GOVERNMENT OF BERMUDA
Ministry of Health

The following addendum supersedes information contained in the Instructions to Bidders, Scope of Work issued for the RFQ to the extent referenced. This Addendum forms part of the RFQ documents and will be subject to all of the conditions set out in the contract conditions.

This Addendum # 1 contains 10 pages.

Addendum #1

A. Bidder's Questions (Q) and Government's Responses (R).

Q1   What is the anticipated go-live date for this project?

R1   We hope to go live about six weeks after signing the agreement.

Q2   Please provide details on the existing Physician /Hospital systems in scope (if any), to be integrated with the Pandemic administration Platform

R2   Users to be integrated include one Hospital system and about 250 community physicians. In total there are about 670 logins to set up.

Q3   Is there any master patient database available for look-up while registering a new patient? <OR> Each registration to be treated as a new registration?

R3   There is no master patient database. The registered persons currently in the system will need to be migrated to the new system. When a person registers their interest to be vaccinated, it creates a new record.

Q4   How many Labs systems are in scope? And is there any interfacing requirements with the Labs network?

R4   There are currently 3 labs. There are no interfacing requirements.

Q5   Does the schedules & slots to be integrated with any other Master system?

R5   No

Q6   List of govt agencies with which integration is expected (Accountant General's Payment receipt system, etc.)

R6   For viewing reports, Immigration and the Bermuda Tourism Authority can log on to the system. There are no system interactions.

Q7   When are the Portals expected to be fully operational (expected Go-Live timeline)?

R7   We hope to go live about six weeks after signing the agreement.

Q8   Post go-live, do we need to consider any support model as part of the scope (24 X 7 / 24 X 5 - contact center / Email support)?

R8   Yes, email and emergency voice support are required 24x7.

Q9   What would be the monthly average volume of the expected end users (Public) who will be accessing the portal both Scheduling / Traveler Authorizations)?

R9   Vaccine Administration and Scheduling – about 120 per day.
        Covid Testing and Travel Authorizations – about 170 per day.

Q10   Is the scope limited to Web Portals only, do we need consider mobility too (iOS & Android)?

R10   Yes, present both Web Portals and mobile applications.

Q11   Can you provide a breakdown of the current infrastructure in place (in regards to, do you currently have something temporarily in place)?

R11   All of the RFQ requirements are currently being met by a vendor.

Q12   Is the government willing to partner with local telecom providers to ensure the app has usage with data or roaming?

R12   No.

Q13   What bandwidths are provided across the nation of Bermuda?

R13   We aren't sure – you can check with the Bermuda Regulatory Authority.

Q14   How many visitors do they anticipate travelling to Bermuda in 2021 & 2022?

R14   In 2018 there were 770,000 visitors to Bermuda. In 2021-22 there will be fewer. Consult the Bermuda Tourism Authority site for data – www.gotobermuda.com.

Q15   How many returning residents/citizens travelled back and forth pre covid 19?

R15   Typically, about 40% of travelers are returning residents.

Q16   Will the government require sanitisation and temperature checking as part of its travel protocol? If yes, will it be mandatory?

R16   This is not in the scope of the RFQ.

Q17   If temperature checks and sanitisation will be required at entrance points, how many' B-ID hardware devices will be required?

R17   This is not in the scope of the RFQ.

Q18   Current infrastructure - Does the government current have an existing system in place for both travel and local interfacing? If yes, please provide more details.

R18   All of the RFQ requirements are being met by a vendor. See www.vaccines.resqwest.com/web and www.gov.bm/coronavirus.

Q19   What is Govts anticipated budget to roll out an effective and capable health travel visa platform?

R19   We are not able to give budgetary guidance.

Q20   Is the government expecting to pay for the system upfront or, are they willing to partner with a private entity and engage in a revenue sharing agreement through a Public-Private Partnership.

R20   A Public-Private Partnership is not currently an option.

Q21   Has the government devised a health protocol for businesses to reopen and students returning back to school? If yes, please provide details. If not, is the government willing to follow an existing protocol?

R21   Go to www.gov.bm/coronavirus for all health protocols.

Q22   Will the government also assist with promoting local tourism stakeholders, medical providers and businesses to adopt the platform?

R22   Relationships and legislative requirements are already in place.

Q23   Will the government spend any marketing dollars to promote the platform?

R23   We don't anticipate having to market the platform, as its use is a legal requirement.

Q24   What is the expected time for public release?

R24   We are targeting release six weeks after entering the agreement.

Q25   Which government ministries will be involved in the process from physical deployment to training?

R25   Health and Government's IT Department, IDT.

Q26   What is current volume of Tests, Travel Authorizations and Vaccine records processed to date? As this is a SaaS application, volume is required for pricing data servers and storage.

R26   Using February 2021 data, there are about 20,000 covid tests per month and about 2,000 Travel Authorizations per month. Vaccines are about 19,000 per month, but this number will decline as the majority of the population receives the vaccine.

