



*Delaware Health  
And Social Services*

---

**DIVISION OF MANAGEMENT SERVICES**

---

PROCUREMENT

DATE: May 16, 2019

HSS 19 036

**NEWBORN SCREENING DATA COLLECTION AND CASE MANAGEMENT  
FOR  
DIVISION OF PUBLIC HEALTH**

Date Due: June 6, 2019  
11:00AM

ADDENDUM # 1

Please Note:

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

Responses to questions received by the deadline of April 11, 2019 and  
those asked at the pre-bid meeting on April 18, 2019.

---

Terrell Copeland  
Purchasing Services Coordinator  
(302) 255-9294

---

William Ingram  
(302) 744-4706

## NEWBORN SCREENING DATA COLLECTION AND CASE MANAGEMENT

HSS 19 036

### Questions and Answers

1. Whether companies from Outside USA can apply for this? (like, from India or Canada)

Answer - Appendix E, Section 4.4.9 of this RFP addresses Offshore Prohibitions. Offshore is defined as not being within the United States or its territories. No project work is permitted to be performed offshore either by the prime contractor, subsidiary, subcontractor or by any other third party. See also Section V.8.t Vendor Activity.

2. Whether we need to come over there for meetings?

Answer - Some meetings may need to take place in person such as training at the birthing facilities.

3. Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)

Answer - Appendix E, Section 4.4.9 of this RFP addresses Offshore Prohibitions. Offshore is defined as not being within the United States or its territories. No project work is permitted to be performed offshore either by the prime contractor, subsidiary, subcontractor or by any other third party. See also Section V.8.t Vendor Activity.

4. Can we submit the proposals via email?

Answer - No.

5. Is there an incumbent vendor for the newborn screening and case management system?

Answer - Yes.

6. What is the anticipated budget for this project?

Answer - The anticipated budget is between \$50,000 and \$100,000 annually.

7. **Section 4, Paragraph 4.0, Page 91** – “The contractor shall interface with providers to accept and process electronic patient demographic and hearing data from hospitals’ practice management systems, electronic health record systems and hearing devices.”

**Delaware Health Information Network (DHIN) Comment/Question:** Will the hospitals be expected to utilize their existing early hearing and detection systems (hardware/software devices) or will the winning vendor be procuring new hearing devices for the hospitals? If hospitals are expected to utilize existing devices, how will the data be transmitted to the new EHDI-IS system and under what security parameters?

Answer - Hospitals/birthing facilities are expected to procure hearing screening devices and report data to State of Delaware, Division of Public Health. If hospitals/birthing

facilities choose to send the data via the new EHDI-IS system the security parameters set forth by their facility as well as the State will be followed.

8. **Section 4, Paragraph 4.0, Page 92** – “The contractor shall interface with the Delaware Health Information Network or with the Division of Public Health’s vendor for newborn metabolic screening; and transmit provider, patient and hearing data in HL7 format.”

**DHIN Comment/Question:** Will the vendor be utilizing the HL7 message format developed by the DHIN and DPH for the transmission of combined metabolic and early hearing detection data?

Answer - The vendor will be required to transmit provider, patient and hearing data in HL7 format to the DHIN, which could be a combined metabolic and early hearing detection message.

9. **Section 4, Paragraph 4.0, Page 92** – “The contractor shall provide a web-based portal to providers in order to access all information within the Early Hearing Detection and Intervention System for their members.”

**DHIN Comment/Question:** Rather than a new portal for providers, why not utilize the DHIN’s community health record for this purpose?

Answer - Until the State mandates the use of DHIN by all providers, providers will be afforded options to obtain EHDI. Providers will have the option to use the vendor’s provider portal or the DHIN.

10. If there are not major alterations to the COTS version of the software solution, does DHSS still anticipate the need for onsite staff? If so, which phases of the project does DHSS consider onsite presence to be required?

Answer - The vendor will be required to maintain onsite staff throughout the duration of the system development lifecycle through implementation.

11. Would the DHSS prefer the contractor interface with the metabolic screening vendor, the Health information Network or both systems?

Answer - We are flexible with how the interface is developed as long as the Delaware Health Information Network receives the information via a HL7 message. Our preference is to send the Delaware Health Information Network a combined metabolic and hearing screening message but this is dependent on the metabolic screening vendor.

12. Does the DHSS desire for the EHDI database to interface with an existing EI database?

Answer - DHSS does not have a desire for the EHDI data system to interface with an existing early intervention data system at this time.

