

**All Payer Database Project: Data Warehouse and Data Analytics  
Request for Proposals (RFP) Number 15809**

**Responses to Written Questions (Round 1)**

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
1	I.E.	4	While reviewing your RFP, we wanted to know if we can bid components.	No. The Department of Health intends to award one contract for all of the components specified in the RFP. However, bidders may propose to employ (and manage) one or more subcontractors to carry out specific parts of the contract.
2	V.B.	32-33	Would you please let us know when you will have more details/specification for this project?	Any RFP updates and/or modifications will be posted on the Department of Health's website at <a href="http://www.health.ny.gov/funding/">http://www.health.ny.gov/funding/</a> .
3	V.B.	32-33	Thank you for including us in the distribution of your letter. Please continue to copy us on correspondence related to this procurement and any others related to information technology that are issued by your department.	
4	Attachment 1, DW-4  Attachment 5, Security-42  Attachment 6	3  7  3	Number of Separate Physical Database Environments: The RFP refers to a Testing environment on page 61/188, ID = DW-4. It also refers to separate Production and QA environments on page 114-188, ID = Security-42. Last, it refers to a pre-production (staging) environment on page 117/188; there is no ID number listed for this reference. Does this mean that the state wants four separate physical database environments (Production; QA; Testing; and Pre-Production (staging)? Or, could the respondent plan to combine the logical environments on to a smaller number of physical database environments?	There is no firm requirement for physically separate database environments. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
5	II.	7	Total Data Volumes Over Time: a) Can the state estimate the total data volume in terabytes or gigabytes that will be required at each year-end of the project for each of the planned environments	Current estimates are 10 terabytes a year.

Question Number	Section	Page Number	Question	Response
			so we can see the anticipated data space growth required over the life of the entire project? (There is no need for index or temporary spaces; the volume of data to be loaded will be fine.) b) Alternatively, could the state give estimated record lengths for each type of volume estimate given on page 16-188 for each of the environments?	
6		Various	Mainframe Connectivity: Will the state need direct connectivity between a mainframe or mainframes and this solution? If yes, then for each mainframe: a) Please stipulate that it should be with either FICON or ESCON? b) If the state is planning to host the solution, what is the approximate distance between each mainframe and the intended solution platform's location? If the state won't be hosting this solution, please provide the approximate location (city will be fine) so we can plan telecommunications. c) What are the manufacturer and model of the mainframe?	<p>Details of mainframe connectivity associated with applicable DPEs will be provided during requirements and design sessions with the selected vendor.</p> <p>Potential locations of mainframes that may require connectivity are undefined at this time.</p> <p>As a hosted system, the APD data warehouse will be maintained by the vendor, and the vendor must provide all applicable infrastructure, whether hosted via a cloud solution, at the vendor's data center, or at the State Data Center (see RFP Section III., E., 1, and Attachments 17 &amp; 18 for information on use of the State Data Center).</p>
7		Various	Extract Files: Will the State provide extract files from their legacy systems in a mutually agreed upon format where these files are accessible on the network or will the vendor have access to these systems in order to build the extracts?	Yes, extract files will be provided in a mutually agreed upon format.
8	Attachment 6, 3.d., 3.e.	2	Data Governance Policy: Page 116/188 of the RFP states: "D: Policies, Procedures and Standards. The Contractor is responsible for conforming to the policies and procedures of NYSDOH as outlined in the RFP, including governance standards. The Contractor employees using NYSDOH resources on	<p>APD programmatic data governance policies are under development at this time, and are not available for review.</p> <p>NYS security policies and standards are found at <a href="http://its.ny.gov/eiso/policies/security">http://its.ny.gov/eiso/policies/security</a>.</p>

Question Number	Section	Page Number	Question	Response
			<p>site or off site shall adhere to all NYSDOH policies and procedures as outlined in the RFP.” It also has this: “E. The policies and procedures shall be provided as needed by NYSDOH. This includes but is not limited to policies and procedures for Security and Code of Conduct (e.g., Internet usage, passwords, access to NYSDOH production systems and intellectual property.). Changes in policies that cause a material change in the scope of the APD will be subject to the Change Control Management process as set forth in the Agreement.”</p> <p>However, there are no specifics on the state’s governance policies or procedures. Does the State have a Data Governance policy in place to manage the various agencies that will be providing and using the data involved in this project? If so, can you please provide us with a copy of it or let us know where to find it?</p>	
9		Various	<p>Standardized Software Tools: The RFP addresses tools several times in a general fashion. Does the State have standardized software products that they expect the vendor to use for activities such as Analytical Modeling, Business Intelligences Reporting and ETL (extract, transform and load)? If so, please advise what these tools are, i.e. vendor, product name, and release.</p>	<p>There is no expectation that specific software tools will be used. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.</p>
10	Attachment 4	3	<p>Time Service Level Goals: Page 102/188 stipulates a 5 seconds response time for all transactions without regard to the toolset used, environment or type of access. a) Can the state break down response times by database environment as per</p>	<p>The response time requirement will be interpreted as a median average of 5 seconds for all transactions. This provides for some allowance of factors associated with the variables referenced in the question.</p>

Question Number	Section	Page Number	Question	Response
			<p>the answer to question 4 above? b) Can the state break down response times for different third party software end-user tools that will be layered on top of the database vs. direct access to the database environment through native database access tools?</p>	
11	IV. C.	20	<p>As part of Section C. Technical Proposal on Page 20. NYSDOH states below.</p> <p>The Technical Proposal should include the following:</p> <ol style="list-style-type: none"> <li>a. Transmittal Form</li> <li>b. Table of Contents</li> <li>c. Executive Summary</li> <li>d. Bidder Experience Requirement (Eligibility)</li> <li>e. Company Experience and References</li> <li>f. Solution Parameters</li> <li>g. Staffing</li> <li>h. Project Management</li> </ol> <p>After cross referencing the outline above and the instructions in the RFP we do not understand how to respond to the requirements in the sections below.</p> <ul style="list-style-type: none"> <li>• Pages 14-15, Section III, G. Training, 2. Training Requirements</li> <li>• Pages 16-17, Section III, I. Summary of Deliverables</li> <li>• Attachment 1 – Data Warehouse Solution Requirements</li> <li>• Attachment 3 – Hosting Solution Requirements</li> <li>• Attachment 5 – Security and Privacy Requirements</li> </ul>	<p>Bidders should follow the instructions in Section IV. of the RFP, regarding proposal requirements such as the narrative, forms, etc. to include in the technical proposal and price proposal.</p> <p>Section III of the RFP mainly contains information regarding the scope of work and the deliverables due under the contract resulting from this RFP. Further, various attachments to the RFP, referred to within Section III, also contain scope of work and contract deliverable information. Bidders should address these Section III and various attachments only as directed in the instructions provided within Section IV.</p>

Question Number	Section	Page Number	Question	Response
			<ul style="list-style-type: none"> <li>• Attachment 6 – Maintenance and Support Requirements</li> </ul> <p>Please confirm whether or not bidders are required to respond to each individual requirement listed in the sections above. If bidders are required to respond to these requirements will NYSDOH please describe the desired format for these responses and where this information should be included in the proposal?</p>	
12	III. G.1.	14	<p>Of the 200 planned solution users, how many will require direct SQL or SQL-like access to the data warehouse? Which category of users will require direct SQL or SQL-like access?</p> <p>Of the 200 planned solution users, what percentage will concurrently access the solution? Please provide a percentage for both general users (e.g., reporting) and for direct SQL or SQL-like users.</p>	<p>None of the stated 200 users will require SQL or SQL-like access to the data warehouse.</p> <p>It is estimated that up to 25% of users (50 users) may access the Data Warehouse concurrently.</p>
13	IV.c., MITA Self-Assessment	24	<p>The RFP indicates that bidders should use the table in Attachment 13 to complete the “following” self-assessment; however, there does not appear to be a list of elements or criteria to which bidders should apply the matrix in Attachment 13. Will the NYSDOH please clarify the desired format for bidders’ self-assessments?</p>	<p>MITA conditions are listed in Attachment 13. A revised Attachment 13 document will be posted to the website, with a data entry table added on the final page to facilitate completion. Bidders should indicate a value of 1-5 for each of the conditions, as applicable.</p>
14	Attachment 1, DW-32	5	<p>“The Contractor is responsible for conversion of any existing program data as required to perform addition of Value Added Data Elements. After the initial data load, the NYSDOH intends that the APD Data Warehouse be augmented with data from other DPEs. Addition of new data inputs and extracts of data will be ongoing throughout the operational phase of the project.”</p>	<p>Initial conversion of existing program data should be included in the bidder’s fixed price. Any new DPEs that result in additional value added data fields will be handled through the System Change process. There are currently 5 terabytes of Medicaid data. The process for reviewing data extracts from existing systems will be identified during the requirements and design sessions with the selected vendor.</p>

Question Number	Section	Page Number	Question	Response
			<p>Will this conversion work need to be included in the fixed price or will the work be performed using the time and material rates in the contract? Will the additional new data input and extract work need to be included in the fixed price or will the work be performed using the time and material rates in the contract? Please provide sizing details as to the amount of “existing program data” or “addition of new data inputs and extracts of data” that you anticipate will need to be loaded? Please identify the anticipated timings of the addition of any of this additional data. Will the Contractor be provided with data extracts for this data or will it be the contractor’s responsibility to create the data extract programs on the data source systems? Please expand on your intentions regarding this requirement.</p>	
15	Attachment 1, DW-133 and DW-236	11 and 17	<p>“Including de-identification and encryption of data in transit, the Contractor shall extract and process data files from the DPEs.”</p> <p>“Exports shall be accompanied by the load script necessary for import into the intended NYSDOH database environment. “</p> <p>A number of requirements such as DW-133 noted above and DW-65 appear to require that the Contractor create data file extract and input file loads on DPE data source systems. If this is an accurate interpretation, will you please identify the data source system specifications (e.g., operating system, database system, etc.) for all DPE and/or NYSDOH systems on which the Contractor will need to create extract or load scripts/programs. Please identify if Contractor is to provide any required software to create the</p>	<p>DW-133 refers to two separate functions. All data extracts out of the APD to any Data Consuming Entity (DCE) must be de-identified and encrypted. Data received from Data Providing Entities (DPEs) will be encrypted in transit to the APD Data Warehouse.</p>

Question Number	Section	Page Number	Question	Response
			<p>extract or load scripts/programs. Please identify how the Contractor will access each impacted DPE data source system, how security will be handled, and other similar specifications that would impact the Contractor’s work to create the required data extract and load scripts/programs. We are ultimately asking for your intentions regarding this requirement.</p>	
16	Attachment 1, DW-198	15	<p>“The Contractor shall process the historical data and maintain the data in the same databases as newly collected data.”</p> <p>Please provide sizing details for all historical data for each file that is to be loaded (e.g., number of files, file and record sizes, number of records, etc.).</p>	<p>Exact sizing details are unknown at this time, and will be determined during DDI activities.</p> <p>An estimated current volume of SPARCS history is 350GB. There are currently 5 terabytes of Medicaid data. Initial estimates of total historical data are 10 terabytes per year.</p>
17	Attachment 2, US-16	3	<p>Regarding risk adjusted data, does NYSDOH require the APD analytics tools to perform the risk adjustments or simply to be able to compare such data?</p>	<p>We require the APD analytics tools to perform the risk adjustments.</p>
18	Attachment 2, 2.1	4	<p>Does NYSDOH already have a consumer portal? Is the intention for APD Analytics to integrate with that portal or to provide its own consumer-facing portal?</p>	<p>There is not currently a consumer portal.</p> <p>Specific parameters for access to APD data are still under development. The number of users external to NYSDOH is undefined at this time. The selected vendor is required to develop a consumer facing portal that should consist of a publicly accessible website, containing data of a public use nature, and that includes interactivity to allow for queries and reports. The selected vendor is also required to develop mechanisms for designated users to access various levels of data of partially identifiable and identifiable natures.</p>

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
19	Attachment 2, 4.2	7	Please provide examples of the various types of Ancillary Organizations referenced in this section.	Examples include, but are not limited to, pharmaceutical companies, testing facilities, and medical manufacturing companies.
20	Attachment 2, US-55	7	Regarding measuring outcomes for drug treatments, are there current outcome measures being used by OQPS, or is the APD analytics function expected to derive such outcome measures? If the former, please identify the measures and the source of those measures.	The APD analytics solution must develop the information with data collected through the Encounter Intake System (EIS).
21	Attachment 2, US-57	7	Please explain what is meant by “testing patterns”.	Refers to testing patterns of treatment versus outcomes.
22	Attachment 2, 4.3	8	Please provide examples or a list of entities that apply to “Association”.	Examples include, but are not limited to the NY Health Plan Association, Blues Plans Association, Greater NY Hospital Association, PHSP Coalition, Healthcare Association of NYS, and Community Healthcare Association of NYS.
23	Attachment 2, US-60	8	Please indicate the source of the data that would address this requirement?	All user stories will rely on data collected and stored in the APD. Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.
24	Attachment 2, US-61	8	Regarding provider capacity and capabilities, will you please provide more detail about what is expected with leaver-joiner analysis?	<p>Leaver joiner analysis is a method of examining movement of beneficiaries across time, health plans, providers, etc. For example, if one health plan halts membership, a leaver joiner analysis may be undertaken to assess where beneficiaries previously enrolled in the closed health plan then went for coverage.</p> <p>Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.</p>
25	Attachment 2, US-62	8	Regarding measuring profit, please indicate the expected source for the cost data side of the equation?	All user stories will rely on data collected and stored in the APD. Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
26	Attachment 2, US-94	10	Please provide examples of the various registries, who they cover (patients, providers, etc.), and their sources.	Includes but not limited to various public health registries that contain statewide disease diagnosis information relating to areas such as cancer, immunization, lead exposure, etc.
27	Attachment 2, US-95, US-96	10	Regarding historic data, does this simply refer to claims history for the various health plans? What types of capitation data are referenced in US-96?	Refers to plan benefit information. All user stories will rely on data collected and stored in the APD. Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.
28	Attachment 2, US-97	10	Please explain what is meant by “function status data”? Can you please provide examples?	All user stories will rely on data collected and stored in the APD. Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.
29	Attachment 2, US-105	11	Regarding longitudinal panel data, please indicate what data are in scope and for which metrics (e.g., gaps in care, HEDIS, or something else)?	Scope will be determined by the specific metrics and the data captured within the APD Data Warehouse. Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.
30	Attachment 2, US-113	12	Regarding reporting alignment, will you please provide clarification and examples of the current reports that are “siloes”? Is the APD expected to pull in external reports?	“Siloes state sources” refers to the fact that there is currently no single central repository of information covering clinical, demographic, and payment data across all categories of payer and service. The APD is not expected to pull in external reports. All analytics will be based upon the APD data from the EIS and other DPEs.
31	Attachment 2, US-115	12	Please indicate what data sources might be expected for such modeling?	All user stories will rely on data collected and stored in the APD. Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.
32	Attachment 2, US-118	12	Please indicate the anticipated data source for immunization records and to tie students to schools?	All user stories will rely on data collected and stored in the APD. Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.
33	Attachment 2, US-121	13	Please indicate the anticipated data source for expenditure data?	All user stories will rely on data collected and stored in the APD. Additional detail and information on user stories will

Question Number	Section	Page Number	Question	Response
				be determined during the requirements and design sessions with the selected vendor.
34	Attachment 2, US-125	13	Please explain what is meant by, or do you have examples of, “illness burden software tools”?	<p>Illness burden may be measured by a variety of open source and proprietary software tools. New York State currently uses 3M Clinical Risk Groups to risk adjust premium rates for the Medicaid Managed Care health plans, and for assessing acute and chronic health conditions of Medicaid beneficiaries.</p> <p>There are no requirements for specific software applications. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.</p>
35	Attachment 2, US-135	14	Please provide additional detail or examples to clarify which cost-benefit analyses are expected.	Additional detail and information on user stories will be determined during the requirements and design sessions with the selected vendor.
36	Attachment 2, #7	18	Please indicate who is responsible for determining provider attribution? Does NYSDOH plan to use the APD analytic solution for value-based reimbursement?	Multiple NYS Agencies will use APD data for policy purposes. Yes, bidders should assume that NYSDOH plans to use the APD analytic solution for value-based reimbursement.
37	Attachment 3, Hosting-7 Attachment 4, #9	2 5	Hosting-7 lists the RTO requirement as 48 hours; however, under section 9.b. Disaster Recovery, in the Hosting Solution Agreement, the RTO requirement is listed as 72 hours. Is the RTO requirement 72 or 48 hours?	The language is revised to read RTO of 72 hours for both documents.
38	Attachment 3	4	With the confirmation of the RFP requirement needing a Tier 3 data center provider, will redundancy expectations now follow Tier 3 guidelines?	Yes.
39	Attachment 4	2	Are there any functional or technical requirements which would dictate web browser or web service preference?	Web browser would be required for interactive user access and web services for system to system communication.

