



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: May 21, 2013

HSS 13 011

MANAGEMENT AND SUPPORT FOR THE DELAWARE CANCER
REGISTRY

FOR

DIVISION OF PUBLIC HEALTH

Date Due: June 18, 2013
11:00AM

ADDENDUM # 1

Please Note:

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

Responses to questions addressed at the pre-bid meeting on
May 7, 2013 are attached.

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Questions from Potential Bidders
For Pre-Bid Meeting May 7, 2013
RFP # HSS 13-011
Management and Support for the Delaware Cancer Registry

Question 1 - How do you want budgets presented in the proposal, year by year, or all years together?

Answer - We would like each year separated out, starting with year 1 and then subsequent years following.

Question 2 - When will pre-bid questions responses be posted?

Answer - Answers to questions will be posted on or about May 21.

Question 3 - When including references for organization chart, should this be submitted in the technical portion or the confidential portion?

Answer - It is up to the vendor where to place this information keeping in mind that any salary related information may want to be considered confidential.

Question 4 - What phone number should bidders include with their FedEx delivery confirmations?

Answer - The phone number for procurement should be used which is 302-255-9290

Question 5 - What is the current value of the award? Is it state or federal funds? Will the amount awarded be the same as what it is currently?

Answer - The total current value of the award is \$315,059.77, it is a combination of state and federal funds. The amount awarded through this RFP process may or may not be the same amount as the current award.

Question 6 - The license for Rocky Mountain system – does this belong to DPH or will the awarded vendor be responsible for fees as it relates to transferring the license?

Answer - The license is held within DHSS therefore it does not need to be included in the budget proposal.

Question 7 - Is the Delaware Cancer Registry run by state employees or contractors?

Answer - In the past there were two state staff members and two contractors, however as it states in the request for proposal HSS 13 011, there will be one state member and the rest contractors. Contractors will be responsible for interacting with the Cancer Program manager as well as CDC.

Question 8 - Appendix A, Budget Summary Sheet, p. 30, and Appendix B, Budget Worksheet, p. 34, specify that indirect costs must be no more than 12%. Can Delaware clarify what is included under indirect costs?

Answer - These would be costs that are applicable to the services being provided but are not direct costs. These are also known as overhead costs. We are not going to define exactly what costs would be included in this category other than to say good business practice definitions of these types of costs would apply. What exact costs included would be a decision of the vendor.

Question 9 - Can Delaware clarify the expected type of contract resulting from this procurement (e.g., time and materials, firm fixed price)?

Answer - Our normal type of contract is cost reimbursement but we would be open to other more specific types of contracts.

Question 10 - Would Delaware allow remote access to the registry systems and databases?

Answer - It is possible for a vendor to have access to the Registry Plus systems. All access will need to be acquired utilizing State security processes and level of access will vary. Further details in regards to system access will be discussed further with the selected vendor.

Question 11 - What platform does the Delaware Cancer Registry (DCR) run on?

Answer - The DCR uses a suite of applications provided by the CDC called Registry Plus as well as a proprietary application developed by the University of Utah called Rocky Mountain. One of the Registry Plus applications is web-based (Web Plus) while the rest are standard desktop applications, some of which are loaded into a

network environment. Web Plus is on a Windows Server 2003 R2 server running IIS. It connects to a SQL Server 2008 database. The rest of the Registry Plus applications are running on a Windows Server 2003 R2 server running Citrix. They connect to a mixture of SQL Server 2008 and MS Access 2007 databases. Rocky Mountain is also on a Windows Server 2003 R2 server running Citrix. It has its own proprietary database located on the same server.

Question 12 - Does the DCR system currently include member/client/patient and physician/hospital/non-hospital data?

Answer - Yes

Question 13 - Are there specific identifiers (e.g., NPI or Social Security Number) for these entities?

Answer - The DCR uses standard cancer registry identifiers: Hospital Accession #; Patient ID #; SSN; DOB; NPI #; Reporting facility code; Patient Name

Question 14 - For client data that does not have unique identifiers (e.g., non-documented residents), what mechanism will be used as an identifier?

Answer - The DCR does not collect data on citizenship.

