

RFP 2023-0600-5230 - 0621-102
 Medicaid Billing and Clinical Documentation Information Management System
 AMD#4 - 10/11/2023

Q#	Document / Section	Page / Row	Question
1	1.01 (a) Purpose Statement		What is the role of the disparate provider groups for their use of the provider portal. Is it for data sharing and collection of key data, or will they require the full capabilities of the EHR (diagnoses, notes, treatment plan creation/modification, claims submittal, etc..)?

Response: Section 2.02 provides additional insight into the different roles. For some agencies, the solution will allow for the collection of key data needed for grant reporting. In addition, organizations may take the solution to next level of utilization which can include full Electronic Health Record Capabilities including both electronic or paper billing and a Contract Management component which allow ISA Authorizations and Claims Adjudication business process. In addition, there are the capabilities beyond the behavioral health clinical setting such as Therapeutic Court Case Management, Alcohol Safety Action Program Case Management, both of which will need a feedback loop with the clinical setting and the ability to send information back and forth between case management and behavioral health clinical setting. For the full set of requirements, please review the entire RFP and attachments including the RTM.

2	1.02 - Budget		The State is asking for a very complex solution with numerous requirement areas (billing, EHR, client and provider portals, analytics/reporting and more). Is the State open to expanding the budget for this project?
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Response: At this time, we are not looking to expand the budget beyond the current five-year base term. Section 3.02 Contract Term and Work Schedule states that for the potential optional one year renewals beyond the base term, the ability to expand the budget is dependent upon CMS and State budget appropriations at a later date. Interested parties to this solicitation are not expected to propose costs beyond the five-year base contract performance term at this time.

3			Can you provide estimated counts or the total people/clients being served in State of Alaska and the count of encounters/visits by treatment setting or program?
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Response: To answer this question, parameters were created to establish a total. Looking at a three-month time period 7/1/22-9/30/22 there were approximately 19,200 active unique clients in the system. Of this population, there were 14,219 unduplicated clients that had one or more treatment encounter notes to indicate them as a behavioral health treatment client. The Encounter Note, also known as a Progress Note reflects a specific service and associated with a CPT, HCPCs or other internal billing code. In this population, 8,427 had a Mental Health Service, 2,503 had a Substance Use Disorder Service and 3,750 had a service for Co-Occurring Disorders. Non-billable misc notes to file were not counted as they could not be tied to a treatment setting. Of the services themselves, there were 150,145 Mental Health Services, 81,716 Substance Use Services and 77,315 services to Co-Occurring Disorder Clients. Beyond the Treatment Setting, this time period had 5,502 individuals who received Case Management Notes in the Alcohol Safety Action Program (ASAP) with a total of 60,773 Case Management notes for ASAP. Therapeutic Court who have a separate and more robust Case Management integrated component had 323 clients and 11,827 case management notes and ReEntry which uses the same Case Management Module as Therapeutic Courts has 665 clients and 33,449 case management notes in this time period.

4			How many providers would be e-prescribing?
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Response: At present time, no provider is using the current application to e-prescribe. It is difficult to project how many providers will use it in the future.

5			Do you have preferred reporting tools, e.g., Tableau, Power BI, Crystal, SAS?
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Response: Presently, the DOH team uses SQL, R, Power BI and may investigate Tableau.

6			Do you have a preference regarding Analytic tools? Tableau? Power BI? Other?
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Response: Presently, the DOH team uses SQL, R, Power BI and may investigate Tableau. There is an expectation for DOH staff to have access to a copy of the data to also create their own reports. There are other datasets that must be cross-referenced to build some of the more complex queries or ad-hoc requests that need immediate responses and are managed internally.

7			Do you have specific KPIs that you are tracking now/would like to track with the new system?
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Response: Key Performance Indicators (KPIs) for the division can be a moving target as different funding streams present new requirements. A consistent funding stream and reporting obligation is from SAMHSA's Treatment Episode Data Set (TEDS) requirements which allow for a stable data requirement where current information can be compared against past data.

8			Has the State seen demos of or had conversations with vendors regarding specific solutions prior to the issuance of the RFP? If so, can you elaborate on those applications?
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Response: The state did not meet with any vendors for further discussion or request demonstration of any product following the response to the RFI posting referenced above.

