Question 1.
RFP 18 III.B 3.3.2
"Site specific examples and provide a synopsis of five (5) completed projects over the past five (5) years to include the project scope, methodologies employed, and challenges with respect to meeting the project requirements." -
Can NYC elaborate on and clarify this requirement? If projects are ongoing (i.e., not completed) can they still be used to meet this requirement?
If the respondent has fewer than five projects during this timeframe that are close to this one in scope and methodologies, then is the respondent disqualified from proposing?
Can examples include projects for DOHMH?

DOHMH Response:
Vendor may include completed and active projects for consideration. Project examples may include projects for DOHMH. The Proposal Evaluation Criteria, and the relative weight of each, that will be utilized to evaluate proposals included in Section IV. A Proposal Evaluation Criteria.

Question 2.
Can developers work offshore?

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 3.
RFP 19-20 III.B 4.1
"Funding should be allocated to increase staff capacity/size." Can NYC please explain the meaning of this statement? If the pricing is fixed, how can it accommodate an increase in staff size?

DOHMH Response:
Consideration of scope of services delivery and staffing pattern over the duration of the project effort and support may include ramp up and down in staff size which may reflected in the Price Proposal.

Question 4.
RFP 18 III.B 3.4.5
With respect to financial reports, can these be kept confidential if so marked?

DOHMH Response:
Financial reports are included for review by the DOHMH Provider Directory Evaluation Committee membership to support vendor selection.

Question 5.
Section III, 4.1 (Page 20) RFP states, "The build out of additional functionality and services and the renewal of costs including licenses is contingent on the availability of future funds." How long of a contract term for the MPI license should Vendors propose? One year only? Multiyear? One year with optional annual renewals?

DOHMH Response:
The NYC contracting mechanism requires an annual contract be executed. The Price Proposal must reflect the projects costs for the scope of services and one year of support from project conclusion. The agency has prioritized and is proactively engaged in identifying and securing funds from alternative sources for the ongoing support of the Master Patient Index initiative.

Question 6.
Section I, C (Page 5). Does award up to $750,000 include an MPI license, implementation, maintenance and support of the MPI? Is it limited to the first year of the contract?

DOHMH Response:
The NYC contracting mechanism requires an annual contract be executed. The Price Proposal must reflect the projects costs for the scope of services and one year of support from project conclusion. The agency has prioritized and is proactively engaged in identifying and securing funds from alternative sources for the ongoing support of the Master Patient Index initiative. Licensing and hosting fees should be included in the Price Proposal as "Software/Tools/Supplies".

Question 7.
Is the 750,000 a hard figure, (does this include licensing/hosting)?

DOHMH Response:
Yes. Licensing and hosting fees should be included in the Price Proposal as "Software/Tools/Supplies".

Question 8.

It is anticipated that one applicant will be selected to provide the services specified in this RFP. DOH will award up to $750,000 to the selected contractor. The payment structure of the contract awarded from this RFP will be one hundred percent (100%) deliverables based. Does this include subscription or perpetual license for MPI and FHIR?

DOHMH Response:

Yes. Licensing and hosting fees should be included in the Price Proposal as "Software/Tools/Supplies". The NYC contracting mechanism requires an annual contract be executed. The Price Proposal must reflect the projects costs for the scope of services and one year of support from project conclusion.

Question 9.

It is anticipated that one applicant will be selected to provide the services specified in this RFP. DOH will award up to $750,000 to the selected contractor. The payment structure of the contract awarded from this RFP will be one hundred percent (100%) deliverables based.

Does this include Cloud hosting costs?

DOHMH Response:

Yes. Licensing and hosting fees should be included in the Price Proposal as Software/Tools/Supplies". The NYC contracting mechanism requires an annual contract be executed. The Price Proposal must reflect the projects costs for the scope of services and one year of support from project conclusion.

Question 10.

RFP Appendix B 26 Can you confirm that the city will pay for all of the hosting fees charged by the cloud service provider and that the respondent will not be responsible for any fees charged by the cloud service provider?

