

Aggregated MPI Vendor Questions 2.5

Question 1.

What Matching Software is currently used by DOHMH to support operational and research needs?

DOHMH Response: Disease Surveillance programs may utilize third party matching software and manual matching in MS Excel spreadsheets. There is not a standardized matching software tool across the surveillance programs or within the larger Agency.

Question 2.

What is the Count of the Member/Patient for whom the MPI Solution needs to be implemented?

DOHMH Response: The RFP includes estimates for API requests which are defined as any predefined “triggers” by the DOHMH data source systems included in the scope of the RFP. The “trigger” would warrant the need to call the API for updated information, e.g., new patient, update to existing patient, deletion of existing patient, new Electronic Clinical Laboratory Report, new Electronic Case Record Report, etc. Estimates included in the RFP were driven from a statistical forecasting model which included COVID-19 message volumes. For the purposes of the RFP the upper range and maximum threshold of messages was included as a DOHMH benchmark.

Historical data load estimate is 163 million requests.

Annual increase estimate from March 2024 through February 2025 is 13 million requests.

Outyear ongoing annual increase estimate is up to 31 million requests.

Question 3.

Does DOHMH Prefer to have the Master Patient Index Solution hosted in the Agency Hosted Azure Tenant or the Vendor Hosted Azure Tenant?

DOHMH Response: MPI solution is a vendor hosted and fully managed solution: vendor assumes cloud hosting fees.

Question 4.

What is the Format of the Legacy data from Electronic Case Reporting (eCR) and Electronic Clinical Laboratory Reporting System (ECLRS)?

DOHMH Response: Electronic Case Reporting (eCR) format is HL7 CDA R2 XML; Electronic Clinical Laboratory Reporting System format is HL7 Customized XML

Question 5.

Does the Post Implementation Support include the Operations & Maintenance, or does it include only Maintenance of the platform and work on adding additional data sources on the platform?

DOHMH Response: The goal for the MPI solution is Agency extensibility beyond the initial implementation with Electronic Care Reporting and Electronic Clinical Laboratory data in scope for this proposal. The MPI solution will be designed and implemented to support the introduction of new data sources.

Question 6.

Does DOHMH have estimates on how many additional data sources and requests are anticipated to be integrated in the platform during the Post-Implementation Phase?

DOHMH Response: Within the Use Cases by Theme, pages 61 through 74, include descriptions of MPI data set sources that may be considered for Agency extensibility. Data set sources described include:

- **Statewide Planning and Research Cooperative System (SPARCS)**
- **Vital Statistics Birth**
- **Vital Statistics Death**
- **Medicaid**

Annual increase estimate from March 2024 through February 2025 is 13 million requests. Ongoing annual increase estimate is up to 31 million requests.

Question 7.

We need the "ATTACHMENT E-DOING BUSINESS DATA FORM", it was added as an attachment to the RFP Document and is not accessible.

DOHMH Response: Included a link from the FPHNYC website: please contact procurement@fphnyc.org if unable to download from link below. [Doing-Business-Data-Form.pdf \(fphnyc.org\)](#)

Question 8.

How would you rate the overall quality of data and consistency of quality across the data sources?

DOHMH Response: Data quality for ECLR record is scantily populated and includes First Name, Last Name, Date of Birth and some Address information. eCR is of high data quality.

Question 9.

Are there data guides available for every source system?

DOHMH Response: Data Models for both data sources.

Question 10.

Is there any specific data validation business logic to be implemented?

DOHMH Response: No specific data validation business logic has been developed for implementation.

Question 11.

Given you have mentioned in the RFP, that scope for matching is Members, would this be a standalone entity, or will Member be related to Providers (HCP/HCO etc.)

Any additional linkage from a mastering perspective that you would like to highlight?

DOHMH Response: The scope of the RFP is Agency Master Patient Index solution: matching is performed with patients. Members are not referenced in the RFP.

Question 12.

Can you please detail out the data sources to be considered for Member matching apart from ones we could infer from proposal?

DOHMH Response: Patient matching is the scope of the Agency MPI solution.

