

ID	Information Request	DHMSM PMO Response
1746	The DHMSM Draft RFP's lack of requirement for Imaging Appropriate Use Criteria presents an obstacle to reducing waste in the military health care system. Clinical Decision Support (CDS), supported by the American College of Radiology's Appropriate Use Criteria has been proven to reduce unnecessary testing, and ensure the right imaging test is delivered to the patient, saving money, and resulting in better outcomes for patients.	Your comment has been noted. The requirement remains as stated.
1747	Will the Data Warehouse Platform contain encounter data from purchase care encounters?	The Data Warehouse Platform does contain encounter data from purchased care.
1748	Assuming that the data Warehouse Platform contains 3rd party encounter data (e.g. Humana Military), what mechanism exists to identify person "x" is the same as person "x" in DHMSM?	The EDIPN and associated demographics (birthdate, gender, etc.) are used to identify the person.
1749	Is there a requirement to provide consolidated reporting of Purchased Care encounters and MTF encounters? Today these are individual separate silos. By "consolidated" I mean showing person "x's" encounters, both from Purchased Care and MTF.	Functional Requirement 0023 (Utilization Management) and Non-Functional Requirement 0228 (Billing Management) address the need for management of Purchased Care and MTF encounters. An updated Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part of the final RFP.
1750	The latest round of questions indicate that the DHMSM requirement for business intelligence (analytics) remains as stated, however the requirement is very vague.	Your comment has been noted. The requirement remains as stated.
1751	The speakers at each industry day have expressed a desire to have analytics capability – to turn data residing in the E.H.R into actionable information. Draft 3 of the RFP does not call out any specific analytical requirement nor do the Section L "walkthroughs." Do you consider an analytics capability to be a key part of the E.H.R solution? If analytic capability is important, in Section H-2(a) Definitions: does analytics software fit into the definition of "E.H.R software" or does it fit into the definition of "Non-E.H.R. software?"	Analytics is non-functional requirement 0007 in Attachment J: 3-2 Government Requirements Traceability Matrix. Clause H-2 will be updated as part of the final RFP to remove the distinction between EHR and non-EHR software.
1752	DoD has recognized that providing better clinical care can be driven by data based decisions; often requiring a provider to look at the patient record, history as well as other past performance (for example, how did we treat someone with the same characteristics and diagnosis and what was the outcome). This data can't be derived easily with in any of the EHR's that will be bid. As a result the BI requirements should be more carefully defined	Your comment has been noted. The requirement remains as stated.
1753	Do all of the technologies included in the bid require ONC Certification. This is typically handled in the electronic health records solution and not required of any other technologies such as a the analytics platform.	The ONC Certification in the Gate Criteria only applies to the BoS solution.
1754	Details of the level of effort (LOE) including the LOE swing (e.g. +/- 5% target LOE) are provided; but we did not see the actual LOE adjustment formula.	This component clause will be updated and moved to Section H of the final RFP.
1755	Paragraph 2 provides instructions to include tier one small business subcontractor information in the Small Business Plan with specified information. Paragraph 4 states small business goals can be claimed for 2nd tier and third tier subcontractors. How should tier 2 and 3 small businesses be accounted for in the SB plan?	Clarification will be provided in the final RFP.
1756	The instructions state to include Historically Black Colleges and Minority Institutions as well as those Small Business Classifications which have been assigned minimum percentages. Is it intended that there will be a goal percentage assigned to the Black Colleges and minority institutions category which should be included in the small business plan?	There are no specific goal requirements for these categories.
1757	Offeror disclosure statement is requested.	The Offeror will be required to submit a copy of its most recent disclosure statement.
1758	The RFP requires BOE's for material cost to include design costs, etc.	Clarification will be provided in an updated Section L as part of the final RFP.
1759	Section iii requires a buildup of fully burdened labor rates with fee.	Clarification will be provided in an updated Section L as part of the final RFP.
1760	The total evaluated cost/price calculation identifies Government provided "NTE" Amounts for multiple CLINS.	NTE amounts will be provided in the final RFP.
1761	Even though 1 AS and 1 LCC has Dental, will they not all be outfitted similarly?	Your comment has been noted.
1762	What is the distinction between M10 and M11? Rheumatology is listed twice in M11.	An updated Attachment J: 6-3 Segment 2 Roles of Care and Descriptive Statistics will be provided as part of the final RFP.
1763	How is "accurately engaged" defined and what are the repercussions of inaccuracy?	An updated Deployment, Training, and Change Management Plan will be provided as part of the final RFP.
1764	How many SMEs and how many FTEs does the Government expect to make available to the contractor team?	At this time, the Government does not have a projection for the number of Government SMEs and FTEs that will be available during deployment.
1765	What is meant by "temporary"?	"Temporary" is an undetermined, yet limited, period of time. In terms of any decrease in productivity at the MTF during implementation of the EHR system, the Offeror should propose a plan that minimizes the length of the decrease.
1766	How does this differ from line 296 and what will be the relationship between functional SMEs and the DHA FAC?	The functional SMEs will be local experts on specific MTF issues. The DHA FAC is an organization that represents the MHS as an enterprise and considers enterprise-level or standardization issues which cannot or should not be resolved at the local level. The DHA FAC may be informed by input from functional SMEs from different MTFs in order to coordinate a unified MHS-wide position.
1767	Define "heard". Does this require specific action? Who is the final arbiter of input? Will this result in added requirements?	The FAC and the GIT will coordinate to identify, define, and resolve issues. If unresolved by the FAC, the issue will be escalated to the Enterprise Clinical Champion and resolved in conjunction with other critical stakeholders.
1768	Are you looking to replace the current submission process from MEPS-based Recruiter to MEPS CMO?	The Government is seeking to improve all business processes to the greatest extent practical with a BoS EHR solution, such as the current submission process from MEPS-based Recruiter to MEPS CMO.
1769	Are we using biometrics to check in the provider or the patient?	Biometric authentication is not a requirement. Further clarification regarding authentication requirements can be found in Attachment J: 3-2 Government Requirements Traceability Matrix.

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1770	The only requirement is a printed SF 600 vice electronic transfer of EHR data even though submarine is off alert status?	Attachment J: 3-3 Global, Operational and Dental Services Use Cases are an evaluation tool and are not intended to exhaustively address all capabilities or potential scenarios in Attachment J: 3-2 Requirements Traceability Matrix.
1771	Are appointments required for low-com and no-comm situations?	Appointments are required for low-com and no-comm situations.
1772	Immunization legacy data is required for assessing compliance to a set vaccine schedule and accurately forecasting future vaccination needs. Should this data when pulled be the entire patients Immunization history and not limit to past X number of years of data?	Your comment has been noted. Information on legacy system data flow is provided for reference purposes only.
1773	Do all newly administered vaccines and updates to immunization histories need to be sent to DEERS? And if yes by what means (HL7 v2.5.1) as an example and for how long.	At this time, there is a requirement that newly administered vaccines for active duty personnel be sent to DEERS for the duration of the transition period to Full Deployment (FD). The DMDC ITS ICD is located in the Technical Data Repository and describes mechanisms for accomplishing this transfer.
1774	Will Blood and Logistics be considered a potential modification of the electronic health record in the future	As stated in the IDIQ PWS, incorporation of any future functional requirements will be ordered on future task orders, as required.
1775	Will the contractor be required to install the system into multiple GALs or just one selected by the government	The Government will select 3 GALs: Operational Medicine GAL, Fixed Facility GAL, and Test Data Center. Each GAL will contain multiple testing enclaves/environments.
1776	In multiple sections you refer to either 9.4 M beneficiaries or 9.6M Beneficiaries.	Your comment has been noted.
1777	What non-real time or video conference telehealth features will be supported?	All typical EHR solution functions are expected to be available for telehealth use. There are no requirements for telehealth other than as stated in Attachment J: 3-2 Government Requirements Traceability Matrix.
1778	Outside this reference to the 3M CCE (and 1-1, page 31, item r) there is no reference of Clinical Coding requirements or even a Clinical Coding engine in DHMSM.	An updated Attachment J: 3-2 Government Requirements Traceability Requirement will be provided as part of the final RFP.
1779	AHLTA was very Patient Care Component ( PCC)-centric in its workflow approach. How to ensure true workflow differences in Site Survey Visits	Your comment has been noted.
1780	It was believed that much of the Workflow was going to be provided, however it is clearer that workflow assessments will have to be conducted by the contractor. What support will be ensured that the site survey BPR staff will have access to the clinics to get an accurate model of this As-Is state?	The Global Implementation Team Director will coordinate access to sites, allowing the Contractor access to the requisite information and resources with minimal disruption to the MTF.
1781	With the movement to push Outpatient clinics into a standardized model through deployment of the TSWF suite and Essentris Standardized content Notes, what efforts will DHMSM make to ensure the continuation and expansion of this effort?	There is no requirement to adhere to the TSWF suite and Essentris Standardized content Nodes. Offerors should propose a solution that meets the requirements set forth in the solicitation.
1782	Test-Out verification is mentioned, however the method, role and enforcement of this is lacking.	The Contractor will develop competency tests as part of CDRL A024, Training Materials. Additional information about competency testing is located in the Deployment, Training, and Change Management Plan, IDIQ PWS Sections 5.7.26 and 5.7.31, and the QASP.
1783	What role will the mobile devices have in supporting telehealth? Will their be a patient-end, or simply a provider mobile solution.	The Government is not prescribing specific telehealth configurations. The Government will consider any solution that meets the requirements set forth in the solicitation.
1784	The requirements for virtual training needs to be fleshed out. Remote DCO training, remote CITRIX modules, simple mobile training Aps.	Virtual training is solution dependent and should be proposed by the Offeror in accordance with requirements set forth in the solicitation.
1785	Can you provide additional detail on the support required for the bidirectional exchange of HL7 information with partners?	The DHMSM Interface Strategy (formerly Attachment J: 4-4) provides detail on interfaces required to support exchange of data with external partners.
1786	Can you provide additional detail of any required terminology services regarding the requirement to support bidirectional exchange with partners and the requirement to support compliance with nationally recognized Health Industry Standards (RxNorm, SNOMED, HL7, etc.)?	All expected Health Industry Standards are described in the DoD/VA IPO Healthcare Information Interoperability Technical Package (I2TP) provided in the Technical Data Repository.
1787	Can you provide more detail on the noted Critical Success Factor 1 - 3 that notes a critical requirement to effectively exchange information with the Department of Veterans Affairs and other national and international partners	The DoD/VA IPO Healthcare Information Interoperability Technical Package (I2TP), which has been provided in the Technical Data Repository, details the approved data domains to be exchanged between the DoD and external partners.
1788	Are the reliability performance requirements for the connectivity, latency and reliability performance to be measured end to end or only for the specific item being measured?	An updated Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part of the final RFP.
1789	Will the Government allow production data to be deidentified and used to populate test data sets or is the contractor responsible for generating their own test data?	For legacy systems, the Government will develop and provide a comprehensive synthetic test data set. The Contractor must develop test data sets internal to the new EHR system. The Contractor will not use production patient data.
1790	Do the sustainment requirements for 24/7 Tier 3 support response times include global locations outside the continental USA? And does the response time mean "in person" ?	Tier 3 support includes 24/7 help-desk support CONUS and OCONUS. In person support is not required for Tier 3.
1791	Do the response times for 24/7 Tier 3 support begin when incident is first logged or when Tier 3 personnel are first notified?	Clarification will be provided in an updated Deployment, Training and Change Management Plan as part of the final RFP.
1792	DevOps - does milCloud provide a GUI for selecting, defining, configuring and instantiating virtualized resources (e.g., defining an environment stack consisting of web server, load-balancer, app server and database layers) or is it purely upon delivery of script Cookbooks?	The DISA Services for Medical Systems Hosting and Medical Communities of Interest document has been removed from the Technical Data Repository and superseded by DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7).
1793	What HL7 2.x Message Types correspond to "a broad set"? One for each of the seven medical domains? Does "feed service" mean DHMSM Data Add, Update and Delete operations?	Clarification will be provided in an updated DHMSM Interface Strategy (formerly Attachment J: 4-4) in the Technical Data Repository as part of the final RFP.
1794	What Web Service, Messaging Transport and Messaging standards-based protocols? (e.g., if SOAP Web Service DHMSM will need to provide WSDLs as deliverables to legacy systems). Which version(s) of HL7 Query Message and Message Response Types? Will the Legacy system consume the ACK and ACK w/ERR Response Message Types for unsolicited updates?	Clarification will be provided in an updated DHMSM Interface Strategy (formerly Attachment J: 4-4) in the Technical Data Repository as part of the final RFP.

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1795	The DHMSM Interface Strategy (Attachment J: 4-4) states that this interface "would directly supplant/correspond to the current CHCS-MDR feeds..." It further states that DHMSM will be responsible for the general content of the extracts but will not be required to use the current ASCII delimited text flat file formats for the extracts. "Any transformation of these feeds to server MDR and its downstream customers is planned to be performed by DHSS." Question: In what format will DHMSM will be required to generate the extracts for transmission to, and translation by, DHSS?	As articulated in the DHMSM Interface Strategy (formerly Attachment J: 4-4), the Government will utilize built-in capabilities of the DHMSM solution to generate the data required for the described data extracts. The Government will be responsible for ensuring that the data content delivered through built-in data feeds is transformed as required to serve the MDR and other downstream customers.
1796	This Interface (PASTOR) is not referenced in the DHMSM Interface Strategy (Attachment J:4-4) however it is in the RTM. Is this a requirement?	An updated DHMSM Interface Strategy (formerly Attachment J: 4-4) and Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part final RFP to ensure consistency with respect to required interfaces.
1797	This Interface (SAMS9) is not referenced in the DHMSM Interface Strategy (Attachment J:4-4). Has it been dropped as a requirement?	An updated DHMSM Interface Strategy (formerly Attachment J: 4-4) and Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part final RFP to ensure consistency with respect to required interfaces.
1798	The Contractor will conduct site visits to initiate the EHR system development lifecycle. Will the site visits be by region? Will they be dictated by the Government? Will they be based upon the current 101 Host site list?	Site visits will be ordered on individual task orders on a wave-by-wave basis.
1799	Will the Government be providing the site surveys previously completed for AHLTA implementation?	The Government does not intend to release this information. Any additional information will be provided in the Technical Data Repository. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1800	Will the Government be providing a list of training facilities at each site or is that to be a part of the site survey activities? Will certain sites be considered home sites for primary training?	The Government intends to provide the training facilities; however, the Government may issue orders for contractor training facilities on a case-by-case basis. Available training facilities will be determined during the site surveys.
1801	There are elements in the WBS that are inherently Government work components. Specifically, WBS element 1.2.1 is entitled Government System Engineering and WBS element 1.3.1 is entitled Government Program Management.	The MIL-STD 881c structure is designed for consistency across programs. This is necessary to capture all program costs, including some costs that are government-only. For proposal purposes, the Offeror is not expected to estimate the scope for government-only elements.
1802	WBS element 1.1.1 is entitled "Custom Application Software 1.....n". We assume the Government expects us to break this down detailing each customer application software included in our solution in the WBS/CWBS. If we have only one custom application software, the number would remain 1.1.1. If we have a second custom application software - what would the appropriate number for that WBS element to be? 1.1.2 is already used for the enterprise service element component of the WBS. And 1.1.1.1 - 3 would further define the first custom application software. Note: This question actually applies to 1.1.1 Customer Application Software 1.....n, 1.1.2 Enterprise Service Element, 1.1.3 Enterprise Information Systems 1.....n, and External System Interface Development 1.....n - if our solution has more than one of any of these - we have the challenge mentioned above to accurately include that in the WBS/CWBS. Please advise.	Elements requiring additional decomposition, such as 1.1.1, should be decomposed at the WBS level 5.  For example, for multiple instances of Custom Application Software, 1.1.1, break each of the WBS level 4 subcategories (Custom Application Software Hardware 1.1.1.1, Custom Application Software Component 1.1.1.2, and Custom Application Software Integration, Assembly, Test, and Checkout 1.1.1.3) into the decomposed elements:  example: 1.1.1 Custom Application Software 1.1.1.1 Custom Application Software Hardware 1.1.1.1.1 Custom Application Software Hardware module 1 1.1.1.1.2 Custom Application Software Hardware module 2 1.1.1.1.n Custom Application Software Hardware module n 1.1.1.2 Custom Application Software Component 1.1.1.2.1 Custom Application Software Component module 1 1.1.1.2.2 Custom Application Software Component module 2 1.1.1.2.n Custom Application Software Component module n 1.1.1.3 Custom Application Software Integration, Assembly, Test, and Checkout 1.1.1.3.1 Custom Application Software IATCO module 1 1.1.1.3.2 Custom Application Software IATCO module 2 1.1.1.3.n Custom Application Software IATCO module n
1803	Are Task Order 1 and Task Order 2 awardable?	Clarification regarding the awardability of both task orders will be in Section F of the final RFP.
1804	Can we onramp Subcontractors after award? If so - what is the process. We did not see this addressed in the RFP.	Contractors may add subcontractors after award in accordance with the procedures in FAR 52.244-2.
1824	It is our understanding that Associate Contractor Agreements (ACAs) are utilized/required when contractors working on separate government contracts must cooperate, share resources or otherwise jointly participate in working on contracts or projects. Since interfacing with other programs and their prime contractors would be required of the DHMSM prime contractor, would the government provide Associate Contractor Agreement requirements in Section H including a list of contractors expected to be associate contractors to the DHMSM prime contractor? If the government doesn't require ACAs, how does the Government anticipate the business relationship will be defined between the DHMSM contractor with other prime contractors for programs which the DHMSM program may be required to interface with?	Updated language is provided in the IDIQ PWS as part of the final RFP. Specific requirements for ACAs will be provided in future task orders, as needed.
1825	"All designated IOC Sites have completely transitioned to the DHMSM Electronic Health Record (EHR) System and no longer rely on the Military Health System (MHS) legacy systems specified in the Performance Work Statement (PWS) for day-to-day operations with the exception of access to historical patient information." Patients moving between IOC site to legacy site and back to IOC site will have data that occurs after IOC.	Your comment has been noted.

