

**New York State Department of Health
Family Planning Program Data Management and Information System
Services Request for Proposals (FAU #1107011017)**

Questions and Answers

Modifications:

1. The New York State Department of Health has determined that the Infertility Prevention Project (IPP) component of the Family Planning Data Management and Information System Services Request for Proposals (RFP #1107071017) will not be procured. Bidders are not required to address the Duties and Responsibilities for the operation of the IPP component specified in Section C. Detailed Specifications. Bidders should not address the IPP component in their Technical and Cost Proposals, as outlined in Section D. Proposal Requirements. The Cost Proposal Bid Form (Attachment 12) has been revised to remove IPP electronic record processing costs from the bid.
2. The Proposal Due Date for the FPDMIS RFP has been extended from March 2, 2012. All proposals in response to the RFP must be received no later than March 9, 2012 by 5:00 p.m.

Clarifications:

1. As referenced on Page 27, Section E.18 of the RFP, the “Contractor Disclosure of Contacts” form, identified as located on the Bid Form, (Attachment 8), is not required.
2. Attachment 29, as referenced on Section E. 12. Qualified Bidder, bullet 3, on page 25 of the RFP, should be Attachment 27.
3. Attachment 2, the field-specific coding specifications referenced in Attachment 1.A.3., are provided.
4. Samples of the reports referenced in Attachment 2. A-H of the RFP are provided. These reports provide further details on the fields and specifications needed by the vendor to develop the reports. As referenced in Attachment 2, the periodicity for preparation of the reports is as follows:

Attachment 2.A – Monthly to All Agencies and NYSDOH

Attachment 2.B – As requested by provider agencies

Attachment 2.C – Quarterly and Annually to All Agencies and NYSDOH

Attachment 2.D – Annually to All Agencies and NYSDOH

Attachment 2.E – Quarterly to All Agencies and NYSDOH

Attachment 2.F – Annually to All Agencies and NYSDOH

Attachment 2.G – Not required (IPP component will not be procured at this time)

Attachment 2.H – Website capability used by all agencies and NYSDOH on an ad-hoc basis

5. Tables AL-15 and AL-15A referred to in Attachment 2.C are Tables AL-17 and AL-17A in the list of reports posted on the NYSDOH Website and made available to potential bidders via e-mail.

General Questions:

- 1. Have the requirements been completed for this project and can they be shared with interested bidders?**

Yes. Updated requirements, specifically the reports referenced and described in Attachment 2 of the RFP, have been shared with all entities that submitted a letter of intent, and also are posted on the NYSDOH Website at:

<http://www.health.ny.gov/funding/rfp/1107011017/index.htm>

- 2. Given the complexity of the project and the proposal specifications, as well as the need to review and incorporate responses to the Questions and Answers into proposals, would NYSDOH consider an extension to the due date?**

Yes. The Proposal Due Date for the FPD MIS RFP has been extended. All proposals in response to the RFP must be received no later than March 9, 2012 by 5:00 p.m.

- 3. With the Quarterly Reporting Functionality Phase of the project completed by October 15, 2012, is there the need for a 5 year contract term? Should Web hosting fee costs be included in the Administrative Fee on the Cost Proposal Bid Form (Attachment 12)?**

The intent of the RFP is to enter into an agreement with a bidder for the 5-year period for on-going management and maintenance of the FPD MIS. The timeline specified for achieving Quarterly Reporting Functionality is to ensure uninterrupted processing of Family Planning Program data. Administrative expenses will cover such items as Web hosting costs. Bidders should refer to page 16 of the RFP for a full description of items included under Administrative Fees.

- 4. Does NYSDOH have an expectation for the staffing and specific titles that will be needed to effectively implement and support this project?**

No, the bidder is responsible for determining the resources needed to fulfill all requirements of the project as specified in the RFP. NYSDOH expects potential bidders to develop a staffing plan that will result in the successful implementation and management of the FPD MIS. The quality of the proposal will be assessed against the comprehensiveness and soundness of the work plan and the approach and management of the project.

- 5. Are vendors responsible for working with the agencies to ensure they and their technology vendors are in compliance with CVR data submission standards?**

Yes. Refer to Sections C.1.a Data Collection and Formatting and C.1.b Data Processing and

Control of the RFP for a description of vendor responsibilities. The vendor works with agencies by providing file specifications, processing and analyzing files of test data, and providing technical assistance to address any problems with submitting data in an acceptable format.

