

Responses to Questions Received:

1. Is functional and design documentation for the current system available and up-to-date?

There is documentation of the current system. It is not the most up-to-date.

2. Who did the previous work on MN cancer requirements in 2009 (p 2, #b)?

A vendor worked with the IT staff to document the system.

3. Are the high-level use cases developed and then available to us now?

We have the documentation available that was done by the vendor and IT staff previously. See the attached "Use Case Survey –MCSS Final.doc" and "mcss-data-flowchart.pdf" documents. They are not available in public record. Since the emphasis will be on the "to be" requirements gathered by this engagement, I wouldn't want you to spend a lot of time studying the "as is". The biggest value of some of the current documentation is the recommendations/options it outlines such as using one of our existing disease surveillance systems as an option. Responders may also find it useful to refer to the "Requirements for Public Health Chronic Disease Information Systems" document available at <http://phii.org/resources/view/155/Requirements%20for%20Public%20Health%20Chronic%20Disease%20Information%20Systems> that contains guidance for requirements definition for chronic disease information systems.

4. Is it necessary to know the current technology to do the gap analysis? What is the technical platform of the current application?

No. It is not necessary to know the current technology. The platform is Solaris – Sybase Server Enterprise 12.5.4. There are LOTS of programs that run off the database including Perl, FORTRAN, C and about 200 stored Sybase procedures.

5. Can any of the work be done remotely?

We would like the work to be done onsite as the vendor will have to work closely with the Business Subject Matter experts and the IT PM.

6. Are there travel requirements to multiple locations in the state? Is this travel reimbursed?

If there is any travel it would be reimbursed and there would be a limit indicated in the contract. However, we are expecting most of the out of state inquiries, etc. to be done by conference call.

7. The SOW identifies two service categories: Analyst – Business and Analyst: Re-engineering. Is MN open to other categories participating to round out a project team (e.g., Project Management, Architecture Planning and Assessment)?

No. We have an internal PM assigned to the project.

8. In the section on Vendor Responsibilities, MN requires that the vendor provide “the appropriate number of FTEs.” To assist the vendor in meeting the State’s expectations, can MN comment on approximately how many FTEs the State anticipates will be required to complete this project?

The current planned MDH number is 2.5 MDH Business Staff and .5 MN.IT @ MDH IT staff. We will add internal staff as needed.

9. The SOW states that “work will be performed at the location the State deems appropriate.” Is MN open to a project team that works primarily off-site, with specific on-site visits as needed? Will this type of proposal be considered equally with one providing more on-site presence? If acceptable, will MN be able to reimburse travel expenses for project team travel to State offices for meetings?

We would like the BA to be onsite to work closely and quickly with the MDH Subject Matter experts to document their requirements, do an appropriate gap analysis, and determine the best options for MDH. Access to other entities would be via MDH contacts and inquiries for information should be via conference call, email, or other methods that the vendor has used.

10. The SOW asks the vendor to, “Assist with the development and/or modification and documentation of specific business processes.” Can MN give some indication of the number of business processes that are expected to be documented? Does any business process documentation exist now? Will the vendor be expected to document *all* business processes that may come out of the analysis?

We expect high level requirements, gap analysis, and options/recommendations.

11. The next bullet point in the SOW asks the vendor to, “Review the analysis of current MCSS processes.” Does any business process documentation exist for these processes? What is the relationship between this documentation and the documentation in the previous bullet?

We have the current system documentation.

12. Is the MDH site <http://www.health.state.mn.us/divs/hpcd/cdee/mcss/> a reliable indicator of the size and breadth of your current reporting system?

Yes.

13. What is the size of the current database used for MCSS (# of tables and fields)?

The current MCSS application consists of 1388 tables and is approximately 66 GB in size. It is not relational.

14. In the current system, approximately how many reports are generated?

Approximately how many new reports do you anticipate the new system would be able to generate?

There are at least 20 reports in the current system. Reporting requirements for the new system will be developed as part of this project.

15. External and Internal Data Interfaces - About how many are there now and how complex?

There are currently several ongoing data transfers between providers and the MDH using several mechanisms and protocols including ABILITY Network (Vision Share), PHINMS, secure email and package delivery.

16. Would you be able to demonstrate the current system prior to proposals due?

No.