



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: November 16, 2010

HSS 10 099

PROFESSIONAL/TECHNOLOGICAL SERVICES FOR
DEVELOPING AND MAINTAINING AN EVALUATION AND
THIRD-PARTY BILLING DATABASE AND PROVIDE
BILLING SERVICES

FOR

DIVISION OF PUBLIC HEALTH

Date Due: December 6, 2010
11:00 AM

ADDENDUM # 1 Questions and Answers

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID.

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Summary of project overview:

- To develop a solution that includes a platform for third-party billing and includes selected variables for evaluation of SBHC services.
- To provide third-party billing services for selected SBHC contractors.
- Change to fee-for-service/3rd party billing as of July 1, 2011

1. Question: If you are late to the Pre-bid meeting are you eligible to participate as a subcontractor?

Response: Yes, if a potential vendor comes late to the pre-bid meeting, their agency may participate as a subcontractor.

2. Question: Is there a possibility of extending the due time from 11:00 am to a later time?

Response: No the Request for Proposal, (RFP) is due to DHSS by 11:00 a.m. on December 6, 2010.

3. Question: Will attendance sheets be provided to vendors?

Response: Yes.

4. Question: When will questions from today's pre-bid meeting be posted?

Response: Responses for all questions concerning this RFP will be available on November 15, 2010 on the bid website.

5. Question: What is the size of the system Database?

Response: The current database system is in Microsoft Access and the size of the database is unknown. The database has been in use for over 10 years and does have considerable information. For purposes of this RFP the existing data will not be merged with the new system. There will be no conversion of previous data. The new database system will be a dual platform system- one platform for Third Party Billing; the other for evaluation.

6. Question: What are the data fields for this project?

Response: See Attachment 1 to this document.

7. Question: Will the indicators be expanded?

Response: Yes. Refer to answers in question 6.

8. Question: Could you give further explanation about the evaluation?

Response: The evaluation will be based on standard assessments against an established criteria. For example, Body Mass Index, or scores on validated assessments will be used as quality of care indicators. DPH will provide the evaluation measures to the successful bidder.

9. Question: What services do School-Based Health Centers (SBHCs) provide?

Response: Through June 30, 2011, the SBHC model includes a Nurse Practitioner, a Licensed Clinical Social Worker and an Administrative Assistant who work at least 30 hours per week at each of the twenty eight SBHCs. In addition, there is a part-time Registered Dietitian and a physician who provides medical oversight at each center. Services provided include acute and minor illness care, mental health counseling, nutritional services, comprehensive/general sports physicals, immunizations, health and sexuality counseling, sexually transmitted disease and pregnancy screenings and treatment and general health education. With third-party billing being introduced at the centers starting July 1, 2011, the SBHC model may change along with some of the services offered.

10. Question: When the current contract ends will you have an Request for Proposal (RFP) for SBHCs?

Response: The Division of Public Health is currently in the process of writing the RFP for SBHCs and the implementation date for those services is July 1, 2011.

11. Question: Can the database submitted for this RFP contain a component for Electronic Medical Records (EMR)?

Response: The Division of Public Health, (DPH) is working to develop an EMR by 2014. At this time DPH is gathering information for the implementation of EMR for the DPH Clinics only. Vendors are welcome to submit an integrated solution if they choose to do so.

12. Question: If a vendor has an EMR component built into an existing billing process will that be considered?

Response: In evaluating the submitted package, the rating's committee will focus on meeting the requirements of the current RFP. If potential vendors feel that it adds value to their proposal, they are welcome to include it in their proposal. However, the RFP does not require building an EMR component.

13. Question: How is the insurance information gathered at registration in SBHCs?

Response: Through June 30, 2011, the major insurance carrier information is entered into the database when the parent registers the student. The current field does not include a secondary insurance. In addition, this information is not routinely updated. However, beginning July 1, 2011, updated, accurate insurance information must be captured on all enrollees.

14. Question: Where will the database application reside?

Response: The application will be housed at the Biggs Data Center on the Herman Holloway campus, New Castle, Delaware.

15. Question: Is that where the present database is housed?

Response: Yes.

