

Responses to Written Questions
RFP No. GTA000211
Data Warehouse System with Decision Support and Executive Information Capabilities

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| 1 | Section 1.1 | Please identify the two contractors, the nature of their services and products, and terms of their contract? | There were not two (2) contractors, but two (2) separate contracts with the same vendor, which was The MEDSTAT Group. One contract for Medicaid/PeachCare and one (1) contract for State Health Benefit Plan and Board of Regents Health Plan. |
| 2 | n/a | What is the planned budget for this procurement? | This information is not made available to potential Offerors. Offerors must submit to DCH their cost for performing the service being requested in the RFP. |
| 3 | 1.1 | What are the two (2) contracts referenced in Section 1.1? | See #1 above. |
| 4 | 1.3.4 | Provided that the Contractor meets all of the requirements in the RFP, can the ODS and DW be the same system? | Yes, as long as the combined database system is relational and at least in Third Normal Form. |
| 5 | 3.2.9 | Would the State prefer weekly loads of Claims, eligibility, and provider data? | If the information can be provided, with little to no significant downtime, we would be interested in having the updates done on a weekly basis. |
| 6 | 3.2.10 | Do the vital records datasets that the State wants loaded into the DSS data model include death registry, birth registry, cancer registry, lead screening, new-born screening, and CDC immunization registry? Does the State require that these data sources be available to all users, and integrated with (and accessed by) the same interface? | Currently, we store the birth and death records in the data warehouse, but we could possibly look into other vital record information to be stored in the data warehouse. Yes, we would like for these data sources to be available to all users and on the same interface. |
| 7 | 3.3.1.2 | Does the State provide the DRG and MDC codes to be assigned to inpatient cases to the Vendor? | The State's claims payment system from our fiscal intermediary will provide the assigned DRG codes. A listing of those codes can be provided to the vendor. |
| 8 | 3.3.2.2.11 | What is the definition of "matrix-driven reports"? | These reports are considered to be "multi-dimensional" reports that users can create their ad hoc reports to "drill down" information on more than one or two levels. |

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| 9 | 3.3.2.2.17 | Does the State have any preference for type of connectivity (i.e., frame relay, dedicated circuit, internet VPN, MPLS)? | No, as long as the security requirements are met. |
| 10 | 3.3.2.2.17 | Will all traffic to the data warehouse be IP? If not, what protocol will the State be using? | Yes. |
| 11 | 3.3.2.2.17 | What is the estimated transaction volume or bandwidth requirement for each location accessing the warehouse? | Not applicable. |
| 12 | 3.5.5 | What is the highest number of users that will be using all the systems concurrently? | We're requesting a total number of 25 users on the system concurrently. |

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| 13 | 6.5 | <p>The RFP states, “The Contractor will be required to maintain the computer hardware on which the databases will be stored and operated plus the schedule for the purchase, installation and maintenance of this hardware, and the network or other computer equipment required at DCH to integrate DWS/DSS/EIS with existing DCH network plus the schedule for the purchase, installation and maintenance of this equipment and any other hardware or telecommunication equipment needed to accomplish the operation of the DWS/DSS/EIS interface.”</p> <p>Does the State intend to host the DWS/DSS/EIS system at the State data center?</p> <p>If yes, what is the address where the DWS/DSS/EIS hardware and software will be located?</p> <p>If not, does the State expect the vendor to host the hardware and software at the vendor’s facility and provide network connectivity to the State LAN?</p> <p>What specific network responsibilities would be placed on the Contractor vs. handled by the State?</p> <p>What is the address(es) to which the vendor is expected to provide connectivity?</p> | <p>The State is looking to host only the data warehouse locally. The other systems will have to be placed at the Vendor’s data center.</p> <p>Not applicable.</p> <p>Yes, but connectivity should be over the internet.</p> <p>None.</p> <p>Access to the system should be web based.</p> |