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1826	The PWS states that medical logistics and blood management capabilities are "not required." Does the DoD not see any time in the future that there may be a capability enhancement to integrate the aforementioned w/ DHMSM? (for instance, in the future, blood and consumable consumption in the battle field could be monitored through the EHR entries w/ concurrent updates to those systems)	As stated in the IDIQ PWS, incorporation of any future functional requirements will be ordered on future task orders, as required.
1827	The EHR System will support the availability of longitudinal medical records for 9.6 million DoD beneficiaries and 146,000+ MHS personnel globally. These numbers are very specific, and appear to represent current populations. Are these threshold #s, or does the government desire a system that could scale to larger number if necessary during the systems lifecycle	These numbers represent estimates of current enterprise size. The Offeror's proposed solution must be able to scale and accommodate the enterprise size.
1828	The Contractor will employ training methodologies that will meet the needs of Segments 1 and 2 end-users, as well as, medical facilities' needs based on the knowledge of the facility's clinicians, administrators, and local trainers. "...based on the knowledge..." is ambiguous.	Clarification will be provided in the final RFP.
1829	Compliance with Data-at-Rest is required on all portable electronic devices including storage of all types. It appears to be missing a word which is causing confusion.	Your comment has been noted.
1830	Does the following requirement apply to all entries made by medical personnel into an EHR? Encryption/digital signing of communications is required for authentication and non-repudiation.	All entries require encryption/digital signing.
1831	Does the below requirement dictate that patients have real time access to the EHR at the same latency specification as a clinician. For instance as a clinician is entering data, is the requirement such that the patient can see each key stroke as the clinician works on the record? "Integrate and present data from multiple disciplines (e.g. Radiology, Immunization, Lab) in a single view that simultaneously allows access by both clinicians and patients"	The requirement is for both parties to be able to access the system at the same time. It is not a requirement for the patient to see real-time updates.
1832	As written, this requirement infers communications are available. "Provide access to a longitudinal medical record for each beneficiary that is globally available across all time zones (24/7/365) and across the full range of military operations"	Your comment has been noted. The requirement remains as stated.
1833	How will 'minimize' be measured? "Minimize the distributed systems (onsite) footprint required to support the Enterprise EHR System while meeting performance and reliability requirements"	This statement is intended to be a guiding principle for how the Government desires the Contractor to approach implementation. The Government will not explicitly "measure" the minimization of distributed systems footprints.
1834	What is the definition of survivable in the following usage in the PWS: "Provide survivable, interoperable, secure, and operationally effective information exchanges to enable a Net-Centric military capability in compliance with DoD Net-Centric Data Strategy (DODD 8320.2), issued December 2004."	Additional clarification will be provided in an updated IDIQ PWS as part of the final RFP.
1835	What is the "projected growth of patient transaction volumes? "Meet the current number of users across the enterprise and scale to meet projected growth of patient transaction volumes"	Additional clarification will be provided in an updated IDIQ PWS as part of the final RFP.
1836	This requirement will be difficult to validate. Provide the healthcare providers and patients with the latest advancements in technology in a timely manner with minimal disruption to enhance care	Your comment has been noted.
1837	Source code for a COTS product is not appropriate to ask for from a COTS vendor. In the RFP - it requests the contractor "provide source code necessary to support the configuration, integration, custom development, test, software management, training, deployment, and end-user usage of the EHR System for Segment 1 and Segment 2 via the Computer Software Products (CDRL A023)".	Additional clarification will be provided in an updated IDIQ PWS as part of the final RFP.
1838	Which Segment 2 environments will be represented in the GALs? "The other GALs will also emulate the operationally realistic environments for Segment 1 (Fixed Facilities) and Segment 2 (Operational Medicine)."	All relevant Operational Medicine environments will be represented in the Segment 2 GAL.
1839	"Why is a weapon system referenced in the WBS? h. Weapon Systems Integration (WSI) – an overarching...."	Clarification will be provided in an updated Attachment J: 2-18 Program WBS as part of the final RFP.
1840	Is it the PMO's preference to have the ambulatory and inpatient coding compliance editing functionality delivered via DHMSM or is the object to retain the current CCE system and have DHMSM interface to CCE?	An updated Attachment J: 3-2 Government Requirements Traceability Requirement will be provided as part of the final RFP.
1841	The Interface Strategy does not mention interfaces to transcription systems currently in use, such as the PowerScribe diagnostic reporting system or Dictaphone Enterprise Express. (However, Dictaphone Enterprise Express is mentioned in Technical Data Repository: Interfaces for EHR Core.)	The DHMSM Interface Strategy (formerly Attachment J: 4-4) is not intended to be all-encompassing. Local MTF systems will vary greatly by site. If specific interfaces are identified as part of the initial site-survey, they will be integrated using standards based interfaces to the greatest extent possible.
1842	The RFP requires the offeror to provide videos demonstrating the usability of the proposed EHR, and stipulates that the videos shall contain no audio. It is possible that speech recognition will be a feature of the proposed EHR, since speech recognition is widely accepted by clinicians today as a contributor to the usability of EHR systems. If so, the videos will not accurately depict the user experience if they do not contain audio. Is the intent of this restriction simply to prohibit the addition of explanatory narration to the videos, or is it meant to exclude the demonstration of speech input?	The Government cannot evaluate every element of usability. The restrictions on video submissions are intended to focus on the elements most important to the Government.
1843	As part of DHMSM Security program, it is imperative to add Biometric security to not only access the overall electronic health record solution but also to be able to input key data into the electronic health record.	Your comment has been noted. The requirement remains as stated.
1844	As one of the key objectives of DHMSM is to improve quality of care for all US military personnel, Clinical Documentation strategy has been a pivotal part of any solution. Clinical Documentation input as well as extracting key pieces of data directly from that Clinical Documentation	Your comment has been noted. The requirement remains as stated.
1845	As one of the key objectives of DHMSM is to improve quality of care for all US military personnel, Clinical Documentation strategy has been a pivotal part of any solution. Clinical Documentation input as well as extracting key pieces of data directly from that Clinical Documentation	Your comment has been noted. The requirement remains as stated.

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1847	As one of the key objectives of DHMSM is to improve quality of care for all US military personnel, Clinical Documentation strategy has be a pivotal part of any solution. Clinical Documentation input as well as extracting key pieces of data directly from that Clinical Documentation	Your comment has been noted. The requirement remains as stated.
1848	Section H-4 of the DHMSM RFP includes specific instructions to potential offerors which would require contractors to warrant that they have NOT provided support services, systems engineering, or technical direction to PEO DHMS, the DHMSM Program Office, the IPO, IEHR, or EHR Way Ahead. What is the Government's position regarding real or perceived OCI, where a vendor has provided support services, engineering, or technical direction types of support within the Defense Health Agency (DHA)? Through support to DHA and its various Health Information Technology (HIT) organizations (e.g. I&O, PEO DHCS, PEO DHSS), Support Services contractors may be occasionally exposed to technical information that was labeled "Acquisition Sensitive" at the time. In addition, Support Services contractors may have also executed a Non Disclosure Agreement with PEO DHMS that would prohibit disclosure. While in many, if not all cases, these documents have or will be distributed to industry via the DHMSM Technical Data Repository prior to release of the DHMSM acquisition, does prior access to this information constitute a conflict of interest which would be the subject of the Warranty provisions in H-4 b.? Our interpretation is that we can Warrant that we have not provided support to the listed organizations or programs (which is in fact the case), that we can disclose exposure to any other procurement sensitive materials, and that we can successfully mitigate any potential or perceived OCI through an appropriately crafted OCI Mitigation plan. Is this a correct interpretation of the OCI requirements?	If an Offeror had access to information regarding the programs described in Clause H-4 (direct support is not the only potential conflict), it may have an existing conflict of interest. Offerors shall utilize Attachment J: 2-16 OCI Certification and Disclosure and the accompanying disclosure statement to identify any relevant information. The Government will make a determination prior to contract award whether or not any potential OCI can be mitigated. Additional clarification will be added to Clause H-4 in the final RFP.
1849	In order to attain the flexible, expandable, and robust EHR system the DoD seeks, the RFP must require open systems architecture for the integration of medical devices. As now, proprietary systems architecture in the integration of medical devices will only serve to restrict the flow of information and limit the functional capabilities of the entire EHR system. With specific attention to medical devices, only open systems architecture will allow for bidirectional data flow and interoperability with the most medical devices possible. Open systems architecture will thereby expand the universe of compatible medical devices to best serve the myriad and disparate needs of each Service and save the government substantial sums of money by allowing for the greatest competition and coordination amongst medical device manufacturers. Additionally, open systems architecture will allow for quick and secure transfer and integration of data and imaging from medical devices to the EHR system. As numerous Service representatives have stated, this ability is paramount to provide a continuum of care with end-to-end visibility.	Your comment has been noted.
1850	<p>The Government states: "The Contractor will provide an integrated inpatient/outpatient Best-of-Suite (BoS) EHR product, augmented by Best-of Breed (BoB) products to meet the requirements..." and further states "...an integrated inpatient and outpatient EHR with software architecture that allows for access to and sharing of common data, common user interfaces, common workflows, and common business rules, and that supports end-to-end healthcare related clinical and business operations."</p> <p>Question: Market research indicates that only one contractor currently offers an Enterprise level EHR "product." In the spirit of full and open competition, will the Government consider revising the reference Line 8 and Section 5.2 of the PWS to state: "The Contractor will provide an integrated inpatient/outpatient Best-of-Suite EHR solution, augmented by Best-of-Breed (BoB) products to meet the requirements...?"</p> <p>This minor revision will align the Performance Work Statement to Section L-8 Gate Criteria on Page 95 of the RFP (document: N00039-14-R-0018_DRAFT_3.pdf) and may remove any potential bias towards a single vendor's Enterprise EHR "product" and enable Industry to provide an innovative EHR solution that meets the Government's requirements for interoperability and open architecture capabilities.</p>	Additional clarification will be provided in an updated IDIQ PWS as part of the final RFP.
1851	Section L and M do not address PWS sections 5.1, 5.3, 5.4 or 5.8. Given the emphasis placed on people and process at industry day, recommend adding a volume specific to Management to incorporate Program Management, Change Management, Training, and Sustainment.	The Government has focused the "trade-off" portion of the evaluation on the elements that are most important to the Government.
1852	A significant cost driver in sustainment expenses is tied to the level of effort associated with modifying existing workflows within EHR systems. With this in mind, recommend that the government add an additional video requirement in Volume 3 to show and capture the steps required to make workflow changes to one of the 19 scenarios already being recorded. This will highlight and demonstrate ease of use, sustainability and flexibility.	The restrictions on video submissions are intended to focus on the elements most important to the Government.
1853	Will the Government provide Attachment 3-2, Government Requirements Traceability Matrix RTM in either an Excel spreadsheet or Microsoft Word 2007 document? This will allow ease of viewing and printing. Several of the pdf attachments are difficult to view given the size of the font and are pdf locked which prevents contractors from easily viewing the data.	Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as an Excel file as part of the final RFP.

ID	Information Request	DHMSM PMO Response
1854	Will the Government consider allowing 11x17 fold outs in Volumes 1-6 for graphics, art, figures, imported charts, or tables? If so, will the 11X17 fold out count as two pages? In our experience 11X17 fold outs enable us to provide more comprehensive and detailed graphics thereby providing the Government greater insight into the validity of offers.	Fold outs will not be accepted. The Government will not accept paper proposals.
1855	Will the Government consider excluding graphics, art, figures, imported charts, and any other graphical representation that includes text from the 10pt font size limitation? 8pt font enables contractors to provide more comprehensive and detailed graphics thereby providing the Government greater insight into the validity of offers.	Your comment has been noted.
1856	In the spirit of fair and open competition, in order for bidders to develop a viable accurately priced solution that can coexist with the current EHR systems and then phase out their current functionality as the new EHR System is deployed, can the Government make available to potential bidders the Software Requirements Specifications (down to the Computer Software Component (CSC) level) along with the Software Detailed Design Documents (down to the CSC level) for AHLTA, CHCS, Essentris, and all TMIP-J components?	At this time, the Government is unable to provide this information. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1857	In the spirit of fair and open competition, in order for bidders to develop a viable accurately priced solution in time to support a [September] RFP release, a more detailed description of the required interfaces that must be supported by the bidders proposed EHR system must be available. Can the Government provide a timeline for the release of the ICDs into the Mitre Reading Room?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available.
1858	<p>In the spirit of fair and open competition, in order for bidders to develop a viable accurately priced solution for the theater environments, an understanding of the current government infrastructure is needed to allow bidders to design an optimized deployment strategy. Will the Government provide a list of existing theater and garrison hardware infrastructure (server make and model, storage hardware make and model, network equipment make and model, Operating System, Database Management Systems, age of asset, and other government IT and S/W assets) to allow bidders to design a deployment strategy that maximizes use of existing government assets?</p> <p>If the list of infrastructure equipment is not available, please confirm that the bidder will be evaluated independently based on shared as-is knowledge.</p>	At this time, the Government does not intend to provide a list of existing theater and garrison hardware infrastructure. The Government will continue to update the Technical Data Repository with information as it becomes available.
1859	The document "BHIE_DoD_Adaptor_ICD.pdf" in the Technical/Interfaces/BHIE folder within the Mitre reading room has embedded Microsoft word documents in section 8.0 Appendices that are not readable or accessible in the PDF version. Will the Government provide source files to bidders?	The embedded documents have been uploaded to the Technical Data Repository.
1860	Information Assurance submissions reference sub-factor 3.4. Should this be sub-factor 2.4?	This reference will be updated in the final RFP.
1861	The "Government Approved Labs" document referenced by the PWS indicates that the existing EMEDS+10 facility at Ft. Dietrick, MD. Since this is an existing facility, can detailed information be provided to all bidders to ensure accurate costing of testing within the Operational environment?	The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1862	Will the Government clarify that FAR clause 52.204-4 which requires Printed or Copied Double-Sided on Postconsumer Fiber Content Paper is only listed as a general clause, and not for compliance as it is not included in Section L of the draft RFP?	This clause is not applicable to the submission of proposals because proposals are being submitted via electronic commerce methods. The Government will not accept paper proposals.
1863	Section 1.1 now states the EHR System will replace..."all components of the Theater Medical Information Program-Joint (TMIP-J), however medical logistics and blood management capabilities are not required." Will the Government confirm that unlike prior DRFPs which only stated that the AHLTA-T, AHLT-M and TC2 components of TMIP-J were to be replaced, the Government now desires that all TMIP-J components be replaced?	An updated IDIQ PWS will be provided as part of the final RFP.
1864	Section 1.1 of the DRFP3 does not indicate that the Essentris System is to be replaced. Can the Government please confirm that the Essentris System is to be replaced as part of DHMSM?	DHMSM will replace legacy inpatient and outpatient EHR systems within the DoD.
1865	ADMINISTRATIVE COMMENT: CDRL A024 shows as being mapped to IDIQ PWS para 5.6.4.g.iv. That paragraph does not exist.	An updated IDIQ PWS will be provided as part of the final RFP.
1866	Are CDRL due Dates and lead/lag timeframes in Business Days, Calendar days? Examples include A001 30 DAC; A003 - Submit 6 days prior, etc)	As indicated in the IDIQ PWS, all dates are Calendar Days unless otherwise stated.
1867	Is the Functional Cost-Hour Report due at 360 DAC, 720 DAC, etc to fulfill the Annual submission requirement, or is the first annual resubmission due at 780 DAC (420+360)	Clarification will be provided in CDRL A010 and Attachment J: 2-25 Cost and Software Data Report as part of the final RFP.
1868	DD Form 1423 for CDRL A017 indicates a Monthly Delivery Frequency. The IMP should not (or is not) intended to be changed and updated with that level of regularity.	Updated CDRLs will be provided as part of the final RFP.
1869	DD Form 1423 for CDRL A045 (Version Description Document (VDD)) indicates an initial Delivery of 60 DAC. The system and the software is not designed and built at that point in time	Updated CDRLs will be provided as part of the final RFP.