16. Question: Can the vendor propose an outside hosted solution?

Response: If the database was to be hosted outside of the present location the proposed site must meet all the architectural standards currently in place. The architectural standards include a 3-tier system with firewalls for each tier. The security requirements are defined by the State and the State determines whether the application is housed internal or external to Biggs. A CD was given to all organizations in attendance, which outlined the requirements.

17. Question: Is the Third-Party billing component the overriding aspect of this RFP?

Response: The proposed solution should be primarily a billing system operated by a vendor with experience in cost recovery and a high rate of claims paid. The system will also need to include several variables tracked by student to evaluate the quality of services. The billing component is the most significant portion of the system.

As of July 2011, a SBHC contractor can opt out of participating in the third-party billing component but all SBHC contractors must use the evaluation component.

18. Question: How do you suppress the Explanation of Benefit, (EOB) notices?

Response: The Division of Public Health met with the Delaware Department of Insurance and several of the major insurance companies in the State to discuss the implementation of third-party billing. During this meeting DPH was informed that the EOBs could be suppressed however, this is an item that will need to be negotiated by the selected SBHC medical vendors and the insurance companies.

19. Question: Do you currently use a third-party billing system?

Response: No, we do not.

20. Question: Is the current system hardware the property of the school?

Response: The data center hardware for the system is provided by the State. At the user level the medical vendors are provided PCs and other equipment. Please note this is not a mobile web setup. The current system is desk top and supported by Internet Explorer (i.e., 7 or 8; or Firefox 3) the system does not support Safari. Java is also supported but Microsoft is preferred. The desktop PCs are attached to the State of Delaware network and no part of the application is on a PC, it is web accessed through Citrix.

21. Question: How many users are there for the system?

Response: Each of the 28 SBHCs has two users per center authorized to access the database, thus, there are 56 current users.

22. Question: Presently how many medical vendors are there?

Response: Currently there are 6 medical vendors.

Second part of question: Will there be 6 vendors in the future?

Response: Unknown. It will depend on how many vendors submit a bid to provide SBHC medical services.

23. Question: Concerning third-party billing, has DPH had preliminary conversations with insurance companies as to who would be responsible for staff credentialing?

Response: The SBHC medical vendor will be responsible for making sure staff is credentialed.

24. Question: The codes found in the RFP are examples of coding or the actual codes?

Response: The codes in the RFP are current codes but are subject to change as DPH moves into ICD10 codes.

25. Question: Do you or would you permit longitudinal data analyses by the selected contractor?

Response: No, the selected contractor cannot use the data for longitudinal analysis. The contractor can only use the data to maximize reimbursements from third-party billing. DPH will be responsible for analyzing and interpreting the evaluation data, which could include longitudinal analysis in the future.

Second part of the question 25: Can the vendor use the data for grant applications?

Response: This is a scenario that is beyond the scope of the RFP. However, as stated in question 25, the data can only be used to maximize revenue from third-party billing. No other use of the data is authorized.

26. Question: What is the total enrollment of students and what were the total visits?

Response: In FY 09, there were 27,245 students (79.4% of the school population) enrolled in SBHCs. There were 60,693 visits provided and 119,134 diagnosis treated.

27. Question: What is the difference between all diagnosis and the number of visits?

Response: Visits represent the number of times during the year that students came to the SBHCs. All diagnoses refer to the actual student diagnoses that were identified and treated during the visits. Such diagnoses could be primary or secondary in relationship to the actual visit.

28. Question: Would a vendor be allowed to host the application outside of the continental U.S.?

Response: Within the United States and U. S. territories are acceptable.

29. Question: Can or will the current data be converted?

Response: No, the current data will not be converted. It will stay in its current system.

30. Question: What is the implementation date?

Response: The tentative contract start date is March 8, 2011. The actual implementation date is July 1, 2011.

31. Question: Does the State have a preference for an off the shelf product?

Response: No, however, the criteria for the third-party billing and evaluation database as outlined in the RFP must be included.

32. Question: There is a two-month delay between notification and the contract signing can you explain why?

Response: The time includes review by a ratings committee then assessment by Delaware Health and Social Services along with Delaware Department of Technology.

33. Question: Have funds been appropriated and how much is the appropriation?

Response: Yes, funds have been appropriated and there is enough funding presently to complete the requested work.

34. Question: On page 18 of the RFP, there are Milestones and Deliverables specified. Are those negotiable?

Response: No. However, DPH will work with the selected vendor in the process to achieve the milestones and deliverables.

