

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE J	PAGE OF PAGES 1 5
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 21-Sep-2010	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO.(If applicable)
6. ISSUED BY USA MED RESEARCH ACQ ACTIVITY 820 CHANDLER ST FORT DETRICK MD 21702-5014	CODE W81XWH	7. ADMINISTERED BY (If other than item 6) See Item 6		
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)		X	9A. AMENDMENT OF SOLICITATION NO. W81XWH-10-R-0141	
		X	9B. DATED (SEE ITEM 11) 14-Sep-2010	
			10A. MOD. OF CONTRACT/ORDER NO.	
			10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If required)				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).				
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
D. OTHER (Specify type of modification and authority)				
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) a. This amendment is issued to answer questions submitted in response to the solicitation.				
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
		TEL:	EMAIL:	
15B. CONTRACTOR/OFFEROR _____ (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY _____ (Signature of Contracting Officer)		16C. DATE SIGNED 21-Sep-2010

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION SF 30 - BLOCK 14 CONTINUATION PAGE

The following have been added by full text:

ANSWERS TO QUESTIONS

1. Who is the incumbent?

Answer: There is no incumbent for this requirement.

2. What is the phase in period for the transition from the incumbent to the successful offeror? What specific information and data is going to be provided from the incumbent or current developer to the successful offeror? Will the government facilitate the transition to ensure that the successful offeror has the required materials and information in order to provide the required deliverables within 60 days?

Answer: Not Applicable. See answer above.

3. What is the dollar value of the current contract?

Answer: Not Applicable. See answer above.

4. Please confirm how many contractor personnel support this effort currently.

Answer: Not Applicable. See answer above.

5. Please verify the current number of active users of mCare.

Answer: The current number of active users of mCare can be broken into two categories. There are approximately 200 active mCare users from the provider side, which is accessed via a web portal, and not by a cell phone interface. There are approximately 490 active cell phone users, or patients in the mCare system to date.

6. Is an internal help desk maintained for mCare and is that part of this effort?

Answer: The help desk for mCare is a government led function. Vendor provides secondary help desk support in a non-emergent basis for difficult technical questions, but is not required to engage the cell phone users directly, only the government team.

7. Is a security clearance required for contractor personnel? If so, what level?

Answer: The mCare project does not require personnel to have a Secret or Top Secret security clearance, as we are not asking for staffing support with this PWS. However all vendors working with the government should comply with the stipulations outlined in the solicitation/final award in terms of vendor registrations/background information.

8. Please describe the current infrastructure being used for this capability.

Answer: The infrastructure involved in the mCare system consists of a secure website interface for the healthcare providers to author and schedule messages. This website directly engages a SQL database and a patented, proprietary cell phone "vault" appliance that stores all the PHI and PII information and directly connects to the patient's cell phone over one of the 4 major wireless carriers within CONUS.

9. Could the government please provide the current architecture and available documentation of the infrastructure?

Answer: The mCare infrastructure is described in the response to question 8. Detailed documentation would be available post award, to the extent that the government has access to the system elements. The vault appliance, however is a COTS product that is patent protected, and that information is only available to the patent holder and their authorized value-added resellers.

10. Is mCare residing on a server at Ft. Detrick or at a vendor location? If not at Ft. Detrick, where is it located?

Answer. The mCare process for all users involves a web interface for healthcare providers that allows them to author and schedule messages to be sent to patient's personal cell phones. The mCare system then leverages a patented, COTS vault appliance to communicate with the patient's personal cell phones (either feature or smart phone) for bi-directional messaging. Alerts to notify the patients of new information are reinforced with SMS messages through a commercial SMS aggregator.

11. Please explain the mCare access process for all users?

Answer. The type of information exchanged to and from the patient's phone is broad in nature, but currently categorized by the government's mCare team as: Announcements, Health & Wellness Tips, Appointment Reminders and Multi-part Questionnaires. There are unidirectional exchanges that include comprehensive transition plan goals, care team contact information, websites etc.

12. What type of data (appointment only, status?, actual medical data, etc) is allowed to be provided via texting?

Answer. The type of information exchanged to and from the patient's phone is broad in nature, but currently categorized by the government's mCare team as: Announcements, Health & Wellness Tips, Appointment Reminders and Multi-part Questionnaires. There are unidirectional exchanges that include comprehensive transition plan goals, care team contact information, websites etc.

13. What mobile devices/versions are currently supported by mobile applications (iPhone – which versions, BlackBerry Curve, etc)?

Answer. There are hundreds of mobile devices supported by mCare at this time. More specifically, the phone operating systems supported by mCare include Brew, Java, Windows Mobile, Blackberry, Android, Apple iPhone. At this time Palm and Web OS are the only two phone operating systems commercially available that are not supported by mCare.

14. 4.0(a): We understand that updates to the application will reside both on the server as well as the respected mobile device specific applications:

- What are the high level overview of changes to take place?
- What language is the current server application written in/platform?
- Will all original code be made available to the successful offeror for server and all targeted devices?

Answer. Part 1. The high level overview of the changes to take place are expansion and upgrade of existing features of the mCare architecture, and not a replacement of the existing system. This includes, for example, a more streamlined interface for the patients to input/report appointments from non military treatment centers to their case managers via their cell phone, but it not limited in scope to only that action. The exact changes will be determined at the time of the kick-off meeting, based on the analysis of the pilot user feedback.

Part 2. The languages that the system are written in vary, but include .NET, SOAP and include a number of SQL stored procedures.