ID	Information Request	DHMSM PMO Response
1870	<p>Sec L.8-Subfactor 2.2 calls for an Integrated Master Schedule (IMS) (Page 96 of 113). Sec L.8.c (Page 92) specifies that the proposal response is 400 pages total. Sec L.8.e (page 92) indicates that the 8.5x11 page size limitation does not apply to the IMS. It is unclear if the IMS (i.e., Gantt Chart) is included within the 400 pages or if it is excluded. If included, scheduling tools (e.g., MS Project) are generally built for project management purposes rather than concise presentation in a proposal. This may drive an inordinately large percentage of pages to be devoted to the IMS. Hence, this issue spawns two related questions:</p> <ol style="list-style-type: none"> <li>1. Is the IMS included in the 400-page count requirement?</li> <li>2. Are 11x17 pages permissible for the IMS?</li> </ol>	<p>The Integrated Master Schedule (IMS) does not count towards the page limitations. This language will be updated in the final RFP.</p>
1871	<p>The Government did not populate any formulas in the cells to account for or exclude summary/roll-up costs. Does the Government expect cost only at the lowest level, or is the contractor to populate formula to treat summary-level roll-up elements differently. Example: Should WBS 1.1 show a value that includes WBS1.1.1 through 1.1.6 or should it be left blank?</p>	<p>The Government may provide some formulas in the price evaluation tables; however, when the Government does not provide summary level formulas, the Offeror is expected to provide them.</p>
1872	<p>There is no format included in this worksheet (CLIN to WBS to PWS Mapping). Is that an oversight or is the content entirely Contractor specified?</p>	<p>A WBS-PWS-CLIN Mapping document will be provided as a J Attachment for the final RFP.</p>
1873	<p>Is the length 10 mins for all 4 scenarios combined or 10 mins for each usability scenario for a total of 40 minutes?</p>	<p>The combined length of all videos shall not exceed ten minutes.</p>
1874	<p>Please provide more information on "ability to support food and nutrition management operations". Are you referring to support for dietary orders, nutritional assessments, or food / menu management and distribution?</p>	<p>The replacement of a nutritional management system is not a requirement. Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.</p>
1875	<p>How are regional application delivery East and West Coast facilities connected to 20 MAAG facilities? What is housed and purpose of the Mesa and Bethesda facilities or are these just two additional MAAG's?</p>	<p>MESA and Bethesda are 2 of the 20 MAAG sites and are regional delivery sites. All MAAG sites will be connected via the MED-COI enclave.</p>
1876	<p>Please provide facility sizing information for each MAAG (all facilities connected to each MAAG).</p> <ul style="list-style-type: none"> <li>* # of outpatient visits</li> <li>* # of inpatient visits</li> <li>* # of observations</li> <li>* # of assessments</li> <li>* # of charges</li> </ul>	<p>The Government is currently compiling encounter information. An updated DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7) will be provided in the Technical Data Repository as part of the final RFP.</p>
1877	<p>Figure #18 not visible</p>	<p>An updated DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7) will be provided in the Technical Data Repository as part of the final RFP.</p>
1878	<p>Figure #19 not visible</p>	<p>An updated DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7) will be provided in the Technical Data Repository as part of the final RFP.</p>
1879	<p>What is the definition of average monthly bed days?</p>	<p>The average number of beds occupied in an MTF in a given month.</p>
1880	<p>Users (# FTE) Is this named individuals or concurrent?</p>	<p>For the FTEs in Attachment J: 6-2 Segment One MTF List and MTF Codes, the estimated FTEs include partial FTEs. Therefore, the number of actual users may be greater than the estimated number of FTEs. For example, one FTE may consist of two part-time actual users.</p>
1881	<p>Para 5.1.4.c requests CDRL A005 - CWBS. The CDRL (Exhibit A) defines A005 to be the Integrated Master Plan. These are related, but different products.</p>	<p>An updated IDIQ PWS will be provided as part of the final RFP.</p>
1882	<p>What specific capabilities in the offer's proposed solution does the government envision to satisfy the requirement "1) Every organization shall implement a Risk Management (RM) program,...". Does the Government envision a requirement to capture a risk management plan and/or risk register within the EHR. Or is this capability really just risk management policy and procedures to be defined by government personnel at each facility?</p>	<p>Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.</p>
1883	<p>What would be considered an "organization" within the context of the Risk Management requirement?</p>	<p>The term "organization" refers to healthcare facilities within the MHS.</p>
1884	<p>Does the Government envision the need for the EHR to do more than document a medical device malfunction? Does this requirement imply that the EHR must detect and/or predict a medical device malfunction?</p>	<p>At this time, there is no requirement for the EHR solution to detect and/or predict a medical device malfunction.</p>
1885	<p>To ensure a fair and open competition, can the Government make existing detailed Patient Safety requirements available to all bidders to ensure that patients safety requirements as defined by the DHA Patient Safety Officer are understood and included in every bidders solution?</p>	<p>At this time, the Government does not intend to provide this information. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.</p>
1886	<p>Can the Gov't provide any definition of "performance". I.e., is this requirement limited to the underlying IT infrastructure of the bidders solution so that aspects such as user response times and other performance measures are captured? Or does performance extend to the entire HSD such as tracking of the infection rate of a given facility, etc.?</p>	<p>The definition of performance in the context of Requirement 0003 in Attachment J: 3-2 Government Requirements Traceability Matrix relates to the performance of individuals across the spectrum of care delivery, not the IT infrastructure.</p>

ID	Information Request	DHMSM PMO Response
1887	Can the government please define "smart flags" referenced in Functional Requirement 004 Screening	The term "smart flags" is a standard alert mechanism. An updated Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part of the final RFP.
1888	Can the government please define "entry data sets" referenced in Functional Requirement 004 Screening	The term "entry data sets" has been removed from Attachment J: 3-2 Government Requirements Traceability Matrix.
1889	What specific capability does the government envision to be required of the EHR to provide a needs assessment of Community Health and to determine the effectiveness of a community health program? Or is this capability something that would be provided by medical personnel?	This capability would be provided by medical personnel.
1890	What specific EHR appointing and registration requirements does the gov't envision being needed to support Community Health Education?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1891	Other than ordering, tracking and monitoring administered immunizations, what specific EHR requirements does the Government envision are needed to satisfy this requirement?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1892	Can the gov't list/define the "unique medical surveillance programs in the DoD for certain job series (e.g. jobs which entail "added emphasis on safety, security, and personnel reliability, collectively known as "surety")..."which the bidders EHR System must accommodate? In addition, can the government provide information on what is meant by "accommodate", does this just mean provide an interface to the defined system? If so, when can ICDs be made available to bidders to ensure accurate and complete pricing?	Unique medical surveillance will be a secondary use of EHR data. The interface for this data has not been created. All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available.
1893	Other than providing basic EHR capabilities is the EHR system expected to perform this function or to provide data to other offices and systems for them to perform the necessary analytics (versus the EHR performing the analytics).	Your comment has been noted. The requirement remains as stated.
1894	To ensure a fair and open competition, can the gov't provide the ICD to the existing Dental X-ray system to ensure all bidders can provide a comprehensive solution and accurate pricing?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1895	What specific anesthesia diagnostic examination and capabilities does the Government envision to be needed to support hospital admissions?	The anesthesia requirement remains as stated.
1896	What specific immunization related diagnostic examination and capabilities does the Government envision to be needed to support hospital admissions?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1897	It is the bidder's understanding that the government plans to procure CoPath+ (upgrade of current CoPath). Do bidder's proposed solution have to interface with, or replace CoPath+ pathology services?	The Government is currently upgrading the pathology capability (CoPath). Attachment J: 3-2 Government Requirements Traceability Matrix Capability 0014 specifically lists anatomic pathology as part of the BoS solution.
1898	Can the gov't expand on the scope of the Genomics requirements? Are they limited to DNA testing or is there additional scope that is envisioned?	The Government will not provide further clarification regarding genomics other than as stated in Attachment J: 3-2 Requirements Traceability Matrix. The laboratory diagnostic requirement remains as stated.
1899	Does the gov't envision a genomics lab equipment interface for direct processor, or only an interface to a commercial lab via LDSI?	There are no current requirements for an interface to genomics lab equipment. As stated in the IDIQ PWS, incorporation of any future functional requirements will be ordered on future task orders as required.
1900	Is there an existing DoD System that develops patient movement plans the bidder's solution must provide the designated information to? If so, when can the ICD be provided to ensure a fair and open competition?	In Attachment J: 3-2 Government Requirements Traceability Matrix, Requirement 0016 includes the non-emergency transport requirement. There is no existing HIT system for the management and movement of non-emergency patients.
1901	Is there an existing DoD System that schedules medical evacuation vehicles that the bidder's solution must provide the designated information to? If so, when can the ICD be provided to ensure a fair and open competition?	In Attachment J: 3-2 Government Requirements Traceability Matrix, requirement 0016 includes the non-emergency transport requirement. There is no existing HIT system for the management and movement of non-emergency vehicles.

ID	Information Request	DHMSM PMO Response
1902	Is the bidder's proposed EHR solution expected to do a calculation or other processing to determine an individual's readiness status or does the bidder's solution have to provide information to an external office or system which determines readiness status? If it must provide information to an external office or system, when can the ICD be made available?	The EHR solution is not expected to do a calculation or other processing to determine an individual's readiness status. It is expected the EHR solution will provide information to an external office or system. The DHMSM Interface Strategy (formerly Attachment J: 4-4) details how external systems and devices will interface with the EHR. All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1903	Is the bidder's proposed EHR solution expected to do a calculation or other processing to determine an individual's readiness status or does the bidder's solution have to provide information to an external office or system which determines readiness status? If it must provide information to an external office or system, when can the ICD be made available?	The EHR solution is not expected to do a calculation or other processing to determine an individual's readiness status. It is expected the EHR solution will provide information to an external office or system. The DHMSM Interface Strategy (formerly Attachment J: 4-4) details how external systems and devices will interface with the EHR. All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1904	Why is immunization referenced relative to surgical capabilities in this requirement?	Immunization is included in Attachment J: 3-2 Government Requirements Traceability Matrix Capability 0021 because healthcare providers need a patient's immunization history before performing surgery.
1905	What specific EHR requirements does the Government envision to support case management outside of collecting data from patient encounters and other ancillary functions?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1906	To ensure a fair and open competition, can the Gov't provide information on the existing MHS material management systems referenced in this requirement, as well as the ICD with the MHS material management system?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1907	Does the gov't expect bidders to use the FirstDataBank solution in use today? And if so, will the gov't be providing licenses for the FirstDataBank solution?	At this time, there is no requirement for use of the FirstDataBank solution.
1908	This requirement states that the bidder's EHR Solution does not have to replace the existing ionizing radiation system, what are the actual requirements on the EHR to support this capability? Is the bidder's solution to simply provide an interface to the existing system, and if so, can the ICD be made available to ensure a fair and open competition?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1909	Can the gov't provide detailed appointing and registration requirements for amputee functionality? To the bidders knowledge, the amputee clinic does not use a patient scheduling function today.	Basic scheduling function is stated in Attachment J: 3-2 Government Requirements Traceability Matrix to include appointing and registration for amputees.
1910	Is there an existing burn-care system and/or wound care system that bidder's solution will have to interface with? If so, when can the ICD be made available?	There is no requirement to interface with the existing burn-care/wound-care system. The BoS EHR solution is required to provide burn care functionality.
1911	Can the government provide specific requirements that the bidder's proposed EHRSystem must satisfy regarding support to Wounded, Ill or Injured (WII)?	Wounded, Ill or Injured (WII) requirements are detailed in the routine ambulatory care requirement in Attachment J: 3-2 Government Requirements Traceability Matrix.
1912	Can the gov't provide information on how this capability is provided in concert with Managed Care Support Contractors?	The Government will not provide further clarification regarding "Partnership Development Operational Tasks" other than as stated in Attachment J: 3-2 Requirements Traceability Matrix.
1913	Can the Government provide specific EHR system requirements associated with "collaborative arrangements".	The Government will not provide further clarification regarding "Partnership Development Operational Tasks" other than as stated in Attachment J: 3-2 Requirements Traceability Matrix.

ID	Information Request	DHMSM PMO Response
1914	Does the Government require potential bidder to enter into "collaborative arrangements and research in order to provide the best possible dental outcome" with other entities or does the Government expect the bidder's EHR System to provide data to external entities performing research and other activities related to providing the best possible dental outcomes?	The Government requires the EHR solution to provide data to external entities performing research and other activities related to providing the best possible dental outcomes, but does not require the DHMSM Contractor to collaborate with these parties.
1915	The current Reading Room does not contain the DMLSS ICD. To ensure a fair and open competition, when can the Government provide the DMLSS interface that the bidder's solution must satisfy?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1916	If the Blood Bank/Blood Management System is not to be replaced, what are the specific EHR requirements the bidder's solution must satisfy related to life-cycle management (assuming the Blood Management System is performing life-cycle management)?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix.
1917	The current Reading Room does not contain the DMLSS ICD. To ensure a fair and open competition, when can the Government provide the DMLSS interface that the bidder's solution must satisfy?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1918	Can the Government provide specific EHR requirements the bidder's solution must satisfy associated with this requirement so there is no overlap with the existing medical logistics system?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1919	Can the Government confirm that the bidder's EHR System must provide an asset tracking capability that incorporates RFID and RTLS technologies?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1920	Can the Government provide specific EHR requirements the bidder's solution must satisfy associated with this requirement so there is no overlap with the medical logistics system? What medical equipment maintenance functions are specifically required of the bidder's EHR System?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1921	Can the Government provide specific EHR requirements the bidder's solution must satisfy associated with this requirement so there is no overlap with the medical logistics system? What eyewear logistics related functions are specifically required of the bidder's EHR System?	The Government will not provide further clarification regarding "Medical Logistics: Optical Operational Tasks" other than as stated in Attachment J: 3-2 Government Requirements Traceability Matrix.
1922	Can the gov't make the referenced capability "Normalized CONOPS Capability #6, "Screening" capability" available to the bidders?	This has been provided in Attachment J: 3-2 Government Requirements Traceability Matrix.
1923	Can the gov't provide specific requirements that bidder's EHR System must satisfy related to this requirement, vice portions of this requirement satisfied by other systems employed by DoD or Federal Public Health organizations?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1924	Can the gov't provide specific requirements that bidder's EHR System must satisfy related to this requirement, vice portions of this health surveillance requirement satisfied by other systems employed by DoD or Federal Public Health organizations?	The Government will not provide further clarification regarding "Non-Clinical Preventive Medicine/Health Surveillance" other than as stated in Attachment J: 3-2 Government Requirements Traceability Matrix.
1925	Can the gov't confirm that the collection of veterinary health surveillance data will be removed from this requirement?	The Attachment J: 3-2 Requirements Traceability Matrix "Non-Clinical Preventive Medicine/Health Surveillance" capability clarifications have been updated to remove reference to veterinary healthy.
1926	Can the gov't provide the ICDs to NCMI, CDC, WHO and other required external sources?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1927	Can the gov't provide additional details on "Includes documentation for travel and international health/medicine with content delivered to end user through the EHR"? Does this imply that capturing travel documentation must be included in the bidder's EHR Solution? Does this imply the bidder's EHR Solution interface with existing DoD Travel Systems?	At this time there, is no requirement to interface with DoD Travel Systems. Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix.