Question Number	Section	Page Number	Question	Response
40	Attachment 4	2	Will the same level and type of access be required for users to the testable, non-production instance?	Yes – users approved for working in the test environment should have all access.
41	Attachment 4	4	With respect to Outage Management, are all outages classified as “problems” and handled in the manner described, or should a distinction be made between problem management and incident management?	<p>Yes, a distinction should be made between problem management and incident management.</p> <p>As per the Information Technology Infrastructure Library (ITIL), “an Incident is an unplanned interruption to a service, or the failure of a component of a service that hasn’t yet impacted service”.</p> <p>A Problem is a condition from a number of incidents that are related or have common issues. This means that it is more serious than an Incident and needs separate follow up at a deeper level to avoid future Incidents.</p>
42	Attachment 5	5	Will NYSDOH provide guidance to delegated administration in terms of definitions of roles, access to roles granted by group inclusion, and the privileges associated with those roles?	Yes.
43	III. J. Attachment 6	18 3	Do all changes, excluding changes from incident, problem, and maintenance, follow the Change process described in ‘Section III J. System Change Management’? If not, please provide details about other changes covered under maintenance and support.	<p>All changes to address defects or maintenance should be covered by the fixed price deliverables and/or ongoing support maintenance and technical support services.</p> <p>Any system development or enhancement beyond the scope of the original RFP will be addressed through the system change management process.</p>
44	V.	44	We have a unique partner that can document that they would qualify as a MWBE if they went through the certification process but they are not currently certified. Because of the short timeframes, can they provide sufficient evidence that we would qualify as MWBE if we win the bid? They have already initiated the process but they first have to qualify as a MWBE in a different state first and then in NY.	Using Attachment 7, bidders should describe their plan to meet the M/WBE goals listed in the RFP. The RFP awardee/contractor will need to document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the contract. Other contractual requirements related to M/WBE participation are outlined on pages 44-46 of the RFP.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
45	V.	44	Can the MBE/WBE requirement be satisfied with a Small Business partner?	Yes, as long as the subcontractor or supplier is a New York State-certified M/WBE.
46		All	Does the state prefer a one-size fits all, monolithic analytic vendor, or a best of breed variety of analytic tools for its stakeholders?	There is no preference. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
47		Various	Will stakeholder prefer or demand to use any existing analytic software licenses?	No.
48	Schedule of Key Events	i.	Will there be an extension to the response due date?	The due date has been extended. Bidders should monitor the Grants/Funding page of the NYSDOH website for updated information.
49	Attachment 8		What is the real budget for the term of this contract besides the \$10M the State has budgeted for Fiscal 2014-2015? Please provide the budgetary provisions/limits for the first 24 months and for the next 3 years.	The State Fiscal Year 2014-2015 budget line for the APD is not wholly for this contract. We are unable to provide the total dollar amount budgeted for this contract, including dollar amounts budgeted per year. Bidders should submit a price proposal based on the information in the RFP, ensuring reasonableness of cost and a best value to New York State.
50	II.	5	Page 14, under OHIP Data mart, there is a sentence that reads "It serves as a research and development environment for the receipt, processing and analysis of new data sources as well as analytics that may be transferred to the MDW". What is MDW (no other reference is made anywhere else in the RFP)?	MDW was used as an acronym for the Medicaid Data Warehouse.
51	II.	5	Has a vendor been selected for the OHIP Data Mart Applications and Technical Services Support Project? Who is the current incumbent?	The OHIP Data Mart technical services has been moved to the Medicaid Data Warehouse (MDW). The MDW staff will work collaboratively with the selected APD vendor.
52	II.	5	Please provide more technical / system architecture information on the eMedNY Data Warehouse including.	As described in Section II of the RFP, Medicaid encounter data will be collected through the APD Intake System. All data will initially be stored in the OHIP Data Mart (interim) until the APD Data Warehouse is built (permanent).

Question Number	Section	Page Number	Question	Response
			<p>Which RDBMS platform is it built on?</p> <p>What Extract-Transform-Load (ETL) tools are in use?</p> <p>What Business Intelligence/Reporting tools are in use?</p> <p>How many personnel support the OHIP?</p> <p>How many users are accessing the OHIP?</p> <p>Is the Data Intake solution feeding or expected to feed eMedNY?</p> <p>Does eMedNY feed OHIP Data Mart?</p> <p>List (for better clarity) all data sources/DPEs and types of data in eMedNY?</p> <p>List of Analytics functionality currently supported by eMedNY?</p> <p>Since the RFP mentions that eMedNY data needs to be brought into the Permanent APD solution in "Phase Two", what is Phase Two? Is it the Permanent APD Solution?</p> <p>How many years of history from eMedNY needs to be brought into Permanent APD Solution?</p>	<p>Specifications of the eMedNY system are outside of the scope of this RFP.</p> <p>"Phase Two" referenced in Section II of the RFP (encounter volume estimates) pertains to the phases of the Intake System, not to the solutions required from this RFP.</p> <p>As referenced in Section II of the RFP, up to 5 years of data may be required.</p>
53	II.	5	Please provide more technical / system architecture information on the OHIP Data Mart including.	Additional detail and information about OHIP Data Mart specifications and function will be provided during the requirements and design sessions with the selected vendor.

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			<p>Which RDBMS platform is it built on?</p> <p>What Extract-Transform-Load (ETL) tools are in use?</p> <p>What Business Intelligence/Reporting tools are in use?</p> <p>How many personnel support the OHIP?</p> <p>How many users are accessing the OHIP?</p> <p>Is the Data Intake solution a data source for the OHIP solution today or is it expected as a part of the interim solution?</p> <p>List (for better clarity) all data sources/DPEs (eMedNY, all payer, Medicaid, Medicare, SPARCS, etc.) for OHIP?</p> <p>List of Analytics functionality currently supported by OHIP?</p> <p>Will OHIP current system architecture and current hosting environment stay in place when an APD Interim Business Intelligence Solution is being built under this contract?</p>	
54	II.	6	<p>The Permanent APD Solution Diagram continues to reflect OHIP Data Mart as a consumer of APD data when it is also expected to be the source of historical data that will be moved to the Permanent APD Data Warehouse. So is OHIP a part of the Permanent solution serving NYSDOH</p>	<p>The APD Data Warehouse is not expected to replace the OHIP Data Mart. The APD interim solution consists of analytics against the data in the OHIP Data Mart (Data Mart is DPE). The APD permanent solution includes development of an APD Data Warehouse (to house all APD data) and analytics against the APD Data Warehouse (Data Mart is DCE).</p>

Question Number	Section	Page Number	Question	Response
			needs? If so the objective of an Interim APD Solution is not clear. Please provide some more clarity on the permanency of OHIP and the Interim APD Business Intelligence Solution.	
55	II.	7	<p>NYSDOH anticipates that up to five years' history of some of the datasets will need to be loaded into the Permanent APD Data Warehouse besides SPARCS data from 2005.</p> <p>Please list data sets will have five years' history and their volumes (lives and transactions).</p> <p>Is SPARCS data since 2005 to be sourced from SPARCS system or from OHIP?</p> <p>A mention is made of "incorporation of SPARCS data will also allow for cross check validation and completeness of post-adjudicated data submitted by insurance carriers." Is this being done today in OHIP?</p>	<p>Bidders should refer to Section II of the RFP for projected encounter volume. Historical data is anticipated to be comparable to these annual estimates, and would include Medicaid, SPARCS, and other potential datasets.</p> <p>SPARCS data is currently stored in the OHIP Data Mart.</p> <p>"Post-adjudicated data submitted by insurance carriers" has not been collected before the development of the APD. As such, this is not being done today. Additional information on historical data sets will be provided during the requirements and design sessions with the selected vendor.</p>
56	II.	7	<p>Volume Estimates</p> <p>In the Encounter Volume Estimates table, what is "Large Group"?</p> <p>Are the estimates of End State Volume, SPARCS Volume, and Medicare Volume good indicators of volume expected across all DPEs on a per month/per year basis "going forward" from the time Permanent APD solution goes live? Is this a good indicator of historical data volumes (on a per</p>	<p>Large Group refers to the Off Exchange Commercial population.</p> <p>Yes, the estimates listed in Section II of the RFP are good indicators of estimated future volume.</p>

Question Number	Section	Page Number	Question	Response
			<p>month / per year basis) from DPEs? If not, is there more accurate historical data volume estimate available?</p> <p>Estimates of Medicare Volume in terms of transactions per month and per year aren't provided. Can that be provided?</p>	<p>Medicare volume can be estimated using the same 5 transactions per member/per month listed in the RFP for QHP, Medicaid and Commercial.</p>
57	Attachment 1		<p>What is the functional scope of the Data Intake Solution? Are there any Permanent APD Data Warehouse Solution related ETL requirements (in Attachment I) that are in scope of the Data Intake Solution?</p>	<p>All ETL requirements outlined in the RFP that impact the Encounter Intake Solution will be accommodated through the Change Request process within the current CSC contract.</p>
58	Attachment 1		<p>It is not clear if the Data Intake Solution or this RFP's APD Data Warehouse Solution is expected to perform all APD ETL for data sources/DPEs in the Permanent APD Solution (NYSDOG QHP Encounters, Medicaid Managed Care and FFS, Commercial Plan Encounters, and SPARCS).</p> <p>Requirement DW-3 suggests that initially the primary DPE will be OHIP and then it would shift to the APD Data Intake solution becoming the primary DPE supplemented by other DPEs (e.g. SPARCS). But the Permanent APD Data Intake suggests SPARCS also to be within the scope of the Permanent APD Data Intake solution except Clinical Data. Please clarify.</p> <p>Can NYSDOH provide an elaborated list of DPEs of Clinical Data (e.g. NYeC or State RHIO/HIE data</p>	<p>Both systems will have their own ETL processes.</p> <p>SPARCS will be a separate DPE from the APD Data Intake System.</p>

Question Number	Section	Page Number	Question	Response
			<p>from EHRs, Labs, Pharmacies, etc., SureScripts, Public Health registries, etc.)</p> <p>When does NYSDOH envision Clinical Data to be brought into the Permanent APD? Is this in the initial 24 month scope or will this be during the three year operations phase conducted under the System Change Management process?</p> <p>Will there be one standard file format for all payer (Commercial, Medicaid and Medicare) post-adjudicated claims/encounter data out of the Data Intake solution?</p> <p>Will SPARCS data also be supplied in this same format or a separate format from the Data Intake Solution?</p>	<p>This detail has not yet been defined. One likely DPE of clinical data is the SHIN-NY.</p> <p>The timing of incorporating clinical data has not been defined at this time.</p> <p>Yes.</p> <p>Separate format.</p>
59	II.	5	Does the state use an EMPI today either in OHIP Data Mart or eMedNY Data Warehouse? If so what is the name of the technology in use? Has it evaluated any in the past? And does it have a preference?	There is not currently a published EMPI.
60	Attachment 13		Does the State have any preference for the technology architecture (RDBMS, Master Data Management, ETL, Business Intelligence, Predictive analytics technologies) for the Permanent APD solution knowing there are many internal and external stakeholders? Is it acceptable for a bidder to propose their own technology architecture as long as it meets NYSDOH	There is no preference. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met, including Functional, Security and Privacy, Hosting and SLA requirements.

Question Number	Section	Page Number	Question	Response
			Functional, Security and Privacy, Hosting and SLA requirements?	
61	Attachment 1		How does the Provider Network Data System play into the Interim or Permanent APD Solution especially as it relates to requirements DW-213 to DW-218 on Common Provider Identifier? Is this a domain of data contained within the Medicaid Data sets sourced as a part of the Data Intake Solution?	The PNDS is a Data Providing Entity (DPE) to the Encounter Intake Solution. The current PNDS does not produce a Master Provider Index. The APD Data Warehouse will be required to produce a Master Provider Index. Medicaid is one source of provider data which must be unified.
62	II.	5	Can the Data Intake Solution contract be shared for better understanding of and planning of required collaboration with the Data Intake vendor?	We are unable to share the Data Intake Solution contract during the RFP process.
63		Various	Are Data De-identification, Data Encryption and Data/Field Masking distinct and separate requirements? Can one imply the other?	These could overlap or be independent.
64	IV.E.	27	<p>Regarding the Demonstration process of the evaluation, “bidders are expected to execute selected User Stories with their product with de-identified data supplied by NYSDOH, which will help highlight central aspects of the proposed solutions”.</p> <p>How many days in advance will NYSDOH provide the bidder with necessary data and the selected user stories?</p>	All bidders will be notified of the timeframe for product demonstrations, will be provided data sets, and will have selected user stories identified shortly after the proposal due date. Bidders susceptible to award after scoring of price and written technical proposals will be notified and will have product demonstrations scheduled. It is anticipated that notice will be made to susceptible bidders approximately 2-weeks prior to the product demonstration.

Question Number	Section	Page Number	Question	Response
			<p>Will the user stories be selected across the Data Intake, Data Warehouse and Data Analytic tiers?</p> <p>Will these user stories be the same across all bidders expected to demonstrate their products or will it be identified specifically for each bidder by NYSDOH?</p> <p>Will the Data Analytic Solution user stories (US-6, US-49, US-84, US-106) which are expected to be elaborated in a bidder's response be in the list of user stories to be demonstrated?</p>	
65	Attachment 13		<p>While MITA Self-Assessment is expected from the bidder, is there a requirement for CMS MITA Certification of the Permanent APD Solution? If so what is the level of MITA that NYSDOH expect minimally in Self-Assessment as well as for future certification (if expected)?</p>	<p>The MITA Self-Assessment is a requirement of the federal Centers for Medicaid and Medicare Services (CMS). The RFP only requires a self-assessment.</p>
66	III.G.	14	<p>Should the Training environment be separate from all other Software Development Lifecycle environments? Should the Training environment have a de-identified data set from Production instance? If so what is the volume of data expected to be made available across various types of data sources in this environment?</p>	<p>Yes, the training environment should be separate from all other Software Development Lifecycle environments.</p> <p>Yes, the Training environment shall use de-identified or masked data from Production. This can be a subset, so lesser volume than Production data.</p>
67	Attachment 1	13	<p>DW-157 calls for Contractor's proposal and use of actuarial methods and standards, as approved by the State, to confirm that the data submissions reasonably represent expected utilization for each</p>	<p>Yes, OHIP does use actuarial methods. No, this is not in the current scope of the Encounter Intake Solution.</p>

Question Number	Section	Page Number	Question	Response
			Original Source Submitter’s member population when applicable. Does the state use any of these methods today in eMedNY or OHIP? Is it within the scope of the APD Data Intake Solution? If so can that be shared? Can the same methods be used by the successful bidder?	
68	Attachment 1	13	Similarly DW-164 (as well as DW-228 related to Additional Review) calls for data validation rules for verification of expected and reasonable utilization and cost against actuarial expectations and industry standards. Does the state use any of these methods today in eMedNY or OHIP? Is it within the scope of the APD Data Intake Solution? If so can that be shared? Can the same methods be used by the successful bidder?	Yes, OHIP does use these methods. No, this is not in the current scope of the Encounter Intake Solution.
69	Attachment 1	13	DW-174 calls for production of cost and utilization measures upon completion of the data validation process. Request NYSDOH to provide a list of the expected measures much like the list of Value-added elements.	These will be identified during the requirements and design sessions with the selected vendor.
70	Attachment 2	3	<p>US-15 and US-16 talk about supporting valuation of “efficiency” metrics and risk adjusted data. We understand that the State uses 3M Software for some of them.</p> <p>Does NYSDOH expect bidder to have provision to store and compute such metrics within their Data Analytic Solution? Or is the User story referring to allowing the Data Analyst to get access to claim</p>	<p>The Data Analytics Solution should store and compute efficiency metrics.</p> <p>The data analytics solution should provide for all resources needed for computation of efficiency and risk adjustment, including necessary software.</p> <p>Any leveraging of existing NYS software licenses will be addressed after evaluation of bids, during contract negotiations with the selected vendor.</p>

Question Number	Section	Page Number	Question	Response
			<p>line level data for the Analyst to use their own analytic tool(s) to compute such metrics and risk adjust data?</p> <p>For computation of efficiency and risk adjustment, does NYSDOH expect the Data Analytics solution to integrate with 3M software that is already licensed by the State or should the bidder account for additional licensing of this software?</p>	
71	Attachment 2	4	<p>US-20 calls for Episode Grouping technology. Similarly US-125 calls for Risk adjustment or illness burden software. Since we assume that State already uses 3M Groupers (APR-DRG, CRG, PPR, PPE, etc.), is the preference for continued use of 3M's Grouper software? Does NYSDOH already license 3M Episode grouper software? Can the Analytic solution leverage State licenses or should we account for additional licensing of this solution?</p>	<p>The State does use 3M groupers.</p> <p>There are no preferences or specific requirements within this RFP. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.</p>
72	Attachment 2	4	<p>US-21 calls for geo-coding claims and member eligibility data. Is it done today in eMedNY or OHIP? If so what software is currently in use? Does the state want the bidder to use the same software or recommend any other geo-coding software?</p>	<p>Geocoding currently occurs within the Medicaid Data Warehouse. There is no preferred software tool. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.</p>
73	Attachment 2	11	<p>US-105 indicates capability to generate longitudinal panel data with quality metrics at the</p>	<p>Recipient means patient.</p>

Question Number	Section	Page Number	Question	Response
			recipient level. Does recipient mean Provider or Patient?	
74	Attachment 2	17	<p>US-161 calls for ability to track versions of national standard metrics (e.g. HEDIS) and the ability to apply any chosen version of the metrics as needed.</p> <p>Given that five years of history is being brought into APD Data Warehouse, would the State require national standard metrics versions since 2010 computed or are computed metrics available in OHIP or eMedNY for prior versions of the standards?</p> <p>Not all HEDIS metrics are computed on administrative data alone. Does the State want HEDIS metrics only for those computed on administrative data or does it also need HEDIS metric computation on Hybrid measures?</p> <p>Does the State need the national standard metrics calculation software to be Certified (like NCQA Certified for HEDIS, ONC Certified for MU eCQMs, etc.)?</p>	<p>It is uncertain how many versions of HEDIS would be required to be loaded. The metrics itself will dictate the way it would be computed. Some metrics are based solely on administrative data and others are a hybrid calculation. The required software would be outlined by DOH subject matter experts during the requirements and design sessions with the selected vendor.</p>
75	Attachment 2	18	<p>US-170 calls for ability to view adverse events reported through NYPORTS linked to other data for the patient/episode of care. Is NYPORTS another DPE for APD Data Warehouse? When does the State plan to implement this Data intake / ETL?</p>	<p>Yes, NYPORTS would be another Data Providing Entity (DPE) to the APD Data Warehouse.</p> <p>The timing of integration of NYPORTS data is unknown at this time.</p>

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
76	Attachment 3	2	Hosting-6 calls for the data center meeting the specifications of a Tier 4 data center as per the Uptime Institute guidelines. Should the Data Center be certified as Tier 4 data center by Uptime Institute?	Amendment 1 of the RFP changed the data center requirement to the Tier 3 level.
77	Attachment 3	2	Hosting-7 calls for Recovery Time Objective of 48 hours but the Disaster Recovery Service Option (1 Day Option) states 72 hours. Please explain the expectation(s) if they differ in disaster versus non-disaster outages?	The language is revised to read RTO of 72 hours for both documents.
78	Attachments	Various	Can the State indicate the priority (at a minimum – Required and Optional) for each of the APD Data Warehouse and Data Analytics requirements in various Attachments?	All are requirements, and all must be met by the selected vendor. Timing of deliverables should be indicated in the bidder’s project plan.
79	V.V.	44	Can a Prime fulfill their MWBE Utilization plan if they subcontract with a self-certified MWBE who is registered to do business in NY but not incorporated in NY?	Eligible M/WBEs must be New York State-certified and are listed in the directory of New York State-certified M/WBEs at <a href="http://ny.newnycontracts.com">http://ny.newnycontracts.com</a> .
80	Schedule of Key Events	i.	Is there a possibility to extend the RFP Response deadline by 30 days?	The due date has been extended. Bidders should monitor the Grants/Funding page of the NYSDOH website for updated information.
81	V. N.	40	Should a Prime’s subcontractors also be registered in New York State VendRep System and file the required Vendor responsibility Questionnaire? Should this be done before bid submission?	Yes, subcontractors will need to be registered and file the required questionnaire. It is not required that this be done before submitting a proposal in response to this RFP.
82	III.C.	11	Datawarehouse Solution: Is NYS DOH expecting that we use a certain list of tools to do things like ETL, Database storage,	Specific tools are not required or preferred. Bidders should present their solution that best meets the needs and