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| 14 | 3.7.1.A | <p>What is the assumed contract start date?</p> <p>If the contract start date is delayed one (1) or more months, will the State adjust the September 1, 2005 date accordingly?</p> | <p>The September 1, 2005, date is a firm date.</p> <p>N/A. The September 1, 2005, date is a firm date.</p> |
| 15 | 3.7 | <p>Is it acceptable to the State for the system to be offline during database rebuilds or the addition of data elements?</p> <p>If so, what is an acceptable period of time for the database to be offline?</p> | <p>Not during normal business hours.</p> <p>Preferably, on the weekends (i.e. Friday 5 PM through Monday 6 AM).</p> |
| 16 | 3.8 | <p>During loads and updates, does the State require that the system be accessible for user queries?</p> | <p>Yes, as long as the load and updates does not include database rebuilds or the addition of data elements. Those must be handled as indicated in #15 above.</p> |
| 17 | 3.9 | <p>The RFP States, “This plan must identify the Offeror’s disaster recovery location and equipment, testing of the plan, and backup & recovery procedures of services within 12 hours.</p> <p>In order to provide a level playing field to all vendors, will the State clarify whether vendors are required to propose a second set of redundant hardware and software for the DSS/DW/EIS project?</p> <p>From an economic point of view, in order to recover a data warehouse of this size in 12 hours, it would require a semi-hot disaster recovery facility with redundant, idle hardware and software at great cost to the State. Would the State modify the requirements to 72 hours for recovery of services?</p> | <p>The State is not requiring any vendors to propose a second set of redundant hardware and software for these systems. We only require that in your disaster recovery plan, all the necessary scenarios are identified in the RFP and its resolutions resolved.</p> <p>The State will not accept a recovery plan that will take 72 hours to recover services. The State will consider other reasonable suggestions for recovery time from all Offerors.</p> |

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| 18 | Appendix A | Is the State planning to conduct a Bidders' Conference prior to proposals being due? | No. |
| 19 | Appendix A | Under what circumstances would the State extend the due date for proposals (e.g., if the Answers to the Questions are not provided on or about 2/18/05)? | Requests for extension to the proposal due date must be submitted in writing, with an explanation, to the GTA Contracting Officer. |
| 20 | Appendix D Tab 1 | In the 'Medicaid Data Flow Chart' and 'PEHB Flow Chart' in Appendix D, there are boxes for 'Decision Support System Software' and 'Data Warehouse Software'. What are the software applications? Were the applications purchased or developed by the State? | The documents provided in this appendix shows the current data feeds that we have with the current contract. We are not at liberty to mention the software applications. These applications were purchased by the State. |
| 21 | Contract | Several terms and provisions contained in the proposed sample Contract appear not to be applicable for RFP No. GTA000211 and the Contractor's proposal. Will the Department negotiate in good faith the final terms to be included from such Contract to fairly reflect the awarded Contractor's Proposal? | At DCH's sole discretion, it will consider reasonable objections, exceptions and other proposed changes. However, DCH reserves the right to use the template contract "as is" and without changes. In all cases, it is not DCH's intent or desire to use or require actions or deliverables that are not applicable to this RFP. |
| 22 | Contract Section 20 & Attachment G | Section 20, Liquidated Damages and Attachment G appear to be punitive and have overlapping provisions for Liquidated Damages. Is the Department willing to negotiate the provisions for Liquidated Damages in the final Contract? Similarly, will the Department agree to negotiate performance guarantees and "assessments" referred to in Attachment G? | At DCH's sole discretion, it will consider reasonable adjustments in the amount of assessments associated with a performance measurement or guarantee. Please note that, although DCH may consider reasonable objections, exceptions and changes to the liquidated damage provisions, DCH reserves the right to leave Attachment G "as is" and without changes. In all cases, DCH does not intend for the liquidated damages, performance measurements or assessments to be punitive. |

