

**REQUEST FOR PROPOSALS (RFP)**

**AGENCY MASTER PERSON INDEX SOLUTION**

**ISSUE DATE: SEPTEMBER 14, 2022**

**RESPONSE DUE DATE: NOVEMBER 14, 2022**

REPLY TO

EMAIL: [procurement@fphnyc.org](mailto:procurement@fphnyc.org)

**RELEASED BY**

Fund for Public Health in New York City

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## SECTION I: SUMMARY OF THE REQUEST FOR PROPOSALS

This Request for Proposals (RFP) is issued by the Fund for Public Health in New York City (FPHNYC), on behalf of the New York City Department of Health and Mental Hygiene (DOHMH), to solicit proposals to establish an Agency Master Patient Index Solution.

The Agency Master Patient Index Solution includes the application software, as well as the provision of all build and implementation resources to deliver an extensible, source agnostic MPI solution as a centralized patient repository of all patients contained in DOHMH contributing data sources.

For the scope of this RFP, Electronic Clinical Laboratory Systems (ECLRS) and Electronic Case Report (eCR) data sources are prioritized. Programs across the agency utilize various matching software tools to support operational and research needs defined by the program. The source agnostic MPI solution will have the ability to integrate external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic.

The agency is looking forward to implementing the Agency Master Patient Index in 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.

A DOHMH copy of patient identifier assignments or cross walk table will be implemented and maintained with automated synchronization with MPI environment for back-end accessibility.

### A. RFP Timetable

<b>Request for Proposals (RFP) Release</b>	September 14, 2022
<b>Deadline for Written Questions</b>	September 30, 2022
<b>Q&amp;A Posted</b>	October 17, 2022
<b>Bidder's Conference Call</b>	Week of October 17, 2022
<b>Bidder's Intent to Bid Email</b>	October 24, 2022
<b>Proposal Package Due</b>	November 16, 2022
<b>Funding Notification</b>	January 6, 2023

## RFP Timetable Bidders Conference and Intent to Bid

DOHMH Questions and Answer Responses will be posted on FPHNYC website for review and reference. Should the prospective bidder have additional questions or need further clarifications, there is an opportunity for a half hour Bidders Conference call which may be requested through FPHNYC during the week of October 17, 2022. Compiled questions and DOHMH responses from Bidder Conference Calls will be posted the week of October 24, 2022.

Prospective bidder is requested to submit an Intent to Bid by October 24, 2022.

## B. Applicant Eligibility

Proposers must adhere to the following minimum requirements:

- Be based in the U.S.
- Be available to provide services remotely within the U.S. and visit New York City DOHMH's offices for in-person meetings as needed to accomplish the tasks required under the Scope of Work.
- Have a minimum five (5) years of experience with project management, agnostic solution implementation, master data management, development, and implementation of automated data integration of patient data from multiple contributing data sources, FHIR R 4.0 interoperability standards, API integration, data exchange technologies and web services.
- If awarded, agree to enroll as a City of New York approved vendor; and
- Demonstrate that necessary insurance coverage, including Commercial General Liability and Worker's Compensation, is in place from the start of the contract.

In addition, preference will be given to:

- Minority and Women Business Enterprises (M/WBE).

## C. Anticipated Funding and Payment Structure

It is anticipated that one applicant will be selected to provide the software solution and professional build and implementation services specified in this RFP as a sole vendor or vendor partnership. DOHMH will award up to \$1,600,000 with \$800,000 allocated to software solution and \$800,000 allocated to professional build and implementation services to the selected contractor.

The payment structure for the \$800,000 software solution is initially based on up to two hundred users and 4 Million requests to be initiated with the approval of the MPI Implementation Strategy deliverable by appointed DOHMH Project Stake Holders. The deliverable milestone approval is anticipated in June 2023 with pro-rated software solution payment beginning in July 2023 over the eight months of the of the implementation timeline. Legacy data estimate is 163 Million historical records for Electronic Case Reporting (eCR) and Electronic Clinical Laboratory Reporting System (ECLRS).

The deliverables-based payment structure for the professional build and implementation services, including system integration programming and end to end integration testing, is based on a twelve-month implementation timeline from March 2023 through February 2024.

Post implementation support begins in March 2024 and extends through February 2025 and will be based on 13 Million requests annually in year two for support and maintenance with the potential for onboarding additional data sources and requests. New York City is required to contract on an annual basis using the DOHMH Fiscal Year: DOHMH Fiscal Year is July 1 through June 30; the MPI initiative spans two calendar years.

Outyear estimate is 31 Million requests annually with the potential increase for onboarding additional data sources and requests in addition to ongoing support and maintenance.

The chart below illustrates the fiscal year contract intervals, implementation timeline and transition to one year of maintenance and support for pre-payment anticipated in March 2024 in the Fiscal Year 2024 contract.

*Figure 1. Anticipated Implementation and Support Timeline Over Two Fiscal Year Contract Periods*



The payment structure of the contract awarded from this RFP will be one hundred percent (100%) deliverables based and will span DOHMH two contract years for Fiscal Years 2023 and 2024.

Include a completed Deliverables Based Milestone Payment Table in the response to proposal reflecting vendor defined milestone payments. The Deliverables Based Milestone Payment Table reflects a short description of the Scope of Work activities and documentation deliverables described in detail in Section II Scope of Services B. Project Scope of Work.

*Figure 2. Deliverables Based Milestone Payment Table*

<b>Deliverable Based Milestone</b>	<b>Milestone Payment</b>
Project Management Documentation	
Infrastructure (includes <i>MPI Integration Engine</i> , Security and Cloud Documentation)	
Requirements Elicitation Activities	
Requirements and Design Documentation	
Implementation Strategy for Source Agnostic MPI Solution Documentation	
Pro-Rated Application Software Fee	
Testing Documentation (QA Test Plan and Integration Test Plans)	
Performance Testing (Unit, System, End to End Integration)	
Fully Functioning Source agnostic MPI solution in Test Environment	
Training Plan and Training Materials	

Data Quality Validation and Coordination of User Acceptance Testing	
Deployment Plan	
End User Training and Help Desk Orientation	
Production Deployment	
One Year Application Software Maintenance and Support	

#### D. Funding Term

It is anticipated that all contract deliverables will be completed by June 2024. However, DOHMH reserves the right, prior to award, to revise the length of the project term.

#### E. Submission Instructions

The deadline for submission is November 14, 2022, by 11:59 p.m. Eastern Standard Time (EST). Proposals must be submitted via email to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) and include the title of the solicitation “**Agency Master Patient Index Solution RFP**” in the subject line. Any proposals received after the due date and time will be considered nonresponsive. A proposal checklist is provided below.

All responses must be in Adobe Acrobat PDF file format.

#### F. RFP Inquiries, Written Question and Answers

All questions and requests for clarification about this RFP must be submitted in writing to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with a subject line of “**Agency Master Patient Index Solution RFP**.” Any questions received after the deadline may not be answered. Phone calls will not be accepted.

The Q&A will be posted at: <https://www.fphnyc.org/get-involved/rfps/>

#### G. Bidders Conference Call

Requests to schedule a half hour Bidders Conference Call must be submitted by October 17, 2022, in writing to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with a subject line of “**Agency Master Patient Index Solution RFP – Bidders Conference Call**.” The Bidders Conference Call will be conducted using Microsoft Teams meeting platform to provide an open forum for bidder questions and clarifications subsequent to the posting of the Written Questions and Answers. Questions and answers from the Bidder’s Conference Calls will be posted the week of October 24, 2022.

#### H. Bidders Intent to Bid

Intent to Bid is requested by October 24, 2022, in writing to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with a subject line of “**Agency Master Patient Index Solution RFP – Intent to Bid**.”

## I. FPHNYC Procurement

FPHNYC reserves the right to revise any part of the RFP at any time before the submission deadline date if necessary. These revisions will be addendums to the RFP and posted on the FPHNYC website: [www.fphnyc.org](http://www.fphnyc.org). Proposers are responsible for checking the website frequently to remain informed about the procurement process. Each Proposer must amend its RFP package as necessary. Failure to acknowledge any addendum will result in disqualification of the proposal.

Proposals selected for review must follow the instructions in this RFP, provide the information required in the response package, and include all of the required attachments (signed and dated) by the Proposer's representative with legal authority to submit a proposal on behalf of the entity.

Proposers should utilize **Section III Format and Content of the Proposal. C. Proposal Package Content** section as a "checklist" to assure completeness prior to submitting their proposal.

The successful bidder will be required to agree to the General Terms and Conditions contained in the Fund for Public Health in New York City's contract and comply with all applicable federal and state laws and policies. An **Attestation of Terms and Conditions** is included in the Proposal for bidder review and submission in bidder response to proposal.

## SECTION II: SCOPE OF SERVICES

### A. Purpose of RFP

The Division of Disease Control (DDC) at the New York City Department of Health and Mental Hygiene (NYC DOHMH) is responsible for the identification, surveillance, treatment, control, and prevention of infectious diseases in NYC. The Division is composed of seven bureaus: Bureau of Communicable Disease (BCD), Bureau of Immunization (BOI), Bureau of Hepatitis, HIV, and Sexually Transmitted Infections (BHHS), Bureau of Tuberculosis Control (BTBC), Bureau of Public Health Clinics (BPHC), the Public Health Laboratory (PHL) and Division Management and Systems Coordination. Surveillance teams across the DDC bureaus collectively monitor and investigate over 90 reportable infectious diseases to detect, characterize, and respond to public health needs.

The Division of Epidemiology collects, governs, and analyzes data and disseminates information about New Yorkers' health. Its work informs public health program development and policy decision making. The division provides epidemiologic support to other Health Department programs, applied public health training to students and clinical guidance to primary care physicians and permits access to otherwise restricted data for authorized public health activities. The division's broad goals include strengthening and expanding the Health Department's surveillance efforts, conducting innovative research, making Health Department data broadly accessible, and improving public health knowledge and skills. Within the Division, the Bureau of Epidemiology Services seeks to provide accurate and timely public health data to inform decision-making, to optimize data use, and to ensure accurate analysis of health data. The



Bureau is responsible for developing, collecting, and facilitating the use of population-based surveillance survey and administrative data

The Division of Disease Control is seeking to address current state issues that were highlighted during COVID-19 and other past communicable disease emergencies for this new DOHMH initiative. The Division of Epidemiology is seeking to strengthen their role in improving the health of New Yorkers through systematic data collection and monitoring, rigorous analysis, and effective data communication.

The Agency Master Patient Index solution includes the application software, as well as the provision of build and implementation resources to deliver an extensible, source agnostic Source agnostic MPI solution as a centralized patient repository of all patients contained in DOHMH contributing data sources with up to twenty integration points. For the scope of this RFP, Electronic Clinical Laboratory Systems (ECLRS) and Electronic Case Report (eCR) data sources are prioritized. An agnostic integration engine with API triggers based on contributing data sources will be designed, built and implemented by vendor supplied resources with end-to-end integration testing performed. The vendor will provide a DOHMH copy of patient identifier assignments or cross walk table and maintain with automated synchronization the MPI environment for back-end accessibility.