13. Does DHSS have an anticipated budget for this project?

Answer - The anticipated budget is between \$50,000 and \$100,000 annually.

14. The MCI requirements/overview supporting documentation provided has a link to detailed reference documents that is no longer working. Can DHSS provide the detailed reference documents for bidders to review?

Answer - Documentation regarding the command line interface and file specifications are located at <https://dhss.delaware.gov/dhss/dms/irm/twowaycommunication.html>.

15. Do the birthing hospitals and/or health information exchange currently interface with the MCI to capture the unique identifier in the health record? Or is the MCI a separate system the EHDI-IS should integrate with?

Answer - MCI is a separate system and the EHDI-IS will integrate with the MCI system.

16. II. Scope of Services section C, paragraph 5, page 5, Text: The data system should be able to generate a standardized HL7 message for submission to the Delaware Health Information Network.

a. Question: What are the HL7 messages that need to be generated and received by the system?

Answer - The U.S. National Library of Medicine website offers information and links to sample HL7 messages and documentation associated with newborn screening, <https://newbornscreeningcodes.nlm.nih.gov/nb/sc/constructingNBShl7messages>. The vendor will meet with the Division of Public Health and the Delaware Health Information Network to finalize the HL7 specifications.

17. II. Scope of Services section C, paragraph 6, page 5, Text: The data system should be able to electronically transfer demographic data elements from each of the birth facilities Electronic Medical Record systems so birthing facilities are not duplicating data entry.

a. Question: Are all data transfer of data elements done with the same HL7 message from each Birthing location?

Answer - The vendor will meet with birthing facilities to establish the transfer method and file format for the electronic transmission of demographic and hearing results data.

b. Question: Would Delaware Health and Social Services be open to use secure web services to transfer data elements?

Answer - The vendor will meet with birthing facilities to establish the transfer method and file format for the electronic transmission of demographic and hearing results data.

18. Appendix E, section 4, 4.0 , Paragraph 3, bullet 9, page 88, text: The EHDI-IS may receive submissions of newborn hearing screening information in accordance with interoperability standards endorsed by CDC for message content, format and transport

- a. Question: The requirement says “EHDI-IS may receive submissions...” and does not say shall, will this be considered an optional requirement?

Answer - Under the current regulations, hospitals/birthing facilities are required to submit hearing screening data on every newborn but it does not require them to submit the information via the EHDI-IS.

19. Appendix E, section 4, 4.0 , Paragraph 4, bullet 2, page 88 -89, text: The EHDI-IS shall provide the ability to generate and present a list of infants who did not pass newborn hearing screening (including initial screening and any follow-up rescreening) and are in need of follow-up rescreening and/or diagnostic evaluation services.
  - a. Question: What is the length of time that EHDI-IS requires between screenings?

Answer - The EHDI aims to have screening completed by one month of age with the initial screening occurring prior to discharge. Diagnostic evaluation for any infant not passing the screening should be complete by six months of age.

20. Appendix E, section 4, 4.0 , Paragraph 4, bullet 12, page 89 text: The EHDI-IS may provide the ability to generate, present, and transmit a standard-based hearing plan of care document to guide follow-up practices in accordance with scope of practice, organizational policy and jurisdictional law.
  - a. Question: The requirement is to transmit the standard-base hearing plan of care document, what is the meaning of transmit? Is it through one or more of the following: email, FTP, fax? If not what is the method of transmitting?

Answer - The type of transmittal is not important; the goal is to provide a consistent plan of care to all providers and staff involved in providing follow-up care to infants that meet the goal of completed screening by one month of age, diagnosis by 3 months of age and receiving early intervention by 6 months of age. For example, this could be a system-generated letter when an infant is identified by a birthing facility having failed the initial inpatient hearing screening that states the need for another screening by one month of age.

21. Appendix E, section 4, 4.0 , Paragraph 5, bullet 6, page 89 text: The EHDI-IS should provide the ability to regularly evaluate incoming and existing hearing screening and diagnostic information to continually refine, modify and efficiently identify late onset, progressive and acquired hearing loss.
  - a. Question: What is the time interval between regularly evaluations for the State?

Answer - The State of Delaware’s Newborn Hearing Screening program reviews and monitors hearing screening data daily.

22. Appendix E, section 4, 4.0 , Paragraph 6, bullet 8, page 90 text: The EHDI-IS should provide the ability to compare and match infants in the system with those in the EI system to identify missed cases.
  - a. Question: There is not an interface listed in the RFP between the EHDI-IS and the EI system. What is the interface that EHDI-IS will use to compare and match infants in the EI system? Web services, FTP, direct connection to the database or something else?