Q27   What is the forecasted volume of each record processed for the life of the contract from award date?

R27   For Testing and Travel Authorization, assume about a 40% increase over the life of the agreement. For vaccinations, assume a total of 52,000 vaccinations.

Q28   In Appendix D, there is no section C.

R28   Appendix D, Section C begins on page 24 of the RFQ.

Q29   Part 1.4 Labs: When referencing updating the record with a test result, is that update being made one record at a time? Is there a requirement to handle Pool Testing, bulk record updating and multiple Test status?

R29   Yes, there is a requirement to handle pool and multiple tests.

Q30   Part 1.4 Labs: How many test types are there?

R30   Test types include: nasal pharyngeal; oral pharyngeal; saliva and oral + nasal pharyngeal.

Q31   Part 1.4 Labs: Is there a requirement for additional tagging on a record for other compliance or tracking purposes?

R31   Not at this time.

Q32   Part 1.4 Labs: What are the security requirements and privacy requirements around the LABS portal access and sending of the results?

R32   The successful respondent will need to partner with IDT to build a security plan that meets Government's security standard.

Q33   Appendix D, Section 1: How many "other" Stakeholder Groups are there?

R33   One – the cruise industry.

Q34   Appendix D, Section 1: How many Physicians will need access and log ins?

R34   About 250.

Q35   Appendix D, Part 2 - Travel Authorization System - Part 2.a: What are the formats accepted for a "upload" of PCR Test?

R35   Formats include PDF, jpg, gif, and png.

Q36   Appendix D, Part 2 - Travel Authorization System - Part 2.c: Please provide the Bank you are using, along with the Gateway and Processor, including all documentation on integration method and set up. Specify which integration method will be selected and programming language to be used.

R36   We are flexible regarding integration methods and language to be used as long as it integrates with HSBC.

Q37   Specify all reporting required by the software to enable reconcillation of payments.

R37   This will have to be determined after consultation with the Accountant General.

Q38   Specify how refunds/voids will be processed.

R38   This will have to be determined after consultation with the Accountant General.

Q39   Part 2.d Will require full technical specification for integration into the Government E1 system.

R39   This information will be provided to the successful respondent.

Q40   Part 2. f What is the process and requirements for a rejected Travel Authorizations.

R40   Traveler to be notified via email.

Q41   Part 6. b Believe this pricing maybe wrong. Is there a requirement to change the pricing in the software?

R41   The pricing quoted in the RFQ was the original pricing. The pricing currently in the vendor solution is the correct pricing.

Q42   Part 7 a. Require a copy of traveler testing regime set out in the Quarantine (COVID-19) (No.3) Order 2020 – need a copy of this Order.

R42   The Order can be located at:
        http://www.bermudalaws.bm/laws/Annual%20Laws/2020/Statutory%20Instruments/
        Quarantine%20(COVID-19)%20(No.%203)%20Order%202020.pdf

Q43   Part 8 How many VIP operators are there, how many other Labs are being used, will require a full specification of how this module would work within the existing framework and does it comply with the Quarantine Order 2020 – and how does it impact Security and Privacy requirements.

R43   There are currently three VIP operators and three Labs. The currently operational module meets the Quarantine Order requirements. See Q32 regarding Security and Privacy.

Q44   Part 3 1.2 - How many custom fields, this area seems very incomplete to be able to track and administer vaccinations. I.e.: phone number, preexisting conditions, occupation.

R44   Fields in Part 3 (1) are those that need extra validation to identify the patient. For a full list of fields, go to the current public form at vaccine.resqwest.com/web.

Q45   Part 3 2.a What is the format that existing registrations will be provided in, as well as how many data fields will need to be imported. Will the file be certified as clean data, and a one-time import? What is the total count of all records to be imported?

R45   There are about 20,000 records to be imported. For formats see the link vaccine.resqwest.com/web.

Q46   Part 3.3 Define the auto-assign algorithm that is currently in use and define how it will change and be implemented over the life of the contract. Ie, once all 80+ are vaccinated.

R46   Prioritization will not be required in Phase 3 of the vaccine allocation strategy.

Q47   Part 3.11 How many Physicians will be allowed to Administer vaccines and will access differ from the COVID-19 Testing portal for Physicians.

R47   This policy has yet to be developed.

Q48   Part 3.14 Will need further definitions on requirements. How to load in Inventory, lot #, shelf life, will need to tie into Vaccinated indicators, how to handle different shelf-life vaccines, 1 dose vs 2 dose vaccines, distribution to vaccination locations, Physicians office. This is an overly complex module and we would request further specifications.

R48   Full specifications will be provided to the successful respondent.

Q49   Will there be a VIP option or Pharmacy site locations for Vaccination?

R49   There is no current plan for this.

Q50   Operational and Technical Support Section - How many staff are there to train?

