

Bidder's Conference Calls Q&Q

1. After the Bidder's Conference Call today who may we reach out to during the RFP development process?

DOHMH Response: FPHNYC.

2. How are professional services and product billed?

DOHMH Response: The project is a deliverables-based payment model.

3. Exceptions may be noted by the vendor; does this include the bidder having something different in mind and suggestions for alternatives?

DOHMH Response: Review and/or discussion of exceptions may be conducted by the MPI Evaluation Committee: additional meeting(s) may be requested by the MPI Evaluation Committee at their discretion.

4. Multiple matching engines and swap out of matching engines may be included: while partnering with a specific vendor we may require different APIs. Will guidance and collaboration be available from DOHMH?

DOHMH Response: DOHMH has been open to other products and has spent effort in reviewing existing best in class engines.

5. If existing engines are in use or have been looked at is there a stacked data repository?

DOHMH Response: DOHMH has looked at a COTS solution in which triggers are determined for the repository to the integration engine for an MPI format. There are also cross walk table(s) for deduplication.

6. Is PPRL a consideration?

DOHMH Response: PPRL is not included in the RFP requirements at this time. Data exchange is occurring internally and is source agnostic.

7. Can any analysis that has been done be shared?

DOHMH Response: DOHMH is not able to share internally conducted product analysis.

8. How is the matching engine envisioned?

DOHMH Response: Agnostic part is the source system: request returns the MPI ID. Future thinking is to reduce switching cost. The focus of this RFP effort is to ensure extensibility to accommodate future state data sources and many different matching technologies.

9. Will distributed matching be involved?

DOHMH Response: Source system is the databases within DOHMH. DOHMH would define fields across multiple databases (ECLRS and eCR in the scope of this effort) to determine a match and return an MPI.

10. Clarification of data sources.

DOHMH Response: ECLRS and eCR.

11. What is the desired matching engine accuracy level?

DOHMH Response: Manual review will be included a part of the matching process.

12. From the historical load, there will be 163 million requests ...
How many are expected for auto matching? How many are expected for manual matching?

DOHMH Response: There are not estimates available for automated and manual matching as this time.

13. If there is manual matching, who will be performing the manual matches?

DOHMH Response: Informatics and Surveillance resources.

14. If there is not enough information to perform a match will the information be retained?

DOHMH Response: Yes.

15. The first RFP included population estimate; are you able to provide population estimates?

DOHMH Response: The patient estimate is 10 million.

16. Enterprise Service Bus (ESB) was used to describe brokering source systems and managing the MPI. What are the source systems capable of?

DOHMH Response: Agnostic integration engine was described in the RFP. The initial data sources included in the RFP are ECLRS and eCR. Envision a process flow with the DOHMH source systems on the left, the source agnostic integration engine in the middle, the MPI service on the right. The MPI service provides a response via API. The integration engine adds an entry to crosswalk table. We need Business Analysts to define triggers to call and get an MPI on a transactional basis in as close to real time as possible. We need the integration engine to format the appropriate API, send the API to the MPI Service and store the response in a crosswalk table.

17. High level identity example

DOHMH Illustration: Cindy with a C is reported in January with a disease; the report flows through the engine and to the MPI service and is assigned with identifier #1. A new report is received for Sindy with an S; the new report is a defined trigger and flows through the integration engine and to the MPI service. Sindy receives the same identifier, #1. Both patients are stored in the crosswalk table with the same identifier, i.e., they are duplicates. This information can be used by the business community to deduplicate the two "S/Cindy's" and create one consolidated record given the requirements of the business. We need the Business Analysts to work with DOHMH subject matter experts to define the triggers. We need Developers to write the code given the triggers.

18. Boundaries for professional services; what activities are included.

DOHMH Response: 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.

19. Ongoing support for additional connections?

DOHMH Response: The support with additional connections will vary source by source: differing configurations may be needed and will be evaluated on a case-by-case basis.

20. What is the DOH preferred model?

DOHMH Response: We want vendor-managed, cloud hosted services for development and initial implementation, then we may plan to migrate to an agency or city tenant to contain cloud cost after production launch. Hosting cost should be estimated for the first two years after launch.

21. Resources needed.

DOHMH Response: DOHMH Response: 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.

22. Is a full change management program needed?

DOHMH Response: Yes.

23. Why the re-release?

DOHMH Response: To ensure that the software and professional services are included to design, develop, test and implement the solution.

24. Can you provide the number of unique patients? The estimated patient volume.

DOHMH Response: The patient estimate is 10 million.

25. Would SPARCS, Medicaid and Vital Statistics data be limited to NYC?

DOHMH Response: Yes

26. Does ongoing support include manual review?

DOHMH Response: Manual review and matching will be performed by DOHMH Informatics and Surveillance resources.

27. Mention source agnostic in the RFP.

DOHMH Response: Data source is agnostic; initial data sources included are ECLRs and eCR. The MPI solution needs to be extensible to future planned data sources.

28. Review of Budget Timeline from RFP

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



29. For the building identifier information can you provide a link or the column headings?

Updated 11.2.22: DOHMH Response: The DOHMH internal geocoding service is not accessible externally and is but is based on [NYC Department of City Planning's GeoSupport](#). There is a publicly available geocoding service built off of it ([Geoclient API \(nyc.gov\)](#)) but there are caveats for using it as it differs from the DOHMH internal service. The options for geocoding will depend on how the system is designed, hosted and fields identified and possible return values. Geocoding will be defined during the requirements and design phases of the project.

30. Is the Azure cloud cost carried by us?

DOHMH Response: We want vendor-managed, cloud hosted services for development and initial implementation, then we may plan to migrate to an agency or city tenant to contain cloud cost after production launch. Hosting cost should be estimated for the first two years after launch.

31. What is the scope of the data sources?

DOHMH Response: ECLRS and eCR data are the data sources included in the initial effort in this RFP. A discovery process would need to be conducted later for other data sources.

32. Review of SLA discussion in RFP.

DOHMH Response: 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. Bulk data ingestion is expected overnight; determination of Service Level Agreement parameters will be a focus early in the project engagement.

33. What type of FHIR based outputs are expected?

DOHMH Response: Standard FHIR based output as well as use of Bulk FHIR and Smart FHIR where triggers from the source system is the transaction. Envision a process flow with the DOHMH source systems on the left, the source agnostic integration engine in the middle, the MPI service on the right.

The MPI service provides a response via API. The integration engine adds an entry to crosswalk table. We need Business Analysts to define triggers to call and get an MPI on a transactional basis in as close to real time as possible. We need the integration engine to format the appropriate API, send the API to the MPI Service and store the response in a crosswalk table.

34. Is M/BWE required?

DOHMH Response: No.

35. Is there a feel for patient volume?

DOHMH Response: The patient estimate is 10 million.