Q#	Document / Section	Page / Row	Question
9	RFP, Sec. 3.01 Scope of Work, (e) Contractor Staffing Requirements, (II) Staffing Model and Key Personnel	46	Given the stated budget and generally higher costs of the Chief Security Engineer position, can DOH provide the rationale behind the requirement for offerors to dedicate a Chief Security Engineer 100% during Maintenance & Operations?

Response: Regardless of job title, someone in the organization needs to ensure completion and continuation of:

A Code Scanning attestation which confirms the offeror performs MITRE conformant code scanning against each deployable version of the code base and remediates medium, or higher flaws. A Server vulnerability scanning attestation confirming that the offeror performs regular vulnerability scanning against all in-scope servers and remediates identified vulnerabilities in a timely manner.

10	Attachment 13, General, Requirement Categorization	Rows 17-18	Can you further define "Modification Required" and "Future Release" to address expectations pertaining to cost? For example, if vendors indicate "Modification Required" for a specific requirement, does that indicate the requirement is covered within the cost proposal or would be addressed through a change request?
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Response: Modification Required – The offeror indicates that the proposed solution will require application programming changes in order for the application(s) as proposed meets the RFP requirements. Development, testing, and implementation of the application modifications is expected to be part of the offeror's RFP cost proposal.

Future Release – The offeror indicates that the proposed solution will be modified in the future to include the application requirements and will not require a separate Scope of work.

11	Response #16 and Sec. 4.010 DOH IT Requirements	4 64	Based on DOH response #16 issued with AMD#2 on Sept. 7th, will DOH be releasing a new version of Attachment 14 with updated RFP instructions and a new version of Dept Technical Requirements so respondents will know which questions are required to respond to?
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Response: No new version of Attachment 14 will be released. Please see AMD#2 Question 16, State's response below:

16	Sec. 4.010 DOH IT Requirements	64	The RFP states "For each question where the Response Required Column is "Yes" refer to the reference section number in the corresponding IT reference document to find background material regarding the question. Provide answers to required questions either in the body of the Offeror response to the RFP or the comments column of the spreadsheet." However, there is no Response Required Column in Attachment 14. Please confirm that offerors should answer every question listed in the attachment.
<p>Response: No Response Required Column</p> <ul style="list-style-type: none"> o Correct. That was removed but the default RFP instructions haven't been updated. o For now, until a new version of Dept Technical Requirements is drafted, respondents will need to respond to all. o There are some that are clearly for SaaS and others clearly for On-Prem. Depending on their proposed solution they can indicate "N/A- Does not apply SaaS solution" or vice versa. 			

12	General	RFP Section 3.01(b)	Whereas this section contemplates that Contractor will participate in "significant additional joint review sessions" to further define the system requirements, how does the State plan to address the costs or price changes that come out of these sessions?
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Response: After the intent to award has been issued, and prior to contract execution, negotiations will occur between DOH and the offeror to define initial system requirements with anticipation of discovering additional costs or price changes at the outset before contract execution. After contract execution, joint review sessions will be held (scheduled as needed by the contractor) for items that may come up during the project which the state will evaluate thoroughly and address if a reallocation of the planned funding needs to be adjusted elsewhere.

13	General	RFP Section 3.02	Does the State perceive that extensions beyond the initial five year term will be subject to mutual agreement as between the State and the Vendor regarding the price for subsequent renewal years?
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Response: The Optional Years beyond the initial five year term is subject to mutual agreement.

14	General	RFP Section 3.02	Can the State elaborate further on how a "month-to-month" extension would occur, any time limitations thereof, and under what pricing such extensions would be subject?
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Response: The RFP and resultant contract provides for a five year base performance term, with 5 potential one-year optional renewals beyond the base contract period per Section 3.02. Following the initial base term plus all additional potential one-year terms having been exercised in full, any extension beyond these performance terms would be on a month-to-month basis and would be mutually agreed upon.

15	General	RFP Section 3.04	Whereas the Scope of Work includes a number of unknown details (joint review sessions that will further define the requirements of the system, amount of work effort required to deliver required system interfaces, etc.) would the State be open to an alternative pricing structure for the DDI component of the services? (as opposed to a fixed fee)
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Response: Per Sec 1.013 Alternate Proposals:

Sec. 1.013 **ALTERNATE PROPOSALS**
 Alternate proposals will not be accepted. Offerors may only submit one proposal for evaluation.
 In accordance with 2 AAC 12.830, alternate proposals (proposals that offer something different than what is asked for) will be rejected.

