OKLAHOMA
Office of Management
& Enterprise Services

Amendment of Solicitation

Date of Issuance: 09/30/2021 **Solicitation No.** 3400001728

Requisition No. 3400022511 **Amendment No.** 1

Hour and date specified for receipt of offers is changed: ☒ No ☐ Yes, to: _____ ____ ____ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

Sign and return a copy of this amendment with the solicitation response being submitted; or,

If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email.

ISSUED FROM:

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Contracting Officer	Phone Number	E-Mail Address

RETURN TO: OMESCPeBID@omes.ok.gov

Description of Amendment:

a. This is to incorporate the following:

Below are the answers to questions received. No further questions will be accepted.

Please note that the closing date remains unchanged and is 3:00pm CST October 7, 2021

Vendor questions regarding the HIV/RW PIPS posting for proposals.

1. **Subsections 8.2.C (pg 4), 8.2.H (pgs 5 & 10) and 8.2.I (pg 10) are referenced in the Bidder Instructions document. However, we are not able to locate the referenced subsections within the document. Are Sections 8.2.C, 8.2.H and 8.2.I missing from the document?**

   Please disregard. This was an error and those subsections to do exist.

2. **Should the bidder provide an explanation to each of the mandatory specifications listed within D.1.i - D.2.lxxix., explaining our solution's ability to meet the specification or should the bidder simply state if our solution does or does not meet the specification?**

   Yes, please explain rather than giving a simple yes/no response.

3. **H. iii indicates a Technology Security Assessment should be included in the proposal response if required. Is the Security Assessment required of this solicitation?**

   Yes. The security assessment should be included and must be in the native (Excel) format.

4. **In question 8.1 (D), the document references "data integrations are needed between the system and eHARS, and other systems….as required." Is it sufficient for us to simply note that we offer the ability to interface between other systems and what the types of integration technologies we support? Or do we need to provide more details? If we need to provide more details, can we get more information about the systems and what type(s) of integration(s) might be required? (i.e uni-directional, bi-directional, automated. manual, data records to be exchanged, and the data interface technology that each application to be integrated with supports)**

   Yes, please provide ability to interface, technologies used, examples and ability to integrate with Google Cloud Platform.

5. **D.1 vi. states that all HIV data from PHIDDO needs to be migrated to the selected vendor system. Is there further information about the PHIDDO database (structure, data integrity, data storage, data dictionary, accessibility for interfaces, etc.)?**

   The PHIDDO database is Microsoft SQL Server. The state will provide data in a format vendor can transform and ingest into new solution. The Current Conditions exhibit provides an overview of the data managed in PHIDDO.

6. **D.1 ix. Are there examples of the "localized required reports"? Are there specifications related to how data needs to be available for "ad hoc analysis and reporting purposes?"**
   We should get input from the program team on this one. For context, the full bullet point in the bidder instructions is "System shall have the capability of generating the required CDC reports; any localized required reports; and the ability to access the data for ad hoc analysis and reporting purposes."

   a. **This is overview of the information we have to report to CDC regarding or for internal monitoring use:**
   b. **HIV Testing**
      - ***i.*** **Patient demographics (name, age, address, race, ethnicity, gender, sexual orientation), clinical information (previous HIV test, PrEP use) and risk factors**
      - ***ii.*** **Testing agency ID and site location**
      - **iii. HIV test type and results**
      - **iv. Other testing performed (syphilis, gonorrhea, chlamydia, Hepatitis C) and results**
      - **v. OF those patient tests, tracking the risk, risk reduction plan, and referrals made**
      - **vi. OF those patients newly diagnosed with HIV, information on previous testing history, medication adherence screening, linkage to care and case management services and time frame of those linkages**
   c. **SSP Reporting**
      - **i. Patient demographics (name, age, county, zip code, race, ethnicity, gender, sexual orientation) and risk factors**
      - **ii. The following information by organization/reporting agency:**
        1. **The number of clients served including basic demographic information;**
        2. **Number and type of referrals provided;**
        3. **Number of syringes, test kits and antagonists distributed;**
        4. **Number of used syringes collected; and**
        5. **Number of rapid HIV and viral hepatitis tests performed including the number of reactive test results.**
        6. **Other harm reduction supplies and education provided**

