 of the RFP.*

**Q77. Can we get the Organization structure of Fresno County for this engagement?**

*A77. Yes*

**Q78. Is there any penalty levied if SLA's are missed during Warranty period?**

*A78. It is possible.*

**Q79. Does the County expect 24 x 7 customer service support post implementation? Please specify.**

*A79. No; most support is required M-F, 8am-5pm, and minimal support on weekends.*

**Q80. What will be the project funding source and is there any approved budget? Can you specify?**

*A80. Funding is available.*

**Q81. Can you tell me how many clinical providers (Physicians, Nurse Practitioners, Physician Assistants, Audiologists, Optometrists, Therapists, Occupational Therapists, Physical Therapists, Music Therapist, Speech Therapists, Massage Therapists, Chiropractors, Anesthesiologists, Psychologists, Dentists, Hygienists, Licensed Social Workers, Midwife, Nutritionists, Dietitians, Counselors, Mental Health Practitioners, Neurophysiologists, Nurses that provide patient care, and Podiatrists employed by or under contract with Customer to provide services within the medical field) are expected to participate in the HIE?**

*A81. Unknown at this time*

**Q82. Can you tell me how many patients will be participating in the HIE?**

*A82. Unknown at this time*

**Q83. Do you know the vendor mix of existing EMRs in out-patient physician offices in Fresno? If so, can you provide a listing of those vendors?**

*A83. Unknown*