

NYeC
All-In-Consent Core Engine RFP
Questions & Answers

Correction:

During the Bidder's Conference on 7/19/22, one of the NYeC team mentioned that NYeC would consider proposals based on AWS or Azure. That was an overstatement of NYeC's position, and we apologize for confusion. The language in the RFP stands and it's expected that Centralize Consent Hub (CCH), **will be developed as a Microsoft Azure application, utilizing Azure components.**

Change to RFP Components:

After releasing the RFP, NYeC has found a way to simplify our landscape such that a new Master Patient Index (MPI) will no longer be required as part of this project. This simplified stack has now been approved by all stakeholders. As such, respondents no longer need to propose anything related to part B as outlined in the RFP, Implementation of a Master Patient Index (MPI), and can focus all their attention on Part A, the Centralized Consent Hub (CCH).

Revised evaluation criteria:

Applicant Overview (Executive Summary) & Qualifications (Experience): 30 POINTS

Please see Section X. Contents of Proposal for required information.

Approach and Plan: 50 POINTS TOTAL

Please see Section X. Contents of Proposal for required information.

- **Azure-based development and deployment 10 POINTS**
Ability to set up the CI/CD for this project and develop, deploy, and integrate with on-prem Gateway and Queue.
- **AIC-Implementation and Support and Enhancement Plan 20 POINTS**
Implementation of the AIC Core engine: Architectural design and Implementation approach and plan
- **AIC – Integration with internal backend systems/applications, databases Plan 20 POINTS**
Integration plan for consuming internal (on-prem) systems/applications and databases for completing workflows (for example Integration with sMPI and connection with databases for storing and querying the consent).

Cost: 20 POINTS

Please see Section X Contents of Proposal for required information.

Security: 0 POINTS

Applicants will only be considered for review if they comply with NYeC's security requirement to submit a current (within the past 12 months) SOC 2 Type 2 audit

report for the vendor and/or subcontractor. Additionally, all vendors and subcontractors must submit a completed Cloud Security Alliance Consensus Assessment Initiative Questionnaire v4 (CAIQ v4) (available at: <https://cloudsecurityalliance.org/artifacts/cloud-controls-matrix-v4/>) and NYeC's Third-Party Security Risk Assessment Questionnaire (Appendix C).

1. Does NYeC want this solution to be a custom build on premise solution where you own the Intellectual Property or are you willing to accept a SaaS based solution?

Ans: This solution needs to be built on the NYeC MS AZURE landscape. The expectation is to build the application to accommodate business rules and we can evaluate and consider if any product can be customized and hosted in the NYeC environment to meet the requirements. All intellectual property created or developed by or on behalf of the vendor for this project shall be the sole property of NYeC. The vendor's pre-existing intellectual property shall remain the property of the vendor, provided that, to the extent the vendor incorporates its pre-existing intellectual property into any work product delivered to NYeC, the vendor will grant to NYeC a perpetual, royalty-free, non-exclusive license to use such intellectual property for the All-In Consent Core Engine.

2. Do all vendors need to submit a completed CSA (Cloud Security Alliance) questionnaire with the RFP response or only the awarded vendor(s)?

Ans: All vendors must submit the security requirements along with the RFP responses.

3. RFP Page 2, Section I. b) - Please provide more details and example uses of the "Queue capability via IBM MQ (On-Prem)" related to the CCH MPI.

Ans: NYeC owns the IBM MQ as queuing capability and would like to use it for the All-In Consent project. Queues will be configured between the API and CCH application. Any add/update request would be queued in the queue and will be read and processed by the CCH application.

4. RFP Page 9 Section VI. 3. 5. - What data elements/attributes need to flow from CCH MPI to sMPI? Is this a batch or real-time process?

Ans: The MPI part of the RFP has been withdrawn and this question is no longer relevant.

5. RFP Page 9 Section VI. 4. Please confirm that it is the sMPI (and not CCH MPI) that is the triggering MPI in this section.