DOHMH Response:

Vendor is responsible for hosting fees and should be included in the Price Proposal as Software/Tools/Supplies".

Question 11.

Will DOHMH pay for the cloud hosting fees?

DOHMH Response:

Vendor is responsible for hosting fees and should be included in the Price Proposal as Software/Tools/Supplies".

Question 12.
RFP 15 II.B Can you confirm that the support services that are to be provided through the end of month 26 of this project are to be funded by the same budget as this implementation project which is capped at $750,000?
Price Proposal Format

DOHMH Response:
Confirmed. The NYC contracting mechanism requires an annual contract be executed. The Price Proposal must reflect the projects costs for the scope of services and one year of support from project conclusion. The agency has prioritized and is proactively engaged in identifying and securing funds from alternative sources for the ongoing support of the Master Patient Index initiative.

Question 13.
Is NYC open to a time and materials contract (based on the proposed labor rate) with a cap?

DOHMH Response:
No.

Question 14.
Section II, D (Page 16). This section states "DOHMH will be the sole owner of all source code and any software which is developed for use in any application software provided to DOHMH as a part of this contract." Please clarify this statement.
Vendor assumes that it is limited to only custom code that DOHMH directly hires for and is outside the Vendor's product and in no way applies for any source code of the Vendor's product or solution.

DOHMH Response:
Vendor assumption is validated.

Question 15.

RFP 19-20 III.B

4.1 "The Proposer shall submit an all-inclusive Fixed Burdened rate per title hour to furnish all labor and materials required to complete the work" -

This looks like what was provided in the Price Proposal Form. Earlier (p. 5) the RFP says,"Include a deliverables-based pricing table in the response to the proposal."

Is the respondent expected to provide both styles of pricing?

If so, where should deliverables-based pricing appear in the proposal package?

DOHMH Response:

Include both styles of pricing. Both styles of pricing should appear in the proposal package. Please include a Deliverables Based Pricing following the Technical Proposal. Price Proposal Form is separate document submission.

Question 16.

Section III, 3.6 (Page 19) Are any exceptions to the entire RFP noted in the separate section of the Technical Proposal, even if the exceptions is not related to a technical item?

DOHMH Response:

Note exceptions in the body of the Technical Proposal with as much detail as you can provide.

Question 17.

RFP 19-20 III.B 4.1

"Except for Prevailing Wage rates, prices must remain fixed for the term of this contract including optional years." -

Exactly what are "prevailing wage rates" and how do they create an exception to this statement?

DOHMH Response:

Prevailing wage rate is the basic hourly rate paid to a majority of workers engaged in a classification of work within the locality and in the nearest labor market area. of wages and benefits paid to a number of similarly employed workers in a given geography. An RFP exception is a clear indication by the proposer any exceptions that wish to take to any of the terms on the RFP, and outline what, if any, alternative is being offer. All exceptions and alternatives shall be included and clearing delineated, in writing, in the proposal. Note exceptions in the body of the Technical Proposal with as much detail as you can provide.

Question 18.

RFP 19-20 III.B 4.1
"The Proposer shall provide a mark-up rate percentage for subcontracting services." -
Can NYC provide a hypothetical example of such a calculation?
We use different subcontractors at different rates. Is NYC looking for a blended average or subcontractor-by-subcontractor data?
We normally do not disclose our markup on subcontractors. If we were to take exception to this request, would our proposal be disqualified?

DOHMH Response:
Provision of mark-up percentage may be included in responder's proposal.

Question 19.
We do not understand how to complete the Subcontracting Mark-up section. Normally, we bill subcontractors at fully-burdened labor rates just as we do for our own staff - a client would not see any difference in these rates.
Should we include subcontractors in the Labor Rates for Staff section at their fully burdened rate (just like employee staff) as well as the Subcontracting Mark-up section as it appears to say on the form? If so, would their cost not be double counted (at least in part)? If so, what do we include in Column A for Subcontracting mark-up? The total of the expected amount per subcontractor? Per labor category? As opposed to the rate? How do hours figure into this calculation? Can NYC provide an example of the calculation?