Programs across the agency utilize various matching software tools to support operational and research needs defined by the program. The source agnostic MPI solution will have the ability to integrate external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic.

The agency is looking forward to implementing the Agency Master Patient Index in 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. The DOHMH preferred cloud service provider is Azure.

A DOHMH copy of patient identifier assignments or cross walk table will be implemented and maintained with automated synchronization with MPI environment for back-end accessibility.

All administrative and technical build and implementation resources, licensing and hosting fees are to be included the response to proposal. A deliverables-based payment structure is to be included in response to proposal in addition to the Price Proposal Form.

## **B. Project Scope of Work**

The scope of work includes ensuring that all business, security, and audit requirements are met following Division of Information Technology (DIT) project implementation standards, policies, and procedures.

### **Build and Implementation Resources**

The vendor will be required to provide all build and implementation resources to deliver the scope of services; the vendor proposes the staffing plan for Agency Master Patient Index Initiative. These resources will include dedicated Project Management; Business, Technical and Quality

Assurance Data Analyst(s); Technical, Data and Solution Architect(s); Programmer(s) and other relevant technical resources for the duration of the successful development, implementation and post-production transition period for the Master Patient Index solution and API for use with DOHMH internal and external data partners for MPI data integration.

A DOHMH Technical Lead will be designated to provide direction and oversight in the completion of technical, security and cloud documentation as well as coordinate IT stakeholder meetings internal and external to DOHMH Division of Technology.

A DOHMH Business Project Management Office Project Manager will be designated to synchronize stakeholder reporting, coordinate evaluation of deliverables and ensures any risks, issues or blockers are addressed. DOHMH subject matter expertise will be provided for requirements gathering, data quality review and user acceptance testing.

*Figure 3. DOHMH MPI Stakeholders and Areas of Subject Matter Expertise*

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

## Scope of Work

### Deliverables- Based Structure and Date Range of Completion

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
1. Project Management Deliverable Documentation	<ol style="list-style-type: none"> <li>1. Provide professional project planning documentation and project management activities using dedicated resources for DOHMH project team.</li> <li>2. Complete full life cycle project management.</li> <li>3. Lead the full solution implementation by initiating, planning, executing, controlling, and closing the project.</li> <li>4. Ensure that solution success criteria are defined and met to achieve project goals.</li> </ol>	<ol style="list-style-type: none"> <li>1. Project Charter</li> <li>2. Vendor Staffing Plan</li> <li>3. Project Roles and Responsibilities, Including RACI Chart</li> <li>4. Project Schedule, Denotes Milestones</li> <li>5. Requirements Management Plan</li> <li>6. Change Management Plan, Including Change Request Form</li> <li>7. Quality Assurance Plan</li> <li>8. Risk Management Plan</li> <li>9. Communication Plan</li> <li>10. Support Plan</li> <li>11. Weekly Project Status Reports</li> </ol>	Within 1-3 Months from Project Kick Off
2. Infrastructure, Security and Cloud Deliverable Documentation	<ol style="list-style-type: none"> <li>1. In collaboration with DOHMH Information Technology submit and respond to quality assurance review for required infrastructure and security documentation.</li> <li>2. In collaboration with DOHMH Information Technology provide completed documentation, demonstration and/or audit of compliance with infrastructure</li> </ol>	<ol style="list-style-type: none"> <li>1. Cloud Agreement Review</li> <li>2. Cloud Vendor Security Questionnaire and Assessment</li> <li>3. Firewall rules and Connections</li> <li>4. Application Security Project Scoping Document</li> <li>5. Software Security Assurance Program (SSAP) Document</li> <li>6. Topology Build of Materials Workbooks</li> <li>7. Disaster Recovery and Business Continuity Plan</li> <li>8. Incident Response Plan</li> </ol>	Within 1-4 Months from Project Kick Off

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
	and security requirements.		
3. Requirements Elicitation, Review, Elaboration and Validation Activities	Coordinate and facilitate requirements definition with DOHMH stakeholders for source agnostic Source agnostic MPI solution, use of API with contributing data sources data for MPI system integration, dashboard, user interface and role-based access control.	<ol style="list-style-type: none"> <li>1. Project Kick Off Meeting(s) with Primary and Interested Stakeholders</li> <li>2. Coordinate and facilitate requirements elicitation, review, elaboration, and validation in stakeholder workgroup sessions for source agnostic MPI solution.</li> <li>3. Coordinate and facilitate requirements elicitation, review, elaboration, and validation in stakeholder workgroup sessions for FHIR 4.0 API use with contributing data sources, internal and external data sharing partners.               <ol style="list-style-type: none"> <li>a) Contributing Data Source Triggers</li> <li>b) Agnostic Integration Engine</li> </ol> </li> <li>4. Coordinate and facilitate requirements elicitation, review, elaboration, and validation in stakeholder workgroup sessions for an MPI user defined dashboard.</li> <li>5. Coordinate and facilitate requirements elicitation, review, elaboration, and validation in stakeholder workgroup sessions for an MPI user defined graphical user interface for use with Source agnostic Source agnostic MPI solution features and functions.</li> <li>6. Coordinate and facilitate requirements elicitation, review, elaboration, and validation in stakeholder workgroup sessions for role-</li> </ol>	Within 1-3 Months from Project Kick Off

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
		<p>based access control for source agnostic MPI solution and contributing data sources.</p> <p>7. Coordinate and Facilitate Match Rules and Ranking and Deduplication Rules requirements workgroup sessions.</p> <p>8. Coordinate and Facilitate requirements elicitation, review, elaboration and validation in stakeholder workgroup sessions for external modular matching software integration or matching logic to honor external match decisions.</p> <p>9. Coordinate and Facilitate requirements elicitation, review, elaboration and validation in stakeholder workgroup sessions for cross walk table and synchronization with source agnostic MPI solution.</p>	
<p>4. Requirements and Design Deliverable Documentation</p>	<p>1. Requirements Documentation</p> <p>2. Solution Design Documentation</p> <p>3. In collaboration with DOHMH stakeholders document solution requirements and design for DOHMH review and approval.</p> <p>2. In collaboration with DOHMH stakeholders document detailed technical solution requirements and design for DOHMH review and approval.</p>	<p>1. Business Requirements Document</p> <p>2. Functional Requirements Document</p> <p>3. Technical Requirements Document</p> <p>4. Match Rules and Ranking; Deduplication Rules Document</p> <p>5. Requirements Traceability Matrix</p> <p>6. Solution Architecture Design and Plan for Master Patient Index (MPI) Solution</p> <p>7. Solution Architecture Design for Agnostic Integration Engine for MPI API Use with Contributing Data Sources</p> <p>8. Analysis of API Triggers by Source System for</p>	<p>Within 2-4 Months from Project Kick Off</p>

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
		source agnostic MPI solution Document 9. Solution Architecture Design for Role Based Access Control for Master Patient Index Solution 10. Dashboard Design for source agnostic MPI solution Graphical User Interface Design 11. External Modular Matching Software Integration or Matching Logic to Honor External Match Decisions Design 12. Cross Walk Table and Synchronization with MPI Design	
5. Implementation Strategy for Master Patient Index Solution	Develop and Present a Master Patient Index Solution and FHIR 4.0 API Implementation Strategy.	1. Solution Architecture Implementation Strategy for Master Patient Index (MPI) Solution 2. Strategy for Agnostic Integration Engine Implementation for MPI System Integration - API Triggers by Contributing Data Sources 3. Strategy for Role Based Access Control for Master Patient Index Solution Implementation 4. Strategy for source agnostic MPI solution Dashboard Implementation 5. Implementation Strategy for Graphical User Interface 6. Implementation Strategy for External Modular Matching Software Integration or Matching Logic to Honor External Match Decisions Design 7. Implementation Strategy for Cross Walk Table and Automated Data	Within 3-4 Months from Project Kick Off

<b>Deliverable</b>	<b>Minimum Required Activities</b>	<b>Required Documentation or Demonstration</b>	<b>Proposed Date Range of Completion</b>
		Synchronization with source agnostic MPI solution	
6. Testing Deliverable Documents for Unit, Integration, System and Quality Assurance Testing	<ol style="list-style-type: none"> <li>1. QA test plan</li> <li>2. Integration plan</li> <li>3. Defect Tracking</li> <li>4. Test Scripts</li> </ol>	<ol style="list-style-type: none"> <li>1. Quality Assurance Testing Plan Template</li> <li>2. Integration Plan with Contributing Data Sources</li> <li>3. Defect Tracking Document</li> <li>4. Defect Log Document</li> <li>5. Test Scripts</li> </ol>	Within 4-6 Months from Project Kick Off
7. Performance of Unit, Integration, Systems, Quality Assurance and Performance Testing	Performance of Unit, End to End Integration, Systems Quality Assurance and Performance Testing	<ol style="list-style-type: none"> <li>1. Performance of Unit and System Testing</li> <li>2. Performance of Integration Testing, including End to End Data Quality Review and Validation.</li> <li>2. Performance of Quality Assurance Testing <ol style="list-style-type: none"> <li>a) QA Test Scripts from User Scenarios</li> <li>b) Provision of QA Test Scripts for DOHMH QA Team validation</li> <li>c) Performance of Match Tuning for Cleansed, Deduplicated and Merged Data</li> </ol> </li> <li>3. Performance Testing <ol style="list-style-type: none"> <li>a) Two Cycles of Data Load and Documented Results</li> <li>b) Data Reconciliation</li> <li>c) Error Logging and Performance Tuning</li> </ol> </li> <li>4. Penetration Testing as Required Under Software Security Assurance Program (SSAP) Document.</li> </ol>	Within 5-7 Months from Project Kick Off
8. Implementation of Master Patient Index Solution in Test Environment Similar to Production	1. Implementation of a Master Patient Index Solution in Test Environment	<ol style="list-style-type: none"> <li>1. Source agnostic MPI solution</li> <li>User Defined Graphical User Interface <ol style="list-style-type: none"> <li>a) User Defined Dashboard</li> </ol> </li> </ol>	Within 7-8 Months from Project Kick Off

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
	<p>2. Implementation of Master Patient Index Solution Features and Functions in Test Environment</p> <p>3. Implementation of Master Patient Index Solution FHIR R 4.0 API for Use with Contributing Data Sources in Test Environment</p> <p>4. Implementation of MPI Role Based Access Control in Test Environment</p> <p>5. DOHMH Copy of Patient Identifier Assignments or Cross Walk Table with Automated Synchronization with MPI environment.</p>	<p>b) Flat File Load for Batch Matching with Use of Available MPI IDs</p> <p>c) Log of Patient IDs for Reassignment for Surviving Records</p> <p>2. MPI Features and Functions</p> <p>a) Matching Algorithm Use, Modification, Creation and Selection</p> <p>b) Side by Side Comparison of Matching Outcomes</p> <p>c) View of Underlying Data</p> <p>d) Manual Reclassification, Merge and Unmerge of patient records.</p> <p>e) View, Print and Export ETL and Entity Relationship Diagrams</p> <p>f) External Modular Matching Software Integration or Matching Logic to Honor External Match Decisions Design</p> <p>3. FHIR 4.0 API Implementation of Master Patient Index Solution FHIR R 4.0 API for Use with Contributing Data Sources Data Integration with MPI</p> <p>a) Agnostic Integration Engine</p> <p>b) API Triggers by Contributing Data Sources</p> <p>4. Role Based Access Control Implementation of MPI Role Based Access Control</p> <p>5. DOHMH copy of patient identifier assignments or cross walk table with</p>	