Question Number	Section	Page Number	Question	Response
			<p>Analytic exposure (Dashboards, reporting, predictive analytics, etc.)?</p> <p>Is the NYS DOH expecting that the data center will be located in Albany, NY as well?</p> <p>Who will be responsible for the login process of APD users and maintenance of that process? (The RFP states that consumers and insurance companies will want to be able to check in to examine their specific information which may grow into millions of users.)</p> <p>Has NYSDOH established any specific requirements or standards for de-identification software or methodology? If not, does it have any established preferences? If not, how will NYSDOH determine and communicate its requirements, and determine whether or not to approve the contractor's software or method for de-identification?</p>	<p>requirements of the State as detailed in the RFP. All stated RFP requirements must be met.</p> <p>No. The data center must be within the continental U.S., per the RFP, but is not required to be in Albany. Bidders may opt to utilize the State Data Center (SDC), which is in Albany.</p> <p>This will be the responsibility of the selected vendor.</p> <p>All De-identification formulas and processes will need to be approved by DOH. There are no preferences. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met. Requirements will be determined and communicated through the requirements, and design sessions with the selected vendor.</p>
83	II.	5	<p>Overview of the Current and Proposed Environment: How is the data intake vendor receiving files, and to where are they receiving them?</p> <p>What is the HIPAA file translation that they are doing?</p> <p>What solution is the data intake vendor using for claims editing, and are they adding some indication of what type of edit is being applied?</p>	<p>Specifications of the data intake contract are outside the scope of this RFP.</p>

Question Number	Section	Page Number	Question	Response
			<p>Are the file structures for what the data intake vendor is producing finalized? If so, what are they? Or can they be augmented?</p>	
84	II.	5	<p>OHIP Data Mart:  Is the OHIP database going to revert back to a Medicaid only dataset after the implementation of the APCD?    Will the full OHIP dataset be available for integration with the APCD database?    Is there an opportunity to leverage this RFP to support the OHIP data and datamart?    Is the assumption that the Interim solution will be to build analytics off the current OHIP infrastructure?    Or will there be a collaboration between the current OHIP team to leverage the infrastructure?    Or is there an assumption that the RFP winner will create a new process using some of the OHIP infrastructure?    Can you provide more information on the breakdown of responsibilities between the contractor selected for this RFP and the vendor chosen for the OHIP Data Mart Applications and Analytics Technical Services Support Project? What tasks are included in such collaboration?    In the RFP's "Attachment 13, Medicaid Information Technology Architecture – Conformity," only <u>six</u> standards are included in the "<u>Seven</u> Standards and Conditions Capability Matrix." It appears that the second standard,</p>	<p>Future specifications and uses of the OHIP Data Mart are outside the scope of this RFP.</p> <p>Yes, the interim solution will require build and implementation of analytics against the APD data stored in the OHIP Data Mart.</p> <p>No.</p> <p>The Data Mart project is outside the scope of this RFP.</p> <p>There are only six standards to be self-assessed by bidders. The standard labeled "MITA Condition" was removed as it was not focused on vendor capabilities.</p>

Question Number	Section	Page Number	Question	Response
			<p>“MITA Condition”—and the level descriptions that go with it--has been left off. Did you mean to include that second standard? Also, in our response, do you want us to simply indicate the level of our current state of business?</p>	<p>Bidders should self-assess based upon their current state of business as stated in Section IV. C. of the RFP.</p>
85	IV.D.	26	<p>Price Proposal: While we understand that hours are not guaranteed or committed to, are the hours imbedded into the rates spreadsheet intended to be indicative of the state estimate of effort?</p> <p>What is NY State’s total budget allocation for years 1, 2, 3 and beyond?</p> <p>What costs, if any, should be included for end of contract transition of system hardware?</p> <p>Are the fixed cost elements of the project subject to audit?</p> <p>Do MBE/WBE contracts need to be named in bid to get credit for utilizing these resources?</p> <p>What mechanism does the state intend to utilize for current vendor to bidder conflicts in the delivery of the project?</p>	<p>Yes, the listed hours are estimates of required change management effort.</p> <p>We are unable to provide the total dollar amount budgeted for this contract, including dollar amounts budgeted per year. Bidders should submit a price proposal based on the information in the RFP, ensuring reasonableness of cost and a best value to New York State.</p> <p>As a hosted system, the APD data warehouse will be maintained by the vendor. No transition of system hardware is anticipated. See PM-43 through PM-49 for additional detail on contract transition.</p> <p>Refer to RFP Section V. G. NYSDOH reserves the right to review and approve all aspects of the Contractor’s work as it relates to this RFP, and unconditionally reserves the right to reject any and all deliverables that do not meet acceptance criteria.</p> <p>Bidders are required to submit an M/WBE Utilization Plan using the M/WBE forms in the RFP.</p> <p>Refer to RFP Section V. G. regarding NYSDOH responsibilities under the contract, and contractor responsibilities in vendor-to-vendor relationships. NYSDOH will utilize appropriate techniques to facilitate a productive working relationship between contracted vendors.</p>

Question Number	Section	Page Number	Question	Response
86	Attachment 3		<p>Hosting Solution: Is there a requirement that Primary and Backup Data Centers are hosted within the state?</p> <p>How long should backups be retained, and are there specifics on what type of media the backups should be stored onto?</p> <p>Will there be allowable differentiated SLA's for being able to handle Critical Security Patches versus Normal Routine Patching of the hardware?</p>	<p>Per the RFP, all activities and work not specifically required to be performed in proximity to the NYS Capitol Building must be performed within the continental U.S.</p> <p>Backups retention will vary based on data system and platform but must ensure conformance with Federal regulatory compliance, NYS State Archive Record retention and disposal standards, NYS standards and policies and described solution RTO/RPO.</p> <p>Patching must conform to the NYS Patch Management Standard, which describes differentiation of patching schedules.</p>
87	Attachment 12		<p>Overall/Contractual/Legal Questions: Is it acceptable to have Co-Principal Investigators (PI's) under a single contracting entity?</p> <p>Does NYSDOH reserve the right to renew or extend the Agreement?</p>	<p>We are requesting one primary contact person for the contract. The person identified in the proposal transmittal letter as the person NYSDOH should contact regarding the proposal will be listed in Appendix G (Notices) of the awardee's contract.</p> <p>The term of the contract will be the length of project design, development and implementation (not to exceed 24 months), plus three (3) years, with two optional 2-year extensions of operations.</p>
88	I.A.	1	Will SPARCS data be stored in proposed APD?	Yes.
89	I.A.	2	What is the proposed timeline the APD will be expected to integrate with lab, pharmacy and EMR data?	Timeline is undetermined at this time.
90	I.C.	3	Who will assign access to the APD, the Division of Data Transformation? If no, who?	NYSDOH will be responsible for development, implementation, and support of data access and release policy.
91	II.	5	When will the APD Data Intake Solution (DIS) be complete? What level of integration is expected to exist between DIS and APD?	The Data Intake Solution is expected to be complete sometime in 2016. The relationship between systems is described in Section II of the RFP.
92	II.	5	What relationship will APD have with the OHIP data mart?	The OHIP Data Mart is the primary DPE for the interim APD solution. Once the APD Data Warehouse is built

Question Number	Section	Page Number	Question	Response
				(permanent solution), the OHIP Data Mart will become a DCE.
93	II.	6	Will NYS provide 2 teams in order to simultaneously implement interim APD and permanent APD?	Unknown at this time. This would be determined during the requirements and design sessions with the selected vendor.
94	III.E.	12	Is a shared multi/tenant hosting solution preferred	There is no preference. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
95	V.K.	40	What is the term of the contract 3, 5 or 7 years?	The term of the contract will be the length of project design, development and implementation (not to exceed 24 months), plus three (3) years, with two optional 2-year extensions of operations.
96	IV.E.	27	Will user stories be provided in advance of the product demonstrations	Yes. See RFP Section IV. E.
97	Attachment 2, #2		Attachment 2, Section 2 Consumers of Healthcare Services (Public) - How large of a public audience is expected? How many users does your public site currently receive and should be expected?	The number of website visits expected is unknown at this time. It is expected that interest by consumers will increase over time, and use of any web services will increase steadily.
98	III.G.1.	14	PDF Page 23, Section G Training, 1 Overview - Does the 200 total number of users represent the total for the first year or anticipated total for the life of this solution? If that number is expected to grow over time, what is the expected future growth – 10%, 20%, etc.?	200 is the anticipated total for the term of the contract to be covered under the fixed price training deliverables. Any additional training will be addressed through the system change management process.
99	III.G.1.	14	PDF Page 23, Section G Training, 1 Overview - What is the expected concurrency of users against the data warehouse – in other words, how many simultaneous user queries or reports are expected to be running against the data warehouse at any one point in time?	It is estimated that up to 25% of users (50 users) may access the Data Warehouse concurrently.
100	II.	5	General – Knowing that there are multiple data mining/data visualization tools being used by the agency, do you expect the selected solution to	Unknown at this time. More definition to be made during requirements and design sessions with the selected vendor.

Question Number	Section	Page Number	Question	Response
			replace them completely or work in conjunction with them?	
101	Attachment 2	11	Attachment 2, US 99 – This talks about being able to export in usable format to SAS and Excel, is it the desire of the agency that the selected data analytics/visualization tool export to different data sources as well as accept data from these same types of data sources directly into the data analytics/visualization tool?	This will be determined/defined during requirements and design sessions with the selected vendor.
102	I.A.3.	2	The business intelligence, analytics and data-delivery solutions will provide users access to APD data that will support the needs of various stakeholders in realizing the different use cases." Can you please provide a more complete description of stakeholder affiliation--inside DOH, other NYS agencies, non-State agency entities, etc.?	Stakeholders are referenced in column 3 of Attachment 2 ("As a..."). Significant stakeholders include entities within DOH, in other State and local government Agencies, and within the payer, provider, research, and consumer communities.
103	I.D.	4	What are the specific roles, responsibilities and activities the State/ITS will perform with respect to oversight for PM, Security and Architecture evaluation?	Both DOH and ITS will have roles with respect to oversight, project management, security and architecture evaluation. For more detail, see RFP Sections III. and V. G.
104	I.D.	4	Will ITS or a separate vendor perform a security/vulnerability/application scan on the solution and its infrastructure?	To be determined during requirements and design sessions with the selected vendor.
105	I. E.	4	Should the minimum requirements be fulfilled only by the Prime Contractor or it can include Sub-Contractor experiences?	The prime contractor must meet all of the minimum requirements.
106	II.	5	Will intake vendor collect just the QHP and Medicaid data sources Or all data sources including Medicare and Commercial claims, and others data sources? Will intake vendor perform any aggregation, de-identify or apply master patient and Client index before sending the data to APD?	The Encounter Intake Solution (EIS) will collect data from QHP, Medicaid, and Commercial payers. It has not been determined at this time if Medicare data will flow through the EIS or come to the APD as its own DPE relationship.  No, the intake vendor will not perform aggregation, de-identification or master patient index functions.

Question Number	Section	Page Number	Question	Response
107	II.	5	Are there sample output files that can be provided by the Data Intake Solution Vendor for product demonstration purposes?	Yes, a sample dataset will be provided by DOH for the product demonstration. See RFP Section IV. E.
108	II.	6	Interim APD solution thru OHIP DM: We understand OHIP DM was designed-primarily for Medicaid data and selected non-Medicaid data sources (SPARCS, registry etc.). Will OHIP DM scale to the volume of data and diversity of data needed for the APD?	The OHIP Data Mart is the interim data warehouse for the APD. It has the capacity to fulfill this role until the permanent solution is built.
109	II.1.	5	Data Intake Solution: a.) What sources will the solution process? b.) What edit checks will be applied? c.) What will be the format for the data produced? d.) What is the record linkage package? e.) How many streams/files will be produced? f.) At what frequency? g.) Will there be a Master Patient Index assigned? Master Provider Index?	QHP, Medicaid, and Commercial encounter data will be processed through the EIS, and will be received in PACDR and NCPDP file formats. Intake process is not within the scope to this RFP. Data formatting for transmittal to the APD Data Warehouse will be determined during the requirements and design sessions with the selected vendor. There will be varied frequencies (Daily - One time). The selected APD vendor is responsible for Master Provider and Patient Index assignments.
110	II.	6	Interim APD solution thru OHIP DM: a.) Is it correct to assume that only the APD Interim BI Solution needs to be developed for this engagement? b.) Is it correct to assume that changes to the OHIP ETL Processes and OHIP Data Mart are outside the scope of this engagement	The interim APD solution includes BI, Reports and Data Extracts against the OHIP Data Warehouse (see Del-15).  Generally, yes. Although, it would depend upon the nature of the needed change.
111	II. Data History	7	There is a data conversion requirement of 5 years. Is this applicable only to Medicaid data source or all data sources (Medicare, Commercial, Clinical and others)?	This potentially applies to all data sources, and will be defined in the requirements and design sessions with the selected vendor.
112	II. SPARCS Volume Estimates	7	"It is anticipated that SPARCS inpatient and outpatient (emergency room, ambulatory surgery) data from 2005 to present will need to be loaded into the Data Warehouse." Is it correct to assume that no data/edit checks will be performed on this data during the loading process?	The SPARCS data load into the APD would need to pass SIT testing and be signed off on by DOH.

Question Number	Section	Page Number	Question	Response
113	II. Data History	7	NYSDOH anticipates that up to five years' history of some of the datasets will need to be loaded into the Data Warehouse. Is it correct to assume that no data/edit checks will be performed on this data during the loading process?	Data Loads into the APD would need to pass SIT testing and be signed off on by DOH.
114	III.B.1.	8	What is the timeline for integrating data sources from Labs, Registries, Clinical data from EHR, Medicare and Commercial claims? Do you intend that the APD vendor complete the integration of all the data sources within 24 months?	Commercial and Medicare claims integration is currently projected for 2016. The timing of data from Labs, Registries, and EHR is unknown at this time. The selected vendor will be responsible for integration of all data sources identified within their scheduled DDI period. Data source integration beyond the DDI period would be addressed through the system change management process.
115	III.D.1.	12	"As the project progresses, some of these requirements are expected to be met at the initial development stage, while others may be completed during the operations phase." How are the requirements distinguished between initial and operations?	The selected vendor will be required to fulfill all user stories identified by designations of "OB" or "C" on their proposal within the DDI periods (both interim and permanent). In the event that a user story requires data that has not yet been incorporated into the APD data intake process, the vendor will be provided test data and will be required to fulfill the user story in a test environment.
116	III.G.	14	The Training section identifies categories of users by use type with a total of 200. Can you provide more information about the nature of the user community? To what degree will there be users that are outside of the Department? In particular, the user stories elaborated in Attachment 2 suggest there will be a wide range of users including-stakeholders from across the healthcare community and even including the public. Can you clarify?	Per the RFP Section III. G., training will initially focus on end-users internal to NYSDOH. Training for end users external to NYSDOH will be addressed through leveraging the System Change Management process. The estimated 200 users to be trained via Del-20 through Del-33 will be internal DOH users. Additional users potentially addressed through the system change management process will likely include representatives from each of the key stakeholder groups.
117	III.G.	14	Does the Department expect the number of users to exceed 200 and by what percentage?	200 is the current estimate of internal DOH end users. The full spectrum of both internal and external users is unknown at this time, but will be significantly higher due to the broad spectrum of stakeholders.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
118	III. J.	18	At what point in the project will "system change management" procedures be initiated?	The system change management process will be utilized for any needs beyond the original project definition and scope as detailed in the RFP. This could potentially happen at any time in the contract.
119	IV. c. MITA Self-Assessment	24	What is the relevance of the MITA Self-Assessment to the All Payer Database? What specific requirements are there for the APD to be compliant with MITA?	The MITA Self-Assessment is a requirement of the federal Centers for Medicaid and Medicare Services (CMS). The RFP only requires a self-assessment.
120	IV. d. Solution Description	25	Where will the MDM Solution be applied? During Intake or after intake?	Master Data Management will be applied after intake, in the APD Data Warehouse.
121	IV. a. Key Staff Bios	25	"Key Staff Bios - Bidders should provide a profile form for each of the key staff proposed for this project, including subcontracted staff" - Does the State have a preferred format or profile form they wish bidders to utilize?	There is no RFP form to supply the staffing information requested. Bidders should provide the information requested in a clear format.
122	IV.E.	27	What is the estimated timing, calendar-wise, of the product demos?	Based upon the original proposal due date of 6/9/15, NYSDOH anticipated product demonstrations in mid-July 2015. With extension of the proposal due date, the timing of the product demonstrations will be adjusted accordingly.
123	IV.E.	27	How will the process of communications and presentation of the demos work? When will vendors receive notification from the Department, the specification of the user stories and the data? What is the timing of this relative to the actual 4 hour presentation?	All bidders will be notified of the timeframe for product demonstrations, will be provided data sets, and will have selected user stories identified shortly after the proposal due date. Bidders susceptible to award after scoring of price and written technical proposals will be notified and will have product demonstrations scheduled. It is anticipated that notice will be made to susceptible bidders approximately 2-weeks prior to the product demonstration.
124	IV.E.	27	What resources (i.e. technology equipment, room space, projectors, whiteboards, etc.) will be available for the product demos?	Information on product demonstration room and resource logistics will be communicated when bidders susceptible to award are notified of their scheduled product demonstration.
125	Attachment 2		What is the DOH deployment timeline for the User Stories in Attachment 2 for first 9 months and the overall 24 months?	The prioritization of User Story deployment has not been completed at this time, and will be further developed in the requirements and design sessions with the selected vendor.

