

## REQUEST FOR PROPOSAL FOR EXCHANGE SERVICES & DATA STRATEGY

### QUESTIONS & ANSWERS

#### SCOPE OF WORK/ TECHNICAL

1. Referencing Section E. Implementation and Operating Strategy, i. Model and Strategy for Integration: Can you describe who will provide level 1 operational support? Is it 24/7/365?
  - a. It is envisioned that participating QEs will primarily provide Level 1 support, with TechBD and partners providing additional layers of support as needed. Support is expected at 24/7/365.
2. What is the migration strategy to bring in historical data? Example 1 year, 5 year, 7 year?
  - a. The migration strategy may begin with an initial migration of data for a limited number of years, that which is determined necessary for successful go-live. All remaining historical data will then follow to be integrated.
  - b. This strategy is subject to change, and TechBD seeks input from respondents on migration strategies as a part of their proposals.
3. Can you confirm that the implementation timeline is 9 months from the award/contract signing date?
  - a. Yes, the timeline is effective upon the contract signing date and initial build and deployment is expected to be completed within approximately nine months.
  - b. See answer to question 41 for additional information.
4. What is the budget for this project?
  - a. The budget for the initiative will not be disclosed during this procurement.
5. Are there performance-based SLA requirements for this project?
  - a. It is expected that respondents include proposed performance-based SLA requirements and associated penalties as a part of their proposals.
6. What is the definition of the patient record locator?
  - a. In reference to Attachment C, Line 146, the record locator refers to the index provided by Master Person Index (MPI) solutions used for search and query purposes.
7. Please clarify what is meant by "clinical decision support integration" (only mentioned in the PDF under analytics and "Technical Requirements" row 194 under "results delivery").

- a. The clinical decision support integration is to provide data store access to TechBD, QEs, and in some cases data sources/participants for analytics purposes. This includes live data pipelines/APIs and ad-hoc queries/exports of data.
8. Once a notification is generated, is it anticipated that the delivery mechanisms will be supplied by the data platform?
  - a. The delivery will be managed through the interface engine, with the platform procured from this RFP responsible for determining which messages are triggered for transmission. Additionally, the vendor solution may interface directly with direct messaging solution among other systems for unique use cases.
9. At which point in the solution are you expecting participant level message transforms to occur? Are the transforms going to occur in the interface engine that is being procured separately? And what level, or what kind of transforms will be expected out of the data platform?
  - a. The data is expected to be minimally upcycled in the interface engine before transmitting to the downstream exchange services solution. Examples of data changes in this step are:
    - i. Ensuring conformity with formats: Dates, etc.
    - ii. Filling blank values, where necessary value is present in another part of the message.
    - iii. Normalization of codes or values (e.g. "Female" --> F)
  - b. Data is expected to be provided in standard formats by message type to the Exchange Services vendor without fully transforming the data into the vendor's data model. These standard formats will be determined during implementation.
  - c. Outbound messages should be available from the procured solution in multiple standards and formats. Additional transformations may be applied in the Interface Engine in some cases.
  - d. TechBD and the implementation team intends to work closely with the selected vendor to influence this strategy, as well as standard data formats for inbound/outbound messages. TechBD also welcomes recommendations in this area incorporated within RFP responses.
10. What type of notifications should the user receive?
  - a. A spectrum of alert notification types exist within standard HIE operations.
  - b. User alert notifications must be configurable within the system to be delivered with configurable schedules (batch, real time, pull) and in various methods/formats.
11. Is the intention that this solution will support clinical care delivery?

