AHRQ-07-10032

Patient Safety Organization Privacy Protection Center

The purpose of this amendment is to:

1. Respond to questions received concerning the solicitation (see below)
2. Provide a list of potential offerors (see below)
3. Change the requirement concerning the number and format of the technical proposals to be submitted. **For the technical proposal, we require an original and 10 hard copies plus 2 electronic copies on CD of the 125-page proposal. For attachments to the technical proposal, we require an original and 2 hardcopies plus 10 electronic copies on CD.**
4. The date for receipt of proposals and performance evaluation questionnaires remains **Monday, July 9, 2007, at 12:00 noon**.

PSO PPC questions

1.   Section B.4.a, Page 6, Provisions Applicable to Direct Costs Foreign Travel: Foreign travel is noted as unallowable. See also Section C - PSO PPC Statement of Work, page 9. For budgeting purposes, the offeror should assume that 60 PSOs are certified in the first two years. Will the PSO contracts be limited to PSOs in the U.S?

        Yes, the PSO program is only applicable to organizations with the U.S.

2.   Section, B.4.a.5 and 6, Page 7:Travel to attend general scientific meetings and foreign travel -
        Is this the only travel that is unallowable as a direct charge? If the scientific meeting directly relates to the contract or presentations are requested of contractor - would the expense be allowed as a direct charge?

        This generally is an unallowable cost; however, it is allowable if the Contractor submits a written request to the Contracting Officer that is subsequently approved by the Contracting Officer.

3.   Section B.4.a., Page 11, Provisions Applicable to Direct Costs: Information Technology hardware or software is an unallowable. Is the assumption MS Project Management Software is unallowable? Are you requiring the contractors to develop their own software? This needs clarification because of the impact technology has on efficiency.

        It is expected that the Contractor will provide routine office hardware and software (such as desktop PCs, laptops, word processing software, etc.). Specialized hardware or software necessary to complete the tasks of the contract (such as MS Project Management Software) is allowable. Costs for such items should be included in your proposal. Requests for specialized hardware and software costs after award may be allowable with the approval of the Contracting Officer as specified in Section B.4.

4.	Section C, Page 9, Background: An organization can't be both a certified PSO and one of these contractors or a subcontractor - can a parent corporation hold a PSO PPC contract and have a subsidiary that could be a PSO?

A certified PSO can not be the PSO PPC or one of its subcontractors. However, a parent organization with a subsidiary that is a certified PSO could be the PSO PPC.

5.	Section C, 1.1.2 Develop PSOPPC System Security Plan -The Contractor shall conduct a Federal Information Security Management Act (FISMA)-conforming Certification &Accreditation process of the System prior to the System being placed into production. - Can the FISMA be a self assessment or must it be conducted by a third party?

The FISMA can be a self-assessment.

6.	Section C, page 12, 1.1.3. Information Security Training. Does this differ from the CMS Security training?

AHRQ Security Training is consistent with NIST Special Publication 800-16, Information Technology Security Training Requirements (http://csrc.nist.gov/publications/nistpubs/800-16/800-16.pdf). CMS Security Training is likely consistent with these standards as well.

7.	Section C, Page 15, 1.3.1.2, Meet with AHRQ Staff: Meetings 4-8/year at AHRQ or contractor location - please provide the estimated number of contractor staff to attend as well as estimated length of meeting.

It is expected that the key team leaders of the contractor dedicated to the work of the PSO PPC would attend the meeting with AHRQ. Most likely this would be no more than 5 contractor staff. Attendance can be jointly reviewed with AHRQ prior to these meetings. Meetings are estimated to last no longer than one day.

8.	Section C, Page 20, 1.4.4.1, Identify Experts: Expert panels - Is there an estimate of how many per year will be requested?