Question Number	Section	Page Number	Question	Response
				The selected vendor will be required to fulfill all user stories identified by designations of "OB" or "C" on their proposal. In the event that a user story requires data that has not yet been incorporated into the APD data intake process, the vendor will be provided test data and will be required to fulfill the user story in a test environment.
126		All	Is the collection of Clinical data from the NYS SHIN-NY in scope for the 24 month milestone?	The timing of the integration of clinical data from SHIN-NY into the APD is unknown at this time. In the event that it does not coincide with the permanent solution milestone, the selected vendor will be provided test data to fulfill the user stories incorporating clinical data in a test environment, and integration of SHIN-NY as a DPE would be addressed through the system change management process.
127		All	Does DOH have a MDM solution that is being used for other initiatives (MMIS, DSRIP, RHIO) that can be leveraged for Master Patient and Master Provider Indices?	No.  Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
128		All	Which deliverables should be created for the interim solution (OHIP DM) and the overall solution (APD)?	Refer to RFP Section III. I. and Attachment 8 for specific deliverable requirements. Del-15 must be completed no later than 9-months into the contract. Del-16 must be completed no later than 24-months into the contract. All other deliverables should be completed as project logically progresses.
129		All	Will DOH require a fully resource loaded and leveled Microsoft project schedule with the RFP response?	Refer to RFP Section IV., C. for Project Management proposal requirements. As stated, the Bidder should include a proposed project schedule (in MS Project format), specific to this project.
130	III.I.	16	The RFP states "The Contractor shall develop and maintain a plan of operations for APD data collection and processing services under the Contract that shall be incorporated into the Hosting Services Agreement." There does not appear to be a definition of a "Hosting Services	There is an inadvertent inconsistency with terminology. References in Attachment 1 to "Hosting Services Agreement" have been replaced with "Hosting Solution Agreement" (i.e., Attachment 4).

Question Number	Section	Page Number	Question	Response
			<p>Agreement” in the RFP. It would seem that the contract between the Contractor and DOH would cover the Hosting services. Please confirm that a separate “Hosting Services Agreement” is not necessary, or, alternately, please provide the prototype or specifications for the Hosting Is the Hosting Services Agreement.</p>	
131	III.I.	17	<p>The RFP states “Fulfilled User Stories for Analytics against the OHIP Data Mart.” Please define what constitutes a fulfilled user story, and how it will be indicated as fulfilled in Deliverable 18. Please define which specific user stories for analytics are required.</p>	<p>User stories represent required functionality. A fulfilled user story is a user story for which the functionality represented has been delivered in the production version of the Analytics tool running against the OHIP Data Mart.</p> <p>The selected vendor will be required to fulfill all user stories identified by designations of “OB” or “C” on their proposal. In the event that a user story requires data that has not yet been incorporated into the APD data intake process, the vendor will be provided test data and will be required to fulfill the user story in a test environment.</p> <p>User stories must be accepted by DOH, to be considered fulfilled, and to constitute completion of Del-15.</p>
132	J.1. Attachment 8	39	<p>The RFP states “Del-15 is allocated a total of 22% of the Total Deployment Price, which will be paid as 60% in a one-time payment (see Del-15-1 on Deliverable Itemization worksheet of Attachment 8 (Pricing Proposal Workbook)), and as 40% (see Del-15-2 on same worksheet) to be paid in equal monthly payments between Del-15 acceptance and Month 23 of contract.” Further, Deliverable 15 in Attachment 8 states “Fulfilled User Stories for Analytics against the OHIP Data Mart (Constitutes Delivery of Interim Solution - Must be completed no later than 9- months).”</p>	<p>The selected vendor will be required to fulfill all user stories identified by designations of “OB” or “C” on their proposal for both Del-15 and Del-16.</p> <p>For Del-15, user stories are to be fulfilled against the data in the OHIP Data Mart. This must be completed no later than 9-months into the contract. 100% of the user stories must be fulfilled on Del-15 for payment of both Del-15-1 (initial) and Del-15-2 (subsequent monthly).</p> <p>For Del-16, user stories are to be fulfilled against the data in the new APD Data Warehouse.</p>

Question Number	Section	Page Number	Question	Response
			<p>Please clarify the expectation of which user stories are due at which times, and which payments are payable at those times. For example, is only Deliverable 15-1 (60% Fulfilled user stories) due at 9 months, with Deliverable 15-2 (remaining 40%) due by Month 23, or are both parts of Deliverable 15 due by Month 9 and only the payments for those deliverables are being stretched out through Month 23?</p>	
133	IV. C. and E.	24 and 27	<p>The RFP states “Bidders should elaborate the following selected user stories and discuss how their solution meets the business need underlying each story. Elaboration may include breaking the story into more detail, abstracting the meaning of the story, creating a model from the story, etc. Although NYSDOH realizes that this process would normally be conducted in collaboration with the NYSDOH project team, this exercise will provide insight into the capabilities of the Bidder to help assess the Bidder’s analytical capabilities. The selected user stories are: US-6, US-49, US-84, US-106”</p> <p>Does DOH expect that the Bidders will demonstrate with the de-identified data, the selected User Stories on Page 24 (US - 6, 49, 84, and 106) or will the bidders be required to demonstrate any NYSDOH selection of the User Stories in Attachment 2?</p>	<p>Information on the specific user stories to be used in the product demonstration will be provided when bidders susceptible to award are notified and demonstrations are scheduled.</p>
134	Attachment 1, DW-14	4	<p>The RFP states “The Contractor shall provide data extracts to NYSDOH in an agreed upon format. The NYSDOH intends the APD system to provide data Extract(s) for a variety of purposes. These are to be restricted to the “de-identified” values as appropriate. These extracts are to be in a format</p>	<p>The number and frequency are undefined at this time, and will be defined during the requirements and design sessions with the selected vendor.</p>

Question Number	Section	Page Number	Question	Response
			and on a schedule agreed upon with NYSDOH.” Please provide the number and frequency of the extracts.	
135	Attachment 1, DW-32	5	The RFP states “The Contractor is responsible for conversion of any existing program data as required to perform addition of Value Added Data Elements. After the initial data load, the NYSDOH intends that the APD Data Warehouse be augmented with data from other DPEs. Addition of new data inputs and extracts of data will be ongoing throughout the operational phase of the project.” What is the approximate number of Data Providing Entities who will be supplying information at the end of the DDI period? What is the approximate number of Data Providing Entities who will be supplying information to the final version of the APD? How frequent will the data updates be from these different sources? Please confirm that changes to the APD systems to perform conversion of any existing program data in the Operations period of the program will be accomplished using the System Change staffing.	It is estimated that no more than 20 additional DPEs will be added to the APD. The frequency and timing of additional DPEs is not known at this time. Any changes beyond the original project scope as defined in the RFP, including DPEs not defined, will be addressed through the system change management process.
136	Attachment 1, DW-87	8	The RFP states “The Contractor shall maintain the Data Dictionary throughout the term of the contract.” Please provide the NYSDOH Data Governance policy.	The APD data governance policy is not developed at this time.
137	Attachment 1, DW-30	5	The RFP states “The Contractor shall design and construct systems, interfaces and business processes required to support and administer APD applications, data collection and processing. Initial collection of data is to be from the OHIP DataMart. In the final version, it is intended that the APD will extract data from separate DPEs and provide data extracts to the OHIP DataMart from the APD.” Is the contractor required to take a data	The APD Data Warehouse will receive a data feed from the OHIP Data Mart.  All applicable analytics requirements apply to both the interim and permanent solutions.

Question Number	Section	Page Number	Question	Response
			<p>feed from the OHIP Data Mart and populate their own data structures, or will the analytics platform be allowed to access the OHIP Data Mart directly? Is the contractor required to meet the 5 second response SLA on the interim solution?</p>	
138	Attachment 1, DW-32	5	<p>The RFP states “The Contractor is responsible for conversion of any existing program data as required to perform addition of Value Added Data Elements. After the initial data load, the NYSDOH intends that the APD Data Warehouse be augmented with data from other DPEs. Addition of new data inputs and extracts of data will be ongoing throughout the operational phase of the project.” Does DOH anticipate the use of the System Change staff to perform data loads, new data inputs, and extracts of data for/from for data from other DPEs after the initial data load? Please provide volumes for the initial load.</p>	<p>Yes, addition of DPEs beyond those definitively referenced in the RFP will be addressed through the system change management process.</p> <p>Volumes for initial data load are referenced in RFP Section II. As with QHP, Medicaid and Commercial, Medicare volume can be estimated at 5 transactions per member/per month.</p>
139	Attachment 1, DW-53	6	<p>The RFP states “The Contractor shall submit a finalized Plan of Operations within one (1) month of OSC approval or contract start date, whichever is later, and prior to the start of operations.” DW-54 further states “the Contractor shall hold strategy meetings with key participants as identified by NYSDOH, to solicit feedback on the proposed Plan of Operations.”</p> <p>Please confirm that the Plan of Operations that is expected in Requirement DW-53 within one month of the start of the contract is a draft to be used to satisfy Requirement DW-54, i.e., that the Plan of Operations is expected to be <u>drafted</u> within the first month after contract award, not that it is expected to be completely vetted with</p>	<p>This interpretation is correct.</p>

Question Number	Section	Page Number	Question	Response
			the DOH-named participants and also finalized within the first month after contract award.	
140	Attachment 1, DW-67	7	The RFP states “The Contractor shall amend its collection and consolidation system to keep current with any changes made to the statutes or rules and any changes made to industry standard coding systems for the life of the Contract, including the adoption of National Council for Prescription Drug Programs (NCPDP) and ASC X12N standards. These coding system changes and data adjustments associated with them are to be published on the Secure Website.” Please confirm that changes to the APD systems to conform to industry changes in coding, rules, or standards, will be accomplished using the System Change staffing.	Yes, the systems change management process will be used to keep current with industry changes in coding, rules, or standards.
141	Attachment 1, DW-68	7	The RFP states “The Contractor shall have three (3) months from the adoption of any statute or rule change to be prepared to incorporate needed modifications in their system.” Please confirm that changes to the APD systems to conform to industry changes in coding, rules, or standards, will be accomplished using the System Change staffing.	Yes, the systems change management process will be used to keep current with industry changes in coding, rules, or standards.
142	Attachment 1, DW-97	9	The RFP states “The Contractor shall provide data content and ETL training and support to DPEs’ information management and other staff.” Please elaborate on the data content and ETL training and support that is to be provided in the Deployment/DDI and Operations Phases. Will web access training be the preferred method?	Training formats are not defined in the RFP. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
143	Attachment 1, DW-110	10	The RFP states “Analytic engine(s) processes shall be restricted to only de-identified data, while “back- end” processes (e.g., record linking during data load) can still use original content to	Due to the highlighted conflict, this user story is removed from the RFP. It is no longer a requirement.

Question Number	Section	Page Number	Question	Response
			accurately track and link records from multiple DPE systems.” This requirement appears to conflict with User Story US-28 which allows individual consumers to view their own detailed records without those records being de-identified. “As a Consumer I want to be able to review my own claims history so that I can make informed decisions regarding my healthcare.” Please clarify what information is intended to be made available to individual consumers, and in what format.”	
144	Attachment 1, DW-133	11	The RFP states “Including de-identification and encryption of data in transit, the Contractor shall extract and process data files from the DPEs and load the resulting record(s) into the APD Data Warehouse.” At what point in the transmission is data in transit to the APD Data Warehouse required to be both de-identified and encrypted? Will all data transmitted to the APD Data Warehouse be de-identified and encrypted, or only selected data? If only selected data, then: Which data are encrypted in the transmission? Which data are to be encrypted on receipt? Which data are de-identified/to be de-identified?	DW-133 refers to two separate functions. All data extracts out of the APD to any Data Consuming Entity (DCE) must be de-identified and encrypted. Data received from Data Providing Entities (DPEs) will be encrypted in transit to the APD Data Warehouse.
145	Attachment 1, DW-137	11	The RFP states “If an Original Source Submitter needs to address issues with the data file(s) they submitted, these issues are expected to be resolved with the normal NYSDOH process for those Submitters.” What is the normal NYSDOH process for data file issue resolution? Please provide the referenced process.	The “normal NYSDOH process for those submitters” refers to the applicable contractual or regulatory requirements for the respective original source submitter (e.g., QHP, Medicaid, Commercial Payer). The selected vendor will work with both NYSDOH staff and the Data Providing Entity (DPE) to identify source data issues, as needed.
146	Attachment 1, DW-140	12	The RFP states “The Contractor shall provide a consistent file encryption methodology to all DPEs supplying data to the APD Data Warehouse to assure that all files are encrypted properly.” Is the contractor required to encrypt files at rest?	Encryption at rest would be required, based on data classification, consistent with federal regulation and NYS policies and standards.

Question Number	Section	Page Number	Question	Response
147	Attachment 1, DW-141	12	<p>The RFP states “Once the Contractor receives the encrypted data, the Contractor shall de-encrypt all data with the exception of encrypted, de-identified fields prior to adding to the APD Data Warehouse.” Is DOH requiring specific fields be encrypted in a file when the file is also encrypted? Is DOH requiring encrypted data to be loaded into the APD Data Warehouse, or is encryption only required after data load?</p> <p>It is implied that only encrypted data shall be loaded to the APD Data Warehouse. Is that true, or will there be certain non-encrypted data loaded? If so, please specify which data is to be encrypted and which data is to be loaded without encryption.</p>	<p>The Contractor will de-encrypt any encrypted files prior to load. Any data fields that are de-identified will remain de-identified.</p>
148	Attachment 1, DW-166	13	<p>The RFP states “The Contractor shall define data validation rules for identification of duplicate or conflicting records.”</p> <p>What is the definition of conflicting records?</p>	<p>Conflicting records are two or more records which appear to refer to the same entity or event but differ in some way, or records that together do not make logical sense. An example would be a male recipient receiving a procedure that is exclusive to females.</p>
149	Attachment 1, DW-168	13	<p>The RFP states “The Contractor shall define data validation rules for verification of conformance with any other rules not specifically stated in this document or the RFP.” Please confirm that changes to the APD systems to define data validation rules for verification of conformance with any other rules not specifically stated in this document or the RFP will be accomplished using the System Change staffing.</p>	<p>Yes, changes to the APD systems to define data validation rules for verification of conformance with any other rules not specifically stated in this document or the RFP will be addressed through the system change management process.</p>
150	Attachment 1, DW-236	17	<p>The RFP states “Exports shall be accompanied by the load script necessary for import into the intended NYSDOH database environment.” What are the specific NYSDOH database environments? The database schema will be required for the</p>	<p>Further detail on this will be outlined during requirements and design sessions with the selected vendor.</p>

Question Number	Section	Page Number	Question	Response						
			contractor to generate load scripts; when will that information be provided? When the target NYSDOH schema changes, will System Change staffing be used to alter the scripts?							
151	Attachment 1, DW-237	17	The RFP states "At the option of NYSDOH, the file format, encryption method or method of transmittal of the datasets can be changed." Can you clarify the circumstances and mechanism by which such changes would be decided and presented? What are the timeframes contemplated for implementing encryption method and dataset transmittal changes?	Encryption methods could change if the implemented encryption is found insufficient to meet data privacy and protection requirements or based on State or Federal direction. Timeframes for such changes would be subject to the impact of the change and risks associated with retaining the existing solution(s).						
152	Attachment 1, DW-243	18	The RFP states "Upon request in writing, the Contractor shall supply files covering custom periods and contents." Please confirm that the efforts for changes to supply files covering custom periods and contents will be accomplished using the System Change staffing.	Yes, requests for files covering custom periods and contents will be addressed through the system change management process.						
153	Attachment 3, Hosting-7	2	<p>The RFP states "The Contractor shall have an alternate secure hosting site available in the event that it is not possible to restore operations in the primary site within the Recovery Time Objective of 48 hours." The Recovery Time Objective of 48 hours conflicts with the 72 hours listed in Attachment 4, Section 9, Subsection b.</p> <table border="1" data-bbox="716 1105 1400 1271"> <thead> <tr> <th data-bbox="716 1105 953 1230">Disaster Recovery Service Option</th> <th data-bbox="953 1105 1169 1230">Recovery Time Objective</th> <th data-bbox="1169 1105 1400 1230">Recovery Point Objective</th> </tr> </thead> <tbody> <tr> <td data-bbox="716 1230 953 1271">1 Day Option</td> <td data-bbox="953 1230 1169 1271">72 Hours</td> <td data-bbox="1169 1230 1400 1271">24 Hours</td> </tr> </tbody> </table> <p>Please clarify the intent of this requirement.</p>	Disaster Recovery Service Option	Recovery Time Objective	Recovery Point Objective	1 Day Option	72 Hours	24 Hours	The language is revised to read RTO of 72 hours for both documents.
Disaster Recovery Service Option	Recovery Time Objective	Recovery Point Objective								
1 Day Option	72 Hours	24 Hours								
154	Attachment 3, Hosting-10	2	The RFP states "The Contractor shall benchmark speed and performance of data upload based on	Current estimates within Medicaid indicate a zipped file of approximately 8GB each month. The RFP requires						

Question Number	Section	Page Number	Question	Response
			expected file sizes as provided by NYSDOH.” What are the expected file sizes associated with this requirement?	benchmarking, which will be applied against any actual file sizes.
155	Attachment 3, Hosting-25	3	The RFP states “All servers and devices shall have currently-supported and hardened operating systems, employing up to date anti-viral, anti-hacker, anti-spam, anti-spyware and anti-malware utilities.” What are the requirements and specifications of a hardened operating system?	This requirement is provided in the NYS Secure Configuration Standard found at <a href="http://its.ny.gov/eiso/policies/security">http://its.ny.gov/eiso/policies/security</a> .
156	Attachment 5, Security-2	2	The RFP states “The Contractor shall manage and monitor privacy and security in conformance with established state standards through the creation and definition of privacy and security policies, procedures and controls.” What are the NYS standards for privacy and security?	NYS policies and standards are found at <a href="http://its.ny.gov/eiso/policies/security">http://its.ny.gov/eiso/policies/security</a> .
157	Attachment 5, Security-4	2	The RFP states “The Contractor shall ensure consistent de-identification and encryption of protected health information and personally identifiable information (PHI/PII) by using a NYSDOH approved de-identification software or appliance. Data feed(s) to the APD Data Warehouse are de-identified as part of the ETL process. The APD Data Warehouse contains the original PHI/PII and the de-identified field(s).” What are the NYSDOH approved de-identification software and appliances?	NYS does not have a preferred commercial de-identification software or appliance solution. Any solution which meets federal de-identification standards and can be implemented as part of an overall secure data management process will be accepted. ITS will work with the Contractor to evaluate the proposed solution and process.
158	Attachment 5, Security-37	4	The RFP states “The Contractor shall resolve an identified vulnerability in accordance with the NYSDOH security guidelines.” What are the NYSDOH security guidelines?	NYS policies and standards are found at <a href="http://its.ny.gov/eiso/policies/security">http://its.ny.gov/eiso/policies/security</a> .
159	Attachment 5, Security-49	5	The RFP states “The Contractor shall provide a certified copy of the Security Risk Assessment to NYSDOH within 30 days of completion. Issues identified in the Risk Assessment should be addressed with a plan for resolution and resolved	NYS has no preferred risk assessment template, though consistency with federal NIST templates would be preferred. NYS would expect issues to be remediated within 90 calendar days of the assessment but would work

