

ADDENDUM ONE

DATE: October 11, 2013

TO: All Vendors

FROM: Nancy Storant/Robert Thompson, Buyers
 State Purchasing Bureau

RE: Questions and Answers for RFP Number 4518Z1
 to be opened November 01, 2013, 2:00 PM Central Time

Part IV.D.4.k is hereby amended as follows: Part IV. D. 4. k: Allow the DHHS and authorized users to export data to other data systems in the following formats without limit to file size to include, but not limited to:

- i. XML
- ii. Microsoft® (MS) Access®
- iii. Microsoft SQL export file requirements:
 - a) bcp export file of only Nebraska data
 - b) The corresponding bcp format file
 - c) Command line file which calls bcp import to import the exported bcp file into the DHHS database.
- iv. HL7 Standard where applicable.

Following are the questions submitted and answers provided for the above mentioned Request For Proposal. The questions and answers are to be considered as part of the Request For Proposal.

QUESTIONS	ANSWERS
<p>1. In response IV.D.6 it discusses migration of records and time frame:</p> <p>Please identify the commercial name of each system to be migrated.</p>	<p>The commercial names of each system to be migrated are:</p> <p>State Bridge</p> <p>Resource Bridge</p> <p>Trauma Bridge</p>

QUESTIONS	ANSWERS
<p>2. In response IV.D.6 it discusses migration of records and time frame:</p> <p>Does the State of Nebraska have a database schema for our review?</p>	<p>Since this information is proprietary, the awarded contractor will work with the current contractor and DHHS to obtain the database schema.</p>
<p>3. In response IV.D.6 it discusses migration of records and time frame:</p> <p>Does the State of Nebraska have a database dictionary or mapping for the values stored?</p>	<p>The data dictionaries are available at the following locations:</p> <p>EMS Option – www.nemsis.org</p> <p>Trauma Option – Nebraska Trauma Registry Dictionary http://dhhs.ne.gov/publichealth/nebraskaems/pages/Trauma.aspx</p> <p>National Trauma Data Standard http://www.ntdsdictionary.org/</p> <p>HAvBed Option – see RFP part IV.D.11.a. IV.D.11.a reads: Data is to comply and meet or exceed national data set requirements: HAvBed requirements are established by the Agency for Health Care Research and Quality (AHRQ) and are now managed by the U.S. Health and Human Services Secretary's Operations Center (SOC).</p>
<p>4. In response IV.D.6 it discusses migration of records and time frame:</p> <p>What is the estimated number of records expected to be migrated?</p>	<p>The estimated number of records expected to be migrated are approximately:</p> <p>EMS Option - 1.1 million</p> <p>Trauma – 18,000</p> <p>HAvBed - 150</p>
<p>5. In response to IV.D.8c it discusses about providing all licenses needed:</p> <p>How many seats does DSHS have that will require this type of deployment?</p>	<p>It is expected that greater than 200 end users will need functionality to allow point of care data collection with laptops in areas where wireless broadband service is not available.</p> <p>An unlimited license for permanent and mobile users is preferable.</p>
<p>6. In the Project Overview, it states there are 437 emergency units;</p> <p>Are emergency units the number of vehicles or departments/agencies?</p>	<p>437 emergency units represent the number of EMS licensed services, either as a basic life support service or an advanced life support service.</p>

QUESTIONS	ANSWERS
<p>7. In the Project Overview, it states there are 437 emergency units;</p> <p>If vehicles, then how many department/agencies?</p>	<p>See response to question #6 above.</p>
<p>8. In the Project Overview, it states there are 437 emergency units;</p> <p>If department/agencies, then how may vehicles?</p>	<p>DHHS does not license or track the number of EMS vehicles thus the number of vehicles is not known.</p>
<p>9. In IV.D.4n, can you provide additional information on what you want to do with the backup file? How do you plan to use the data and are you flexible to look at alternative methods to view and report data?</p>	<p>The raw data contained in the backup file is used to conduct analysis for public health. The analysis requires more than the need to view and report data.</p> <p>The RFP requirements must be met but alternate methods may be proposed as long as they meet or exceed the requirements of this RFP.</p>
<p>10. In Option 4 - Form E1 - Public Health Information Systems - HAvBED - Requirement IV.D.5g states that "Transition to International Classification of Disease-10 (ICD-10) shall be completed by October 1, 2014 at no charge to the State." Can you clarify your use of ICD-10 within this specific solution (HAvBED and Resource Management) RFP?</p>	<p>Transition to International Classification of Diseases-10 (ICD-10) is not required for the HAvBED option, but is required for the other options.</p> <p>Form E.1 will be amended to remove IV.D.5.g as a requirement for HAvBed. See Revised Form E.1 Dated October 11, 2013</p>
<p>11. In Option 4 - Form E1 - Public Health Information Systems - HAvBED - Requirement IV.D.5g states that "Transition to International Classification of Disease-10 (ICD-10) shall be completed by October 1, 2014 at no charge to the State." The ICD classification is typically seen in coding systems for billing and reimbursement & patient registry's - such as Trauma Registry Systems. How would you be using ICD-10 in a HAvBED system?</p>	<p>See response to question 10 above.</p>
<p>12. Please provide clarification on what is required to answer "IV.F.2". Review of "RFP and subsequent Amendments." provided no clarification of what is required for the question regarding "System Design document".</p>	<p>In reference to IV.E.2 on page 33, the System Design Document describes the system requirements, operating environment, system and subsystem architecture, files and database design, input formats, output layouts, human-machine interfaces, detailed design, processing logic, and external interfaces.</p>