DOHMH Response:
Provision of mark-up percentage may be included in responders' proposal.

Question 20.
Section II (Deliverables and Date Range of Completion) page 7. This section outlines the timeline for completion, would FPHNYC be open to a faster timeline or should vendors assume the implementation will take the full 12 months?

DOHMH Response:
Vendor may include alternative timeline in proposal to successfully deliver the Scope of Services.

Question 21.
Section II, D (Page 15). Please outline what work would be required to be onsite? Please provide an estimated number of days onsite and what roles would be required to be onsite.

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. Policies and procedures, NYC mandates take precedence for onsite commitment and vendors may need to consider inclusion of the full project team onsite along with consideration for inclusion of travel expenses in the cost proposal.

Question 22.
Section II, D (Page 15). For the dedicated Project Manager, dedicated Business Analyst, and dedicated Solution Architect, what is the expected number of hours per month that they would need to be dedicated to this project?

DOHMH Response:
The vendor proposes the resources and staffing pattern to successfully deliver the Scope of Services.

Question 23.
Section II (B), page 7. This section calls for "Programmers" as part of the required staff. What role will these Vendor provided Programmers have in the project? Will their work be limited to changes to the Vendor's solution, if needed?

DOHMH Response:
The vendor proposes the resources and staffing pattern to successfully deliver the Scope of Services.

Question 24.
RFP 10 B How many staff from NYC will participate in the requirements gathering meetings where the functional requirements are discussed, and which units and roles would they represent?

DOHMH Response:
Business Stakeholders
For planning purposes up to 200 users.

DC	Disease Control
MH	Mental Hygiene
FCH	Family Child Health
EH	Environmental Health, Environmental Sciences
CHECW	Center for Health Equity and Community Wellness
PHL	Public Health Laboratory
HI	Health Informatics
DIT	Division of Information Technology
EPI	Bureau of Epidemiology
BCD	Bureau of Communicable Diseases
BEHS	Bureau of Equitable Health Systems
BHHS	Bureau of Hepatitis, HIV and Sexually Transmitted Infections
BOI	Bureau of Immunization
BTBC	Bureau of Tuberculosis Control
BMIRH	Bureau of Maternal, Infant, Child Reproductive Health
WTCHR	World Trade Center Health Registry
CIR	Citywide Immunization Registry

Business Roles: Assistant Commissioner, Unit Chief, Director, Manager, Subject Matter Expert, Data Scientist, Data Analyst, Research Specialists, Field Operation.

Question 25.
How many people will be using the application?

DOHMH Response:
For planning purposes up to 200 users.

Question 26.

Please provide context to the "Program / Core Team Feedback Column" in Appendix B. For example, "System 11" requirement calls for "Provide MPI solution graphical user interface that incorporates role- based access permission for manual patient matching resolution functions." However, some of the comments in the "Program / Core Team Feedback Column" seem not to be related to the requirement. For example, how is "Pregnancy, Post-Partum and Birth Outcomes operations" related to a user interface requirement for manual patient matching resolution functions. There are numerous examples similar to this throughout Appendix B, so overall context or background of the use of that column would allow vendors to better understand how the comments in that column relate to the requirements. These appear to relate to the Use Cases listed Section F, however additional clarification is needed.

If general context or background is not available or applicable, please clarify how the comments in the "Program / Core Team Feedback Column" apply to the following Requirements:

> System 03
> System 07
> System 11
> System 14
> System 15
> System 19
> System 26

DOHMH Response:

The intent of the Program/Core Team Feedback Column is to ensure the provision of business context and unique program descriptions are reflected as provided by the MPI stakeholders. The stakeholder programs provided specific descriptions and needs for each of the use cases they developed or related to as a co-sponsor which were summarized in thematic use cases reflected in the RFP. Additional context and clarification will be provided during the requirements and design phases of the project.

Question 27.
Applicant Eligibility Questionnaire Form
Mandatory Item A includes FHIR 4.0 interoperability standards, but this is also included
in Preferred Experience Item A. This item is not included in the minimum requirements
described in the main RFP document, p. 4, I.B. Can NYC please clarify exactly what is mandatory
experience and what is desired experience?

