**Question 1.**

Section I: Summary of the Request for Proposal, Subsection B. Applicant Eligibility

We assume that based on the “Be based in the U.S” requirement, the use of Federal funding for this project, and the management of confidential and sensitive medical information that all work must be delivered in the United States and cannot be offshored outside of the United States. Please confirm.

**DOHMH Response: DOHMH expectation is United States based solution vendor: DOHMH is not responsible for vendor solution business practices that do not impact delivery and support during Eastern Standard Time Zone business hours of 9:00 am to 5:00 pm.**

**Question 2.**

Section I: Summary of the Request for Proposal, Subsection B. Applicant Eligibility

We assume that based on the “Be based in the U.S” requirement, the use of Federal funding for this project, and the management of confidential and sensitive medical information that that all contractors (including sub-contractors) supporting the project must be US citizens. Please confirm.

**DOHMH Response: DOHMH expectation is United States based solution vendor with company leadership residing in the United States. DOHMH is not responsible for solution vendor human resource practices and their administration. The solution vendor is expected to follow federal and local laws governed by company office location.**

**Question 3.**

May we visit the office in preparation for the RFP?

**DOHMH Response: No.**

**Question 4.**

Section I: Summary of the Request for Proposal, C. Anticipated Funding and Payment Structure, Paragraphs 1 and 2.

The RFP states “DOH will award up to $6,350,000 for a multi-year license and professional services to the selected contractor.” Can the government confirm that the $6,350,000 budget is inclusive of the base year and all optional years? Or is this budget just for the base year?

**DOHMH Response: The award includes professional services and multi-year licensure; ongoing professional services support and licensure maintenance is included for a five-year period.**

**Question 5.**

The RFP states "These rates will be provided for informational purposes only. DOHMH will only pay the contractor based on deliverables." In the attached pricing sheet, there is no area for deliverable based pricing. Would DOHMH prefer us to create an additional table with our proposed prices for the deliverables identified in the RFP?

**DOHMH Response: Yes.**

**Question 6.**

Section III: Format and Content of Proposal, A. Proposal Format Requirements

Is there a page number limit for the proposal submission?

**DOHMH Response: DOHMH anticipates a quality response to this request for proposal and has not established a page limit.**

**Question 7.**

The RFP States in the Additional Tasks section under Section 3. Implementation of a new solution “Expand and automate system to map RHIO data into the surveillance system” What RHIO’s are in scope for this project?

**DOHMH Response: Bronx RHIO and Healthix.**

**Question 8.**

Should the effort to integrate a RHIO into the new platform also be included in pricing estimates?

**DOHMH Response: Yes.**

**Question 9.**

Should we estimate/propose licensing costs for the first year of the contract only or should scalable pricing be provided for a multi-year period? Please provide agency preferences.

**DOHMH Response: Multi-year for five-year period.**

**Question 10.**

Would DOHMH consider granting an extension of one week to the proposal deadline?

**DOHMH Response: No.**

**Question** **11.**

Does lab users need access to the portal?

**DOHMH Response: The question is not understood by DOHMH.**

**Question 12**

Number of users in total and can define the persona(s), both external and internal?

**DOHMH Response: The level of detail requested in the question will be shared during requirements and design phases.**

**Question 13.**

Deliverable #7, Training

Can you provide some guidance on the approximate number of people who will need to be involved in both train-the-trainer and end-user sessions?

**DOHMH Response: The level of detail requested in the question will be shared during requirements and design phases.**

**Question 14.**

Section II: Scope of Services, B. Project Scope of Work, Staffing

The RFP explains that “The vendor will be required to assign a Project Manager to the project who will act as the main liaison with DOHMH and be fully engaged in day-to-day management of the project. The vendor’s project team will also include Business Analyst(s,) Solution Architect(s), Change Management Analyst/Trainer(s), and all other relevant technical resources. Estimated necessary technical resources will include developers, integration specialists to advise on workflow infrastructure, and a database administrator.”

