

C009992 – IV&V for EMR Implementation
Questions and Answers

#	Section	Question	Answer
1	MWBE Requirements	Would a list of small MWBEs be provided to interested vendors? And the list of vendors to MWBEs.	A short list of potential MWBEs is located table 1-1 on page 13 of the Q&A. This is not an all-inclusive list. Bidders should consult the ESD MWBE directory to identify additional MWBE partners. https://ny.newnycontracts.com 
2	Section 3.2 Work Location	Will all IV&V testing of EMR be done onsite or [is] there [a] provision to do partial efforts offsite at vendor's location in order to achieve bigger savings?	The IV&V Contractor is not required to conduct testing on the EMR, only to review and comment on EMR Contractor and OMH/ITS Application Testing. The IV&V Vendor is required to validate that the System, Integration, User Acceptance and any other test scripts based on the EMR Requirements will demonstrate that the Requirements are met and verify the OMH testing results by reviewing OMH test plans and test script outcomes. If the IV&V vendor wishes to re-execute EMR Vendor or OMH/ITS test scenarios in order to verify outcomes, vendors should assume that, for the purposes of this RFP, testing must occur on-site at the Central Office.
3	Vendor Selection	How many vendors will be selected for this RFP?	One responsive and responsible vendor will be selected to provide IV&V services.
4	MWBE Requirements	We are MWBE. Our past experience is that filling independent bid is not yielding any success as the winners are big companies. So, we would like to be on the team of big companies who will be bidding for this RFP. How can we go about doing that?	It is the responsibility of a bidder to coordinate with other firms if they wish to submit a joint bid or participate as a subcontractor. OMH does not pair vendors together.
5	MWBE Requirements	Some agencies list out MWBEs on their website for the RFP so that big companies can approach them to be placed on their list. Are you planning to do that?	See answer to question #1.
6	MWBE Requirements	Can we be on the members list of more than one bidder as their MWBE partner?	OMH has no objection.

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7	MWBE Requirements	We are actively seeking a minority business to partner with on our response to the RFP. Is the Office of Mental Health able to supply a list of minority businesses that have provided this type of work previously?	See answer to question #1.
8		Is the EMR Contractor responsible for demonstrating compliance with requirements for security, enterprise IT architecture, or network infrastructure? Is this compliance considered part of IV&V services?	The EMR Contractor and OMH/ITS are responsible for demonstrating compliance with requirements for security, enterprise IT architecture, or network infrastructure. The IV&V Vendor is only responsible for validating the EMR Vendor and OMH/ITS Test scenarios and verifying their test results.
9		If the EMR Contract is currently behind schedule, have any remediation plans been submitted that should be considered during the delivery of IV&V services?	The IV&V Vendor will review remediation plans as well as their execution during the course of the project as part of the Contracted Services.
10		Is the project considered to be properly resourced, including both contractor and NYS OMH staff, or are there staffing actions required that must be considered in the delivery of IV&V services?	The IV&V Vendor will review relevant staffing actions during the course of the project as part of the Contracted Services.
11		Have any of the results of the early execution of the EMR Contract caused a substantial change in the function, schedule, or objectives of the EMR contract and that should be considered in the delivery of IV&V services	The function and objectives of the EMR Contract have not changed. The schedule of the Track 1 Pilot Implementation has changed. As a result, the IV&V Vendor's review of the Track 1 implementation may be contemporaneous with the Pilots, rather than retrospective.
12		Does OMH still anticipate that the IV&V will most likely begin after the Track 1 Pilots have been completed? Or, if the case is that the Track 1 Pilots are in progress, what work product extensions is OMH expecting from the IV&V Contractor?	The OMH recognizes that the IV&V may begin while the Track 1 Pilots are in progress. The IV&V for EMR may begin to gather "Lessons Learned" during the Pilots rather than after they are completed. However, it will not materially change the description of the Track 1 Pilot Implementation Assessment Report (RFP Section 3.3.3)
13		Is a Phase 2 Kick Off Meeting planned and, if so, when?	No Track 2 Kick Off meeting has been scheduled at this time, however, OMH/ITS expects that one will take place in the weeks leading up to the kickoff of Track 2.

