BEP Questions

1. Question - Is there any requirement or benefit for participation by a woman-owned, veteran-owned or minority owned business?
   Answer: Because the EDSS RFP is being solicited as an emergency declaration procurement, a BEP goal is not required. However, IDPH encourages woman-owned, veteran-owned or minority owned businesses that meet the mandatory requirement and desired element to submit a proposal as the primary vendor, or to contact vendors who may be submitting as a primary vendor to see if there are subcontracting opportunities.

Submission Questions

1. Would the State consider extending the deadline of this solicitation?
2. We acknowledge the urgency for the emergency procurement issued by the State to replace I-NEDSS. Given the comprehensive requirements articulated in the RFP document, will the State please provide few additional days for proposal development and postpone the due date to Aug 3, 2020?
3. In the interest of providing a comprehensive and complete response, will IDPH kindly extend the response deadline to Monday, August 10th?
   Answer: The State is not going to extending the deadline of this solicitation.

Pricing Questions

1. Will you please share the allocated budget for this initiative?
   Answer: IDPH has not established a spending maximum for this proposal.

Technical Questions

1. How does the I-NEDSS program run today in terms of the people, process and technology?
   Answer: Currently there are about 2,500 end users including managers using the system. The technology for the State's current I-NEDDS Disease Surveillance System and I-NEDDS Disease Surveillance Warehouse which is comprised of two (2) I-NEDSS databases which are the Disease Surveillance transactional database and Disease Surveillance data warehouse used for reporting. The Disease Surveillance transactional database and Disease Surveillance data warehouse used for reporting both uses DB2 as the database on a Unix AIX Operating System on HP Servers. The Local Health Departments (LHDs) and IDPH use the I-NEDDS Disease Surveillance, throughout the State.
   The following is overview of the processes using I-NEDDS program by Local Health Departments (LHDs) and IDPH and other organization using the system:
   M2- Data entry directly through an Internet browser-based system, thereby creating a database accessible by health investigators and public health professionals, M3-Reporting capabilities using a Data Warehouse, M4 – Manage all reportable conditions, M6. Report of Verified Case of TB (RVCT), M7/M23, Reporting to CDC for all reportable diseases, M12. Custom code changes for disease case definition assignment or case auto closure, and M13/M18 - Outbreak management.

2. How many end users? How many managers?
   Answer: Currently there are about 2,500 end users including managers using the system, and new user accounts are increasing between 35 to 55 every day. The end users and managers in the Local Health Department report through their executives management structure. IDPH end users and managers report through IDPH Office of Health Protection executive management structure. About 80% of the users are end users and about 20% managers.

3. Who do the end users and managers report to? The CRO, COO or other executive?
   Answer: The end users and managers in the Local Health Department report through their executives management structure. IDPH end users and managers report through IDPH Office of Health Protection executive management structure which is led by a Deputy Director and Communicable Disease Division Chief.

4. Is it correct to understand that "off the shelf" is defined as purchase, plug it in, and the modules already exist?

Answer: Yes, Commercial off-the-shelf or commercially available off-the-shelf (COTS) products packaged solutions which are then adapted to satisfy the specific needs of the purchasing organization, and plug it in, and the modules already exist with relatively minor customization.

5. Can respondents respond at a high level with a narrative that covers all or the requirements? Or should vendors respond individually to each requirement?
   Answer: The vendor should response to individually to each Mandatory Requirement and Desirable Element. A high level narrative covering all requirements and elements is not acceptable.

6. If the state has a different pricing model intended for licensing the system we would need that for pricing purposes.
   Answer: The RFP is for Software as a Service (SaaS) and subscription pricing module is the envisioned pricing module for this RFP. Software as a service (SaaS) is a software licensing and delivery model in which software is licensed on a subscription basis for the application, Network, and Cloud Infrastructure (etc.).

7. We understand that IL is asking for a COTS solution. Would a PaaS solution be considered by the State?
   Answer: The State's RFP solution is for Software as a Service (SaaS) solution. The State is not looking for just a Platform-as-a-Service (PaaS) which is a category of cloud computing services that provides a computing platform and a solution stack as a service. The State is seeking a Software as a Service (SaaS) solution that is a web-based model, software that vendors host and maintain the servers, databases, and the code that makes up the application.

8. What database(s) does the department currently own or handle?
   Answer: The State uses both DB2 and Microsoft SQL Server for the databases. The Disease Surveillance transactional database and Disease Surveillance data warehouse used for reporting both uses DB2 as the database.

9. How many users will on a day to day basis interact with the EDSS?
   Answer: There are approximately 2,000 users logging into the system every day.

10. What systems will need to integrate with the chosen vendor to feed the data warehouse capabilities?
    Answer: The data warehouse is designed to support business decisions by allowing data consolidation, analysis and reporting at different aggregate levels, and the vendor's Electronic Disease Surveillance System will need to be integrated into the data warehouse.

11. Are there any government regulations consultants and developers on the vendor team that will be required to follow during the project or any certifications that they will need to obtain prior to the project start date to be able to work on the project?
    Answer: Yes, HIPAA and STD guidelines and policies.