<b>Deliverable</b>	<b>Minimum Required Activities</b>	<b>Required Documentation or Demonstration</b>	<b>Proposed Date Range of Completion</b>
		automated synchronization with MPI environment for back-end accessibility.	
9. Training Plan and Training Materials	1. Training Plan 2. Training Materials Tailored for DOHMH User Community	1. Training Plan a) Business Users b) Technical Users 2. Training Materials Tailored for DOHMH User Community 3. Training Video Content 4. Web Based User Manual and Job Aids	Within 7 – 8 Months from Project Kick Off
10. Data Quality Validation and User Acceptance Testing	1. User Training for Acceptance Testing 2. Review and Update of User Scenarios and Test Plan 3. Provision of SME Data Samples 3. Coordination of User Acceptance Testing for MPI and Role Based Access 4. Coordination of User Acceptance Testing for DOHMH copy of patient identifier assignments or cross walk table for back-end accessibility. 5. Inclusion of Defect Tracking in Status Reports from discovery to resolution.	1. Provide Training for DOHMH User Acceptance Team. 2. DOHMH User Acceptance Team to Outline Test Scenarios and Data Sampling Requests. 3. Review and Update of Test Scenarios to Align with Source agnostic MPI solution Functionality, User Testing Steps and Data Element Field Identification 4. Review UAT Test Plan 5. Coordination of User Acceptance Testing of Master Patient Index Solution Features and Functions 6. Provision of SME Requested Data Samples for Quality Review and Validation. 7. Performance of Remediation Activities to Address DOHMH User Acceptance Data Quality Findings. 8. Coordination of User Acceptance Testing of Master Patient Index Solution FHIR R 4.0 for Use with Contributing Data	Within 8 - 10 Months from Project Kick Off

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
		Sources Data Integration with MPI 9. Coordination of User Acceptance Testing of Role Based Access Control 10. Coordination of User Acceptance Testing of DOHMH copy of patient identifier assignments or cross walk table for back-end accessibility. 11. Coordination of User Acceptance Testing of external modular matching in the stack or matching logic to honor external match. 12. Defect and Data Quality Tracking and Reporting in Weekly Status Report 13. Defect and Data Quality Remediation Retest and Acceptance by DOHMH User Acceptance Team.	
11. Deployment Plan	1. Go Live Plan 2. Ongoing Support Plan. 3. Service Level Agreement and Support Framework	1. Deployment Run Book Plan 2. Go Live Document with Tasks, Resources and Dates for Deployment 3. On-going Support and Maintenance Plan, Including Point of Contact and Resource Staffing Levels 4. Help Desk Q&A Tailored for DOHMH. 5. Service Level Agreement thresholds include one (1) hour acknowledge – response for occurrence with four (4) hour resolution. For highly complex occurrence the next business day is required.	Within 10-11 Months of Project Kick Off
12. Provision of End User Training and Help Desk Orientation	Implementation of Training Plan 1. Schedule Training Sessions	1. Training Schedule 2. Training Sessions	Within 11 to 12 Months from Project Kick Off

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
	2. Perform Business and Technical Training 3. Orient end users to user manual and Help Desk support.	3. Train the Trainer Sessions 4. Provide Training Video Content 5. Provide Web Based User Manual and Job Aids 6. Orient Users to Help Desk Support	
13. Production Deployment Execution	1. Implementation of a Master Patient Index Solution in Production Environment  2. Implementation of Master Patient Index Solution Features and Functions in Production Environment  3. Implementation of Master Patient Index Solution FHIR R 4.0 API for Use with Contributing Data Sources Data Integration with MPI in Production Environment  4. Implementation of MPI Role Based Access Control in Production Environment  5. DOHMH copy of patient identifier assignments or cross walk table with automated synchronization with MPI production environment.	1. Source agnostic MPI solution User Defined Graphical User Interface a) User Defined Dashboard b) Flat File Load for Batch Matching with Use of Available MPI IDs c) Log of Patient IDs for Reassignment for Surviving Records  2. MPI Features and Functions a) Matching Algorithm Use, Modification, Creation and Selection b) Side by Side Comparison of Matching Outcomes c) View of Underlying Data d) Manual Reclassification, Merge and Unmerge of patient records. e) View, Print and Export ETL and Entity Relationship Diagrams f) External Modular Matching Software Integration or Matching Logic to Honor External Match Decisions Design  3. FHIR 4.0 API Implementation of Master Patient Index Solution FHIR R 4.0 API for Use with	Within 12 Months from Project Kick Off

Deliverable	Minimum Required Activities	Required Documentation or Demonstration	Proposed Date Range of Completion
		Contributing Data Sources Data Integration with MPI a) Agnostic Integration Engine b) API Triggers by Contributing Data Sources  4. Role Based Access Control Implementation of MPI Role Based Access Control  5. DOHMH copy of patient identifier assignments or cross walk table with automated synchronization with MPI environment for back-end accessibility.	
14. Support and Maintenance	Ongoing Support to Contract	On-going Support and Maintenance Using Service Level Agreement.	Within 13 Months from Project Kick Off

### **C. Project Goals and Objectives**

The goals and objectives of this RFP are described below.

1. DOHMH will select, license, or subscribe, and utilize a Master Patient Index solution to deliver an extensible Source agnostic MPI solution as a centralized patient repository of all patients contained in DOHMH contributing data sources data. The prioritized data sources for this implementation include Electronic Clinical Laboratory Systems (ECLRS) and Electronic Case Report (eCR) data sources.
2. 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 Source agnostic MPI solution integration. An agnostic integration engine will be implemented and utilize API triggers by contributing data sources.
3. Programs across the agency utilize various matching software tools to support operational and research needs defined by the program. The Source agnostic MPI solution will have the ability to integrate external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic.
4. Implementation of the Agency Master Patient Index in 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.
5. A DOHMH copy of patient identifier assignments or cross walk table will be implemented and maintained with automated synchronization with MPI environment for back-end accessibility.

### **D. General Program Assumptions**

#### Contractor Assumptions:

- Contractor will perform the required work both onsite and offsite. For onsite work, Contractor will follow all City-wide, NYC DOITT and NYC DOHMH IT policies, procedures, and standards,
- Contractor will work at DOHMH's central office, located at 42-09 28<sup>th</sup> Street, Long Island City, New York. Work schedules will be in accordance with DOHMH's project schedules and deadlines.
- Contractor will not infringe or otherwise violate any patents, copyrights, trade secrets, licenses, or other rights of any third party.
- Prior to using any new or different software and/or equipment to provide the Scope of Work, Contractor will verify that its software and/or equipment (a) are consistent with and interoperate successfully with DOHMH's technology architecture, information technology and information technology standards; (b) have been properly installed; (c) are operating in accordance with its specifications; (d) are performing their intended functions in a reliable manner; and have been properly documented; and time being of the essence, Contractor

shall promptly provide such services and materials as may be required to replace, repair or correct any defects or warranty non-conformities in the Scope of Work. Vendor software upgrades and data repository updates should be performed in a timely manner and on an agreed upon schedule.

- Prior to beginning work, the Contractor will provide to DOHMH the names of a dedicated Project Manager; Business, Technical and Quality Assurance Data Analyst(s); Technical, Data and Solution Architect(s); Programmer(s) and other relevant technical resources for the duration of the successful development, implementation and post-production transition period for the Master Patient Index solution and API for use with DOHMH internal and external data partners for MPI data integration. It is the assumption that these individuals will remain on the project until completion. Any changes to the dedicated resources planned must be agreed to by DOHMH

### DOHMH Assumptions

- 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.
- DOHMH will designate 1 or 2 project sponsors who have authority to make all decisions regarding the project and who can sign off on all deliverables.
- DOHMH stakeholders will participate in project tasks and contribute to project deliverables per the levels of effort documented in the Project Charter to be approved by DOHMH during project initiation.
- The DOHMH project sponsor(s) will review all deliverables within ten (10) business days of submission and accept them or request changes/edits. If changes/edits are requested, the Contractor must resubmit the deliverable with recommended changes within five (5) business days to DOHMH. DOHMH will review the updated deliverables within five (5) business days of resubmission for acceptance or request modifications.
- DOHMH will provide all required access to systems and data to Contractor so long as, Contractor abides by the terms and conditions of the Data Use and Non-Disclosure Agreement, DIT Confidentiality Agreement, and DDC Confidentiality policy. Otherwise, DOHMH will revoke all access to systems and data.

## **SECTION III: FORMAT AND CONTENT OF THE PROPOSAL**

Instructions: The items contained in this section must be included in the Bidder's proposal to meet the minimum requirements for evaluation. The sections must be in the order described and written in a straightforward and concise manner. Proposals will be evaluated based on their content, not length.

Respondents must carefully examine all requirements stipulated in this RFP and respond to each requirement in their proposal.

### **A. Proposal Format Requirements**

- Font: 12 point – Times New Roman Spacing: Optional (single spaced or greater)
- Pages: Numbered (exclusive of title page and table of contents)
- Margins: 1 inch

- Paper: 8 ½ x 11
- File Format: PDF format

## **B. Proposal Content**

In detail, using the guidance outlined below, describe the Proposer's qualifications, capacity, and proposed plan for evaluating DDC's current surveillance workflow and implementing the new infrastructure, as described on the Section II: Scope of Services above.

### 1. Vendor Proposal Form

The Vendor Proposal Form (Attachment A) transmits the Proposer's Proposal Package to FPHNYC. An official authorized to bind the proposer must sign the Vendor Proposal Form.

### 2. Applicant Eligibility Questionnaire

The Applicant Eligibility Questionnaire (Attachment B) certifies that the Proposer meets the minimum mandatory requirements stated in this RFP.

### 3. Technical Proposal

Below is a listing of the technical information to be provided by the Proposer.

3.1 Proposal Summary: Provide a summary (no more than 1 page) of the important features of the proposal, including the Proposer's understanding of the issues.

3.2 Table of Contents: Provide a table of contents with page numbers for the materials contained in the Technical Proposal.

3.3 Qualifications and Experience: Describe the successful relevant experience of the Proposer, each proposed subcontractor, if any, and the proposed key staff in providing the work described in Section II: Scope of Services. Specifically address the following:

3.3.1 Demonstrate the Proposer's relevant qualifications and experience in the last five (5) years both for the firm as a whole, for each key staff person and, if applicable, each subcontractor the Proposer intends to assign to the effort required for the proposed services.

3.3.2 Provide a narrative description of the Proposer's demonstrated ability to a high level of project management, solution implementation, master data management, development and implementation of automated data integration of patient data from multiple contributing data sources, FHIR R 4.0 interoperability standards, API integration, data exchange technologies and web services.

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. The Proposer should cite specific examples of services provided for projects of similar scope and complexity.

3.3.3 Provide a synopsis of the scope of any similar project(s) conducted by the firm as a whole and/or in which proposed key personnel participated.