35. Question: Who owns the intellectual property?

Response: Intellectual property can cover a few areas:

Data – all data in the application belongs to the state of Delaware. A vendor may use the data only in the context of the application and it cannot be shared.

Software

Developed only for the state – if an application is developed for the state of Delaware from business and technical requirements and is not a pre-existing application it belongs to Delaware. All source code and documentation become state property.

COTS – A customized off the shelf system belongs to the vendor and is licensed to the state. The state has no claim to the property.

36. Question: Is there any starting point for sizing the application?

Response: You can use the information provided on the FY09 aggregate SBHC datasheet distributed at the pre-bid meeting as a starting point. Based on the fields and the number of students seen in FY 09, the bidder can approximate the storage required over a five-year period from the start of the contract and up to five additional years pending contract renewal.

37. Question: The cost will be tied to the size and scope of the system. Will the state consider this when examining the proposed budget?

Response: The budget will be reviewed and assessed in accordance with the scope of the proposed solution.

38. Question: As to third party billing from what you have provided there is no EOB, no co-pay then how do we get the deductible?

Response: The initial discussion between DPH and the Department of Insurance along with the top four private insurers in the state, was to have co-pays and deductibles waived and that the EOB be suppressed, however, the actual negotiations will be between the medical vendors and the insurance companies.

Attachment 1

FIELD	TYPE	DESCRIPTION
Vendor ID #	Drop Menu	Specific designated ID number for Vendor number this can be designated with letters and/or numbers MUST INCLUDE FIRST 5 INITIALS OF VENDOR NAME
Patient ID #	Text	A code used to identify each patient
Last Name	Text	List last name of patient
First Name	Text	List first name of patient
Middle Initial	Text	List middle initial of patient
Date of Birth	Date	DOB of the patient, Entered in date format (dd/mm/yyyy)
Current age	Text	Date by years and months
Date Registered	Date	Date registered into system
School ID	Drop menu	Specific code used to identify each SBHC
Grade	Drop menu	Grade of student (7,8,9,10,11, 12) grade level
Social Security Number	Number	Student Social Security Number
Other ID	Text	Any other ID number if no social security number is available can be designated with letters and/or numbers
Hispanic Origin	Check box	Check if student claims to be of Hispanic/Latino Descent
Race	Drop menu	Race of the student choices are as follows (white, African American, American Indian, Alaskan native, Asian, native Hawaiian or pacific islander, more than one race, other, unknown)
Sex	Drop menu	Male/Female
Home Address	Text	Street Address Where student resides
City	Text	City where student resides
State	Drop menu	State where student resides
Zip Code	Number	5 digit zip code where student resides
Phone number	Number	xxx-xxx-xxxx
Phone Information	Text	Home phone Cell, Business
Parent/ Guardian Last Name #1	Text	Last name of student Guardian
Parent/ Guardian First Name #1	Text	First name of student guardian
Relationship	Text	Relationship of Guardian to student
Phone Number	Number	xxx-xxx-xxxx
Parent/ Guardian	Text	Last name of student Guardian

Last Name # 2		
Parent/ Guardian First Name # 2	Text	First name of student guardian
Relationship	Text	Relationship of Guardian to student
Phone Number	Number	xxx-xxx-xxxx
Parent/ Guardian Last Name # 3	Text	Last name of student Guardian
Parent/ Guardian First Name #3	Text	First name of student guardian
Relationship	Text	Relationship of Guardian to student
Phone Number	Number	xxx-xxx-xxxx
Parent/ Guardian Last Name # 4	Text	Last name of student Guardian
Parent/ Guardian First Name # 4	Text	First name of student guardian
Relationship	Text	Relationship of Guardian to student
Phone Number	Number	xxx-xxx-xxxx
Subsidized Lunch	Check Box	Check if student is provided subsidized meals
PCP	Text	If yes provide name of PCP
Medical Home	Check Box	Check yes or no
Date linked to PCP	Text	Actual date student previously without a PCP is linked to a PCP
Special Education	Check Box	Check Yes or no if student participates I special education
Date of last tetanus inoculation	Date	Date of last tetanus inoculation
Date of last Measles	Date	Date of last measles inoculation
Date of Hep B # 1	Date	Date of Hep B #1 inoculation
Date of Hep B # 2	Date	Date of Hep B #2 inoculation
Date of Hep B # 3	Date	Date of Hep B # 3 inoculation
Date of Polio inoculation	Date	Date of Polio inoculation
Date of Varicella	Date	Date of Varicella inoculation
Date of Meningococcal,	Date	Date of Meningococcal, inoculation
Date of HPV	Date	Date of HPV #1 inoculation
Date of Hep A	Date	Date of Hep A inoculation
Date Td	Date	Date of Td inoculation
Date of Tdap	Date	Date of Tdap inoculation
Date of other immunizations	Date	Name of immunization
Usual source of Healthcare	Drop Down	Choices include Emergency Room, Family Planning, Hospital Outpatient, Physician/Clinic, Public Health

