Date: 29 SEP 2017
To: All Respondents
Subject: State of Iowa RFP0918005004

ADDENDUM No. 1
Proposal Timeline Extension & Vendor Submitted Questions and Answers

The RFP procurement timetable has been modified to extend certain due dates. The amended proposal due date is 03 November 2017 / 1:00PM (CT).

The following Procurement Timetable is the current revised schedule for the RFP:

PROCUREMENT TIMETABLE—Event or Action:	**Date/Time (Central Time):**
State Posts Notice of RFP on TSB website	28 AUG 2017
State Issues RFP	30 AUG 2107
RFP written questions, requests for clarification, and suggested changes from Contractors due:	18 SEP 2017/1:00PM
Agency's written response to questions, requests for clarification, and suggested changes due approximately:	29 SEP 2017
Follow-Up RFP written questions, requests for clarification, and suggested changes from Contractors due:	06 OCT 2017/1:00PM
Agency's written response to questions, requests for clarification, and suggested changes due approximately:	13 OCT 2017/1:00PM
Proposals Due Date:	~~27 OCT 2017/1:00PM~~ 03 NOV 2017 / 1:00PM
Potential Vendor Demonstrations:	Week of November 13, 2017

The State of Iowa received the following questions and requests for clarification by the due date and time listed in the Request for Proposal.

RFP0918005004 Vendor Q's
Agency Response Due: 29 Sep.

1. Pg. 19 Ex. 19: Will the state consider having users re-register for the PDMP service, rather than migrating users? (There could be some role/right conflicts between the two systems.)

   Prefer migration but require reqistration review and update on first use of the new system
2. Pg. 23 Sec. 4.2.1.19: What is a "program identification"?

   Header that identifies Iowa Board of Pharmacy PMP including address, phone, and email

3. Pg. 24 Sec 4.2.2.3: Will the state define "acceptable output" formats?

   Acceptable output formats are PDF, Word, Excel, and CSV.

4. Pg. 25 Sect. 4.2.2.15: Can the state provide usage/volume needs for the system with respect to simultaneous users, peak volumes and other known metrics that the system should support?

   Peak or maximum simultaneous users

Date & Time (minutes)	# of simultaneous users (on any given minute window/interval)
2016-02-09 12:19:00	69
2017-08-16 14:29:00	54
2017-08-16 14:29:00	53

   IA PMP has a feature that would show list of current active users online on IA PMP website – this would show if a user has logged into IA PMP website before 20 minutes to couple of hours and has still not logged out and his session is still active.
   For example, on 09/29/2017 10:25 CST, there are about 188 active users on IA PMP site.

   Peak volume usage or needs

Date	Peak volume(based on # of lookups)
2017-08-22	4225

   Average daily utilization

   a. 1789 (based on no. of lookup for year 2017, including weekends)
   b. 1598 (based on no. of lookup for year 2016 & 2017, including weekends)

5. Pg. 25 Sect. 4.2.2.25: Are the original ASAP files available for the migration/conversion?

   No

6. Pg. 25 Sect. 4.2.2.25: Does the vendor need to perform a reconciliation of ASAP data & Optimum data?

   Not sure we understand the question. Vendor needs to match Optimum data to vendor's data.

7. Pg. 25 Sect. 4.2.2.25: A pharmacy shall not incur any direct costs related to the conversion or reporting of prescription data to the program. Is this statement meant to imply that the contractor cannot bill the pharmacy directly for these activities? Based upon the configuration of the final system, the pharmacy may be required to do internal systems work to submit to the new PDMP.

   No. The contractor may not bill the pharmacy directly for conversion or reporting. Nothing prohibits vendor and pharmacy from contracting for internal pharmacy systems work.

8. Pg. 25 Sec. 4.2.2.26: Would the state consider upgrading to ASAP version 4.2 during the system implementation process? (See above note and how a pharmacy may have to do work associated with implementing an updated standard.)

   Yes. Would upgrade to 4.2 but the new system must be able to accept 4.1 and Universal Claim Forms.