Ans: Yes, sMPI is the triggering MPI

6. What's the population envisioned in this project? What's the current entity/person (EID) count and the record (memRecno) count of the sMPI.

Ans: Expected population envisioned is New York population i.e., ~ 20 M, but consent collection will reach that number over a period. The current MPI count is ~70 M.

7. Page 9 Section VI. 3. 4.

Setup Message broker and reader to feed the data via the file ADT (CSV data transformed to ADT).

Should it be assumed that CSV files are the only data input type, or should we provide information on our capabilities for other file types/data streams/data objects?

Ans: The MPI part of the RFP has been withdrawn and this question is no longer relevant.

8. Does client have Azure subscription?

Ans: Yes

9. If yes, is it "Pay as you go" plan or via CSP? Reason, we need this is so, when we have an issue, we need to know who to contact

Ans: NYeC is currently working through setting up the cloud-based environment and that information is not available yet. However, the awarded vendor will be able to connect with **NYeC Technology Team for questions or issues that may arise.**

10. If on Azure already, do you have Express route setup or S2S or is it part of this RFP?

Ans: NYeC will have an S2S /Express route setup.

11. "Does client have Cloud governance & architecture office? If yes, need to know if there are

-List of approved Resource that can be used

-List of not-allowed resources

-Can we use a resource which is not in above list?"

Ans: We are currently working on setting up the cloud environment.

12. Do you have monthly spend budget cap for this project on Azure? If yes, what is it?

Ans: Confidential, would not be able share this information.

13. "What is your business continuity/disaster recovery requirements? Can it be active/Active or can be active/passive or active/read-only?

Ans: Active/Passive

14. If active/passive, what is your RTO/RPO requirements?"

Ans: RTO: 2 hours and RPO – 1 day

15. You indicated that you want to use node js for middle tier. Do you have choice of language requirements for web-based application, or we can use anything? React/Angular/Lowcode...

Ans: React/Angular/.net core works.

16. For Web-based application, what is your current identity provider? Do you need SSO solution for internal users? How about for external users, what is your current method of authentication for internal and/or external users?

Ans: This needs to be integrated with our AD.

17. How big do you think your data size may grow? Can you give us the total patient count?

Ans: This is going to be the New York population (~20 M) plus additional people who come to the state and receive care. The data will come from multiple sources, so there will be duplicate records from multiple sources. Our MPI is ~70 M. CCH data size will match sMPI.

18. What are the reporting requirements for this project? Is audit trail of current activities sufficient? Or need to see trends, potential fraud, etc.?

Ans: We need to see the trends, potential fraud, etc.

19. Assuming all proprietary data handling requirements are met and no NYeC data is stored outside of NYeC controlled networks or systems, and no access to proprietary data is given to consultants outside of the United States, may the vendor utilize non-US based consultants to accomplish all or some of this work?

Ans: As stated in the RFP, no NYeC Proprietary Data, including PHI and PII, may be transmitted, accessed, or stored outside of the United States, including storage via server storage, backup, printing, photography, copy, paste or similar functions. Consultant shall not use a third-party subcontractor or vendor to provide any Services under the Agreement, without NYeC's prior written consent. NYeC's expectation is that the vendor will use US-based resources to complete the project. However, there may be limited flexibility depending on the nature of the work. For example, NYeC may, in its sole discretion, consider approving the use of an offshore resource if the work involved is of a purely advisory nature (that is, a resource that contributes technical or other expertise, but does not build or access the actual CCH system or otherwise access proprietary data).

20. Please validate our understanding of the overall flow

- A. CCH is composed of Core Consent Engine (Azure) exposed via API Gateway (On-premises)
- B. QEs will integrate with CCH APIs to exchange consent data, in conjunction with patient matching/creation through sMPI (no CCH MPI role here)
- C. External organizations (non-QEs) shall integrate with CCH either through an associated QE or directly through CCH API via CCH MPI
- D. CCH MPI will synchronize with the sMPI
- E. AIC shall have access to already available sMPI APIs for patient matching and synchronization (or any other method CCH can use to interact with sMPI)
- F. Consent data once updated in the CCH engine will be relayed to QEs and External Orgs. (non-QEs) through a batch or real-time method

Ans: This is accurate except bullet f. Consent updates will be relayed only to QES, not to any other external Orgs as part of this assignment

21. Are all QE patient records already present in the sMPI? And in case of any new patient coming in, is the vendor solution supposed to align the record in the sMPI, like vendor solution will be doing between CCH MPI and sMPI?