16	General		Before CEHRT and EHR systems being redesigned and hosted on a cloud infrastructure will the local Data Center and Desktop services be supported by existing provider or do we need to take over Operations and Maintenance for it?
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Response: The existing provider will maintain Operations and Maintenance in collaboration with State Staff of the current environment.

17	General		If we are required to take over Operations and Maintenance for the Data Center and Desktop Services before CEHRT and EHR moves to cloud please answer questions 23 - 253
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Response: The existing provider will maintain Operations and Maintenance in collaboration with Alaska State Staff of the current environment.

18	General	ITSM Tool	What ITSM Tool do you use today?
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Response: The ITSM of the incumbent does not impact decisions on this RFP as this process is to move forward on modernizing data efforts and each offeror may present their own solution.

19	General	Budget Related	Would you describe your previous modernization efforts for this application?
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Response: As each offeror will bring forth their own product and a significant part of this RFP is modernization, descriptions of previous efforts would not provide meaningful information to an organization's RFP response.

20	General	Budget Related	How did you arrive at the current anticipated budget for this project?
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Response: The budget was a combination of state and federal funds. There are components of the contract that will need to be approved by CMS for sustainability. If the contract language of the product or the product itself does not meet CMS approval, the state retains the ability to not offer the contract per RFP.

21	General	Budget Related	Can you tell how much you have previously spent on modernization efforts for this application and the underlying infrastructure?
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Response: As each offeror will bring forth their own product and a significant part of this RFP is modernization, descriptions of previous efforts would not provide meaningful information to an organization's RFP response.

22	General	Budget Related	Is the amount of the budget in the RFP for the term of the contract or for an annual basis?
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Response: Per Sec 1.02 of the RFP - DOH has established an anticipated budget of approximately \$6 million for the initial base five (5) year contract, inclusive of all DDI, M&O, hosting, and other services.

23	General	Budget Related	Is the budget locked at the amount noted in the RFP?
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Response: Per Sec 3.02 of the RFP - The length of the contract will be from the date of contract start, anticipated to be approximately March 11, 2024, for approximately five (5) years until completion. The base contract is five (5) years long. At the end of the 5-year base contract, the Division of Behavioral Health will review 5 potential one-year optional renewals to expand past the base contract performance solicited herein. These potential optional renewals will be realized through CMS and State budget appropriations at a later date. The interested parties are not expected to propose costs beyond the 5-year base contract at this time.

24	General	Budget Related	Are you open to increasing the budget based on the appropriate solution?
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Response: Per Sec 3.02 of the RFP - The length of the contract will be from the date of contract start, anticipated to be approximately March 11, 2024, for approximately five (5) years until completion. The base contract is five (5) years long. At the end of the 5-year base contract, the Division of Behavioral Health will review 5 potential one-year optional renewals to expand past the base contract performance solicited herein. These potential optional renewals will be realized through CMS and State budget appropriations at a later date. The interested parties are not expected to propose costs beyond the 5-year base contract at this time.

25	T&T	T&T: General	Besides the data from the legacy system to the future IT solution, is there any other service, asset, knowledge or reporting to be migrated or transitioned from the DOH environment to the selected supplier's environment? If yes, Please share which ones
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Response: Additional service, asset, knowledge or reporting requirements will be based upon the offeror's response. The state is unable to determine if any legacy artifacts will be required for migrations/transition to the offerors solution. The RFP includes the definition of the application environment.

26	Timeline	T&T: Section 3 Scope of Work	Is there any expectation, constraint or hard date for the duration of the Tasks of the Scope of Work or any other Milestone?
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Response: Specifics will be determined during contract negotiation. The full go-live will need to be before 6/30/25. This represents both the development, User Acceptance Testing, full data crosswalk and transfer of all data, and training so the new system is a known process will need to be in place for a clean transition.