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14	Section 1.1 Purpose	In Section 1.1, Purpose, there is reference to “11 (eleven) other Contracted services, described in 3.2 Contracted Services...’ I only count 9 services <?>.	A correction will be issued to state that there are 9 Contracted Services in this RFP, not 11.
15	Section 5.1	In Section 5.1, there are two 30 month durations listed for “Anticipated Contract Start/End Dates”; the second duration is a State date 2 months later (12/1/2014. Can OMH provide some examples of what conditions they expect would result in starting the IV&V Contract later in December as opposed to earlier in October?	<p>The intention of providing an earliest/latest start date was to reflect that the start date of the contract would likely fall somewhere in the range between the two dates, having been estimated based on the time it could take for the contract to go through the approval process.</p> <p>No activities on the EMR project have an impact on these dates.</p>
16	Section 3.2 Work Location	In case of IV&V Contractor performing work-offsite, will OMH make all relevant project files and records, not containing private patient data, accessible to the IV&V Contractor (e.g., via a VPN)? What remote access constraints are foreseen?	<p>VPN Connectivity to EMR Project files and records is available and may be granted if necessary.</p> <p>Constraints may include, but not be limited to:</p> <ul style="list-style-type: none"> • Installation of VPN Client software may be limited to OMH-issued laptops.
17		Is there an expectation that the IV&V Contractor will be a review and/or approval signatory on any of the integration or end-user test materials (e.g., test plans, test script, RTM)? If so, which test documents?	The IV&V Contractor is expected to review Integration, System, and User Acceptance Test materials (e.g., Acceptance Criteria, Test Scenarios, Test Results) but will not be an approval signatory.
18		Section 3.2.5 indicates that the IV&V Contractor will monitor, validate and verify the Quality Management Processes of the EMR Contractor; including their Quality Planning, Quality Assurance, Quality Control, and Quality Improvement. Are there QM Processes documented by the EMR Contractor? What format are these processes articulated in?	<p>The ES VistA Contractor’s Quality Management Approach is summarized in their Bid Response for OMH Contract #C009999 and outlined in their “Client Partnership Management Framework.”</p> <p>In addition, the ES VistA Project Management Plan (Deliverable #3) is required to contain a Project Quality Management sub-plan. These are in .pdf format.</p>
19		In which deliverable or deliverables is the EMR Project Team capturing and analyzing the OMH business processes.	In Deliverable 14, Enterprise Assessment Plan.
20	Section 2.0	The costing forms indicate hourly. Will OMH accept a fully-loaded rate/per designation role?	Bidders must complete the Cost proposal sheet as requested.

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21	Section 3.2.7	Please provide the state/s expectations as to the frequency of the Knowledge Transfer monitoring report? Also, does the State expect this to be a separate IV&V deliverable?	The OMH requires the IV&V Contractor to monitor the Knowledge Transfer throughout the final six months of the period of EMR Contractor-provided O&M support. The results and artifacts of this monitoring (conducted, in part, through interviews with key EMR Vendor and OMH/ITS staff) shall be communicated once per month (for a total of six times) to the EMR Project Team as part of the Monthly and Quarterly Issues, Risk, and Project Status Reports Work Product.
22	Section 3.2.9 & Section 5.4.5.e.V	Will the State and/or the SI be utilizing automated testing tools? If so, please provide details. Does the state have a preference for automated testing tool use by the IV&V contractor?	No, the State will not be using automated testing tools, but the SI (EMR Contractor) may use them for Performance/Load testing. The state has no preference for an automated testing tool if one is used by the IV&V Contractor.
23	Section 3.3.4 & Section 5.4.5.e.vii	IV&V for EMR Schedule. The timelines between the EMR RFP and the IV&V RFP are different. Where differences exist should the IV&V contract assume to use the IV&V RFP?	Yes, where differences exist, use the timeline in the IV&V for EMR RFP.
24	Section 4.1 & Attachment H	Section 4.1.2 refers to "...One or more of these engagements must have been conducted within the last 24 months...", whereas Attachment H states... one of which was completed within the past two (2) years". Please clarify if projects need to be 'conducted' or 'completed' in the last 2 years.	"Conducted." OMH/ITS will issue a correction.

