

STATE OF ALASKA  
Department of Health  
Office of the Commissioner



## HEALTH INFORMATION EXCHANGE (HIE) SERVICES

RFP 2022-0600-5055

**Amendment #2**

August 17, 2021

**This amendment is being issued to answer questions submitted by potential offerors and to provide additional important information. Offerors must use Submittal Form A – Offeror Information to acknowledge this amendment.**

A handwritten signature in blue ink that reads "Jason Grove".

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**Questions submitted by potential offerors and answers from the State:**

**(Note: the question numbering reflects a continuation from RFP Amendment #1)**

**Question 25:** RFP Section 3.13 states “certifies that all services provided under this contract by the contractor shall be performed in the United States. If the offeror cannot certify that all work will be performed in the United States, the offeror must contact the procurement officer in writing to request a waiver at least 10 days prior to the deadline for receipt of proposals.”

- a) We are blended between the United States, Israel, and India.
- i. Solutions Management and Development are in Israel and the United States – this would address any solution updates to meet any specified requirements.
  - ii. Managed Services is primarily delivered from India.
  - iii. Professional Services for implementation would be a combination of United States and India personnel.
  - iv. Technical Support utilizes all 3 countries.

**b) Would a waiver for this be granted?**

**Answer:** The State has been unable to determine whether a waiver would be granted. Offerors should propose as they see fit, keeping in mind that services performed outside the United States may not be approved. Approval will *not* occur for services outside the United States that involve contractor staff that will have access to any production systems, nor any services performed from India. Also please the answer to Question 26.

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**Question 26:** Is it acceptable to propose a hosted system solution with data housed outside of Alaska?

**Answer:** The system may be hosted but the data cannot be housed outside of the United States.

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**Question 27:** What is the State’s satisfaction with its current HIE?

**Answer:** For insight pertaining to the State and HIE’s partnership please refer to the annual public legislation report:

[https://health.alaska.gov/HIT/Documents/2021\\_AnnualHIEReport.pdf](https://health.alaska.gov/HIT/Documents/2021_AnnualHIEReport.pdf)

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**Question 28:** Regarding the mandatory requirements, Submittal Form E says the following:

- For the prior experience requirements, the offeror must explain how they currently meet these requirements.
- For the other mandatory requirements, the offeror must explain how they will comply with the related requirement.

Regarding the other mandatory requirements, we have some items that are on our roadmap and currently being worked on. When would these requirements need to be met? Would it be (1) by the

time we submit the proposal, (2) by the time the contract is signed or (3) by the time the system goes live? If it is (2) or (3) then how should we answer those questions?

**Answer:** The other mandatory requirements must be met by the time of system go-live. If the offeror does not currently meet a requirement but will be able to meet the requirement by the time of go-live with services in Alaska, you must include in the explanation the process that would lead to compliance with the requirement and what the go-live plan will be in Alaska. Go-live is defined as the ability to provide the required HIE services to the State of Alaska, which will be mutually agreed upon by both parties prior to contract execution.

Submittal Form E has also been updated to reflect the above answer. **Offerors must use the updated Submittal Form with their proposal.**

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**Question 29:** Please clarify the expectations on page 33 regarding local presence with a percent of staff resident in Anchorage Alaska. Is it the expectation the awarded vendor would open an office in Anchorage? Could this requirement be satisfied with a work from home workforce?

**Answer:** Per Section 3.14 of the RFP, while offerors must outline their office location and any on-site travel for the work being performed, propose how they have a local presence in Anchorage, and have some percentage of staff residing in Anchorage, the State does not expect the contractor to open a physical office in Anchorage or have a set percentage of staff residing in Anchorage. Offerors must describe their office location / on-site travel, local presence in Anchorage, and percentage of staff in Anchorage in Deliverable D001 – Project Management Plan. This is to help determine how the awarded contractor will engage with State leadership, tribal health organizations, medical providers and payers, community members, and local stakeholders in Alaska.

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**Question 30:** Various provisions in both the Standard Agreement and Business Associate Agreement indicate that the State will own any data or work product that results from the HIE operations. Is that interpreted to include data that is not sent to or from the State, but simply housed in the HIE? How does this apply proprietary software and/or interfaces (that may be partially funded by participants)? Are there any notable exceptions to this? This question is specific to Article 10 of the Standard Agreement Form and Section 7 of the Business Associate Agreement.