Are all current staff members contractors under the incumbent vendor(s) or are some of the staff FTEs at DOHMH? If a mix, please provide a breakdown (counts) of incumbent contract labor versus DOHMH FTEs.

**DOHMH Response: The solution vendor is providing the scope of work staffing resources.**

**Question 15.**

Should all requirements stated on Page 3 of this RFP also be applied to Attachment B?

**DOHMH Response: No.**

**Question 16.**

Section I: Summary of the Request for Proposal, Subsection B. Applicant Eligibility

Based on the requirement “Be available to provide services remotely within the U.S. and visit the Health Department’s offices in New York City for in-person meetings as needed to accomplish the tasks required under the Scope of Work,” for offerors, what is the anticipated frequency and duration of visits expected during the period of performance?

**DOHMH Response: Ideal response or goal for onsite vendor participation includes an onsite presence for the Project Manager, Business Analyst and Technical Leads for Kick Off, requirements elicitation and design sessions, and throughout the implementation phase. DOHMH recognizes the continued challenges with an onsite presence and responds with the caveat that the Project Manager, Business Analyst and Technical Leads are expected to fully engage with a virtual presence until such opportunity for onsite presence is available.**

**Question 17.**

Is someone required continuously onsite at DOHMH’s central office, located at 42-09 28th Street, Long Island City, New York?

**DOHMH Response: Ideal response or goal for onsite vendor participation includes an onsite presence for the Project Manager, Business Analyst and Technical Leads for Kick Off, requirements elicitation and design sessions, and throughout the implementation phase. DOHMH recognizes the continued challenges with an onsite presence and responds with the caveat that the Project Manager, Business Analyst and Technical Leads are expected to fully engage with a virtual presence until such opportunity for a preferred onsite presence is presented.**

**Question 18.**

Contractor Assumptions

Is there a specified amount of onsite time required or is this up to the vendor to determine based on project needs?

**DOHMH Response: Ideal response or goal for onsite vendor participation includes an onsite presence for the Project Manager, Business Analyst and Technical Leads for Kick Off, requirements elicitation and design sessions, and throughout the implementation phase. DOHMH recognizes the continued challenges with an onsite presence and responds with the caveat that the Project Manager, Business Analyst and Technical Leads are expected to fully engage with a virtual presence until such opportunity for a preferred onsite presence is presented.**

**Question19.**

Section II: Scope of Services, A. Project Background, Paragraph 3

Who is the incumbent vendor(s) currently performing the same or similar Services as defined in this RFP?”

**DOHMH Response:** **EDRI 1.0 was internally designed and built by DOHMH.**

**Question 20.**

Who is the current vendor supporting the EDRI system?

**DOHMH Response: EDRI 1.0 is supported internally by DOHMH.**

**Question 21.**

Section II: Scope of Services, A. Project Background, Paragraph 3

Is the incumbent vendor(s) eligible to bid on this RFP?

**DOHMH Response: EDRI 1.0 was internally designed and built by DOHMH; a full replacement by a vendor solution is requested.**

**Question 22.**

On Page 11, under deliverable 10. Migration, there is a reference to the LIMS module. Should this be replaced with EDRI?

**DOHMH Response: No. EDRI 2.0 will integrate with the LIMS module.**

**Question 23.**

In the table on page 10, it appears 1 month is given for the integrations.   This seems to be a very short amount of time.  Is one month correct?

**DOHMH Response: The respondent can propose an alternate timeframe.**

**Question 24.**

Does DOHMH have a preferred implementation methodology (i.e., Agile, Waterfall, Hybrid, Etc.)?

**DOHMH Response: DOHMH utilizes all of the implementation methodologies outlined in the question. For planning purposes, a waterfall methodology framework will be used, with mutually identified and agreed upon use of alternative methodologies for discrete work packets.**

**Question 25.**

Do you have a preferred hosting provider?

**DOHMH Response: Azure is preferred hosting provider.**

**Question 26.**

General / Hosting

Is DOHMH planning to host the solution themselves or is it looking for vendor-provided hosting options?