27	Scope	T&T: Task 4 Requirements Analysis and Design. Page 24.	Could we assume the output of the task "Requirements Analysis and Design" will be considered the scope baseline for the IT solution and any potential future change will be handled as a Project Change Request?
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Response: In context of this RFP which involves a Design, Development and Implementation Process, a "Change Request" may be part of the design cycle. In the process of evaluating the proposed system (proposed system design and system processes), at the state's discretion, the state may inquire whether a "Change Request" falls within the RFP budget and project scope. At this time, the state is not looking to expand the budget however if unforeseen regulation changes or national reporting obligations morph from the time the initial DDI discussions occurred, the application will need to adapt to the new requirements. Per Sec. 1.02 of the RFP, DOH encourages Offerors to provide innovative strategies, and a proposed IT solution and associated services that fulfill the requirements stated with the Scope of Work, that align with this budget.

28	Resources	T&T: General	Is it required to transfer any of the existing personnel from the State of Alaska or incumbent to the new contractor (Rebadging)?
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Response: No.

29	M&O, Hosting	T&T: General	Who owns Maintenance, operations and hosting of the current environment, is it the State of AK or an incumbent or both? If includes incumbent then: a. Is there any knowledge that the new provider should obtain from the current incumbent? b. When does the current provider contract finish? c. Is there any software or hardware owned by the incumbent in the current environment that will be required or replaced for the new IT solution?
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Response: The hosting is held by the State of Alaska Data Centers. Maintenance and Operations is a combination of the current vendor and State of Alaska Staff. As each vendor will offer their own product, it is unknown if a new provider will need to obtain knowledge or information from the current incumbent. The present contract for the current vendor ends 6/30/2026. The vendor that prevails through evaluation and negotiations, will be responsible for the software product. No hardware owned by the current incumbent or the State of Alaska is transferred or transitioned to another organization.

30	Monitoring	T&T: Task 20: Provide Customer Support Services Page 43.	"d. Provide a customer-facing web-based ticket tracking solution, allowing users to submit tickets electronically, with automated ticket numbering for traceability and monitoring purposes. Online ticket management and prioritization must be addressable by multiple tiers of DOH and Contractor Customer Service Support staff;" a. What is the monitoring scope for the new ticketing tool? b. Any integration required to any existing legacy system?
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Response: The monitoring scope allows a submission and feedback loop of support tickets that may originate with end users and/or various State of Alaska Support Staff to review both issue and resolution process and timeline with the vendor so issues do not become lost. Both State of Alaska Staff and the Vendor should have access to the ticket system including pulling reports to review any items that remain open. As each vendor will bring their own product to the table, integration of tickets in the legacy system is not required.

31	Training	T&T: Task 12: Conduct Training. Page 33.	The Contractor's training must be customized to meet the specific training needs of each type of user using the System. To prepare a precise training for the users, could you expand more on what specific training needs are required for the type of users?
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Response: Every record system has its own cadence and flow. For an organization that uses the system to submit only Minimal Data Set, they would receive training to that specific purpose. For an agency that uses it for full Electronic Clinical Records, there may be multiple staff from front-end admin that schedules, clinician or behavioral health providers that enter assessments, treatment plans, encounter notes, a variety of updates as records are living documentation and billers if the agency uses the system for billing and/or contract management purposes. In addition, the case management components will need separate training for their specific modules in case management. The case management for the Alcohol Safety Action Program and Therapeutic Courts are very different and will require trainings specific to their populations. Agencies that wish to submit data through the health information exchange will need training on how to submit data from their system and to the state and review feedback from the state to the agency to correct those records.

32	Project Management	T&T: Task 3.3.h Page 25.	"Task 3: Provide Ongoing Project Management, h. Quality assurance (QA) status;" What requirements or parameters are expected during the Quality Assurance Status to be provided in the weekly status?
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Response: Offeror will present list of application/feature limitations and estimated time for resolution.

33	Project Management	T&T: SDLC Requirements Page 23.	"information developed by the Contractor as part of DDI and other activities must be exportable to DOH tools, including but not limited to the DOH SharePoint Project Site and/or the DOH Microsoft (MS) Azure DevOps Services." What DOH Tools are supposed to receive exports from the development team during DDI?
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Response: If a SaaS solution is proposed, an export to DOH tools will not be required. However, the requested delivery of the Master Project Plan, Status Reports, review and approval of proposed solutions prior to the start of DDI with a concurrent feedback loop and final approval of user acceptance testing prior to movement into production would meet DOH's requirements.

34	Project Management	T&T: General	To plan and mitigate if needed, is there any Freeze or restricted period that could impact project activities?
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Response: In long term project planning, the traditional winter holiday season often has one or more key members out of office that slows progress. With the current vendor continuing to operate until the contract ends, the State does not anticipate freeze or restricted periods.