AHRQ reserves the right to request the Contractor to convene an ad hoc expert panel when specific problems/concerns are identified that are best addressed by the work of an expert panel. In these circumstances, AHRQ would not expect the topic focused expert panel to require meeting more than two times a year. Most likely there would not be multiple panels meeting during the same calendar year. The contractor would be given lead time of at least 2 months. Expert panels will usually be less than 12 members in size (not including AHRQ staff). For planning purposes, offerors should assume two panels per year consisting of 12 individuals-3 federal and 9 non-federal.

9.   Meetings in Rockville, MD; 1 within 10 days of award - 3 staff, 3 days 8 meetings/year - 3 staff, 4 days (depending on ? submitted on number and days) assume includes meeting where report presented. Pay for time? 12/panel - ?/yr

   The kickoff meeting and annual meeting with report presentation would most likely last no longer than one day. It is possible that other meetings with AHRQ staff could occur via conference call.

10.   Section C, Page 21, 2, Receive information on patient safety events from PSOs who wish to utilize the PSOPPC - what are the hours of operation or system availability requirements?

   If receiving this information electronically, it is expected that the contractor will have the capacity to receive the information 24 hours a day. If receiving in paper format, this would most likely occur within normal business hours of mail delivery.

11.   Section C, Page 21, 2, Receive information on patient safety events from PSOs who wish to utilize the PSOPPC - How long does the data received from the PSOs need to be maintained for historical purposes?

   Unable to determine at this time.

12.   Section C, Page 21, 2, Receive information on patient safety events from PSOs who wish to utilize the PSOPPC - Is there a preferred data format for reporting, e.g. XML?

   AHRQ is overseeing the creation of Common Formats for PSOs to use in collecting and reporting information to the PSO PPC and NPSD. It is anticipated that these will be available in early 2008.

13.   Section C, Page 22, 2. - Receive information on patient safety events from PSOs who wish to utilize the PSOPPC - Is there an estimate for the volume of data that is anticipated to be sent to the PSOPPC each year for purposes of estimating data warehouse and processing capacity?

   It is not possible to specify accurately the volume of information that will be submitted by PSOs to the PSO PPC during the first three years. AHRQ will encourage PSOs to use the PSO PPC. In addition, because the PSO PPC will work with PSOs to de-identify information and provide other technical assistance, we believe that most PSOs will want to work with the PSO PPC. For planning purposes, offerors should assume that 75% of PSOs choose to work with the PSO PPC and 25% choose to submit information directly to the NPSD.

   For planning purposes, use the PSO PPC assumptions of 40 PSOs certified in the first year and 20 additional PSOs certified in the second year of the program.

14. Section C, page 24, 2.1.2. Create and Maintain Policies and Procedures for Partner PSO information Resources and Submission materials. *PSO website.. Does this need to be an entirely separate website?

The PSO PPC should maintain a website, but this website should be linked / integrated with pre-existing website of AHRQ Patient Safety Activities. The PSO PPC does not need to be a separate website, but it must comply with federal and HHS standards; we believe that this is often easier to accomplish through a separate website rather than adding to an existing website which may not be compliant with federal and HHS standards.

15. Section C, page 24, 2.1.4. Execute contracts with Partner PSOs. The agreement specifies the type of patient safety information and specific elements that the Partner will submit..: We are not aware of a standardized list of elements for data submission. Does AHRQ have this? Will we be using the NQF 30 Safe Practices for submission? The national campaign measures (ex. IHI 5 M Campaign)? The NQF 28 Serious Reportable Events? See: http://www.qualityforum.org/pdf/news/prSeriousReportableEvents10-15-06.pdf

AHRQ is overseeing the creation of Common Formats for PSOs to use in collecting and reporting information to the PSO PPC and NPSD. It is anticipated that these will be available in early 2008.

16. Section C, Page 27, 2.3.4, Advice to Individual Partner PSO's: Site visits only when deemed necessary and approved in advance - for purposes of estimating costs, how many should be anticipated yearly?

It is difficult to estimate how many will be needed and it is possible that no site visits will be needed. For planning purposes, offerors should assume 2 site visits per year.