Question Number	Section	Page Number	Question	Response
			<p>within 90 days of the Risk Assessment.” Does DOH have a specific template it requires for the Risk Assessment, or may the contractor introduce a template that has been successfully used within NY State previously? Will the Department clarify its expectation: Is the Plan of Action and Milestones (POA&amp;M) due within 90 calendar days or 90 business days? Is there an ability to specify POA&amp;M actions that may take longer than 90 days to accomplish?</p>	<p>with the vendor if this would be impossible for reasons outside the Contractor’s control.</p>
160	Attachment 5, Security-51	5	<p>The RFP states “The Contractor shall maintain user accounts for authorized User and NYSDOH staff.” Maintenance of authorized User and NYSDOH staff accounts by the contractor conflicts with the NYSDOH and Contractor account maintenance requirements listed in Attachment 4, Section 7, Subsection b: “NYSDOH shall be responsible for provisioning and maintaining User account information. The Contractor shall be responsible for provisioning and maintaining contractor system-administration account information.” Please clarify who is to administer security for DOH staff and other authorized user populations.</p>	<p>Account management will be a responsibility shared between the Contractor and NYS based on the specific systems and solutions implemented. Accounts and account systems specific to the Contractor systems will be managed by the Contractor. Systems which leverage account solutions may be managed by NYS. Specific responsibilities will be dependent on the implementation.</p> <p>All account management, including roles in the account and access management processes, must be consistent with the NYS Account Management / Access Control Standard.</p>
161	Attachment 5, Security-64	6	<p>The RFP states “Access to APD application(s) for terminated, unauthorized or inactive users shall be disabled within five (5) business days.” What is the definition of an inactive user in the context of this requirement? For example, an authorized user may not be on the system for 5 days. Would that user be classified as inactive (and revoked) in 5 days?</p>	<p>Inactivity is defined in NYS standards found at <a href="http://its.ny.gov/eiso/policies/security">http://its.ny.gov/eiso/policies/security</a>.</p>
162	Attachment 5, Security-68	6	<p>The RFP states “Log data shall be transmitted to NYS ITS routinely, preferably in real-time by a method determined with NYSDOH and NYS ITS, to ensure that full audit trails are available and can</p>	<p>Log management must be compliant with the NYS Security Logging Standard. Details of data transferred would be dependent on the specific services provided by the</p>

Question Number	Section	Page Number	Question	Response
			be followed if necessary.” Please confirm that this requirement only applies to user access logs.	Contractor, but must account for all security events as outlined in this and other applicable policies and standards.
163	II.	7	The RFP states: “All new data generated throughout the life of the contract will need to be retained in the Data Warehouse”. Is there a cap on the total number of year’s worth of data the warehouse will be required to retain?	There is no cap. The selected vendor is required to store all APD data.
164	Attachment 2, US-19	4	The RFP states in User Story-19 “Data Management: I want to incorporate claims, clinical data, patient survey data, eligibility data so that [I can] To complete the picture of the individual and analyze across multiple data sets” Will clinical data and patient survey data be available to fulfil this user story within the 24 month DDI period? Is there a DPE designated to supply the clinical data and/or patient survey data within the 24 month implementation period?	The selected vendor will be required to fulfill all user stories identified by designations of “OB” or “C” on their proposal. In the event that a user story requires data that has not yet been incorporated into the APD data intake process, the vendor will be provided test data and will be required to fulfill the user story in a test environment.
165	Attachment 2, US-66	8	The RFP states in User Story-66 “Research Analyst: I want the ability to store the user-generated definition of an analysis and have the analysis re-run each time new data is loaded so that I can monitor changes to the outcome of a defined analysis” Is the analytics system required to run as soon as new data is loaded, or are user-defined analytics run by request after loading new data?	Clarification will be developed during the requirements and design sessions with the selected vendor.
166	II.	5	The RFP States “The OHIP Data Mart Applications and Analytics Technical Services Support Project is procurement separate from this procurement (RFP # 15809). The vendor chosen from the OHIP Data Mart Applications and Analytics Technical Services Support Project will work collaboratively with the contractor resulting from this procurement.” It appears that the referenced RFP did not result in a contract. Please specify how the work relating to this requirement will be coordinated for the APD	Upon commencement of the contract, the selected vendor will be informed of the contacts for and specifics of the OHIP Data Mart ongoing operations. See RFP Section V. G. for additional detail on NYSDOH responsibilities under the contract.

Question Number	Section	Page Number	Question	Response
			program, and which vendor or State entity will perform or support the tasks that would have been performed under the contract that would have resulted from RFP #15809.	
167	Attachment 2, US-24 – US-33	4-5	The RFP states multiple user stories for a consumer, e.g., US-32, “As a consumer, I want publicly available quality and cost data so that providers and consumers can make informed choices.” Is the definition of a consumer, a resident of NY State? Will every resident of NY State be allowed to access and utilize the APD? What specific data will consumers have access to? How will consumer access to the APD be administered (e.g., assignment of user IDs, passwords, customer support for inquiries against the database, etc.).”	<p>A consumer is any individual recipient of healthcare services residing in NYS, covered under a plan of a data submitting payer.</p> <p>Specific parameters for access to APD data are still under development. The number of users external to NYSDOH is undefined at this time. The selected vendor is required to develop a consumer facing portal that should consist of a publicly accessible website, containing data of a public use nature, and that includes interactivity to allow for queries and reports. The selected vendor is also required to develop mechanisms for designated users to access various levels of data of partially identifiable and identifiable natures.</p>
168	Attachment 2, US-27	4	The RFP states “As a consumer, I want the ability to measure and stratify (according to attributes such as patient demographics and major disease categories), volume and outcomes per procedure so that I can rate providers.” How will the contractor receive outcome-based information?	The APD analytics solution must develop the information with data collected through the Encounter Intake System (EIS).
169	Attachment 2		Beyond the providing compliance and approach codes, will NYS DOH be evaluating/scoring any additional narrative clarifications to specific User Stories beyond the fulfillment narratives for US-6, US-49, US-84 and US-106?	DOH cannot disclose information about proposal scoring beyond what is specifically referenced in the RFP.
170	Attachment 2, US-8	2	Could NYS DOH provide content for the "So that...." for US-8, US-116 and US-175?	<p>US-8: So that...I have the granular information available to perform population or claims based analysis.</p> <p>US-116: So that...I can perform provider network analysis.</p>

Question Number	Section	Page Number	Question	Response
				US-175: So that...these quality indicators can be done on an ad hoc basis.
171	Attachment 2, US-18	3	Please be more specific on what data is to be used from what agencies. And are the transactions involved captured within Medicaid managed care or fee for service claims data?	Clarification will be developed during the requirements and design sessions with the selected vendor.
172	Attachment 2, US-23	4	Can you provide more detail on what “APD Regulations” consist of?	APD regulations will define, among other things, the policy rules for data collection and data release. They will be codified in NYCRR, and are currently under development.
173	Attachment 2, US-24	4	Does the APD have regulatory permission to provide this info?	The selected vendor should assume all user stories can be fulfilled as written.
174	Attachment 2, US-28	4	How does the state intend to verify and authenticate consumer identification to permit such a use case?	This user story is removed from the RFP and is no longer applicable.
175	Attachment 2, US-42	6	Please elaborate on what quality measures are required.	Clarification will be developed during the requirements and design sessions with the selected vendor.
176	Attachment 2, US-47	6	Is Fee-For Service claims data available through the current MDW or OHIP DataMart?	Medicaid Fee-For-Service data will be captured through the Medicaid Data Warehouse until it is integrated by NYMMIS through the Encounter Intake System.
177	Attachment 2, US-61	8	What is the source for facility capacity data and verify access to the source from the APD?	Facility capacity data will be provided from the Provider Network Data System. Bidders should assume this data will be accessible/available.
178	Attachment 2, US-63	8	Please elaborate on “population–level statistics” does this mean performance measures or demographics or both?	Means both performance measures and demographics.
179	Attachment 2, US-89	10	Have AHRQ measures been developed and if so what is the source for that data?	Data source is direct from AHRQ.
180	Attachment 2, US-104	11	Please define “all other user’s wants” and how the proposer should answer this requirement.	Clarification will be developed during the requirements and design sessions with the selected vendor.
181	Attachment 2, US-110, US-111	12	Would Local Dept. of Health have access to de-identified patient level data?	LDH access to de-identified data is undefined at this time. For purposes of fulfilling the user stories questioned, bidders should assume yes.
182	Attachment 2, US-117	12	Please define “Conditions of concern”.	Any medical or financial conditions identified by the Other NYS Agencies.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
183	Attachment 2, US-118	12	Does the state currently authorize access to pediatrician panel information to schools? How is access governed?	This question does not appear to be in the scope of the RFP. Bidders should address the user story as written.
184	Attachment 2, US-119, US-120	12-13	Does this assume that actuary/attorney is a state employee our authorized contactor working on behalf of NYS?	Yes.
185	Attachment 2, US-154	16	Please define "Statistical Tools" Is the State looking for the vendor to provide a Statistical software package along with the APD (i.e. SAS, SPSS)?	The APD analytics solution must meet all requirements to fulfill applicable user stories. There is no preferred approach. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
186	Attachment 2, US-170	18	Will NYPORTS be a dataset included in the APD?	Yes, we anticipate that NYPORTS will be a DPE, and bidders should address the user story assuming as much.
187	Attachment 2, US-177	19	"to see what instances provider billing rules were not met " Will billing rules data be included in the APD?	The APD will supply data sets to be used in provider analysis on billing rules.
188	V.	44	Where should the Utilization Plan be placed within the RFP response (Technical or Price)?	The M/WBE Utilization Plan should be included with the Price Proposal as specified on page 27 of the RFP.
189	IV.C.	23	Are subcontractor references or experience a consideration factor of the proposal evaluation?	The purpose of the references is to provide NYSDOH with the ability to verify information contained in the bidder's proposal; this information is not evaluated. Information included in the technical proposal regarding any proposed subcontractor(s)'s experience will be considered during the technical proposal evaluation.
190	I.A.	1	The RFP states that the APD will receive claims from all major public and private payers. What does the state define as major?	Major public payers include QHP payers, Medicaid Managed Care payers, Medicaid Fee-for-Service, and Medicare. Major private payers include all commercial insurance carriers providing products not covered by Medicaid Managed Care or the New York State of Health (QHP).
191	Attachment 1		Who are the "Original Source Submitter's"?	Original Source Submitters are the payers providing data to the Data Providing Entities (DPE). Per Attachment 1, in the interim solution, the DPE is the OHIP Data Mart. In the permanent solution, the primary DPE is the Encounter Intake System (EIS).

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
192	I.A.	1	What organizations are required by NYSDOH to submit data?	Refer to the “Permanent APD” graphic in RFP Section II. for an illustration of data sources.
193	I.A.	1-2	P 1 & 2 mentions “leveraging existing data sets” and “both clinical and public health data sources” can the DOH please identify what it considers to be the minimal mandatory required data sources to be supported by the APD at the end of DDI?	Refer to the “Permanent APD” graphic in RFP Section II. for an illustration of data sources. The timing and sequence of the addition of data sources is not fully defined at this time. At a minimum, bidders should assume all data sources referenced in the graphic will be included by the end of DDI.
194	IV.C.	20	Can we use our own data for the demonstration?	No, DOH will provide the data sets to bidders susceptible to award (see RFP Section IV. E.).
195	IV.C.	23	Will User Stories that are identified with a DNM response and not priced as part of the overall project cost receive a negative evaluation by NYSDOH?	DOH cannot disclose information on rating methodology. Failure to indicate ability to fulfill a user story will impact proposal scoring.
196	IV.C.	25	Key Staff Bios, will additional bios outside of the four Key Staff Roles be evaluated by DOH?	No.
197	IV.C. vii.	25	Is this a narrative or interpretation of the Project Schedule that is requested in the Project Management section that follows or is different information desired?	Bidders should follow the specific instructions detailed in RFP Section C., Project Management. This includes a narrative description of Implementation Methodology, a narrative description of Project Management Methodology, and a specific proposed project schedule in MS Project format.
198	I.D.	4	It is unclear what Office of Information Technology Services (ITS) role is: compliance advisor to the DOH, proposal evaluator, or PMO for this project. Can the state please clarify the role that ITS will have on the RFP and during delivery of the APD?	ITS will provide oversight for security policies, project management reporting and technical architecture.
199	V.D.	33	What if any proposal response forms are required from subcontractors as part of the proposal submission?	Proposed subcontractors are not required to submit any RFP-related forms for the proposal.
200	II.	5	Can the awarded vendor for this RFP also prime or subcontract on the OHIP Data Mart Applications and Analytics Technical Services Support Project?	This RFP does not specifically preclude vendors from bidding on other procurements. Bidders must comply with the required attestation regarding conflict of interest as specified in RFP Section IV. C., Transmittal Form. Bidders

Question Number	Section	Page Number	Question	Response
				should also consult the language of any other RFP they may consider responding to.
201	II.	5	Is the Data Intake Solution Vendor allowed to bid on the data warehouse/analytics portion of this RFP?	Yes.
202	II.	5	As the data intake solution vendor, what data quality/enhancement to benefit the APD, if any, will the data intake vendor be performing?	Specifications on the Data Intake contract are outside the scope of this RFP. Bidders should refer to the RFP language for information of requirements of the Data Warehouse and Data Analytics solutions.
203	II.	5	What is the term of the Data Intake Solution contract, what contract vehicle is it under now, and will data intake be re-bid during the term of the contract awarded through this APD RFP?	We are unable to share the Data Intake Solution contract during the RFP process. Any impact to the requirements of the APD Data Warehouse and Data Analytics contract that result from future changes to the EIS would be addressed through the system change management process.
204	II.	6	Will the Interim Solution be retired upon the acceptance of the Permanent Solution deployment?	Yes, the interim APD Solution will no longer exist once the permanent solution is in production.
205	I.A.2.	1	Has DOH determined the total number of data feeds that will be included in the APD?	This is undetermined at this time.
206	I.A.	1	Please identify the clinical data sets required for the APD, the sources, and what use cases/measures do they support?	This full detail on potential clinical data sets has not yet been defined. One likely DPE of clinical data is the SHIN-NY.  Bidders should review the user stories to determine which include use of clinical data.
207	IV.C.	19	When will NYS disclose which User Stories will be demonstrated? The selected User Story(s) may impact a vendor's decision to submit a proposal.	All bidders will be notified of the timeframe for product demonstrations, will be provided data sets, and will have selected user stories identified shortly after the proposal due date. Bidders susceptible to award after scoring of price and written technical proposals will be notified and will have product demonstrations scheduled. It is anticipated that notice will be made to susceptible bidders approximately 2-weeks prior to the product demonstration.
208	IV.C.	24	For the demonstration purposes will the vendor or DOH be selecting the user stories?	DOH will select the user stories and will notify bidders susceptible to award.

Question Number	Section	Page Number	Question	Response
209	IV.E.	27	How will the 4 hours for set up, demonstration and questions be divided up? Will the setup be done prior to the demo/questions?	<p>Bidders have the full 4-hrs to manage at their discretion. The 4-hrs will be allotted for the full demonstration process, including set up, presentation, and follow up questions.</p> <p>Information on product demonstration room and resource logistics will be communicated when bidders susceptible to award are notified of their scheduled product demonstration.</p>
210	IV.E.	27	When will DOH provide the de-identified data for the demonstration purposes and in what format?	Data will be provided to bidders shortly after the proposal due date. The format will be disclosed at that time.
211	Attachment 1, DW-133 – DW-136	11	What is the data intake vendor's responsibility in reference to these requirements? Does the data intake vendor simply take in each file, and the APD vendor download each submission from the intake vendor's server? Does the aggregator keep the original submissions intact, or are they aggregated into a centralized file?	The selected APD vendor's responsibility includes de-identification and encryption of any files created for a Data Consuming Entity (DCE) from the APD Data Warehouse. The APD Data Warehouse is the 'aggregator' from all Data Providing Entities (DPEs) to the APD Data Warehouse.
212	Attachment 1, DW-140	12	Provide encryption for data submitters – shouldn't this be the responsibility of the data aggregator?	DW-140 refers to the encryption methods used for Data Providing Entities (DPEs). The APD Data Warehouse vendor will provide the desired method to each of the DPEs.
213	Attachment 1, DW-237	17	"At the option of NYSDOH, the file format, encryption method or method of transmittal of the datasets can be changed." Please clarify this would be under the change order process.	<p>Encryption methods could change if the implemented encryption is found insufficient to meet data privacy and protection requirements or based on State or Federal direction. Timeframes for such changes would be subject to the impact of the change and risks associated with retaining the existing solution(s).</p> <p>Whether or not changes to encryption methods are covered by the system change management process will depend on the specifics of the necessary change, and would be determined by NYSDOH.</p>
214	Attachment 1, DW-3	3	Please clarify the role of the DPE? Will DPE's include all payers, or will payers submit their data	DPEs include all inputs to the APD Data Warehouse. Original Source Submitters are the payers providing data to the Data Providing Entities (DPE). Per Attachment 1, in the

Question Number	Section	Page Number	Question	Response
			files to: initially the OHIP data mart, and eventually the Data Intake Solution?	interim solution, the DPE is the OHIP Data Mart. In the permanent solution, the primary DPE is the Encounter Intake System (EIS). All data from QHPs, Medicaid and Commercial payers will be collected through the EIS. The total number of original source submitters to the EIS is not available at this time. Other DPEs may include the Medicaid Data Warehouse, SPARCS (stored in OHIP Data Mart), SHIN-NY, Medicare (potentially), and existing DOH public health registries.
215	Attachment 1, DW-32	5	DW-32 mentions extracting data from “other DPEs” after the initial data load. Can the state clarify what these other DPEs will be?	Initial DPEs will include SPARCS (stored in OHIP Data Mart), Medicare (potentially), and the Medicaid Data Warehouse. Possible future DPE’s will include SHIN-NY and existing DOH public health registries.  Exact numbers and DPE sources are not defined.
216	Attachment 1, DW-64	7	Will the original source submissions remain intact, or are they aggregated into one central file?	Original source submissions to the APD Data Warehouse shall remain intact in a pre-staging environment.
217	V.I., Del-15-2	39	Could the 40% withholding be reduced to 10% which aligns with the typical surety used for many NYS IT projects?	No changes will be made to this RFP language.
218	V.I., Del-16	39	Can an interim payment schedule be created for work accepted over the 24 month term (i.e. 60% payments over 24 months with the 40% due upon deliverable acceptance)?	No changes will be made to this RFP language.
219	Attachment 1 and 2	Various	Describe the patient/member population that the NYSDOH receives claims data information on? E.g. Do you only receive claims data from payers on NYS residents and employees? Do you receive claims data on all NYS residents?	Volume and covered lives estimates are referenced in RFP Section II. Claims data will be received on all covered lives within plans. Data received will not cover all NYS residents, as there are certain populations not captured by the APD.
220	II.	6	How many Commercial Plans will submit claims files data to the APD? Name the Commercial Plans that will participate in submitting claims files data to the APD? How many claims file types from each plan?	The number of commercial plans and plan names are undetermined at this time. The APD will collect 4 discreet claims file types (professional, institutional, dental, and pharmacy). Not all commercial plans will provide all four services.

