



**Request for Proposals (RFP) for  
Development of Electronic Disease Reporting Infrastructure Replacement Solution**

**ADDENDUM #1**

Dated September 1, 2023

The Request for Proposals (RFP) is modified as set forth in this Addendum. The original RFP documents remain in full force and effect, except as modified by this Addendum, which is hereby made part of the RFP. Respondents shall take this Addendum into consideration when preparing and submitting their Proposals.

**Please note that the submission due date for proposals has been extended to Monday, September 11, 2023 at 11:59 p.m. EDT.**

**I. Extension of RFP Application Deadline:**

The RFP timetable has been revised as shown below. Language that is crossed-out has been deleted; language red bold-face font has been added. All changes have been highlighted.

<b>Request for Proposals (RFP) Release</b>	June 16, 2023
<b>Deadline for Written Questions</b>	July 7, 2023
<b>Q&amp;A Posted</b>	July 19, 2023
<b>Bidder’s Conference Call</b>	July 19 – 21, 2023
<del><b>Bidder’s Intent to Bid Email</b></del>	<del>July 28, 2023</del>
<b>Proposal Package Due</b>	<del>August 7, 2023</del> <b>September 11, 2023 at 11:59 p.m. EDT</b>
<b>Funding Notification</b>	<del>September 5, 2023</del> <b>on or about October 2, 2023</b>

**II. Changes to RFP language:**

The following sections of the RFP have been revised as follows. Language that is crossed-out has been deleted; language in red bold-face font has been added. All changes have been highlighted.

**SECTION I: SUMMARY OF THE REQUEST FOR PROPOSALS**

**A. RFP Timetable (pages 4-5)**

**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 to schedule July 19-21, 2023. Compiled questions and DOHMH responses from Bidder Conference Calls will be posted **September 1, 2023** ~~the week of July 24, 2023~~. **Prospective bidders are not required to submit an Intent to bid ahead of their proposal** ~~Prospective bidder is requested to submit an Intent to Bid by July 28, 2023.~~

**E. Submission Instructions** (page 7)

The deadline for submission is **September 11, 2023** ~~August 7, 2023~~, 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 “EDRI Replacement 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.

**H. Bidders Conference Call** (page 7)

Requests to schedule a half hour Bidders Conference Call must be submitted by July 7, 2023, in writing to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with a subject line of “EDRI Replacement 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 after the posting of the Written Questions and Answers. Questions and answers from the Bidder’s Conference Calls will be posted **September 1, 2023** ~~the week of July 28, 2023~~.

**I. Bidders Intent to Bid** (page 8)

**Prospective bidders are not required to submit an Intent to bid ahead of their proposal** ~~Intent to Bid is requested by July 28, 2023, in writing to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with a subject line of “EDRI Replacement Solution RFP – Intent to Bid.~~

**III. Responses to Bidder’s Conference Questions:**

**Question 1: Clarification on sole ownership of the source code; are you looking for a solution that DOHMH can own and manage themselves without vendor support?**

Response: The scope of the EDRI Replacement includes a significant volume of data and number of users: the vision for ownership and internal support has been a fiscal determination from previous experience of ongoing support and maintenance costs not being sustainable for DOHMH. DOHMH is interested in and requested vendor inclusion of ongoing support and maintenance costs be included in the Technical Proposal. Note: The provision of ongoing support and maintenance is not included in the RFP Scope of Work and budget.

**Question 2: As a SaaS provider, what additional information or context can you provide?**

Response: DOHMH will review a vendor submission that includes a product: the challenge is the alignment with the Request for Proposal.

**Question 3: As a SaaS provider, would we document an exception on source code, and potentially others?**

Response: Yes.

**Question 4: Budget clarification (pending posting of Q&A)**

Response: The \$5,000,000 budget is intended to support the three years of the project activities included in the RFP Scope of Work. Transition to DOHMH Division of Information Technology for ongoing support is included in the RFP (Transition Plan, Post-Production Transition per Plan). DIT is the lead support entity; vendors are encouraged to provide an estimate on outyear, ongoing support and maintenance costs the Technical Proposal. Note: The provision of ongoing support and maintenance is not included in the RFP Scope of Work and budget.

**Question 5: Technology clarification (pending posting of Q&A)**

Response: DOHMH Division of Information Technology standard for application development is C# on a .NET platform. The intent of the EDRI Replacement effort is to design, build and implement the EDRI Replacement solution to transition the ongoing support and maintenance to DOHMH Division of Technology. DOHMH utilizes Selenium Web/GUI open-source framework that automates the testing of web applications across different browsers and platforms. The preferred tool for code version control is GitHub enterprise which may be used under the DOHMH account.

**Question 6: The deliverables structure seems “waterfall-like”, and an Agile approach may be preferred.**

Response: DOHMH developed a project schedule for use in the underpinnings of RFP planning. DOHMH recognizes that there may be differing approaches to the successful delivery of the EDRI Replacement Scope of Work. The vendor may propose an alternative order for the deliverables in support of successful delivery of the Scope of Work. Vendor alignment of activities within the Deliverables Payment structure must include all Required Documentation or Demonstration components as defined in the Scope of Work.

**Question 7: Clarification to question posed on providing Maven de-duplication logic: could Maven settings be shared by DOHMH?**

Response: DOHMH is unable to share the Maven de-duplication logic, however the DOHMH can share the settings from the four existing Maven instances.

**Question 8: Are there component of the current EDRI system that you wish to keep?**

Response: We do not wish to build on the current EDRI system. There is no desire for enhancement, rebuilding or use of the existing code. This includes the data model and core infrastructure: a properly designed data model is needed. While there may be some similarities there is no desire to use current EDRI components.