		Clinic, Scholl-Based Health Center, Mobile Van, Other, None
Usual Source of Payment	Drop Down	Commercial, Delaware Healthy Children, Medicaid, Self Pay, Unknown, No Insurance
MCI Number	Text	Provider MCI Number
Primary Insurance Carrier	Drop menu	Current insurance coverage if any of the student: Choices are as follows (Medicaid, primary insurance, no insurance, unknown, NA)
Policy Number	Text	Primary Insurance ID number this can be designated with letters and/or numbers
Group Number	Text	Primary Group ID number this can be designated with letters and/or numbers
Activation Date	Date	Date insurance Activated
Expiration	Date	Date Insurance Expires
Relationship to Insurer	Text	Name and address of insured if different from patient
Secondary Insurance Carrier	Drop menu	Secondary insurance coverage if any of the student: Choices are as follows (Medicaid, primary insurance, no insurance, unknown, NA)
Policy Number	Text	Secondary Insurance ID number this can be designated with letters and/or numbers
Group Number	Text	Secondary Group ID number this can be designated with letters and/or numbers
Activation Date	Date	Date insurance Activated
Expiration	Date	Date Insurance Expires
Relationship to Insurer	Text	Name and address of insured if different from patient
Tertiary Insurance Carrier	Drop menu	Tertiary insurance coverage if any of the student: Choices are as follows (Medicaid, primary insurance, no insurance, unknown, NA)
Policy Number	Text	Tertiary Insurance ID number this can be designated with letters and/or numbers
Group Number	Text	Tertiary Group ID number this can be designated with letters and/or numbers
Activation Date	Date	Date insurance Activated
Expiration	Date	Date Insurance Expires
Relationship to Insurer	Text	Name and address of insured if different from patient
Referral Source	Drop Menu	Choices include Administrator -School, Counselor-School, Follow-up, Friend, Immunization, Job P.E., Medical Provider, Nurse- School, Parent or Guardian, Self, School-P.E., Social Worker-School, Sport P.E., Teacher, Wellness Center, Other
Seen by outside Health Provider in	Check Box	Check if student was seen by outside Health Provider in last year or since last appointment

last year /since last visit		
Number of visits to outside Health Provider	Number	Type in number of visits to outside Health Provider
Type of Provider	Drop Menu	Choices include Emergency Room, Family Planning, Hospital Outpatient, Physician/Clinic, Public Health Clinic, Scholl-Based Health Center, Mobile van, Other, None
Allergic reactions	Drop Menu	Choice of 55 items to be included (ex: Penicillin, dust, milk, grass)
VISIT		
Patient ID	Number	Once you enter the patient ID, the name and current date will fill in automatically
Visit Date	Date	Visit Date of the patient, entered in date format (dd/mm/yyyy)
Visit Number	Number	Number of visit
First Entry to SBHC	Check box	Check Yes if this is the first visit by a student to the School-Based Health Center.
Visit Time	Number	Length of visit in minutes
Provider Type	Drop menu	Type of provider seen by student during visit
Provider Name	Text	Actual name of Provider seeing student
Chief Complaint	Text	Provide reason for visit
Referred by (Internal)	Drop Menu	Persons referring student into School-Based Health Center. Choices include but not limited to (Admin-School, counselor-school, follow-up, friend, Immunization, Job P.E., Medical provider, Nurse-School, Other, Parent/guardian, School P.E, Self, Social worker, Teacher, Etc)
Referred To (External)	Drop Menu	Referrals made by School;-Based Health Center staff on behalf of student. to outside sources. Choices may include but not limited to (Attorney General, Crisis Intervention, Drug/Alcohol, Division of Family services, family planning, guidance school-external, mental health in-patient, other resources/mental health, Nutritional-school external)
Referral Date	Date	Date referred to SBHC
Completed	Check box	Check if student was seen by SBHC staff or was given information to an external provider.
Notes	Text	Notes from visit
CPT Codes	Drop menu	Select appropriate CPT codes