**DOHMH Response: Vendor hosted solution with tenant.**

**Question 27.**

Does NYC DOHMH want a system that is centrally administered or one where each bureau is responsible for administering themselves?

**DOHMH Response: Centralized Information Technology control for support and change management activities: bureaus to control logic, data treatment decisions and role-based access authorization.**

**Question 28.**

Is there an existing data interchange facility for communicating with ERDI?

**DOHMH Response: The question is not understood by DOHMH.**

**Question 29.**

Will ERDI and the new system run concurrently?  If so, for how long?

**DOHMH Response: EDRI 2.0 will run in parallel with EDRI 1.0 for one to two months.**

**Question 30.**

Does the Citywide Immunization Registry (CIR) have an API, FIHR, or other data exchange protocol?

**DOHMH Response: Yes.**

**Question 31.**

Is there a single sign-on infrastructure in place?  If so, what kind of system is it?

**DOHMH Response: Yes; Azure Active Directory.**

**Question 32.**

Appendix B, FR-DF-021, FR-DF-026

Is there an existing provider master directory that we will be querying and updating or does this functionality need to be provided by the vendor solution?

**DOHMH Response: Yes; one Provider Directory currently exists, and a second Provider Directory is being built.**

**Question 33.**

Appendix B, FR-DF-027

Do you expect the vendor solution to provide its own independent master patient index to handle matching or to integrate with the existing Maven index?

**DOHMH Response: An MPI solution is being built; EDRI 2.0 will need to integrate with the MPI solution.**

**Question 34.**

Appendix B, FR-PW-005

Does the vendor solution need to maintain the list of “infants born to Hepatitis positive mothers” locally or just transmit this to Maven or other downstream consumers?

**DOHMH Response: The list will be stored in EDRI 2.0 and transmitted.**

**Question 35.**

Is there an existing disaster recovery program? Does the new system need to use the existing program?

**DOHMH Response: Agency and City standards will be met for disaster recovery.**

**Question 36.**

General Post Go Live Support

Is DOHMH looking for the vendor to provide support for the solution post go live. If so, how long is this period expected to be?

**DOHMH Response: The award includes professional services and multi-year licensure; ongoing professional services support and licensure maintenance is included for a five-year period.**

**Question 37.**

Appendix B, FR-PW-035

Can you provide a complete list of external sources that must be displayed “side by side” along with the integration mechanism the solution will use to query for and retrieve data from each of these systems?

**DOHMH Response:** **The level of detail requested in the question will be shared during requirements and design phases.**

**Question 38.**

Appendix B, FR-1-002

This requirement provides a list of specific systems and file formats; however, it is not entirely clear whether the DOHMH expects each of these connections to be implemented as part of the initial project timeline. Can you provide a clearer list that breaks down all integration points for this initial project including the following details?

System name

Integration with vendor solution (inbound, outbound, both)

Interface formats (file, TCP, API, etc.)

Message types (delimited file, CDA, HL7v2, FHIR, etc.)

**DOHMH Response: The level of detail requested in the question will be shared during requirements and design phases.**

**Question 39.**

Appendix B, FR-DF-041

Can you provide a list or examples of the “current state special processing rules?”

**DOHMH Response: The level of detail requested in the question will be shared during requirements and design phases.**

**Question 40.**

Section II: Scope of Services, A. Project Background, Paragraph 3

The RFP explains, “While the decision has already been made to replace EDRI, DDC is also willing to consider replacing additional upstream applications if the new chosen product is able to accommodate our requirements.” Can FPHNYC and/or DOHMH please describe the additional upstream applications it is willing to consider replacing if the new chosen product is able to accommodate requirements?

**DOHMH Response: Decisions to replace upstream applications will be dependent on the solution design.**

**Question 41.**

Section II. Scope of Services, A. Project Background, Paragraph 3

Will the DOHMH please provide the following documentation:1) logical and / or physical diagrams of existing and related EDRI architecture and data flows, 2) existing EDRI data integrations with daily data volumes, 3) count of existing EDRI end users?