Ans: Yes, QE patients are already in sMPI. SMPI alignment with QE patients is out of scope. CCH just needs to read the changes produced by sMPI and distribute the consent data to QEs. The vendor does not require to align the record in CCH MPI and sMPI.

22. NYeC will be looking for both offline and online e-Consents or is it either of them?

Ans: The All-In Consent project will begin with online/digital consent collection, and that is the focus for this project and RFP.

23. How does the current SHIN-NY consent work? Can we get a workflow or an architecture diagram? The one in the RFP, although helpful, lacks details.

Ans: Currently the consent is implemented at the QE level, where they collect and apply the consent for clinical data sharing. A patient visits a provider organization and typically signs a paper-based consent form that only grants consent to that specific provider organization. The Provider organization notifies their local QE that consent was collected and from that point they have access to patient data. Therefore, the current consent model is managed at the QE level for their specific participating organizations. There is no SHIN-NY (central consent) workflow.

24. Is NYeC also looking for consent management and sharing of data based on policy configurations? For example, enable sharing of data based on state policies, additional organization policies and federal policies?

Ans: The consent management and sharing of data should be based on SHIN-NY policy and Regional QE policies and procedures that align with SHIN-NY policies. Sharing of data is also based on SHIN-NY policies that are based on federal and state law for sharing of patient PHI. SHIN-NY consent forms provide detailed information on the type of data covered by the consent, as well as the uses of that data. For example, All-In Consent includes consent for access to 42 CFR Part 2 data. While there will be several All-In Consent status options (unknown, granted, denied, etc.) we do not anticipate patients granting a wide range of consent options or configurations for various data types or treatment scenarios.

25. Does NYeC has already on-boarded any 3rd party applications with whom the data will be shared? If so, can we get the application details?

Ans: No, there is no third-party application for data sharing.

26. If the data is going to be shared with the existing down-streams, can we know the functionality and number of the down-stream applications? Example: Measures, Analytics, Member 360, etc.

Ans: This data is pushed to the QEs, which are 6 in number, and they accept the consent payload and store it in their environment. For analytical purposes, data will be in the NYeC environment (data lake). This could be a daily extract fed to the analytical environment (data lake).

27. Is Consent data ingestion in AIC expected to be batch (bulk) driven or event driven (real-time/near real-time) or support both?

Ans: It's both

28. Is consent data update notification to QEs for consent distribution expected to be batch (bulk) driven or event driven (near real-time) or support both?

Ans: it's both

29. In the high-level consent data flow diagram in the RFP, the CCH MPI component is not represented. We are assuming it will be part of the CCH ecosystem, and applicable only for direct integration from Health Plans etc. (non-QE entities) as mentioned in Phase One Milestone Two?

Ans: Yes, it will be part of CCH ecosystems.

30. What is the business expectation in a scenario when incoming patient consent data from External Organization for a new patient (not in CCH MPI), but already existing in sMPI (may be through another QE in the past)?

Ans: This new coming patient would be fed to the CCH MPI and data would be distributed to QE where this patient already exists.

31. In case of external entities (non-QEs) are we to assume that all patients will be new? Because if there are patients here who already have a record in the sMPI, or have gone to any QE earlier, should we also consider that all EXISTING DATA of the external entities should be aligned with the sMPI BEFORE our solution is operational? Probably a batch update can be run to align existing records? Is this part of the scope? If not how is NYeC thinking of this problem?

Ans: It's going to be mixed. There will be new patients as well as patients which already exist in PI or CCH MPI or in both.