ID	Information Request	DHMSM PMO Response
1928	The "Classification" information provided as part of this requirements only defines roles, can the government provide definitive requirements related to Casualty Management? To ensure a fair and open competition, can the Casualty Management requirements of the current EHR System be provided to all bidder's?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1929	Draft RFP 3 states: "The offeror shall provide a copy of its Test Results Summary for 2014 Edition EHR Certification from the ONC CHPL website." Since no EHR system has a single ONC certification, recommend changing this to ask for all test result summaries. Recommended wording would be: "The offeror shall provide copies of its Test Results Summaries for 2014 Edition EHR Certification from the ONC CHPL website."	Updated Sections L&M will be provided as part of the final RFP.
1930	Req # 125 implies "all system" data while Req # 11 implies mobile and removable media only. Please clarify if all system data at the hosting environment needs to be encrypted at rest. Extending the requirement to data center hosted data seems to be onerous and could potentially negatively impact performance.	The requirement remains as stated. All system data in the hosting environment needs to be encrypted, at rest.
1931	Req # 165 is confusing. Mean Downtime threshold (MDT) is not defined anywhere and the objective is stated at 0% which means no downtime. This seems to be in conflict with the operational availability requirements in #158 and #159. Please clarify the intent of this requirement as well as clarify the meaning of 0% in this context.	Clarification is provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP
1932	The formula to calculate MTBF and MTBCF seems to be incorrect. Numerator should be "Operational Periods" instead of "Down Time". Please clarify.	Clarification is provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1933	Will the Government consider removing the Video requirement all together? Substantial production will be required and it is unclear what this video presentation will confirm beyond the completion of the Product Capability Matrix (Attachment J 2-6) and other narrative within the PWS response confirming the product satisfies the Government Requirements Traceability Matrix, Section L-8.b Volume 3, Factor 3 - Product Sub-Factor 3.1, 3.2, & 3.3 (Pg. 92), and Section L, Factor 3: Product (Pg. 97 - 99). It is industry best practice to demonstrate products in a test or customer environment to measure attributes described in the above Section L references. Since face-to-face product demonstrations are not allowed, we respectfully submit that there are a number of proposal response narratives, completed matrices and documentation provided to verify systems performance and substantiate the EHR solution attributes. If the government will not consider eliminating the video requirement, then can the government reconsider the draft RFP requirement that videos of use-cases include no audio? The RFP requires submission of videos accompanying the descriptions of the EHR meeting the usability scenarios. EHR software is sufficiently complex that demonstration to the government in recorded video format may be improved with audio. While some video content may be self-descriptive, some would clearly benefit from inclusion of narration.	Your comment has been noted.
1934	Section L Instructions for Sub-factor 3.1 direct the offeror to provide "walkthroughs" of nine different use case scenarios using narrative and screenshots to describe each step's execution. The need to provide detailed descriptions combined with screenshot legibility restrictions will require substantial page count be used to adequately address all scenarios reducing pages available to address the other Factor 2 and Factor 3 requirements. Will the government consider removing the responses from page count?	The Offeror may, but is not required to, use screenshots. It is incumbent on the Offeror to present its best proposal within the established page limitations.
1935	The referenced document states that a commercial data center "must have been FedRAMP and Enterprise Cloud Server Broker certified at security impact level 5". As the Enterprise Cloud Service Broker only manages cloud services, could the commercial data center provide non-cloud services for support of DHMSM? And, if so, must the data center still be certified by the Enterprise Cloud Service Broker?	The Government will provide Tier 1 hosting and network services in accordance with an updated DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7) that will be provided in the Technical Data Repository as part of the final RFP. At the Tier 1 level, Offerors must only describe how their solution will be deployed into that environment in accordance with Section L. Any Tier 2 or lower hosting and network services required by an Offeror's solution may utilize any solution that meets security requirements.
1936	The referenced document identifies DISA DECCs as a place of performance. In PWS 5.2.3, the government identifies the production data center as a "DISA Data Center". In Attachment 4-7, section 3.3, the government also states that the data center will be "DISA Operated" and, the government states "Any commercial data center proposed for use must have been FedRAMP and Enterprise Cloud Server Broker certified at security impact level 5, or capable of being certified as a minimum standard. In addition to these controls, the compute environment must meet the enhanced controls required to meet MAC II Sensitive/NIST High, or any specific controls required under the system risk profile." Would the government clarify if commercial data centers, appropriately certified, are acceptable for production operations, or are DISA Data Centers the only allowable locations?	The Government will provide Tier 1 hosting and network services in accordance with an updated DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7) that will be provided in the Technical Data Repository as part of the final RFP. At the Tier 1 level, Offerors must only describe how their solution will be deployed into that environment in accordance with Section L. Any Tier 2 or lower hosting and network services required by an Offeror's solution may utilize any solution that meets security requirements.

ID	Information Request	DHMSM PMO Response
1937	<p>In DRFP#2 and during Industry Day #4 conducted on June 25th, 2014 the government expressed emphasis on Training, Change Management, Business Reengineering and User Adoption as factors contributing to a low risk solution that facilitates early user adoption. The evaluation criterion in DRFP #3 does not appear to provide for evaluating offers against this factors/sub factors. For example DRFP#2 included explicit evaluation for these factors under Section M, FACTOR 3: CLINICAL &amp; FUNCTIONAL, 3.2. Sub factor: User Adoption, a) Element: User Change Management Strategy &amp; Plan, b) Element: Training Strategy &amp; Plan and c) Element: Configurability / Business Process Reengineering. The DHMSM DTCMP (provided in the Technical Data Repository)</p> <p>DRFP#3 has changed the definition of Section M, Factor 3 from Clinical and Functional to Product and many of the evaluation criteria referenced above have been split between Factor 3-Product and Factor 2-Technical or removed in their entirety. While Factor 2 – Technical, Sub Factor 2.2 includes language “consistent with the DHMSM DTCMP (provided in the Technical Data Repository)” which elaborates these best practices, this document has been changed from DRFP#2 to remove the following explicit activities from the CMAT responsibilities.</p> <ul style="list-style-type: none"> <li>• Focus on training and education, implementation, workflow process gap analyses, policy gap analyses, change management, and feasibility and scope assessments.</li> <li>• Address workflow process identification and change management process methodologies.</li> <li>• Develop and implement training plans to facilitate efficient and effective implementation and sustainment of the EHR System.</li> </ul> <p>Industry best practices align significant risks associated with ineffective change management processes and methodologies for large, complex programs. Maintaining these attributes and evaluating an offeror’s proven performance and strategy help minimize these risks when designing and deploying large, complex programs such as the DHMSM program. Standard processes across the Services, each with their own missions, priorities, and perspectives benefit from these practices that contribute to user adoption rates. Integrating change management support with the overall solution development effort enables teams to share a common, holistic approach, including language, approach, and methodologies. This benefits the Government in the following ways:</p> <ul style="list-style-type: none"> <li>• Smoother interfaces and information exchange between the people and system solution components, enabling cost savings and reducing miscommunications.</li> <li>• Allows the Government to have ‘one head on the block’ by eliminating excuses or finger pointing if issues arise</li> <li>• Faster relay of information and messages to key parties. For example, timely details about the purpose, scope and approach to requirements gathering meetings will reduce the possibility of participants coming unprepared, or submitting unclear requirements</li> </ul>	Your comment has been noted.
1938	<p>The OSA compliance wording “...to the maximum extent practicable and possible” seems to be misaligned with the Section M evaluation criteria and could increase the risk to the government. Can the government strengthen this requirement? Also, there were a couple of key attributes that were removed from this evaluation and while we applaud the government for streamlining DRFP#3 including all associated documents, we have seen a couple of these attributes contribute significantly to the overall success of program that are similar to the DHMSM program in size, scope and complexity specifically as it relates to Open Systems Architecture and Interoperability contributing to reduced occurrence of potential “Vendor Lock”.</p>	Your comment has been noted.

ID	Information Request	DHMSM PMO Response
1939	<p>1. The Clause H-4 warranty is significantly more restrictive than the organizational conflicts of interest (“OCI”) provisions in Federal Acquisition Regulation (“FAR”) Part 9.5, which only require that offerors disclose actual or potential conflicts to the government, so that the government can evaluate whether an OCI exists. Moreover, the FAR allows the government to waive, and offerors to mitigate, any actual or potential OCIs, and furthermore, does not permit open-ended OCI periods.</p> <p>a. Because the FAR only requires offerors to disclose OCI information for the government’s review, whether such a conflict in fact exists is a conclusion that only the government can make, and thus, offerors cannot warrant that there are no OCIs. Accordingly, will the government remove the Clause H-4 warranty?</p> <p>b. If the government will not remove Clause H-4, does the clause affect the government’s ability to waive actual or potential OCIs?</p> <p>c. Does Clause H-4 affect or preclude a contractor from submitting a mitigation plan for any actual or potential OCIs?</p> <p>d. Is there an end date for the OCI period contemplated in Clause H-4, as per FAR 9.507-2(b)?</p> <p>2. Clause H-4 requires offerors to warrant that they have not performed certain work for any “predecessors” of the “PEO DHMS or the DHMSM Program Office.”</p> <p>a. Can the government provide a list of programs that it considers to be such predecessors?</p> <p>b. Can the government explain why simply performing work under a predecessor program, without more, would create an OCI on this procurement?</p> <p>3. Can the government provide a definitive list of activities that it considers to be “support services” under Clause H-4</p> <p>4. Clause H-4 applies to “contractors,” which as defined, includes “affiliates” of the contractor. However, the warranty appears to define affiliate as including subcontractors and consultants of the contractor.</p> <p>a. Can the government clarify whether the warranty applies to subcontractors and consultants?</p> <p>b. If it does, can the government clarify why its definition for affiliate is broader than the definition for affiliates under FAR 2.101, which does not identify subcontractors or consultants?</p> <p>c. If subcontractors and consultants are covered by Clause H-4, can the government confirm that the warranty would only apply to an offeror’s subcontractors and consultants on this procurement?</p> <p>d. Does the government intend to require team members, such as subcontractors or consultants, to submit separate warranties or certifications?</p> <p>5. The scope of Clause H-4, which refers to “existing” organizational conflicts of interest, appears to be inconsistent with Attachment 2-16’s reference to actual or apparent conflicts. Please clarify. 6. Does Clause H-4 apply to fixed-price CLINs?</p>	<p>The Government is committed to maintaining a high-level of integrity during the conduct of the DHMSM acquisition. Offerors shall utilize Attachment J: 2-16 OCI Certification and Disclosure and the accompanying disclosure statement to identify any relevant information about any existing or potential OCI. The Government will make a determination prior to contract award whether or not any identified existing or potential OCI can be mitigated or waived. Clause H-4 is intended to protect the Government’s interests where the Offeror fails to disclose any such existing information that is later brought to the Government’s attention. If an Offeror has a bona fide lack of awareness of such information, the warranty would not apply to that information, however the information in Clause H-4 is intended to focus the Offeror’s attention on areas where the Government believes potential OCIs exist. The lists of services and predecessor programs are meant as examples and not as conclusive lists. If there is doubt regarding whether a service provided or a program supported creates an OCI, the Offeror should submit the information in accordance with Attachment 2-16 so the Government can make a determination prior to award. Clause H-4 does apply to subcontractors, consultants, and other affiliates as defined in the clause. An updated Clause H-4 will be provided as part of the final RFP.</p>
1940	<p>There is confusion regarding how to fill out Section B related to Software Licenses and Maintenance. Section B shows the Software License and Software Maintenance CLINS (example 0006 and 0008) with a quantity of 1, Unit of “Each” and blanks for Unit Price and Amount. It is likely that various quantities of multiple software packages and their respective licenses will be required. Is the contractor to assume the various required licenses for each Stage (2 - 8) are to be bundled into a quantity of 1 and the unit price reflects the Total Amount for that stage similar to a “lot” of software or maintenance?</p>	<p>The Government is purchasing a single stage (hence a quantity of one and a unit of each) of Software licenses and maintenance with each CLIN. Each stage includes all software and licenses to be delivered in that stage.</p>
1941	<p>The referenced RTM requirements provide hardware specifications for the Segment 2 Client laptop, client-server laptop and server. The operating systems for these platforms are not specified.</p>	<p>The operating system utilized is solution dependent. The Offeror’s proposed solution can utilize any operating system which runs on the provided hardware specifications.</p>
1942	<p>The referenced RTM requirements provide hardware specifications for the Segment 2 Client laptop, client-server laptop and server. However the hardware and operating systems for the tablet and handheld specified in Figure 1, DISA Operational Environments Model, are not specified</p>	<p>There are no minimum hardware and operating system requirements for handheld or tablet devices.</p>
1943	<p>The referenced paragraph states “The EHR System will replace MHS legacy clinical systems including, but not limited to, ..... and all components of the Theater Medical Information Program-Joint (TMIP-J)” Every other reference to TMIP-J in the RFP states that the program will replace only the EHR components in TMIP-J.</p>	<p>An updated IDIQ PWS will be provided as part of the final RFP.</p>
1944	<p>The referenced section calls out DoDI 8510.01 which provides for remaining Category II and III vulnerabilities at low percentages. The same section states that “All” vulnerabilities must be mitigated.</p>	<p>An updated IDIQ PWS will be provided as part of the final RFP.</p>
1945	<p>The referenced document states “Inclusion of DHMS into the current CNDSP must be coordinated with DHA, HIT, Information and Operations (I&amp;O) Division. Appropriate SLAs will be developed for this security monitoring that will provide all necessary logs and incident information to the PEO DHMS as requested.”. Is the negotiation of these inclusions the government’s responsibility? What support will be required of the contractor?</p>	<p>The Government is responsible for negotiating the Service Level Agreements. The Offeror shall establish the reporting and compliance processes needed to meet the Computer Network Defense Service Provider requirements.</p>
1946	<p>PWS paragraph 4.1 identifies DISA DECCs as a required place of performance.</p>	<p>Places of performance in the IDIQ PWS are listed correctly. The Government will provide a hosting environment in which the proposed solution will be installed.</p>
1947	<p>The requirement states, “The system shall be able to support the registration of military working animals when services are required in MTFs (e.g., drugs, lab, radiology)”. In the PWS, veterinary services are not in scope. Would the government please clarify if these working animals are being treated at human facilities outside of veterinary services.</p>	<p>Non-human diagnostic testing is offered at MTFs (e.g., environmental samples, working animals, etc.). A separate veterinary service module is not a requirement.</p>