QUESTIONS	ANSWERS
<p>13. RFP Section Reference IV.B RFP Page Number 26 Of the 48 centers, how many are expected to use the new state system, and how many are expected to continue to run existing local solutions?</p>	<p>Of the 48 centers, 40 are expected to use the new state system and 8 are expected to continue using their existing local solution.</p>
<p>14. RFP Section Reference IV.A RFP Page Number 28 Can you elaborate further on the requirement to support small form factor devices (such as smart phones) for the trauma registry application? Most trauma registry users are desktop-based and would benefit from full-sized screen formats.</p>	<p>In reference to IV.D.4.a, bidders should describe whether the system is currently capable of functioning on a tablet or smart phone, and if not describe in the response what it would take to develop that functionality.</p>
<p>15. RFP Section Reference IV.C RFP Page Number 28 For licensing, hosting sizing, and other considerations, can you define a practical limit on the number of concurrent users who would access each of the systems?</p>	<p>In reference to IV.D.4.c., the average number of concurrent users is not available. The number of users could be:</p> <p>EMS Option - 12,000</p> <p>Trauma Option: 125</p> <p>HAvBED Option: 100</p> <p>Patient Tracking Option: unknown</p>
<p>16. RFP Section Reference IV.E RFP Page Number 28 In regards to trauma registry, can you elaborate on the types of data (if any) that would require security level restrictions for reporting? I.e., are there any “groups” of data points that could be established</p>	<p>In reference to IV.D.4.e., examples of security level restrictions are Performance Improvement indicators and Complication data collected by hospitals. Additionally, varying user roles need to be established based on individual user access rights.</p>
<p>17. RFP Section Reference IV.H RFP Page Number 28 Are customized data elements envisioned to be “system-wide” to allow for reporting and analysis consistency?</p>	<p>In reference to IV.D.4.h, the customized data elements created by DHHS users are system-wide to allow for reporting and analysis consistency.</p> <p>For non-DHHS users the system must provide flexibility to create customized data elements with appropriate formats. The formats not system-wide allow the creating users to be able to include them in internal reporting and analysis.</p>
<p>18. RFP Section Reference IV.K RFP Page Number 28 Can you elaborate on which users will require Microsoft SQL Export? (We presume just DHHS).</p>	<p>In reference to IV.D.4.k, only DHHS users will require Microsoft SQL Export.</p>

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<p>19. RFP Section Reference IV.K RFP Page Number 28 Can you elaborate on the specific format(s) and use cases envisioned for the XML and HL7 export formats?</p>	<p>In reference to IV.D.4.k, for flexibility to interface with other systems XML and HL7 are required.</p>
<p>20. RFP Section Reference IV.L RFP Page Number 28 In regard to the trauma registry, what type of data exchange, interface, vendors, and applications are envisioned will have access from the state to “pull” data from the trauma registry?</p>	<p>In reference to IV.D.4.l, each facility will export an XML file to upload to the National Trauma Data Bank.</p>
<p>21. RFP Section Reference VI RFP Page Number 29 Can you provide information regarding the current provider for the trauma registry system and the nature and format of the historical data that will need to be migrated? (e.g., format, # of tables, # of fields)</p>	<p>In reference to IV.D.6, ImageTrend, Inc. is our current provider.</p> <p>See responses to questions #2 and #3 above.</p>
<p>22. RFP Section Reference VIII.C RFP Page Number 30 Is there a set of state-specific data points that are envisioned to be captured on the web PCR? I.e., we presume that services will not be required to complete all 600+ NEMSIS V3 data points.</p>	<p>In reference to IV.D.8.c, not all 600 NEMSIS V3 data points are required. Approximately 300 national and state data points are expected to be included for each patient care record.</p>
<p>23. RFP Section Reference IX.A RFP Page Number 31 Can you provide reference to the latest or envisioned State Data Dictionary? How many data points are envisioned above and beyond NTDB? We presume that when you refer to NTDS, you are specifically referring to the NTDB data points and not the optional data points that are for centers participating in fee-based ACS initiatives.</p>	<p>In reference to IV.D.9.a, currently, NTDS contains 96 elements. The Nebraska data dictionary contains approximately 200 data elements. If the Nebraska trauma centers would like to participate in any American College of Surgeons initiatives the awarded contractor’s system will meet those additional requirements.</p>
<p>24. RFP Section Reference IX.D RFP Page Number 31 How many third party systems may be involved in this requirement? I.e., minimum # expected; maximum # plausible; #of different vendor systems; etc. Does the state expect most existing third party systems to remain in place or for many/most of them to migrate to this new system?</p>	<p>In reference to IV.D.9.d, there are currently three third party systems used for Trauma in Nebraska.</p> <p>DHHS does not know how many existing third party systems will remain in place.</p>

QUESTIONS	ANSWERS
<p>25. RFP Section Reference IX.G RFP Page Number 31 Can you elaborate further on this requirement? We presume that data that is to be viewable at a state will be those data points in the State Data Dictionary; and at a national level, to be those data points that are included in the NTDB specification. Is there some additional requirement needed, other than supporting these specific requirements?</p>	<p>In reference to IV.D.9.g, see responses to questions 16 & 17 above.</p>
<p>26. In IV.D.4m, can you explain what patient care data you plan to enter into the HAvBED system?</p>	<p>The reference to “patient care data” requirement in IV.D.4.m means not just having a count of open or available beds, but a way to code those beds as typed resources. For example, whether an available bed is Level I Trauma, burn unit, long-term care, etc.</p>