12. Does the State of IL expect the training sessions to be structured in a train the trainer or a train the organization fashion?
    Answer: Yes, the State expects the training session to be a structured as a train the trainer module, with the vender responsible for initial training of all state users, local health department users, and all provider users.

13. What roles within their organization does the State expect to interact with the new system?
    Answer: Within IDPH the programs include Sexually Transmitted Diseases (STD), Tuberculosis (TB), Communicable Disease (CD), and Vaccines and Preventable Diseases (VPD), with users at the supervisor, administrators and super administrator roles within the system, providers, laboratories, long term care facilities, and other reporting agencies will have a provider role with the system.

14. The RFP discusses a Change Management Plan, is it safe to assume this means Organizational Change Management (Organizational Adoption and Readiness)?

Answer: A Change Management Plan defines activities and roles to manage and control the change during the execute and control phases of the project, which does include Organizational Adoption and Readiness.

15. Is the "vendor must have 3 years of deploying similar applications" a must have for this deployment? Would the State be open to building an application from the ground up that will meet their needs?
    a) Who are the end-users of the solution?

    Answer: The State is NOT open to building an application approach from the ground up. As stated in Mandatory Requirement M21, the system must be a commercial off-the-shelf (COTS) system.

    (a) The end users of the system are Local Health Departments, IDPH, providers (nursing homes, hospitals), hospitals and IDPH labs.

16. How many people and locations will be using the solution?

    Answer: There about 2,500+ end users across numerous cities and 97+ counties in Illinois and adjacent states (Missouri, Wisconsin, Indiana, Iowa etc.) using the solution. The number of local jurisdictions being supported (97) and providers (800+ nursing homes, 1000+ providers, 200 hospitals).

17. The RFP states that the system may be used by several different types of users, including providers, local health departments and other reporters. As we think about training for these 3000 users:
    a) Will the different user groups or roles each require tailored training?
    b) If so, how many unique training audiences will need their own customized training materials?
    c) How many users will be in each training audience?

    Answers:

    a) Will the different user groups or roles each require tailored training? Yes

    b) If so, how many unique training audiences will need their own customized training materials?

    Answer: Five base customized training materials will need to be developed with disease specific training for each five base packages,

    c) How many users will be in each training audience?

    Answer: The State expect the training session to be structured as a train the trainer module.

    a. Yes, different training audiences will each require tailored training: State Level User (Administrator, Super Admin, Disease Specific Training), Local Health Department Level User with disease specific training, Provider (reporter) training. Yes, different user groups or roles will require tailored training.
    b. Answer: Five base customized training materials will need to be developed with disease specific training for each five base packages.
    c. This will be variable depending on the user type. State level users, approximately 100+; Local Health Department users, approximately 1000+; Providers, approximately 2000+;

18. Please confirm that data conversion is required only from I-NEDSS. We acknowledge that I-NEDSS currently handles approximately 250K+ records daily. Will you please provide additional details for conversion estimation purposes (for example, size and complexity of the data model; total number of records; etc.)?

    Answer: Yes, data conversions will only be required for the State I-NEDDS Disease Surveillance System and I-NEDDS Disease Surveillance Warehouse which is comprised of two (2) INEDSS databases which are the Disease Surveillance transactional database and Disease Surveillance data warehouse used for reporting. The State I-NEDDS Disease Surveillance System processes 300K+ transactions a day currently, 4 million plus records on the provider side and 1.5 million on the cases side. The I-NEDDS system has overall 80 Plus tables with 6 million plus records active and 1 million inactive records.

19. Will you please describe the current process of receiving ELRs and eCRs?

    Answer: IDPH receives ELR data from IDPH and external Labs in two ways by SFTP and through CDC Public Health Information Network Messaging System (PHINMS). The format accepted by IDPH for ELR data is HL7 versions 2.3.1, 2.5.1 and a standard CSV file format that was built for COVID. The ELR data is all loaded into a DB2 database built from the HL7 standard and then imported into INEDSS from that DB2 Database. The eCR's

using Electronic case reports are received via the AIMS platform in the HL7 eICR version 1.1 and HL7 RR version 1.0. IDPH is developing a process to transform the eICR and RR files into formats that can be directly ingested into INEDSS, along with an HTML viewable version of the eICR for appending onto the case record within the application. IDPH also receives a custom tilde delimited flat file extract from STD providers for electronic case reporting for direct import into INEDSS.

20. Will you please provide a description of the "AutoMerged" process?
    Answer: During the ingested process into the I-NEDDS System, records are compared to existing I-NEDDS System patient cases records based on matches criteria. If a match occurs during the ingested process then the patient's records are automatically associated with the existing patient's cases.

21. Please provide the evaluation criteria for this RFP.
    Answer: As stated in Desirable Elements section of the RFP the vendors responding to Desirable Elements specifications will be given points during evaluation of proposals that correspond to the level of compliance and the quality of the vendor's proposal. For the Mandatory Requirements, the vendor's proposed solution must meet the Mandatory Requirements and its either a "yes" or a "no"..