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25	Section 4.2.1.5 IV&V Staff base work Location Requirement	<p>Please explain the rationale for the 30 hours/week per position that OMH may require that one or more IV&V Team Members (including the IV&V Director) must be present on-site at the EMR Project worksite.</p> <p>How will the deployment of the IV&V team be negotiated with the OMH? i.e., we are budgeting according to the work that needs to be done rather than an arbitrary “be on-site” requirement. Do you mean to state that the IV&V work must be completed on-site at the OMH?</p>	<p>OMH may require one or more team members to be onsite at the OMH Central Office for up to 30 hours per week per position, particularly during the Track 2 Pilot Implementations to facilitate:</p> <ul style="list-style-type: none"> • Communications with EMR Project staff • direct observation of EMR Vendor and OMH/ITS Quality Management, Risk Management, and other Project Management sub-processes <p>The OMH also believes that monitoring of Knowledge Transfer activities is best accomplished by co-locating IV&V staff with EMR Project staff.</p>
26	Section 4.2, Section 4.2.1 & Attachment I: IV&V	If a candidate has significant years of experience (e.g. > 10) for a given qualification, is he/she to list and describe every single project in which that experience was gained, or should only the most relevant (e.g., top 3) be highlighted?	List only the top 3 most relevant.
27	Section 5.4	Does the 100 page limit exclude all the forms and attachments for response components 7&* (e.g. Project Abstract Form, References and Mandatory Qualifications forms)?	Yes, the limit excludes the forms and attachments.
28	Section 5.6.2	In section 5.6.2, the RFP indicated the bid is due on 6/1/12. Please confirm this is a typographical error.	Yes. Bids are due on 7/18/14 at 3:00 p.m. EST
29	Section 6.6	Based on the Attachments C/C1/C2/C3/C4, does the IV&V vendor propose monthly NTE amounts by role? As this is a Time and Materials contract, is there flexibility at the time of invoicing based on actuals?	Vendors are requested to provide NTE rates for each position. Invoicing will reflect actual work performed.
30	Attachment A: Labels of Proposal Envelopes	In Attachment A: Labels of Proposal Envelopes, there are “Proposal Flash Drive Labels”. However, in section 5.6.2 the RFP indicates that the electronic copy can be a CD, DVD, or USB Thumb Drive. Please confirm that the electronic copy can be provided on a CD.	Yes. Clearly labeled flash drives, CDs, or DVDS are all acceptable electronic formats.

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31	Attachment I: Mandatory Qualifications	<p>Please clarify what information the state would like to see regarding 'excellent English language written and verbal communication skills'.</p>	<p>For the IV&V Director, the evaluators will assess this qualification during the interview, which includes a short writing demonstration.</p> <p>The verbal interview responses will be used to confirm that the candidate understands and speaks conversational and formal/technical English well.</p> <p>The written interview response will be used to confirm that the candidate is proficient in reading and writing English.</p> <p>For other IV&V Staff candidates, who are not being interviewed, the OMH/ITS will accept in good faith that this qualification is met, but reserves the right to request replacement of any IV&V staff from the IV&V Contractor (winning Bidder) if they demonstrate inadequate English language written and verbal communication skills after the IV&V contract is underway.</p>
32	Attachment S: OMH EMR Project Deliverables	<p>Please clarify which deliverables are for only related Track 1 or Track 2 review by the IV&V vendor.</p> <p>For deliverables already submitted by the SI (e.g. Kick-off Meeting Presentation, PMP, Start-up Plan, etc.), please clarify what the state expected from the IV&V contractor in reviewing these deliverables?</p> <p>Please identify those deliverables that have already been completed.</p>	<ol style="list-style-type: none"> 1. Please see "Timeline of EMR Deliverables" for the breakdown of Track 1 and Track 2 Deliverables. Sections of this were originally published in the EMR RFP. This timeline is subject to change. 2. The IV&V contractor may be requested to review all deliverables regardless of status, with the exception of completed start-up deliverables, e.g, Kick-off Meeting. 3. The EMR contract deliverables are completed on a recurring basis, which varies from month to month. For purposes of the IV&V, it is expected that most, if not all, deliverables will be reviewed by the vendor regardless of status.