ID	Information Request	DHMSM PMO Response
1948	The referenced document states that the DISA Operated data centers will be Virtual Data Centers under the milCloud offering. Would the government consider other DISA offerings, outside of milCloud?	The Government will provide Tier 1 hosting and network services in accordance with an updated DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7) that will be provided in the Technical Data Repository as part of the final RFP. At the Tier 1 level, Offerors must only describe how their solution will be deployed into that environment in accordance with Section L. Any Tier 2 or lower hosting and network services required by an Offeror's solution may utilize any solution that meets security requirements.
1949	The referenced document states "OT&E will be conducted in three phases; the first two phases will use synthetic patient data for both Segment 1 and 2, while the third phase will use live patient data for Segment 1. " Will the government provide synthetic patient data for the first two phases and the live patient data for third phase?	The Government will develop and provide a comprehensive synthetic test data set. Phase 3 of OT&E will be conducted with live patients in the IOC sites (production environment).
1950	The Kick-Off meeting is to be held at a Contractor facility in Arlington County Virginia within 15 business days of award but section 5.1.1.1 states the contractors have 60 days to establish a facility in Arlington County Virginia.	The kick-off meeting may be held at any contractor- provided facility meeting the requirements.
1951	The paragraph number 5.6.1 Operational Test & Evaluation should be numbered 5.6.5.	An updated IDIQ PWS will be provided as part of the final RFP.
1952	Table 4-4 says development ends 3QFY2016 but Figure 2-1 and 2-2 says system configuration ends 2QFY2016. It is unclear whether development and system configuration are meant to encompass the same activities in these figures.	Development encompasses the full Contractor Configuration and Integration Test (CIT) period, which concludes 3Q FY16.
1953	The referenced document states that the proposal shall include an automated cybersecurity scan of the entire proposed EHR system [BoS and BoB(s)]. Based on the additional specifications provided in this section it is our understanding that the requested scan is limited to a scan of the server Operating System hosting BoS and BoB applications scanned following the Application Development and Security STIG. Additionally the scan would not include any item related to interfaces with existing systems.	The requested scan must be executed against all devices hosting BoS and BoB components and is not limited to the Operating System.
1954	The referenced requirements state that selected legacy data (active diagnosis, procedures, allergies, current outpatient medications) will be migrated during initial patient registration. In a number of places, it is stated or implied that legacy systems do not require DHMSM data and vice versa. Users at legacy sites will view DHMSM data using a comprehensive viewer--and vice versa. Please confirm that the data migration requirement is to perform a one time conversion of active diagnosis, procedures, allergies, and current outpatient medications from AHLTA to DHMSM the first time a patient registers at a DHMSM site, and that all subsequent integration of data for patients with data both in DHMSM and the legacy systems will be provided by a comprehensive viewer. Said otherwise, there is no requirement to migrate data from DHMSM to the legacy systems and no requirement to migrate data from the legacy systems to DHMSM subsequent to the first patient registration at a DHMSM site.	Clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1955	The referenced requirement specifies 5000 users as the maximum total number of concurrent users for an MTF site. The DHMSM Data Communications Network and Enterprise Services Infrastructure Framework, section 2.2 states that AHLTA currently experiences 28,000 concurrent users. Can the Government specify the max concurrent users for DHMSM as a system?	The Government doe not intend to provide a maximum concurrent user specification.
1956	To assist with system sizing, can the government specify the maximum number of connected medical devices, by MTF and system wide?	The Government does not intend to release this information. Any additional information will be provided in the Technical Data Repository. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1957	The referenced document lists several references to the - "Healthcare Information Interoperability Technical Package (I2TP)." The I2TP is not available in the TDR.	The DoD/VA IPO Healthcare Information Interoperability Technical Package (I2TP) has been provided in the Technical Data Repository.
1958	Two 'Medical Device' entries are 1) the CLINICOMP Pharmacy Inpatient/Outpatient Inpatient Charting and 2) CLINICOMP Clinical Information System and Anesthesia Record Keeping system. These appears to be clinical applications and should not be considered a medical device.	An updated DoD Medical Device List will be provided in the Technical Data Repository as part of the final RFP.
1959	The 4-4 Interface Strategy states that External DHMSM interfaces will be implemented and deployed based on assumptions including: <ul style="list-style-type: none"> <li>• DMIX will query DHMSM via a standards-based query interface to provide data to the VLER eHealth Exchange implementation</li> <li>• DHMSM will utilize its own organic eHealth Exchange interface to query and retrieve data from private external partners using content specifications (e.g. HL7 Consolidated CDA).</li> </ul>	At this time, the Government will not provide projected IOC and future query transaction volumes. The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1960	The clinical laboratories within the MTFs frequently have a need to send out certain lab tests which they cannot perform themselves to be performed by external labs (e.g. commercial reference labs). DHMSM laboratory capability will likewise need to be able to interface with these external labs to send orders and receive results using national standards-based interfaces. <a href="http://www.siframework.org/scenario_lri.html">http://www.siframework.org/scenario_lri.html</a>	At this time, the Government will not provide the exact number of commercial reference labs used across the Enterprise. At the proposed IOC sites, the commercial reference labs that are used include LabCorps and Center for Disease Detection (CDD). Additionally, MTFs also use other MTFs as reference labs. The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.

ID	Information Request	DHMSM PMO Response
1961	The referenced document states: "The system shall enable a patient's ability to interact with patient information (e.g., patient-facing)." "	The Government requires the DHMSM solution to include a patient-facing portal. There are no specific functional requirements articulated with respect to required features of the patient-facing portal.
1962	The referenced requirements identifies major systems that must be interfaced with by DHMSM. The TDR interface materials for these required systems are incomplete.	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1963	The referenced document states "Interfaces for Downstream Systems to Receive DHMSM Data" also includes: 8. DHMSM Theater-CONUS Bidirectional Connectivity (new) This item was not mentioned in the 4-4 Interface Strategy or the RTM document as interface feeds to downstream systems. This is also listed here as a Bi-directional interface required for testing. Please address consistency of this item across the Interface Strategy, RTM and Testing Strategy.	The Government will align the Test Strategy with the DHMSM Interface Strategy (formerly Attachment J: 4-4) and Attachment J: 3-2 Government Requirements Traceability Matrix.
1964	The referenced document states that Interfaces with External Organizations include Secure Messaging via Direct Protocol. However, the RTM lists 'Secure Messaging' only as a functional requirement of medical capabilities, not as a specific interface or non-functional requirements for the components of enabling secure messaging via Direct Protocol.	The requirement for secure messaging remains as stated.
1965	The referenced question states that there is no specific requirement for the Contractor to use the existing SOA Suite ESB or to integrate the DHMSM EHR with IBM WebSphere products. This response seems contrary to RTM Requirements #76-115, describing Patient Identity management interactions with DEERs utilizing the iEHR Patient identity Inquiry Service.	The iEHR Patient Identity Inquiry Service does not require a DHA SOA Suite ESB for utilization.
1966	The referenced states that clinical data will be accessed and viewed between legacy clinical and DHMSM with the DMIX comprehensive viewer. It is unclear whether this requirement is intended to address the overall approach in interfacing legacy and DHMSM data or is unique to the Mail Order Pharmacy interface functionality?	Clarification will be provided in an updated in DHMSM Interface Strategy (formerly Attachment J: 4-4) in the Technical Data Repository as part of the final RFP.
1967	The referenced requirement states that the system shall consume identity maintenance notifications from the enterprise Identity Management System (i.e., DEERS). The source and guidance for this feature is listed as 'Service Description for iEHR Person Identity Inquiry Service Description' - however the maintenance publish/subscribe notifications do not appear to be part of the iEHR Person Identity Inquiry service. There is an older patient_id_notification_change_spec that appears to be this functionality on an older platform. It is unclear what interface service is intended here.	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1968	The referenced requirement states that "The system shall implement data models that adhere to the DOD medical community of interest...standards based on the ONC data exchange standards". DoD Directive 5000.01 <a href="http://1.usa.gov/1kTm1cq">http://1.usa.gov/1kTm1cq</a> OSA Guidebook v 1_1 final <a href="http://1.usa.gov/RALnDh">http://1.usa.gov/RALnDh</a> No further information was found on data models that adhere to MED-COI.	The referenced requirement refers to the "medical community" at large, not the MED-COI network initiative.
1969	The referenced requirement states that the system shall be implemented based on DoD and VA Target Health Standards Profile (e.g., ICD, SNOMED) The reference document was "1.3 Critical Success Factor v3 DOR_draft"	The DoD/VA IPO Healthcare Information Interoperability Technical Package (I2TP) has been provided in the Technical Data Repository.
1970	The referenced document states that DHMSM will provide a comprehensive series of HL7 2.x messages (e.g. ADT, orders and results, etc.) to the transitory and enduring legacy clinical systems that consume these types of messages via the DHA SOA/Data Warehouse/Analytics infrastructure's publishing mechanisms. To support valid estimation of effort to implement the interfaces, further information is required.	A list of anticipated HL7 feeds will be provided in the DHMSM Interface Strategy (formerly Attachment J: 4-4) in the Technical Data Repository as part of the final RFP.
1971	The referenced document states that "This is a planned service that will provide an enterprise level, broad set of HL7 2.x messages from the legacy clinical systems.. ICANN (formerly E*Gate) is the current HL7 2.x message engine that collects the HL72.x traffic from the legacy CHCS hosts and transforms them for import into the legacy CDR. Either ICANN, a replacement engine or a DHMSM component will provide these messages to MHS consumers." It is unclear whether DHMSM is required to provide this capability.	At this time, there is no specific requirement for the DHMSM system to provide this capability. DHMSM will subscribe to and ingest data from these data feeds unless an integrated engine exists in the Offeror's solution. An updated DHMSM Interface Strategy (formerly Attachment J: 4-4) will be provided in the Technical Data Repository as part of the final RFP.
1972	Will the segment 2 system be expected to subsume the functionality of TMDs and TMDI, or will it be expected to interface with these systems?	Attachment J: 3-2 Government Requirements Traceability Matrix specifies the capabilities a solution is required to deliver. The DHMSM Interface Strategy (formerly Attachment J: 4-4) provides additional details on the systems a solution is required to interface with.

ID	Information Request	DHMSM PMO Response
1973	Will the segment 2 system be expected to interface with vital sign monitoring equipment during Aeromedical Evacuation? If so, can the government provide a list of the equipment that is cleared for in-flight use?	Segment 2 is expected to interface with vital sign monitoring, to include Aeromedical Evacuation. Medical devices in the same class as those used in A/E (e.g. ventilator, vital signs monitors) are in the DoD Medical Device List in the Technical Data Repository. The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1974	Will the segment 2 system be required to interface with environmental monitoring systems such as radiation and chemical detection systems?	There is no requirement for the EHR to interface with environmental monitoring systems.
1975	Will the segment 2 system be required to provide a pharmacy inventory system, or will it be required to interface with an existing system?	The Segment 2 requirement is the same as Segment 1 for a pharmacy inventory management capability in the Best of Suite.
1976	Will the segment 2 system be required to interface with laboratory and radiological instruments? If so, can the government provide a list of the instrumentation that is currently in use at deployed locations?	The Segment 2 requirement is the same as Segment 1 for interfacing with laboratory and radiological instruments. Additional information will be provided in an updated DoD Medical Device List in the Technical Data Repository as part of the final RFP. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
1977	Will the new segment 2 be required to provide a mass immunization documentation capability?	The Segment 2 requirement is the same as Segment 1 for mass immunization documentation capability.
1978	Does the DoD currently have one or more Community Health/Wellness Education program(s) in place today? If yes, then what facilities and/or regions does it or they reside in? If yes, will the government provide details for said program(s) in a separate J attachment?	The Government will not provide further detail regarding any Community Health/Wellness Education program(s) in place today other than as stated in Attachment J: 3-2 Government Requirements Traceability Matrix.
1979	Veterinary (Veterinary (zoonotic conditions and outbreaks)) services have been removed from the DHMSM requirements, yet some language remains in DRFP#3 that references Veterinary Services. Can the government remove residual references to veterinary requirements?	All references to veterinary services have been removed from Requirement 0015 in Attachment J: 3-2 Government Requirements Traceability Matrix.
1980	Regarding the telepathology requirement - "Includes Autopsy/Telepathology, Genomics"; After a search of the DoD Medical Device List contained in the Mitre Sits Technical Data Repository it is unclear if the government is currently using a specific device for Telepathology (e.g. type, manufacturer, make and/or model). Can the government provide specific functional requirements and/or manufacturer, make and model preferences for this instrument?	There are no further requirements regarding telepathology devices or functions than as stated in Attachment J: 3-2 Government Requirements Traceability Matrix.
1981	It appears that the Uniformed Services University of the Health Sciences (USUHS) located at 4301 Jones Bridge Rd, Bethesda, MD 20814 is not represented on the MTF list . is included in the roll-out/Deployment in Wave 17, or elsewhere. This information will help tailor optimal site support. Can the Government please confirm that this site should be on this MTF list and clarify which wave it will be assigned to?	The final list of MTFs will be provided as part of the final RFP.
1982	Can the government provide additional clarification for the Rapid Vaccine Development requirement referenced in the Immunization Capability? Would the government consider removing this item from the Mandatory BoS requirement and classifying as BoB or other?	Rapid vaccine development is a DoD capability, not a required EHR capability.
1983	Is it a requirement that the INDEX information of images and multi-media generated from DHMSM be stored in HAIMS or is the this interface only required to delivey legacy images to DHMSM?	At this time, there is a requirement for bi-directional interface to HAIMS so that INDEX information of images and multi-media generated from DHMSM can be stored in HAIMS and legacy images can be accessed by DHMSM. Clarification will be provided in an updated DHMSM Interface Strategy (formerly Attachment J: 4-4) in the Technical Data Repository as part of the final RFP.
1984	Commercial e HR systems do not generally have interfaces to systems such as the CCQAS. Can the government clarify the capability goals of the CCQAS interface?	An updated Attachment J: 3-2 Government Requirements Traceability Matrix and DHMSM Interface Strategy (formerly Attachment J: 4-4) will be provided as part of the final RFP.
1985	Commercial e HR systems do not generally have interfaces to HR systems. Can the government clarify the capability goals of the DMHRSi interface?	An updated Attachment J: 3-2 Government Requirements Traceability Matrix and DHMSM Interface Strategy (formerly Attachment J: 4-4) will be provided as part of the final RFP.
1986	Factor 6 requires the Total Price to be provided in Base Year dollars as well as Then-Year dollars. Which of these will be considered the evaluated price utilized for Table M-4, Total Evaluated Cost/Price Calculation?	An updated Section M will be provided as part of the final RFP.
1987	Can the Government please confirm the components of Enterprise Sustainment includes items such as; service desk support (other than personnel), equipment, supplies, facilities, tools, materials, supervision, and other items necessary to perform overall sustainment of the EHR System as opposed to Software Maintenance? (e.g. DRFP#3 CLIN 3005 Software Maintenance vs. CLIN 3006 Enterprise Sustainment are required for Stage 9 and both CLIN's broadly reference PWS Section 5.8 .	An updated IDIQ PWS and WBS-PWS-CLIN mapping will be provided as part of the final RFP.
1988	Transferability of Licenses. This language states that the government does not want the license rights to be transferred to the government until some point in the future. Since the "right to use" the software is part of the license terms, please clarify when the government intends to request such transfer and actually being using the software.	A party authorized to use software under a license is not necessarily the same party as the software licensee executing the license with the licensor. The Government requires the right to use software consistent with the performance requirements in the ID/IQ PWS. The contract resulting from this RFP will not require all licenses be executed directly between the Government and the (prime) Contractor, but will allow for third party licenses between the Contractor and subcontractors, with the Government being a licensed user. All such third party licenses must be transferrable to the Government at no additional cost with 60 days prior notice in accordance with clause H-2. While the Government could execute its rights under the transferability term at any time during the life of the contract, the Government anticipates transfer of third party licenses to occur as part of Transition Planning under ID/IQ PWS Section 5.1.11.
1989	Per Section 5.2.2 (b) of Attachment J: 1-1 IDIQ PWS, Source Code is to be provided IAW CDRL A023. This CDRL states that Computer Software Products shall be submitted in electronic format compatible with Contractor's build and installation procedures. Typical procedures for a COTS supplier would only require the software to be delivered in object code for Commercial Items (software).	Additional clarification will be provided in an updated IDIQ PWS as part of the final RFP.