Question Number	Section	Page Number	Question	Response
221	I.A.	1	Describe the SPARCS data system? Is it a data warehouse? If so, what technology is it built on? What is the underlying database technology? What front-end BI tools are used to access data residing in the SPARCS data system?	Refer to the RFP Procurement Library for SPARCS information ( <a href="http://www.health.ny.gov/statistics/sparcs/">http://www.health.ny.gov/statistics/sparcs/</a> ).  Any additional SPARCS information will be provided during the requirements and design sessions with the selected vendor.
222	I.A.	1	Describe the number and types of payers you currently receive claims files from? How many different claims formats do you currently work with?	The number of original source submitters is undefined at this time. The Encounter Intake System (EIS) is still in development and in partial production. The APD will receive post adjudicated claims data in 4 different file types. Payers currently use multiple formats, but the EIS is transitioning them to consistent reporting formats.
223	I.A.	1	Describe the number and types of payers you anticipate receiving claims files from over the next 12-36 months?	The number of original source submitters is undefined at this time. The types of payers include Qualified Health Plans, Medicaid Managed Care Plans, and off-exchange commercial plans.
224	II.	5	Describe the OHIP data mart? What technology is it built on? How many data sources does it source data from? What is the ETL technology that is used to move data from various source systems into the OHIP data mart?	The OHIP Datamart uses a Vertica platform. Data files will be developed from the OHIP Datamart and sent to the selected APD vendor.
225	Not applicable		Is your current Data Intake vendor bidding on this RFP?	We are unable to provide information on potential or actual bidders.
226	III.B.	10	How many DPE's (data processing entities) will submit data to the APD?	Initial DPEs will include SPARCS (stored in OHIP Data Mart), Medicare (potentially), and the Medicaid Data Warehouse. Possible future DPE's will include SHIN-NY and existing DOH public health registries.  Exact numbers and DPE sources are not defined.
227	II.	5	Describe the software and hardware used for the eMedNY Data Warehouse?	Specifications of the eMedNY system are outside of the scope of this RFP.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
228	II.	5	Who currently hosts and supports the OHIP Data Mart Applications and Analytics solution?	The OHIP Data Marts is hosted and supported by the Medicaid Data Warehouse data center, within the OHIP Division of Systems.
229	III.B.	8	Is the ITS Health Cluster Program and Project Management Office (PPMO) staffed by NYS employees? Or are these resources provided by a third party? If yes – then who?	The ITS Health Cluster PPMO is managed by NYS employees.
230		Various	Name the Hosting service providers that NYS DOH or NYS Office of ITS has procured services from?	Bidders can refer to current and/or NYS contracts for information on other vendors under contract for IT services. NYS contracts are public records.
231	III.C.	11	Do you have a mechanism to provide a unique patient and provider identifier?	No, we require the selected vendor to develop master patient and master provider index systems. See RFP Section IV., C., Solution Description.
232	II.	6	Are all the source systems listed in the diagram on page 15 (permanent ADP) in scope for the first phase of the implementation? Please elaborate on the number of source systems and data sets to be loaded into the Permanent APD.	All source systems listed are in scope for both the Interim and Permanent solutions. QHP, Medicaid Managed Care, and Commercial encounters will be part of the EIS DPE, with Medicaid FFS and Medicare potentially part of the EIS and potentially as separate DPEs. SPARCS will be a separate DPE. The total number and type of DPEs over the life of the project is undetermined at this time.
233	II.	6	Provide details on which sources will need history loaded?	History loads will come through the OHIP Data Mart.
234	II.	6	Can you provide estimates for the number of Medicare claims data files that will be loaded into the APD?	See RFP Section II for volume and covered lives estimates. Medicare volume can be estimated using the same 5 transactions per member/per month listed in the RFP for QHP, Medicaid and Commercial.
235	II.	7	Please clarify the transaction types listed in the tables on page 16 (under Encounter Volume Estimates). Are they claim transactions, or are they ADT, Lab, Procedure, etc.?	The estimates are based on claims transactions.
236	II.	7	Please confirm you are receiving 5 million claims per month from members? And the associated	It is unclear which payer type this question refers to. Based on the current collection of claims/encounter data on QHP and Medicare enrollees, the 5 transaction PM/PM

Question Number	Section	Page Number	Question	Response
			data from these claims will be loaded into the APD?	referenced in Section II. is a solid estimate for other payer types (i.e., Commercial and Medicare).
237	I.E.	4	Will you accept a partial submission? E.g. Can a vendor respond to the software and services to build the APD, but not the hosting services?	No. The Department of Health intends to award one contract for all of the components specified in the RFP. However, bidders may propose to employ (and manage) one or more subcontractors to carry out specific parts of the contract.
238	Attachment 1		Do we need to respond to/send back Attachment 1: Data Warehouse Solution Requirements, or is it for informational purposes only?	The purpose of Attachment 1 is to provide the Data Warehousing requirements that the contractor will be responsible for. The Solution Description portion of the Written Technical Proposal should include detail on how the Bidder's solution will meet all contract requirements. Please follow the specific instructions for submission of proposals in the RFP.
239	Attachment 3		Please advise how you would like vendors to respond to Attachment 3: Hosting Solution Requirements . Do we need to respond to/send back Attachment 3, or is it for informational purposes only?	The purpose of Attachment 3 is to provide the hosting solution requirements for the project. The Solution Description portion of the Written Technical Proposal should include detail on how the Bidder's solution will meet all contract requirements. Please follow the specific instructions for submission of proposals in the RFP.
240	II.	5	Please provide the database and ETL software with versions used for OHIP Data Mart.	Additional detail and information about OHIP Data Mart specifications and function will be provided during the requirements and design sessions with the selected vendor.
241	II.	5	Please provide the source data format (for example flat file, excel file, Oracle DB, DB2, VSAM, etc.) for NYSOH QHP EncountersAPDData, Medicaid Managed Care Plan Encounters, Commercial Plan Encounters, Medicaid FFS encounters, Medicare data, and SPARCS data.	General specifications of the data intake contract are outside the scope of this RFP.  Data Intake requirements that impact the APD Data Warehouse and Data Analytics contract will be discussed during requirements and design sessions with the selected vendor.
242	II.	5	Please provide the frequency (e.g. daily, weekly, monthly, etc.) of data flow into APD ETL processes from various data sources (DPE's) like NYSOH QHP EncountersAPDData, Medicaid Managed Care Plan Encounters, Commercial Plan Encounters,	Submission will depend on the specific file and/or table. Frequencies will range from daily to annually.

Question Number	Section	Page Number	Question	Response
			Medicaid FFS encounters, Medicare data, and SPARCS data.	
243	II.	5	Please provide the volume of data for each DPE into APD ETL processes from various data sources (DPE's) like NYSOH QHP EncountersAPDData, Medicaid Managed Care Plan Encounters, Commercial Plan Encounters, Medicaid FFS encounters, Medicare data, and SPARCS data.	See RFP Section II for volume and covered lives estimates. Medicare volume can be estimated using the same 5 transactions per member/per month listed in the RFP for QHP, Medicaid and Commercial.
244	II.	5	We understand NY DOH already has an ETL tool as part of OHIP Data Mart. Please clarify whether NY DOH would like the vendor to continue to use the ETL tool for the proposed APD solution or recommend alternate tools.	There are no preferences or specific requirements. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
245	Attachment 1, DW-5	3	What are the current data quality metric checks present at NY DOH ETL systems, for example, the OHIP data mart.	They include Validate Control Totals and Reasonability Checks.
246	Attachment 1, DW-14	4	What is the approximate number of data extracts that need to be generated out of APD?	This will be determined in the requirements and design sessions with the selected vendor.
247	II.	5	We understand as part of the interim solution that the scope is to generate reports on the existing OHIP Data mart with no changes to the database elements of OHIP datamart, or ETL processes required to load data in OHIP datamart. Please confirm.	There are no data warehousing components to the interim solution. The analytics solution must sufficiently fulfill user stories against the OHIP Data Mart. Specific requirements will be addressed in requirements and design sessions with the selected vendor.
248	II.	5	How many reporting data models and reports are expected as part of the interim solution?	Bidders should plan for all data models and reports necessary to fulfill all user stories identified by designations of "OB" or "C" on their proposal. Other specific requirements will be addressed in requirements and design sessions with the selected vendor.
249	II.	5	Are both ad-hoc and canned/scheduled reports in scope?	Yes.
250	III.B.	8	We understand the time frame to implement the interim solution is 9 months. Is this including the UAT and Deployment period? Please confirm.	Yes. The interim solution must be operational no later than 9-months into the contract.

Question Number	Section	Page Number	Question	Response
251	II.	5	We understand we need to extract data from multiple sources. As specified in the RFP diagram (Page 15) there are 6 DPE sources (SPARCS, Medicare, Medicaid FFS Encounters, Commercial Plan Encounters, Medicaid Managed Care Plan encounters and QHP encounters.) The primary data sources will be the Clinical Data Source and Source data from "Data Intake solution." Please confirm our understanding.	All data sources listed are in scope. QHP, Medicaid Managed Care, and Commercial encounters will be part of the EIS DPE, with Medicaid FFS and Medicare potentially part of the EIS and potentially as separate DPEs. SPARCS will be a separate DPE. The total number a type of DPEs over the life of the project is undetermined at this time.
252		Various	We understand all the data sources will be either flat files or databases. Please confirm.	All data sources will have a requirements and design session with the selected vendor. The formats would be outlined within those sessions.
253	II.	6	We understand from the RFP diagram (Page 15) that no ETL process is needed for Clinical Data. Please confirm how this data will be loaded in the data warehouse?	Clinical data from SPARCS will be included in the SPARCS DPE (included in diagram). Clinical data from SHIN-NY is envisioned to be a potential DPE. Timing of this integration is undetermined at this time. Integration of SHIN-NY as a DPE would be addressed through the system change management process if it falls beyond the selected vendor's DDI period.
254	II.	5	How "data intake solution" will provide source data for data warehouse? Is it in flat file format or data base?	This requirement will be defined during the requirements and design sessions with selected vendor.
255	II.	5	From the statement, "The data analytics solution will have the ability to support customizable results made available to consumers through a web-based platform." Is developing this Web-based platform in scope for this RFP?	Yes. The selected vendor is required to develop a consumer facing portal that should consist of a publicly accessible website, containing data of a public use nature, and that includes interactivity to allow for queries and reports. The selected vendor is also required to develop mechanisms for designated users to access various levels of data of partially identifiable and identifiable natures.
256	II.,Data History	7	We understand for SPARCS that historic data beginning from 2005 would be loaded and for other source systems 5 years of historical data will be loaded in the APD data warehouse. Please confirm.	Yes, SPARCS data beginning from 2005 would be loaded into the APD.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
257	II.	5	Is OHIP going to be a downstream system for the data warehouse and how are we supposed to feed data into OHIP? Is the integration of OHIP with the APD warehouse in scope or will data be shared in flat files.	The OHIP Data Mart will be a DPE to the APD analytics system in the interim solution, and a DCE from the system in the permanent solution.
258		Various	Please let us know if any existing tools are available for the following activities and can they be used for the Database: -- ETL -- Reporting -- Version Control (Change Mgmt) -- Data modeling tool If no, do you have any specific tool preferences?	All tools for the contract must be included in the bidder's proposal. There are no preferred software tools. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.
259		Various	Who will perform the report/ETL administration, deployments, security set-ups and default report configurations?	The Contractor will do this work in accordance with a plan reviewed and approved by NYSDOH and ITS.
260	III.B.	8	We understand the time frame to implement the Permanent solution is 24 months. Is this including the UAT and Deployment period?	Yes. The permanent solution must be operational no later than 24-months into the contract.
261	III.C.	11	Fields needing encryption and business rules to define de-identification procedure will be shared with us. Please confirm.	Yes, requirements will be provided during the requirements and design sessions with the selected vendor.
262		Various	How many reporting data models and reports (including ad-hoc) are expected as part of the Permanent solution?	These are undetermined at this time.
263		Various	Are there any requirements for reports to use multilingual character sets, etc.?	English is the standard language. Any need for reports in languages other than English will be addressed through the systems change management process.
264		Various	Is there any dependency of external systems to be involved before data can be pulled from the source system?	This question is unclear. Bidders should assume data from all DPEs will be available as stated in the RFP.
265		Various	How many data models are currently in use in the DW solution and what is the approximate average number of tables per data model?	The APD Data Warehouse solution is to be developed by the selected vendor and does not yet exist. This question is not clear and is unable to be answered.

Question Number	Section	Page Number	Question	Response
266		Various	Is there any existing change data mechanism which could be used in extraction of data from various DPE's?	No.
267		Various	Are there any existing reports based on the OHIP datamart? If yes, does the scope include re-engineering of those as well?	The RFP requires report functionality specifically outlined within the provided user stories. Anything beyond that defined/required to fulfill the user stories would be addressed through the system change management process.
268		Various	Are there any specific requirements for purging and archiving the data loaded into the data warehouse?	There are no specifically defined requirements in the RFP. Data retention must be consistent with the federal and state regulations, policies and standards applicable to the data, and purging of data must be consistent with NYS Sanitization/Secure Disposal Standard.
269	Attachment 1, DW-13	4	Please clarify how we have to do the labeling specified in the following text, "The Contractor shall supply dimension tables to allow for labeling of coded data elements."	The vendor will need to provide descriptions to all stored codes within the APD Data Warehouse (e.g. Reference Tables).  Content for the labeling will be provided. Dimension tables for holding the content labels and linking the labels to the appropriate coded fields is responsibility of the contractor. A simple example would be: a gender attribute is coded M/F while dimension table provides link to labels Male/Female.
270	II.	5	What is the current Visualization tool landscape at NYSDOH - Qlikview, Tableau, Tibco Spotfire, etc.?	All tools for the contract must be included in the bidder's proposal. There are no preferred software tools. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.
271	II.	5	What is the statistical package used - SAS, SPSS or open source?	All tools for the contract must be included in the bidder's proposal. There are no preferred software tools. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.
272	II.	5	Are the use of open source tools for BI/Analytics possible as opposed to proprietary licensed packages?	All tools for the contract must be included in the bidder's proposal. There are no preferred software tools. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.

Question Number	Section	Page Number	Question	Response
273	Attachment 2		Is the vendor expected to manage the creation and execution of future user stories to be built for different user groups (researchers, public, NYS agencies, etc.)?	See RFP Section III., D. Future user stories may be requested, and would be addressed through the system change management process.
274	II.	5	What is the current capability split of the Analytics team across exploratory analysis, descriptive (standard reporting, visualization) and predictive analytics?	The APD will support a wide range of stakeholders within NYSDOH, other State Agencies, and external organizations. Capability will range from beginner to expert levels.
275	II.	5	Is the vendor expected to provide tool training to APD management staff for tools that may be introduced in the future - visualization/statistical packages, open source tools?	Yes.
276	I.E.	4	Would NY DOH allow a subcontractors experience, in one of the three areas called out, to satisfy that requirement for the prime if that subcontractor was the prime in the instances used to meet the experience level?	No. The prime contractor must meet all of the minimum requirements.
277	II.	7	NY DOH provides the Encounter Volume Estimates, can you confirm when these segments of data/population (i.e. QHP, Phase Two, Large Group) are estimated to be made available and expected to be contained in the APD?	QHP data collection is in live production. Phase Two claims integration is targeted for 2015, and Large Group claims integration is currently projected for 2016. Bidders should refer to the documents in the procurement library for additional data intake timeline information.
278	Appendix D, W., b-ii		Please clarify if it is our requirement to secure this policy. Additionally, would this section apply to the contractor only, and not the subcontractor?	This section applies to the contractor.
279	Schedule of Key Events	i.	Would NY DOH consider extending the due date to provide more time to respond to these extensive requirements?	The due date will be extended. Bidders should monitor the Grants/Funding page of the NYSDOH website for updated information.
280	II.	7	The RFP mentions that "NYS's all payer hospital discharge data system, SPARCS will be technically aligned with New York's APD solution". Can NYSDOH elaborate on the level of alignment expected in terms of: a. whether the same technology tool sets are expected to be used across both systems or b. whether a the data	The APD will store SPARCS data along with the collected encounter/claims data. The input to the SPARCS system is based on HIPAA 837 (X12) reporting structures. This is a similar reporting structure to the HIPAA 837 PACDR (X12) reporting structures for encounter/claims data. More information on SPARCS data input may be found at: <a href="http://www.health.ny.gov/statistics/sparcs/">http://www.health.ny.gov/statistics/sparcs/</a>

Question Number	Section	Page Number	Question	Response
			definitions are expected to be the same across both systems or c. whether it is sufficient to ensure that the data from one system can be easily integrated into the other system (RFP Section II – SPARCS volume estimates)	
281	II.	7	If a technology level alignment is expected, then can NYSDOH provide details on what technology stack that is being used for the SPARCS solution (RFP Section II – SPARCS volume estimates)?	The SPARCS DPE will be the OHIP Data Mart. Specifics on the input from the OHIP Data Mart to the APD Data Warehouse will be provided during requirements and design sessions with the selected vendor.
282		Various	What enterprise licenses for software does NYS have that can be leveraged for this project? If there are any, can specific details be provided to be able to potentially support proposing leveraging those existing licenses?	<p>All tools for the contract must be included in the bidder’s proposal. There are no preferred software tools. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.</p> <p>Any leveraging of existing NYS software licenses will be addressed after evaluation of bids, during contract negotiations with the selected vendor.</p>
283	III.E.	12	Can any existing data center owned by NYS be leveraged for this project? If so, can details be provided to potentially support a proposal to leverage such existing infrastructure?	All hosting resources for the contract must be included in the bidder’s proposal. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. Bidders have the option to utilize the State Data Center (SDC) for a physical hosting site. If utilization of the SDC is chosen, Attachment 17 provides specifications and pricing to be incorporated into the bidder’s proposal.
284	Attachment 8		Attachment 8 – Price Proposal contains prescribed Job Categories. These job categories may not be sufficient to describe the various roles and respective skill sets and experience levels that may be needed. Will NYSDOH allow additional job categories to be proposed? If not, can vendors propose roles but specifically map them to the categories provided?	No, NYSDOH will not allow additional job categories to be added to Attachment 8. Bidders should not propose roles and map them to the categories provided.
285	V.D.	33	The instructions indicate that Bidder must submit a “clearly paginated proposal” with a Table of	Yes, the NYSDOH-provided templates may be modified for page numbering only.