Part 3. The awardee will be given access to a development portal for providing updated code to the mCare system, however any solicitations should be made by vendors who are authorized Value-Added Resellers of the patented vault application that is included as part of the mCare system, so they would have access to the code through their VAR, rather than obtaining that from the government.

15. 4.0(b): Expanding the existing "Army bi-directional secure messaging system" to a "secure SMS based transaction" will be initiated in one of 2 ways – 1) the system sends patient alert, the patient must respond with predetermined password before alert details are sent, once sent and verified message correspondence is then received for a predetermined amount of time. OR 1) Patient pings server with predetermined number and user password in body of text, this triggers the server to send any new notifications or alerts, if none are available then a "no new updates" message will be sent. IMPORTANT: this implementation will be primarily to service "dumb phones" or non-smartphone devices – is this correct understanding of this section?

Answer. The secure SMS based transaction outlined in the PWS is not limited to feature (non-smart phones)- but is rather intended to provide an option to patients who have elected not to enroll in a data plan with either their smart phone or feature phone. This encrypted transmission would leverage SMS instead of data channels, but only be recognized by the mCare application on the phone to un-encrypt it and present it to the patient for viewing. The response from the patient to the care team member would work in the same manner. The time sequences for the delivery of the message would be set by the healthcare team via the mCare website (this already exists in the system) and the response from the patient would be predicated on the patient's convenience. However, the system would alert the patient when new information was available, they would not have to remember to open the application at a specific time.

16. 4.0(d): What is the predetermined list of "expanded devices" to be targeted on Tier 1 and Tier 2 Wireless carriers? Also, will the successful execution of "4.0 b" meet this requirement?

Answer. The additional cell phone devices is dictated by potential enrollees in mCare and market demands. The government team collects data of phone types that have been requested and are not yet available and would work with the vendor at specific intervals (quarterly) to determine if the demand would warrant initiation of a certification for that specific device. All phone devices involved in the mCare system are based on patient requirements and are not pre-determined.

17. 4.0(f): Will enhancing the system to keep record of the amount of messaging that takes place between the application and the patient better help determine the patient wireless services costs – for instance if the patient receives/responds to total of 20 messages and each message costs \$0.10 then the patient will have \$2.00 of reimbursement? Or is this measured in data?

Answer. The reimbursement for patients for their wireless expenses intent is to provide unlimited SMS and data calling plans for that time frame at a fixed cost for a fixed number of phone users for a 9 month period of time. It would not be measured by message traffic retrospectively.

18. 14.0 PERSONNEL QUALIFICATIONS a (1): "Authorized to expand and enhance the existing bi-directional secure messaging system (mCare) without violating any COTS patent or licensure agreements." What is the current COTS product and who is the vendor providing it?

Answer, The initial contract aware to establish the mCare infrastructure was provided to the government by AllOne Health, Inc. They provided a solution that included licensure of a proprietary vault and mobile solution that is still available commercially, although AllOne Health is no longer providing additional licensure for this solution.

19. 14.0 PERSONNEL QUALIFICATIONS a (2): "Experience in successfully obtaining approval to operate the application over Tier 1 and Tier 2 wireless networks in CONUS." Which specific Tier 1 and Tier 2 networks?

Answer. Tier 1 networks include all CONUS based Tier 1 providers (AT&T, Sprint, T-Mobile and Verizon). The Tier 2 providers would be determined by the same needs assessment as mentioned in the response to question 16. Regional (Tier 2) carriers that have been requested in the past have varied –but would likely be focused on states east of the Mississippi river initially.

20. CLIN 0008 Expanded Device Purchase Plan: "10 new devices for Tier 1 carriers." Which 10 specific devices?

Answer. See response 16 – the 10 devices would be determined by the government and the vendor based on results of needs assessments.

21. CLIN 0008 Expanded Device Purchase Plan: "10 new devices for Tier 2 carriers." Which 10 specific devices?

Answer. See response 16 & 19 – the devices under the tier 2 providers would be determined by the results of needs assessments.

22. CLIN 0012 mCare Support Services: "Data Plan Reimbursement." For how many users?

Answer. Data plan reimbursement would be for up to 400 users for 9 months with unlimited SMS and data services.

23. CLIN 0013 mCare Support Services: "Device Anywhere Account Access." For how many users?
Answer. Less than 10 Device Anywhere accounts would be required. Base quote on 10.

24. Before award of the contract would it be possible to receive a demo activation code and pin so that we can evaluate the current design layout and functionality on each device specific application?

Answer. No. Granting a device activation code and pin would not be helpful as there would be no data (appointments, messages) and ergo no menus in the resulting view unless you are an actual patient.

25. In section 4.0 TASKS item 1, is the requirement to upgrade existing software in place, or is a new secure delivery mechanism comprehended?

Answer. The requirement is to upgrade an existing system. No new security delivery mechanism is required or desired with this solicitation.

26. -What are the types of mobile devices for patients that need to be supported?

Answer. They types of mobile devices for patients that are currently supported include Brew, Java, Windows Mobile, Blackberry, Android and Apple iPhones. There are hundreds of specific phone models supported throughout these operating systems.

27. Item 4 suggests "expanded devices on Tier 1 and Tier 2 carriers", is there a list of these devices?

Answer. The mobile devices to be expanded to will be based on end user needs analysis throughout the period of performance, based on the dynamic nature of the mobile phone commercial market place. A predetermined list can not be provided at this time.

28. - How many users are utilizing the existing bi-directional secure messaging system?

Answer. At this time over 400 users are leveraging the system for cell phone communications. The existing system however, has a capacity greater than 10,000 users.

(End of Summary of Changes)