

COVID Vaccine RFP Questions and Answers

1. Do you know where we could find a breakdown of the population size of the age bands to be vaccinated by HSA?

Answer: Please see [Vermont Population Estimates | Vermont Department of Health \(healthvermont.gov\)](#)

2. Are we able to apply to provide vaccination clinics in our service area- or must we commit to the entire state?

Answer: Bidders can make proposals on a regional (i.e., not state-wide) basis. The State's main goal is to support the broader state-wide vaccination efforts in the State with the assistance of outside vendor(s), which may mean working with a group of vendors to provide access to vaccine administration across the state. Bidders should include proposed schedules for the first six weeks of clinics, including dates, times and locations of clinics for both first and second doses of vaccine.

3. Who is tracking the patient for the second dose?

Answer: It will be the responsibility of the vendor to ensure a protocol for providing second doses, for example scheduling second dose appointments at the time that first doses are administered. The State's registration system will be used to schedule individuals' first and second doses. The State's preference is that bidders use the State's existing Salesforce-based TVRS registration system. Bidders must be able to submit data to the Vermont Immunization Registry. Any system a bidder proposes must also be able to similarly share data in a seamless and timely manner.

4. Are there standardized forms used for gathering data?

Answer: The State requires the collection of specific types of data. Bidders must be able to submit specified elements to systems such as the Vermont Immunization Registry.

5. What registries are we required to report to and what is the time frame required for each registry?

Answer: Please see Section 3.5 of the RFP. The State's registration system provides data to the federal Vaccine Administration Management System (VAMS) and the State's immunization registry. Any bidder proposing an alternative registration or reporting system must be able to report to the state systems on the same timeline and meeting the same standards as Section 3.5. Please see the response to Question 45, below.

6. Can you charge for the ppe?

Answer: The bidder's proposal should include any and all costs the bidder wishes the State to consider.

7. The requested costs please clarify what this would or could include, is the cost of the vaccine factored out of this?

Answer: All proposals should be comprehensive in scope and include any and all costs the bidder wishes the State to consider. COVID-19 vaccines will be procured and distributed at no cost to enrolled COVID-19 vaccination providers.

8. Do individual primary care practices need to apply via the RFP if they want to be a community vaccination site (e.g. vaccinate their own patients or host a public clinic in their area)? What is the relationship between the vaccine clinics being provided via this RFP vs community providers such as primary care and pharmacy?

Answer: This RFP seeks proposals supporting state-wide vaccination efforts. A public or community vaccination site involves offering vaccine administration to more than a provider's patient panel, and requires use of the State's registration system (or a functionally similar system). Providers and other entities should submit proposals to be part of this state-wide effort, including proposed schedules for the first six weeks of clinics, with proposed dates, times and locations of clinics for both first and second doses of vaccine. Providers do not need to submit a proposal if they intend only to vaccinate their patients, in which case they should enroll in the vaccination program.

9. Do groups of providers in a community need to apply via the RFP if they want to work together to host local immunization clinics?

Answer: The State's goal in this RFP is to support the broader statewide vaccination effort. The State will review proposals offering regional solutions. Collaboration among providers and other coalitions are appropriate and encouraged.

10. Could there be any funding support for primary care practices that offer clinics if they don't apply via this RFP route? Like the flu clinics held this fall?

Answer: The focus of this RFP is on supporting community vaccination sites within the statewide vaccination effort. Please see the responses to Questions 8 & 9, above, for a description of community vaccination sites. While additional funding may become available to providers organizations who choose to vaccinate their patients in their practices, that support is not a component of this RFP.

11. Who can be vaccinated?

Using vaccine doses provided by VT, can the vaccine clinic [bidder] establishes under this RFP vaccinate individuals whose residence is beyond VT? If not, is there a recommendation on how to best to screen individuals – driver’s license, passport, or other legal form of ID indicating VT residency?