Question 15 - Is there a backlog of work? If yes, what is the volume and how far back does it go?

Answer - No

Question 16 - On Pg 8, IIA, do the bullets below the first bullet cover “all aspects of cancer registry operations”?

Answer - No

Question 17 - Will the DCR system be used for the NAACCR and NPCR submissions?

Answer - Yes

Question 18 - What is Delaware's current % of death certificate only data? If "reporter" expectations are 95% (hospital) and 80% (non-hospital), is 15% a more realistic goal for death certificate only?

Answer - 2013 NPCR submission: 2.4% for 2010 diagnosis year data.

Question 19 - Is there an existing workplan? If yes, can it be provided?

Answer - Yes there is an existing workplan, however a FOIA request must be submitted to obtain it.

Question 20 - Who provides the web-secured server for NPCR and NAACCR data submission? Where is it located? Will the vendor be provided access? What type of access is granted?

Answer - NPCR secure server provided by CDC; NAACCR secure server provided by NAACCR. Submission is via the web, there is no need to know where the actual server is located. Vendor will be provided access for submission purposes.

Question 21 - What are the State's standards and requirements? Please identify the other regulatory agencies.

Answer - The state standards can be found in the Delaware Code related to central cancer registry. Currently there are not any other regulatory agencies, however there may be in the future during this contractual period.

Question 22 - How often or how many meetings are held for DCRAC?

Answer - Quarterly meetings are held for DCRAC.

Question 23 - What is the number of entities that vendor will need to communicate with? Is there a comprehensive list of entities or a contact list?

Answer - The vendor will communicate with all healthcare providers in the state that may diagnose cancer. In addition, the vendor will communicate with Delawareans, other state agency personnel, federal agency personnel and other organizations at times. There is not a comprehensive list of entities or contacts.

Question 24 - Will DPH provide the vendor with the necessary licensing/access to the Rocky Mountain Cancer Data Systems? If no, will the vendor need to purchase licenses?

Answer - The vendor will not need to purchase a license for Rocky Mountain. DPH currently holds the license.

Question 25 - Is there a history of software downtime?

Answer - No

Question 26 - Are DCR software issues related to Rocky Mountain Cancer Data System or some other system?

Answer - DCR software issues can be related to Rocky Mountain, CDC and other software that is used in the DCR office.

Question 27 - How many hospital and non-hospital entities electronically exchange data? Is there a current data exchange format? If yes, please provide the format. Is there a current system being used for data exchange?

Answer - All hospitals in the state exchange data electronically. Only a small portion of non-hospital providers currently exchange data electronically. The data exchange is the actual DCR Registry Plus system. The format can be obtained from the CDC.

Question 28 - Are there any quality measures in place? If yes, what are they?

Answer - Yes, Audits; Electronic edits; Visual review.

Question 29 - What are abstracts? Can an example be provided?

Answer - An abstract is information such as the medical record number, diagnosis, date of diagnosis, age, sex, race, treatment, date of last follow-up, and status of the patient at last follow-up along with other information that is sent to the central cancer registry.

Question 30 - Under what circumstances would a special study be requested?

Answer - A special study can be requested under many circumstances, one example is if the Delaware Cancer Consortium would like to perform a time to treat study.

Question 31 - What is the current % of noncompliance?

Answer - Approximately 14% of physician offices, ambulatory surgery centers & path labs.

Question 32 - Is any training being provided currently? If yes, can you elaborate what type and for what audience?

Answer - Training is being provided to healthcare providers on the electronic reporting process.

Question 33 - Can you elaborate what type of training and for which personnel?

Answer - Any training as needed.

Question 34 - How often will vendor be needed to assist with these activities?

Answer - There is not a specific time frame as stated in the RFP "as needed"

Question 35 - Is DPH providing the vendor access to the DHIN?

Answer - DPH will inquire about access to the DHIN for the vendor

Question 36 - How many completeness/timeliness reports is DPH currently producing for hospital reporters?

Answer - Quarterly reports for each facility.

Question 37 - How many completeness/timeliness reports is DPH currently producing for non-hospital reporters and how often?

Answer - These are provided as needed.