In addition:

3.3.5 Attach an Organizational Chart

3.3.6 Attach resumes and/or qualifications for each proposed key staff person.

- 3.3.7 Provide at least two references for the proposer and, if applicable, each subconsultant.
- 3.3.8 Attach client list with name, address, contact name, and telephone number of all subscribers to similar contracting services. If possible, list clients within the New York metropolitan area.

3.4 Organizational Capability:

Demonstrate the Proposer's organizational capability to perform the work described in Section II Scope of Services. Specifically address the following:

- 3.4.1 The Proposer's staffing capacity, including: (1) the number of full-time people currently employed by the firm, (2) the projects on which the firm is currently working, (3) future projects to which the firm is committed. All project information shall include the dollar value of the contract, as well as the schedule.
- 3.4.2 Provide a projection of how this project will affect the Proposer's current workload and standby capability. Specifically cite any ongoing jobs and demonstrate that they would not impact the proposer's capability to successfully implement this project.
- 3.4.3 Provide a description of the organization and management structure. Identify how the organization carries out mission-essential and other support tasks, define operational procedures, provide a description of how the organization improves its mission, and how decisions are managed.
- 3.4.4 State whether there are any pending legal proceedings to which the Proposer and any of its subsidiaries are a party to, of which any of their property is subject and any proceedings known to be contemplated by governmental authorities. If so, describe the nature and circumstances of the pending proceeding in detail.

In addition:

- 3.4.5 Attach a copy of the proposer's latest annual financial report, audit report, or most recent federal tax return with all schedules and sub-schedules.

**Note:** For submissions not inclusive of the proposer's latest annual financial report, audit report, or most recent federal tax return with all schedules and sub-schedules, a video conference call presentation will be scheduled for the proposer to provide the company's annual financial status, audit report, or most recent federal tax return with appointed members of the MPI Evaluation Committee to support their role in financial stability evaluation and scoring.

3.5 Proposed Approach:

Present a detailed description of how the Proposer will accomplish the tasks described in the Scope of Services. Specifically address the following:

- 3.5.1 Describe the Proposer's solution and demonstrate that it will effectively meet the goals and objectives set forth in this RFP by providing:
  - A description of the proposed solution to meet the goals set forth in this RFP.
  - A narrative overview of the capabilities of the Proposer and key personnel, and of the methodology to be employed in meeting the objectives of the RFP.



- A project description including tasks and proposed time frame for start-up of the operation, and delivery of services.
- A narrative overview of the proposed interaction between the Proposer, FPHNYC and DOHMH with respect to managing projects as described herein.
- Specific descriptions of workflow processes, management and control procedures, and client communications procedures, Contractor management procedures, project scheduling and reporting procedures, and detailed descriptions of the workflow methodologies to be employed from the Project Kickoff and requirements gathering through Project Closeout.

3.5.2 Describe and demonstrate the effectiveness of the Proposer's plan for managing and implementing these services.

3.5.3 Describe and demonstrate the effectiveness of the methods of quality control the proposer will utilize. The Proposer should cite specific examples of quality control methods employed on projects of similar scope and complexity.

3.6 Proposer Exceptions:

Define any exceptions taken to the requirements of the RFP, including general provisions for Service Contracts. The exceptions shall be included in a separate section of the Technical Proposal and clearly identified as such.

4. Price Proposal

The Price Proposal Form shall be utilized by the Proposer for the submission of the Price Proposal.

4.1 The Price Proposal Form (Attachment C) shall be signed by an authorized officer of the firm and adhere to the following:

- All fees shall be fully burdened ("Fully Burdened") and shall include, but not be limited to, all management, supervision, labor, material, supplies, consumables, repair parts, and equipment necessary to provide the applicable services. Likewise, the Fully Burdened fees shall include, but not be limited to, all payroll, statutory payments such as Social Security and Worker' Compensation, fringe benefits, Contractor overhead and expenses, travel time, and Contractor profit necessary to complete the services pursuant to the terms of the subsequent Agreement. All documents and reports requested regarding this RFP, including but not limited to contract documents, reports, service reviews, cost estimates, distribution reports, quality control reports, price proposals shall be provided at no additional cost to DOHMH. The Contractor shall be required to keep its submission of pricing data current until the Agreement has been completed. If the Contractor refuses to submit the required data to support price, the ACCO shall not accept the price.
- Funding should be allocated to increase staff capacity/size.
- The Proposer shall submit an all-inclusive Fixed Burdened rate per title hour to furnish all labor and materials required to complete the work.
- Except for Prevailing Wage rates, prices must remain fixed for the term of this contract including optional years.

- Except for Prevailing Wage rates, all prices shall not be subject to any additions, markups, percentage multiplier, or cost of living increases.
- The Proposer shall provide a mark-up rate percentage for subcontracting services. Said mark-up rate shall be Fully Burdened in accordance with the provisions herein.
- Funding will not be allocated for office supplies, rent, or activities outside the scope of this RFP.
- All costs associated with the successful implementation of deliverables and services will be all inclusive and comprehensive; costs will include, but not be limited to, travel, insurance, supplies, etc.
- The selected contractor will provide to DOHMH any component of any Work Product, deliverables, or the materials or methodologies used by the selected contractor in providing the services under the agreement.
- All deliverables under this contract will be “works-for-hire” and will be the sole property of DOHMH.
- The deliverables will not infringe or otherwise violate any patents, copyrights, trade secrets, licenses, or other rights of any third party.
- The build out of additional functionality and services and the renewal of costs including licenses is contingent on the availability of future funds.
- Prior to using any new or different software and/or equipment to provide the Scope of Services, the selected contractor will verify that its software and/or equipment (a) are consistent with and interoperate successfully with DOHMH's technology architecture, security and information technology standards; (b) have been properly installed; (c) are operating in accordance with its specifications; (d) are performing their intended functions in a reliable manner; and (e) have been properly documented; and time being of the essence, the selected contractor shall promptly provide such services and materials as may be required to replace, repair or correct any defects or warranty non-conformities in the Work Product or deliverables.
- Prior to the issuance of a contract, DOHMH may require that, as applicable, additional relevant service delivery requirements not included here must be agreed upon. These requirements may pertain but not be limited to privacy, confidentiality, and data use.

NOTE: No price information should be disclosed in the Technical Proposal; proposals will be evaluated for technical viability before cost is considered.

5. Acknowledgment of Addenda

The Acknowledgment of Addenda Form (Attachment D) serves as the Proposers’ acknowledgment of the receipt of addenda to this RFP, which may have been issued by FPHNYC prior to the proposal due date and time, as set forth in Section I.

**C. Proposal Package Contents**

The Proposal Package email should contain the following materials. Proposers should utilize this section as a “checklist” to assure responsiveness and completeness of submission prior to submitting their proposal.

- Vendor Proposal Form – Attachment A
- Applicant Eligibility Questionnaire – Attachment B
- Special Projects Terms and Conditions Attestation
- Technical Proposal:
  - Table of Contents
  - Proposal Summary (1 page limit)
  - Qualifications and Experience
  - Organization Chart
  - Resumes and/or Description of Qualifications for each proposed key staff person
  - Client list with name, address, contact name, and telephone number of all subscribers to similar contracting services. If possible, list clients within the New York metropolitan area.
  - Minimum of two client reference contacts with name, address, contact name, email address and telephone number.)
  - Audit report, latest annual financial report, or most recent federal tax return with all schedules and sub-schedules.
  - Proposed Approach
  - Proposer Exceptions
- Price Proposals:
  - Price Proposal Form – Attachment C
  - Deliverables – Based Milestone Payment Table
- Acknowledgement of Addenda – Attachment D
- Doing Business Data Form – Attachment E
- Notarized Iran Divestment Act Compliance Rider for New York City Contractors – Attachment F

#### **SECTION IV. PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES**

All proposals accepted by FPHNYC will be reviewed to determine responsiveness and completeness of submission to the requirements of this RFP. Proposals that are determined to be non-responsive will be rejected. The Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. DOHMH reserves the right to

conduct site visits and/or interviews and/or to request that Proposers make presentations and/or demonstrations as DOHMH deems applicable and appropriate.

Although discussions may be conducted with Proposers submitting acceptable proposals, DOHMH reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the Proposer's initial proposal should contain its best technical and price terms.

## A. Proposal Evaluation Criteria

The criteria, and the relative weight of each, that will be utilized to evaluate proposals are:

a. The quantity and quality of the Proposer’s experience in providing project management, agnostic MPI solution design, build and implementation, master data management, development and implementation of automated data integration of patient data from multiple contributing data sources, FHIR R 4.0 interoperability standards, API integration, data exchange technologies and web services.	30%
b. Proposer’s demonstrated level of organizational capability and capacity, <b>including financial stability</b> , market presence, proposed project team, references and ability to deliver scope of services in within the timeline.	20%
c. Proposer’s proposed approach and methodology to meet scope of services including ability to use external matching software and modify match thresholds, data enrichment capability, match confidence and ease of use for the user community.	30%
d. Proposer’s pricing. Inclusive of software application, build and implementation resources. Sustainability for outyear ongoing licensing, maintenance and support.	20%

## B. Selection Process

1. The Evaluation Committee will evaluate proposals and rank Proposers by technical merit and price according to the criteria listed above.
2. After completion of the technical evaluations, the Evaluation Committee may request oral presentations and/or demonstrations from qualified proposers for further evaluation.
  - a. At the sole option of FPHNYC, in coordination with DOHMH, and if the Evaluation Committee deems it necessary, respondents will be invited to present an overview of the solution contained in their technical proposal.
  - b. The oral presentation shall be followed by a question-and-answer session. A total maximum of ninety minutes in duration will be set-aside for each oral session.
  - c. Oral and/or visual presentations should not include any information that is not included in the written proposal. The purpose of the oral/visual presentation shall be solely to clarify the information contained in the written proposal.
3. As a result of the oral interview, the Evaluation Committee may re-assess the initial evaluation of the technical proposals based on an assessment of:
  - a. How well the total proposal meets DOHMH’s requirements.
  - b. The quantity and knowledge of the Contractor’s representatives about project management, agnostic MPI solution design, build and implementation, master data management, development and implementation of automated data integration of patient

data from multiple contributing data sources, FHIR R 4.0 interoperability standards, API integration, data exchange technologies and web services.

### **C. Award Process**

A contract award will be made to the responsible bidder whose proposal is determined to be the most advantageous to the City, taking into consideration technical merit and price. Contract award shall be subject to the timely completion of contract negotiations between FPHNYC, in collaboration with DOHMH, and the selected Proposer as well as a determination of vendor responsibility. FPHNYC and DOHMH reserve the right to accept or reject the proposals.

DOHMH shall rank proposers by technical merit. DOHMH reserves the right to ask for Best and Final Offers on both technical approach and price and may then further negotiate a fair and reasonable price with the highest technically ranked proposer. In the event that DOHMH has chosen to negotiate a fair and reasonable price with the top-ranked proposer and such fee was not successfully negotiated as determined by DOHMH, FPHNYC and DOHMH may conclude such negotiations and enter into negotiations with the next ranked proposer as necessary.