22. Is this RFP an outcome of the RFI published by IDPH earlier this year titled, "Response for Public Health Emergency Preparedness, Hospital Preparedness and Healthcare, Coalition Preparedness, Planning and Knowledge Management System". If so, were there subsequent meetings/demos with select respondents?
    Answer: This RFP is **NOT** an outcome from RFI published by IDPH earlier this year titled, "Response for Public Health Emergency Preparedness, Hospital Preparedness and Healthcare, Coalition Preparedness, Planning and Knowledge Management System.

23. Is the expectation to deploy a fully built solution or is state open to a custom build solution on public cloud?
    Answer: Yes, the State's expectation is a Commercial off-the-shelf or commercially available off-the-shelf (COTS) product packaged solutions which is then adapted to satisfy the needs of the purchasing organization, and plug it in, and the modules already exist. The State is not looking for a custom build solution on a public cloud.

24. Any details on the deployment times? Do we need the solution to be deployed by a certain time?
    Answer: The deployed schedule will be within a year of the Implementation initiation.

25. Does the State have an ESB/API Service broker to enable integrations? Do we need to propose a solution for integration?
    Answer: The State does not have an ESB/API Service broker to enable integrations. The vendor needs to propose a solution for integration.

26. Does the solution need to validate HL7 messages?
    Answer: Yes, the solution does need to validate for HL7, and Clinical Document Architecture (CDA) formats.

27. Can the workflow management system be entirely separate from the SaaS put in place for the application?
    Answer: The SaaS application and technology components such as workflow management solution must be fully support by the vendor and an integrated part of the application in the same platform. Any technology components or third party applications must be offered as SaaS solution and managed by the vendor.

28. How quickly does vendor need to stand up Help Desk KPIs once HelpDesk is live?
    Answer: The vendor's help desk reporting of KPIs must be available upon production go-live so the vendor can provide a monthly report.

29. Is there a preferred reporting vendor to facilitate visualization?
    Answer: The State uses Tableau reporting and Business Object for visualization and reporting tools, but

would consider other visualization and reporting tools that provide the same or additional capabilities of the existing tools. The system must be compatible with the current reporting infrastructure.

30. What is the anticipated service population?
    Answer: The IDPH service population are the residents of Illinois and individuals that have a reportable disease that is diagnosed within Illinois**.**

31. Is there a determined number of data sources (i.e., EMR feeds, various labs) that will feed into the Disease Surveillance System?
    Answer: Vital Events system for deaths, Electronic Lab Reporting (ELR) from labs, Redcap survey system and State COVID survey system.

32. M1 - *User-customizable decision support functionality for automated processing of Electronic Lab Reporting (ELR) and electronically received public health case reports.* Are the ELR and Public Health Case record formats currently standardized forms/formats?
    Answer: Yes, ELR and Public Health Case record formats currently have a standardized form and formats. IDPH only accepts Hl7 2.3.1, HL7 2.5.1 and CSV data that are defined and required to process ELR and Public Health Case record formats.

33. M3 - Are you open to the data warehouse being on a different platform than the EDSS? If so, are you open to cloud data warehousing solutions?
    Answer: The reporting will require the EDSS and data warehouse to both be cloud solutions, and information in EDSS and data warehouse must be in sync for reporting purposes. The State is requesting that the data warehouse and the EDSS be on the same platform, given the mandatory's criteria of:
    a. The system's capabilities for the reporting functionality of all variables collected must be viewable in the reporting database within 30 seconds from entry in the transactional database.
    b. The vendor must have experience with at least three (3) COTS systems comparable to this proposal in terms of functionality for other state governments or large metropolitan areas within the United States and must be in full operation for at least three (3) years.

34. M3 - In reference to the 'unified repository' do you anticipate additional source systems beyond EDSS feeding into it? If so, what are those source systems?
    Answer: The EDSS will feed information into the Data Warehouse for a unified repository used to report and analyze information using a common data model, and the State is not anticipating additional source systems beyond EDSS.

35. Per requirement M4, the new system should include all reportable conditions. Will you please describe the current systems that support these disease program areas as applicable (for example, is there a different system for managing HIV)?
    Answer: Currently a different system is being utilized for HIV and Syphilis. The new system should be capable of all reportable diseases.

36. M5 - What Integration features are the client looking for?
    Answer: The integration feature for M5 is "Implement all Message Mapping Guides for the Centers for Disease Control and Prevention (CDC) with the ability to code values within the export integration feature of the application which is send thru an export process". IDPH is also looking to integrate with other data systems utilized across IDPH including ORS, Salesforce, IVRS, ICARE, and APORS.

37. M5, M11 - What is the master source for the lookup tables? How is the data maintained/updated/governed? In what format is it stored (i.e. flat files, JSON files, databases)?
    Answer: Currently lookup tables are managed within the application and governed by administrators and super admins.

38. Referring to M6, are there any specific modules other than TB?
    Answer: The modules required to fully implement the entire vendor's solution will vary between vendors and proposed solutions. The State does not have insight into the number of vendor's modules required to implement this solution. The RFP covers features and functionality the State is requiring of a new system and not specific vendor's modules or State existing modules.