6. Will a list of interested/participating vendors be provided so we can seek out potential partnering opportunities?

Yes, a list of the vendors notified of the solicitation will be provided on the Department's Website.

7. Can you provide more information about the hardware and software used for the existing FPP application?

The current vendor, Ahlers & Associates, uses an IBM Midrange System I, also known as AS400, for processing CVRs using customized RPG software programs for batch processing. The Website and its maintenance are on a 2008 SQL Server platform using 2008 Standard Edition Software. Both servers are backed up overnight with a managed service provider who uploads the data. The software used to generate reports is a customized program that was developed by Ahlers & Associates.

8. Will NYSDOH accept multiple proposals from the same vendor?

No, multiple proposals will not be accepted from the same vendor.

9. Attachment 29, Bidder's Checklist, refers to the inclusion of Attachment 19, Information Security Breach and Notification Act, in the Technical Proposal. However, since no signature is required for Attachment 19, does it have to be included in the Technical Proposal?

No, Attachment 19, which describes actions to be taken by State agencies and vendors in the event of the breach of individuals' private information, is not required to be submitted in the Technical Proposal.

Data Processing/Data Security:

10. Would providing a "health information exchange" infrastructure that lessens the burden on the agencies by supporting file format/code set translations/data verification between agency systems and the FPDMS be considered in lieu of the more structured data submission requirements as described in the RFP?

Yes, bidders may propose any solution that meets the requirements specified in the RFP. The proposal must be as specific as possible in response to all parts of the RFP and meet the specifications in the RFP.

11. Is NYSDOH considering a Commercial Off-The-Shelf solution or a custom developed solution for this project?

As stated in Question 10, bidders may propose any solution that meets the requirements specified in the RFP. The proposal must be responsive to and meet the specifications outlined in the RFP.

12. Can we provide a Web form interface for data entry as part of the data intake process in addition to accepting file based input? Is there a need/requirement for online entry and correction of data?

While bidders may propose alternative data collection and processing solutions that meet the specifications outlined in the RFP, the use of a diverse set of clinic management software products by family planning agencies should be considered. As stated on page 1 of the RFP, agencies are allowed to use clinic management software products of their choice to collect data. Agencies employ a variety of applications, including NextGen, eClinicalWorks, Athena, Ahlers' WIN CVR and their own customized systems. Online entry and correction of data are not specifically stated as a requirement in the RFP.

13. Does this RFP include data entry?

No, all data entry is performed by the family planning agencies.

14. Is the vendor responsible for the quality and timeliness of data submissions?

Family planning agencies are responsible for the timely submission of data that meet the reporting requirements. The vendor is responsible for providing data edits, notifying the agency that records submitted have been accepted, and producing and distributing error reports documenting the reasons why records were rejected.

15. Does the current contractor receive client level data? What measures have been taken to ensure patient confidentiality, including the use of a suitable unique client identifier, and any encryption applied?

Yes, client level data are submitted to the vendor. Family planning agencies assign each of their clients a unique identification number and do not submit fields, such as Client Name, Address and Phone Number, which could be used to identify clients.

16. To what extent are the 51 participating family planning agencies and their sites submitting fully compliant CVR data?

About 98% of all CVRs are fully compliant.

17. Is there an expectation that clients will be tracked from site to site? For example, if a patient with patient ID 123456789 presents at clinic 4321 and subsequently presents at clinic 7654, should the system recognize this patient as the same client?

No, there is not an expectation that clients will be tracked between sites or that capabilities will exist in the system to identify them.

- 18. Page 1, Section B, paragraph 2 of RFP states “all agencies submit electronic client visit records.” Page 4, paragraph 2 of the RFP states “The contractor will be responsible for distributing CVR data collection forms.” Do agencies submit paper forms for CVR reporting or are the forms simply used for their own internal data collection purposes?**

Paper forms are used by family planning agencies for internal use only. Paper CVRs are not submitted to the vendor. All data are submitted electronically via the internet in batch or FTP processing.

- 19. Page 4, Section C.1.a.i, paragraph 1 states “The bidder may design alternative forms.” Is there an expectation that different forms may be required by family planning agencies?**

A single CVR form is intended to be used to collect the necessary data elements to complete a CVR record and prepare the record for transmission to the vendor. There is no expectation that agencies will require different forms. The CVR form is evaluated each year by NYSDOH to determine if changes are required.