DOHMH Response:
**FHIR is not specifically included in the high-level bullet points in B. Applicant Eligibility
Standards. FHIR Interoperability Standard is preferred experience commensurate with the
Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator
for Health Information Technology (ONC) published final rules that govern interoperability in
the US healthcare landscape. FHIR R4.0 API is required in the solution.**

Question 28:
Applicant Eligibility Questionnaire Form: Given that it appears there is no MPI solution
currently FedRAMP Ready or FedRAMP Authorized, would DOHMH accept other security
related certification such as HITRUST, SOC 2 Type 2, etc.?

DOHMH Response:
FedRAMP is preferred: other certification will be considered.

Question 29.
RFP 8 B Will NYC have a designated technical lead for this project to coordinate and drive
forward the project team's discussion of technical requirements, security requirements, and
related activities with any IT stakeholders who are internal to DOHMH and other relevant NYC
agencies.

DOHMH Response:
**Yes. The project team will include DOHMH identified subject matter experts in cloud and
network technologies and security.**

Question 30.
RFP 6 Who will be the first users of the system?
Is there a concrete, high-priority need for the system within the DOHMH that will drive project decisions during the first 12 months?

DOHMH Response:
Division of Disease Control has prioritized data from the Electronic Case Report (ECR) and the Electronic Clinical Laboratory System (ECLRS) for the MPI initiative.

Question 31.
RFP 59 Which data sources will be part of phase 1?
Are electronic case reports (ECR) and lab reports (ELR) the only data sources that will be included in the MPI for the 26 month duration of this project?

DOHMH Response:
Division of Disease Control has prioritized data from the Electronic Case Report (ECR) and the Electronic Clinical Laboratory System (ECLRS) for the MPI initiative.

Question 32.
Appendix B, System 6 (Page28) Are any of the sources that will contribute data to the MPI from an HIE? If yes, which HIE(s) are your data source(s)?

DOHMH Response:
Division of Disease Control has prioritized data from the Electronic Case Report (ECR) and the Electronic Clinical Laboratory System (ECLRS) for the MPI initiative. While data is not anticipated directly from HIEs the MPI solution design will utilize FHIR R4.0 API(s) to support MPI initiative as scalable solution for agency extensibility.

Question 33.
RFP Page 59 Regarding the Data Sources, will the data come from the Electronic Care Report and Electronic Clinical Laboratory System as a FHIR standard, or will the data come from the clinical data providers?

DOHMH Response:
Division of Disease Control has prioritized data from the Electronic Case Report (ECR) and the Electronic Clinical Laboratory System (ECLRS) for the MPI initiative. Data is not anticipated directly from clinical data providers: it is anticipated in future extensibility to utilize FHIR R4.0 API(s) to support MPI initiative as scalable solution.

Question 34.
Please clarify the scope of the procurement related to the RFP. Section II (A) on page 6 calls for "implementing a fully managed, cloud hosted, environment to foster modernization of the technical infrastructure that is scalable, flexible and meets federal standards on health interoperability Fast Healthcare Interoperability Resources (FHIR R4.0) for the Master Patient Index solution and API." That statement seems to imply that FPHNYC is seeking to purchase an existing commercially available MPI solution. However, several later sections in the RFP seems to imply that FPHNYC is seeking to build their own custom MPI. Please confirm that FPHNYC is open to purchasing an existing commercially available cloud hosted MPI solution that meets the requirements outlined in the RFP.

DOHMH Response:
The goal is the delivery and implementation of the Scope of Services in a cloud hosted, fully managed environment; vendor proposes solution. A cloud-based solution is preferred.

Question 35:
We have a question regarding FEDRAMP and the requirement around it.
If we are not a cloud-based solution or offer an on-premise option, would that exclude us from having to get this certification?

DOHMH Response:
The goal is the delivery and implementation of the Scope of Services in a cloud hosted, fully managed environment; vendor proposes solution. FedRAMP is preferred but not required: a cloud-based solution is preferred.