9. Pg. 26 Sec. 4.2.3.3: Can the state provide more input into what data should be available for ad hoc query reporting? Is the intent that reporting is based on raw data, as originally submitted via an ASAP file? Or that it could include "cleansed" data for report purposes? (ex: duplicate patients removed) Is it acceptable that some reports may require overnight processing/jobs?

   State wants "cleansed" data to include ability to select and filter on all fields. Overnight processing is acceptable for complex queries.

10. Pg. 27 Sec. 4.2.3.12: What is the intent behind having an archive database of prescriptions? Removing this data may have implications on data quality. Is it acceptable to continue to house all data in a single database?

Intent of archive was to reduce the size of the database. All data may be continued in a single database.

11. Pg. 27 Sec. 4.2.4.1: Is it acceptable to provide a separate, searchable database for user and audit log data?

    A separate database for all log data is acceptable.

12. Pg. 27 Sec. 4.2.4.2: Can the state provide a list of all related digital records and logs from the current system to understand what must go into the PMP history?

    Logins (successful and failed), requests for patient, prescriber, and pharmacy prescription records (user who requested, subject of request, date of request), and history of alerts.

13. General: When is the desired Go Live date for the PMP?

    April 2, 2018

14. General: Is there a contractually necessary Go Live date?

    No.

15. This is a very complex Request for Proposal, with a significant number of mandatory and other requirements, thus necessitating a larger than normal quantity of detailed questions. It would therefore be expected that a significant number of the responses to these questions would engender the need for clarifications. Since there is no on-site or other pre-bid conference which would allow the opportunity to ask follow-up questions and gain better clarity, prospective respondents could very well be left to simply guess at how some of these requirements should be addressed. *In the interest of the State of Iowa ultimately receiving the most cost effective and functional system, we respectfully request the opportunity to follow up with additional questions and/or requests for clarification based on the responses provided to the questions to submitted on September 18, 2017.*

    Yes. Amended Timeline below.

Follow-Up RFP written questions, requests for clarification, and suggested changes from Contractors due:	06 OCT 2017/1:00PM
Agency's written response to questions, requests for clarification, and suggested changes due approximately:	13 OCT 2017/1:00PM
Proposals Due Date:	~~27 OCT 2017/1:00PM~~ 03 NOV 2017 / 1:00PM

16. Please advise what, if any, private sector entities have provided input into the composition of and functionalities required by this Request for Proposal.

    None

17. When does the contract for providing PMP services under which the Iowa Board of Pharmacy is currently operating expire?

    Currently expired

18. When does the Agency require or expect the selected solution to be operational?

    April 2, 2018

19. **§ 1.3 Definitions . . . "Gateway Services"**: Has this proprietary system been fully implemented throughout the state of Iowa? What EHRs, HIEs, or PDSs are using this system? Are there any which are not?

    In the process of implementation.
    See Attachment A
    Likely, but unknown at this time.

20. **§ 1.5.3 Constraints:** Please comprehensively identify the general and specific issues the Iowa Board of Pharmacy has "with the current PMP application and processes".

No ad hoc reporting available to administrators; Manual processing of user and agent registrations; Manual user support (i.e. *unlocking accounts, password resets); Cost for system data requests*

21. **§ 2.9 Proposal Opening:** Will proposals be opened at the time specified they are due? May a Respondent to this RFP be present at the Proposal Opening? If so, what information will be announced publicly? If not, when and where should a Respondent expect announcement of the names of Respondents submitting timely proposals?

    Shortly after the closing, an email will be sent to all vendors submitting timely proposals – identifying all responding vendors. There is no public opening of the proposals. They are opened by the issuing agent and distributed to the evaluation committee members for review.

22. **§ 2.2.3 Evaluation of Proposals Submitted:** This section contains an affirmation that the Agency "will not necessarily award a Contract resulting from this RFP to the Respondent offering the lowest cost." Approximately what percentage of awards in the past ten years have been made to Respondents which did/do not offer the lowest cost?

    Data not available. Award is based on criteria in the RFP. Technical score + Cost score.