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33	Attachment S: OMH EMR Project Deliverables	Please provide the frequency and interval the the IV&V vendor be responsible for reviewing the following ongoing deliverables for Track 1 and/or Track 2: # 3 – Project Management Plan 12 – Review Materials 14 – Enterprise Assessment Plan 37 – Hospital Staff Training Report 38 – Implementation Plan 40 – Production Environment Report 47 – Help Desk Report 51 – Base Vista implementation 53 – OMH EMR Implementation	See Table 1-2 on Page 14 for this answer.
34	Attachment T: Checklist for Bid Submission	Is Attachment T: Checklist for Bid Submission, required to be submitted with the proposal?	Yes.
35	Attachment T: Checklist for Bid Submission	Attachment T does not include Attachment K-2 as a required document. Please clarify that K-2 is required?	Yes.
36	Section 3.2 Work Location	Will the services offered by the Contractor be performed onsite or offsite?	After the IV&V Contract C009992 is signed and IV&V work is underway, the OMH/ITS may consider allowing some part of the Contracted Services and Work Products to be performed offsite. At this time, the OMH/ITS cannot specifically state which services, and what percentage of IV&V work may be performed offsite until they are comfortable that the quality of the work will not be negatively affected by having IV&V staff work offsite. Therefore, for purposes of the RFP, vendors should assume all services will be performed on-site.
37	Section 4.3.2.2	Can the MBE goal of 12% be fulfilled by Prime contractor being an MBE itself? Can the prime MBE be included to meet the MBE goals?	If the Prime Vendor is either a MBE or a WBE it will be considered as satisfaction of the MWBE requirement. The resulting contract would be considered either 100% MBE or 100% WBE.
38	N/A	Is there an incumbent?	No.
39	N/A	Are there any IV&V initiatives being conducted in OMH? If yes, are these vendors precluded from bidding on this contract number C009992.	No. There are currently no other IV&V activities at this time.

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40	Q&A Due Date	June 20, 2014 is a Friday. Please confirm that the deadline for questions is Friday, June 20, 2014 at 4:00 EDT.	Yes.
41	1.1	Section 3.2 lists a total of nine Contracted Services, not twelve as indicated in Section 1.1.	Section 1.1 is incorrect. There are nine (9) Contracted Services. The OMH will issue a correction
42	3.1 Overview	Since the EMR Contract began in August 2013, we assume that several of the 56 EMR Project Deliverables have already been accepted by the OMH. Does OMH wish for the IV&V Contractor to review and evaluate deliverables, per Section 3.2.2 of the RFP, that have been accepted by OMH	See answer to question #32.
43	3.3.1 Quality Assurance Plan, 3.3.2 IV&V Plan	What is the difference between the “Contractor’s approach to the evaluation and control of the quality for all of the EMR Contractor’s Project Deliverables” in Section 3.3.1 and “the process for reviewing all Deliverables from the EMR Contractor” required in Section 3.3.2?	They are similar and content from one may be repurposed in the other, however, the Quality Assurance plan differs from the IV&V Plan in that it must include a plan for implementing Quality Control procedures in order to track and resolve issues.
44	3.2.3 Monitor System Enhancement Requests	In order to evaluate the hours charged against a specific enhancement, does the IV&V vendor have access to the software configuration management system and the current system code base(s) in order to independently verify the reasonableness of the hours charged against the amount of code impacted?	No.
45	3.2.6 Assess Pilot Implementations	Does the IV&V Contractor need staff at the 4 Pilot and the Outpatient Locations or just the 4 Pilot? Please clarify if we do need staff on-site at outpatient as well as the Pilot locations.	Neither. IV&V Staff is not required to work onsite at any Pilot or Implementation Facility or Outpatient Location.
46	Section 4.2 Mandatory Staff Qualifications	Mandatory Requirements for IV&V Director in Section 4.2.1 says 5 or more years managing and/or providing IV&V services for a project with similar scope, and item 5 on page 22 in the table says 3 years. Please confirm years of IV&V experience.	Five (5). Attachment I, Mandatory Qualification Detail Forms also states that 5 years’ experience are required. The “Three Years” stated on page 22 is a typo. OMH/ITS will issue a correction.