Each Proposer submitting a proposal will be notified in writing regarding the decision concerning their proposal. Once a selection has been made, the designated vendor will be asked to contract with the Fund for Public Health in New York City. Release of funds and other needs will be incorporated into the contracting process.

### **D. General Disclosures**

1. Right to Reject Proposals

FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered.

2. Proposal Costs

The respondent will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Respondents will not be reimbursed for any costs incurred in preparing proposals.

3. Fulfillment of Requirements

By submitting an information package, the Proposer acknowledges that the respondent has read and understands this RFP and is capable of fulfilling all requirements.

4. Right to Amend, Cancel, this RFP, or Solicit a New RFP

FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC, and/or DOHMH. FPHNYC or DOHMH may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.

5. Amount of Business

FPHNYC does not guarantee of any specific amount of business or revenue as a result of this RFP.

6. Security and Confidentiality

Respondents should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide appropriate justification for why such materials, upon request, should not be disclosed by FPHNYC. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by FPHNYC.

7. Proof of Insurance

The selected contractor will need to demonstrate that necessary insurance coverage, including Commercial General Liability and Worker's Compensation, is in place from the start of the contract.

**ATTACHMENT A  
VENDOR PROPOSAL FORM**

**Instructions:** Please complete and submit this Vendor Proposal Form with your application signed by the Project Director for the application and the entity's Authorizing Official.

<b>Bidder/Proposer's Legal Entity Name:</b>	
<b>Business Name, if different from above:</b>	
<b>Employer Identification Number:</b>	
<b>Principal Place of Business:</b>	
<b>Authorizing Official</b>	
<b>Name:</b>	<b>Title:</b>
<b>Email:</b>	<b>Phone Number:</b>
<b>Project Director</b>	
<b>Name:</b>	<b>Title:</b>
<b>Mailing Address:</b>	
<b>E-mail:</b>	<b>Phone Number:</b>
<b>Certifications</b>	
As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.	
_____ Signature of Project Director	_____ Date
As the Authorizing Official for the entity submitting this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.	
_____ Signature of Authorizing Official	_____ Date



**ATTACHMENT B  
APPLICANT ELIGIBILITY QUESTIONNAIRE**

**INSTRUCTIONS:** Proposers must respond to each of the following Minimum Requirements. Failure to submit a response, or selection of the response “No”, may disqualify the proposer from further consideration.

Part I:

<b>MANDATORY MINIMUM REQUIREMENTS OF RFP</b>		
<input type="checkbox"/>	A.	Have a minimum five (5) years of experience with project management, agnostic MPI solution design, build and implementation, master data management, development and implementation of automated data integration of patient data from multiple contributing data sources, FHIR R 4.0 interoperability standards, API integration, data exchange technologies and web.
<input type="checkbox"/>	B.	Be available to provide services within the New York City area (a New York City office is preferred) and for all aspects of service required herein.
<input type="checkbox"/>	C.	Confirm that, if awarded, it will agree to enroll as a City of New York approved vendor.

Part II:

<b>PREFERRED EXPERIENCE</b>		
<input type="checkbox"/>	A.	Knowledge of HIPAA, Fed Ramp, HITRUST
<input type="checkbox"/>	B.	
<input type="checkbox"/>	C.	
<input type="checkbox"/>	D.	

Part III:

<b>APPLICANT STATUS</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the Proposer a Minority and Women Business Enterprise (M/WBE)?

Part IV:

<b>PROPOSER'S CERTIFICATION</b>	
By my signature below, I certify that I am an authorized representative of the proposer named below, and that all information provided above is true and complete to the best of my knowledge.	
Signature of Authorizing Official	Date

Bidder/Proposer (Name of Firm)

## **ATTACHMENT C-1 PRICE PROPOSAL FORM INSTRUCTIONS**

Proposers are instructed to offer a maximum, not-to-exceed (NTE) rate for each title. The rate must be inclusive of all costs associated with the performance of work (for example, overhead, administrative fees, etc.). There will be no separate budget lines or payments for expenses other than the items of cost listed here.

Proposers must also attach their rate card, or a comprehensive list of the maximum hourly rates paid to personnel performing these functions. These rates will be provided for informational purposes only. DOHMH will only pay the contractor based on deliverables.

The contract that results from this solicitation will be a requirements contract. There is no minimum guaranteed quantity of work. The quantities estimated here are estimates for evaluation purposes only. The actual quantities may be more or less, depending upon the needs of DOHMH.

**ATTACHMENT C-2  
PRICE PROPOSAL FORM**

<b>Item #</b>	<b>Title / Description</b>	<b>A Quantity for Evaluation Purposes (Hours)</b>	<b>B Proposed Not-To- Exceed Hourly Rate (\$)</b>	<b>Extension Total (\$) (A x B)</b>
<b>Labor Rates for Staff*</b>				
1				
2				
3				
4				
5				
6				
7				
8				
Subtotal: Labor Rates				
<b>Software/Tools/ Supplies</b>	<b>Title / Description</b>	<b>Quantity for Evaluation Purposes</b>	<b>Estimated Cost</b>	<b>Extension Total (A x B)</b>
9			\$	\$
<b>Subcontracting Mark-up</b>	<b>Title / Description</b>	<b>Quantity for Evaluation Purposes (\$)</b>	<b>Percent Mark-up (%)</b>	<b>Extension Total (A x (1+B))</b>
10		\$		\$
Subtotal: Other Expenses (Software/Tools + Subcontracting Mark-up)				
<b>TOTAL (Labor Rates + Other Expenses)</b>				

\*Note: For any unit item title rate listed above for which subcontracting is required, the Proposer will indicate the applicable rate in the appropriate unit item as well as include the applicable mark-up in unit item 10. The Proposer shall identify separately any unit item title rate that is to be subcontracted.

## Deliverables - Based Milestone Payment Table

Include a completed Deliverables - Based Milestone Payment Table in the response to proposal reflecting vendor defined milestone payments.

Deliverable Based Milestone	Milestone Payment
Project Management Documentation	
Infrastructure, Security and Cloud Documentation	
Requirements Elicitation Activities	
Requirements and Design Documentation	
Implementation Strategy for Source Agnostic MPI solution Documentation	
Pro-Rated Application Software Fee	
Testing Documentation (QA Testing and Integration Plans)	
Performance of Unit, System, End to End Integration, QA and Performance Testing	
Fully Functioning Source agnostic MPI solution in Test Environment	
Training Plan and Training Materials	
Data Quality Validation and Coordination of User Acceptance Testing	
Deployment Plan	
End User Training and Help Desk Orientation	
Production Deployment	
Transition to One Year Maintenance and Support	

**ATTACHMENT D  
ACKNOWLEDGEMENT OF ADDENDA**

**INSTRUCTIONS:** Complete Part I OR Part II as applicable; complete and sign in Part III

**Part I – Acknowledgement of Receipt of Addenda**

Listed below are the dates of issue for each Addendum received in connection with this RFP:

Addendum #1: Dated \_\_\_\_\_

Addendum #2: Dated \_\_\_\_\_

Addendum #3: Dated \_\_\_\_\_

Addendum #4: Dated \_\_\_\_\_

Addendum #5: Dated \_\_\_\_\_

Addendum #6: Dated \_\_\_\_\_

Addendum #7: Dated \_\_\_\_\_

Addendum #8: Dated \_\_\_\_\_

Addendum #9: Dated \_\_\_\_\_

**Part II – Acknowledgment of No Receipt**

\_\_\_\_\_ No Addenda were received in connection with this RFP.

**Part III – Signature**

Signature of Authorizing Official	Date
Bidder/Proposer (Name of Firm)	

**ATTACHMENT E**  
**DOING BUSINESS DATA FORM**



DOING BUSINESS  
Data Form Standard



**ATTACHMENT F**  
**IRAN DIVESTMENT ACT COMPLIANCE RIDER FOR NEW YORK CITY**  
**CONTRACTORS**

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law (“SFL”) §165-a and General Municipal Law (“GML”) §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

- a) The person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award, nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder’s certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case-by-case basis if:

1. The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized, and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran: or
2. The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



**APPENDIX A  
MINIMUM REQUIREMENTS PER TITLE**

Any personnel provided by the Consultant and/or its Subconsultants must satisfy the Minimum Requirements Per Title set forth below:

TITLE	MINIMUM REQUIREMENTS	
	NUMBER OF YEARS OF EXPERIENCE	PROFESSIONAL LICENSE OR CERTIFICATION
<b>ADMINISTRATIVE PERSONNEL</b>		
Project Manager	5	
Business Analyst	5	
Project Director	7	
<b>TECHNICAL PERSONNEL</b>		
Technical / Data / Solution Architect	7	
Senior Developer/Engineer/Analyst	7	
Mid-level Developer/Engineer/Analyst	5	
Junior Developer/Engineer/Analyst	3	