- 20. Is the vendor expected to process paper scan forms? If not, how does the data on the forms make it into the database?**

Processing of paper scan forms is not expected. Data are entered by family planning agencies using their own or purchased software. It is the responsibility of the family planning agencies to submit CVR data in the proper standardized format to the data vendor.

- 21. Page 3, Section C.1, 2nd paragraph includes the requirement to “provide on-line access to standard master copies of electronic computer files for downloading to the Department of Health on an as needed basis.” What are the specific level (grantee/agency/site), timeframe, duration, and data format to meet this requirement?**

NYSDOH and family planning agencies require access to files of client visit-level data for all clinic sites on a statewide and agency-specific basis, respectively. The available data should be refreshed monthly following submission from the agencies. Files should be formatted as Comma Separated Value (.csv) or Excel 7 (.xlsx), for specifiable time frames not to exceed 12 months in duration. Files should be downloadable in a secure file transfer mode.

- 22. Attachment 1.A.2, the CVR Data Dictionary, has data elements that are not being collected on Attachment 1.A.1, the New York State Family Planning Encounter Form (CVR), that precedes it. There are also data fields on the form that are not in the Data Dictionary. Are the forms and input files supposed to capture all of the data elements in the Data Dictionary or are there data elements that are obsolete?**

Data transmitted to the vendor by family planning agencies are those specified in Attachment 1.A.2, the CVR Data Dictionary. The New York State Family Planning Encounter Form collects data such as Contact status, Name, Address, City, State, Phone, Visit Codes, and Next Exam Date that are not transmitted to NYSDOH. Census Tract is an obsolete data element no longer used. Items such as Medicaid number and Agency Use may be submitted to the data vendor by agencies which use the vendor for Medicaid billing or to conduct agency-specific data analyses.

23. Medical Services Provided on Attachment 1.A.3, New York Family Planning CVR Code Values references Attachment A for coding instructions. The coded values for Medical Services Provided in Attachment 1.A.3 do not match the coded values on the New York Family Planning Encounter Form, Attachment 1.A.1. Similar inconsistencies exist for Counseling Services Provided codes.

The correct code values for Medical Services Provided are listed in Attachment A, which was posted to the NYSDOH Website. A complete set of code values for Counseling Services Provided are listed on the NYS Family Planning Encounter Form (Attachment 1.A.1).

24. Is the FPP system currently maintained in-house at NYSDOH or at the vendor's site? Will NYSDOH share the information about current vendor?

The FPDMS is maintained at Ahlers and Associates, the current vendor, located in Waco, Texas.

25. In addition to the family planning agencies, are there other sources of data, such as laboratories, that should be integrated into data processing?

The only source of data is the family planning agencies and their clinics.

26. The following questions pertain to Attachment 1.A.4, the CVR Error Message Master File List:

- **For error ID 1052, Project is Invalid for This Clinic, project is not referenced in the Data Dictionary. Does "project" correspond to an organizational entity (agency) or to a health services program? What criteria must be met for this error to generate?**

Project is synonymous with agency and each agency has its own affiliated clinics. The CVR Data Dictionary does not include a project number. Each clinic site's Unique Id is issued by and used as the identifier by the data vendor to cross reference a master file with agency number. For error ID 1052, if an agency submits a data record with a clinic site number that is unknown to the data vendor, then there is no way to identify the clinic and aggregate the data. The error is generated to allow the agency to correct the record's site identifier, or if it is a new site to have the agency request a valid new clinic number.

- **What criteria must be met to generate the following error codes?**
 - **For error ID 8051, Maintenance Doesn't Match Prior Visit**
 - **For error ID 8052, Client Maintenance Doesn't Match Master**

These obsolete error codes are from the period when paper CVRs were submitted and do not need to be considered by bidders.

- **How do clinics submit corrections for an erroneous Date of Birth for error ID 4052, Date of Birth Does not Match Master Record, or submit corrections/updates to prior visits for error ID 8050, Visit Already on File for Transaction?**

These obsolete error codes are from the period when paper CVRs were submitted. Every record submitted overwrites any previous record submitted for the same visit, and is counted as a maintenance record. If no previous record exists, then the data record is counted as a new record. There are minor exceptions, such as when a subsequent record is submitted from a closed clinic and when Patient Id or Clinic Id needs to be changed. These actions require the intervention of the data vendor.