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47	5.4 Technical Proposal Mandatory Requirements, item 4, Scope of Services and Work Approach (35 Points).	<p>Within Section 3.2, there are 9 Contracted Services. We read the instructions in item 3 of section 5.4 as directing vendors to describe in our Scope of Services and Work Approach only the four selected services listed (3.2.2, 3.2.4, 3.2.5 and 3.2.8) and not; 3.2.1, 3.2.3, 3.2.6, 3.2.7 or 3.2.9. Is that correct?</p> <p>Also, the instructions for RFP Section 5.4, Technical Proposal Mandatory Requirements do not appear to address all of the Work Products listed in Section 3.3 of the RFP.</p> <p>Does the State require that vendors describe their approach to developing all of the Work products listed in Section 3.3 of the RFP?</p>	<p>Yes, the instruction in item 3 of 5.4 directs vendors to provide a detailed scope of services approach for the four selected categories of services and not the five others set forth in 3.2.1, 3.2.3, 3.2.6, 3.2.7 or 3.2.9.</p> <p>Bidders are not required to describe their approach to developing all of the Work Products listed in 3.3; however, bidders may choose to describe work products or their approach to developing such products as they deem necessary to provide a complete response to any part of the RFP.</p>
48	5.4 Technical Proposal Mandatory Requirements	Do Bidders need to use the same section numbers as in the RFP?	No. Bidder's responses must follow the sections as provided in the RFP. Specific numbering conventions need not be identical to the RFP.
49	5.6.2	The RFP states, "The Bid must be received by the OMH Consolidated Business Office by Friday, 6/1/12". We are assuming this is a misprint, could the OMH please confirm the bid submission date is 7/18 @ 3PM EST.	Yes. The bid due date is 7/18/14 at 3:00 p.m. EST.
50	Section 4.2 Mandatory Staff Qualifications	[Section 4.2] notes that the OMH may require IV&V team members to be present on-site up to 30 hours per week, per position. In order to most accurately determine staff and travel expenses, what specific elements of the Scope of Work will require staff to be on-site, besides the Track 2 Pilot implementation? Is there on-site hourly/work percentage expectation for IV&V team staff? Also, is there a separate on-site expectation specific for the IV&V director? If so, what are the hourly/work percentage expectations?	<p>For the purposes of equal comparison between bidders, all elements of the Scope of Work will require staff to be onsite at the OMH Central Office. The "up to" 30 hour onsite requirement is extended as a courtesy to allow for travel time on Monday's and Fridays.</p> <p>OMH may approve offsite work on some elements of the scope of work after the contract is approved and IV&V work is underway.</p> <p>For purposes of the RFP, bidders should assume that all work will be performed on site.</p>