- a. Yes
12. Should we plan and size that the two additional HIEs will one day be in scope?
- a. Yes, this should be planned within the architecture for a potential future-state. The expansion to these QEs/HIEs is not expected within the timeline for implementation provided.
13. Are you currently using R4 US Core now?
- a. Yes, R4 US Core is used in some systems and use cases.
14. What is the difference between the PRL and the Provider Portal?
- a. The Patient Record Lookup (PRL) is a function that provides access to patient information through querying available data within the solution, and within the state (sPRL). The Provider Portal is a tool that offers multiple functionalities to support overall clinical and administrative functions, including Patient Record Lookup.
15. What is the "clinical message" on patient record? Can an example be provided?
- a. All alerts, encounters, and labs/rads/transcribed reports, etc. are genericized as "messages" that represent the longitudinal patient record when aggregated.
16. Can the use case of "resend message" be described?
- a. A message would require resend if an issue is experienced in the transmission that prevents its successful delivery.
17. Will all the data from the underlying QEs be replicated in the Data Model? Or will this only be a subset? If this is a subset, what are the conditions applied?
- a. All data from the participating QEs is expected to be migrated.
18. Will all data exchanged via this solution be persisted in the data model, as opposed to a pass through?
- a. Yes, all data should persist in the system/data model for later use.
19. Does NYeC require the vendor to provide a backload of the QE data, and for what time period?
- a. Reference answer to question #2.
20. The link to Qualified Entity (QE) Minimum Core Services Technical Requirements does not seem to work. Can TechBD please confirm that this is the correct link:  
[https://www.health.ny.gov/technology/regulations/shin-ny/docs/qualified\\_entity\\_minimum\\_technical\\_requirements.pdf](https://www.health.ny.gov/technology/regulations/shin-ny/docs/qualified_entity_minimum_technical_requirements.pdf)
- a. The link above is correct.

21. Under section A. iii. b) Member Roster Management, a hierarchical master database of the form provider / practice / organization is described. How would the aforementioned patient cohort system fit into this model? For example, would cohorts be defined within organizations? Or is the cohort segmentation independent of this hierarchical master?
  - a. The ability to identify cohorts of patients/records should have utility independent of the hierarchical organization master, and span across all available records in the data store.
  
22. Under section A. vi. Electronic Health Record (EHR) Integrations, Single Sign-On (SSO) Integration is stipulated. Is this only intended for SSO to both an EHR and the Provider Portal? Or are there any other systems that SSO would apply to?
  - a. TechBD would like respondents to propose or explain how their solutions integrate with industry standard SSO technologies. At a minimum, respondents should outline their experience and capabilities creating integrations between EHR solutions and their Provider Portal.
  
23. Under section A. vii. Image Exchange, integration with existing imaging-related workflows is described. Could TechBD specifically describe what kind of integration is needed? Contextual image view launching from an EHR is described. What integration beyond this is required? For example, would the proposed solution be required to modify or add DICOM tags of existing images before they are sent to further destinations?
  - a. Contextual image view launching from a Provider Portal would be needed for this function. Other features, like modifying or adding tags to images would not be needed.
  - b. See the "Image Exchange" group of requirements in Attachment C for more information on additional requirements.
  
24. RFP p. 10, V. Scope of Work, Section C. Data Model. Does TechBD have any preference for a base data model, such as the OMOP data model?
  - a. There is no preferred data model. TechBD would like to hear standard deployments and options vendors utilize as a part of their solutions. Solutions must interoperate with multiple data standards as part of the overarching solution.
  
25. RFP p. 11, V. Scope of Work, Section D.i. Can TechBD provide some insight as to the expected high-level functionality of the interface engine being procured separately? For example, will the interface engine be performing validation and

normalization, or will it simply be routing messages to the exchange services solution? Relatedly, if the proposed Exchange Services and Data Strategy Solution can also provide interface engine capabilities, may vendors describe those capabilities in their response?

- a. See answer to question 9.
  - b. The interface engine is not included and will not be selected within the scope of this procurement, although, respondents are welcome to outline their capabilities in this area if desired.
  - c. Efforts and licensing related to interface engine implementation/operations should not be reflected in cost proposals.
26. Attachment C, Row 139 (Interoperability, Social Determinants of Health). Does TechBD consider support for SDoH to extend beyond support for Gravity Project z-codes, and to include support for SDoH workflows, assessments, and referrals to be shared on the exchange services solution?
- a. TechBD does expect the scope to provide support for SDoH beyond the support areas described. Although, TechBD does not expect these use cases to be reflected in the initial implementation at go-live. TechBD would like to understand vendor solutions' ability to flexibly respond to changing future needs in this area.
  - b. One use case reflecting an example of future needs is Advanced Care Planning and the work represented in the PACIO Project.
  - c. Additional use cases are expected to arise as interoperability standards change and opportunities to support healthcare advancement continue to come to light in the future.
27. RFP V.A.ii.a, Configurable Message Delivery Methods, what is the expected clinical workflow for "Cross-QE Alerts"?
- a. Cross-QE Alerts are triggered when a message is generated for a patient and submitted to a QE that is where that patient is also known to another QE. The QE utilizes statewide MPI services to query for the patient and determine where to route the notification. The QE then sends the alert to the QE for transmission to their Participant or data source.
28. RFP V.A.iii.b, Member Roster Management, how will the provider/ practice/ organizational master data be provided?
- a. Rosters can be one-time, updated monthly, or updated/replaced on an agreed schedule with data sources. Data sources should be able to deliver roster data via transmitted messages to the selected solution.

