

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
RFP 7 - 2021**

**Reminders:**

- 1. THE CITY WILL ALLOW FOLLOW UP QUESTIONS UNTIL: February 2, 2021**
- 2. PROPOSAL SUBMISSIONS DUE: February 9, 2021 at 12PM PST**
- 3. LAST DAY TO SUBMIT EQUESTIONS: January 28, 2021 (Completed)**
- 4. Proposal Submissions shall be delivered with tracking to:**  
Joanna Li  
Department of Public Health  
Office of Contract Management and Compliance  
101 Grove St. Rm 410  
San Francisco, CA 94102

**5. IMPORTANT NOTE – PLEASE READ**

Proposers are advised that the City is currently negotiating an emergency contract with Prime Bio/Primary Health ("Emergency Contract(or)") for the COVID-19 IT scheduling/registration/reporting /call center platform. The Emergency Contractor's contact information is:

**Sunshine Moore | SVP, External Affairs & Business Development  
916.996.2376 (PST) | sunshine@primary.health | primary.health**

The City may provide the highest-ranking proposer(s) an option to accept an assignment of the Emergency Contract. An assignment is NOT mandatory. Any increased cost to the Proposer based on acceptance of the assignment will be passed on to the City at no cost to the Proposer.

The City will continue to score Proposers as stated in the RFP (based on the burdened blended vaccine rate). Scoring will NOT be based on Proposer's use of the Emergency Contractor unless the Proposer identifies the Emergency Contractor as its designated platform/subcontractor in the proposal.

**E-Questions and Answers:**

- Q1. I see the reference to more details about the proposal in section II and instructions in Section VI "Submission Proposals" however I can't seem to locate where any of the sections are. Am I missing something? Can you point me in the right direction to view the sections that contain more details and instructions?
- A1. The RFP is available for download on The San Francisco Department of Public Health Contracts Website: <https://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>. Please download and review all documents. Inside the PDF file titled "RFP072021", Section II starts on Page 2, and Section VI starts on Page 19.

### **Proposal Due Date and Location to Submit**

Proposals must be received by 12:00 p.m., on 02/09/2021. Proposals that are submitted by fax or email will NOT be accepted. Postmarks will not be considered in judging the timeliness of submissions. Proposals may be delivered in person or mailed to:

Joanna Li  
San Francisco Department of Public Health  
Office of Contracts Management  
101 Grove St. Rm. 410  
San Francisco, CA 94102  
joanna.li@sfdph.org  
Phone (415) 554-2818; FAX (415) 554-2555

- Q2. Is DPH willing and able to consider vendors who bid on only some elements of the end-to-end vaccination service work threads? Or will DPH only consider those vendors who provide a qualified response to all of the work thread elements? For example:  
Will DPH consider a firm that proposes services for Work Thread 1 only?  
Will DPH consider a firm that proposes services for some but not all elements of Work Thread 2?
- A2. The RFP is for an end-to-end solution provider that will provide all work threads. Proposers may partner with firms to achieve the requested end-to-end solution. Regarding specific work threads, specifically work thread #2, Proposers are hereby advised that DPH may opt to use the State of California screening, registration, scheduling and reporting platform or another similar platform. Firms are still required to submit an end-to-end proposal which fully responds to the requirements of work thread 2. If the State or another platform is chosen you will be required to use that platform as directed by the City, and your proposed platform for work thread #2 will be considered a backup.
- Q3. Due to our organization being located in Orange County. Will this affect the application process, being your located in SF? Please advise.
- A3. The RFP is for an end-to-end solution provider that will provide all work threads. Proposers may partner with firms in the Bay Area to achieve specific work threads, in order to complete all pieces of an end-to-end solution.
- Q4. My questions is if SFDPH would find it beneficial to have an agency respond to just one of the work threads (Staffing) and allowing for other contractors to fulfill the other work threads?
- A4. At the present time, to minimize the administrative burden of managing multiple contracts for this effort, the City is looking for a single end-to-end provider that will manage the whole engagement.
- Q5. Also, is it possible to have an extension on the deadline?
- A5. Due to the emergent need an extension to the deadline is not currently planned.
- Q6. Proposer must implement all necessary work for each of the four Work Threads so that the Project can successfully Go-Live on within one week after contract award.

Question: Would you consider making this 10-14 days to allow for more planning and better execution of the vaccination site.