39. M7 - Can the State provide more Information on Job Scheduler (Quartz)?
    Answer: The system must have the capability for a job scheduler (Quartz) process.
    Quartz being an open source job scheduling tool that can be used to create simple or complex schedules for executing tens, hundreds, or even tens-of-thousands of jobs. The State is not asking the vendor to integrate with Quartz job scheduler but rather provide a job scheduler.

40. M7 - Is the format for these documents relatively static or do they change often?
    Answer: The reports that are sent to CDC may change over time.
41. M8 - Is it possible for the customer to post an example(s) of rules that are on the complex side?
    Answer: They system needs to be able to handle complicated business rules that are disease specific. One example is surrounding segregating laboratory test results based on disease, LOINC, SNOMED, laboratory, quantitative results, age, and dates of birth and combinations of each, e.g. sequester quantitative hepatitis C results that are negative for HCV Antibody, or sequester all negative molecular COVID-19 results only allowing the positive results to filter through into the cases environment.

42. M8 - Does the I-NEDSS System currently receive records and store information according to LOINC and SNOMED?
    Answer: Yes, I-NEDSS currently receives ELR records and stores information according to LOINC, and SNOMED codes. IDPH requires LOINC and SNOMED codes for all ELR data received.

43. M13. "Please clarify the requirements related to System Requirement M13.
    a) Does this include call center/services capabilities?
    b) Is this similar to what is being done for COVID-19?
    c) Are there different outbreak protocols by disease?
    d) Are their specific collaboration tools that you're seeking to support Outbreak management?

    Answer:
    A. No
    B. No
    C. Yes
    D. IDPH has a separate outbreak reporting system that needs to be integrated with the new system. At a minimum, the new system must have the capability to administratively manage outbreaks within a lookup table within the application to associate existing cases with an outbreak.

44. Referring to M13, what are the key functional requirements for outbreak management?
    Answer: IDPH has a separate outbreak reporting system that needs to be integrated with the new system. At a minimum, the new system must have the capability to administratively manage outbreaks within a lookup table within the application to associate existing cases with an outbreak**.**

45. M14 - Can the State provide more Information on Job Scheduler (Quartz)
    Answer: Quartz is an open source job scheduling tool that can be used to create simple or complex schedules for executing tens, hundreds, or even tens-of-thousands of jobs. The State is not asking the vendor to integrate with Quartz job scheduler but rather provide a job scheduler.

46. In the requirement M*14. System must have capability for a job scheduler (Quartz) process schedules,* what specifically are you looking for in this requirement? Are you wanting the vendor to be able to integrate/interface? How would you anticipate the flow to work using Quartz?

Answer: Quartz is an open source job scheduling tool that can be used to create simple or complex schedules for executing tens, hundreds, or even tens-of-thousands of jobs.

The State is not asking the vendor to integrate with Quartz job scheduler but rather provide a job scheduler.

47. M15 - Is it possible for the customer to post an example(s) of rules that are on the complex side?
Answer: This varies for each disease. In general there are required fields that must be completed for a case to be closed, i.e. onset date, case status, date first reported, laboratory information, etc. The business rules must be customizable at the disease module level.

48. M16 - Could the reporting system database be the same as the data warehouse or do you require a separate reporting system? If separate, please explain the requirements of the reporting system.
Answer: Yes, the vendor's Disease Surveillance data warehouse and reporting can be on the same database. The vendor's Disease Surveillance data warehouse and reporting solution will be used for reporting historical case and outbreak data.

49. M17, M4 - How is the requirement for M17 different than requirements listed in System Requirement M4? Does this mean that an animal may be a contact or would an animal be listed under a person?"
Answer: M4 is for manage all reportable conditions including HIV, Sexually Transmitted Diseases (STD), Tuberculosis (TB) and all other reportable infectious diseases, and M17 is for animal rabies testing considerations. Animal rabies testing is at the animal level, not a person, e.g. a bat or a dog.

50. M21 - *The Vendor must have successfully implemented at least three (3) COTS systems comparable to this proposal in terms of functionality for other State governments or large metropolitan areas within the United States and must be in full operation for at least three (3) years.* Being that some of the requirements are fairly new to the marketplace (e.g., COVID) and most implementations of a solution provide operational/warranty periods for up to 1 year, could requirement M21 be modified for 1-2 years?
Answer: No, the requirement is that a COTS system comparable to this proposal in terms of functionality for other state governments or large metropolitan areas within the United States and must be in full operation for at least three (3) years. While new diseases occur such as COVID are fairly new diseases, the core functionality of the system must allow new diseases types to be added. The vendor must have at least three (3) COTS systems comparable to this proposal in terms of functionality.

51. M22 - Separate from the reporting extracts required (i.e. CDC reports in M7, NETSS M23), how many analytics dashboards and reports exist today and how many are expected in the new system? Do you expect to rationalize any of the dashboards or reports?
Answer: All users are currently allowed to generate an unlimited number of reports. Each user may have 5 – 500 reports that they run. Dashboards are currently pulling from views within the application or reporting database and will need to be replicated. There are currently 5 special views of data being utilized for dashboards.