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| 23 | Contract Section 28.R | <p>In order to permit the State to receive the most competitive pricing possible and to maximize the benefit to the State, will the State consider terms in the Contract that limit the liability of the Vendor, as described in the September 2004 NASCIO recommendations entitled “Walking the Road to the Win-Win: NASCIO Procurement Subcommittee’s Recommendation on Liability Limitations for State IT Contracting”?</p> <p>This recommendation is that it is in the states’ best interest to limit liability. See the attached PDF from the page https://www.nascio.org/nascioCommittees/procurement/ and then go to the bottom of the page that includes committee publications.</p> <p>Will the Department agree to a reasonable and fair amendment to Section 28R, Limitation of Liability/Exceptions of the proposed Contract in the RFP to (i) mutually exclude consequential damages for both the Department and the Contractor, and (ii) limit the liability of the Contractor for actual damages, and limit the remedy of the Department, to a cap of the charges paid by the State to the Contractor or a cap on liability for actual damages of \$1,000,000, whichever is greater?</p> | <p>DCH will not consider or agree to caps or limitations on actual or consequential damages, under any circumstances. However, DCH will negotiate caps or limitations on punitive damages.</p> |
| 24 | Section 1.1, page 11 | <p>The purpose of the procurement is to replace the Department’s current Decision Support System, Executive Information System, and Data Warehouse.</p> <p>Are there any existing databases or applications currently provided by ACS that will be discontinued with the new system, e.g., the existing ACS data warehouse?</p> | <p>At this moment, ACS’ data warehouse and applications will be in use by the Department.</p> |

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| 25 | Section 1.3.4.1, page 12 | <p>Will users access the Integrated Healthcare Database with analytic tools or reporting applications other than the DSS, EIS, and Data Mart being purchased through this procurement?</p> <p>If so, please describe the number and types of users and the software applications.</p> | <p>No, but the design and implementation of the Integrated Healthcare Database should be open to allow the State to access the data directly with any tools it chooses to.</p> <p>Please see pp. 32-33 for the number and types of users for this RFP.</p> |
| 26 | Section 2.11, page 18 | <p>On proposal pricing, the RFP states (p. 18): “Any efforts by Offeror to limit, qualify, caveat, restrict, or place conditions on the price offered may be considered to be a violation of the firm, fixed price submission and may result in the proposal being rejected as non-responsive.”</p> <p>It is common in DW/DSS and other IT procurements for vendors to summarize in the Cost Proposal the assumptions on which pricing is based, such as the number of data feeds, the number of licensed users, etc., to confirm the scope of work covered by the fixed fees. Are such assumptions allowable in the Cost Proposal?</p> | <p>The use of assumptions is allowed. However, Offeror’s assumptions must not limit, qualify, caveat, restrict, or place conditions on the price offered.</p> |
| 27 | Section 2.4, page 16 | <p>The RFP indicates that vendors should note any exceptions to the Agreement terms in writing and submit these within the proposal.</p> <p>Where in the proposal should any concerns or suggested alternate language be included?</p> | <p>There is no specific sheet to list any exceptions. Use a separate sheet of paper labeled "Contract Exceptions" and insert where indicated in Appendix D.</p> |
| 28 | Section 2.7, p. 16 | <p>Please confirm the number of option years in the Agreement Term. Section 2.7, p. 16 indicates there may be up to four (4) option years, but Appendix C Price Proposal (page 48) and the Contract (page 4) both indicate six (6) option years.</p> | <p>It is the intent of the Department to have one-year option for this Agreement. The Contract will be designed for one-year, with each year being the renewal (up to 5 years).</p> |
| 29 | Section 3.1, page 21 | <p>Can the mandatory requirements be met by teaming with subcontractors, or does the State desire to contract with a firm that is experienced in all of the specified areas?</p> | <p>No. The mandatory requirements are to be met by the individual Offeror proposing on this RFP.</p> |