**DOHMH Response: The level of detail requested in the question will be shared during requirements and design phases.**

**Question 42.**

What is the technical architecture of the EDRI system, including database type, development language(s) used?

**DOHMH Response: The level of detail requested in the question will be shared during requirements and design phases.**

**SQL Server Database; Java development language.**

**Question 43.**

Section I: Summary of the Request for Proposal, Subsection B. Additional Tasks, Item 3, 18th Bullet

Based on the requirement “Agree to and configure software/platform in accordance with DOHMH’s cloud security requirements (as may be provided in DOHMH’s cloud service agreement or other agreements for the selected contractor’s services) for cloud hosted products/services” for offerors, can DOHMH provide the cloud security requirements documentation?

**DOHMH Response:**

**DOHMH would perform a cloud review in which the solution would be classified and the following criteria evaluated:**

* **Cloud Product Profile**
  + **e.g. SaaS**
* **Authentication Capabilities**
  + **e.g. Product supports SAML 2.0; Product supports multi-factor authentication; Product will integrate with the City's SSO solution; Product will integrate with Active directory**
* **Encryption Capabilities**
  + **e.g. Encryption in-transit; Encryption at-rest; Backup encryption**
* **Security Certifications**
  + **e.g. PCI DSS; ISO 27001/27018; SOC 2; HIPAA**
* **Security Breach Procedure**
  + **e.g. Timeframe from detection to outreach to effected parties**
* **Vulnerability Scan or provide SOC2 Document**
  + **Penetration Testing - IBM Appscan**
  + **System Vulnerability Scan - Rapid7 Scan**
* **Audit Logging**
  + **Events related to account activity and API calls**
  + **Events related to individual access and cloud service queries**
  + **Events from operating systems and connected applications**
  + **Events detailing if cloud services and applications are running and available to end users**
  + **Events related to security settings and configuration**
* **DKIM/DMAC Compliance - for outbound emails**

**Question 44.** Can you please post links to DOHMH’s cloud security requirements?

**DOHMH Response: See the embedded document below.**

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**Question 45.**

What is the volume of the data to be migrated?

**DOHMH Response: Volume of eICR and RR from 07/01/2021 and 09/30/2021 is currently 184,612. The level of detail requested in the question will be shared during requirements and design phases.**

**Question 46.**

Does migrating data from the legacy system to new system entail any document migration to Maven?

**DOHMH Response: Data would not be migrated to Maven. The level of detail requested in the question will be shared during requirements and design phases.**

**Question 47.**

How many eLRs/eCRs are processed per day?

**DOHMH Response: ECLRS from 07/01/2021 and 09/30/2021, an average of 88,171 messages per day were processed for ECLRS. These numbers were among average of 573 unique reporting facilities per day. eCR from 07/01/2021 and 09/30/2021 an average of 2029 file count processed for RR and eICR. The count will change based on the number of hospitals and facilities onboarded. Estimates can be determined as part of the requirements gathering process.**

**Question 48.**

Number of transactions per day?

**DOHMH Response: Volume of eICR and RR from 07/01/2021 and 09/30/2021 is currently 184,612. The level of detail requested in the question will be shared during requirements and design phases.**

**Question 49.**

Appendix B, FR-D-002

How many specific disease and conditions classifications are currently supported by the existing system?

**DOHMH Response: One hundred twenty-nine (129).**

**Question 50.**

In “A. Project Background” under “SCOPE OF SERVICES” and “SECTION II," it is mentioned that we need to route data to disease registries for public health action. How many disease registries should we route to and do all the disease registries accept the HL7 FHIR format?

**DOHMH Response: Data will be routed to 4 disease registries: Bureau of Communicable Disease (BCD), Bureau of Sexually Transmitted Disease Control (STI), Bureau of Tuberculosis Control (TB) and Bureau of Immunization (BOI). Planning for all disease registries to accept HL7 FHIR Format.**

**Question 51.**

Is there a need to render the content of the HL7 CDA-R2 messages in a human readable format?

**DOHMH Response : Yes.**