Similarly, [bidder’s] service area extends into [an adjacent county]. Can [bidder’s] regional vaccination clinic directed at vaccinating individuals within the Department of Health’s [local] District vaccinate individuals from [another county]? Again, is there a recommendation for determining county of residence?

With regards to those two questions, some non-official communications suggested we could use the doses provided by VT to vaccinate anyone who has received care from a physician or associate provider within the SVHC system, including vaccinating individuals from beyond VT and whose residence is outside the Bennington District. Is this correct?

Answer: Vaccines provided under this RFP can be made available to: (1) Anyone who works in Vermont, (2) anyone who receives care from a Vermont provider, and (3) Anyone who has lived in Vermont for at least the past six months or moved here within the last 6 months with the intention of becoming a resident.

As for scope of the proposal, bidders are invited to propose local clinics that cover the entire state or regions of the state, which could include covering multiple counties (e.g., the Northeast Kingdom or southern Vermont). Please see the response to Question 2, above.

12. Where will doses come from?

[Bidder] purchased ultracold freezers and has established a successful process for receiving vaccine doses directly from manufacturers (bypassing the VT Vaccine Depot) while communicating with state officials to maintain dose counts. This process allows maximum deployment of doses without risk of thaw or wastage. Would the proposed regional vaccination clinic be able to receive doses directly from manufacturers or would the clinic be required to obtain doses from the VT Vaccine Depot?

Answer: Delivery of vaccine would be coordinated by the State. The State would consider direct shipment to a vendor, taking into consideration minimum order quantities.

13. When will awards be notified?

When do you expect successful bids to be notified?

Answer: The State anticipates notifying bidders on or before the week of January 25th.

14. Other than the 1000-3000 registration-related calls per day listed in the requirement, are there other call types and volume of calls Bidders should plan to receive? (p. 5 of 48 Sec. 3.4.1.2)

Answer: The bulk of calls will be focused on scheduling appointments at vaccine clinics. There may be other general calls regarding vaccine, vaccine safety and side effects. The State will provide training materials for all these types of calls. Please see the response to Question 16, below.

15. There is a reference to Attachment 8.2 Price Schedule, but no attachment was included in the Bid Package. Please provide the missing attachment.

Answer: We apologize for the confusion. That language should have been deleted. We want the RFP responders to provide pricing in the format that works for them.

16. To ensure bidders are basing their solution and pricing on consistent assumptions, please provide the number of inbound and outbound calls bidders should assume they will receive/place on a daily, weekly, and monthly basis along with the average handle time. (p. 5 of 48 Sec. 3.4.1.2)

Answer: Based on anticipated call duration (8-10 minutes) and pace, it is assumed that call takers will handle approximately 50 incoming calls per day—callers may be asked to make outbound calls in response to voicemail messages, but this would be part of the same estimated call volume. This number is expected to ebb and flow based on time of day, day of the week, and on whether vacant appointments are available for registration. Bidders should propose staffing sufficient to meet the estimated volume, recognizing the State will need to shift staffing levels to respond as vaccine allocation shifts and call numbers fluctuate.

17. How will the State score overall proposals from bidders that respond to the entire scope of work vs bidders that respond to individual components? (p. 7 of 48 Sec. 4.8.1)

Answer: The State will evaluate proposals based on the criteria provided in the RFP.

18. What State or other 3rd party systems/software will call center staff be required to utilize? (p. 5 of 48 Sec. 3.4.1)

Answer: The State prefers vendors use the State-provided Salesforce TVRS system for registration and scheduling individual clinic visits and VAMS Systems for CRM. Please see the response to Question 5, above.

19. Will call center staff be responsible for registering individual citizens for vaccine appointments? (p. 5 of 48 Sec. 3.4.1)

Answer: Yes.

20. Please clarify the State's expectation regarding the vendor's provision of telephony, work force management, customer relationship management system, connectivity method to State systems, etc. (p. 5 of 48 Sec. 3.4.1)

Answer: Vendor is expected to provide its own telephony and workforce management systems. State prefers use of State provided Salesforce TVRS and VAMS Systems for CRM. Vendor would be responsible for connectivity in cases where State is not providing these registration and reporting systems.