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| 30 | Section 3.1, page 21 | <p>The section on Mandatory Requirements requests references.</p> <p>Is there a specific number of references that bidders should provide for each requirement?</p> <p>Can these references be the same as the references requested in Section 3.6.2 (Current Client References)?</p> | <p>There is no specific number. The Offeror must list all references that fall within the five (5) year period as required by the Mandatory Requirement.</p> <p>Yes.</p> |
| 31 | Section 3.2, page 23 | <p>Regarding the requirement to support the data requirements of the Peer Review Organizations, could the State please indicate the specific organization(s) involved and briefly describe the types of data or reports they might need?</p> | <p>The Peer Review Organizations are to perform review of the pattern of quality of care in an area of medical practice where actual performance is measured against objective criteria, which define acceptable and adequate practice. The types of data will be any data maintained in the DW/DSS in their normal course of business.</p> |
| 32 | Section 3.3.1.15, page 24 | <p>Could the State please elaborate on its rationale for the requirement that the Integrated Healthcare Database be normalized in at least third normal form?</p> | <p>The database is a relational database and should be normalized to 3NF to eliminate data redundancy and maintain data consistency.</p> |
| 33 | Section 3.3.2.1.4.e, page 25 | <p>Regarding statistical analysis, does the State have a standard or preference for statistical analysis software, such as SPSS or SAS?</p> | <p>The State will be using SPSS for any statistical analysis. We currently have licenses for this software.</p> |
| 34 | Section 3.3.2.1.15, page 26 | <p>Please clarify what is meant by the “ability to build custom formulas for data interpolation.”</p> | <p>The System must have the capabilities required to create new custom data fields based on a formula involving data fields in the database.</p> |
| 35 | Section 3.3.2.2.3, page 26 | <p>Regarding geocoding technology, is there a State standard or preference for geographic information software?</p> | <p>No.</p> |

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| 36 | Section 3.3.2.2.17, page 28 | <p>This requirement states “Access to the DSS/EIS via PC workstations is required at other designated office locations, at the fiscal agent’s office, and at other locations designated by DCH, as well as remote access via a secure connection over the internet.”</p> <p>Are users at all of these locations included in the user counts provided in Section 3.5.5, on pages 32 and 33?</p> <p>Can the State estimate the number of outside third parties that might be granted access?</p> | <p>Yes, the user counts provided in Section 3.5.5 do include all users at these locations and include additional users, if needed.</p> <p>A minimum of three, at this time.</p> |
| 37 | Section 3.5.8, page 33 | <p>The RFP requires “ample support and personnel to work with DCH on large-scale projects and analysis” included in the base cost of the contract, i.e., as a consulting retainer. Other recent DSS procurements have specified the desired consulting retainer in terms of number of hours of effort or FTEs, so that vendors are on a level playing field and the State is assured of the scope of support that it anticipates.</p> <p>Would the State consider specifying in advance the level of consulting effort desired for the retainer?</p> | <p>The State would consider specifying, in advance the level of consulting efforts, which would be an addendum.</p> |

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| 38 | Section 3.7.1.A, page 35 | The section on Implementation indicates that Data Conversion and Downloading should be completed by September 1, 2005. However, the Performance Standards in Appendix G specify that the Data Conversion/Downloading <u>Plan</u> should be submitted for approval by this date. Please clarify whether Data Conversion and Downloading should be completed by September 1 st or the Plan for Data Conversion and Downloading. | Data Conversion and Downloading plan should be done on or before September 1, 2005. |
| 39 | Section 3.7.1.A, page 35 | The section on Implementation indicates that “EIS reports shall be completely <u>designed</u> by December 1.” However, the Performance Standards in Appendix G specify that the First Set of Operational EIS reports/charts/graphs/maps from live data should be completed by this date. Please clarify whether the report design should be completed by December 1 st or the reports themselves. | The EIS reports/charts/graphs/maps should designed by December 1, 2005. |
| 40 | Section 3.7, page 36 | This section states that in the Operational Phase, databases shall be updated at least on a monthly basis within 10 <u>calendar</u> days of receipt of data. The Performance Standards in Appendix G, page 42, specify that databases shall be updated within 10 <u>business</u> days of receipt of data. Which requirement should bidders address in their proposals? | It should be within 10 calendar days of receipt of data from DCH’s fiscal intermediary. The Performance Standards will be corrected to reflect 10 calendar days . |