- **Codes 11153 and 11158 (STD Services Invalid) and Codes 18150 and 18251 (Family size required) appear to be redundant.**

Codes 11158 and 18251 are obsolete.

- **What criteria must be met for this error to generate the following error codes?**
 - **Code 22052, CPT Code is Missing/Invalid**
 - **Code 22053, Primary Diagnosis is Missing/Invalid**
 - **Code 22054, Attending/Performing NPI is Missing/Invalid**

The fields are not required and are used for Medicaid billing by agencies that contract with the current vendor.

Transition:

- 27. Does NYSDOH have a plan to transition the FPDMS to the successful bidder or is the successful bidder expected to write the transition plan?**

The successful bidder is expected to develop a transition plan in conjunction with the NYSDOH and the current vendor.

- 28. Is there an expectation that legacy data from the FPDMS system will be transferred to the successful bidder? If so, is that included in the contract or a separate work order?**

Yes, legacy data will be transferred to the successful bidder. Proposed costs in response to this RFP must be inclusive of activities to transition, implement and operate all components of the FPDMS and are not part of a separate bid.

Reports:

29. In addition to being made available online in a printer friendly format, do reports have to be mailed to provider agencies? If so, do they have to be sent via certified mailing or freight?

NYSDOH and all family planning agencies receive three paper reports by mail: the CVRs Processed Report, the CVR Error Report and the CVR Error Summary Report on a monthly basis. All other reports are available online. The monthly volume of paper reports sent to NYSDOH and family planning agencies is approximately 800 pages, or roughly 40 pages per mailing. Some agencies prefer to receive reports in hard copy; the reports do not have to be sent via certified mail or freight. Agencies do not receive any quarterly or annual reports by mail. NYSDOH receives some quarterly and annual reports in hardcopy at an approximate volume of 100 pages per mailing.

30. What is the current capacity of the hard copy storage? What annual increase is expected?

There is no need for storage of hard copies of CVRs by the vendor.

31. Is there a NYSDOH preferred tool for reporting requirements of FPDMS?

No.

32. Attachment 2.C.2, Tables QL/AL/SL-1A, indicates unique user will be reported by “visit type.” If the user has multiple visits and visit types within the reporting period, should the visit type of the last visit or the highest complexity visit type be reported?

This report shows an unduplicated client count at last visit.

33. What does the term “ever active” refer to in Attachment 2.C.2, Tables QL/AL/SL-1A?

The term “ever active” refers to clients seen within the last 3 years at a provider clinic site.

34. In Attachment 2.C.10, Table QL/AL/SL-9, Visits by Age, and Tables QL/AL/SL-9A, Visits by Type, does the report reflect the number of visits where both pretest and posttest counseling occurred?

No, the reports do not reflect the number of visits during which both HIV pretest and posttest counseling occurred. The reports reflect the number of visits during which clients received HIV pretest counseling, HIV testing or HIV posttest counseling.

35. What are the criteria for producing the reports in Attachment 2.C.15 (Tables AL-15 and AL-15A)?

Note that, as stated in the clarification section, examples of these reports are shown as Tables AL-17 and AL-17A. The methodology for determining the number of pregnancies averted in the Pregnancies Averted Report is based on predicted failure rates of clients’ method at initial

entry to a family planning clinic and their method at last visit. Using the predicted failure rates for each method, the number of predicted pregnancies that would result is determined. The Pregnancies Averted is the difference between the number of pregnancies that would result from changes in contraceptive methods used, with the expectation that clients using family planning services will utilize more effective methods of contraception. The number of each outcome averted is determined by applying New York State expected rates to the number of Pregnancies Averted.

36. For Appendix 2.D.2 (Table 5), does the Principal Health Insurance Coverage come from the Assigned Charge Category on the CVR form?

Line 1 of the Table 5, Public Health Insurance Covering Primary Medical Care, is calculated using the Assigned Charge Category (Item 5) on the CVR. Line 2 of the same table, Private Health Insurance Covering Primary Medical Care, is calculated using a combination of Items 5 and 5A on the CVR.

37. The RFP indicates that the report should show “number of pap smears delivered to female clients during visits” in Appendix 2.D.4 (Table 9). Is this the number of users receiving pap smears as well as the number of pap smears provided?

Yes.