**APPENDIX B**  
**DOHMH MASTER PATIENT INDEX SOLUTION**

<b>Req #</b>	<b>Requirement</b>	<b>Objective / Rationale</b>	<b>Program / Core Team Feedback</b>	<b>Priority</b>
<b>System 01</b>	Source agnostic MPI solution is Cloud hosted, fully managed, and maintained by vendor to Service Level Agreement.	Consistent DOHMH architecture and support approach.	<b>Health Informatics &amp; IT</b> Service Level Agreement One (1) hour acknowledge – response for occurrence with four (4) hour resolution. For highly complex occurrence the next business day is required.	Must
<b>System 02</b>	Source agnostic MPI solution utilizes HL7 FHIR R4.0 API to support integration of new and existing patient in the centralized Source agnostic MPI solution from DOHMH internal and external contributing data sources.	CMS and ONC FHIR R4.0 API to support integration from contributing data sources for agency extensibility.  A web services component is envisioned which will assign MPIDs during ETL processes	<b>Health Informatics &amp; IT</b> Compliance with CMS and ONC interoperability standard.  Extend centralized, integrated patient records from multiple data sources for integration of new patient information for use within the user community.	Must
<b>System 03</b>	Provide DOHMH copy of patient identifier assignments or cross walk table and maintain with automated synchronization with MPI environment.	DOHMH copy of patient identifier assignments cross walk table with synchronization to Source agnostic MPI solution affords back-end data table access for program use.	<b>Program Data Analyst</b> Provides direct access to back-end data tables for program specific use and analysis.	Must
<b>System 04</b>	Source agnostic MPI solution is designed as a centralized build of a master patient repository of all patients contained in DOHMH contributing	Core solution to enable patient matching across agency contributing data sets for extensibility.  Identifier fields, not inclusive of health information, are used for matching and can be	<b>Health Informatics &amp; IT</b> Core solution for technology enablement of patient matching of contributing data sets across the agency.  <b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	<p>patient data sources data.</p> <p>The prioritized contributing patient data sources for this implementation include Electronic Clinical Laboratory Reports (ECLRS) and Electronic Case Reports (eCR).</p>	<p>enriched with clinical patient data – contributing data sources data based on program needs.</p>	<p>incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Mental Health, Family Child Health and Environmental Health</b> Enables mortality centric operations and research activities.</p> <p><b>Disease Control, Family Health and Environmental Health</b> Pregnancy, Post-Partum and Birth Outcomes operations and research activities.</p> <p><b>Family Health, Prevention and Primary Care</b> Enables Population Health definition, monitoring, and referral.</p> <p><b>Public Health Laboratory</b> Technology Enabled Efficiencies</p> <p><b>Disease Control</b> Biologic Response, Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight</p>	
<b>System 05</b>	The FHIR R4.0 API consumes DOHMH user defined programming	Use of an FHIR R 4.0 API supports user defined, complex queries of the centralized, integrated	<b>Health Informatics &amp; IT</b> Compliance with CMS and ONC interoperability standard.	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	scripts to query new patient records and existing patient records from user defined, complex queries.	Source agnostic MPI solution.	<p>Extend centralized, integrated MPI access for user defined query to the MPI user community.</p> <p><b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Disease Control</b> Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight</p>	
<b>System 06</b>	The Source agnostic MPI solution includes historical data lineage, summarizes, and tracks the source of the underlying patient data and variations of patient information in by source contribution of patient records.	Provide historical data lineage context and track patient data variations by contributing data sources to support data governance activities.	<b>Health Informatics &amp; IT</b> Source data attribution and tracking is a data management – data governance best practice.	Must
<b>System 07</b>	Provide MPI matching approaches or combination of	Matching approaches or combination of approaches may be	<b>Health Informatics &amp; IT</b> Core solution for technology enablement of patient matching	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	<p>matching approaches that can resolve differences between records associated with the same entity.</p>	<p>utilized to optimize match rate.</p>	<p>of contributing data sets across the agency.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Mental Health, Family Child Health and Environmental Health</b> Enables mortality centric operations and research activities.</p> <p><b>Disease Control, Family Health and Environmental Health</b> Pregnancy, Post-Partum and Birth Outcomes operations and research activities.</p> <p><b>Family Health, Prevention and Primary Care</b> Enables Population Health definition, monitoring, and referral.</p> <p><b>Public Health Laboratory</b> Technology Enabled Efficiencies</p> <p><b>Disease Control</b> Biologic Response, Case Identification, Case Demographics, Case Management and Disease Surveillance</p>	
<b>System 08</b>	<p>Provide MPI data handling of nicknames, aliases, phonetic similarities, name</p>	<p>Matching consideration for error handling improves the patient match.</p>	<p><b>Health Informatics &amp; IT</b> Error handling is a data management best practice.</p> <p><b>All Stakeholders</b></p>	<p>Must</p>

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	and number transpositions, typos, and misspellings.		<p>Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Disease Control</b> Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight</p>	
<b>System 09</b>	Provide Source agnostic MPI solution patient matching approaches that limit the number of DOHMH manual review of records to resolve patient matching.	Matching approaches or combination of approaches may be utilized to reduce manual matching effort.	<b>Health Informatics &amp; IT</b> ONC Patient Matching Algorithm Challenge; Congress Urges ONC to Boost Patient Matching for COVID-19.	Must
<b>System 10</b>	Provide Role Based Access Control to Source agnostic MPI solution data based on DOHMH user defined roles and permissions.	Role base access control (RBAC) is consistent with DOHMH IT standards and minimum necessary data accessibility.	<b>Health Informatics &amp; IT</b> Consistency with DOHMH IT standards.	Must
<b>System 11</b>	Provide Source agnostic MPI solution graphical user interface that incorporates role-based access	A graphical user interface affords the DOHMH user community a front-end tool to access Source agnostic	<b>Health Informatics &amp; IT</b> Core solution for technology enablement of patient matching of contributing data sets across the agency.	Must



Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	<p>permission for manual patient matching resolution functions.</p>	<p>MPI solution and manual matching activities.</p>	<p><b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Mental Health, Family Child Health and Environmental Health</b> Enables mortality centric operations and research activities.</p> <p><b>Disease Control, Family Health and Environmental Health</b> Pregnancy, Post-Partum and Birth Outcomes operations and research activities.</p> <p><b>Family Health, Prevention and Primary Care</b> Enables Population Health definition, monitoring, and referral.</p> <p><b>Public Health Laboratory</b> Technology Enabled Efficiencies</p> <p><b>Disease Control</b> Biologic Response, Case Identification Case Demographics, Case Management and Disease Surveillance Oversight</p>	

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
<b>System 12</b>	Provide MPI administration queue and access to merge and unmerge record functionality for manual matching for data owner to enhance weak or near matches.	Data owner subject matter expertise and data set familiarity support role-based access to apply merge and unmerge record functionality to improve patient matching.  Support data stewardship activities.	<b>Health Informatics &amp; IT</b> Manual review and matching by Data Stewards using merge and unmerge functionality enhances data validation and data integrity.  <b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.  <b>Disease Control</b> Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight	Must
<b>System 13</b>	Provide manual patient matching resolution function supports over-ride or clear of incorrectly classified user defined record classification within the manual review queue for re-classification.	Patient record classification is the foundation for algorithm application.	<b>Health Informatics &amp; IT</b> Reclassification of patient record informs downstream algorithm application.  <b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.  <b>Disease Control</b> Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight	Must
<b>System 14</b>	Provide a manual patient matching resolution function which includes a view of the underlying data of	Underlying patient data provided additional context for data stewards and upstream users of patient to	<b>Health Informatics &amp; IT</b> Core solution for technology enablement of patient matching of contributing data sets across the agency.	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	<p>master patient repository for user context to inform match resolution and application of merge and unmerge functionality.</p>	<p>inform patient matching in manual review.</p>	<p><b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Mental Health, Family Child Health and Environmental Health</b> Enables mortality centric operations and research activities.</p> <p><b>Disease Control, Family Health and Environmental Health</b> Pregnancy, Post-Partum and Birth Outcomes operations and research activities.</p> <p><b>Family Health, Prevention and Primary Care</b> Enables Population Health definition, monitoring, and referral.</p> <p><b>Public Health Laboratory</b> Technology Enabled Efficiencies</p> <p><b>Disease Control</b> Biologic Response, Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight</p>	

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
<b>System 15</b>	Provide a batch matching tool that non-developers can load flat files containing patient information and have available MPI IDs and high-level meta data exported to end users.	Data owners and non-programmers can load files of interest.	<p><b>Health Informatics &amp; IT</b> Core solution for technology enablement of patient matching of contributing data sets across the agency.</p> <p><b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Mental Health, Family Child Health and Environmental Health</b> Enables mortality centric operations and research activities.</p> <p><b>Disease Control, Family Health and Environmental Health</b> Pregnancy, Post-Partum and Birth Outcomes operations and research activities.</p> <p><b>Family Health, Prevention and Primary Care</b> Enables Population Health definition, monitoring, and referral.</p> <p><b>Public Health Laboratory</b> Technology Enabled Efficiencies</p> <p><b>Disease Control</b></p>	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
			Biologic Response, Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight	
<b>System 16</b>	Provide a graphical user interface for role-based access controlled DOHMH manual adjustment of matching algorithms for a stronger patient match.	A graphical user interface affords the DOHMH user community a front-end tool to access Source agnostic MPI solution and perform manual algorithm adjustment for enhanced matching.	<p><b>Health Informatics &amp; IT</b> Data Steward and subject matter expertise applied to algorithm adjustment improves patient match.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Disease Control</b> Case Identification Case Demographics, Case Management and Disease Surveillance Oversight</p>	<b>Must</b>
<b>System 17</b>	<p>MDM solution must have the ability to integrate external modular matching software into stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic.</p> <p>Vendors who do not provide this functionality will be deemed non-responsive to RFP.</p>	<p>Data Stewards for a given program wish to integrate a separate matching component for their data source.</p> <p>Source agnostic MPI solution must honor match decisions from external matching solutions.</p>	<p><b>Health Informatics &amp; IT</b> Data Steward and subject matter expertise applied to algorithm adjustment improves patient match outcome.</p> <p><b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p>	<b>Must</b>

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
			<p><b>Disease Control</b>            Biologic Response, Case Identification Case Demographics, Case Management and Disease Surveillance Oversight</p>	
<b>System 18</b>	Provide a graphical user interface for role-based access controlled DOHMH user defined patient matching algorithm development and application.	A graphical user interface affords the DOHMH user community a front-end tool to access Source agnostic MPI solution to develop and apply user define matching algorithms.	<p><b>Health Informatics &amp; IT</b>            Data Steward and subject matter expertise algorithm development improves patient match.</p> <p><b>All Stakeholders</b>            Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Disease Control</b>            Biologic Response, Case Identification Case Demographics, Case Management and Disease Surveillance Oversight</p>	Must
<b>System 19</b>	Provide MPI dashboard user defined – user configurable patient matching activities such as data sources in current feed, number of new patients added, number of updated existing patient records and manual matching patient queue statistics.	High level MPI activity monitoring is data management best practice.	<p><b>Health Informatics &amp; IT</b>            Core solution for technology enablement of patient matching of contributing data sets across the agency.</p> <p><b>All Stakeholders</b>            Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b>            Improved matching between existing systems, broader inclusion of patient data sets and</p>	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
			<p>context and promotes services collaboration and integration.</p> <p><b>Mental Health, Family Child Health and Environmental Health</b> Enables mortality centric operations and research activities.</p> <p><b>Disease Control, Family Health and Environmental Health</b> Pregnancy, Post-Partum and Birth Outcomes operations and research activities.</p> <p><b>Family Health, Prevention and Primary Care</b> Enables Population Health definition, monitoring, and referral.</p> <p><b>Public Health Laboratory</b> Technology Enabled Efficiencies</p> <p><b>Disease Control</b> Biologic Response, Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight</p>	
<b>System 20</b>	Source agnostic MPI solution provides a single match request in less than 2 seconds and bulk matching of 10K records in 1 minute.	Since MDM solution will be integrated into other ETL processes, response time must be quick enough to avoid slowing down consuming solution.	<p><b>Health Informatics &amp; IT</b> Single and bulk matching speed and file size requirements are defined for agency extensibility for use with existing processes.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p>	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
			<p><b>Disease Control</b> Case Identification Case Demographics, Case Management and Disease Surveillance Oversight</p>	
<b>System 21</b>	MPI dashboard will refresh daily at minimum.	Timely MPI activity monitoring.	<p><b>Health Informatics &amp; IT</b> MPI algorithm processing is monitored on a timely basis.</p>	Must
<b>System 22</b>	<p>Provide a graphical user interface for role-based access controlled for manual add/edit and update to patient record demographic fields as defined by DOHMH.</p> <p>A demographic field which may be manually updated is treated as an update when the MPI processing occurs. Any manual updates not processed through the Source agnostic MPI solution are not reflected in the MPI.</p>	A graphical user interface affords the DOHMH user community a front-end tool to access Source agnostic MPI solution to perform manual demographic data updates for improved patient matching activities.	<p><b>Health Informatics &amp; IT</b> Functionality to add, edit and update patient demographics may inform effective and efficient manual patient matching activities.</p> <p><b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates incomplete data, and enhances disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Disease Control</b> Case Identification Case Demographics, Case Management and Disease Surveillance Oversight</p>	Must
<b>System 23</b>	Provide a log/audit function of all Source agnostic	Ensures record of user activities.	<p><b>Health Informatics &amp; IT</b> Data integrity issues or problem resolution is informed by user activity audit log.</p>	Must



Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	MPI solution user activity.			
<b>System 24</b>	Provide a graphical user interface for role-based access-controlled comparison function between algorithms for evaluation of patient matching results.	The side-by-side comparison of algorithms with data output to a sandbox location informs algorithm adjustment or selection for improved patient matching.	<p><b>Health Informatics &amp; IT</b> Limited access to adjust or select data set specific patient matching algorithms and view side by side results in a sandbox or scratch location to inform decision making.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Disease Control</b> Case Identification Case Demographics, Case Management and Disease Surveillance Oversight</p>	Must
<b>System 25</b>	Source agnostic MPI solution displays relationships between sources available for reference from within the solution.	Display of automatically documented entity relationships supports context for use of Source agnostic MPI solution	<p><b>Health Informatics &amp; IT</b> Enablement of technical analysis and impact of data ETL and entity relationships on MPI matching outcomes.</p>	Must
<b>System 26</b>	Source agnostic MPI solution provides automatic updates to data file relationships diagrams which may be displayed, printed or exported for reference.	Display of data relationships depiction to print or export provides additional user context in MPI use and data analysis and data stewardship activities.	<p><b>Health Informatics &amp; IT</b> Core solution for technology enablement of patient matching of contributing data sets across the agency.</p> <p><b>All Stakeholders</b> Data validation provides reliable patient indicators, mitigates incomplete data, and enhances</p>	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
			<p>disease control program oversight.</p> <p><b>All Stakeholders</b> Improved matching between existing systems, broader inclusion of patient data sets and context and promotes services collaboration and integration.</p> <p><b>Mental Health, Family Child Health and Environmental Health</b> Enables mortality centric operations and research activities.</p> <p><b>Disease Control, Family Health and Environmental Health</b> Pregnancy, Post-Partum and Birth Outcomes operations and research activities.</p> <p><b>Family Health, Prevention and Primary Care</b> Enables Population Health definition, monitoring, and referral.</p> <p><b>Public Health Laboratory</b> Technology Enabled Efficiencies</p> <p><b>Disease Control</b> Biologic Response, Case Identification, Case Demographics, Case Management and Disease Surveillance Oversight</p>	
<b>System 27</b>	Source agnostic MPI solution includes log of changes in patient ID assignments so	Since MDM solution will be integrated with other ETL processes, ID assignments changed within the MDM need to	<b>Health Informatics &amp; IT</b> Log of changes in ID assignments and update to MPID requirement is defined for agency extensibility for use with existing processes.	Must

Req #	Requirement	Objective / Rationale	Program / Core Team Feedback	Priority
	that consuming systems can periodically query change log and update MPIDs' cached in those systems. When the system is required with old MPID, the surviving record is returned with newly assigned MPID.	be reflected in those systems else there will be inconsistencies that will negate the point of MPID.		
<b>System 28</b>	Source agnostic MPI solution will integrate with the MS active directory to meet agency security practices.	Supports single system for managing user identify and permissions that integrates with existing configuration.	<b>Health Informatics &amp; IT</b> MS Active Directory is DOHMH Technology Standard.	Must
<b>System 29</b>	Source agnostic MPI solution includes a geocoding component and integration with the DOHMH Geo-Support System maintained by the NYC Department of City Planning to include all fields from Geo-Support, specifically Building Identifier Number (BIN) in Address	Spatial integration of clinical data and environmental exposures data.	<b>Environmental Health</b> Inclusion of DOHMH Geo-Support System fields, particularly Building Identifier Number (BIN), enables building composite layer or additional crosswalk to define the census block group or tract, or any other geographic unit.  Please see reference document included in this request for proposal "Environment Health Spatial Integration with Clinical Information"	Must

**APPENDIX C**  
**Standard Clauses for FPHNY Special Project Contract Attestation**

(Name of Contractor) has review the Terms and Conditions identified in Appendix C (Standard Clauses for FPHNY Special Project Contract), with the understanding that this boilerplate language is not negotiable, and the contractor accepts these terms and condition as such.

Name of Contractor

By: \_\_\_\_\_

Name:

Title:

## **A. Reference Article – Environmental Health Spatial Integration with Clinical Information**

Provided by DOHMH Environmental Health as a reference use case for Requirement System 29.



fhir\_pit\_Environment  
Data\_integration

## **B. Disaster Recovery and Business Continuity**

Full Disaster Recovery and Business Continuity Plan is requested in Project Management Documents Deliverables. A 99% uptime is expected for solution. Business hours for the solution are Monday through Friday 8:00 am to 6:00 pm Eastern Standard Time with Cron job scheduling for report generation and distribution expanding these hours after business hours. DOHMH collaboration with the Disaster Recovery and Business Continuity Plan, as well as in determination of Service Level Agreement parameters, will be a focus early in the project engagement.

### C. Use Cases by Theme

<b>Use Case Theme: Data Validation</b>		
<b>Use Case Description:</b>	Use of an Source agnostic MPI solution to support data validation in operations and research activities. Reliable race and ethnicity indicators inform public health indicators. The use of MPI enables validation of self-reported conditions for 911 adult and child cohorts. The introduction of additional patient information informs more complete report submissions and more robust disease control program data.	
<b>Purpose:</b>	MPI data validation supports operational and research activities; provides patient indicators, opportunities to validate self-reported conditions and mitigates incomplete patient data for reporting and enhances disease control program oversight.	
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts	
<b>Primary Stakeholders:</b>	Primary Stakeholders	Interested Stakeholders
<b>Interested Stakeholders:</b>	All Stakeholders	All Stakeholders
<b>System Criteria:</b>	Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Source patient data source includes, summarizes, and tracks underlying patient data variations of patient information. Algorithms resolve differences between records associated with the same entity; data quality features manage typos, misspellings, transposition, nick names and aliases. Manual matching features and view of underlying patient data support data validation activities.	
<b>MPI Data Set Sources:</b>	DOHMH data sets identified for data validation include:  SPARCS, Birth, Death, Medicaid, HIV Registry, TB Registry, STI and Hemoglobin A1c data sets.	
<b>Success Guarantees:</b>	Role based assess to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support program operational and research activities.	
<b>Preconditions:</b>	User has a valid login and user role base access to Source agnostic MPI solution.	
<b>Trigger:</b>	Defined by the programs to meet data validation requirements to support operational and research activities.	

<b>Use Case Theme: Improved Matching</b>		
<b>Use Case Description:</b>	Use of an Source agnostic MPI solution to support improved matching in operations and research activities, as well as transition planning efforts for Laboratory Information System. Broader inclusion of patient data sets and use of MPI provides a more robust view of patient information for agency collaboration and service integration.	
<b>Purpose:</b>	MPI improved patient matching supports operational and research activities; provides a broader patient data context, supports transition planning between agency systems and promotes service collaboration and integration.	
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts	
<b>Primary Stakeholders:</b>	Primary Stakeholders	Interested Stakeholders
<b>Interested Stakeholders:</b>	All Stakeholders	All Stakeholders
<b>System Criteria:</b>	<p>Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Source patient data source includes, summarizes, and tracks underlying patient data variations of patient information. The FHIR R 4.0 API consumes user defined programming scripts to query new and existing patient records. Algorithms resolve differences between records associated with the same entity and de-duplication across disease control systems.</p> <p>User interface enables over-ride of patient classification, view of underlying data, integration of modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic, manual merge and unmerge; as well as add, edit – update patient demographic fields defined by DOHMH. Algorithms may be modified, or new algorithms developed, with a side-by-side comparison feature to evaluate matching results.</p> <p>An MPI dashboard presents the status of patient matching activities including data sources in current feed, number of patients added, updated, and matched.</p>	
<b>MPI Data Set Sources:</b>	DOHMH data sets identified for improved matching include: SPARCS, Birth, Death, Medicaid, HIV Registry, TB Registry and STI	
<b>Success Guarantees:</b>	Role based assess to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support program operational and research activities.	
<b>Preconditions:</b>	User has a valid login and user role base access to Source agnostic MPI solution.	

<b>Trigger:</b>	Defined by the programs to meet improved matching requirements to support operational and research activities.	
<b>Use Case Theme: Case Identification, Case Demographics and Case Management</b>		
<b>Use Case Description:</b>	Use of a Source agnostic MPI solution to support case identification, case demographics and case management activities.	
<b>Purpose:</b>	MPI enables complete case identification within surveillance activities using the CDC case definition within the NYC jurisdiction. Patient matching and data validation functions reduce duplication of patient records and mitigate overcounting or reporting of cases and provide efficiencies in prioritization of cases for medical intervention. Enriched patient demographics support descriptive statistics used to report case demographics and public health indicators. Efficiencies from MPI enable identification of patient location, as well as patient contacts for communicable diseases for case follow up and prioritized medical intervention.	
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts	
<b>Primary Stakeholders:</b>	Primary Stakeholders	Interested Stakeholders
<b>Interested Stakeholders:</b>	Disease Control	
<b>System Criteria:</b>	<p>Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Source patient data source includes, summarizes, and tracks underlying patient data variations of patient information. Program ability to batch load flat files containing patient information.</p> <p>Algorithms resolve differences between records associated with the same entity and de-duplication across disease control systems. Data quality features include data error handling of typos, misspellings, transposition, nick names and aliases. Manual matching features and view of underlying patient data support data validation activities.</p> <p>User interface enables over-ride of patient classification, view of underlying data, integration of modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic, manual merge and unmerge; as well as add, edit – update patient demographic fields defined by DOHMH. Algorithms may be modified, or new algorithms developed, with a side-by-side comparison feature to evaluate matching results.</p> <p>An MPI dashboard presents the status of patient matching activities including data sources in current feed, number of patients added, updated, and matched.</p>	



<b>MPI Data Set Sources:</b>	DOHMH data sets identified for case identification, case demographics and case management include:  SPARCS, Birth, Death, Medicaid, HIV Registry, TB Registry, STI and Hemoglobin A1c data sets.
<b>Success Guarantees:</b>	Role based access to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support disease control case identification, case demographics and case management activities.
<b>Preconditions:</b>	User has a valid login and user role based access to Source agnostic MPI solution.
<b>Trigger:</b>	Defined by the programs to meet surveillance and case management requirements to support operational and research activities.