Question Number	Section	Page Number	Question	Response
			Contents that shows the beginning page number for each section of the proposal.” To address these requirements, are bidders allowed to modify the DOH provided templates for the purpose of inserting them into the consolidated Technical Proposal document and adding sequential page numbering at the bottom of all pages?	
286	Attachment 14		Requirement j. in the Transmittal Letter template indicates If the proposal includes the services of a subcontractor(s), the Bidder should include, in an appendix to the Transmittal Form, a subcontractor summary for each subcontractor... The requirement then goes on to list the items that should be included in the Subcontractor Summary. Attachment 7 MWBE Utilization Plan appears to require many of the same items as well. Can Vendor’s reference Attachment 7 MWBE Utilization Plan in addressing the Subcontractor Summary requirement?	No. The transmittal form and information specified for subcontractors is submitted with the technical proposal. The M/WBE Utilization Plan is submitted with the price proposal. The technical proposal and cost proposal are reviewed by separate evaluation teams.
287	V.D.	34	<p>The formatting instructions in section V.D indicates Bidders should provide “One (1) electronic copy in MS Excel on a closed session CD- R (not CD-RW) with copy/read permissions only.” Since there are other attachments (in non-Excel format) that are required to be included with the Price Proposal, please confirm whether those attachments should also be included on the Price Proposal CD and included as one separate PDF file or separate PDF files for each? Additional attachments to the price proposal include:</p> <ul style="list-style-type: none"> <li>• Attachment 7 MWBE Procurement Forms</li> <li>• Attachment 10 – Lobbying Form</li> <li>• Attachment 11 – Vendor Responsibility Attestation</li> </ul>	Yes, the other attachments besides the price proposal may be submitted on the same CD but in PDF format for each attachment.

Question Number	Section	Page Number	Question	Response
			<ul style="list-style-type: none"> <li>Attachment 16 – Encouraging Use of New York Businesses in Contract Performance</li> </ul>	
288	Attachment 8		The Bidder's Address field and Bidder's Authorized Representative fields on the Attachment 8 Price Proposal Excel template are locked and does not allow us to enter the information requested. Can the State please provide a new version of Attachment 8 Price Proposal Template with those fields unlocked?	A revised Excel file with the specified fields now unlocked was posted to the website.
289	II. Attachment 1, DW-3	5 3	For the APD data intake solution, is there a specification document available for review and where is the process on the build of the intake process-pilot/production/testing?	Specifications of the EIS system are outside the scope of this RFP. Any needed information to receive files from the EIS will be provided during requirements and design sessions with the selected vendor.
290	Attachment 1, DW-3	3	Could you list all the DPE (Data Providing Entities) and phasing on when you plan to bring them on the Data Intake System platform?	<p>The EIS is the primary DPE. Other DPEs will submit directly to the APD Data Warehouse (outside of the EIS).</p> <p>The number of original source submitters to the EIS is undefined at this time. The types of payers include Qualified Health Plans (QHP), Medicaid Managed Care Plans, and large off-exchange commercial plans.</p> <p>QHP data collection is in live production. Medicaid Managed Care claims integration is targeted for 2015, and off-exchange commercial claims integration is currently projected for 2016</p>
291	Attachment 6		Based on the 200 users (stated in the RFP on page 14) are there any additional users that will require support from the vendor's technical service desk? If so, how many and what user types are they? What are their data access/functionality needs?	Bidders should assume the 200 users referenced in the RFP are the primary users of help desk support. If additional users are included that significantly impact the help desk service, the system change management process will be utilized.
292	Attachment 5, 1.7, Security-67	6	Per Security-67, the Contractor shall store "access logs for 10 years following the contract period termination". Is this a firm requirement? Can the vendor assume they will give the State the access	The language in Attachment 5, Section 1.7, Requirement Security-67 is revised to read "The Contractor shall store all server, web service and database access logs for the entire period of the contract, and shall provide such logs to

Question Number	Section	Page Number	Question	Response
			logs in an agreed format upon contract termination?	NYSDOH after termination of the contract, in compliance with Project Management requirements PM-43 through PM-49 in the RFP".
293	Attachment 1 Section 1. General, DW-3	3	Data Warehouse Solution requirement DW-3 states that the APD Intake Solution will be the primary Data Providing Entity (DPE) supplemented with data from other DPEs (e.g. SPARCS). Considering the diagram of the Permanent APD Solution on page 6 of the RFP, will all DPE data be processed through the Data Intake Solution prior to loading to the ADP? If not, please indicate which will and which will not?	The Encounter Intake Solution (EIS) is only one of the Data Providing Entities (DPEs) to the APD Data Warehouse.  Other DPEs outside of the EIS include (but are not limited to): SPARCS, SHIN-NY, the Medicaid Data Warehouse, and existing public health registries.  Medicare may either be an input to the EIS or a separate DPE, depending upon a pending arrangement for acquisition from CMS.
294	Attachment 1, Section 6.2	15	DW-197 states that "...the Contractor shall acquire from the NYSDOH, if needed, all data previously submitted to support incorporation of any Value Added Data Elements."  Please clarify if formatted Previously Submitted data is readily available with NYSDOH for the Value Added Data Elements or whether the Contractor needs to estimate effort for extracting the Previously Submitted data.	The extent of possible contractor effort is undetermined at this time. Additional clarification would be provided during requirements and design sessions with the selected vendor.
295	Attachment 5		Can the state provide the vendors with the approved list of de-identification software or algorithms?	NYS does not have a preferred commercial de-identification software or appliance solution. Any solution which meets federal de-identification standards and can be implemented as part of an overall secure data management process will be accepted. NYS will work with the Contractor to evaluate the proposed solution and process.
296	Attachment 5, 1.1, Security-13	2	Vendor assumes Security-13 applies to security "incidents" not "issues", please confirm.	Security-13 could apply to both incidents and non-incidents.
297	Attachment 5, 1.3, Security-34	4	Vendor assumes Security-34 means known security defects, please confirm.	In the context of a thorough examination for defects, Security-34 would apply to known/discovered defects.

Question Number	Section	Page Number	Question	Response
298	II.	5	What is the technology platform for ' Data Intake' layer?	Specifications on the Data Intake contract are outside the scope of this RFP. Bidders should refer to the RFP language for information of requirements of the Data Warehouse and Data Analytics solutions.
299		Various	What is the expected frequency of data submission, and APD refresh?	Data submission will occur at different frequencies, depending upon the DPE, and can range from daily (potentially EIS) to annually (potentially Medicare). The APD will need to be refreshed daily.
300	II.  Attachment 1, DW-3	5  3	It is stated that the primary DPE for the Permanent APD will be the APD Data Intake Solution. Regarding the Data Intake Solution: a. For which data suppliers will the Data Intake Solution provide data for the APD Data Warehousing Solution? b. Can you provide a list (or number) of the commercial DPEs that will be submitting data initially to the OHIP Data Mart and then to the Data Intake Solution and through the NHSOH QHP suppliers? c. Will the NYSDOH QHP encounters be submitted as part of the commercial plan encounters with an identifying code or as a separate feed? d. What data suppliers (such as SPARCS) will provide data directly, and not through the Data Intake Solution? e. Will the Data Intake Solution vendor provide separate files to the Data Warehousing Solution from each of the data suppliers, or will it be a single, consolidated file? f. What data quality checks will the Data Intake Solution perform including data aggregation, or additional processing to the data? g. Does “translate HIPAA standard files” mean that the Data Intake Solution will convert the X12 data into a flat file format in order to merge it with the	A) QHPs, Medicaid Managed Care, Medicaid Fee-for-Service (potentially), Medicare (potentially), Commercial.  B) No commercial data will be submitted directly to the OHIP Data Mart. All encounters will be submitted to the EIS. In the interim solution, the EIS will send data to the OHIP Data Mart. In the permanent solution, the EIS will send data to the APD Data Warehouse. The number of commercial original source submitters is unknown at this time.  C) The different payers will be identifiable.  D) A definitive list of non-EIS DPEs is not known. Potential DPEs include the Medicaid Data Warehouse, SPARCS, SHIN-NY, public health registries, and potentially Medicaid FFS and Medicare. The total number a type of DPEs over the life of the project is undetermined at this time.  E) Consolidated File.  F) X12 and NCPDP Validation.  G) Yes for X12 and NCPDP.

Question Number	Section	Page Number	Question	Response
			<p>pharmacy claims (NCPDP format) and Medicare CCW data (flat format) after receipt? If not, what is the desired conversion process?</p> <p>h. When is the expected completion date for the Data Intake Solution development?</p>	<p>H) EIS is in production and has future releases throughout the life of the contract. It is expected to enter full operations (with ongoing evolution) in 2016.</p>
301	II.	5	<p>Is the current number of lives in the OHIP Data Mart? Does it include the lives noted as QHP, Phase Two and Large Group? What is the total expected number of lives in the Permanent APD?</p>	<p>The total number of covered lives expected in the APD Data Warehouse is listed in RFP Section II. Because the data intake solution is still in DDI phase, the OHIP Data Warehouse does not yet contain the full amount of expected data. Bidders should build their proposal, however, assuming that by the time the contract begins, this will be the case. The interim analytics solution must be able to fulfill user stories assuming all data in in the OHIP Data Mart.</p>
302	III. D.1	12	<p>Regarding the user stories, it is stated that some of the requirements are expected to be met at initial development and others may be completed during the operations phase. Please provide clarification of which user story requirements are expected during initial development. For each of the user communities, [NYSDOH Information and Policy Managers · Health Care Researchers · Data Management Staff from Insurance Carriers · Consumers of Health Care Services (Public) · Providers of Health Care Services (M.D.s, etc.) · Information and Policy Managers from County and other NYS Agencies · APD Management Staff (Contractor and NYS)], when do you expect access to the APD analytics to be provided?</p>	<p>The selected vendor will be required to fulfill all user stories identified by designations of “OB” or “C” on their proposal within the DDI periods (both interim and permanent). In the event that a user story requires data that has not yet been incorporated into the APD data intake process, the vendor will be provided test data and will be required to fulfill the user story in a test environment.</p> <p>Access to the APD analytics needs to be provided no later than 9 months from the contract start as stated in the RFP.</p>
303	III. G.1	14	<p>It is stated that initial training will be for NYSDOH end-users. Is there an expectation for training to be provided to other stakeholders, such as those</p>	<p>Training beyond what is specified in the RFP (i.e., estimated 200 internal NYSDOH users) is undefined at this time. Any additional training will be addressed through the system change management process.</p>

Question Number	Section	Page Number	Question	Response
			communities listed in Section III.D.1, and what form will that training take?	
304	IV.E.	27	<p>What are the User Stories that NYSDOH will require to be presented during the demonstration?</p> <p>When will the de-identified data be supplied by NYSDOH? In what format will the data be provided? What volume of data will be provided? When are the demonstrations expected to be held? How much time after the de-identified data is provided will the bidder have to load the data into its system before the demonstration?</p>	<p>All bidders will be notified of the timeframe for product demonstrations, will be provided data sets, and will have selected user stories identified shortly after the proposal due date. Bidders susceptible to award after scoring of price and written technical proposals will be notified and will have product demonstrations scheduled. It is anticipated that notice will be made to susceptible bidders approximately 2-weeks prior to the product demonstration.</p>
305	IV. F.4	28	How many bidders are expected to be on the "short-list" to provide a product demonstration?	<p>It is unknown how many bidders will qualify to provide a product demonstration. Bidders who meet the minimum scoring threshold for the technical proposal and are subsequently susceptible to award will be asked to provide a product demonstration.</p>
306	IV.F.6	30-31	Is there an anticipated date of Award?	<p>Based upon the original proposal due date of 6/9/15, NYSDOH anticipated notice of a contract award in August 2015. With extension of the proposal due date, the estimate of anticipated award will be adjusted accordingly.</p>
307	V.F.m.	35	<p>This section references "contract negotiations", which is in conflict with the statement in the Transmittal letter that the bidder accepts the contract terms and conditions contained in the RFP. Please clarify whether the NYSDOH is open to negotiations of the contract terms.</p>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
308	V.S.	43	In what format or method should the bidder mark and identify information constituting trade secrets, intellectual property or critical infrastructure information for purposes of FOIL in the response?	Bidders may submit a letter with the technical proposal that identifies information constituting trade secrets or critical infrastructure information for the purposes of FOIL.
309	Attachment 1, DW-11	3	A reference is made to a "conceptual diagram later in this document". Please provide this diagram.	There is no "conceptual diagram". This language is removed from the RFP.
310	Attachment 1, DW-14, DW-233	4, 17	Will the data extracts be recurring (consistent format and content generated on a regular basis) or ad hoc? What is the anticipated volume of each type of data extracts?	The APD will produce both recurring extracts to downstream Data Consuming Entities (DCEs) and Ad Hoc extracts through the APD Data Release process. Anticipated volume is undefined at this time.
311	Attachment 1, DW-64, DW-66	7	Please provide the NYSDOH rules which "outline submission requirements including time frames, data files, data elements, element types and values and which "shall require a thorough review and assessment" as part of the implementation plan. These rules are also mentioned in the NYSDOH APD Steering Committee Presentation (pp. 19 – 21) but are not included or referenced as part of the RFP.	These are related to the data intake solution and not the Data Warehouse or Data Analytics solutions.  The APD Submission Specifications policy document has not yet been developed and published.
312	Attachment 1, DW-247	18	Please clarify "logic" in the statement, "...definitions and logic of all Value Added Data Elements".	'Logic' is the coding used to create a derived or grouped value. Value Added Data Elements are attributes which are derived from other attributes (e.g. calculations, look ups etc.). The logic refers to the method used for deriving these values.
313	Attachment 2		What type of access to the APD is expected for the following user types: Data Management Staff from Insurance Carriers, Healthcare Researchers, Information and Policy Managers from County and other NYS Agencies, NYSDOH Information and	Policy regarding access to APD data is still under development, however, bidders should assume that all listed entities may be granted access.

Question Number	Section	Page Number	Question	Response
			<p>Policy Managers, and Providers of Healthcare Services?</p> <p>Specifically, is it the expectation that these types of users will have access to the APD data via a user interface or portal, or will these users receive extracts of the data for use in their own BI tools?</p>	<p>The selected vendor is required to develop a consumer facing portal that should consist of a publicly accessible website, containing data of a public use nature, and that includes interactivity to allow for queries and reports. The selected vendor is also required to develop mechanisms for designated users to access various levels of data of partially identifiable and identifiable natures. These mechanisms could include both use of a user interface and extracts.</p>
314	Attachment 2, US-18	3	<p>Will data on services provided by other state agencies such as OPWDD, OASAS and OMH be expected to be included in the APD? Will these agencies provide data separately as a DPE? When is it expected that these data will be added to the APD?</p>	<p>Data from other state agencies in envisioned to be included as separate DPEs. Timing of the integration of these data sources is undefined at this time. The selected vendor will be responsible for integration of all data sources identified within their scheduled DDI period. Data source integration beyond the DDI period would be addressed through the system change management process.</p>
315	Attachment 3, Hosting-11	2	<p>What is the expected number of concurrent users?</p>	<p>It is estimated that up to 25% of users (50 users) may access the Data Warehouse concurrently.</p>
316	Attachment 5, Security-22	3	<p>Is it the expectation of NYSDOH that the users will have single sign on capabilities, or that they will have the ability to use their NY.Gov ID credentials to log into the APD?</p>	<p>NYS expects the use of NY.gov ID services, which would include at least NY.gov ID single sign on services. These services may be leveraged with other account management environments consistent with NYS security policies and standards.</p>
317	I.A. 4.	2	<p>The RFP states that “The APD will provide a robust dataset that will support a variety of uses”.</p> <p>a. How does this list of potential users tie to the 200 user count outlined in Section G - Training?</p> <p>b. Can we assume that all of the potential user types outlined here are part of the 200 users outlined in Section G?</p> <p>c. If these user types are not included in the 200, can you provide an estimate of each type of user outlined on page 11?</p>	<p>A. The 200 estimated users referenced in the RFP are internal NYSDOH users only.</p> <p>B. No. The “variety of users” will include additional external stakeholders.</p> <p>C. Volume of external users (i.e., outside of the estimated 200 NYSDOH internal users) is undefined at this time.</p>
318	III.D. 1.	12	<p>NYSDOH’s required business capabilities for the Data Analytics Solution are expressed through a series of “user stories,” that define the “who,”</p>	<p>Yes. Operations begins after DDI activities.</p>

Question Number	Section	Page Number	Question	Response
			<p>“what,” and “why” for each specified analytical function</p> <p>As the project progresses, some of these requirements are expected to be met at the initial development stage, while others may be completed during the operations phase. Should vendors assume the operation phase means post deployment and system stabilization of the long-term permanent APD solution?</p>	<p>The selected vendor will be required to fulfill all user stories identified by designations of “OB” or “C” on their proposal within the DDI periods (both interim and permanent). In the event that a user story requires data that has not yet been incorporated into the APD data intake process, the vendor will be provided test data and will be required to fulfill the user story in a test environment.</p>
319	III.D. 1.	12	<p>For clarity, the required business capabilities expressed through the user stories have been grouped according to the user community whose needs are being expressed. Those user communities include:</p> <ul style="list-style-type: none"> <li>· NYSDOH Information and Policy Managers</li> <li>· Health Care Researchers</li> <li>· Data Management Staff from Insurance Carriers</li> <li>· Consumers of Health Care Services (Public)</li> <li>· Providers of Health Care Services (M.D.s, etc.)</li> <li>· Information and Policy Managers from County and other NYS Agencies</li> <li>· APD Management Staff (Contractor and NYS)</li> </ul> <p>If the above community users are not included in the 200 outlined in section G - training, can you provide an estimate of any additional user populations?</p>	<p>Estimates of additional users are not available at this time.</p> <p>200 is the anticipated total for the term of the contract to be covered under the fixed price training deliverables. Any additional training will be addressed through the system change management process.</p>
320	III.G. 1.	14	<p>The RFP states “The table below provides an indication of the expected types (roles) of end users and expected volumes of end users”</p> <p>1) The statement mentions expected types (roles) of end users and expected volumes of end users. Does the expected volume of end user count of 200, include both internal and external users or only internal NYSDOH users?</p>	<p>The end user count of 200 represents NYSDOH internal users only. Refer to Section III., G., 1. for detail.</p>