23. **§ 3.2 Technical Proposal – Exhibit 11 Improve Overall Efficiencies:** Please provide additional information regarding improving overall efficiencies supporting current system functionalities. You recite three specific areas needing improvement, but the last one is more than a little vague. Since we do not know the overall efficiencies of current end users, how easy they find the current system to use, nor the level of user satisfaction, without more information in these areas we would be forced to guess at those specifics. Because guessing is never a good thing in these situations, it would be helpful for you to provide more information regarding those specifics, and what the Agency's expectations are with those items.

    What is the meaning of "reduce staff time" and "automating user registrations and supporting functions" from the perspective of how the Iowa PMP does things now? Please provide examples of these functionalities from within your system today, so that we can better understand how to answer this requirement. How does the current Optimum Technology system handle automating user registrations and supporting functions?

    Need to integrate into pharmacy and provider workflows (PDS & HER) via Gateway to relieve users of need to log into a separate system.

    See #20 regarding manual user registration and support.

    No automation available

24. **§ 3.2 Technical Proposal – Exhibit 11 Improve Overall Efficiencies and Exhibit 12 Develop Digital Infrastructure:** How does the migration in Exhibit 12 compare to the information required regarding migration as set forth in Exhibit 11? Is it the same? If not, please provide examples.

    Yes, it is the same.

25. **§ 3.2 Technical Proposal – Exhibit 13 Expand Capabilities for Improved PMP Services:** Please provide additional information regarding expanding capabilities for improved PMP services. Four specific requirements are cited in this section. In addition to these, are there other areas which the Agency expects to be expanded or enhanced to provide more user friendly and timely services to health professionals? Please provide detailed examples.

    See Section 5.3 Table 1
    Standard responses to normal activities such as how to set initial username and password. Sent and received notice history of notices sent to one or many.
    Want to know what your security standards are and if they comply with OCIO security standards
    User self-help including password resets, account unlocks, profile maintenance

26. **§ 3.2 Technical Proposal Exhibit 14 – Non-Functional Requirements and Exhibit 15 – Non-Functional Data Requirements:** Please define Non-Functional Requirements and contrast that definition to your definition of Functional Requirements, including examples of each and contrasting those examples and definitions to better highlight the differences. Please define Non-Functional Data Requirements and contrast that definition to your definition of Functional Data Requirements, including examples of each and contrasting those examples and definitions to better highlight the differences.

    Non-Functional are those requirements that provide support and stability to the program (i.e. security, infrastructure, training, accessibility, etc.). Functional are those requirements that provide results (i.e. registration, reports, data workflows, etc.).

27. **§ 3.2 Technical Proposal -- Exhibit 16 Summative Project Requirements Response:** This section requires the responding parties to *"provide a detailed response of ability to meet IBOP visioned PMP Replacement Project requirements set forth in the Section 5 – Project Vision"*. This specific § 3.2 is the only place in the entire Request for Proposal where the words "Project Vision" appear. §5 does in fact deal with three (3) areas of specific Board Objectives:

    a. § 5.1 – A description of the "Current System"

    b. § 5.2 – Seven (7) explicit specifications

    c. § 5.3 – A chart titled "Current Iowa PMP Users and Types of Users"

    Does this specific section deal with Board Objectives, or has a "Project Vision" section been omitted? Nowhere in § 5 can we find IBOP-visioned PMP Replacement Project Requirements. Please provide additional detail on the Board's/Agency's "Project Vision" and replacement project requirements. Objectives = Vision

28. **§ 3.2 Technical Proposal – Exhibit 17 Project Management Team:** Please help us understand your definition of "key personnel". There are two bullet points in this section, outlining what you want. Are the items required in the second bullet point not pretty much identical to those required in the first one? Would not a resume or CV suffice to satisfy both bullet points? If not, please highlight and explain the differences between the requirements of each of these two bullet points.

    Key personnel are those persons assigned to this project without whom the project cannot be completed on time and within budget. Resume or CV will satisfy both bullets if all information identified in Exhibit 17 is included.