7. **D.1x. For reporting to the OSDH system, does the report need to be simply a printout that users can utilize to directly enter the required data elements into the OSDH system? Or does a data file/automated interface need to be developed? If interface/data file, are there specifications available for the file(s) or transaction record(s)?**

   For SSP and HIV CTR, once a case is completely entered and submitted to the system, there should be an option to print a complete case overview/summary.

   For RW, the system will need to generate (based on a defined algorithm) and have the ability to print letter for particular patients. In addition, the system should be able to consume (import) data from contracting agencies as well. This would be an interface where the contracting agency can upload the information to be imported.

8. **D.2 xiii. The document states that Program contractors can review real time approvals with client record information. Is this expected to be done through the proposed solution or through some other mechanism (i.e. enrollment files sent to contractors via SFTP daily or Web Interface to view enrollment details)?**

   Through the proposed solution online

9. **D.2 xliv. Can you elaborate on the "Communication function from OSDH, case managers and pharmacy" point? What type of communication is required? Is it to be automated or should these individuals be able to generate the communication requests on their own?**

   Electronic communication through proposed system that the individual can generate the communication request on their own

10. **D.2 lxvi. Billing. Is sub recipient billing done today using a fee for service model or a cost-basis model? How do subrecipient agencies bill the grantee's office currently?**
    I think we need the program team to respond to this one.

    Invoicing on a monthly basis and then depending on the contract specifications can be fee for service or cost basis (vendor or sub-recipient)

11. **D.2 lxxiv. Security Certifications: Can you elaborate on what security certifications are required?**

    Vendors and software applications are required to complete an information security review in the form of a questionnaire. We should make this clearer in future requests.

12. **D.2 lxxviii. System should have auditing capability: Is this referring to the ability for grantee staff to perform desk audits of subrecipient agencies? Or is it referencing the ability to audit the history of changes to data records and/or user login and performance of other specific functions in the solution?**

    This is system auditing in terms of who changed what, etc.

13. **D.2 lxxix. Data importing capabilities: Are any further details available about the source data in these situations? Are Tulsa CARES and OUHSC using the Careware PDI interface to submit their extracted data? What version(s) of the PDI are they using? Are custom data elements included in the PDI data? Client level and/or Service record custom fields?**

    Tulsa CARES and OUHSC use CAREWare PDI to submit their data. It is extracted as an MDB file with the metadata option checked so it can be imported into the OSDH CAREWare system. It is both client level and service records. We believe they are using build 112f, but are unsure as to whether any custom data elements are being included.

14. **D.2 iv. Is the initial bidder interview an in-person interview or is it a virtual interview given the pandemic?**

    Initial vendor interviews are conducted virtually via Microsoft TEAMS. Please note that the date of the interviews is posted in the RFP and vendors should be prepared to have their participants available for that date.

15. **Section 1.2 Bid Packet Format, letter L. states "Any required business references and associated information shall be inserted in this section." Are references business required in bidders RFP response? If so, what information is required and how many references are required?**

    References are not a requirement of this solicitation.

16. **Section 1.2 Bid Packet Format, letter K. states "Any required financial and associated information shall be inserted in this section. What financial information is required, if any, to be included in the bidder's RFP response?**

    This is not a requirement of this solicitation

17. **Section 1.2 Bid Packet Format, letter H. ii. states "If an information technology VPAT is required, the URL link to the Bidder's VPAT shall be inserted in this section at a Bid Packet page referencing the VPAT." Just to confirm, no information technology VPAT is required?**

A technological VPAT is required

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)		Date
Authorized Representative Name (**PRINT**)	Title	Authorized Representative Signature