32. RFP states for Phase Two Milestone One "Service to read, process & store sMPI changes to DB for patients' status". Which storage is referred here - sMPI DB or some other DB? Please elaborate on the Phase Two requirements and how does it differ from what we will build during Phase One?

Ans: This is a separate DB created for storing all the sMPI events triggered output.

33. Is there a data exchange standard agreed upon between all QEs & NYeC for integration? Or should project scope include handling multiple data formats for integrating with QEs.

Ans: JSON for API exchange and CSV for batch mode.

34. Is it fair to assume that our CCH APIs for External Organizations shall govern the data exchange standard and external organizations shall comply? Or External organizations will follow any arbitrary format and data manipulation will need to be done at our end?

Ans: There will be a defined structure for the message exchange between parties.

35. Will NYeC do the end-to-end testing for integration and security? since the core infrastructure, data and processing will be handled by NYeC.

Ans: NYeC will only be responsible for the API and security verification. End-to-End verification and validation are the responsibility of the vendor.

36. What is the preferred tech stack for the Core Consent Engine - we understand Azure is the PaaS solution, with preference for NodeJS for platform/API development? Is there any preference for front-end technology?

Ans: Angular/React/.Net core for front-end

37. It is not clear the involvement of vendors in API development? It is written in BACKGROUND INFORMATION section that “NYeC will develop core infrastructure, queuing, and APIs.” When referring to APIs, is NYeC’s scope of work limited to the API Gateway or development of any integration APIs as well?

Ans: NYeC’s responsibility is to just create the API and queue capabilities for connecting external entities (QEs or other resources). The vendor has to work on creating the API on the application and integrate it with the API created by NYeC and validate the end-to-end solution.

38. In Phase One Milestone Two this step is not clear “Setup Message broker and reader to feed the data via the file ADT (CSV data transformed to ADT)”. Why are we transforming CSV to ADT? Or is ADT another method to capture demographics data from non-QE entities? The flow is not clear, the methods to capture feed are mentioned as “CSV Files or via CCH API” there where and how is ADT fitting into the flow?

Ans: The MPI part of the RFP has been withdrawn and this question is no longer relevant.

39. Any licenses cost that vendor should consider in the response i.e., we understand we will recommend MDM-based MPI for CCH MPI, who will bear such licensing costs, cost of development/testing tools and infrastructure on Azure?

Ans: The MPI part of the RFP has been withdrawn and this question is no longer relevant.

40. Is there any preference for the MPI solution, i.e., IBM, NextGen?

Ans: The MPI part of the RFP has been withdrawn and this question is no longer relevant.

41. It is written that 5M consent records were handled in Q4, is it fair to assume that annual Consent records would be ~20M?

Ans: Not necessarily exactly in same proportion. But close to it.

42. What is the anticipated volume of data distribution between QEs and external organizations integration (to anticipate load on the CCH MPI)?

Ans: 100k/day

43. What is the anticipated use case distribution between batch and real-time requests for AIC? Assuming that consent search/query API will be a real-time use case, are there any other use-cases that must necessarily be real-time?

Ans:

- a. Query (this will have multiple flavors depending on query type such as current data, historical data, a complete snapshot of a patient, etc.)
- b. Add and Update API

44. What is the current number of associated QEs handled by NYeC? Is there an anticipation of how this number scales each year? From project scope point of view, what numbers should be considered for Pilot/Initial rollout, Mass rollout, increase every year?

Ans: Currently, there are 6 QEs, and this number would not increase but the external entities (such as Health Plans and provider organizations) feeding the data would increase. The solution should have scalability to allow the onboarding of additional consent contributors.

45. What is the number of External organizations expected to be onboarded overall - distributed by ones that will integrate with CCH through QE and the ones integrating directly through CCH/CCH MPI?

Ans: Initially, it would be 5-10 and this number would increase progressively. All-In Consent may eventually be collected by healthcare provider organizations and community-based organizations in New York State. It remains to be determined whether these organizations will submit All-In Consent updates to the CCH through their local QE, or if some percentage or types of organizations will connect directly to the CCH. In either scenario, the overall number of consent update transactions would be essentially the same, but the number of direct connections to the CCH would vary.