ID	Information Request	DHMSM PMO Response
1990	For the purposes of Factor 5, the total contract value is the total proposed price excluding proposed license prices. The CLINS referenced in the exclusion to not include the CLINS for maintenance on said licenses which represents a significant value. Would the government consider addition the license maintenance CLINS to the exclusion clause?	Your comment has been noted.
1991	DRFP#3 introduces the concept of stages and Enterprise Size-Users and Enterprise Size Segment 1 Facilities. Can the government confirm that the stages incorporate the contract year and estimated Enterprise Sizing based on Wave designations? Can the government also provide clarity to the definition of Stages as they relate to contract terms (Y 1- Y10), Waves and Software license estimations?	Stages are identified in the CLIN they will be purchased under. Stages will be purchased annually starting with contract award. It is up to the Offeror to determine the estimated size of the enterprise at the end of each stage according to its deployment plan (i.e. how many and which waves it will deploy in that stage) using the information provided with the MTF codes.
1992	What SLAs or SLRs will be associated with the DHMSM services. Do the MAGG sites have similar SLAs to the DISA sites and network and are they available?	MAAG sites will have SLAs established between DHA and DHMSM. The SLAs will be based in part on the requirements of the selected DHMSM solution.
1993	Does the Government expect the Contractor to supply all Software licenses or can the contractor use existing Government licenses or obtain them through the Government's Enterprise agreements.	Contractors will be authorized to obtain licenses from Government enterprise agreements as applicable, in accordance with Clause H-2 (c).
1994	Has the government categorized the future system in accordance with FIPS 199? If so, what impact level has been assigned to the system?	The Government has initially categorized the DHMSM system at an impact level of high for confidentiality, high for integrity, and moderate for availability. This categorization may change as additional implementation guidance is released by DoD. At this time, the most likely outcome is that the impact level will stay the same or move down.
1995	Are the HSS capabilities (e.g., medical logistics) required as part of the solution or are they capabilities of the legacy environment that require interfaces?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1996	Are the FHP&R capabilities (e.g., global patient movement, medical command and control, etc.) required as part of the solution or they capabilities of the legacy environment that require interfaces?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
1997	Is it the DMIX program mission to provide bi-directional interfaces to legacy systems (e.g., legacy enduring systems that are data consumers or providers for the DHMSM solution) as well as access to legacy data?	It is the DMIX program mission to provide bi-directional interfaces to legacy systems. Additional clarification is provided throughout the DHMSM Interface Strategy (formerly Attachment J: 4-4).
1998	Is the IPO's I2TP document public?	The DoD/VA IPO Healthcare Information Interoperability Technical Package (I2TP) has been provided in the Technical Data Repository.
1999	the 9 June cover letter says- "You will not need to refer to earlier draft RFP releases to understand the Government's established position and/or requirement. Draft RFP #3 captures the totality of the DHMSM requirement to date." However, there are 22 attachments from draft 2 not included or referenced in draft 3	Many J Attachments were moved to the Technical Data Repository (TDR) and are now referenced only as applicable documents in the IDIQ PWS. Other J Attachments were removed in their entirety. Review Section 3 of the IDIQ PWS to determine if a document is still applicable. Applicable documents are available in the TDR.
2000	How will additional capabilities provided by the proposed solution above and beyond the requirements in the RTM be evaluated and scored?	Additional capabilities will be evaluated in accordance with Section M (see subfactor 3.3(3)).
2001	Subpara (3) references "quality levels below". There are no quality levels provided.	An updated Section M will be provided as part of the final RFP.
2002	This attachment is provided in a .pdf format making it difficult for contractors to complete	Your comment has been noted.
2003	This attachment is provided in a .pdf format making it difficult for contractors to complete	Your comment has been noted.
2004	This attachment is provided in a .pdf format making it difficult for contractors to complete	Your comment has been noted.
2005	This attachment is provided in a .pdf format making it difficult for contractors to complete	Your comment has been noted.
2006	This attachment is provided in a .pdf format making it difficult for contractors to complete	Your comment has been noted.
2007	This attachment is provided in a .pdf format making it difficult for contractors to complete	Your comment has been noted.
2008	The Product Capability Matrix provided in RFP3 designates which components shall be included in the Best of Suite offering. We recognize that this Best-of-Suite definition is intended to realize strong integration among core components while allowing best-of-breed complementary functions where they add business value. As currently described, the Government may have inadvertently overspecified the composition of Best-of-Suite, inherently limiting both commercial competition and bidder flexibility to offer the best solution options. [Background] Commercial best-of-suite capabilities are each comprised slightly differently based upon the environment and customer interests to complement existing or desired clinical components where independent workflow or domain-specific component selections (such as Laboratory, Radiology, Health Counseling).	Your comment has been noted.
2009	Current process for documenting care and data/information exchange during a medevac isn't clear. Please specific data exchange requirements when transition from connected to disconnected to connected environments	Attachment J: 3-3 Global, Operational and Dental Services Use Cases are an evaluation tool and are not intended to exhaustively address all capabilities or potential scenarios in Attachment J: 3-2 Requirements Traceability Matrix.
2010	Are current mobile devices GFE. If yes, do they follow DOD spec for type of devices, security etc. Will the contractor be required to supply DOD compliant mobile devices (smartphones, tablets) and required training/support infrastructure (ruggedized, multi-unit charging, device mgmt. software, etc.)	The Contractor is not required to supply mobile devices. The solution must be able to run on Government mobile devices in accordance with the requirements set forth in the solicitation.
2011	Attachment J: 4-4 DHMSM Interface Strategy states that DMIX will initially utilize existing services (BHIE, FHIE, CHDR, VLER, etc.) while building future data exchange services to share data both within the DoD and with external agencies and commercial partners. With DHMSM calling for an Off-the-Shelf (OTS) Electronic Health Record (EHR) system, why wouldn't the same lofty standard be applied for the integration strategy/HIE technology, utilizing an OTS platform?	DMIX is leveraging existing capabilities for the purposes of exchanging legacy data with internal and external partners during the transition to Full Deployment (FD). The Government anticipates adopting new EHR HIE capabilities to adhere to national healthcare data exchange standards.
2012	The security task requirements are included in WBS 1.13 and 2.13 and nowhere else. Please clarify what the Security tasks and activities in WBS 1.13 O&S and 2.13 O&S include and the reason that Security/IA were only included in O&S.	A WBS-PWS-CLIN Mapping document will be provided as a J Attachment for the final RFP.

ID	Information Request	DHMSM PMO Response
2013	Many of the anticipated lists, documents, and answers were indicated to be included or clarified in RFP #2, but were not included in this release. Please clarify how and when these updates will be made available.	The Technical Data Repository has been substantially updated since draft RFP 2. Please specify the outstanding documents.
2014	The response to Question 514 asked with regard to DPWS1 raised this question. It is understood that DHMSM will replace the full AHLTA capability to include "localized" databases referred to here as the "Clinical Data Repository"; we believe the AHLTA local Clinical Data Repository is also known as the "LCS" (Local Cache Server). Please clarify because the acronyms used here are so similar: is the Centralized Data Repository, located in Montgomery, AL to be replaced by DHMSM?	CDR refers to the 'Clinical Data Repository.' The CDR in Montgomery, AL will not be replaced by DHMSM. The Contractor shall provide a Data Management Plan in accordance with RFP requirements and consistent with the Government's Data Management Strategy. The Government provided a Data Management Strategy (formerly Attachment J: 4-12) in the Technical Data Repository as part of draft RFP 3.
2015	Sub-factor 1.4: ONC Certification: Certification from the Office of the National Coordinator (ONC) that the offeror's proposed BoS solution has ONC Certified Health IT Product List (CHPL) 2014 certification. Will this certification be required for Best of Breed products such as dental? Will it be required if the Best of Breed product offering is GOTS?	The ONC Certification in the Gate Criteria only applies to the BoS solution.
2016	The RTM does not provide detailed software functional requirements. Does the Government plan to provide this for BoS and dental BoB?	Attachment J: 3-2 Requirements Traceability Matrix capabilities clarifications are not intended to define in specific detail the functional requirement.
2017	Currently the legacy systems support low/no comm for segment 1, but this requirement is not explicitly listed anywhere. Does Segment 1 have no/low comm requirements? Low/no comm requirement is only noted for segment 2.	Requirement ID 0029 in Attachment J: 3-2 Government Requirements Traceability Matrix specifies a requirement for low/no comm and/or disconnected communications for Segment 1 and 2.
2018	Task 1 is noting synchronization with legacy CDR. Is the Central Data Repository expected to be completely replaced by the new solution once segment 1 and 2 are operational?	The Government provided a Data Management Strategy (formerly Attachment J: 4-12) in the Technical Data Repository as part of draft RFP 3. The Contractor shall provide a Data Management Plan in accordance with RFP requirements and consistent with the Government's Data Management Strategy. At this time, there is no specific requirement to replace the Centralized Data Repository.
2019	The Q&A #2 noted that the Veterinary module is no longer required. The Deployment and Supportability Plan still notes Veterinary as a requirement: "Segment 1 facilities include 57 hospitals, 364 medical clinics, 282 dental clinics, and 200 veterinary clinics."	An updated Deployment, Training and Change Management Plan was provided in the Technical Data Repository as part of draft RFP 3.
2020	Will there be any special tests/certifications required for the interface to Vista?	DMIX and the IPO under PEO DHMS have programmatic responsibility for interoperability with the VA. Mandatory interfaces were provided in an updated Attachment J: 3-2 Requirements Traceability Matrix as part of draft RFP 3. Data/Interoperability Standards are identified in Attachment J: 3-2 Government Requirements Traceability Matrix and the Healthcare Information Interoperability Technical Package (I2TP).
2021	The VA's roles and responsibilities should be included in J:5-1, Table 2-1.	Your comment has been noted.
2022	Reference to DTC in Fig 3-1 and related narrative?	Your comment has been noted.
2023	DTC used for first time, undefined/inconsistent term with J:5-2?	The Health Information Data Center (HIDC) is not the same as the Development and Test Center (DTC). The term HIDC has been replaced with Test Data Center (TDC), which is one of the DHMSM Government Approved Laboratories. The term "DTC" is no longer used. An updated Government Approved Laboratories (GAL) Plan (formerly Attachment J: 5-2) was provided in the Technical Data Repository as part of draft RFP 3.
2024	Is the Health Information Data Center the same as the DTC? Or is the HIDC the greater Data Center and the DTC the DHMSM-specific virtual environment that will be created within the HIDC?	The Health Information Data Center (HIDC) is not the same as the Development and Test Center (DTC). The term HIDC has been replaced with Test Data Center (TDC), which is one of the DHMSM Government Approved Laboratories. The term "DTC" is no longer used. An updated Government Approved Laboratories (GAL) Plan (formerly Attachment J: 5-2) was provided in the Technical Data Repository as part of draft RFP 3.
2025	Is IOC only a proof of concept? When is the operational data center established and testing performed to verify the operational environment and interfaces with external systems/data stores that were emulated in the GAL environment?	Initial Operational Capability (IOC) is not only a proof of concept. Additional information about operational testing will be provided in the Test Strategy (formerly Attachment J: 5-1) and Government Approved Laboratories (GAL) Plan (formerly Attachment J: 5-2) in the Technical Data Repository as part of draft RFP 3.
2026	Since this is a new program and the directive for DoD to use FISMA has come out, will this RFP assume FISMA instead of DIACAP?	Requirement ID 0024 in Attachment J: 3-2 Government Requirements Traceability Matrix addresses Information Assurance (IA) requirements. Updated IA guidance was included in the DHMS PEO Cybersecurity CONOPS (formerly Attachment J: 4-9) in the Technical Data Repository as part of draft RFP 3.
2027	Since there are several different organizations to consider in this RFP, how will the government address the concern of C&A? Who will be the DAA, will the security controls be considered common controls between systems with one DAA and one set of tests or will each agency want their own C&A (e.g. separate testing, documentation, reporting, monitoring?)	Requirement ID 0024 in Attachment J: 3-2 Government Requirements Traceability Matrix addresses Information Assurance (IA) requirements. Updated IA guidance was included in the DHMS PEO Cybersecurity CONOPS (formerly Attachment J: 4-9) in the Technical Data Repository as part of draft RFP 3.
2028	How will continuous monitoring be performed for Security? Will the process be different per government organization?	Requirement ID 0024 in Attachment J: 3-2 Government Requirements Traceability Matrix addresses Information Assurance (IA) requirements. Updated IA guidance was included in the DHMS PEO Cybersecurity CONOPS (formerly Attachment J: 4-9) in the Technical Data Repository as part of draft RFP 3.
2029	Will there be any requirements to use the existing SOA Suite ESB or to integrate the COTS EMR with the IBM WebSphere Products?	At this time, there is no specific requirement for the Contractor to use existing SOA Suite ESB or to integrate the DHMSM EHR with IBM WebSphere products.
2030	Has thought been given to having a second system integrator to focus on infrastructure modification, interface definition, connectivity risks, and interoperability concerns?	Your comment has been noted.
2031	What is the anticipated turn-around time for proposal submission?	Proposal deadlines will be provided in the final RFP.

ID	Information Request	DHMSM PMO Response
2032	At peak load, the CDR is handling about 34,000 transactions per second. Point-to-point interfaces are above and beyond this number among the MTF community and its trading partners. It is currently understood that DMIX will be enhancing network infrastructure to handle the additional resource requirements anticipated by adding the new system(s). During the transition phases from old interfaces to new, it is conceivable that duplicate interfaces will exist for some time which will cause more workload on the current .mil networks that what optimally would be required in the end after complete replacement/retirement of the legacy environments. What is the anticipated aggregated sum of these transactions during peak times in terms of volume? (messages per second/size per message) and what are the Governments threshold and objective requirements for transactions per second by size?	At this time, the Government will not provide the requested information. The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
2033	The PWS refers to an Appendix D of the DTCMP.	An updated IDIQ PWS will be provided as part of the final RFP.
2034	The PWS refers to an Appendix A Acronym list. Is Appendix A in the DTCMP document?	An updated IDIQ PWS will be provided as part of the final RFP.
2035	"at least two generations of the system baseline backward and forward."	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
2036	"The system must return core patient data to meet minimum data retrieval performance requirements(core data - demographics, deployment history, special military status, PCM assignment)." Are all of the core data listed included in the performance threshold?	All core data is included in the performance threshold.
2037	"The system shall be able to perform required functions on the hardware defined by the minimum hardware specification document as follows:" As worded, this seems to negate virtualization.	This specification is based on a physical server, not a virtual server. The Offeror's proposal can include the use of virtual servers in providing the optimal solution. A Offeror's virtual solution must match or exceed the performance of the physical solution.
2038	In general, inclusion of secure messaging capabilities does not have any performance, standards or target user capacity associated with the feature.	The requirement remains as stated.
2039	"The system shall enable the ability to share and migrate data using DoD approved open standards." The term migration suggests a change of system of record. However, source and threshold references point to portability.	The requirement remains as stated. The term migration is intended to convey a change of system of record for, at least, the minimum data as stated in Attachment J: 3-2 Government Requirements Traceability Matrix.
2040	The DHMSM Interface Strategy Attachment references "Healthcare Information Interoperability Technical Package (I2TP)". We are unable to locate this document in the TDR.	The DoD/VA IPO Healthcare Information Interoperability Technical Package (I2TP) has been provided in the Technical Data Repository.
2041	Figure 3.1 of the DHMSM Interface Strategy Attachment lists ABACUS under business systems. ABACUS is not referenced anywhere else in the document, nor in the RTM. Is it a requirement to interface with ABACUS?	Interfacing with ABACUS is a possible solution to satisfy Functional Requirement 0023 in Attachment J: 3-2 Government Requirements Traceability Matrix; however, the Government will consider any solution that satisfies this requirement of the RFP.
2042	The DHMSM Interface Strategy Attachment states "MHS medical devices are currently connected via serial connection to an intermediary local interface hub (e.g. the lab interface manager provided by Data Innovations Inc.) which addresses communications with CHCS." Outside of DII-LIM for laboratory devices, what intermediary local interface hubs for devices exist and which types of devices do they support?	Local interfaces vary by MTF and will be validated during the Contractor site survey.
2043	The DHMSM Interface Strategy Attachment states "There are also additional image archives, including dental and ECG archives that may need separate interfaces." Outside of HAIMS, what other image archives are required?	DHMSM does not intend to provide a comprehensive list of image archives required to interface with the DHMSM solution. The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
2044	The RTM identifies interfaces with systems that are not addressed in the DHMSM Interface Strategy Attachment. These systems include: 1) PASTOR, 2) SAMS9/SAMS, 3) SPCPAS, and 4) TRAC2ES. Note, SAMS is identified in the Interface Strategy Attachment but only as a downstream feeder and not a direct interface.	Clarification will be provided in an updated DHMSM Interface Strategy (formerly Attachment J: 4-4) in the Technical Data Repository as part of the final RFP.
2045	For Section L-8, Sub-Factor 3.3 Product Capability, is the completed Attachment 2-6 Product Capability Matrix spreadsheet included in the page count?	Attachment J: 2-6 Product Capability Matrix and its supporting information do not count toward the page limitations. Clarification will be provided in provision L-8(c)(2) of the final RFP.
2046	In Draft 3, the Government updated Attachment 6-3 with detailed information on Segment 2 site statistics, however it is not clear how this attachment correlates to the Task Orders 0001 and 0002 delivery requirements. Using Attachment 6-3, an Offeror cannot determine the number of Segment 2 configurations to be supported for IOC and cannot determine the number of Segment 2 personnel to be supported.	The number of configurations necessary to support the Segment 2 Roles of Care (1, 2, 3, & EnRoute) will be dependent on the Offeror's proposed solution.
2047	Since the Government is planning and performing Segment 2 deployment, could the Government provide a notional Segment 2 deployment model for Offerors to use for pricing; e.g., to baseline the number of Segment 2 EHR licenses that are required by year/by stage?	Segment 2 deployment will be performed by the individual Services and scheduled in line with their operational schedules (e.g. Naval ships will deploy DHMSM Segment 2 in line with their scheduled maintenance availability, Army on their RForGen rotational cycle, Air Force on their AEF rotational cycle).
2048	There are deployment activities that need to start early in the contract performance to support IOC implementation, including planning for deployment, training, and change management. However, Task Order 0001 specifically excludes activity related to PWS 5.7 Deployment and there is no IOC Deployment CLIN (0010) associated with Task Order 0001.	All configuration, test, and deployment activities required prior to a limited fielding decision (and not covered by other Task Order 0001 CLINs) are included within the scope of CLIN 0009.
2049	Will the Government clarify the evaluation expected or requested on the Past Performance Survey form required to be submitted by the Offeror's client? Attachment 2-17 has no section for the reference client to complete.	All sections of Attachment J: 2-17 Past Performance Survey must be completed by the Offeror's reference.
2050	The TDR Government-Approved Labs document indicates that Offerors are to establish a Contractor Sandbox environment at the Test Data Center. Please clarify the intent of the Contractor Sandbox for CIT at the TDC.	The Government Approved Labs document Section 3.3 explains Contractor Sandbox usage.