52. M22 - Do you expect external users to access the system for reporting or are you expecting a "push" of the reports to the users? What is the estimated number of external users who would need access to these reports?
Answer: Local Health Departments, which are the external users, access the system to create, execute and schedule their query's for reporting. An estimate of the number of external users whom need access to reports is about 800 users. Providers also have access to generate reports on the data that they submit into the system. The system must have the functionality to create reports on demand and have reports scheduled to be available via an inbox on the application, email, SFTP to a designated folder, or pushed to a folder on the network.

53. M23 - Other than the CDC, what agency is data being transferred to? Is Data now being sent to HHS at a federal level? If so, is CDC still involved in reporting?

Answer: Data is still transferred to CDC. Data is also routed to the CDC via the AIMS platform. All data provided to CDC is routed to HHS. IDPH does not route data to HHS directly.

54. M25 - On Top of the current data, what volume of historical data is needed to be carried over?
Answer: Yes, all historical data is needed to carry over to the new system. The State I-NEDDS Disease Surveillance System and I-NEDDS Disease Surveillance Warehouse which is comprised of two (2) INEDSS databases which are the Disease Surveillance transactional database and Disease Surveillance data warehouse used for reporting will need to be carried over to the new system. The State I-NEDDS Disease Surveillance System processes 300K+ transactions a day currently, 4 million plus records on the provider side and 1.5 million on the cases side. The I-NEDDS system has overall 80+ tables with 6 million plus records active and 1 million inactive records.

55. M25 - What are the existing (historical) data volumes in I-NEDSS? Is there any data outside of I-NEDSS that would also need to be migrated to the new system? If so, what are the data volumes for each of those systems?
Answer: Yes, data conversions will only be required for the State I-NEDDS Disease Surveillance System and I-NEDDS Disease Surveillance Warehouse which is comprised of two (2) INEDSS databases which are the Disease Surveillance transactional database and Disease Surveillance data warehouse used for reporting. The State I-NEDDS Disease Surveillance System processes 300K+ transactions a day currently, 4 million plus records on the provider side and 1.5 million on the cases side. The I-NEDDS system has overall 80+ tables with 6 million plus records active and 1 million inactive records.

56. M25 - What does the I-NEDSS data model look like today? How many tables exists? What are the relationships to the table (a.k.a conceptual data model)?
Answer: The State I-NEDSS Disease Surveillance System is comprised of two DB2 databases.
The I-NEDSS Disease Surveillance transactional database used by the application (OLTP database) has about 67GB in size and 120 tables, and the Disease Surveillance data warehouse (OLAP) used for reporting has about 45GB and 189 tables. There are 4 million plus records on the provider records and 1.5 million on the cases records with overall 80+ tables, 6 million plus records are active. 1 million cases records are inactive.
Listed below is the I-NEDSS Conceptual Operational Data Model:
Actors/Participants are the base model and below are the various entities and attributes associated with this model.
    - Investigations - Case investigations.
    - Transition to CDC - IDPH Review or Completed Investigation.
    - Logs - Data on the history of the transactions on a case.
    - General Illness - Data about the healthcare encounter.
    - Emergency Room - The name of the hospital where the patient was attended to in the emergency room.
    - Laboratory Tests - Data for the laboratory test results.
    - Contacts - Another person who may have contracted a disease by being in close contact with the infected person of the case.
    - Epidemiologic Data - Data on the risk factors and exposure that contribute to the spread of the disease.
    - Reporting Source - Data on who originally reported the case that is being investigated.
    - Patients - The person with the disease who becomes an I-NEDSS case.
    - Measures - The number of cases. Can be an aggregate number or a selected count of patients according to disease(s), jurisdiction, age, race, etc.
    - Transferred Cases - Cases that are sent to another county's local health department due to the fact that the patient now resides in that county/jurisdiction.
    - Lookups - Disease, LOINC, SNOMED codes Observtype-T.

57. M25 - Is there a cutoff to the historical data (i.e., longer than ten years) that can be archived to a different storage system?
Answer: All historical data must be converted for the State I-NEDSS Disease Surveillance System and

I-NEDSS Disease Surveillance Warehouse which is comprised of two (2) I-NEDSS databases.

58. M25 - *Replicate the existing I-NEDSS surveillance system and transfer over all existing data.* How many records currently exist in I-NEDSS? Do any archived records exist?
    Answer: I-NEDSS processes 300K+ transactions a day. The State I-NEDDS Disease Surveillance System is comprised of 2 DB2 Databases. The I-NEDDS Disease Surveillance transactional database used by the application (OLTP database) has about 67GB in size and 120 tables, and the Disease Surveillance data warehouse (OLAP) used for Reporting has about 45GB and 189 tables. There are 4 million plus records on the provider records and 1.5 million on the cases records with overall 80+ tables, 6 million+ records are active. 1 million are inactive records. on the cases side with overall 80 Plus tables with 6 million+ records active, and 1 million inactive records.