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51	MWBE Requirements	Can a certified Women-Owned Business Enterprise (WBE) satisfy the 8% WBE participation requirement as the Prime Contractor? Is there a specific percentage of work the Prime Contractor would need to provide to satisfy the WBE participation?	See the answer to question # 37.
52	Financial Proposal	The RFP states that some staff (including the Director) are required to be on-site for up to 30 hours per week. Are there provisions for travel expenses? Is offshore work allowed?	<p>Quoted hourly rates should be inclusive of all ancillary expenses, i.e. travel. No reimbursement will be allowed outside of that.</p> <p>For purposes of the RFP, bidders should assume that all work will be completed on-site.</p>
53	N/A	Can OMH give bidders some additional understand of the CGI software that was selected for the EMR? Additional details on the planned EMR implementation would assist us in preparing an appropriate response.	The EMR Software selected for the ES Vista project is 'Vx Vista', from ES Vista project subcontractor DSS, Inc..The Admission, Discharge and Transfer ("ADT") and scheduling components will be handled by "Optimum", from NTT Data, another ES Vista project subcontractor.
54	Financial Proposal	The RFP states that the Contractor shall be paid on the basis of the actual cost of direct labor at an agreed-upon specified hourly rate, the actual cost of materials and equipment usage, and agreed upon fixed add-on to cover the Contractor's overheads and profit. Can OMH clarify the desired pricing model?	Time and Materials with expenses included in the hourly rate.

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55	N/A	Can OMH provide more detail on the expected scope of the ITS application testing plan?	<p>All project Requirements and acceptance criteria are managed in HP Application Lifecycle Management Quality Center Edition. (“HPQC”).</p> <p>Testing will be performed at a number of points during the project, both during the test phase for each Track, and after subsequent upgrades, patches, defect remediation, and deployment of Additional Functionality.</p> <p>The EMR Project Vendor will conduct System and Integration testing. OMH/ITS (“State”) project staff is conducting User Acceptance testing</p> <p>Acceptance/Exit Criteria for moving from one test phase to another will be defined by OMH and CGI in the Test Plan and HPQC.</p>
56	N/A	Can OMH provide more detail on the phased deployment, particularly how new functionalities will be phased in during Track 2?	<p>In Track 1, VistA CPOE, BCMA, and Pharmacy will be deployed first to four Pilot sites and then the remaining OMH facilities after successful completion of the Pilots. The OMH expects most or all of the remaining existing, in progress, and yet to be developed functions that currently exist in the RTM to be deployed at the first Track 2 Pilot, the remaining Pilots, and the remaining Track 2 Implementation Sites. New functionalities that may arise as a result of a Change Request that is approved before the Track 2 code is “frozen” (several weeks before the first Track 2 pilot) may be implemented with the Track 2 Pilots. Change Requests submitted and approved after the Track 2 code is frozen may be deployed after the Track 2 Pilots are completed.</p>
57	MWBE Requirements	Are current MWBE staff augmentation suppliers to CGI’s OMH project precluded from partnering with prime bidders on this project (thereby reducing the MWBE utilization pool to Prim bidders)?	<p>Current staff augmentation suppliers providing services to CGI, DSS, and/or NTT Data on the OMH EMR project may not be used on the IV&V contract.</p>

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58	MWBE Requirements	Are current MWBE suppliers to DSS and NTT Data precluded from partnering with Prime bidders on this project?	See answer to #57.
59		Is a former employee of EMR Contractor CGI precluded from working on this project?	Former employees of CGI, DSS, or NTT Data, who worked on the OMH EMR project, are precluded from working for the IV&V for EMR Contract.
60	5.6.9.1	This section indicates that by submitting a Proposal each Bidder is agreeing to the final Agreement resulting from the RFP shall contain the terms and conditions set forth in the Boilerplate or terms and conditions substantially the same as all such terms and conditions. If we have exceptions to terms and conditions in the Boilerplate or the RFP that we would like to negotiate with OMH if selected as the successful Bidder, may we include a list of exceptions in our proposal?	A Bidder may include a list of exceptions in their Proposal; however, the Bidder must recognize that submission of its Proposal is an agreement to contract on the basis of the terms and conditions set forth in the Boilerplate or terms and conditions substantially the same as all such terms and conditions. No term or condition may be so substantially changed as to affect a material requirement of the RFP. A bidder may not condition its Proposal on OMH's acceptance of its proposed exceptions. OMH's award of a contract to a Bidder who submitted exceptions does not constitute OMH's agreement to the exceptions or willingness to negotiate on those issues, whether or not they would affect a material requirement of the RFP.
61	5.6.9.1	This section indicates that both parties agree to negotiate in good faith. Does this mean that the successful Bidder will be given an opportunity to negotiate the terms and conditions of the Agreement resulting from this RFP?	See answer to #60.
62	7.2	This section indicates that Forms ST-220-TD and ST-220-CA must be completed and submitted prior to negotiation of a contract. Are we correct in understanding that Forms ST-220TD and ST-220-CA do not need to be submitted with our Proposal	Bidders should include all requested Forms and information in their bid submission.
63	N/A	From the State's prospective, who is providing the project oversight for this project?	IV&V Project oversight is provided jointly by NYS OMH/ITS.
64	N/A	From the State's prospective, who is providing the project governance for this project?	IV&V Project governance is provided jointly by NYS OMH/ITS.