29. E.i., Model and Strategy for integration, how many data sources are expected, and what role will the Interface Engine described in this document play in normalizing and standardizing data prior to entry into the Exchange?
- a. Not counting all discrete sub-entities within organizations, the total number of data sources/connections within the initially scoped 4 QEs is 2035.
  - b. See answer to question 9.
30. F.ii, Inbound Data, what is the distribution of incoming messages across data sources? How many sources are represented in each message count?
- a. See answer to question 29 for the number of data sources.
  - b. More information around distribution of message count across sources will be provided during planning and implementation with the selected partner.
31. F.ii, Inbound Data, does each QE independently produce a single canonical feed for each message type to the Interface Engine, or are messages forwarded in a non-canonical format requiring normalization within the scope of a single QE prior to ingestion into an exchange?
- a. Today, each QE manages the normalization and restructuring of data as needed for their systems.
  - b. In the Shared Infrastructure, heightened standardization of message structure by type across QEs is expected.
32. Attachment C, CM-5, In the event that a Consent Reset is executed, should historical consent policies be removed?
- a. Prior consent values for the individual should be removed and not used to inform access to their data, although these values should remain stored for historical reference.
33. Hosting: If TechBD hosts, what kinds of certifications are carried by TechBD, such as HITRUST or SOC2?
- a. TechBD does not currently hold security certifications, but all certifications required from all applicable authorities will be pursued as a part of this initiative.
34. Hosting: If TechBD hosts, would they be willing to fill out a security risk analysis?
- a. Yes

35. Spreadsheet “**Attachment C- Technical Requirements Response- Exchange Services.xlsx**”: All requirements are listed as Mandatory. Is this correct? If we cannot fully meet all (mandatory) requirements, will we be excluded?
- a. Yes, all requirements in the document are mandatory. Vendors will not be excluded solely as a result of not fully meeting all mandatory requirements.
  - b. See section “IX. Evaluation Criteria” in the RFP for more information.
36. Metrics - Direct Secure Mail: What volumes of messages are projected in / out per year?
- a. The vast majority of Secure Direct Message volumes are outbound. Outbound metrics for Secure Direct Messages are provided in section F/iii of the RFP.
37. Metrics – Inbound / Outbound Data (Tables in PDF): How much historical data is to be backfilled?
- a. See answer to question 2.
38. II. Introduction, SHIN-NY, can you provide a high-level summary of the technologies used by each one of the SHIN-NY participants? Rochester RHIO, Bronx RHIO, HealthConnections, HEALTHeLink, Healthix, Hixny
- a. This information will not be provided during the procurement process but will be discussed with the selected partner.
39. V.A.v.b (SOW)Technology and Code Base, Technology Stack, can you inventory the number of technologies or technology vendors in use today, with attention to identify those that you intend to replace with the scope of these services.
- a. This information will not be provided during the procurement process but will be discussed with the selected partner.
40. V.A.vii (SOW)Image Exchange, Image Viewer, we read V.A.vii. to mean you need integration. We do not provide a PACS Image Viewer. Is integration with an image vendor sufficient or would you prefer a new PACS Image Viewer? Would you prefer that we identify a suitable subcontractor/ partner OR would you ask that we simply keep that scope of work out of our proposal?
- a. Integration is sought within this implementation's scope.
  - b. It is not necessary for vendors to identify a partner to include within their response to this RFP.
  - c. While implementing this standalone technology is not directly a part of the initial implementation, TechBD is open to proposed technologies in the future for consideration.

41. V.E.iii. (SOW) , Timeline, we appreciate the need to achieve goals and read that you are willing to adjust timelines. What constraints and requirements drive the timeline you presented? May we join in your “Planning & Analysis” phase exhibited in E. iv. during and after procurement so we can lend our own discovery?