Question 38 - How many states currently exchange data with Delaware? How many of these are capable of sending this data electronically?

Answer - 10 states; all electronically.

Question 39 - Does the DCR currently link to Screening for Life electronically?

Answer – No.

Question 40 - Will DPH provide the vendor with the electronic access to Delaware Vital Statistics, National Death Index, National Vital Statistics, and Social Security Death Master File? If no to any, will the vendor be responsible for establishing user licenses or access?

Answer - DPH will make the necessary connections possible.

Question 41 - Please provide the % and volume of forms that are mailed, faxed, and sent electronically. For hold cases, why can't these be entered upon receipt?

Answer - All hospital cases are sent electronically. Non-hospital cases—annually--approximately 3.1 % of cases sent electronically. The rest are mailed or faxed. Approximately 83 electronic reports, and 2605 paper reports. Holding non-hospital cases for a period reduces overall abstracting volume.

Question 42 - How many hospital reporters are there? How many are currently submitting electronically (target 95%)?

Answer - All hospitals in Delaware are submitting electronically

Question 43 - How many non-hospital reporters are there? How many are currently submitting electronically (target 80%)?

Answer - The total number of non-hospital reports is unknown as healthcare providers and companies enter and leave the healthcare system regularly. Currently, two non-hospital providers are submitting electronically

Question 44 - How many requests can the vendor expect in a year? How many of these would be more complex or confidential?

Answer - The number of requests varies as does the numbers that are complex or confidential.

Question 45 - Does DCR currently get an electronic feed from the hospitals? Is annual comparison of hospitals only for Delaware hospitals?

Answer - Yes, the DCR gets an electronic feed from hospitals. Yes, there is an annual comparison of hospitals only for Delaware hospitals.

Question 46 - What is the file format for the annual data file sent to NPCR and NAACCR?

Answer - The file format for annual data submissions is the current NAACCR record layout format at the time of the submissions.

Question 47 - Can a copy of the recent NPCR interim and annual progress report be provided?

Answer - No it cannot be provided.

Question 48 - How many grant application and submissions are processed each year?

Answer - At a minimum, one.

Question 49 - Where will the quarterly meetings of the Delaware Cancer Registrars Association be held?

Answer - The location may vary.

Question 50 - Will the vendor be responsible for all costs associated with registration fees and travel expenses for annual meetings?

Answer - Yes.

Question 51 - Would expenses for the annual educational conference be provided by DPH (e.g., guest speaker fees, advertising, lunch, venue)?

Answer - No.

Question 52 - Will the audit be a site visit or based on clinical records? How many non-hospital entities would be included in the audit?

Answer - The audit will be both a site visit and clinical records. Number of non-hospitals is undetermined at this time.

Question 53 - Page 13, Bullet 7A - What type of assistance will be needed? Please elaborate.

Answer - Preparation of data files per specifications in data requests. Meaning no requirement to do any analyses, only provide data for the analyses.

Question 54 - Is the vendor responsible for a feasibility study and recommendation?

Answer – Yes.

Question 55 - Please provide a copy of the Delaware Cancer Registry 2012-2017 NPCR workplan.

Answer - There is an existing workplan, however you must submit a FOIA request to obtain it.

Question 56 - Page 14, Bullet 2 - What type of assistance is needed? Will vendor be responsible for design and production of brochures, articles, and other communication literature?

Answer - Assistance will vary. Vendor will not be solely responsible for design and production.

Question 57 - Page 14, Bullet C1 - Where will these meetings be held? Will DPH be responsible for all expenses (e.g., guest speaker fees, advertising, refreshments, venue) associated with the meetings?

Answer - Location will vary. DPH will be responsible for the costs associated with these meetings.

Question 58 - It is not clear which billable items should be included in Appendix G. Would examples include paper, ink, pens, etc.?

Answer - Appendix G is supposed to be a report on the usage of the services provided by the contract resulting from this RFP. The form is a generic form from Government Support Services so it is not going to really fit professional services contracts; it is geared more toward commodity contracts. What needs to go in there is how much was spent on the services the contractor provided under the contract.

Usually that is basically in a report or information the contractor already provides to our contract manager monthly or at least periodically.