Electronic Case Reporting (eCR) and Electronic Clinical Laboratory Reporting System (ECLRS) in scope of Agency MPI solution.

Within the Use Cases by Theme, pages 61 through 74, include descriptions of MPI data set sources that may be considered for Agency extensibility. Data set sources described include:

- **Statewide Planning and Research Cooperative System (SPARCS)**
- **Vital Statistics Birth**
- **Vital Statistics Death**
- **Medicaid**

Question 13.

Do you have existing Patient Matching Logic? If yes, can you share details?

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

Question 14.

Are there any data retention rules to be applied to this system? For example, how long should data be kept?

DOHMH Response: MPI data will be retained indefinitely.

Question 15.

Does the M/WBE need to be based in NYC?

DOHMH Response: No. There is not a requirement that the M/WBE be NYC based.

Question 16.

Does DOHMH have a preference on hosting the solution in your Azure tenant or in a tenant managed by software vendor?

DOHMH Response: Agency MPI is a vendor hosted and fully managed solution for DOHMH: vendor assumes cloud hosting fees.

Question 17. Can the agency describe the outcome of the initial RFP for this project issued earlier in 2022? How many proposals were submitted, if any? Who submitted proposals? Why was no vendor selected?

DOHMH Response: After review of the proposals submitted for the initial RFP, DOHMH elected to re-evaluate the MPI solution budget and perform administrative updates for clarity in professional services and software solution requirements for the scope of the Agency MPI Solution design, development, implementation and support.

Question 18.

Page 5 Section I.C. I am not quite following the payment schedule. The RFP says, "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," and then, "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." But if "Post implementation support begins in March 2024 and extends through February 2025" how and when is that post implementation support paid for?

DOHMH Response: No. Post implementation support contract discussion will be initiated three months prior to anticipated project completion.

Question 19. Page 7 Section I.D. "It is anticipated that all contract deliverables will be completed by June 2024." Essentially the same question as above: If payment stops June 2024, but support continues through February 2025, is it incumbent on the vendor to fund this support from deliverable payments received by June 2024?

DOHMH Response: No. The vendor is not expected to fund support through deliverable payments. We anticipate payment for post implementation services from March 2024 through February 2025.

Question 20. Does the funding limit include the operations cost of the cloud-based deployment environment? Or can NYC provide space on one of its existing Azure cloud instances for this project?

DOHMH Response: Agency MPI is a vendor hosted and fully managed solution for DOHMH: vendor assumes cloud hosting fees.

Question 21. 1. 4 & Cover Page Table A Due date listed as 11/14/2022 on the cover page however page 4, Table A – The Proposal Package and page 7 indicate the due date is 11/16/2022. Please clarify the due date.

DOHMH Response: Apologies for conflicting dates: utilize November 16 as Proposal Package due date.

Question 22. 4.1 Bullet #1 What is ACCO?

DOHMH Response: Agency Chief Contracting Officer (ACCO) is a term used within the DOHMH Agency for contract management group.

Question 23. Page 31 & 5 What is considered as necessary insurance coverage?

DOHMH Response: The limits stated in these sections are minimums; the amount available to the City and FPHNY and their respective officials and employees as additional insured, shall be greater of such minimum limits or the maximum total insurance limits available to the Contractor under all primary and excess policies of insurance. This means that should a claim(s) be made that are in excess of the minimum requirements and the vendor policy has limits in excess of the FPHNYC contract minimum then the full coverage value would be made available to cover claims that result from the work the vendor did under this contract.

DOHMH Response

1. Commercial General Liability: insurance to provide coverage for bodily injury and property damage, including damage to any facilities, equipment or vehicles, in limits of no less than \$1,000,000 per occurrence \$3,000,000 aggregate, \$1,000,000 personal and advertising injury aggregate; written on an occurrence basis with coverage at least as broad as the most recently-issue version of ISO form CG 00 01, and no exclusions other than as required by law or approved in writing by DOHMH. Such insurance shall include the City of New York and FPHNY, including their respective officials, and employees as additional insured, with coverage at least as broad as the

most recently issued ISO form CG 20 26.