ID	Information Request	DHMSM PMO Response
2051	In support of the requirement to submit Retina scans with the proposal, Offerors need access to Retina software. Will the Government provide Offerors access to a downloadable version of the Retina software prior to the final RFP?	An updated Section L in the final RFP will contain a link to download the updated tool.
2052	The PWS requires EHR hardware to be deployed at the Test Data Center. At Industry Day #4, the Government mentioned Offerors can assume that the Test Data Center will provide all equivalent DISA services including monitoring, SOC, NOC, etc.	The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
2053	For proposal submission purposes, when is the projected contract award start date? Based a notional schedule in the TDR's Engineering Master Plan (EMP), it appears to be June 1, 2015.	The projected award date is June 2015.
2054	The notional schedules in the TDR's Engineering Master Plan (EMP) and Test Strategy show a gap of 1 - 2 months between the end of OT&E and the ORR milestone. Please clarify the planned activities during this timeframe.	The planned activities include any task to achieve entrance criteria to the ORR. Dates in the Engineering Master Plan are notional. The Offeror's approach to achieving milestones through IOC will be evaluated in accordance with Sections L & M.
2055	When is the earliest site surveys for Wave 1 (first wave after IOC) can begin?	Based on the current notional deployment schedule, site surveys for Wave 1 are projected to begin in 3Q FY16.
2056	Will the Government provide access to test data (or de-identified scrubbed data) for use by Offerors during the CIT phase?	The Government will develop and provide a comprehensive synthetic test data set.
2057	With respect to Patient Accounting, will DHMSM be required to interface with the Medical Services Accounting system?	At this time, there is no specific requirement to interface with MSA.
2058	Is it a DHMSM requirement to provide a billing capability (including intuitional and professional) at every MTF?	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
2059	Section L specifies "utilization of DISA data center(s)." There are 4 DISA hosting alternatives listed in the DISA Services document (DISA Enterprise Services Hosting, DISA milCloud, DISA CDC Floor Space, Additional Cloud Service Providers). Please confirm that Offerors are free to select the services to be used.	The Government will provide a Tier 1 hosting environment and network infrastructure. Offerors will be evaluated on their approach to deploy their solution into that stated environment in accordance with Sections L & M. Clarification on how to propose data center / hosting will be provided in the final RFP.
2060	The DISA Basic Service rates are based on number of sockets. Do the number of cores per socket affect the services price since there can be a wide range of cores per socket depending on processor type? Please confirm the Offeror are allowed to select the services appropriate to our solution.	The referenced document has been removed from the Technical Data Repository and superseded by DHMSM Data Communications Network and Enterprise Services Infrastructure Framework (formerly Attachment J: 4-7). The Offeror is allowed to select the services appropriate to their solution.
2061	The lead paragraph on page 1 states: "Most, if not all of these devices, are connected using HL7 2.x messaging for exchange of data, although many are connected to legacy system using serial connections through device interface aggregators/collectors located at each facility." The connection method is important for Offerors to size the effort for supporting these devices.	DHMSM will not provide a connection method for each of the devices in the DoD Medical Device List. The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.
2062	Please clarify the start and end dates for Task Orders 0001 and 0002.	Specific dates are not available and will be dependent on when the contract is awarded.
2063	The footnote "1" on the clause title indicates this provision is applicable to cost-plus-incentive-fee CLINs. However, should the footnote read "3", and be applicable to fixed-price incentive (firm target) CLINs?	The footnote will be updated in the final RFP.
2064	Section K requests copies of licenses. Please clarify if the licenses are to be provided with the proposal or submitted upon request.	Copies of licenses must be provided in Volume 6. An updated Section L will be provide as part of the final RFP.
2065	Should Volume 5 also include completed Section B CLIN Pricing tables for the IDIQ (10 years), Task Order 0001 and Task Order 0002?	Completed Section B should be included in Volume 6. Section B should be completed in then-year dollars.
2066	Factor 6 - 2 - d - 1 requires use of OSD Standard Indices to calculate Then-Year dollars. However, we request Offerors be allowed to price in accordance with their Forward Pricing Rates, which would be consistent with its disclosed cost accounting standards. If an Offeror does not have Forward Pricing Rates, then the OSD Standard Indices could be utilized.	The Government prefers Forward Pricing Rates that supersede the requirement to utilize OSD inflation indices, as discussed in Sec L-8, Factor 6, (2) c) v. Forward Pricing Rates
2067	It is a common practice that software maintenance can only be obtained through the original software manufacturer. Would the Government consider for small business subcontracting percent calculations, the total contract value exclude not only license prices but also commercial software maintenance?	Your comment has been noted.
2068	During Industry Day #4's Segment 2 presentation, the Government indicated that the DHMSM contractor would integrate some legacy TMIP-J applications with the DHMSM EHR. Please clarify if that integration work is to be included in Task Order 0001 and Task Order 0002. If under Task Orders 0001 and 0002, will the Government provide additional information on the applications so Offerors can size the effort.	There is no requirement to integrate legacy TMIP-J applications into the EHR solution. Attachment J: 3-2 Government Requirements Traceability Matrix specifies the capabilities/functionalities required to replace the capabilities currently in the TMIP-J suite.
2069	The TDR Test Strategy document indicates that "OT&E Phase 3 will conduct sampled user testing with live Patient Data in the Production Environment for Segment 1." Please clarify the Government's strategy for sampling within OT&E as defined within the Test Strategy document with respect to dual system operations, data, and interfaces.	Additional clarification will be provided in an updated Test Strategy as part of the final RFP.
2070	As most Offerors experience some costs considered unbillable under FAR Part 31 while operating under a cost-plus contract, we request the Government consider allowing Offerors to establish the minimum fee to offset the unbillable costs.	Your comment has been noted.
2071	Please provide the wage determination(s), if any, to Offerors as soon as practical.	Offerors will be required to determine which wage determinations are applicable based on their deployment plan (i.e. which labor categories will be used at each site) and information included in the MTF codes.
2072	As per 52.222-42, as the statement of equivalent rates will not be provided until contract award and is for informational purposes only, please confirm the wage determination(s) shall take precedence over the statement of equivalent rates.	The Statement of Equivalent Rates will be provided based on the Offeror's proposal and is informational only. Any Wage Determinations required as identified in the proposal will be incorporated into the contract and will inform the Offeror of the minimum wages required.

ID	Information Request	DHMSM PMO Response
2073	To allow the Offeror periodic payments under FPI efforts, please add FAR 52.232-16 -- Progress Payments to Section I.	Your comment has been noted.
2074	Per FAR 48.408, and to assist in the allocation of risk to Offerors, please reinsert the clause 52.246-25 -- Limitation of Liability -- Services.	Your comment has been noted.
2075	Do the GPR or comparable commercial equivalent of GPR only apply to the scope of the license, or is the Government also requesting that GPR convert to unlimited rights after a specified time?	The Government is not requesting that data rights convert to unlimited rights at a future time.
2076	Would the GPR or comparable commercial equivalent of GPR rights only apply to the use of non-commercial or commercial TD, CS and CSD by: <ul style="list-style-type: none"> <li>a. DoD for the EHR project,</li> <li>b. DoD for any project,</li> <li>c. any government agency for a similar EHR project, or</li> <li>d. any government agency for any project?</li> </ul>	Section L will be updated in the final RFP.
2077	As the prime contractor has overall responsibility for world-wide deployment of the solution, which includes but is not limited to managing multiple sources for contract requirements, maintaining inventory, reducing delivery lead times, coordinating deliveries, performing quality assurance functions, would the government consider updating this provision to include its Alternate 1 version?	The Government may insert 52.215-23 with its Alternate 1 if the Government determines that the prospective contractor's proposal has demonstrated that its functions provide added value to the contracting effort and there are no excessive pass-through charges.
2078	In accordance with FAR 15.408 n(2)ii, FAR 52.215-23 is not contemplated for firm-fixed-price or fixed price incentive contracts awarded on the basis of adequate price competition or for the acquisition of commercial items; therefore, items procured under FFP or FPI CLINES should not be subject to the 70% calculation under this provision. Can the Government confirm this understanding is correct?	Offerors shall comply with the instructions in FAR 52.215-22. The instructions do not exclude FFP or FPI efforts.
2101	Will the Government consider adding a Program Management section to one of the Volumes? As currently written, the Draft RFP does not call for a place for a vendor to have a discussion of its program management capabilities, yet Program Management is a major CLIN and WBS element throughout the RFP	Your comment has been noted.
2102	Will the Government allow for the use of tabloid (11x17) pages outside of the IMS submission in Subfactor 2.2?	The Integrated Master Schedule (IMS) does not count towards the page limitations. This language will be updated in the final RFP.
2103	Will the Government allow font size in graphics to be "readable", rather than 10 point? This font restriction may pose a burden on vendors, especially those using screenshots of video.	An updated Section L will be provided with the final RFP.
2104	Will the Government provide clarification on the maximum difference between version compatibility? Currently worded it seems to imply a four generation disparity needs to be considered	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
2105	The document states "the system must return core patient data to meet minimum data retrieval performance requirements (core data - demographics, deployment history, special military status, PCM assignment)". Are all of the core data listed included in the performance threshold?	All core data is included in the performance threshold.
2106	The document states "The system shall be able to perform required functions on the hardware defined by the minimum hardware specification document as follows:" As worded, this seems to negate virtualization.	This specification is based on a physical server, not a virtual server. The Offeror's proposal can include the use of virtual servers in providing the optimal solution. A Offeror's virtual solution must match or exceed the performance of the physical solution.
2107	The document states "The system shall enable the ability to share and migrate data using DoD approved open standards." The term migration suggests a change of system of record. However, source and threshold references point to portability.	The requirement remains as stated. The term migration is intended to convey a change of system of record for, at least, the minimum data as stated in Attachment J: 3-2 Government Requirements Traceability Matrix.
2116	How long does the government plan to maintain its legacy systems in support of the DHMSM Interface Strategy?	The Government's requirement is articulated in the RFP. Legacy systems will be in place until their functionality is fully replaced.
2117	It appears that given the government's current Interface Strategy, requires access to data from multiple disparate legacy system, how does the government plan to access legacy data needed to meet long-term medical data retention requirements if it does not maintain all of its legacy systems data.	The Government's requirement is articulated in the RFP. You have offered product information rather than a suggested resolution. Your comment has been noted.
2118	What legacy interfaces have developmental priority and how will clinicians access critical patient histories, clinical notes, images etc. if these interfaces are incomplete, awaiting development or due to scale issues cause unacceptable response times?	Information about DHMSM interface development priorities and access to legacy clinical data is articulated in the DHMSM Interface Strategy (formerly Attachment J: 4-4) which is provided in the Technical Data Repository as part of the final RFP.
2119	Will MEPS healthcare records be recorded electronically in the DoD EHR?	Clinical data collected on military applicants processed through MEPS will be entered in the EHR, but not viewable to individuals outside MEPS until accession.
2120	What specific criteria are documented in the PUHLES profile determination?	An updated Attachment J: 3-3 DHMSM Global, Operational, and Dental Use Cases With Usability Scenarios will be provided as part of the final RFP to include a glossary and acronym list.
2121	How far in advance of a deployment can a dental readiness classification be completed--or do all soldiers get an update in their DRC prior to a deployment regardless of how recently the DRC was recorded?	Attachment J 3-3 DHMSM Global, Operational, and Dental Use Cases With Usability Scenarios provides all necessary detail for the intended purpose. The Use Cases are an evaluation tool and are not intended to exhaustively address all capabilities or potential scenarios in Attachment J: 3-2 Requirements Traceability Matrix.
2122	Please further define "relevant information" as used in the phrase, "All relevant information is provided to the DoD EHR from the VA EHR in its entirety."	Attachment J 3-3 DHMSM Global, Operational, and Dental Use Cases With Usability Scenarios provides all necessary detail for the intended purpose. The Use Cases are an evaluation tool and are not intended to exhaustively address all capabilities or potential scenarios in Attachment J: 3-2 Requirements Traceability Matrix.

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2123	Is Step 9 intended to test the downtime/paper procedure? Or is it meant to point out that the solution must be able to accept documentation that is done some time after the care is provided to the patient?	Step 9 is intended reflect the ability to accept documentation that is done some time after the care is provided to the patient.
2124	What does equivalent computer-based training (CBT) for every instructor-led training (ILT) course mean? Does this mean that every course could also be done as CBT?	For every ILT course, the Offeror must provide an equivalent CBT course in addition to the ILT to cover situations in which ILT is not viable.
2125	Regarding use of social media (Twitter, Facebook, etc.): these tools should meet security and intellectual property protection measures for both vendors and the DoD.	Your comment has been noted.
2126	Would super users and clinical champions be expected to perform classroom training following the "train-the-trainer" (T3) training paradigm?	Super Users and Clinical Champions are not expected to lead classroom training. They are augmented support to trainers and new users to help in the change management process.
2127	Please explain why the training approach for government testers, CIT, and DT&E exclude CBT training. Can CBT be used to augment the ILT and over-the-shoulder training? Will these testers be required to pass proficiency assessments prior to testing?	A blended approach will be employed for Government testers, CIT, DT&E in accordance with the Deployment, Training and Change Management Plan and the Test Strategy. For every ILT course, the Offeror must provide an equivalent CBT course in addition to the ILT to cover situations in which ILT is not viable.
2128	Please note that "certification" may have a discrete meaning for system vendors that only applies to training provided directly by the commercial system vendor to system administrators.	The Government will consider any proposed solution that meets the requirements set forth in the solicitation.
2129	Please note that Virtual Training Environments (VTE), in a customized state, are not fully available until the later phases of the project. Non-customized environments representative of the final state may be available 120 days prior to go-live, but 90 days prior to go-live is more reasonable for the VTE.	The Government will consider any proposed solution that meets the requirements set forth in the solicitation.
2130	Please explain what the "ability to host its own applications" means with regard to the VTE.	This requirement has been removed from the IDIQ PWS.
2131	Beyond the DRC, what will be documented in the D-EMR for mass dental exams?	Attachment J 3-3 DHMSM Global, Operational, and Dental Use Cases With Usability Scenarios provides all necessary detail for the intended purpose. The Use Cases are an evaluation tool and are not intended to exhaustively address all capabilities or potential scenarios in Attachment J: 3-2 Requirements Traceability Matrix.
2132	Will government staffing be provided as a part of the GIT and CMAT teams that are participating in site-specific configuration, training, and support?	At this time, the Government does not have a projection for the number of Government FTEs that will be available during deployment. Although Government staff will be available, they will not be used for planning purposes by the Offeror.
2133	Please provide additional detail on current staffing of MTF local trainers that will be available during the IOC, and subsequent MTF, rollouts. An understanding of what resources will be provided by the government will help us to better define our plan and approach for training and support.	At this time, the Government does not have a projection for the number of Government FTEs that will be available during deployment. Although Government staff will be available, they will not be used for planning purposes by the Offeror.
2134	Is there any flexibility with the start date of user role assignment as referenced in the DTCMP?	Offerors should propose a solution that meets the requirements set forth in the solicitation.
2135	Please clarify the service level that will be required as a part of the 90 day over-the-shoulder support period provided through OSS.	This information is provided in an updated IDIQ PWS and Deployment, Training, and Change Management Plan.
2136	Please define the level of support and types of resources that are included in the "local IT support" that owns tier 0 support at each MTF.	This information is provided in an updated Deployment, Training, and Change Management Plan.
2137	Please define the types of resources and level of access the contractor will have to site personnel reviewing critical workflows.	The Global Implementation Team Director will coordinate access to site personnel in order to minimize disruption.
2138	Please describe what is required for the "on site" response to high-priority issues sent to the global service center.	Additional clarification will be provided in an updated IDIQ PWS as part of the final RFP.
2139	Please clarify what is meant by the following text of this requirement: "The remote version must have the same capability as the web version and must be able to add providers and new patients to the preloaded database." Does the reference to "web version" imply that the dental system must be a web application as opposed to just possibly differentiating it from the "remote version"?	The Government is not dictating the architecture solution (i.e., client-server, thin client, etc), but assuming there may be a combination of solutions, one of which may be "web."
2140	Please specify the pharmacy decision support national quality and patient safety standards that this requirement refers to.	The clarification states "Includes a Pharmacy Decision Support capability that adheres to National Quality and Patient Safety standard." National Quality and Patient Safety standards are nationally recognized standards.