- A6. The City can consider adjusting dates, depending on the specifics of the emergency situation at the then present time. Please be reminded that these services are still in response to the emergency still in effect in San Francisco, so time is of the essence in the delivery of all COVID-19 services and the stated response times are what the City, at the present time, deems necessary to ensure an effective response to the pandemic.
- Q7. Any delay to the Go-Live date will result in Liquidated Damages assessed against the Contractor as provided in Article 3 of the Agreement. Question: What are the anticipated damages of a delayed Go-Live date? What cost would be incurred in relation to a delay?
- A7. Cost may be varied for the City and all potential costs cannot be anticipated. For example, if the City incurred a holding cost for a Vaccine location and the provider was not ready to begin work the City would expect the contractor to pay Liquidated Damages if the contractor was at fault.
- Q8. Work Thread 1: Staffing & On-Site Management  
5. Language translation services including Spanish, Chinese, Filipino, Korean, Russian, Vietnamese, and Arabic.  
Question: Are we expected to have on-site translators for all these languages or can this be staffed by an off-site service?
- A8. See answer to Question #20
- Q9. IV. Minimum Qualifications: Provide successful services to a customer within the last ninety (90) days for similar services as requested under this RFP. Similar services shall be considered as coordination, provision or administration of public health events including vaccination, testing, or other outreach services. Question: If submitting with a team can one of the team members meet this qualification or do all team members need to provide?
- A9. The experience of team members may be used to meet this requirement.
- Q10. Mandatory Insurance Requirements  
Question: The is a proposer able to be awarded this contract while applications for some of these polices are being processed? With the understanding that they cannot begin any work until the certificates of insurance have been delivered.
- A10. Yes.
- Q11. Will our Clinic location automatically be placed on a portal or website for the community to sign up and be vaccinated? Will there be a guide that gives instructions on the next steps to those vaccines that were not used?
- A11. The services are for an end-to-end solution provider. Meaning the selected contractor needs to be able to provide all work threads in the RFP. The vaccine locations will be publicized. A reminder the City intends to use the provider (s) to run multiple vaccination sites that are based in the community. These sites may be consider "mobile" and would be stood up, service performed and then taken down as directed by the City.
- Q12. Can we get an extension?
- A12. See answer to Question #5

- Q13. I assume delays to the go-live date that are due to extenuating circumstances or out of the contractor's control (e.g., insufficient vaccine supply provided by the state) will not be held against the contractor?
- A13. That is correct. Delays which are not the fault of the contractor or its sub-contractors are not held against the contractor. The selected contractor and its subcontractor will be held accountable for delays that are their fault.
- Q14. Plans to use <https://myturn.ca.gov/> when it is rolled out state-wide (in February or later)?
- A14. Correct. Please see the answer to question #2. Proposer must still provide the requirements in work thread #2 which may be used as a backup at the city's discretion if the City decides to use the state platform or another platform.
- Q15. Please clarify what 'registration assistance' for walk-in patients without appointments entails?
- A15. If a site is accepting walk-in patients, the selected contractor must provide assistance to patients in registering for a walk-in appointment. This includes technical assistance if the site is using electronic registration.
- Q16. Will the contact tracers that will have user roles be employed with the city or a private vendor – and what functionality will they need?
- A16. Contact tracers that are City employees acting as Disaster Services Workers or performing services as part of their normal duties will remain City employees and will not be under the supervision or direction of any contractor.
- Q17. Can one medical director oversee multiple sites?
- A17. Yes. Proposers can propose a specific service model and the review panel will review it.
- Q18. What is the guidance, if any, regarding engagement of volunteer labor for medical and non-medical roles contained in this RFP?
- A18. Volunteer labor is allowed. Please note, all labor that is engaged for this service must be qualified to do the work for which they are assigned. For positions that need licensed or trained clinical roles those individuals must have the proper licensure or clinical skills. Supervision and responsibility for all contractor labor resources provided under the prime contractor shall be the responsibility of the prime contractor.
- Q19. What, if any, is the appropriate forum for making a request for review and revision of subcontractor insurance requirements? E.g., the requirement for \$20M Cyber and Privacy insurance coverage, if the subcontractor's SOW does not include handling of any private or sensitive data.
- A19. During contract negotiations the Risk Mangers office for the City will review the final insurance reequipments. Please note, that due to the end-to-end nature of the requested services, the selected contractor will have access to Protected Health Information (PHI) which is why there is a requirement for Cyber coverage. Since the City seeks to have one contract, for all services the proposed subcontractors should have insurance levels that are commensurate with the risk for the services they are performing, such coverage typically flows up to the Prime, which will be in privity of contract with the City.