46. What is the anticipated rise in number of External organizations onboarded every year?

Ans: Roughly 10 to 20 in the first year while we focus on Health Plans. When providers begin collecting All-In Consent, they are likely to submit data through the QEs, but some type or size of organizations may connect directly to the CCH.

47. What is the expected volume of QE requests for consent when onboarded and what is the anticipated volume over the next 1-3 years?

Ans: Current request: expected to be 100k/day. It can increase 5-10 %/year.

48. Is there an estimate for the number of transactions for changes in AIC in each day?

Ans: ~100k/day

49. What SLAs (service level agreements) are in mind: Response SLA <500ms/transaction, 99.99% uptime etc.

Ans: Yes, that is correct.

50. Who are all the stakeholders for data sharing? Ex: Providers or Patients or CMS Reporting, etc.

Ans: QEs and Health plans

51. Is NYeC also looking at sharing bulk data with other applications?

Ans: Yes

52. Is Security Labelling part of this requirement for data sharing?

Ans: Question not clear. From a security perspective, there will be security configurations required between azure and data center, and also between NYeC and all external entities connected.

53. Can NYeC share the enterprise data strategy to understand the various technology components, upstream and down-stream applications used?

Ans: Once the successful bidder is selected and a contract is in place, NYeC will share appropriate documentation, subject to confidentiality and non-disclosure provisions.

54. Is there a standardized MPI and data exchange process already in place for QEs? Or will QE level data manipulation be required before feeding into sMPI?

Ans: Yes, QEs already have MPI setup.

55. Is there a data standard defined for consent persistence (storing into the system)? FHIR, RDBMS, custom data model?

Ans: This will be part of the RFP, Architectural Initiatives. NYeC will be working with selected vendor to finalize it.

56. What is the storage timeline for any unchanged / inactive consent to be maintained in the system i.e., 7 years, 10 years?

Ans: Current assumption is 7 years, but this could change.

57. Can you please clarify the process to feed patient identity (synchronize - update, merge, add) from CCH-MPI to sMPI. We are assuming sMPI will always be the master record? If so, is data also expected to be maintained (in sync) in the CCH MPI and for how long?

Ans: CCH MPI is no longer part this RFP.

58. How many user personae/roles are expected to use the management application as well as admin functions?

Ans: Initially 10 –15 users and it can go up to 100.

59. How many concurrent users are expected to use this application?

Ans: 10-15 users

60. Is there an Identity Provider (IdP) already present with NYeC that will be leveraged here or is this to be built from scratch?

Ans: This will be required to integrate with our AD.

61. Can offshore, outside USCAN, engineers be used for non-PHI related development and QA work?

Ans: Please see FAQ #19 above for information on offshoring.

62. What is the font requirement in addition to size of 12, or any font will do? We understand we can use *Times New Roman*- is this understanding, correct?

Ans: Yes, Font 12 with Times New Roman

63. Word file should be editable or in PDF format? -

Ans: Microsoft Word is required.

64. Can any other attachments, PDFs, capability documents be sent separately as part of the response? -

Ans: References, certification letters, and any relevant supporting documentation will not count toward the 15-page maximum.

65. We understand References can be separate Word file- same as Resumes?

Ans: Yes, that is allowable.

66. For the internal management application, what are the expectations in terms of the User Experience, including any existing design guidelines that need to be followed?

Ans: The user should have a way to look at the high level of summary data based on the selected parameters such as date, and source, (There will be other parameters too) and should be able to drill down to specific consent and many more features related to administrative and operational requirements. NYeC does not have an existing application style guide, but we expect the application to follow current best practices for UX design, and for NYeC to have input in and approval of the UX/UI development.

67. What are the administrative functions expected to be supported by the management console to be used by the IT administrator? What is the typical NYeC standard in this regard?