29. **§ 4.2 Mandatory Specifications** sets forth certain requirements and specifications which are mandatory, and which if not included in the system may result in Agency rejecting the Proposal. It appears that every requirement or specification included in **§ 4 Specifications** is in fact mandatory. Are there specifications or functional requirements included in the RFP which in fact are **not** mandatory? If so, please identify.

    a. This section also states that "if specified by the specifications or if the context otherwise requires, the Respondent shall provide references and/or supportive materials to verify the Respondent's compliance with the specification". Please provide examples of items that would suffice as references or supportive materials which would verify compliance with the specification.

    Use narrative to describe ability to meet mandatory specifications.

30. **§ 4.2.2.10 Mandatory Specifications** states that the "vendor must build and establish interfaces with IBOP-LEMS and with other available Iowa professional online verification sites to support user authentications and registrations". In addition to LEMS, what other available Iowa professional online verification sites to support user authentications and registrations do you require to be interfaced with the proposed PMP? What information do we need to provide you which will indicate compliance with this mandatory requirement? Is the cost of developing, providing and maintaining such an interface required to be included in the Cost Proposal Form set forth as Attachment 6 of this RFP? If not, please provide information to indicate what an affirmative response to this requirement would look like. If so, please provide schematics, interface control documents, and/or other information which would allow us to submit an accurate cost of this/these interface(s).

    All sites are expected to be web-facing verification sites such as Iowa Board of Medicine, Iowa Board of Nursing, Iowa Dental Board, Iowa Physician Assistant Board, Iowa Board of Optometry, etc.
    Provide information demonstrating experience with web-facing integrations
    Yes – Cost is to be included

31. **§ 4.2.2.18 Mandatory Specifications** requires the vendor to "build and establish interfaces with with (sic) IBOP LEMS". Is the cost of developing, providing and maintaining such an interface required to be included in the Cost Proposal Form set forth as Attachment 6 of this RFP? If not, please provide information to indicate what an affirmative response to this requirement would look like. If so, please provide schematics, interface control documents, and/or other information which would allow us to submit an accurate cost of this/these interface(s). This section refers to "interfaces" with LEMS. How many interfaces are required, and what are those interfaces exactly?

    Yes – IBOP LEMS is still in development. Vendors will coordinate with each other to accomplish this interface.

32. **§ 5.1 Board Objectives – Current System:** As mentioned in question number 13, supra, this section provides a description of the "Current System".

a. You state in this section that the current PMP contract needs to be ***renewed*** or replaced. § 1.1 states that the purpose of the RFP is to solicit proposals to provide a PMP to the Iowa Board of Pharmacy and states that the Department of Administrative Services Central Procurement Bureau (DAS CPB) on behalf of Iowa Board of Pharmacy intends to award contract(s) for a two-year term. Is it possible that the current PMP contract will simply be renewed?

No

b. This section states that the Board is taking this opportunity to review updated or alternate solutions which are currently available. However, this section also mandates that integration and information sharing capabilities currently funneled through the proprietary Appriss PMP Gateway "must be maintained".

i. How can the Board impartially review updated or alternate solutions to the existing PMP while at the same time mandating integration with the proprietary data sharing solution, PMP Gateway? With this requirement are you not restraining competition and guaranteeing that only the Appriss PMP solution will be able to comply?

No – The Board believes that any successful PMP vendor will be able to utilize Gateway for integration.

ii. The diagram that you included in this section indicates that a medical professional communicates with PMP Gateway via an HIN, EMR or PDS, and Gateway then communicates with the NABP PMP InterConnect, which then communicates with one or more PMPs. Is the Iowa PMP one of the PMPs included in that section of the diagram, or is it somewhere else along the continuum?