59. M26 - Of the 250,000+ daily records, are all of these created and keyed in via I-NEDSS? Or will some be loaded on a regular cadence (daily, weekly, etc.) from another system? If a regular batch process is necessary, how many systems are involved? What is the rough distribution of data volumes?
    Answer: Most of the daily data coming into I-NEDSS is imported into I-NEDSS, such as ELR data from labs. End users enter case information thought out the day (i.e., keyed data). Daily records are batch processed every 15 minutes, or on demand. Data is loaded on a regular cadence daily from other systems.

60. Referring to M26, what are file types of records? Are they .xml, .pdf, docx, xls, etc.?
    Answer: The file types for records are HL7, Clinical Document Architecture (CDA) formats, custom formats, XML, and CSV.

61. M27,M28 - What other forms and integration is the client looking for?
    Answer: Integration with the geocoder for address validation in real time for all address verification when manual entry of records. IDPH receives ELR data from labs in two ways; by SFTP and through CDC Public Health Information Network Messaging System (PHINMS). The format accepted by IDPH for ELR data is HL7 versions 2.3.1, 2.5.1 and a standard CSV file format that was built for COVID. Ingestion of dead data from IDPH Vital Events system which updated the patient records. Survey information from the State's Redcap system and COVID 19 MVP Salesforce.

62. M29 - What are the total number of users in the system?
    Answer: Currently there are about 2,500 end users accounts including managers using the system, and new user accounts are increasing between 35 to 55 every day. Local health department registrations 10-15 per day; nursing homes 5-10 per day; Providers (hospitals, doctor's offices) 20-30 per day.

63. M29 - States that the system needs to support >3000 users and >1000 concurrent users. We prefer to license the product by named user and wondering if there is a user count the state can provide for pricing purposes? If there is a breakdown in role or organization of user that would be helpful as well.
    Answer : The end user break down is the Local Health Departments, providers, hospitals and within IDPH programs areas are Sexually Transmitted Diseases (STD), Tuberculosis (TB), Communicable Disease (CD), Vaccines and Preventable Diseases(VPD), which includes user accounts, supervisors and administrators, and super administrators roles within the system. End users also consist of providers reporting into the system. Currently there are about 2,500 end users including managers using the system, and new user accounts are increasing between 35 to 55 every day.

64. M29 - Are you able to distinguish between the numbers of active users that would be accessing the EDSS system for data entry vs users for reporting and analytics? Will there be external users accessing the system?
    Answer: The currently the number of active users for the EDSS system is about 2,500+ users. The estimate of the number of users for reporting and analytics is about 800 users.
65. M30 - Are you able to provide an average and maximum file size for images?
    Answer: Currently the file size for storage and retrieval of images for case reports, html, pdf, and images, does not exceed file size of more than 5 MB.

66. M31 - Are there needs for role-base security for reports or only access to the system? Do they differ?
    Answer: Yes, there is a need for role base security for reports and access to the system.

67. M35 - Is state agreeable to any workflow management system the vendor chooses, or is there a specific one that is preferred?
    (a) Does the state have an existing Helpdesk/workflow management system that vendor can leverage?
    Answer: The vendor must establish and maintain a help desk ticket tracking system to record and manage incident tickets and monitor Service Level Agreement (SLA) goals.
    (a) The workflow management solution must be fully support by the vendor and an intergraded part of the application in the same platform. Any technology components or third party applications must be offered as SaaS solution and manage by the vendor. The State does not have a preferred vendor selection of a workflow management system or Helpdesk system.

68. M35 - Can you provide the current number of knowledge base articles for I-NEDSS?
    Answer: There are currently 394 knowledge base articles for I-NEDSS available to users.

69. M35 - Do state employees have capacity to take on technical support activities or should we assume that ALL technical support needs to be provided for (including during times of unexpectedly high volumes)?
    Answer: M35. Vendor must staff a dedicated Help Desk specifically for the data system that includes a dedicated email address and phone line. This Help Desk must be available for all system users to contact with issues and technical assistance needs. The Help Desk must be available from 8:00 AM to 5:00 PM CST during the normal work week excluding holidays recognized by the State of Illinois.

    The vendor will take on technical help desk support activities for Help Desk. The State help desk will refer end users to and/or document then report and communicate the issues to the vendor's help desk.

70. M35 - How does the State view the vendor Help Desk interacting with the State's Help Desk?
    Answer: The State help desk will refer end users to and/or document then report and communicate the issues to the vendors help desk.

71. M36 - After 6 months Hypercare, will the vendor transfer knowledge to the existing DOIT Help Desk? Will it be transferred to an existing staff/organization or will this organization need to be created/onboarded?
    Answer: After 6 months of Hypercare support for closely monitored customer service, data integrity and the smooth operations of the implemented application for perspectives of technical support by existing staff and potential new staff as well.