21. (3.1.1.) To clarify, the state is looking for a "total" of five (5) vaccination clinics per week. Not five (5) vaccination clinics in each of the 12 districts per week, correct?

Answer: No. The State is looking for a bidder to provide up to five clinics in each of the 12 districts each week. The State may also consider a more regionalized approach that produces the same result of five clinics in each district every week through one or more successful bidder.

22. (5.6.) The state requires pricing information to be submitted in the Price Schedule attached to the RFP. However, a Price Schedule does not appear to be attached to the RFP. Please provide a Price Schedule or confirm offerors can provide pricing using their own format.

Answer: We apologize for the confusion. That language should have been deleted. We want the RFP responders to provide pricing in the format that works for them.

23. To clarify, contractors' responses are to comply with Sections 5, 7 and 8, correct?

Answer: Yes. Bidders should respond to all portions of the RFP applicable to their proposal.

24. Is there an RFP number attached to this solicitation?

Answer: No there is not.

25. Section 3 states that "The State of Vermont plans to administer 18,000 COVID-19 vaccinations to Vermonters each week, subject to vaccine supplies." However, Section 3.1.1 Local Vaccination Clinics states that "Contractor will provide up to five vaccine administration clinics per week in the 12 Vermont Department of Health Districts...Each vaccination clinic must demonstrate the throughput capacity of at least 300 vaccine doses per day, five times each week." This would translate to 90,000 vaccinations/week, not 18,000 vaccinations/week. Please clarify the minimum number of clinics in each district that the contractor will need to provide services.

Answer: The overall goal is 18,000 vaccinations, state-wide each week, assuring

minimal throughput at individual clinics, responsive to demand. Please see the response to Question 21, above.

26. Section 3.1.1.2 Vaccination Clinic Sites

- a. Please clarify that the contractor is responsible for identifying the geographic location as well as the physical facility for each clinic.
- b. Has the state already identified any potentially suitable locations?

Answer: Yes, the bidder is responsible for identifying locations and facilities. The State may assist in identifying and contacting facilities, as appropriate, and must approve locations to ensure sufficient statewide availability of vaccine clinics.

27. Section 3.1.1.2.1:

- c. Please clarify that the contractor will be expected to manage all aspects of subcontracting with potential clinic locations.

Answer: Yes, with the State's support.

28. Does the State of Vermont plan on distributing a specific brand of vaccine? Or will the approach be to distribute whichever vaccine brand is available?

Answer: Vaccine allocation will be based on availability and subject to change as additional vaccines are approved. The State is responsible for determining the allocation of vaccine.

29. The RFP package references a "Price Schedule" but I did not find one included. Can you please send for review?

Answer: This reference was in error. Please see the response to Question 15.

30. What is the estimated or approved project budget?

Answer: The budget will be based on scope of work and the breadth of the successful proposal(s).

31. Will project funds be allocated out of the State of Vermont's general fund or are the funds for this contract being provided by federal funding sources (CARES ACT, FEMA, etc.)

Answer: Currently, the project will be funded through a combination of state and federal funding sources. The State has not made a final determination on funding.

32. Does the state intend for the contractor to be the main broker for all vaccination distribution and administration across all partners and channels within Vermont?

Answer: The State will continue to determine allocation of vaccines and will handle some level of vaccine distribution. Bidders may propose providing logistical support for vaccine distribution for all vaccination partners or simply for the bidders' proposed services.

33. Will the contractor be required to distribute from state stockpile to hospitals and other community health partners?

Answer: Please see the response to Question 32, above.

34. Is this contract separate from hospital and community partner vaccination clinics?

Answer: As far as hospitals and community partner clinics providing vaccination for individuals in Phase 1A or organizations who are vaccinating their patients at within their practices, yes, this RFP is different. Hospitals and community partners may apply under this RFP to provide community vaccination sites. Please see the responses to Questions 8 & 9, above.