Yes – Iowa PMP is included

iii. The diagram with this § 5.1 would indicate that a medical practitioner makes a query, it moved through PMP Gateway to PMP Interconnect and then on to one or more PMPs and then the results follow the same path, only in reverse. For example, Dr. Smith, with Mercy Medical Center, wants to query new patient John Doe, recently moved to Des Moines from southeastern Ohio. He submits the query, indicates he wants to query Iowa, Ohio, Pennsylvania, West Virginia and Kentucky. That query moves from either his HIN or EMR to PMP Gateway, which has been integrated with his HIN or EMR; it then is passed to PMP Gateway, which then routes his query to PMP InterConnect, which routes his query to those five states, and if and when responses are generated, returns those responses to Dr. Smith. Is that correct? **If not, please help us understand the correct path the query travels.** If Dr. Smith queries only Iowa, does his query follow the route from his HIN/EMR to Gateway to PMP InterConnect to the Iowa PMP, and back?

Yes
Yes

iv. Does Appriss have a contract with the Iowa BOP regarding PMP Gateway, or are the contracts between/among Appriss and the HINs, EMRs and/or PDSs? Since the Board appears to be mandating that the successful bidder integrate with PMP Gateway, does the Board have any control over the fees which might be charged by Appriss to a competitor to do so?

Contracts are between PMP Gateway and the HINs, EMRs and/or PDSs.
No – the Board does not have control over fees.

c. **§ 5.2 Current System – Specifications** sets forth seven explicit sets of specifications

i. Which, if any, of these specifications are provided in the current Optimum Technology-developed system? Or,

ii. Are these specifications examples of some additional desired functionality that does not exist with the current Optimum Technology-developed system?

All specifications identified by the 6 bullet points are provided in the current system but with limited functionality. For example, the current system allows a user to add information to an existing alert by does not fully identify the user.

33. 4.2.2.25: The vendor must ensure that the appropriate pharmacy data is converted, if needed, for incorporation into the program database. A pharmacy shall not incur any direct costs related to the conversion or reporting of prescription data to the program. Question: Can the IBOP provide more detail around the definition of what "data is converted" means? Are you making reference to conversion of pharmacy data into the correct ASAP version?

This specific reference is to converting pharmacies' ASAP data into PMP database.

34. 4.2.2.30: At account setup, a user must select a number of security questions, as determined by the PMP administrator for all users, from a list of questions. Selected security questions and responses may be changed by the user following any successful login. Question: Will it be the responsibility of the vendor to supply the list of questions to the administrator?
Administrator will provide questions

ATTACHMENT A

Name	Integration Status	EMR/EHR or Pharmacy	Supported Products
Cerner	In Place	EHR	Millenium; PowerWorks productst;
Epic	In Place	EHR	Epic EMR - versions may be customized by facility
Glenwood Systems, LLC	In Place	EMR	GlaceEMR
Lagniappe Pharmacy Services (LPS)	In Place	Pharmacy	Rx1/Synercom
Medent	In Place	EMR / EHR	Medent EHR
Medicity	In Place	EMR	Unknown
PDX	In Place	Pharmacy	EPS (Enterprise); will require additional software updates based on customer, release 2.6.06 or higher.
PioneerRx	In Place	Pharmacy	PioneerRx
ProComp	In Place	EHR	CATT EHR v3.5
QS/1	In Place	Pharmacy	NRx; Primecare; SharpRx
Transaction Data Systems (TDS)	In Place	Pharmacy	Rx30
Allscripts	In Review	EHR	Sunrise; Touchworks; Professional EHR; EHR
Aprima	Testing	EHR	Aprima PRM 2015
Amazing Charts	No Progress	EHR	Unknown
AthenaHealth	In Review	EMR / EHR	Athena Clinicals
Bizmatics	In Development	EHR	PrognoCIS
eClinicalWorks (eCW)	Testing	EHR	eClinicalWorks V11
e-MDs	No Progress	EHR	e-MDs solution series 8.0
GE Health	Testing	EMR	GE Centricity
Greenway Health	No Progress	EHR	Prime Suite; Intergy (largest customer-base); Success EHS
Health Business Systems (HBS)	Testing	Pharmacy	RxAXIS
McKesson	In Review	Pharmacy	PharmacyRx; EnterpriseRx; Pharmaserve