Ans: Some of the features (but not limited to), the user should be able to search with defined parameters and drill down to specific consent and should have an ability to edit and save the consent. Primary use cases include (but are not limited to):

Entering a new consent status update

Reviewing consent status/history to trouble shoot possible consent questions or conflicts with QEs, providers, or patients.

Manual confirmation of consent status or historical updates.

68. Is .NET and Azure the technology/PaaS combination finalized? For example, would a Java application on AWS be an option that could be considered?

Ans: It's Azure with Node Js /PaaS

69. What are the expectations in terms of maintaining historical records for a patient's AIC changes?

Ans: Historical records should be maintained and there will be records that will be taken out of the system after review and agreed by stakeholders.

70. Is only the requirements specification, including object definitions and API specs, but excluding any system specifics (such as system setup details, access info), considered proprietary data which is not to be accessed outside the United States?

Ans: Nothing should be accessed outside the United States.

71. How can vendors ask more clarifying questions after the August 1 publishing of answers to the initial questions?

Ans: The RFP process included a live bidders conference on July 19th to ask questions about the RFP in person, as well as the opportunity to submit written questions by July 26th. Written responses to all questions received by that date will be posted on the NYeC website by EOD August 2nd. Written questions submitted after July 26th will not receive a response. Proposal submissions are due on or before September 6, 2022. NYeC will continue discussions about the project with the winning bidder.

72. If changes must be pushed to the QE for them to persist, reliable transfer is required. What happens when a push to a QE fails? How does NYeC handle changes to requirements based on mutually agreed upon architectural changes?

Ans: All messages will be pushed via MQ, and any failure messages will be queued in separate queues for review and resend. The applicant should have the ability to read failure queue and provide a way to resend the message.

73. Is the Message Queue bi-directional or uni-directional? If uni-directional, which direction?

Ans: Bi-directional.

74. Solution scalability - what are the objective metrics in terms of expected number of API calls, concurrent usage, response times etc.?

Ans: Expected number of API calls: 100 k/day, response time: >500 ms/transactions

75. 99.999% is about 6 minutes of downtime in a year. That requires a multi-cloud solution, as Azure can be down for more than 5 minutes in a year. Do you require a multi-cloud solution or are you willing to support infrastructure such as DNS and monitoring to meet these requirements?

Ans: It's not a multi-cloud solution. But we are open to other options

76. Are there any consolidated/aggregated reports needed for the data managed by the CCH? If yes, what are they?

Ans: Consolidated weekly/ monthly/annually report for the newly added consent and also reports for status changed for the same frequency.

77. Does NYeC envision circumstances where a patient will need to have the ability to select and/or potentially revoke consent from specific QEs, providers, health plans (or in the future government

agencies) that people grant consent to? For example, is revokable consent for substance use providers included in the RFP scope?

Ans: The question refers to potential enhancements that would follow the initial implementation described in the RFP. As such the question is outside the scope of the current procurement.

78. By when does NYeC internal team expect to have designed the API gateway and Queuing Capability? If already designed, can you please share more details of the architecture?

Ans: It will be designed in parallel with CCH build.

79. Please elaborate on any user access and authorization or SSO or Active Directory requirements?

Ans: Internal application should be integrated with NYeC AD and also there will be SSL configuration between the Azure CCH app and security gateway. There will be MTLS, and digital signature applied on a message exchange between the security gateway and stakeholders

80. Is the use of Node JS for business logic and MS SQL and Mongo DB for backend storage required for this solution?

Ans: Yes, this could change based on the Architecture design phase.

81. Can you elaborate on any additional endpoints beyond the 6 QEs?

Ans: There will be stakeholders that collect consent, such as Health Plans, that connect to NYeC CCH directly using the end points.