At the present time, the amount of PHI that will be handled by the selected contractor is not yet know and if the City determines that access to PHI is less than thought, the City will

consider a lower coverage amount, however if the volume of PHI increases as more vaccinations occurs the selected contractor will be required to obtain additional insurance.

Q20. Do translators need to be onsite at all times or can they be on-call? Can they be remote via phone/video? Will we know in advance when translation services will be required?

A20. The selected contractor must always have access to remote interpreter services at a site. Further, at the request of the City, and depending on the vaccination site, the contractor must be able to staff onsite, in person interpreters. The City will work with the selected contractor to determine appropriate interpreter staff prior to the deployment to any vaccination site. On-call interpreters may be applicable for certain situations at the sole discretion of the City.

#### **FOLLOW UP QUESTIONS RECEIVED AS THE DUE DATE:**

Q21. Is the vendor responsible to store the vaccines? Or will the City and County of San Francisco store the vaccines in a warehouse or a central location? Will the City and County of San Francisco transport the vaccines to each Vaccination Site? Could you expound on Work Thread 3 Vaccine Management on what is the responsibility of the Vendor when it comes to storing the vaccines? Is the Vendor responsible to have a refrigerator to store the vaccines at each active Vaccination Site?

A21. For clarity the, response to this question has been broken out by each question.

Q22. Is the vendor responsible to store the vaccines?

A22. Yes, Once City transfers custody and control of vaccines to Vendor, Vendor is responsible for on-site storage, please see Section D, Item 1.3, Work Thread 3 Vaccine Administration.

Q23. Will the City and County of San Francisco store the vaccines in a warehouse or a central location?

A23. Yes, Until the City surrenders custody and control to the proposer, The City will provide offsite storage.

Q24. Will the City and County of San Francisco transport the vaccines to each Vaccination Site?

A24. Yes, unless vendor has vaccine transport capabilities.

Q25. Could you expound on Work Thread 3 Vaccine Management on what is the responsibility of the Vendor when it comes to storing the vaccines?

A25. Once City transfers custody and control of vaccines to Vendor, Vendor is responsible for on-site storage, please see Section D, Item 1.3, Work Thread 3 Vaccine Administration.

Q26. Is the Vendor responsible to have a refrigerator to store the vaccines at each active Vaccination Site?

A26. No, the vendor is not responsible to have a pharmaceutical refrigerator to store the vaccines at the vaccination site. City and County of San Francisco will provide vaccine storage equipment during the vaccination event. The Vendor is responsible for ensuring the vaccine stays within the safe temperature range, and documenting vaccine temperature. Vendor should also assume responsibility for providing a generator if site electricity is not available.

- Q27. What is the anticipated date for the City to finalize the negotiation with Primary Health? Should the negotiation become an agreement, what is the target date of the rollout for the Registration/Scheduling/Reporting/Call Center platform?
- A27. There is no anticipated date at the present time to finalize the negotiation with Primary Health on the emergency contract, and there is no target date for the rollout of the Registration/Scheduling/Reporting/Call Center platform on the emergency contract at the present time. Connection requirements can be found at:  
[https://cairweb.org/docs/CAIR2\\_HL7v2.5.1DataExchangeSpecs.pdf](https://cairweb.org/docs/CAIR2_HL7v2.5.1DataExchangeSpecs.pdf)

- Q28. Is the City considering using myturn.ca.gov? Is there a contact for myturn.ca.gov platform? The State's requirements for use of the State's myturn system are fluid. Currently, it appears that Proposers may be required to use some or all components of the State's myturn system and must be capable of connecting to/interfaces with some or all components of the State's myturn system.

As stated in the answer to question #2, "...Proposers are hereby advised that DPH may opt to use the State of California screening, registration, scheduling and reporting platform or another similar platform. Firms are still required to submit an end-to-end proposal which fully responds to the requirements of work thread 2. If the State or another platform is chosen you will be required to use that platform as directed by the City, and your proposed platform for work thread #2 will be considered a backup."

We do not have a contact for the State application.

A reminder to all proposers: Proposers must propose an end-to-end solution that fully responds to the requirements of work thread #2. If the City selects a screening, registration, scheduling and reporting platform, different from the platform proposed in your proposal, the selected vendors will be required to use the platform selected by the City. To that end, proposers may 1) optionally agree to an assignment of the emergency contract with City negotiates with Primary Health (if and when approved), 2) use the State platform or other platform. If the City selects an alternate screening, registration, scheduling and reporting platform, the selected proposers proposed platform will be considered a backup solution.