**Answer:** In general, Article 10 of the Standard Agreement Form applies to actual designs, drawings, specifications, notes, artwork, other materials developed in direct relation to a contract, and data. This Article is one that most often sees requested changes from offerors in their proposal in accordance with Section 7.04 of the RFP.

Section 7 of the Business Associate Agreement is specific to Personal Health Information (PHI) as the State must own this data particularly if a transition from one contractor to another will occur. Language has been added to Section 7.05 of the RFP similar to Section 7.04 that any requested changes to the BAA must set out in the offeror's proposal in a separate document.

Please note that Department of Law must approve any changes to the SAF or BAA. If Law does not approve and an offeror is susceptible to contract award, both the State and the offeror must move forward to agree to terms if the contract is to be finalized.

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**Question 31:** Current HL7 Interfaces:

- a. As a new HIE partner, we would need to create new interfaces to each hospital working with each hospital). What are the current Hospital connection standards?
- b. How many total feeds does the current HIE have (some hospital systems send in an aggregate feed across for many distinct facilities)?
  - i. # of CCD feeds?  
Monthly Volume?
  - ii. # of ADT feeds?  
Monthly Volume?
  - iii. # of any other feeds (ORU, MDM, VXU, etc)?

**Answer:** The current HIE is not inclusive of all providers in the state. It is integrated across communities at varying levels of data volume and may not be reflective of future HIE services. The current HIE connections may or may not change. Our recommendation is to write your proposal with demographic and background information that is available in the RFP.

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**Question 32:** Direct Messaging

- a. How many addresses does the the current HIE host?
  - i. Are all addresses on the same domain?
  - ii. If not, how many subdomain addresses are there?
- b. Does the HIE provide addresses to providers?
- c. How many internal addresses does HIE have?
- d. How many transactions inbound per month?
- e. How many transactions outbound per month?

**Answer:** The State of Alaska currently has 1,263 active DSM addresses with a total of 160,450 messages year to date. The State of Alaska has recently implemented secure email. As a result of secure email and user management efforts, the State of Alaska is working to disable several inactive accounts. However, the State of Alaska recognizes the need for DSM to communicate to providers who do not have secure email.

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**Question 33:** Public Health Connections

- a. How many public health connections does the HIE currently support (ELR, Syndromic Surveillance, Immunization Reporting, Registry Reporting or other)?
- b. Is the HIE connected to the state's PDMP?

- c. Are there any other Alaska specific public health use cases the HIE supports besides the cases mentioned above?

**Answer:** The State collaborates with the current HIE to offer electronic lab reporting, syndromic surveillance, electronic case reporting, and immunization integration for HIE participants.

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**Question 34:** Lab Resulting

- a. It is our understanding that there are no lab feeds currently coming into HIE as they are only mentioned on deliverable D021. Can you please verify?
- b. Would you like us to add the ability to provide electronic lab ordering to the hospitals and providers in HIE?

**Answer:** The State collaborates with the current HIE to offer lab integration with the HIE to support care coordination and public health reporting. Alaska is not requesting electronic lab ordering services.

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**Question 35:** CCD Querying

- a. How many member hospitals query against HIE (XDS.b or XCA)?
- b. Does the HIE provide a comprehensive or super CCD of patient data?
- c. Does the HIE federate out queries to other external networks and if so, which networks/HIE's (CommonWell, CareQuality, EHEX, etc)?

**Answer:** Please address how you will meet the requirements for query services as described in the RFP.

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**Question 36:** Users

- a. How many provider portal active users does the current HIE have?
  - i. Does the HIE manage the user accounts or is that delegated to the participant organizations?
  - ii. How many monthly logins do the providers produce?
  - iii. How many patient lookups are the providers doing per month?
- b. How many patient portal users does HIE have?

**Answer:** Please address how you will meet the requirements for portal usage and account management as described in the RFP.

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**Question 37:** Results Delivery

- a. Provider based routing
  - i. We assume your messages are routed based on provider IDs. Are your rules based on the information in the messages themselves or are they based on provider/patient

relationships that come from an external source (i.e. can I route a message just by looking at the providers in the message, or do I need to look up the patient in an external system?)

b. Patient based routing

- i. Do you support routing of ADTs/CCDs to payers based upon their member files? If not, are you interested in supporting this functionality?

**Answer:** Please address the requirements at described in the RFP.

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End of Amendment #2