82. Is there a specific security model required for interfaces between stakeholders and the CCH?

Ans: Internal application should be integrated with NYeC AD and also there will be SSL configuration between the Azure CCH app and security gateway. There will be MTLS, and digital signature applied on a message exchange between the security gateway and stakeholders

83. Can you give an anticipated range of transactions for a busy/high-throughput hour?

Ans: 100/s

84. The RFP states, "The application must have the capacity to expose API endpoints for stakeholders to consume and must also have the capacity to consume stakeholders' API endpoints to exchange consent data." How is authentication of endpoints handled today (i.e., do they follow the same parameters for alerting, authentication etc.)?

Ans: API to stakeholders' authentication would be handled using MTLS and digital message signature for integrity.

85. Given the subcontracting limitation of no more than 50%, will examples of demonstrable evidence be weighted based on the proportion of examples provided by the prime vendor vs. Subcontractors?

Ans: The use of subcontractor(s) cannot exceed 50% of the effort for this project. The proposal must include a detailed budget for total project implementation cost (with clear indication of any subcontractor costs).

86. RFP States: "This admin tool will also need to allow NYeC staff (or AIC service center staff) to edit/change a patient's AIC status. The audience for this is an administrative professional tasked with processing forms sent in through postal mail." Is there a developed workflow within the organization and access rights that already exists or will these workflows and access rights criteria need to be developed for the NYeC staff by the contractor?

Ans: This needs to be developed as part of this RFP by contractors.

87. The RFP states: "The API Gateway and Queuing Capability aspects of the CCH will be designed and developed on-premises (in the NYeC data center) by the NYeC internal team. Below is a summary of the high-level requirements for both components." To clarify, is the vendor portion of the work also to be completed onsite at the NYeC data center, or remotely?

Ans: It will be remote in nature but within United States.

88. Since the use case for MDM in this acquisition pertains specifically to building the MPI, will examples of demonstrable evidence of relevant MDM expertise be weighted based on examples that are specific to building MPIs?

Ans: The MPI part of the RFP has been withdrawn and this question is no longer relevant.

89. The RFP States: "...service level agreements for all the services and APIs identified as part of the design and architecture. "Are API end points that will be talking to the centralized system executed by different vendors? Could you verify that there are a total of 6 sources of APIs as displayed on the diagram on page 6?"

Ans: Yes, there are 6 sources (QEs) but there are external sources that will be connecting to the CCH.

90. The scope of this project is complex, touching APIs, Data System Architecture, and Websites for internal use products. To confirm, is it the expectation of NYeC to deliver these products simultaneously or in phases?

Ans: NYeC is planning to implement the All-In Consent Model in multiple phases. Success in this process will result in a contract that will cover the period starting in September 2022, where the project should be completed by 6/01/2023 and the maintenance support should be provided through 6 calendar months post go-live. Project Completion shall include, but not be limited to, successfully importing consent from at least two pilot health plans, and distribution of those consent status conveyed to QEs and at least two technology platforms connected to the APIs.

91. The RFP states: "The development of a secure web-based application to search, filter, view, review, and edit the consent based on the user role from the CCH repository. This is internal to the

NYeC team and used for troubleshooting and operational purposes. “How many internal NYeC users are expected to use this application? Is the expectation for all system to use multi-factor authentication, single sign on approach for internal NYeC users?”

Ans: Initially 10 –15 users and it can go up to 100. Expected concurrent users are 10 –15 users. We would like to integrate this application with our AD for authentication.

92. The RFP states: "A description of at least five other Azure projects for which the vendor and/or subcontractor used Azure cloud for developing and integrating such services (rest APIs) using Node JS for business logic and MS SQL and Mongo DB as backend storage." Is NYeC open to evaluating relevant projects that were built on systems other than Azure? For example, AWS Cloud.

Ans: No, it's to build on Azure only.

93. The RFP states: "A description of how the vendor and/or subcontractor approaches continuous build and deploy and staging and final production deployment using Azure Dev Ops native tools to establish and then change the DEV/TEST and PROD landscapes." Is NYeC open to evaluating relevant projects using dev ops tools and methodology other than Azure Dev Ops-native tools?

Ans: No, Azure is the only option for this RFP.