8.   Section C, page 29, 3.2.1. Review Common Formats. AHRQ will supply a copy of the common formats to the contractor when they are released: When is this expected in relationship to the contact start date of 9/1/07?

It is anticipated that Common Formats will be made available in early 2008.

9.   Section C, Page 32, 5.2, Establish Systems to Respond to and Monitor PSO Technical Assistance Inquires: Telephones should be answered 24/7 - Is it acceptable to staff the toll-free line for a designated period, e.g. from 7:00 a.m. to 7:00 p.m. and have message prompting other options during remaining hours to reduce staffing costs?

Yes, this would be acceptable.

10. Section C, Page 33, 5.3.1.1 and 5.3.1.2, Gather Input on PSO Technical Assistance and Conduct Assessment: Is the assessment and group analysis only focused on data reporting or does AHRQ anticipate training on such things as creating culture for increased reporting of events, how to use the data, analyze and implement processes to decrease errors? Or is the contractor only to address the TA elements on page 35?

During the first year, the contractor is anticipated to focus on the TA elements on page 35. In subsequent years, the PSO PPC could, with AHRQ, identify other areas meriting TA focus.

20.   Section C, Page 34, 5.3.1.3, Feasibility, Efficiency and Resource Utilization Analysis: Please provide more definition between "Partner PSO" and "general PSO" needs. Do you mean the partner PSOs are those reporting to the contractor versus all PSOs?

Yes, Partner PSOs are PSO who directly supply data to the PSO PPC. As PSOs are not required to use the PSO PPC, there may be some PSOs who choose not to.

21.   Section C, Page 39, 5.9.1, Plan and Coordinate Annual PSO meeting: For budgeting purposes of the annual PSO meeting, should we assume the meeting is held in Baltimore or DC area?

Yes, the annual PSO meeting is expected to take place in the Baltimore-DC area.

22.   For cost estimate, is it anticipated that the contractor will pay speaker fees?

Generally, it is expected that the contractor will budget and pay for speaker travel or honorarium.

23.   For cost estimate, does the contractor include cost of meals for attendees or are we allowed to charge a registration fee?

Contract funds may not be used for meals. The contractor may not charge a registration fee for meetings but may charge attendees for meals. The contractor shall make arrangements for the collection of these funds at the meeting site.

24.   Section 2, Exhibit 1, page 9, Section 4.f. Contractor's collective procedures for rendering patient safety event non-identifiable are *.; (2) creating uniform elements;* : We are aware of the significant research conducted through AHRQ and the analysis of elements from multiple databases nationally as well as internationally. Will AHRQ be sharing the information and research to date with this contractor?

This information could be made available to the PSO PPC.

25.   Section 2, Exhibit 1, page 12, Section 6.j.(2). Tools and Templates - one tool or template the first year, and two or more each subsequent year. Are the tools and template addressed for technical assistance educational in nature? Would this be expected to be similar to a "specs manual"?

Yes, tools and templates are expected to be educational for the PSOs and may include "specs manuals."

26. Section L.9, paragraph 2, the RFP states : The Technical proposal shall be numbered sequentially in the topic right corner beginning with Roman numeral 1 for the introduction. Would it be acceptable to instead use the same Arabic numerals (1.0, 2.0, 2.1, etc) used for the sections in the RFP?

   Yes, Arabic numerals would be fine.

27. Section C, Page 11, Sec. 1.1.2: What are the expectations for the Continuity of Operations Plan (COOP)? How quickly must the system be operational after a major catastrophe? What is the allowable down time?
   Is a hot site, warm site or cold site expected?

   After a major catastrophe, the system should be recoverable within 30 days.

28. To help ensure that all offerors share a common set of assumptions when preparing proposals, can AHRQ provide any guidance on the anticipated costs or level of effort (i.e., FTEs) for the required work?

   AHRQ expects the PSO PPC to cost between $2 million and $4 million per year during the first three years without the technical assistance option. AHRQ expects the technical assistance to cost between $500,000 and $1 million per year.