2. Professional Liability (Medical Malpractice): If Contractor is providing professional services, Contractor shall obtain professional liability insurance, in limits of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate;

3. Employers Liability: maintain employer's liability as required by law. and

4. Workers' Compensation: workers' compensation and disability insurance as required by the applicable New York State law.

5. Commercial Auto: If Contractor uses any vehicles in the performance of services under this Agreement, Contractor shall obtain commercial auto coverage for all owned, non-owned, and hired vehicles, written on a form at least as broad as ISO form CA 00 01, with minimum limits of \$1,000,000 per accident.

6. Excess Umbrella Liability: in the event that contractor's insurance policy(s) does not meet the limits stated above.

Contractor shall maintain on file with FPHNY current Certificates of Insurance for the above referenced policies, listing FPHNY and the City as Additional Insureds for General Liability policies and as Certificate Holders for all other required insurance. All of the above policies shall provide for a waiver of subrogation in favor of the City of New York and FPHNY, including their respective officials and employees, and shall be primary and non-contributing to any insurance or self-insurance maintained by any of those parties. Contractor waives all claims against the City of New York and FPHNY, including their respective officials and employees, that would be covered under any policy of insurance required by this Agreement. Acceptance of a certificate of insurance or policy of insurance by FPHNY or the City of New York does not waive the requirements of this section. Contractor's insurance obligations are in addition to, separate from, its obligations to defend and indemnify the City of New York and FPHNY and their respective officials and employees as provided for elsewhere in this Agreement. The limits stated in this section are minimums; the amount available to the City and FPHNY and their respective officials and employees as additional insured, shall be the greater of such minimum limits or the maximum total insurance limits available to the Contractor under all primary and excess policies of insurance.

Question 24. Page 5 & 6 Section I.C Please define requests from the "4 million requests," "13 million requests annually," and "31 million requests annually" statements in this section. Is that a unique person count? Individual record count? API transaction count? Or something else?

DOHMH Response: The RFP includes estimates for API requests which are defined as any predefined "triggers" by the DOHMH data source systems included in the scope of the RFP. The "trigger" would warrant the need to call the API for updated information, e.g. new patient, update to existing patient, deletion of existing patient, new Electronic Clinical Laboratory Report, new Electronic Case Record Report, etc. Estimates included in the RFP were driven from a statistical forecasting model which included COVID-19 message volumes. For the purposes of the RFP the upper range and maximum threshold of messages was included as a DOHMH benchmark.

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Question 25. Pages 5 & 6 Section I.C Related to the definition of “requests” in this section, if it is not a unique person count, what is the anticipated unique person count over those same time periods.

DOHMH Response: The RFP includes estimates for API requests which are defined as any predefined “triggers” by the DOHMH data source systems included in the scope of the RFP. The “trigger” would warrant the need to call the API for updated information, e.g., new patient, update to existing patient, deletion of existing patient, new Electronic Clinical Laboratory Report, new Electronic Case Record Report, etc. Estimates included in the RFP were driven from a statistical forecasting model which included COVID-19 message volumes. For the purposes of the RFP the upper range and maximum threshold of messages was included as a DOHMH benchmark.

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Question 26. Page 9 Section II. A. This section states “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.” Is DOHMH seeking both an MPI solution and an “integration engine” as part of this RFP?

DOHMH Response: DOHMH defines an agnostic integration engine as the integration coding needed to accept information from any source to obtain an MPI.

Question 27. Please clarify if an MPI solution that supports APIs calls made directly from existing application(s) or from a different integration engine(s) (not procured/delivered/built as part of the RFP) meets DOHMH’s requirements.

DOHMH Response: The agnostic integration is designed, built and implemented as part of the RFP.

Question 28. If the intent is to also procure an “integration engine” with this RFP: details scope, requirements, hosting plan, technical standards required, number of integrations, systems to be integrated with & those systems technical capabilities, SLAs, and ongoing support/future development needs would need to be clarified.

DOHMH Response: The agnostic integration is designed, built and implemented as part of the RFP and included in the cloud hosted, fully management environment provided by the vendor.