35	CEHRT and HER		Where is CEHRT and EHR hosted out of today?
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Response: On Premises; SOA Datacenter(s)

36	CEHRT and HER		How many users access CEHRT and EHR?
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Response: At present 10/11/23, there are 16 agencies that use the full EHR capabilities of the system. This count can change as new agencies may decide to use the full EHR of the current system or current agencies that use the system for an EHR may decide to move to other systems.

37	CEHRT and HER		What technologies and platforms do you use for hosting CEHRT and EHR systems today?
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Response: As stated in the RFP, the current system is Alaska's Automated Information Management System (AKAIMS), a Web Infrastructure Treatment System (WITS) product.

38	CEHRT and HER		What enhancements would you like to see in the next 5 years that will be added to CEHRT and EHR solutions?
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Response: Over the next five years, additional systems will be developed within the department. Through both interoperability initiatives and data modernization efforts, the department will look for ways to connect systems. Ease of interoperability will be critical to long term project success.

39	CEHRT and HER		Can you provide more details about the desired functionalities and features of the CEHRT and EHR systems?
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Response: 7 AAC 135.000-139.900 Medicaid Coverage; Behavioral Health Services describes practices that will need to be incorporated into the EHR product. In addition, CEHRT will need to pass CMS MITA 3.0 Framework.

40	CEHRT and HER		How many users are expected to access these systems?
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Response: Currently the application has 16 agencies using the system for a full Electronic Health Record System with a total of 128 agencies using the system for a variety of reporting purposes. The number of staff will vary as Behavioral Health workforce shortages have been an ongoing challenge.

41	CEHRT and HER		Are there any application specific response times and performance criteria?
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Response: We would anticipate the offeror's solution to function within reasonable response times of modern information management systems that manage data sourced from a variety of urban and rural locations with varying connection speeds.

42	CEHRT and HER		Do the CEHRT and EHR systems need to integrate with existing healthcare IT systems or third-party applications such as lab systems, billing systems or any other apps?
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Response: The intent of the RFP is to expand interoperability capabilities. A requirement is electronic billing as stated in the RFP. There are multiple other applications in various stages of development within the department that through common data language, integrations or data exchanges will exist. At present, many of these applications are in various stages of planning and development, therefore specific details are not yet available.

43	CEHRT and HER		Are there any specific interoperability standards (HL7, FHIR, etc.) that must be supported?
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Response: Application should support HL7, FHIR interfaces via the DOH BizTalk and future Azure Integration Services

44	CEHRT and HER		Will the cloud-based application be required to be available in a Mobile device, if so, what functionality will be required to be available in a mobile device and how many mobile users?
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Response: Discussions of a web-based client portal for end users to review charts, pay bills or fill in screening tools were part of the early design process of the RFP, see Attachment 7. Future-State Business Process Maps.pdf. As these functions are not present on a unique mobile application, it is not possible to project number of mobile users.

45	CEHRT and HER		<p>Do you require the CEHRT to meet Meaningful Use (MU) or Promoting Interoperability (PI) criteria?</p> <p>Meaningful Use (MU):</p> <p>MU Stage 1 (2011-2012): The initial stage focused on data capture and sharing. It required providers to meet core objectives like recording patient demographics, maintaining an active medication list, implementing drug-drug and drug-allergy checks, and providing patients with electronic copies of their health information.</p> <p>MU Stage 2 (2014): This stage built upon Stage 1, emphasizing advanced clinical processes, health information exchange (HIE), and patient engagement. It introduced criteria such as secure electronic messaging between providers and patients, electronic transmission of patient care summaries, and electronic access to health information for patients.</p> <p>MU Stage 3 (2018 and beyond): Stage 3 further advanced the use of EHRs, focusing on improving health outcomes. It included criteria related to care coordination, population health management, and patient engagement. Examples include using CEHRT for medication reconciliation, patient-generated health data, and more comprehensive health information exchange.</p> <p>Promoting Interoperability (PI):</p> <p>In 2017, the Medicare and Medicaid EHR Incentive Programs transitioned into the Promoting Interoperability (PI) Programs to promote greater interoperability and patient access to health information. The PI program aligns with MU but emphasizes data exchange.</p> <p>PI criteria include: a. Electronic Prescribing (eRx): The ability to generate and transmit electronic prescriptions. b. Health Information Exchange (HIE): The ability to electronically exchange patient information with other healthcare providers. c. Provider-to-Provider Exchange: Securely transmitting patient records when referred or transferred to another care setting. d. Patient Access: Enabling patients to view, download, and transmit their health information electronically. e. Public Health Reporting: Reporting data to public health agencies for immunizations, syndromic surveillance, and electronic case reporting.</p>
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Response: MU Stage 3 (2018 and beyond): Stage 3 further advanced the use of EHRs, focusing on improving health outcomes. It included criteria related to care coordination, population health management, and patient engagement. Examples include using CEHRT for medication reconciliation, patient-generated health data, and more comprehensive health information exchange.

