**REQUEST FOR OFFER**

**LEVERAGED PROCUREMENT AGREEMENT**
**INFORMATION TECHNOLOGY CONSULTING SERVICES**
**EMR STRATEGY PLANNING**
**RFO #11-050-ITS**

**ADDENDUM #1**

## QUESTIONS/STATEMENTS AND ANSWERS

1. Question(s)/Statement(s):

   "Can the deliverables be completed in less than the year, June 24, 2011 – June 23, 2011 period of the agreement?"

   Answer(s)/Statement(s):

   Offeror may submit a response to RFO #11-050-ITS that offers performance of deliverables in a time period less than one-year.

2. Question(s)/Statement(s):

   "Could the CMAS agreement, and associated funding, be renewed/extended within the first year period, as needed, to cover the significant number of deliverables required in the RFO?"

   Answer(s)/Statement(s):

   RFO #11-050-ITS provides CPHCS with an option to extend Agreement end-date beyond one-year and/or add funds.

3. Question(s)/Statement(s):

   "In the section RESPONSE GUIDELINES, Question 15a. states: 'All relevant project management experience for a data center migration effort.' Was the question intended to state 'All relevant project management experience for a EMR transition/migration effort,' or similar?"

   Answer(s)/Statement(s):

   Response Guidelines, Question 15a., seeks all relevant project management experience(s) for the proposed consultant(s).

4. Question(s)/Statement(s):

"What clinical information system software does the CPHCS/CDCR have in place today?"

Answer(s)/Statement(s):

CPHCS has a centralized computing environment architecture with the majority of information technology (IT) systems centrally located and managed.  Many of CPHCS' clinical applications share or leverage the same infrastructure components with the following characteristics:

- Approximately 12,000 users;

- Systems that leverage Oracle, Active Directory (AD), and Cisco Authentication, Authorization, and Accounting (AAA) services;

- Run on Windows, Unix, and Linux servers;

- IBM (i.e., Orion and Initiate solutions) and Oracle middleware;

- Two (2) Microsoft CRM-based applications and a SharePoint server cluster;

- GuardianRx and other pharmacy-related systems;

- Adobe LiveCycle forms implementation;

- Primarily centralized computing;

- Centralized backend systems administration and decentralized frontend systems administration;

- Some external application service providers;

- Some business to business (B2B) interface connections; and

- New and updated IT application and infrastructure portfolio without many legacy systems.


5. Question(s)/Statement(s):

"Is it the preference of CPHCS to:
      a. Enhance and extend the current software?
      b. Replace the current software with a new solution?"


Answer(s)/Statement(s):

CPHCS' Electronic Health Record (EHR) system shall be upgraded and migrated to a fully functional Electronic Medical Record (EMR) system.

6.  Question(s)/Statement(s):

    "How many interfaces does the current clinical information system have and what systems does it interface to?"

    Answer(s)/Statement(s):

    CPHCS has a number of clinical information systems (see Question/Answer #4). Most systems have an interface to receive patient demographic information.

    In addition, CPHCS' clinical information systems have the following interfaces:

    - The GuardianRx pharmacy application interfaces CPHCS' Central Pharmacy Application, Madrid Patient Information Management System (MPIMS), and Mental Health Tracking System (MHTS); and

    - The Clinical Data Repository (CDR) interfaces CPHCS' GuardianRx pharmacy application, Quest Diagnostics, Foundation Laboratory, Disability and Effective Communication System, and Health Care Scheduling System (HCSS).

7.  Question(s)/Statement(s):

    "Recognizing that services delivered and systems will likely differ across various CPHCS/CDCR facilities, how many facilities would the consulting team need to visit to obtain a full picture of the services, facilities in place and required?  (i.e. How many different types of health care facilities does CPHCS operate?)"

    Answer(s)/Statement(s):

    CPHCS operates at thirty-three (33) adult institutions.  Each institution provides some level of medical, dental, and mental health care for patient inmates.

    The number of facility visits is dependent upon the successful Offeror's approach.

8.  Question(s)/Statement(s):

    "How many staff, and what are the roles of those staff, does CPHCS /CDCR expect to have involved regularly in this project?"

    Answer(s)/Statement(s):

    The number of staff is dependent upon the successful Offeror's approach.

9. Question(s)/Statement(s):

   "The RFO states that no travel costs have been budgeted for this project.  Can the consultant assume that all work can be completed in the Sacramento region?"


   Answer(s)/Statement(s):

   RFO #11-050-ITS is deliverable based, and all travel costs shall be included as part of the deliverable performance.

   Offeror's approach should identify travel anticipated, including facility name(s), as part of information gathering deliverable performance.