72. M37 - What does "onsite" training look like in a remote work setting? Is the IDPH staff going to be working in one location or are will they be remote? Is the State amenable to exclusively online training from vendor based on the current COVID-19 pandemic? We can allow for changes in the approach based on the state of the pandemic when preparing for Go Live.
    Answer: Users are located all over Illinois and entities in adjoining states. Online training will be required as well as some form of interactive training such as WebEx sessions, from a technical training for integration reporting tools perspective, etc.. When in person training is allowable, some in person training for key staff and admins may be needed.

73. M37 - Does this expectation for training include training content and delivery? Which Agency department owns training sign off for operational and technical staff? How will newly onboarded IDPH employees be trained in the system? The refresher course annually may not be sufficient for new employees.
    Answer: Yes, the exception for training includes training content and delivery. The Office of Health Protection owns the training sign off for operational staff, and the Office of technology own the training sign off for the technical staff.

74. M37 - Is there an existing training organization with whom we can partner for training delivery/knowledge management/content creation?
Answer: Yes, the State will review and approve vendor training material and will partner with the vendor for training delivery, knowledge management, and content creation. The vendor will partner with The Office of Health Protection whom owns the training sign off for operational staff, and the Office of technology whom own the training sign off for the technical staff.

75. M37 - Training in subsequent years is described as "at least annually." To estimate this, can you specify the number of refresher deliveries (provided to all users) you expect to be needed in subsequent years? And how many new hires may need to be trained each year?
Answer: The new system will need at least 6 in-person classroom trainings per year on basic training, by the vendor. All provider training can be offered online by the vendor. Training on reporting via in person classroom will need to be at least three times per year by the vendor.

76. M37 and Pricing Spreadsheet - Training has been separated by "module" on the pricing worksheet. How many individuals (within the 3000 total) are likely to need to be trained for each module?
Answer: It is safe to assume that all users will need to be trained on all modules. Provider training will also need to occur for provider reporting

77. M37 - Do training materials need to be ADA Section 508 compliant?
Answer: The training materials will not need to be ADA Section 508 compliant.

78. D1 - How quickly does DPH expect the project to begin? Is there any preferred timeline for completion of the project?
Answer: D21. The objective is to have the new system implemented in six months or less.

79. D1 - *Contact tracing capabilities for surveillance of diseases which take into consideration, symptom monitoring, quarantine monitoring, risk/exposure assessments, reporting and analysis of case and contract information for possible outbreaks.* It's the understanding that the State has recently invested in a system for contact tracing. Is the expectation that the EDSS interface with the contact tracing system or replace it?
Answer: The new system will interface with the contact tracing system for COVID-19. In addition, the new system must have capabilities for managing contacts of cases and case management. Many diseases in addition to COVID-19 require contact and case management.

80. D2 - Can the State provide more details on eCR?
Answer: eCR is an important part of CDC's Public Health Data Modernization Initiative. eCR helps integrate information from different sources and systems, allowing data to flow as a real-time conversation between healthcare providers and public health agency leaders for better decision making. Please see the CDC's URL of https://www.cdc.gov/ecr/benefits-of-eCR.html for more details.

81. D3 - Can the State provide examples of existing forms/electronic lab reports?
Answer: Due to copy write by the HL7 organization we cannot supply the HL7 2.3.1 or the HL7 2.5.1 implementation guide. They will need to be download from the following site so the HL7 organization can track the use of these documents. This link goes directly to the implementation guides, so they don't have to search for them other than scrolling down.

http://www.hl7.org/implement/standards/product_section.cfm?section=22&ref=nav
The CSV layout that we except for COVID data only at this time is attached.

Excel file available by clicking paper clip to left

Below is the file layout utilized for bringing in Vital Events data

PDF of file layout available by clicking paper clip to the left

82. Can the State elaborate more on AutoMerged Reports and requirements mentioned in sections D10-D14?
Answer: Automerge is based on a probabilistic matching scheme for all diseases . During the ingested process into the I-NEDDS System, records are compared to existing I-NEDDS System patient cases records based on probabilistic matches criteria. (Currently it's specific to demographic and the condition/disease). If a match occurs during the ingested process then the patient's records are automatically associated with the existing Patient's Cases.
Autocreation: is when the person demographic matches in the above merge process but the condition/disease case does not exist then the case is created in this process based on disease specific rules.

D11. Describe the system's capabilities to unmerge the AutoMerged reports.
AutoMerged reports are used to manually allowing users to unmerge case reports.

D12. Describe the system's capabilities for automatic detection of duplicates and an automated merge based on comparison of the duplicate records. Currently we do not have capability for auto detection of duplicates. Which is only identified manually.

D13. Describe the system's capabilities of mass updates through workflows.
Yes. we do mass uploads for cases (updating data) and provider reports (Provider reports, Vital records data, and STD).

D14. Describe the system's capabilities of developing disease and users' level specific workflows for the management of disease investigations and surveillance.
I-NEDSS is a comprehensive Robust system, that can create disease specific modules on the fly (by using a component within the application) and can capture data including Symptoms, EPI, treatments, Historical information, contacts and Lab specific data

83. Who is responsible for ongoing maintenance of knowledge articles within I-NEDSS today?
Answer: The Office of Health Protection is responsible for ongoing maintenance of Communicable Disease Control Section at IDPH currently maintains knowledge articles within
I-NEDSS.