CPT Codes Description	Drop menu	Description of CPT code
ICD 9 Codes	Drop menu	Select appropriate ICD9 code
ICD 9 Codes Description	Drop menu	Description of ICD9 code
Depression Screening	Text	Patient Health Questionnaire for Adolescents (PHQ-A) or Beck Depression Inventory-Primary Care Version (BDI-PC)
Date	Date	Date completed
Tobacco Screening	Text	Risk Assessment from Bright Futures Adolescent Supplemental Questionnaire Error! Bookmark not defined.
Date	Date	Date completed
Substance Abuse Screening	Text	Risk Assessment (CRAFFT) from Bright Futures Adolescent Supplemental Questionnaire Error! Bookmark not defined.
Date	Date	Date completed
Sexually Transmitted Infections Screening: Chlamydia, Gonorrhea	Check Box	Nucleic Acid Amplification Test (NAAT)
Sexually Transmitted Infections Screening other	Text	
Height		
Weight		
Blood Pressure		
BMI Screening	Number	The Height text box refers to the positive integer number height in inches. The Weight text box refers to the positive integer number weight in pounds. If both Height and Weight are filled then the BMI box is filled by the database using the following formula: $BMI = (703 * [Weight]) / ([Height] * [Height])$
Risk Identified	Drop menu	Select appropriate Risk code (32 options including no risk are available) along with description
Risk Addressed	Drop menu	Select appropriate Risk code (32 options including no risk are available) along with description
Risk Assessment		Risk Assessment (HEADSS) from Bright Futures Adolescent Supplemental Questionnaire
Find an ICD 9 by name	Drop menu	Select appropriate ICD 9 codes

Declined Social Worker referral	Check Box	Check if student declined Social Worker Referral
Completed Medicaid form	Check Box	Check yes If student is eligible for Medicaid but needs to complete Medicaid application
Seen outside Health provider /last visit	Check Box	Check yes if student has seen outside provider.
Type of Provider	Drop Menu	Choices include Emergency Room, Family Planning, Hospital Outpatient, Physician/Clinic, Public Health Clinic, Scholl-Based Health Center, Mobile Van, Other
Name of Outside Health Provider	Text	If Yes provide full name of Outside Health Provider
Reason	Text	Write in reason for visit
Number of visits to Outside Health Provider	Number	Number of visits during the current year to Outside Health Provider.
Usual Source of Payment Drop Down	Drop Down	Defer back to Usual source of Payment from patient registration form.
Make an Appointment	Text	Opens to a text screen that allows for input of student identification information and the date and time of the appointment
Medication #1	Drop menu	Open to Drop menu with list of most common medications
Medication #1 Lot Number	Text	Type in the medication #1 lot Number
Medication #1 Expiration Date	Date	Type in Medication #1 expiration date
Medication #2	Drop menu	Type in the name of medication #2.
Medication # 2 Lot Number	Text	Type in the medication # 2 lot Number
Medication # 2 Expiration Date	Text	Type in Medication # 2 expiration date
Medication # 3	Drop menu	Type in name of medication #3
Medication #3 Lot Number	Text	Type in the medication # 3 lot Number
Medication #3 Expiration Date	Text	Type in Medication #3 expiration date
Collateral		
Collateral Contact (Internal)	Text	Collaterals are oral based one way contact that involves informing physicians' parents' school administrators' staff and outside providers of the