94. Since the Statewide MPI is built on an IBM MDM product, will examples of demonstrable evidence of relevant MDM expertise be weighted based on the specific MDM products used in the examples?

Ans: The MPI part of the RFP has been withdrawn and this question is no longer relevant.

95. RFP States: “An approach to specifically address knowledge transfer to NYeC technical staff for NYeC to support ongoing maintenance and support upon contract completion.” Is the expectation to deliver training material and live training to NYeC?”

Ans: Yes. We require the training material and live training along with operational documentation.

96. RFP States: “Plan an approach to address information security in all aspects of the project, and as may be required by NYeC, including but not limited to architecture, execution, integration, and implementation. “Could you confirm that NYeC organization’s FISMA Compliance Level (Moderate or High)?”

Ans: NYeC has been HITRUST certified since 2018 and is currently pursuing certification on HITRUST CSF v.9.5.1. NYeC’s scoping requirements for HITRUST certification are set by NYS DOH and, for 2022, these requirements include the NY OHIP Moderate-Plus Security Baseline Requirements.

97. RFP States: “Plan for ongoing maintenance, support, and customer-centric approach to providing this service for 6 months after project completion. This should include a description of support services to be available 24/7 when issues arise as well as collaborating with the NYeC IT team to enhance services, as necessary.” Is the expectation of the client to have 24/7 Service Desk capabilities available throughout the project as well as 6 months post completion?

Ans: The expectation is that support will extend 6 months past go-live. each partner is welcome to propose a support model that best suits their firms’ unique capabilities.

98. Are there any data quality considerations that the contractor should be aware of as data is to be collected from other API sources?

Ans: Incoming and outgoing data quality should be maintained which means making sure no data attribute is lost while processing the transactions. Also, the vendor should help with the process to normalize the data wherever required.

99. Assuming clearance is required for this project, what is the typical turnaround on clearances for contractors? Can contractors begin working on the project prior to receiving clearances?

Ans: We interpret this question to refer to federal clearances – no federal clearances are required for this project.

100. Is the expectation of NYeC for the contractor to deliver using GFE (government furnished equipment) or can the contractor utilize own equipment for development and production.

Ans: Contractor must use the NYeC environment, and they should use their laptop to connect NYeC environment and use the jump boxes for any development and support work.

101. What tools are currently used to monitor development for NYeC projects (i.e., centralized JIRA and/or Confluence tools)?

Ans: Jira and Asana

102. Is there a budget limit that NYeC is expecting the contractor to drive to?

Ans: Estimated time and budget to complete the project will be provided by each applicant and scored according to the criteria outlined in the RFP.

103. What are your current concerns with Accessibility in the organization?

Ans: NYeC does not have current concerns with Accessibility in our organization. In support of CMS and NYS contractual and certification requirements, all SHIN-NY entities, including NYeC, are required to comply with Section 508, which includes version 2.1 of the Web Content Accessibility Guidelines (WCAG). By the end of 2024, all SHIN-NY entities must become compliant and grow maturity with the Revised 508 Standards to achieve a minimum WCAG Level A.

104. Does the data analysis need to support any mandatory reporting (i.e., state or internal)?

Ans: Consolidated weekly/ monthly/annually report for the newly added consent and also reports for status changed for the same frequency.

105. Is the system expected to generate reports that will support any regulatory agencies (i.e., CDC, HHS, other federal agencies)?

Ans: At this time, we are not aware of specific regulatory reports to produce, but there may be required reports in the future. That said, NYeC will need to monitor general consent activity metrics and counts, such as: how many consents were captured in a given period, how many consents were captured through a given source or type of source, how many patients have updated or changed their status, the current number of people with each consent status. These would likely take the form of consolidated weekly/monthly/annual reports for new consents, consent status changes, and total consents, but we are open to other approaches. Specific metrics and reports will be discussed further with the winning bidder.

106. Is there a team-of-teams established in the NYeC organization that will help connect all of the contractors together to execute proper API connection agreements, etc.?

Ans: NYeC will facilitate the collaboration with all required contractors for integration and validation.