84. D7 - Is there a standard HL7 (or other) interface used for interstate transfer of cases?
Answer: No standard exists for transferring cases from one state health jurisdiction to another at this time.

85. D10, D11, D12 - Would the State be open to leveraging a third-party tool to support these processes? If yes, are there any constraints that we should consider.
Answer: The constraints to consider are security, the vendor third-party tool has been in full operation with the vendor solution for at least three (3) years, and the third-party tool is on the same platform as the solution.

86. D21 - What is driving the desire for a 6 month or less implementation plan? Is there an End of Life planned for I-NEDSS or other for parts of the technology? Or licensing agreement expirations? Is there a specific date in mind?

Answer: IDPH plans on transitioning to the new system on a disease by disease basis, starting with COVID-19. All current transmissions sent to the CDC another partners must be transitioned before I-NEDSS can be completely turned off. This may take several years to fully implement.

87. D21 - *Provide a high-level project plan for a six month or less implementation of the project.* Is there a compelling event or driver related to the expected timeline?
    Answer: The compelling event or driver related to the expected timeline is the End of Life planned for I-NEDSS.

88. D26 - Will you please provide more information about how these systems are built today or how system access is provided? Is there an available API or integration interface or would the system need to connect at the database level?
    Answer: System Access is provided at the database level, using built-in java security model.

89. D27 - Do you have an example of a nonstandard flat file?
    Answer: The system's capabilities for ingesting nonstandard flat files, is performed by mapping data to the database by columns, and ingested using csv with tilde delimited formats.

90. D39 - Are there current best practices the state leverages for help desk support (e.g., process documentation, vendor selection criteria, knowledge article development)?
    Answer: The State current practice is to provide help desk support for information technology personnel and end users support. Help Desk support include availability of assistance through multiple channels including telephone, on-line chat, on-line forms, and email. End uses entered issues in the State Help Desk system and all issues or request are response to and tracked in Help Desk tracking system. The state uses KPI for Indicate average response times including statistics such as mean, standard deviation, median, and inter-quartile range. The State selection criteria for Help desk services, are listed on D39, D40 and M35 which is part of the RFP.

91. Regarding requirement #D34, will you please provide relevant details on the existing state Active Directory?
    Answer: Active Directory is integrated for Authorization uses of the I-NEDDS system. The primary function of Active Director is to authenticate users and computers.

92. D40 - How do you define a "record"? Is a record = "help desk ticket"? Is it a log of activities that have happened over a month or something more?
    Answer: Yes, a record is a help desk ticket. A definition of a records as stated in D40 is capability of tracking and enables customer-care operators to keep track of user requests and deal with other customer-care-related issues.

93. D43 - Can vendor assume that key IT stakeholders will be available to support outage resolution outside of normal business hours?
    Answer: Yes, key stakeholders will be available to support outage outside normal business hours.

94. D45 - How many users will Hypercare floor training resources need to support (how many offices, locations, number of users in each office)?
    Answer: Most training will be virtual, but in person training will be needed, generally in Springfield and in the Chicago area as allowed. The number of users (3000+), number of local jurisdictions being supported (97) and providers (800+ nursing homes, 1000+ providers, 200 hospitals) will need to be supported virtually with in person trainings as allowed/needed.

95. Can vendor assume that key point people within IT organization can be designated for oversight and maintenance once hypercare is over?
    Answer: Yes, key people will be designated for oversight once Hypercare is over.

96. D47 - Is the support team currently identified or up to the vendor to identify?
    Answer: The State will determine which employees will be on the support team, to ensure

smooth handover transition.

97. A9 - What are the DOIT's MTD and RPO requirements?
    Answer: The Maximum Tolerable Downtime (MTD) is the recovery time objective is Four (4) hours.
    The Recovery Point Objective (RPO) is within 24 hours so that reported communicable diseases could be reported again.

98. Attachment A, A15 - *In the event that a SOC report and Bridge/Gap letter cannot be supplied, the Vendor must perform an internal security control assessment based on the State of Illinois Security Controls for Vendors.* Can the vendor engage in SOC1 & SOC2 compliance at time of engagement?
    Answer: Yes, vendor can provide SOC1 & SOC2 compliance at time of engagement.

99. Please clarify the instruction to complete the Enhancement numbers column in Appendix B. Are vendors meant to include these tables in their proposals?
    Answer: Appendix B which covers Security Requirements for Security and Privacy Controls for cloud systems and are required for the proposal.

100. Please confirm that bidders are not required to address the Appendix A Security Requirements as part of this RFP proposal response.
     Answer: Appendix A Security Requirements must be part of the RFP proposal because this RFP is for software as a Service in a cloud environment.

101. Please confirm that Appendix B – Security Controls is informational only and does not require a proposal response.
     Answer: The Agency's annual audited criteria in Appendix B which covers Security Requirements for Security and Privacy Controls for cloud systems and are required for the proposal.