R50   250 to 300

Q51   Operational and Technical Support Section - Will require all technical specifications on integration details to the online Government payment system, email etc. - this area needs expansion and technical details regarding integration.

R51   Technical specifications will be provided to the successful respondent after consultation with the Accountant General.

Q52   Insurance - Is there a requirement for Errors and Omissions Insurance, and what amount of coverage is required? What is the amount of coverage required for all other insurance?

R52   None required.

Q53   What are the Privacy and Security requirements according to Bermuda Law and Ministry of Health regarding patient data and access of data?

R53   See Q32 regarding Security and Privacy.

Q54   By Cloud based we assume that that the solution would NOT be hosted at Min of Health/Govt of Bermuda On Premises but would be hosted on cloud like Amazon Web Services/ Azure Cloud or some other data center in Bermuda where it can be hosted. Please confirm.

R54   Confirmed.

Regarding: A public-facing test booking calendar system allowing residents to pick dates and times for their COVID-19 test. The Department of Health staff would maintain availability in the calendar.

Q55   We assume that this would be a sub portal which would be linked to Min of Health or Govt of Bermuda Website. Please confirm.

R55   It can be an external vendor link, which we point people to on a Government page.

Q56   When public/citizens will come to this sub portal to schedule the test we assume that they do not have to register themselves/Signup or login, they can simply schedule their test without login. Please confirm.

R56   Confirmed.

Q57   This sub portal would be integrated with Department of Health calendar so that as the Department user changes the calendar it would get reflected on this sub portal. Please confirm.

R57   Confirmed.

Regarding: When those tests are processed and results are available, update the test results.

Q58   The results are to be manually updated in the proposed solution by the department user or the expectation is that results will be automatically updated in the proposed system via integration with the medical system (if any) in which test results are captured.

R58   The labs would need a login to manually enter test results. Being able to enter test results for multiple "pools" of patients at a time is important.

Regarding: Applications are vetted by the Department of Health COVID hotline team to check on the validity of pre-arrival test uploads. The Department of Health team has the ability to view the uploaded test result, approve or reject the application.

Q59   Please confirm if the vetting of application of travel authorization system will be done on a Business Process Management Workflow based system (has process routing/modelling, forms builder, rules engine, dashboards).

R59   That would be an acceptable way to build this feature.

Regarding: Applications are automatically approved, but anyone who uploads a test will have it vetted by the Department of Health COVID hotline team to check on pre-arrival test uploads' validity.

Q60   Please confirm if the vetting of application of travel authorization system will be done on a Business Process Management Workflow based system (has process routing/modelling, forms builder, rules engine, dashboards).

R60   That would be an acceptable way to build this feature.

Regarding: Expand the lab portal to have features allowing travellers coming to Bermuda to apply for a travel authorization.

Q61   When Travelers coming to Bermuda, will come to this sub portal to submit documents and fill the authorization form and make fees payment, we assume that they do not have to register themselves/Signup or login. Please confirm.

R61   The travel authorization form is essentially the registration process that creates a client record for the traveller, against which subsequest traveller tests are booked.

Q62   Please confirm if the vetting of application of travel authorization system will be done on a Business Process Management Workflow based system (has process routing/modelling, forms builder, rules engine, dashboards)

R62   That would be an acceptable way to build this feature.

Regarding: Fully integrate the system with other Government systems such as to allow online payments etc. and linkages to email systems.

Q63   Please share list and use case of all other government & other third party systems with which the proposed solution needs to be integrated.

R63   A vaccine passport credentialing application which has yet to be selected. Please make sure there are interfacing capabilities that follow dominant standards (like HL7) in your system to allow this future application to access vaccination records.

Q64   Please provide number of full time and part time user count i.e. the internal department of health employees/users who would use the solution. Part time user is allowed access of system for up to 20 hours each month. Full time user does not have such restriction. Except time restriction, there is no difference in solution features and functionality available to full time and part time users, subject to assigned privileges and rights.

R64   Total number of users will be 250 to300.

Q65   Given the current Covid scenario & travel restrictions, please suggest if we should share implementation costing on the assumption that the implementation would happen remotely?

R65   Costing is required as part of RFQ.

Q66   Is there a requirement of document migration into the proposed solution?

R66   Yes.

Q67   If yes, please provide the volume and the type of documents that needs to be migrated/converted from the existing application to the proposed solution.

R67   About 20,000 records need to be migrated.

Q68   Please provide clarity about the number of environments e.g. Development, UAT, Production, DR etc. which need to be considered as part of current project scope.

R68   DEV, UAT, Prod.

Q69   Do you need High Availability for the proposed solution? Please confirm.

R69   Yes, high availability is required.

Q70   Please confirm the number & complexity type of workflows required to be automated by the solution. If you can share process flow diagrams or process chart & forms used in these workflows, that would be helpful.

R70   These are constantly evolving. We would share this information with the successful respondent.

END OF ADDENDUM #1