<b>Use Case Theme: Mortality</b>	
<b>Use Case Description:</b>	Use of a Source agnostic MPI solution supports mortality operational and research activities. The Source agnostic MPI solution affords efficiencies in establishing linkages to examine maternal morbidity and mortality. Mortality among the seriously mentally ill and service utilization by those individuals who have died by suicide are a mental health focus for use of MPI. Workplace - occupational fatality are efficiently enabled for environmental operations using MPI.
<b>Purpose:</b>	MPI supports mortality operational and research activities. Maternal morbidity and mortality, mental health service utilization and the expanded patient contexts of lifespan and suicide as well as occupational fatalities are enabled with the Source agnostic MPI solution.
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts
<b>Primary Stakeholders:</b>	Primary Stakeholders
<b>Interested Stakeholders:</b>	Interested Stakeholders
<b>System Criteria:</b>	<p>Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Patient data source includes, summarizes, and tracks underlying patient data variations of patient information. The Source agnostic MPI solution resolves differences with the same entity, limits the number of DOHMH records for manual review to resolve matching. Role based access control provides use of graphical user interface to view queue of records for manual matching, merging, and unmerging of records, override of classification while viewing the underlying patient data.</p> <p>Manual adjustment of matching algorithms, creation of new matching algorithms and integration of external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic is provided based on user role with a side-by-side comparison feature for best patient match – best patient record determination.</p> <p>The Source agnostic MPI solution provides ETL detail in graphic displays of entity relationship diagrams, data sources, data linkages and relationships between sources available. Automatic updates are performed as changes – updates occur; the user has the ability to print or export the graphical depiction(s).</p> <p>A batch matching tool for non-developers is available to load flat files containing patient information and available MPI IDs and high-level meta data available for user export. A log of changes to the patient ID assignment is included so that surviving records from updates return newly assigned MPIDs.</p> <p>The addition and/or update of patient demographic fields is defined by DOHMH.</p>

<b>MPI Data Set Sources:</b>	DOHMH data sets identified for program evaluation include: SPARCS, Birth, Death and Medicaid.
<b>Success Guarantees:</b>	Role based access to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support program operational and research activities.
<b>Preconditions:</b>	User has a valid login and user role based access to Source agnostic MPI solution.
<b>Trigger:</b>	Defined by the programs to support mortality operational and research activities.

<b>Use Case Theme: Pregnancy and Birth Outcomes</b>			
<b>Use Case Description:</b>	Use of a Source agnostic MPI solution supports pregnancy and birth outcomes operational and research activities. The Source agnostic MPI solution affords access to the Zika registry, as well as infectious disease monitoring from pregnancy to post-partum residence. Birth outcomes are linked with Zika, infectious disease during pregnancy and exposure to air pollution with birth outcomes using spatial and clinical information integration.		
<b>Purpose:</b>	MPI supports linkages with pregnancy, post-partum and birth outcomes patient data with infectious disease and pollution health impacts. Integration of DOHMH Geo-Support System maintained by the NYC Department of City Planning to include Building Identifier Number (BIN) in Address during geocoding enables spatial and clinical information integration.		
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts		
<b>Primary Stakeholders:</b> <b>Interested Stakeholders:</b>	<table border="1"> <tr> <td>Primary Stakeholders  Disease Control, Family Child Health, Environmental Health</td> <td>Interested Stakeholders</td> </tr> </table>	Primary Stakeholders  Disease Control, Family Child Health, Environmental Health	Interested Stakeholders
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<b>System Criteria:</b>	<p>Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Patient data source includes, summarizes, and tracks underlying patient data variations of patient information. The Source agnostic MPI solution resolves differences with the same entity, limits the number of DOHMH records for manual review to resolve matching. Role based access control provides use of graphical user interface to view queue of records for manual matching, merging, and unmerging of records, override of classification while viewing the underlying patient data.</p> <p>Manual adjustment of matching algorithms, creation of new matching algorithms and integration of external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic is provided based on user role with a side-by-side comparison feature for best patient match – best patient record determination.</p> <p>The Source agnostic MPI solution provides ETL detail in graphic displays of entity relationship diagrams, data sources, data linkages and relationships between sources available. Automatic updates are performed as changes – updates occur; the user has the ability to print or export the graphical depiction(s).</p> <p>A batch matching tool for non-developers is available to load flat files containing patient information and available MPI IDs and high-level meta data available for user</p>		

	<p>export. A log of changes to the patient ID assignment is included so that surviving records from updates return newly assigned MPIDs.</p> <p>The addition and/or update of patient demographic fields is defined by DOHMH.</p> <p>To support integration of spatial data with clinical information, a geocoding component within the Source agnostic MPI solution will include integration with the DOHMH Geo-Support System maintained by the NYC Department of City Planning to include Building Identifier Number (BIN) in Address.</p>
<b>MPI Data Set Sources:</b>	<p>DOHMH data sets identified for program evaluation include:</p> <p>SPARCS, Birth, Death and Medicaid</p>
<b>Success Guarantees:</b>	<p>Role based access to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support program operational and research activities.</p>
<b>Preconditions:</b>	<p>User has a valid login and user role base access to Source agnostic MPI solution.</p>
<b>Trigger:</b>	<p>Defined by the programs to support pregnancy and birth outcomes operational and research activities.</p>

<b>Use Case Theme: Population Health</b>			
<b>Use Case Description:</b>	Use of a Source agnostic MPI solution supports population definition and cohorts for population health monitoring. Population health early intervention is supported using the Source agnostic MPI solution for patient and pediatric provider data for EI referral.		
<b>Purpose:</b>	MPI supports population definition and expanded patient data monitoring for population health.		
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts		
<b>Primary Stakeholders:</b> <b>Interested Stakeholders:</b>	<table border="1"> <tr> <td>Primary Stakeholders Family Child Health, Prevention and Primary Care</td> <td>Interested Stakeholders</td> </tr> </table>	Primary Stakeholders Family Child Health, Prevention and Primary Care	Interested Stakeholders
Primary Stakeholders Family Child Health, Prevention and Primary Care	Interested Stakeholders		
<b>System Criteria:</b>	<p>Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Patient data source includes, summarizes, and tracks underlying patient data variations of patient information. The Source agnostic MPI solution resolves differences with the same entity, limits the number of DOHMH records for manual review to resolve matching. Role based access control provides use of graphical user interface to view queue of records for manual matching, merging, and unmerging of records, override of classification while viewing the underlying patient data.</p> <p>Manual adjustment of matching algorithms, creation of new matching algorithms and integration of external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic is provided based on user role with a side-by-side comparison feature for best patient match – best patient record determination.</p> <p>The Source agnostic MPI solution provides ETL detail in graphic displays of entity relationship diagrams, data sources, data linkages and relationships between sources available. Automatic updates are performed as changes – updates occur; the user has the ability to print or export the graphical depiction(s).</p> <p>A batch matching tool for non-developers is available to load flat files containing patient information and available MPI IDs and high-level meta data available for user export. A log of changes to the patient ID assignment is included so that surviving records from updates return newly assigned MPIDs.</p> <p>The addition and/or update of patient demographic fields is defined by DOHMH.</p>		
<b>MPI Data Set Sources:</b>	<p>DOHMH data sets identified for program evaluation include:</p> <p>No specific data sets were associated with this use case. NYC Justice population and children under three years of age.</p>		

<b>Success Guarantees:</b>	Role based access to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support program operational and research activities.
<b>Preconditions:</b>	User has a valid login and user role base access to Source agnostic MPI solution.
<b>Trigger:</b>	Defined by the programs to support population health operational and research activities.

<b>Use Case Theme: Technology Enabled Operational Efficiencies</b>	
<b>Use Case Description:</b>	<p>Use of a Source agnostic MPI solution to expand data exchange with internal and external partners and gain operational efficiencies in fulfillment of data requests.</p> <p>Public Health Laboratory will leverage the FHIR 4.0 API to expedite data exchange with internal and external partners to fulfill data requests. The use of the interoperability standard in healthcare will shorten the fulfillment window to support operational and research activities.</p>
<b>Purpose:</b>	MPI supports data exchange using an interoperability standard for use with internal and external DOHMH partners.
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts
<b>Primary Stakeholders:</b>	Primary Stakeholders
<b>Interested Stakeholders:</b>	Interested Stakeholders
<b>System Criteria:</b>	<p>Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Patient data source includes, summarizes, and tracks underlying patient data variations of patient information. The Source agnostic MPI solution resolves differences with the same entity, limits the number of DOHMH records for manual review to resolve matching. Role based access control provides use of graphical user interface to view queue of records for manual matching, merging, and unmerging of records, override of classification while viewing the underlying patient data.</p> <p>Manual adjustment of matching algorithms, creation of new matching algorithms and integration of external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic is provided based on user role with a side-by-side comparison feature for best patient match – best patient record determination.</p> <p>The Source agnostic MPI solution provides ETL detail in graphic displays of entity relationship diagrams, data sources, data linkages and relationships between sources available. Automatic updates are performed as changes – updates occur; the user has the ability to print or export the graphical depiction(s).</p> <p>A batch matching tool for non-developers is available to load flat files containing patient information and available MPI IDs and high-level meta data available for user export. A log of changes to the patient ID assignment is included so that surviving records from updates return newly assigned MPIDs.</p> <p>The addition and/or update of patient demographic fields is defined by DOHMH.</p>
<b>MPI Data Set Sources:</b>	DOHMH data sets identified for program evaluation include:



	Public Health Laboratory fulfillment of internal and external data requests were the foundation for this use case.
<b>Success Guarantees:</b>	Role based access to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support program operational and research activities.
<b>Preconditions:</b>	User has a valid login and user role base access to Source agnostic MPI solution.
<b>Trigger:</b>	Defined by the programs to support technology enabled operational efficiencies.

<b>Use Case Theme: Biological Response</b>	
<b>Use Case Description:</b>	Use of a Source agnostic MPI solution to support biological emergency response. MPI enables patient data linkage to administer medical countermeasures, such as flu vaccine and prophylactic antibiotics.
<b>Purpose:</b>	MPI supports administration of medical countermeasures for operations.
<b>Primary Actor(s):</b>	Program Designees – Data Stewards – Subject Matter Experts
<b>Primary Stakeholders:</b>	Primary Stakeholders
<b>Interested Stakeholders:</b>	Interested Stakeholders
<b>System Criteria:</b>	<p>Implementation of centralized build of a MPI repository of all patients contained in DOHMH contributing patient data sources. Patient data source includes, summarizes, and tracks underlying patient data variations of patient information. The Source agnostic MPI solution resolves differences with the same entity, limits the number of DOHMH records for manual review to resolve matching. Role based access control provides use of graphical user interface to view queue of records for manual matching, merging, and unmerging of records, override of classification while viewing the underlying patient data.</p> <p>Manual adjustment of matching algorithms, creation of new matching algorithms and integration of external modular matching software into the stack or provide a matching process that can honor match decisions from outside matching solutions through matching logic is provided based on user role with a side-by-side comparison feature for best patient match – best patient record determination.</p> <p>The Source agnostic MPI solution provides ETL detail in graphic displays of entity relationship diagrams, data sources, data linkages and relationships between sources available. Automatic updates are performed as changes – updates occur; the user has the ability to print or export the graphical depiction(s).</p> <p>A batch matching tool for non-developers is available to load flat files containing patient information and available MPI IDs and high-level meta data available for user export. A log of changes to the patient ID assignment is included so that surviving records from updates return newly assigned MPIDs.</p> <p>The addition and/or update of patient demographic fields is defined by DOHMH.</p>
<b>MPI Data Set Sources:</b>	DOHMH data sets identified for program evaluation include: SPARCS, Birth, Death and Medicaid.
<b>Success Guarantees:</b>	Role based assess to MPI linkages of interest and patient data with system criteria - features available to establish the single best patient record to support program operational and research activities.

<b>Preconditions:</b>	User has a valid login and user role base access to Source agnostic MPI solution.
<b>Trigger:</b>	Defined by the programs to support technology enabled operational efficiencies.