Promoting Interoperability (PI):

In 2017, the Medicare and Medicaid EHR Incentive Programs transitioned into the Promoting Interoperability (PI) Programs to promote greater interoperability and patient access to health information. The PI program aligns with MU but emphasizes data exchange.

46	Other Technical		Do you have a preferred cloud service provider (e.g., AWS, Azure, Google Cloud)?
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Response: Preferred cloud service provider is MS Azure.

47	Other Technical		Are there any desired cloud security or data residency requirements?
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Response: All Data/applications must be in data centers within the United States. Per Sec 3.07 Location of Work, the Offeror certifies that all services provided under this contract by the Contractor and all Subcontractor(s) will be performed in the United States.

48	Other Technical		What are your data storage and retention requirements?
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Response: Current system retention of data for the present system is permanent according to Agency I.D: 188 Schedule No: 06-188.1. There may be future decisions on data retention that could change the requirements. (<https://archives.alaska.gov/documents/rims/schedules/hss/06-188-1.pdf>)

49	Other Technical		Can you provide additional information about the desired outcome of handling data encryption, access control, and data backup in the cloud environment?
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Response: Data is expected to be encrypted at rest and in transit. Please reference Attachment 10, Standard Agreement, Appendix E, Business Associate Agreement (BAA), and Medicaid Information Technology Architecture (MITA), HIPAA, and 42 CFR Part 2.

50	Other Technical		What are the expected usage patterns, and how scalable should the applications be?
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Response: There is a reporting cycle at 30 days after the end of each quarter. During the last month of each quarter, there can be an increase in data entry and reports pulled to validate the counts on reporting that is submitted to the state. As department policies on data requirements are an ever-changing environment with new organizations coming on-board or new data elements that need to be recorded and analyzed. Some of these changes are also brought forth by new funding opportunities that require a data solution to meet reporting requirements. As each of these processes may take different amounts of resources, it is difficult to fully project scalability of the application with the exception that health care continues to move towards data driven decision-making and the application will need to be able to adjust to meet those changes.

51	Other Technical		Does the application in the cloud require an active-active approach, available in 2 separate availability zones in the same region or active-active in multiple regions?
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Response: The application does require an active-active approach as multiple agencies uses the system for their full Electronic Health Records System and no one can predict when an emergency will arise, and agency staff will need access to the records. Physical separation of data centers is desired to offer the ability to maintain an active-active approach.

52	Other Technical		Are there any performance benchmarks or service level agreements (SLAs) we should meet?
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Response: Please reference Sec 9 Service Level Agreements within the RFP.

53	Other Technical		Do you have existing data in legacy systems that needs to be migrated to the new CEHRT and EHR systems and what is the size of that data? Please list these details for SAN, NAS, SQL, Oracle Databases.
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Response: Yes, there is existing data in legacy systems that will need to be migrated (On-Prem MS SQL Server). The current size for all databases is estimated to be one terabyte. Not all databases will be transitioned to the new environment.

54	Other Technical		Do you have a desired criteria that should be followed to ensure new application reliability, performance and accuracy?
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Response: All vendors are expected to follow a standard Software Development Life Cycle. These practices include planning, developing, testing, and user acceptance stages as features are onboarded.

55			Following submission of responses to the State of Alaska, Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH) Request for Information (RFI) 0621-102 due in June of 2022, did you contact and meet with any of the submitting vendors and receive demonstrations of their proposed Medicaid Billing and Clinical Documentation Information Management Systems? If yes, which vendors and systems did you meet with and preview?
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Response: The state did not meet with any vendors for further discussion or request demonstration of any product following the response to the RFI posting referenced above.