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| 41 | Section 3.9, page 36 | <p>Regarding Disaster Recovery, the RFP specifies backup and recovery procedures of services within 12 hours. Please clarify how the 12 hours is measured – is this from the time of first outage?</p> <p>There is a very significant cost differential for recovery within 12 hours relative to longer time frames. Is the State willing to consider a longer recovery period?</p> | <p>Yes, the 12 hours is measured from the time of the first outage.</p> <p>The State will consider a reasonable longer recovery time, but keep in mind that any longer recovery periods would hinder this Department from its directives to provide data.</p> |
| 42 | Appendix C, Price Proposal, page 48 | <p>The Price Proposal format in Appendix C includes a line for Vendor Consulting/Report Generation. Is this line intended for the consulting retainer referred to in Section 3.5.8, page 33?</p> <p>Where should ongoing user support activities be included, under Vendor Consultation or under Training?</p> | <p>Yes.</p> <p>User support costs should be under Vendor Consulting/Report Generation, not Training.</p> |
| 43 | Appendix D: Data Sources | <p>The flow chart of current Medicaid/PeachCare data feeds shows a feed for denied claims from ESI but not from ACS. Are denied medical claims included in the current DW/DSS?</p> | <p>Yes, denied claims are in the current DW/DSS. This was an oversight on our part of the data feed flowchart.</p> |
| 44 | Appendix D: Data Sources | <p>Please clarify the PEHB data feeds that will be included in the DW/DSS. The PEHB Statistics in the Appendix lists two plans that are not included in the flow chart of PEHB current data feeds. Does DCH plan to include the following in the DW/DSS:</p> <ul style="list-style-type: none"> • Kaiser HMO? • Blue Choice HMO? <p>Do these plans each provide their own pharmacy benefit, or do they carve it out?</p> | <p>These health plans will be included in the DW/DSS.</p> <p>These plans do not provide their own pharmacy benefits. This information is carved out.</p> |

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| 45 | Appendix D: Data Sources | <p>The State Health Benefit Plan currently offers other Consumer-Directed Health Plans to employees, but these plans are not included in the PEHB Statistics in the Appendix.</p> <p>Does DCH wish for bidders to include these plans in their RFP proposals as well, and if so, could you please provide more details on the plans?</p> | <p>As of today, the CDHP will be expanding in July 2005. This is currently a pilot program, which will run through December 31, 2006, which would include Fulton Co. BOE and Bibb Co. BOE. Until we're sure that these plans will be used, bidders are asked not to add this into their proposals for this RFP.</p> |
| 46 | Appendix D: Data Sources | <p>Please confirm whether the format for the BCBS claims is the same for SHBP and BOR.</p> | <p>The format for BCBS claims is the same for SHBP and BOR.</p> |
| 47 | Appendix D: Data Sources | <p>The Appendix indicates that information on the Medicaid CMO data feeds will be provided in an addendum.</p> <p>When will this information be available?</p> <p>Can the State say how many different CMOs the State anticipates will be submitting data?</p> <p>Is it anticipated that the CMOs will carve out the pharmacy benefit?</p> | <p>Currently, the State does not have a timeframe on when the data feeds for Medicaid CMOs will be available.</p> <p>We expect to have at least 2 or as many as 15 CMOs will be submitting data.</p> <p>Pharmacy will not be carved out from the CMOs financial responsibilities; however, a CMO may subcontract with a PBM to manage the pharmacy benefit for the members enrolled in its plan.</p> |

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| 48 | Appendix D: Data Sources | <p>We understand that SHBP is in the process of installing a new eligibility system.</p> <ul style="list-style-type: none"> - When is the system expected to go live? - Should costs for the system change be included in base pricing? - Will the new system cover only SHBP employees, or BOR employees as well? - Are any changes currently planned for the BOR eligibility system? | <p>We cannot determine the go live date for new system at this time.</p> <p>Not at this time. There will be an amendment on the MEMS feed once things have been finalized.</p> <p>The system will cover SHBP eligibility at this time.</p> <p>No current changes in BOR</p> |
| 49 | Appendix D: Data Sources | <p>The Appendix indicates that the State is procuring a new PBM that will send data feeds for both PEHB and Medicaid.</p> <p>Should bidders be including the cost to install this new feed in their pricing proposal, in addition to loading data for the current PBM?</p> | <p>Yes. They should include all costs to receive DSS feeds for SHBP and Medicaid. The PBM procurement will not be a second PBM. However, if the incumbent does not win, there will be a time where the DSS vendor would accept feeds from both the current PBM and the winner of the RFP.</p> |