Question 36.
The agency is looking forward to implementing a fully managed, cloud hosted, environment to foster modernization of the technical infrastructure that is scalable, flexible and meets federal standards on health interoperability Fast Healthcare Interoperability Resources (FHIR R4.0) for the Master Patient Index solution and API.
Does the agency have a preferred Cloud vendor?

DOHMH Response:
Azure.

Question 37.
Does DOHMH prefer any particular managed hosting of cloud?

DOHMH Response:
Azure.

Question 38.
Any specification on the type of Cloud?

DOHMH Response:
Azure.

Question 39.
Does NYC have a required or preferred cloud service provider?

DOHMH Response:
Azure.

Question 40.
RFP Appendix B 26 System 01 - Is NYC open to an arrangement where the software solution is hosted by the city but configured and managed by the respondent?

DOHMH Response:
The goal is the delivery and implementation of the Scope of Services in a cloud hosted, fully managed environment. A cloud-based solution is preferred.

Question 41.
Can the cloud hosted solution be managed through the city's iDevOps Terragrunt cloud platform?

DOHMH Response:
The goal is the delivery and implementation of the Scope of Services in a cloud hosted, fully managed environment. A cloud-based solution is preferred.

Question 42.
RFP 8 In the event that the city chooses to deploy the solution on its own servers rather than on a cloud platform: Would the respondent fully manage those servers?
What role, if any, would NYC staff have in managing those servers, and would specific NYC staff be dedicated to this project and be directly available to the respondent's project team?

DOHMH Response:
The goal is the delivery and implementation of the Scope of Services in a cloud hosted, fully managed environment. A cloud-based solution is preferred.

Question 43.
Is the destination for the data already created?

DOHMH Response:
No.

Question 44.
How many sources of integration points do you expect?

DOHMH Response:
There may be up twenty integration points. Division of Disease Control has prioritized data from the Electronic Case Report (ECR) and the Electronic Clinical Laboratory System (ECLRS) for the MPI initiative. MPI solution design will utilize FHIR R4.0 API(s) to support MPI solution initiative as scalable solution for agency extensibility. Integration points will be defined during the requirements and design phases of the project.

Question 45.
Section II, C 1 (Page 15). How many unique identities will be managed in the MPI? Vendor defines identities as equal to a person, an identity can have multiple linked source records under it. If the unique identities are not known, please provide an estimate so that all Vendors are proposing a solution based on the same information.

DOHMH Response:
May be up to 10 million unique identities.

Question 46.
RFP 12 What is the anticipated volume of data to be inserted into the MPI through the 26 month period of this project?

DOHMH Response:
May be up to 10 million unique identities.

Question 47.
RFP Appendix B 29 System 07 - How many matching algorithms are required?
Is one core matching algorithm at initial deployment acceptable, with the capacity for other algorithms at a later stage?

DOHMH Response:
No. Matching algorithms will be defined during the requirements and design phases of the project.

Question 48.

Please clarify "The MPI solution must have the ability to integrate external modular matching software into the stack." Section II (A) on page 6 and Appendix B, System 17 on page 36. Please provide the use case(s) and example(s) "matching component" that needs to be integrated into the matching process.

DOHMH Response:
Programs across the agency utilize various matching software tools to support operational and research needs as defined by the program. The MPI solution itself will provide matching core functionality with solution design to integrate with external matching software tools. External matching software tools will be identified and evaluated during the requirements and design phases of the project.

Question 49.
RFP Page 36 Regarding System 17 requirement – Does the department have an external matching software vendor chosen?

DOHMH Response:
Programs across the agency utilize various matching software tools to support operational and research needs. External matching software tools will be identified and evaluated during the requirements and design phases of the project.

Question 50.
RFP 36 System 17 - Is the design of an interface between the MDM system and the Modular Matching Component part of the proposal?

DOHMH Response:
Yes. The awarded vendor must have the ability to integrate external matching software into the stack or be deemed unresponsive to the RFP.