Question 29. Page 19 Section II.B, 13. Please define and provider requirements related to “View, Print and Export ETL and Entity Relationship Diagrams”

DOHMH Response: The intent of this requirement is visualization of the sources of the data and relationships between records to a screen, to print and/or export.

Question 30. Page 20 Section II. B, 13 & Section II : C.2. Please explain what role the selected vendor will have related to the “Agnostic Integration Engine”. Is the role limited to the interacting with the MPI?
Is it limited to the initial scope?

DOHMH Response: The vendor will be responsible to design, build and implement an agnostic integration engine defined as the integration coding needed to accept information from any source to obtain an MPI. The agnostic integration engine will be cloud hosted and fully managed by the vendor.

Question 31. Page 9 Section II: B Project Scope of Work Please define dedicated for “dedicated Project Management; Business, Technical and Quality Assurance Data Analyst: Technical, Data, and Solution Architect; Programmers, and other relevant technical resources”

DOHMH Response: The vendor, or vendor’s integrator, proposes, secures and provides both the technical and administrative resources defined (“dedicated Project Management; Business, Technical and Quality Assurance Data Analyst: Technical, Data, and Solution Architect; Programmers, and other relevant technical resources”) to assign to the project to successfully deliver the Scope of Services as detailed in the RFP as deliverables.

Question 32. Page 9 Section II: B Project Scope of Work
What is the anticipated number of hours are needed from the dedicated resources per month?

DOHMH Response: The vendor will propose the resource hours based on analysis and estimation to successfully deliver the Scope of Services as detailed in the RFP as deliverables.

Question 33. Page 11 Section II: B,1.6
Change Management Plan: Is there existing infrastructure for change management that this project is folded into, or is the expectation to stand up a new change management process for just this project?

DOHMH Response: A change management plan is required for the project.

Question 34. Page 11 Section II: B,1.6 Please confirm that the items listed only require to be documented by the vendor and not implemented by the Vendor.

For example, “Firewall rules and Connections” are listed, as a vendor we can provide details on what firewall rules might need to be opened from a customer’s infostructure but would expect the customer’s network team to make any changes needed to the customer’s firewall.

DOHMH Response: Infrastructure, Security and Cloud Documentation is completed by the vendor under information technology direction with internal DOHMH infrastructure, security and cloud reviews which may include vendor participation, collaboration and documentation updates to support DOHMH configuration for solution implementation.

Question 35. Page 15 Section II. B, 7.4 What is being penetration tested, only the hosted MPI or some or all of DOHMH’s infostructure ?

DOHMH Response: Penetration testing includes the scope of the MPI solution components as designed, built and implemented. Penetration testing will include all services and applications.

Question 36. Page 15 Section II: B, 7.4 Will a recent penetration test of the hosted MPI be acceptable? Or will a new penetration test be required? If a new test is required, please provide details related to scope of testing.

DOHMH Response: Penetration testing includes the scope of the MPI solution components as designed, built and implemented. The penetration testing will be defined with the awarded vendor.

Question 37. Page 11 Section B, 2 Please provide a copy or template of the Software Security Assurance Program (SSAP) document so vendors can anticipate scope and level of effort.

DOHMH Response: The Software Security Assurance Program (SSAP) includes the following topics and/or sections: Project Information, Project and Business Objectives, Application Criticality, Application Information, Vendor Involved in Development / Hosting, Data and Global Diagram.

Question 38. Page 16 Section II: B, 8.3 What FHIR operations are required?

DOHMH Response: FHIR operations will be defined during the requirements gathering and design phase with the awarded vendor.

Question 39. Page 18 Section II. B, 11 Deployment Plan sections mentions SLAs, please clarify if these apply to the deployment phase or only to the post-go-live phase.

DOHMH Response: The reference to Service Level Agreements (SLAs) pertains to post-go-live phase and included as a component of deployment deliverable.

Question 40. Page 20 Section II. B, 14 What level of professional services [from the dedicated Project Management ; Business, Technical and Quality Assurance Data Analyst : Technical, Data, and Solution Architect ; Programmers, and other relevant technical resources] are needed post go-live with the initial scope ?

DOHMH Response: The vendor will propose the professional services required to successfully provide ongoing support.