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65	4.21	[Section 4.21] requires similar scope to include 3,000 users. Can this be revised to be lower? Or spread out between more than one organization	No.
66	4.2.3	[Section 4.2.3 states that “no single candidate is required to meet the entire list of qualifications except mandatory #2”. Can you please clarify this? Does this mean that only one person on the team has to meet mandatory #2 or ALL resources on the team have to meet Mandatory #2?	Mandatory Qualification #2. “Excellent English language written and verbal communication skills” is mandatory for all candidates. All of the IV&V Director Mandatory Qualifications must be met by the IV&V Director candidate. All of the Mandatory Qualifications for IV&V Team (from table 4-1) must be met by at least one member of the team, either the IV&V Director candidate, or a non-Director member of the team.
67	Proposal Due Date	Will the delay in releasing the Q&As impact the Proposal Due Date?	No. The due date for proposals remains July 18, 2014 at 3:00 p.m. EST.

Table 1-1 Sample List of MWBE firms

Firm Name	Email Address
Garber Consulting Group, LLC	melissa@garberconsultinggroup.com
Prudent IT Services, LLC	ravi@itprudent.com
Currier McCabe & Associates	proposals@cma.com
JAY DEE SYSTEMS INC	gfoulks@jaydeesystems.com
V Group Inc.	bidmanager@vgroupinc.com
QED Inc.	LKonopacz@qednational.com
Tech Valley Talent	tech@techvtal.com

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- Table 1-2 (Answer to Question #33):

Del. #	Deliverable Name	Expected Frequency and Interval of ES VistA Project Deliverable Review
3	Project Management Plan	One initial submission, then updated monthly (or "No Updates") for the life of the project.
12	Review Materials	24 hours prior to any weekly meeting and five (5) business days prior to any monthly meeting
14	Enterprise Assessment Plan	Delivered in months 4 and 6 after Contract Effective Date (or per project schedule) and updated pre- and post-implementation at each facility.
37	Hospital Staff Training Report	Submitted 5 days after the training is completed at each implementation site or per the approved project schedule
38	Implementation Plan	<ul style="list-style-type: none"> • Project Implementation Plan ("IP") for Track 1 (Deliverable 38a): The draft Track 1 IP template will be due 30 days after Contract award. • Project Implementation Plan for Track 2 (Deliverable 38b): The draft Track 2 IP template will be due 30 days after Contract award. • The IP will be updated for each OMH Location no later than 15 business days before each Implementation or per the approved project schedule (Deliverable 4).
40	Production Environment Report	The first production environment report will be delivered 10 business days after completion of the Track 1 – Base vxVistA Pilot Implementations. After each Implementation at an OMH Location, the CGI Team will update the Production Environment Report no later than 10 business days after Implementation.
47	Help Desk Report	Due monthly, to begin after the first Track 1 – Base vxVistA Pilot Implementation or per the approved project schedule (Deliverable 4).
51	Base Vista implementation	TBD
53	OMH EMR Implementation	TBD