Answer - The ability to compare and match infants in the system with those in the EI system to identify missed cases does not need to be an interface. This could simply mean having a report or query in the system that could identify infants diagnosed with a hearing loss in need of EI services in which would look up in the EI data system to confirm services were received.

23. Appendix E, section 4, 4.0 , Paragraph 6, bullet 1 -7, page 90 text: Document the enrollment status, delivery and outcome of early intervention services for infants and children <3 years old with hearing loss.

- a. Question: Each of the bullets refer to “EHDI-IS shall receive” information from EI/Part C. What interface(s) is used to receive and send information to the EI/Part C system? Web services, FTP, direct connection to the database or something else?

Answer - There is no interface currently with the EI/Part C System. The information is sent to the Division of Public Health and is manually entered. The winning vendor will need to have the capability of capturing these data elements. The EI program will be transitioning to a new system in the near future and there may be an opportunity to explore interfaces when the transition is complete.

24. Appendix E, section 4, 4.0 , Paragraph 9, bullet 2 page 91 text: The EHDI-IS should provide the ability to generate performance measurement reports, as defined by the jurisdictional system evaluation plan.

- a. Question: May we receive a list of reports that are used to generate performance measurements by the State?

Answer - We need the ability to generate/query the system to determine the number of infants not screened by 1 month of age, diagnosed by 3 months age and receiving early intervention services by 6 months age as well as infants who do meet those standards.

25. Appendix E, section 4, 4.0 , Paragraph 10, bullet 1 page 91 text: The EHDI-IS shall provide the ability to generate, present and transmit standard and/or custom-defined reports (e.g., CDC Hearing Screening and Follow-up Survey (HSFS) survey, loss to follow up, or other important indicators by geographic, demographic, provider, or provider groups, hospital performance report) for authorized users without assistance from system vendor or IT personnel.

- a. Question: May we receive a list of the standard and/or custom-defined reports that are used by the State?

Answer - The following website provides information on the HSFS survey, which is completed by most/all states.

<https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html>

26. Appendix E, section 4, 4.0, Paragraph 13, page 91 text: The contractor shall interface with providers to accept and process electronic patient demographic and hearing data from hospitals' practice management systems, electronic health record systems and hearing devices.

- a. Question: Will all data sent for the electronic patient demographic and hearing data be in an HL7 format?

Answer - Yes.

- b. Question: Should all providers be capable of sending electronic patient demographic and hearing data be in an HL7 format?

Answer - Yes.

27. Appendix E, section 4, 4.4.3.1, Paragraph 3, page 96 text: The DTI Systems Architecture Standard contains information confidential to the State and is not published on the internet. However, DTI has set up an email address which will automatically send a response with this document attached. The email address is [sysarch@lists.state.de.us](mailto:sysarch@lists.state.de.us)

- a. Question: We did not receive the DTI Systems Architecture Standard document from the automatic response. Can the document please be supplied?

Answer - The DTI Systems Architecture Standard, along with all DTI standards and policies, are located at <https://dti.delaware.gov/technology-services/standards-and-policies/>.

28. Section number 3.0 DHSS responsibilities, Paragraph number 1, Page number 86, Text: No DHSS staff will be available for data cleanup or meta-data definition.

- a. Question: In the event that data converted from the current system does not contain required data elements, will the ability to define a process to obtain those data elements be allowed? Section number 3.0 DHSS responsibilities, Paragraph number 1, Page 86, Text: No DHSS staff will be available for data cleanup or meta-data definition.

Answer - The DPH and the vendor will discuss data conversion during the initial phases of the system development lifecycle. To the extent there is agreement of required data not sourced from the current system, the DPH will entertain the discussion and definition of a process to obtain the required data.

- b. Question: In the event that data converted from the current system does not contain required data elements, will the ability to define a process to obtain those data elements be allowed?

Answer - The DPH and the vendor will discuss data conversion during the initial phases of the system development lifecycle. To the extent there is agreement of required data not sourced from the current system, the DPH will entertain the discussion and definition of a process to obtain the required data.

29. Section number 4.0 Contractor Responsibilities and Project Requirements, Sub-bullet 8, Page 88, Text: The EHDI-IS shall provide the ability to capture and document information about an infant's NICU stay and transfer status.