29. Section C, page 36. 5.5.2 Tools and templates. A minimal effort tool should be of similar scope and effort ad the Facilitating Knowledge transfer and utilization of regional bioterrorism preparedness workbook* Task order #9). : Can we get this to review prior to RFP deadline?

   For budgeting purposes, tools and templates may range from $50,000 (minimal effort) to $150,000 (moderate effort).

30. Reference Section B.2, pages 5 and 6: We see no provision here or elsewhere in the RFP for a contract implementation period prior to the September 1st, 2007 on or about (Section F.2, page 42) contract start date. Is there an implementation period planned? If so, will there be a provision for bidding associated costs and will these costs be included as part of the proposal evaluation?

   There is no implementation period planned, per se. The project is phased, and at the time of contract award, we do not expect PSOs to be able to provide data to the PSO PPC or NPSD (anticipating common formats being made available at a later date). It is expected that the contractor will use this initial time to prepare their systems for interaction and data receipt from the PSOs.

31. Section 3, page 15, Table Definition of Rating. Outstanding definition, Contractors performance exceeds standards* the performance monitor can cite few areas for improvement, all of which are minor. Required rework is minimal: How will rework be measured? And how will this be impacted/evaluated when there are changing requests from the requestor?

Work that must be done again because it was performed incorrectly or poorly the first time will be considered rework for performance assessment purposes. Work that is altered because the Project Officer requests something different from what was originally conceived will not be considered rework.

32. Section B.2.b, Page 5: Fixed fee – Is there any guidance on the parameters of the fixed fee (minimum and maximum percentages)?

    FAR 15.404-4 sets statutory limits for fee. For cost reimbursement contracts, the fee shall not exceed 10 percent of the contractor's estimated cost, excluding fee. This 10 percent limit would include both the award fee and the fixed fee added together. In a cost-plus-award fee contract, we would expect a small base fee and a larger award fee. But, both fees together are not to exceed 10%. There is no minimum amount for fee.

33. Attachment 1 – Section 2, Exhibit 1, page 2, Section 1.g. Contractor provides efficient and effective systems administration and other monitoring…to maintain efficiency. Contractor uses open systems: Please define "open systems" in context to a privacy security system.

    Open systems refer to computer systems that are interoperable, portable, and scalable. The center should use such a system rather than a "black box" proprietary or legacy system.

34. Section L: Section L.9, page 74: "The number of pages shall not exceed 125 pages (not including attachments)" May front matter such as the Cover Page, Table of Contents and tabs also be excluded from the 125 page count?

    No. The 125 page limit includes everything in the technical proposal. Please note for the attachments to the technical proposal, we are now requiring the original and two hardcopies, and 10 copies electronically on CDs.

35. Section L: Section L.9, page 74: The technical proposal shall contain…size 11 font without reduction." Is it acceptable for imbedded graphics to have smaller font size.

    Yes, as long as they are large enough to be readily legible.

36. Section C, page 13, 1.2.1 Configuration and Change Management. The contractor shall follow AHRQ's Configuration Management Plan for defect management and formal Change Control: Can we get this information prior to RFP due date?

    Section C, page 14, 1.2.3. Technical Requirements. The Contractor shall adhere to AHRQ's Draft Technical Reference Model (TRM). Can we get this information prior to RFP due date?

    The RFP page 14 mentions an Appendix A that we cannot locate.

IT guidelines are provided as attachments.

37. Are there any plans to publish a list of firms who submitted a Letter of Intent?

The following firms have agreed to have their names listed:

Iowa Foundation for Medical Care
6000 Westown Parkway
West Des Moines, Iowa 50266-7771
Denise Sturm, VP of Finance and Administration

EmeSec Incorporated
12801 Worldgate Drive, Suite 500
Herndon, VA 20170
Special Note: EmeSec is a service-disabled, woman-owned small business and an 8(a) certified firm. Core competencies are in Information Assurance services, including HIPAA and safeguarding Personally Identifiable Information.