		patients visit when s/he is not present. Name of School-Based Health Center provider
Patient ID	Number	Once you enter the patient ID, the name and current date will fill in automatically
Date	Date	The actual date the collateral occurred
Provider	Text	Full Name of School-Based Health Center staff providing the oral update on student visit
Contact ID	Drop Down	List of 22 contacts that receive the oral update on the progress of the student
Collateral Contact (External)	Drop Down	List of person contacted to discuss patient health status. Includes 23 options examples are PCP, Guidance.
Patient ID	Number	Once you enter the patient ID, the name and current date will fill in automatically
Date	Date	The actual date the collateral occurred
Provider	Text	Full Name of School-Based Health Center staff providing the oral update on student visit
Contact ID	Drop Down	List of 22 contacts that receive the oral update on the progress of the student
Time	Number in minutes	Contact time should be calculated by using the total time spent divided by the number of contacts.
Written Communication Screen	Drop Down	Written communication includes all letters faxes and notes sent or shared with contacts that involve informing physicians' parents' school administrators' staff outside providers and internal School-Based Health Center staff of the patients visit when s/he is not present.
Patient ID #	Number	Once you enter the patient ID, the name and current date will fill in automatically
Date	Date	The actual date of the written communication
Provider	Text	Full Name of School-Based Health Center staff providing the written communication
Contact ID	Drop Down	List of 22 contacts the written communication is sent to
Time	Number in minutes	Contact time should be calculated by using the total time spent divided by the number of written communications to contacts.
Case Management Screen		Case management is internal and external means to provide at minimum two way care of the patient. It involves more than one provider coordinating care for a student. On going consultation or medical

		management may include physical Mental health care, social welfare issues (such as school adjustment, family disruption, food stamps, Medicaid, cash assistance, 504 meetings and accommodation meetings) and child protective issues. Coordination of medical management involves informing parents, outside providers, school administration/staff, etc of the patient's visit when s/he is not present and conducting two way follow up
Patient ID #	Number	Once you enter the patient ID, the name and current date will fill in automatically
Date	Date	The actual date the case management occurred
Provider	Text	Full Name of School-Based Health Center staff of the providers coordinating the student care.
Contact ID	Drop Down	List of 22 contacts the involved in the case management
Time	Number in minutes	Contact time should be calculated by using the total time spent divided by the number of contacts.
Patient History		This field enables you to view the patient history for immunizations, visits appointments, referrals, and collaterals. It also enables you to view the appointments and collaterals to check the No Show or Completed boxes.
Patient ID #	Number	Once you enter the patient ID, the name and current date will fill in automatically
Appointment		
Patient ID #	Number	Once you enter the patient ID, the name and current date will fill in automatically
Appointment Date	Date	Actual Date
Appointment Time	Number	Actual time of appointment
Provider Name	Text	Full Name of School-Based Health Center staff
No Show	Check Box	Check box if student is a no show for their appointment
Walk In	Check Box	Check if student is a walk in appointment
Notes	Text	Insert notes concerning student visit
Immunization		
Vaccine injection	Drop Down	This menu allows the user to choose which billable vaccine administrative cost associated with injecting the vaccine. Vaccine that can be chosen are;

		Intramuscular Inj. of Antibiotic, Tuberculin testing (TB) Inj. Adm., Single Vaccine Inj. Administration, Multi. Vaccine Inj. Administration, One Allergy Injection, Multi. Allergy Injection.
Patient ID	Number	Once you enter the patient ID, the name and current date will fill in automatically
Date of Vaccine Injection	Date	Type in vaccine injection date
Immunizations	Drop Down	Immunization drop down menu ONLY can be used by contractors who actually <u>purchase the vaccines.</u> Choices include MMR, PPD, HPV Vaccine, IPV, Varicella Vaccine, Influenza, Meningococcal, Pneumococcal, Td, Tdap, HEP A, HEP B age appropriate series
Date of Vaccine	Date	Type in vaccine injection date
Immunization Injection	Drop Down	Drop Down list is same as immunization but different injection administration rates
Date of Vaccine Injection	Date	Type in vaccine injection date
Health Education Encounters		
Date	Date	The actual date the case management occurred
Title	Text	Write in title of Education Encounter
Setting	Drop Down	List of ten areas where education encounter takes place example; general Assembly, lunch \$ Learn
Number of Students	Actual Numbers	
Preparation Time	Number in minutes	
Presentation Time	Number in minutes	
Number of Presentations	Actual number	
Subject Matter	Drop Down	Drop Down provides a list of twenty subject areas Alcohol Smoking Cessation CPR etc