38. The RFP indicates that the report should show “number of breast exams delivered to female clients during visits” in Appendix 2.D.4 (Table 10). Is this the number of users receiving a breast exam as well as the number of users that received a CBE referral?

Yes.

39. The RFP indicates that the report should show “number of Chlamydia tests performed on all clients” in Appendix 2.D.4 (Table 11). Is this the number of users receiving Chlamydia tests by age and gender?

Yes.

40. The following questions pertain to development of FPEP reimbursement tables in Appendix 2 of the RFP:

- **How are costs by category obtained for the HIV Counseling Sessions by County report referenced in Appendix 2.E.1?**
- **How are agency specific reimbursements calculated for FPEP – HIV Counseling – Agency Reimbursement Amounts referenced in Appendix 2.E.3 of the RFP?**
- **How are costs calculated for the HIV Counseling – County Distribution Amounts referenced in Appendix 2.E.4?**
- **How are reimbursement amounts calculated for FPEP – Agency/County Reimbursement Amounts referenced in Appendix 2.E.5 and 2.E.6 in the RFP?**

NYSDOH provides the data vendor with the rates used for these reports.

41. What are the income categories of the Program Summary Report referenced in Appendix 2.F.1?

The income categories used in the Program Summary Report are based on the Federal Poverty Level (FPL) as follows: 0-100%, 101-150%, 151-200%, 201-250%, >250%.

Budget:

42. Is the funding for this project already budgeted?

Funds have been allocated for the continued operation of the FPDMS. Continuation of the contract is dependent on available funding and the performance of the vendor.

43. What is the estimated overall budget for the project?

NYSDOH seeks to obtain a fair price for quality services as described in the FPDMS RFP. Vendors are expected to submit cost proposals that reflect their actual costs to deliver quality FPDMS services for the length of the contract period. These costs must include the operational and administrative expenses outlined on page 16 of the RFP.

44. What is the amount of the award granted to the current contractor?

The amount of the current contract is \$226,500 per year and is inclusive of all costs associated with meeting the deliverables stated in the RFP.

45. Can price information from the incumbent vendor be provided?

The annual costs for the current vendor are 12 cents per CVR Accepted, 10 cents per CVR Rejected, and \$94,000 in Administrative Fees.

46. In addition to the price per record on the Cost Proposal Bid Form (Attachment 12), is it the expectation of NYSDOH that staff costs be included as an Administrative Fee? What other costs would be included as Administrative Fees?

Yes, administrative expenses that should be included on Attachment 12 – Cost Proposal Bid Form are outlined in Section D. Proposal Requirements, Item 4. Cost Proposal, paragraph 5 on Page 16 of the RFP. These expenses can include staffing, development, production and distribution of forms and reports, on-line ad hoc reporting, communications, miscellaneous additional programming, updating and distribution of system documentation, and travel.

47. Page 5, Section C.1.c.i, paragraph 3 states “At the end of the contract period, the NYSDOH reserves the right to migrate the system to its own central computer or to that of a new contractor.” Should that process and associated costs of the migration be included as part of the RFP response or will that be a separate bid?

In the Technical Proposal and in Attachment 5, the Family Planning DMIS Services Work Plan, bidders should describe how they propose to migrate the system to NYSDOH or to a new vendor at the end of the 5 year contract. Bidders must include the costs associated with migration of the system in the Cost Proposal since it is not part of a separate bid.

48. Should bidders describe how the data system will be transitioned from the current vendor include the costs associated with transition in the RFP response?

As described on page 12 in Section D. Proposal Requirements, Item 3. Technical Proposal, Part f, bidders must describe in narrative form and in Attachment 5, the Family Planning DMIS Services Work Plan, how they propose to transition the data system from the current vendor. As outlined in Section D. Proposal Requirements, Item 4. Cost Proposal, paragraph 5 on Page 16 of the RFP, proposed costs in response to this RFP must be inclusive of all activities to transition, implement and operate all components of the FPDMS.

Training:

49. Page 3, Section C.1, 2nd paragraph states “Responsibilities also include the training and technical support of Family Planning (FP) agency staff in completion of forms, submission of data, use of the Web-site, and interpretation of prepared reports.” The statement suggests that we are responsible for agency specific training whereas section C.1.f, first bullet suggests that only “regional” trainings are required. Please clarify.

Regionally accessible training sessions are to be conducted in locations such as New York City, New Rochelle, Albany, Syracuse and Rochester, since participating agencies are located throughout New York State.