- a. The shared infrastructure effort is a critical part of NY's health data strategy. The foundational platform components need to be in place quickly (per strategic timeline) with subsequent frequent and substantial value realization events for QEs and TechB. Dual-infrastructure costs need to be minimized.
- b. TechBD is seeking to understand how vendors may meet the timelines provided, but is open to approaches, input, and strategies that may result in a change to timelines. Timelines will be updated as new information is gathered, and as project activities commence.
- c. Information related to the constraints and requirements driving timelines will be further discussed with the selected vendor.

42. V.F (SOW), QE, which four of the six organizations are initially in scope?

- a. This information will be further discussed with the selected vendor partner.

#### GENERAL/ ADMINISTRATIVE

1. Can TechBD please provide a link to its website?
  - a. TechBD is in the process of building a website and will provide a link when it becomes available.
2. Can TechBD kindly consider allowing vendors to include a 1 pg executive summary in their submission?
  - a. Vendors are encouraged to follow the provided instructions for responding to this RFP.
3. Can TechBD please clarify their relationship with NYeC and if they are a separate 501(c)(3) entity?
  - a. NYeC is assisting TechBD with their start up activities. TechBD is a separate 501(c)(3) entity.
4. Are organizations based outside of the U.S. eligible if all work is performed in the Continental U.S.
  - a. Yes, as long as the vendor can attest to the fact that all work will be performed by staff in the U.S. Any TechBD systems or data accessed



under this scope of work shall not be accessed by employees, agents, representatives, or contractors of vendor who are located outside of the United States and its territories.

5. Can TechBD provide information about the New York State grant this work may be associated with?
  - a. This work is not associated with a New York State Grant.
6. Can TechBD clarify what "sufficient documentation to show financial stability" includes?
  - a. Audited financial statement.
7. The document states that a recommended response length for each section is provided. It does not appear to be clearly identifiable for each section. Would TechBD consider allowing vendors to provide proposals in their own format if:
  - a) The total page count remains under 50 pages as indicated in the RFP on pg 19.
  - b) If TechBD requires this word document to be used, could the section response length be clearly highlighted for each section?
    - a. Vendors are requested to please use the provided response template form. It is indicated that each section response should be 1-3 paragraphs in length.
8. RFP p. 19, VIII. Application Process & Timeline. Do images count against the 50-page limit? May vendors submit an attachment with architecture diagrams excluded from the 50-page limit?
  - a. Any images and architecture diagrams submitted with the proposal must be included in the 50-page limit.
9. Attachment B. Would you like vendors to provide their Attachment B responses in the same document that was provided by TechBD? Or should vendors copy the requirements of the Response Template into their own proposal format, with the vendor's own cover, cover letter, formatting, and header/footer?
  - a. As stated in the RFP: Respondents are expected to utilize and respond to the information presented in the RFP document utilizing the response template.
10. III. Minimum Eligibility Criteria, Vendor must utilize staff based in the Continental United States to perform all work:  
For **scope of work**, is this limited to implementation services?

a. No

Or does it include product/R&D work?

a. Yes

For **implementation**, is there any room for offshore resources to be involved that would not touch PHI, or is it truly everything?

a. Any TechBD systems or data accessed under this scope of work shall not be accessed by employees, agents, representatives, or contractors of vendor who are located outside of the United States and its territories.

Will these requirements remain after go-live for their maintenance?

a. Yes

11. III. Minimum Eligibility Criteria, Good Standing, what is the deadline for achieving good standing with the New York State Department of Health (NYS DOH) and the New York State Workers Compensation Board?

a. Vendors submitting proposals should be in good standing with the New York State Department of Health when proposals are submitted. Vendors submitting proposals who are required by law to comply with the New York State Workers Compensation Board's requirements for Disability and Workers Compensation insurance coverage should be compliant at the time proposals are submitted. For information on Workers Compensation Insurance Coverage requirements, visit the New York State Workers Compensation Board here: [Workers' Compensation Coverage Requirements \(ny.gov\)](http://www.ny.gov/workers-compensation-coverage-requirements)

12. IV. Mandatory Requirement, Vendor Security Risk Assessment process, can you provide forms used in this process? Are you willing to begin the process now?

a. This process will only be undertaken with the vendor selected for the contract award.