**Question 9: Is Maven a destination and a source?**

Response: Yes. Maven is a destination and a source for minor demographics to EDRI.

**Question 10: Can you expand on Maven as a destination and source and the demographics.**

Response: EDRI to Maven as a destination is merged with any changes or updates to demographics sent to EDRI. The changed or update demographics are available for programs to view and import into their systems.

**Question 11: How is matching in current EDRI? Is this outsourced?**

Response: Current EDRI uses Quality Stage for matchings. DOHMH is internally developing a matching tool and will have a tool for providers and facilities to use the solutions we provide for EDRI Replacement.

**Question 12: What is the PHB?**

Response: Perinatal Hepatitis B used in Newborn Screening.

**Question 13: Can offshore resources be used?**

Response: No.

**Question 14: Can you share the outcome from the previous RFP and describe how this RFP is different?**

Response: The previous EDRI RFP was awarded, and project efforts ensued. It was determined that ongoing licensing, maintenance, and support costs were not sustainable. The shift in the RFP is reflected in the professional services focus, the requirement in the use of the DIT standard technology stack, and the transition to DIT as the lead support entity to address sustainability.

**Question 15: Are you able to share the awarded vendor?**

Response: Yes, the vendor that was awarded in the previous EDRI RFP was Ready Computing as the service integrator with TIBCO Software.

**Question 16: Is EPI Query related to EDRI Replacement?**

Response: No; they are not related.

**Question 17: What pain points do you expect to address with the EDRI Replacement?**

Response: The pain points would begin with the design and data model; current state EDRI was built as needed to add data sources and functionality. The process and data flow were incremental – added as needed. The EDRI Replacement would be the rebuild of the full scope as work and requirements defined in the RFP. There is a significant manual work effort to clean data in current state EDRI. EDRI Replacement would include automation and use of machine learning and AI technologies to reduce manual quality assurance. EDRI Replacement improve matching capability: DOHMH is currently building and implementing tools for patient, provider and facility matching that would be included in EDRI Replacement. In terms of scalability, the inclusion of negative laboratory results and full scope of formats, such as eCR, would be expected in EDRI Replacement.

**Question 18. Can you elaborate on machine learning and AI? Healthcare experience is that without manual matching projects may be placed on hold.**

Response: DOHMH acknowledges that this is a valid point and recognizes the significant role of manual quality assurance in matching. There are significant data quality resources involved in the DOHMH data quality process. DOHMH is interested in exploring these technologies for matching, data cleaning, detecting any anomalies in case reporting that may indicate possible outbreaks or reporting drop-offs. DOHMH would expect the awarded vendor to leverage these technologies in EDRI Replacement.

**Question 19: Would DOHMH want to develop a solution for scalability using cloud database and cloud technologies?**

Response: The vendor is welcome to propose cloud-based solutions. The vendor is encouraged to align with Microsoft technologies and migration to Azure cloud as described in the RFP and included in the Vendor Q&A.

**Question 20: Are you expecting the vendor to come up with the proposed solution?**

Response: The vendor is requested to discuss completed projects – solutions of similar scope as outline in the RFP. Proposal Evaluation Criteria included in the RFP: c. Proposer’s proposed approach, methodology, expertise of resources identified to meet the Scope of Work. Vendor is encouraged to refer to the technology stack defined in requirements Solution 01. The vendor will provide the development environment in their own Azure tenant to conduct development,

unit and systems testing: DOHMH Azure tenant will be used for integration, performance, stress, load testing and user acceptance testing.

**Question 21. Can you provide more in terms of scalability for processing?**

Response: During Covid we were not able to handle including the negative results; We needed to store these results in a separate database, and it was labor intensive to develop percent positivity. DOHMH desires to process and retain all negative report results and anticipates an expansion of iterative reporting of negative results for such disease conditions such as syphilis, as well as anti-susceptibility results for specific antibiotics.

**Question 22. What about data sources? Are there data sources you will be adding? How frequently do you update data sources?**

Response: We are fairly stable with data sources; they don't change that much. We are working on other projects that would include additional data sources.

**Question 23. Is data collection real-time or batch based? How is the data used?**

Response: We want data as real time as possible. Once the data goes into Maven cases are investigated. We have a prioritization for processing incoming data using major and minor disease matrix; cases are investigated immediately or may not be investigated.

**Question 24: With data folding in – does the vendor need to understand the source systems or does DOHMH understand and help to get the data from systems?**

Response: Historically there has been help to understand data – downstream and upstream data sources.

**Question 25: Do you have a common schema? Does it exist?**

Response: We have a data schema that we do not like: we need a relational data model schema.

**Question 26: May vendors propose licensed software (CPU core-based pricing), or do you require that the entire project be open source or developed specifically for this project?**

Response: DOHMH is looking to own the technology and run scalability however we like. We could assume some licensing but would not expect that included for core infrastructure like SQL Server. If were to pay an annual fee it would be for a safety net role.

**Question 27: Would DOHMH consider Azure native cloud services or easily migrated services?**

Response: The vendor may propose these services.

**Question 28: When it comes to a COTS solution if we were to offer a firm, fixed price with CPI for the next six years is DOHMH consider this?**

Response: Are the upfront license costs waived?

**Question 29: In a COTS solution there would be a vendor subscription to support the entire project with product implementation hours included.**

Response: For a subscription fee when it is not paid DOHMH is unable to use the product versus owning the product and changing the support model. Maybe it would help with a six-year cost. The vendor is encouraged to propose something that DOHMH has requested in the RFP; to follow the path of the RFP. DOHMH is interested in and requested vendor inclusion of ongoing support and maintenance costs be included in the Technical Proposal.

Note: The provision of ongoing support and maintenance is not included in the RFP Scope of Work and budget.