- a. Question: Are the data being requested regarding the extent of the data required to be captured and documented about an infant's NICU stay and transfer status found in the EHDI-IS Minimum Data Elements? Will data elements not found in the EHDI-IS Minimum Data Elements be required to be tracked?

Answer - Date of transfer and an indication if the newborn was in the NICU are both minimum data elements however, we would like the ability to capture length of stay, which is, an extended data element.

- b. And, Are the data being requested regarding the extent of the data required to be captured and documented about an infant's NICU stay and transfer status found in the EHDI-IS Minimum Data Elements? Will data elements not found in the EHDI-IS Minimum Data Elements be required to be tracked?

Answer - All of the data elements can be found in the EHDI-IS Minimum Data Elements however, some are labeled core elements or extended elements. We would like the ability to capture most if not all of the data elements even if they are currently not being collected.

The complete list of data elements can be found at this link, <https://www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards-.html> (excel spreadsheet can be found by clicking Appendix A).

30. Section number, 3.0 DHSS responsibilities, Page 87, 4.0 Contractor Responsibilities and Project Requirements, Text: Production implementation is normally an IRM responsibility. Depending on the solution selected, IRM may require participation of contractor staff. DHSS will be primarily responsible for post implementation administration if the system resides at the Biggs Data Center. If a hosted solution is selected, the Contractor has primary administration responsibilities.

- a. Question: Does the State have a preference regarding vendor hosting or the solution being hosted in the Briggs Data Center?

Answer - The vendor must provide a hosted solution. No solution will be hosted at the Briggs Data Center.

31. Section number 4.11.2.3 Phase 3, Paragraph number 4, Page 108, Text: Deliverable: Training Plan This is a mandatory deliverable. This is a plan for training of staff involved in UAT plus training of staff for implementation. It will identify the type of training (i.e. train the trainer vs. train all and UAT training). It must include a Resource Allocation Matrix, which is a schedule showing staff name, training type/class name, dates and times. It must also include a mechanism for surveying the effectiveness of the training.

- a. Question: Please define the number and type of staff that will be trained for implementation? Is the vendor responsible for training sites, training equipment, and printed training materials?

Answer - Hospital staff, IT staff and follow-up staff will be trained for implementation. The vendor is not responsible for training sites and equipment but is responsible for any necessary training materials.

32. Approximately, how many births occur in Delaware annually?

Answer - About 11,000 births occur in DE annually.

33. Is there a need for the vendor to provide an interactive portal for queries?

Answer - We are flexible but need the ability to query data and/or have access to manual reports to track and follow infants. An emphasis on the capabilities of figurable reporting will be taken into consideration when scoring bids.

34. What prompted the RFP?

Answer - The newborn screening program has been going through a transition with contracting the metabolic portion of the program out which separated the programs including a separation of data systems.

35. Does the anticipated budget include the design and implementation period?

Answer - Yes.

36. Does the budget include onsite staff?

Answer - Yes.

37. Are the onsite staff required for the life of the contract?

Answer - No. We do not anticipate the need for onsite support beyond the implementation phase unless circumstance such systems or structures change.

38. What does onsite staff mean?

Answer - We do not expect the vendor to move to DE or work in our offices. We envision the need for onsite support during implementation to work with program staff and birthing facilities. We expect the vendor to be available to attend meetings with birthing facilities possibly and train staff to use the system.

39. Do we expect to work with the Early Intervention system more in the future?

Answer - Ultimately, that is the goal but it is not a priority right now. It is not a burden for the program to manually enter this data as we only have about 20 newborns diagnosed with a hearing loss annually.

40. What is the maximum number of births per month?

Answer - Between 850 and 1,000 babies are born each month in Delaware.

41. Currently, how are birthing facilities submitting data.

Answer - All birthing facilities are submitting data via the provided data system. Some are manually entering that data at their facility and some are transferring their data from equipment and their EHRs.

42. Are the end users fully aware of this upcoming project?

Answer - Yes.

43. Would the DPH be open to changing legal language described in the RFP?

Answer - Any language changes need to be submitted on an exception report as well as indicated on the transmittal letter.

44. Transmission of date in your ideal condition, metabolic and hearing would be combined?

Answer - Ideally, it would be combined there are options of how and when the messages are combined. The vendor may need to work with our Newborn Metabolic Screening vendor on this piece of the project.

45. Who is the Newborn Metabolic Screening vendor?

Answer - The current vendor for the program A.I. duPont hospital for Children who subcontracts with Perkin Elmer for the lab portion of the program.