35. What is the anticipated “go live” date for having vaccination clinics open and ready to accept patients?

Answer: Vaccine clinics could begin as early as the week of February 1. Controlling factors include availability of vaccines, the current needs in the State and readiness of bidders. Bidders should include proposed schedules for the first six weeks of clinics, including dates, times and locations of clinics for both first and second doses of vaccine.

36. Will the state registration system be the front end for public facing scheduling? Or will the contractor be required to provide a registration system that feeds into the VDH system?

Answer: Yes, the State has a preference for bidders to use the existing registration system, providing business-side management for that system. Please see the response to Question 3, above.

37. Would the state be utilizing the same criteria as is used for mobile Covid-19 testing for mobile vaccination and if so, would the VDH or contractor be responsible for approving that modality of vaccine delivery? E.g., at risk populations that require in home vaccinations or mobile vaccination teams for indigent and incarcerated populations?

Answer: It is unclear from the context of the question what this meant by “same criteria” or “that modality.” Bidders should provide as comprehensive a proposal in response to the RFP as they are able, thoroughly and creatively responding to the State’s request. The specific manner of providing vaccine distribution to varying populations (e.g., mobile clinic, pop-up clinic, regular regional clinics) is up to the bidder, responding to the RFP’s requirements. From the State’s perspective, a “mobile clinic” could include providing individuals with at-home vaccinations or periodically visiting congregate settings like hotels currently housing individuals experiencing homelessness.

38. Will coverage for under/uninsured populations be built into the contract or billed separately?

Answer: The federal government has a program to provide fee-for-service reimbursement for the uninsured. Providers who are doing fee-for-service reimbursement should enroll in that program. Otherwise, any and all costs associated with the proposal should be included. Bidders can also include proposals on how costs will be billed to the State and under what circumstances.

39. What sort of lead time will VDH provide to contractor for the roll out of phase 2 scheduling?

Answer: Phase 2 scheduling will begin on the State's registration platform the week of January 25th. Bidders should plan on moving forward with additional scheduling as soon as possible.

40. Will site schedules be consistent or vary week to week? VDH will determine these, correct?

Answer: The State anticipates generating a reasonably consistent schedule for local community vaccination sites, but weekly schedules may vary depending on vaccine allocation and regional demand. The State will work with the vendor(s) to coordinate such schedules.

41. Will VDH and contractor partner in communication efforts to work towards statewide compliance and efforts to meet benchmarks put forth by the state?

Answer: Yes.

42. Does the state intend to adhere to 30 minutes or less drive time to any vaccination site?
a. We project that if the 30-minute drive time is required there will need to be a minimum of 21 vaccinations sites.

Answer: Yes, the 30-minute drive-time is the goal. The State has developed a list of targeted locations (i.e., towns).

43. Is the State looking for a single source contractor to manage and maintain all services outlined in the RFP?

Answer: The State would prefer a single source vendor for these services, but will consider bids that address specific elements of the RFP, or provide a region-specific response to the RFP or elements of the RFP. Please see the response to Question 2, above.

44. Are the 18,000 vaccinations per week the responsibility of the contractor or does that number represent the total number of vaccinations that will be performed across all

vaccination sites, state sponsored as well as those performed by hospitals and community partners?

Answer: The total number of vaccines is dependent on allocation. The goal of 18,000 vaccinations per week includes administration (where necessary) of both first and second vaccine doses.

45. What are the specifications for the state data reporting and booking systems?

Answer: Please see the responses to Questions 3 & 5, above, regarding registration. There are minimum reporting standards for data sharing by data transfer mechanism (for more information, see: [HL7 Implementation Guide](#) and third party reporting).

46. Is the state considering or planning “drive up” vaccination sites?

Answer: Yes, the State would consider drive up vaccination sites in a proposal.

47. Will the state accept Mid Level providers (Nurse Practitioner, Physician Assistant) for 3.1.4.2.?

Answer: Yes.