Question 51.
RFP Page 27 Regarding System 04 requirement – A web services component is envisioned that will assign MPIDs during ETL processes. Is this in reference to the external matching software?

DOHMH Response:
Provision of the FHIR R4.0 API(s) can potentially use internal and external matching software.

Question 52.
Appendix B, page 28. Please clarify the use case related to requirement "System 05." What queries are required?

DOHMH Response:
Queries will be defined during the requirements and design phases of the project.

Question 53.
Section II, C 2 (Page 15). This section states "A FHIR R 4.0 API will be used for the integration of new patient records and query for existing patient records from internal and external contributing data sources data for MPI solution integration." Is that the total scop for FHIR? In other words, is the FHIR scope limited to adding/updating patient records and query for existing patient records in the MPI?

DOHMH Response:
The scope of the use of FHIR is included throughout the requirements and use cases. The FHIR R4.0 API scope will be defined during the requirements and design phases of the project.

Question 54.
RFP Page 26 Regarding System 02 requirement – Do all data sources integrating with the MPI support the FHIR standard or are there additional standards that need to be supported?

DOHMH Response:
The agency is transitioning to FHIR standard to align with the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) published final rules that govern interoperability in the US healthcare landscape. Additional standards will be gathered during the requirements and design phases of the project.

Question 55.
RFP 7 II.B It is understood that the single record processing and patient search operations must go through a FHIR 4.0 API. However, what type of API is envisioned for batch processing?

DOHMH Response:
Batch processing is envisioned to be conducted as parallel FHIR 4.0 requests in the context of scalable processing. Batch processing requirements will be gathered during the requirements and design phases of the project.

Question 56.
RFP 6 Is the primary data intake process batch or online via API?

DOHMH Response:
Online via API.

Question 57.
RFP Appendix B 43 System 29 - Is FHIR PIT a required strategy for fulfilling this requirement? The existence of the MPI would enable FHIR PIT; FHIR PIT could be implemented after the MPI is complete.

DOHMH Response:
"Environmental Health Spatial Integration with Clinical Information" article is included as a use case example that resonates with the Environmental Health stakeholders to integrate clinical data and environmental exposures data. The inclusion of Geo-Support fields is required in the MPI initiative to support agency extensibility.

Question 58.
RFP Page 43 Regarding System 29 requirement – Please provide a complete list of fields from the Geo-Support system to be included with MPI solution.

DOHMH Response:
Geo-Support fields and specifications will be provided during the requirements and design phases of the project.

Question 59.
Appendix B, page 42. System 28, is direct integration to MS Active Directory required or will an SSO option via SAML v2.0 or OpenID Connect (OIDC) federation meet this requirement?

DOHMH Response:
Options described above may be viable alternatives as long as we have SSO for user access.

Question 60.
What is your expectation of the Graphical User Interface?

DOHMH Response:
Graphical User Interface requirements and design will be defined in collaboration with the awarded vendor.

Question 61.

Appendix B, page 39. Please clarify the use case related to requirement "System 22." What demographic data requires manual update? Is this to be treated as an update to the record?

DOHMH Response:

Programs may identify specific patient demographic fields that could be manually updated. A demographic field which may be manually updated is treated as an update when MPI processing occurs. Any manually updates not processed through the MPI solution are not reflected in the MPI. Patient demographic fields that may be manually updated will be defined during the requirements and design phases of the project.

Question 62.

Appendix B, page 40. Please clarify the use case related to requirement "System 25." It calls for an "ETL detail," please define this term and how it would be used.

DOHMH Response:

The intent of this requirement is "self-documentation" of ETL processes to populate the system and reflect the changes to the system. Any change that is made to the ETL processes is reflected in the automatic documentation by the solution product.

Question 63.

Appendix B, page 41. Please clarify the use case related to requirement "System 26." Please define "data file relationships diagrams." What "relationships diagrams" are required?

DOHMH Response:

The ability to output the system documentation described in System 25. The intent of this requirement is "self-documentation" of ETL processes to populate the system and reflect the changes to the system. Any change that is made to the ETL processes is reflected in the automatic documentation by the solution product.