Department of Health and Social Services
Finance and Management Services
Grants and Contracts Support Team
350 Main Street, Room 6
Juneau, Alaska 99801

RFP #0614-107
Alaska Birth Defects Registry System (webABDR)

Amendment #1

Amendment Issue Date: August 18, 2014

IMPORTANT NOTE TO OFFERORS: Only the following items referenced in this amendment are to be changed. All other sections of the RFP remain the same. A copy of the amendment is available on the State's Online Public Notice website.

Please see below the list of responses to questions submitted by interested parties.

Anne Vander Naald
Procurement Officer
(907)465-4515
(907)463-6421 Fax
E-mail: anne.vander-naald@alaska.gov

#	Section	Page #	Clarification Required	State of Alaska Response
1	2.03 Site Inspection	11	As mentioned in the RFP, "The location of work performed, completed and managed is at the contractor's discretion, within the United States". Will state be open for Onsite- Offshore service delivery model ?	See Section 1.05 of 0614-107 RFP
2	5.06.4 Test	50	As per our understanding the following testing types will be in scope. Please confirm: a. System\Module testing b. System Integration testing c. Regression testing d. Data conversion testing e. UAT Support Testing f. Post Product Implementation Testing Are there any preferred testing/test management tools? Is the tool licensing cost also is covered as part of the $ 200,000 budget?	MCH-EPI has no preference as to testing/test management tools. Any type of testing necessary to ensure error free application operation is required. All costs for tools/software used in the course of this project are the contractors responsibility. There is no reason or benefit to constrain the vendor to a specifc set of test tools. However, DHSS ITS should not be expected to host/install/troubleshoot/maintain a set of testing tools for the successful applicant. They would also need to provide all of the infrastructure and training for the testers, and should be included as part of the cost of doing business under the contract.
3	2.08 Minimum Qualifications	12	As mentioned in the RFP, "The contractor must state at a high level how they will provide compliance by following (Attachment 23: Security Standards - NIST800-53 Controls and Attachment 24: Security Standards – Security Plan Template". Please confirm is the contractor expected to perform any Vulnerability & penetration test along with the role based security testing that will be performed as part of system testing.	Vulnerability scanning and source code review will be conducted by DSO and ITS.
4	5.03.30 Interfaces	43	As mentioned in the RFP "The application will operate from Windows ® operating system-based touchscreen devices (laptops / tablets)". We assume that testing of the application on mobile devices will not be required. Please confirm.	Correct. Testing of mobile devices will not be required.
5	4.03.3 Industry Standards Condition	28	Section 4.03.03 talks about Accessibility/508 standards. Is State expecting vendor to perform any accessibility / 508 compliance testing as well?	The State is expecting the vendor to guarantee system compliance with section 508 requirements (http://www.section508.gov/). Assumed within that guarantee is some sort of testing or verification process which could be shared with the State upon delivery of the system.
6	4.01 Business Background Information	24	Are there any existing test scenarios/cases available for the current system which can be reused?	No. We can use existing data to build testing scenarios.
7	General	General	Is it Mandatory to Use the Biztalk to this solution ?. Or any existing the source system or Provider or Agencies sending information thru Biztalk?	No
8	5.03.4 Incoming Encounter Data	35	Do we need to create and maintain the EMPI's when we identified the multiple encounter data for same Child patient?	All encounters reported by Agencies including all multiples will be accepted and maintained from any reporting entity (stored in the 'All Incoming Records table'). This table is used to ensure that all received reports are available for audit purposes.
			Since multiple providers or agencies send their encounter data for same child patient with different identifiers?.	The 'Encounters table' stores encounters based on the unique combination of individual + ICD + Agency. Every report by any agency for a unique individual and ICD combination is added to this table. Reports for the same individual and ICD combination from different agencies are added to the table. Reports from the same agency for each individual and ICD combination are not added to the 'Working Encounter table'.
			How do you know to keep which source of information always correct?.	When reports come in we do not know which agency report is correct. For conditions that do not require abstraction for confirmation the case file is marked 'Closed' and the diagnosis is accepted as received. From that point on no more encounters for the combination of individual and ICD are accepted. For conditions that require abstraction (case review) to confirm a diagnosis, the abstractor reviews the agency reports and uses the reporting agency classification as a guide to best determine where to go to determine the correct diagnosis.
9	5.03.7 Batch Data Input	36	Any other file format are expect to support importing the Encounter Data other than xls, xlsx, csv and txt.	No. The incoming txt file formats vary. There are fixed width, comma and " delimited incoming files.
10		37	which version of ICD code we are using (ICD 9 or ICD10 or both) ? Any other coding system being used by providers or agencies?	Both
11			Does the SOA DHSS seek a custom application, or are you searching for a Commercial Off the Shelf solution?	We have no preference as to custom or COTS solution. Any proposed solution should meet the requirements of the RFP.