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2141	Please specify the information that needs to be uploaded to the classified environment in the following text of this requirement: "For the purposes of medical C2, medical encounters generated in operational environments must be readily identifiable and transferrable for upload into a classified environment." Additionally, indicate any implications of doing that on the data in the EHR.	Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
2142	Please clarify what is meant by "partitioning" of the medical records of detainees, special operations, and high ranking officials as referred to in the following text of this requirement: "The EHR needs to have the ability to partition all medical and dental care provided to detainees, personnel in Special Operations, high ranking officials, etc."	Partition refers to the ability of the health record to limit access as to protect or prevent access to select medical records such as those enumerated.
2143	Line C, which provides examples of planning and project management, is cut short in the provided document.	An updated Attachment J: 2-18 Program WBS will be provided as part of the final RFP.
2144	With new examples of appointing and registering patients, are you now including scheduling software as required?	Scheduling is expected to be included in the BoS EHR solution. Additional clarification will be provided in an updated Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
2145	Please clarify whether this requirement includes replacement and/or new hardware for video components of telehealth, or only the software and documenting solutions.	The requirement for telehealth does not include replacement and/or new hardware for video components of telehealth.
2146	What types of documentation do you require for radiation therapy?	The Government has no specific requirement for the types of radiation therapy services documentation that must be supported beyond what is routinely included in OTS EHRs.
2147	Please clarify whether the requirement means each video's duration, or the combined duration of all videos, when the requirement states that "the combined length of all videos shall not exceed ten (10) minutes."	The limitation applies to the duration of all videos when combined.
2148	Regarding testing timelines, what is the relative timing of Segment 2 OT&E to Segment 1? Will they be concurrent? Will Segment 2 need to be completed prior to Segment 1 IOC go-live? Prior to Segment 1 rollout?	Segment 1 and 2 OT&E will be conducted concurrently.
2149	Please clarify whether the expectation is that the Contractor will provide device installation and repair.	Additional clarification will be provided in an updated IDIQ PWS as part of the final RFP.
2150	Please define "Mean Logistics Delay Time".	Mean Logistics Delay Time is an Indicator of the average time a system is awaiting maintenance and generally includes time for locating parts and tools; locating, setting up, or calibrating test equipment; dispatching personnel; reviewing technical manuals; complying with supply procedures; and awaiting transportation. See <a href="https://dap.dau.mil/glossary/pages/2231.aspx">https://dap.dau.mil/glossary/pages/2231.aspx</a>
2151	Is it necessary to include circumstances outside of the Contractor's control in the calculations regarding system availability (such as outages in GFE)?	EHR System performance standards pertain only to areas to which the Contractor is accountable. Circumstances outside of the Contractor's control (i.e. a failed DISA circuit) will not factor into system performance measurements. However, should the EHR System be required to interface with Government Furnished Equipment (GFE) and system performance standards are not met, the Government will validate the functionality of the system and GFE the identify to culpable party (i.e. Government or Contractor).
2152	The third phase of OT&E seems very similar to the way AHLTA patches are tested today. A patch typically effects a single set of users or functionality. When you change out an entire dynamic system you need all of the pieces working together for the system to perform to designed specifications.	The third phase of OT&E will occur in multiple brick and mortar facilities, concurrently or in a staggered release depending on the Contractor's solution, within the IOC region as defined in the Test Strategy and Government Approved Labs document. Contractor testing and test support requirements during OT&E are specified in Task Order 0002.
2153	Data migration metrics may not apply to low/no comm situations.	The Government will issue a separate Quality Assurance Surveillance Plan (QASP) with each Task Order, consisting of performance standards unique to the Services ordered under that Task Order. QASPs for Task Orders requiring Segment 2 services will be developed appropriately.
2154	Please provide an explanation of what backup is in this context. In our suggested resolution we have proposed what we believe are the most likely interpretations.	An updated QASP that aligns with Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part of the final RFP.
2155	Medical Equipment Logistics is typically outside the scope of a COTS EHR system.	At this time, there is no requirement for a specific Medical Equipment Logistics solution; however, there is a requirement to interface with the existing Medical Equipment Logistics solution. An updated Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part of the final RFP.
2156	One of the concerns for all contractors is getting security clearances for skilled staff with commercial EHR implementation experience. The current process takes time and could prevent contractors from meeting timelines if their staff do not have access to the system, or access to critical information.	Your comment has been noted.
2157	The scope of revenue cycle applications is unclear in Draft RFP 3. MTF facilities provide care to those not covered by TriCare and currently bill commercial insurance. Clearer functional requirements defining the scope of billing will help ensure the Department of Defense retains all essential functions of it's current capabilities.	An updated Attachment J: 3-2 Government Requirements Traceability Matrix will be provided as part of the final RFP.

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2158	In Draft RFP 3, you allow for real patient data to be used in segment 3 of the OT&E. In our experience, vendors cannot put real provider or patient data into a system without previously obtaining an ATO. Is this requirement waived, and will the IATT allow for the contractor to put real data into the system for OT&E segment three?	For OT&E, the system will require an ATO to authorize deployment to IOC sites. The Contractor will not place data in the system during this phase of OT&E.
2159	From Draft RFP 3: "The ability to provide severely ill or injured warfighters who are transitioning to civilian life and possibly civilian or VA healthcare with the guidance and support to make the passage as seamless and trouble-free as possible Includes Secure Messaging / Telehealth"  Does this mean secure messaging with users on the VistA system? If so, the Interface Strategy (4-4) indicates that secure messaging will use Direct Project standards. Will those standards be used here too?	The Direct Project standards may be used for secure messaging of patient information on transitions of care. Additional information is provided in the Healthcare Information Interoperability Technical Package (I2TP) in the Technical Data Repository.
2160	From Draft RFP 3: "DHMSM will provide a standards-based query interface for DMIX to query and retrieve patient data to provide to the eHealth exchange."  Should this capability be required to be provided using the eHealthExchange standards (IHE XCA and CDA/CCDA)?	Additional clarification regarding an eHealth Exchange Interface will be provided in Non-Functional Requirement 0136 in Attachment J: 3-2 Government Requirements Traceability Matrix as part of the final RFP.
2161	Should the vendor be required to support both the SMTP and XDR options of Direct to help best connect with other systems?	At this time, there is no specific requirement for SMTP and XDR. The Government will consider any solution that meets the requirements set forth in the solicitation.
2162	From Draft RFP 3: "EHR system will utilize standard health information exchange services already in place or being developed by the Defense Medical Information Exchange (DMIX) organization. The DMIX services provide an intermediary layer of services and data stores that will enable numerous systems to exchange data without having to implement point-to-point interfaces."  Please provide more information regarding these services, including whether or not there are any requirements to access them.	The EHR solution will be required to interface with DMIX services for the purposes of exchanging legacy clinical data with external entities. All available DMIX Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available.
2163	From the section 3.2.5 Coding Compliance Editor Interface (CCE) "This interface consists of a series of HL7 2.x ADT and MFN messages from CHCS to CCE, with update encounter ADTs returned from CCE to CHCS."  Please elaborate further on this.	Additional detail is provided in the CHCS_CCE_IDD-ICD that has been posted to the Technical Data Repository.
2164	Regarding section 3.4.7 Legacy Clinical Information - Optional RESTful Query Interfaces (BHIE Data Services): Are you planning to replace the BHIE exchange standards with FHIR?	The Government seeks to leverage emerging industry standards (e.g. FHIR) as they mature to meet the DHMSM requirement.
2165	Can you please provide specifications regarding interfaces to the CCQAS?	An updated Attachment J: 3-2: Government Requirements Traceability Matrix and DHMSM Interface Strategy (formerly Attachment J: 4-4) will be provided as part of the final RFP.
2166	Can you please provide specifications regarding interfaces to the DMHRSi?	All available Interface Control Documents (ICDs) are provided in the Technical Data Repository and will be continuously updated as additional information becomes available.
2167	The draft RFP includes requirements related to error correction as well as various FAR and DFARS warranty provisions. However, a complex EHR offering will contain errors, it is not necessary or realistic that all lower priority errors will be corrected on short timeframes, and holding the project up to an artificially high standard will increase costs to the government. Meanwhile, commercial offerings already are subject to the commercial terms tailored to the applicable vendor's own products and services.	Your comment has been noted.
2168	The draft RFP requires the contractor to comply with all laws, regulations and standards, both current and future.	Your comment has been noted.
2169	The draft solicitation specifies that the government will need the right to distribute commercial technical data (TD), computer software (CS), or computer software documentation (CSD) delivered under the contract outside of the government for any government-related purpose. The government will enter into non-disclosure agreements with non-government parties to whom it distributes the TD, CS, or CSD.	Your comment has been noted.
2170	The draft solicitation includes several cost or cost-type CLINs as well as FAR provisions and contract clauses which require the prime contractor to flow down cost accounting and Earned Value Management System (EVMS) requirements to subcontracts.	Your comment has been noted.
2171	The draft solicitation prohibits alternate proposals.	Alternate proposals will not be accepted.
2172	Additional sizing metrics.	Offerors should use the MTF Code provided as Attachment J: 6-2 Segment One MTF List and MTF Codes as part of the final RFP to support the proposal submission. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate.



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2192	<p>The "Healthcare Information Interoperability Technical Package (I2TP)" is referenced both in the DHMSM Draft RFP #3 "4-4 DHMSM Interface Strategy" and in the "Requirements Traceability Matrix" documents.</p> <p>Where can we obtain a copy of the "Healthcare Information Interoperability Technical Package (I2TP)"?</p>	<p>The DoD/VA IPO Healthcare Information Interoperability Technical Package (I2TP) has been provided in the Technical Data Repository.</p>
2203	<p>Are education links needed here?</p>	<p>These questions appear to address previously issued, and now completed, RFIs and are not applicable to the draft RFP Q&amp;A.</p>
2204	<p>Please clarify what is needed here</p>	<p>These questions appear to address previously issued, and now completed, RFIs and are not applicable to the draft RFP Q&amp;A.</p>
2205	<p>Please clarify what is needed here</p>	<p>These questions appear to address previously issued, and now completed, RFIs and are not applicable to the draft RFP Q&amp;A.</p>
2206	<p>Not sure what VIII-B material is</p>	<p>These questions appear to address previously issued, and now completed, RFIs and are not applicable to the draft RFP Q&amp;A.</p>
2207	<p>Please clarify what is needed here</p>	<p>These questions appear to address previously issued, and now completed, RFIs and are not applicable to the draft RFP Q&amp;A.</p>
2208	<p>Please clarify what is needed here</p>	<p>These questions appear to address previously issued, and now completed, RFIs and are not applicable to the draft RFP Q&amp;A.</p>
2209	<p>Please describe the infrastructure, hardware and software and design of the testing Labs in detail. Is the government going to use real IOC systems to include real patient data to test performance?</p>	<p>At this time, the Government will not provide this information. The Government will continue to update the Technical Data Repository with information as it becomes available. Offerors should explain how the absence of any specific requested information affected the proposed price/cost, if at all, in the Basis of Estimate. Phase 3 of OT&amp;E will be conducted with live patients in the IOC sites (production environment).</p>
2210	<p>Please describe the testing metrics that will be used in the GAL's and describe what will be tested?</p>	<p>The Test Strategy describes testing metrics.</p>
2211	<p>How will the GALs emulate the infrastructure of the IOC sites and also for theater.</p>	<p>This information is provided in the Government Approved Labs document available in the Technical Data Repository.</p>
2212	<p>Who is the current contractor for setting up and maintaining the GALs?</p>	<p>No contract has been awarded for establishing the GALs.</p>
2213	<p>Where are the GALs located?</p>	<p>This information will be provided in future updates to the Government Approved Labs document in the Technical Data Repository.</p>
2214	<p>The DHMSM Draft RFP's lack of requirement for Imaging Appropriate Use Criteria presents an obstacle to reducing waste in the military health care system. Clinical Decision Support (CDS), supported by the American College of Radiology's Appropriate Use Criteria has been proven to reduce unnecessary testing, and ensure the right imaging test is delivered to the patient, saving money, and resulting in better outcomes for patients.</p>	<p>The MTF code remains as stated. The difference between the M10 code and the M11 code is the addition of endocrinology services.</p>
2215	<p>Comment: Section L, Factor 4: Past Performance, (1) Reference Survey, a): In this instruction, the offeror is directed to 'utilize the Past Performance Reference Survey provided as Attachment 2-17 to submit all past performance information.' Attachment 2-17 includes instructions in Blocks 12, 13, 14, and 15 that are clearly intended for completion by the offeror, e.g., Block 13 instructs the offeror to 'Describe the extent to which your team members (subcontractors) on the cited Solicitation contributed to the effort described in Block 12.' However, in Section L, Factor 4, (1), b), offerors are instructed to 'ensure that a Government reference completes the survey for any Government (Federal, State, Local) Contracts.' Note: We interpret the phrase 'Government reference' to mean an individual in the employee of the Government. Question: Is this an artifact left from a previous version of the Draft RFP, and should it have been removed from this version?</p>	<p>Past performance reference survey instructions will be clarified for the final RFP. The reference survey must be completed by the Government or commercial entity (i.e. reference) for which the work was performed.</p>
2216	<p>Facility size characteristic of "users" is needed for approximately (44) facilities, as well as for "Facility Type" to be identified for (13) facilities. This will allow for complete and accurate cost and pricing information to be provided by the contractors.</p>	<p>Completed MTF codes for all facilities will be provided for the final RFP.</p>
2217	<p>Comment: Section M, Factor 6 Pricing, (3) Data Center/Hosting Costs: To accomplish the price evaluation, 'The Government will include the price of data center / hosting costs to be required via DISA in the Total Evaluated Cost/Price. The Government will utilize the information provided by the offeror via Attachment 4-8, Service Request Form (SRF) to estimate the most probable cost of data center / hosting services across Stages 1 through 10.' Question: If the offeror chooses to propose commercial hosting environments, must the offeror complete and submit the Attachment 4-8, Service Request Form (SRF), per instructions in Section L, Factor 2, Subfactor 2.1, (2) (page 95) and Subfactor 2.2 (page 96), or may the offeror include the commercial hosting costs in the appropriate cells in the pricing worksheets?</p>	<p>Clarification on how to propose data center / hosting costs will be provided in the final RFP.</p>