Question Number	Section	Page Number	Question	Response
			2) If it includes both internal & external users, can we get a break out between the internal and external?	
321	IV.C.	23	<p>The RFP requires that vendors “Describe the staff assigned to this project and include the number of staff, their roles on this project, their expertise and experience in providing the services described in this RFP and their tenure with the company.”</p> <p>Is this requirement only for the Key staff roles or for the entire project team?</p>	Bidders should describe all staff assigned to the project.
322	Attachment 6, 1.c.	1	<p>Attachment 6 indicates that “Designated Representatives” means the NYSDOH support and management staff, who shall be authorized to contact the Contractor for the purpose of obtaining Call Center assistance.</p> <p>Can the State confirm whether the "Designated Representatives" are part of the 200 users mentioned in section G?</p> <p>Can the State elaborate on the role and responsibility of the Designated Representatives?</p> <p>Do they essentially function as super users and act as a first point of contact to the general user population and any existing NYSDOH helpdesk agents?</p>	<p>Yes, the Designated Representatives are a part of the estimated 200 users.</p> <p>No, we cannot elaborate on the role and responsibility of the Designated Representatives.</p> <p>Some of the estimated 200 users would be considered 'super users'.</p>
323	Attachment 6, 1.f.	1	<p>Attachment 6 indicates that “Normal Business Hours” means the following hours of support staff operations for which end users will receive support assistance: the hours between 8.00 a.m. and 6.00 p.m. Monday through Friday, Eastern Standard Time</p> <p>Does normal business hours also cover the hours</p>	<p>Normal business hours excludes designated public holidays.</p> <p>Users are not expected to typically access the APD outside of normal business hours, although this may occasionally occur.</p>

Question Number	Section	Page Number	Question	Response
			<p>between 8.00 a.m. and 6.00 p.m. Monday through Friday, Eastern Standard Time including public holidays that fall on week days? Beyond the normal business hours, what type and volume of users are expected to access the APD applications and for what purposes?</p>	
324	Attachment 6, # 7	5	Attachment 6 requires that 2) Support Center hours of operation are to be provided between the hours of 8:00 a.m. and 6:00 p.m., Monday through Friday Eastern Standard Time. Is the Support Center required on public holidays?	No. Normal business hours excludes designated public holidays.
325	Attachment 6, #7	5	<p>Attachment 6 refers to "Assistance related to use of the APD System" The term assistance related to the use of the ADP system is a very broad term. To provide context, the following is how the vendor defines "assistance" related to the use of APD:</p> <ol style="list-style-type: none"> <li>1) The vendor Technical Support Center will address technical incidents related to the APD system</li> <li>2) As outlined in Item B at the bottom of page 119, all user incidents will first be reported in NYSDOH's existing ticketing tool and be reviewed by NYSDOH "designated representatives".</li> <li>3) NYSDOH "designated representatives" will be trained APD super users who will triage all reported incidents and be responsible for addressing "how to" functional requests on the use of the system and have access to all acceptable workarounds that are in place.</li> <li>4) If it is determined that the reported incident is</li> </ol>	Bidders should prepare their proposals based on the language included in the RFP, including Attachment 6. Any further definition or clarification of maintenance and support requirements will be provided as questions arise during the contract period.

Question Number	Section	Page Number	Question	Response
			<p>not a "how to" functional or an accepted workaround is not available, The NYSDOH "designated representatives" will escalate the technical incidents to the vendor Technical Support Center. Examples:</p> <p>a) The "designated representative" has triaged the issue and sees the system works as designed. This is a training issue with the end user. At this point the incident is closed and no further action is taken.</p> <p>b) The "designated representative" has triaged the issue and applies an accepted workaround. A workaround has been accepted until a permanent fix is deployed. At this point the incident is closed and no further action is taken.</p> <p>c) The "designated representative" has triaged the issue, cannot identify an accepted workaround, and confirms the system is not functioning as designed. At this point the "designated representative" will escalate to the vendor's technical support center.</p> <p>5) The vendor's Technical Support Center will record the technical issue in their ticketing system and start their incident management process.</p> <p>Please confirm whether this is the State's intention and role of "designated representatives".</p>	
326	Attachment 6, # 7	5	<p>Attachment 6 states 1) E-mail Support: Support Center staff may be contacted by Designated Representatives for third-level APD Support via a specified e-mail address.</p> <p>1) Can the State provide clarity of what constitutes</p>	Third-Level APD support is the only level of support to be directly provided by the contractor.

Question Number	Section	Page Number	Question	Response
			<p>Third-Level APD support?</p> <p>2) How does the State define the First and Second level of APD support?</p> <p>3) Does the State believe or expect there are any other levels of APD support apart from the ones referenced in the questions above?</p>	<p>First-Level and Second-Level support would be provided via NYSDOH and/or ITS resources, and issues escalated to Third-Level as necessary.</p>
327	Attachment 6, # 7	5	<p>Attachment 6 indicates “Users record the incident in the designated help desk system” Can the State confirm whether this is NYSDOH's existing ticketing system?</p>	<p>The contractor will be required to provide its own help desk ticketing tool. Where possible, ITS will look to integrate with its Statewide IT Service Management system including incident management.</p> <p>Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.</p>
328	I.A.1.	1	<p>Clarify the definition of "Post-adjudicated" claims data. What claim status does this term cover?</p>	<p>Post adjudicated claims data means data that has been submitted from a provider to an issuer, processed within the issuer's claim system, and a payment decision was made.</p>
329	Schedule of Key Events	i.	<p>The Responses to Written Questions are anticipated to be provided by the State on or about May 19<sup>th</sup>. In the event, the answers to questions impact our solution/approach, we would not have sufficient time to address the revisions, obtain internal approvals and complete production of the final documents by the June 9<sup>th</sup> due date. We respectfully request an extension to June 30<sup>th</sup></p>	<p>The due date has been extended. Bidders should monitor the Grants/Funding page of the NYSDOH website for updated information.</p>
330	II.	5-6	<p>Clarify the functionality of the Data Intake Solution.</p> <p>Who will submit data through this solution? What is its place in the temporary and permanent solutions shown on pg. 6?</p>	<p>The Encounter Intake Solution (EIS) is the Data Consuming Entity (DCE) for the QHP, Medicaid, and Commercial encounter/claims data (from original source submitters). The EIS provides data tables to the OHIP Data Mart in the temporary solution and to the APD Data Warehouse in the permanent solution.</p>

Question Number	Section	Page Number	Question	Response
331	II.	5	Does NYSDOH require that all access and user interaction be through a web-based platform?  Are internal users (non-public) able to use client-based software on their PC/laptops?	There is no specific required solution. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.
332	II.	7	Data History: Will the APD keep a maximum of 5 rolling years of history? If not, what is the desired amount of history for each dataset? What is the size of the initial history load for each dataset?	Per Section II. of the RFP, up to five years' history of some of the datasets will need to be loaded into the Data Warehouse, and all new data generated throughout the life of the contract will need to be retained in the Data Warehouse.
333	Attachment 2, US-10, US-36	2, 5	Please clarify what data is to be de-identified. The RFP implies that all PII data in the APD will be de-identified. But there are subsequent requirements for users to access individual patient and claims data, which are in conflict with the need to de-identify such information.	DOH would reevaluate any questionable user story, as necessary, to ensure it complies with all De-identification policies. This is noted by the "D" designation in the 2 <sup>nd</sup> column of Attachment 2 for those potentially impacted.
334	III.B.2, PM-34	10	What is the number and types of reports, data and information needed by NYSDOH?	Bidders should plan for all reports, data and information necessary to fulfill all user stories identified by designations of "OB" or "C" on their proposal. Other specific requirements will be addressed in requirements and design sessions with the selected vendor.
335	III.C.1	11	The RFP states "...the creation of this aggregated, linked database of records from a variety of sources, <b>with extracts of de-identified record sets...</b> " Is the Data Intake Solution de-identifying the data, before it is loaded to the APD?	No.
336	III.I. Del-2	16	Can NYSDOH define what are "Main Data Element QA thresholds?"	Additional clarification will be provided during requirements and design sessions with the selected vendor.
337	V.G.1  V.H.3	36  37	A review and approve period of 10 business days would cause loss of momentum and would impact speed of delivery for the APD solution. We request that NYSDOH accept a 5 business day review and approve period.	No changes will be made to the RFP language.

Question Number	Section	Page Number	Question	Response
			<p>We request further that the Department consider adding the following language: If a Contractor does not receive notice of rejection from the Department within the expiration of the 5 day review period, the deliverable or service will be deemed to be accepted by the Department.</p> <p>The Department may reject a Deliverable or Service if it fails to materially conform to the applicable documented specifications or requirements and any notice of rejection must indicate the specific basis for the rejection. The Contractor will resolve those items and resubmit the Services and/or Deliverables for approval within an agreed upon and stated time period. The revised Services and/or Deliverables will be deemed accepted if, within 5 business days after Contractor's resubmission described herein, the Department has not provided to a Contractor written notice identifying specifically any basis for not approving the Services or Deliverables.</p>	
338	V.J.1	38	Del-15 is to be delivered 100% complete, in 9 months. Contractor requests 100% payment upon deployment.	No changes will be made to this RFP language.
339	Attachment 1, DW-6, DW-7, DW-152	3, 12	It is assumed that all inbound data would come through the Data Intake Solution. Consequently, how will the Contractor know if a DPE has submitted data to the Data Intake Solution or not? Please clarify.	Inbound data will come from multiple sources. The Encounter Intake Solution (EIS) is one DPE (primary), with other data sources constituting additional separate DPEs.
340	Attachment 1, DW-8, DW-64	3, 7	What is an "Original Source submitter"? Who are they? What is the difference from PDEs?	Original Source Submitters are the payers providing data to the Data Providing Entities (DPE). Per Attachment 1, in the interim solution, the DPE is the OHIP Data Mart. In the permanent solution, the primary DPE is the Encounter Intake System (EIS).

Question Number	Section	Page Number	Question	Response
341	Attachment 1, DW-14	4	What is the volume, frequency and turnaround time for these Data Extract requests?	Bidders should plan for all data extracts necessary to fulfill all user stories identified by designations of "OB" or "C" on their proposal. Other specific requirements will be addressed in requirements and design sessions with the selected vendor.
342	Attachment 1, DW-32	5	What is the "existing program data" to be converted? How much data does this entail? What is its format? Is this in addition to the initial history load? Will this data come through the Data Intake Solution?	The initial history load of existing program data will be from the OHIP Data Mart and Medicaid Data Warehouse. The format is to be determined. The "existing program data" is the same as the "initial history load". An estimated current volume of SPARCS history is 350GB. There are currently 5 terabytes of Medicaid data. Initial estimates of total historical data are 10 terabytes per year.
343	Attachment 1, DW-62	7	What are the "NYSDOH standards and requirements"?	Standards and requirements are identified during the requirements and design sessions with the selected vendor.
344	Attachment 1, DW-129	11	Please clarify how using the DOB result in PII exposure, in an otherwise de-identified record? What is DPB?	Reference to "DPB" is a typographical error and is revised to read DOB (date of birth). This is used to provide an example of a de-identification method. DOB is one of the key attributes for identifying an individual. Care must be taken to avoid an individual's identity being discerned from piecing together clues from the combination of DOB and other attributes which by themselves would not be considered PII.
345	Attachment 1, DW-133	11	"Including de-identification and encryption of data in transit, the Contractor shall extract and process data files from the DPEs..." Why aren't DPEs submitting their data through the Data Intake Solution? How is Contractor expected to extract data directly from each DPE? Isn't encryption of data in transit the responsibility of the sender (DPE), not the receiver (Contractor)?	DPEs include more than claims data. The Encounter Intake Solution is a system built to specifically intake claims data. NYSDOH will facilitate the process for DPEs to connect with the APD Data Warehouse vendor.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
346	Attachment 1, DW-150	12	What are "replacement files or records"? How are they to be handled? What happens to the previously submitted and processed data and any extracts/reports created from it?	DW-150 refers to the re-submission of 'replacement' data files. Replacement files or records are newer versions of previously submitted data. Previously submitted data would need to be updated or deleted as directed. Extracts created to Data Consuming Entities (DCEs) may need to be re-produced after these replacement files are processed.  The solution should provide for audit trail that preserves the data replaced. The new versions should be appropriately flagged so that extracts/reports can be rebuilt if necessary.
347	Attachment 1, DW-155	13	"The Contractor shall define data validation rules to ensure that defined and undefined errors are identified" What is an "undefined error" How should data validation rules be defined for an undefined error?	DW-155 refers to the documentation of the accepted process for dealing with both defined and undefined errors within the data received from Data Providing Entities (DPEs).
348	Attachment 1, DW-197	15	"Within three (3) months of OSC approval or contract start date, whichever is later, the Contractor shall acquire from the NYSDOH, if needed, all data previously submitted" Please clarify what the term "previously submitted data" refers to. What format is it in? How is it different from the initial history load described earlier?	Previously submitted data refers to any data collected by the EIS and stored in the OHIP Data Mart prior to the contract start date or OSC approval.  The initial history load refers to data from DPEs other than the EIS.
349	Attachment 1, DW-200	15	What are "Service Records"?	Service records are data collected which record services delivered to a patient by a provider.
350	Attachment 1, DW-201	15	What are "deployed methods"?	Deployed methods are the methods for determining the current adjudication status of all service records contained in the DPE's data file extraction which are in use at the time of the quarterly review (see DW-200).
351	Attachment 1, DW-202	15	What are "consolidated methods"?	The term used is "consolidation methods" and refers to methods for consolidating data. See DW 222-224.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
352	Attachment 1, DW-223, DW-224	17	What are the consolidation and reconsolidation processes?	See DW 222-224. Reconsolidation refers to the process of reconsolidating records subsequent to a modification of the existing consolidation process.
353	Attachment 1, DW-114	10	Have common member IDs across data sources already been established for members previously sent to NYDOH? Have such members already been irreversibly de-identified? Will exact specifications for any existing common ID and de-identification methodologies be made available?	No common member ID across data sources currently exists. The de-identification process and Master Patient Identifiers will be developed during the requirements and design sessions with the selected vendor.
354	Attachment 1, DW-220	16	Is NYDOH willing to evaluate contractor's and/or industry standard methodologies for category of service, therapeutic class, and provider specialty in order to fulfill this requirement?	NYSDOH will work with the selected vendor on any and all calculated elements.
355	Attachment 2, US-10	2	Please define "sizable personal storage." How many people will require this? Is this storage on their PC/laptop?	These specifications are undefined at this time, and additional information will be provided during the requirements and design sessions with the selected vendor.
356	Attachment 2, US-17	3	Where are the "frozen datasets" stored?  How are the "frozen datasets" managed, archived, deleted?	Additional information will be provided during the requirements and design sessions with the selected vendor.
357	Attachment 2, US-18	3	How is data provided by other agencies or sources, stored on the user's machine, and linked with APD data?	Additional information will be provided during the requirements and design sessions with the selected vendor.
358	Attachment 2, US-24	4	How many Consumers will be accessing the Portal?	The number of users external to NYSDOH is undefined at this time. The selected vendor is required to develop a consumer facing portal that should consist of a publicly accessible website, containing data of a public use nature, and that includes interactivity to allow for queries and reports. The selected vendor is also required to develop mechanisms for designated users to access various levels of data of partially identifiable and identifiable natures.

Question Number	Section	Page Number	Question	Response
359	Attachment 2, US-26	4	How does the State envision the APD providing links to data not contained in the APD? What data would this cover?	Links are envisioned to be provided via the consumer facing publicly accessible website. The data covered is undetermined at this time.
360	I.A.3	2	The APD will initially include claims data from commercial and government sources, and that as time progresses, other data sources such as lab, pharmacy, clinical data from EHRs, and public health registries data may be added. What is NYSDOH's expected timeline for inclusion of the additional data sources?	The timing of data from Labs, Registries, and EHR is unknown at this time. The selected vendor will be responsible for integration of all data sources identified within their scheduled DDI period. Data source integration beyond the DDI period would be addressed through the system change management process.  Bidders should assume that required data will be available to fulfill all user stories, either through the EIS or other DPEs.
361	Attachment 2, US-30	5	"Information on <b>what this procedure is going to cost</b> " The APD will store adjudicated claims information, therefore, only procedures conducted in the past will be known to users. How is the above requirement to be addressed?	US-30 is revised to read "I want...information on what this procedure is expected to cost: by provider (physician, hospital), by health plan."
362	Attachment 2, US-65 - US-105		What user community is the Research Analyst in? How many Research Analyst will there be?	Research analysts could be within government, or in the nonprofit and/or academic field. The number of researchers utilizing APD data is undetermined at this time.
363	Attachment 2, US-100	11	Where will the saved queries be saved?	This is not currently defined, and should be included as part of the bidder's proposed solution.
364	Attachment 2, US-113	12	Will all ad-hoc analysis, data visualization, and analysis of external sources (Excel, SAS, etc.) require DOH knowledge workers to interact solely through the single, central APD Data Warehouse, or is there a need to access multiple disparate data sources where they reside and integrate them seamlessly?	These would require work with the centralized APD Data Warehouse.

Question Number	Section	Page Number	Question	Response
365		Various	Will the solution be required to integrate ESRI or other geographical formats when the preferred visualizations are in a mapping format?	There are no specific requirements outside of those referenced in the RFP. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
366		Various	Which visualization formats are preferred or required: Basic? (bar charts, pie charts, line charts, etc.) Advanced? (custom shapes, histograms, scatterplots, Gantt charts, box-and-whisker, etc.) Geographic? (maps, layers, custom backgrounds/layouts, etc.) Other?	There are no preferred formats and no specific requirements outside of those referenced in the RFP. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
367	V.J.1	38	Please consider changing the fixed price deliverable payments to be paid monthly instead of quarterly.	No changes will be made to this RFP language.
368	V.J.4	39	Please allow the hourly rates changes (increase or decrease), as per the National Consumer Price Index for All Urban Consumers (CPI-U), to take effect immediately after Solution Builds (DDI) in month 24?	No changes will be made to this RFP language.
369	Attachment 4, 11.b.i	7	Section 11.i references an “ARC rate provided in the Price Proposal as set forth in the Table below.” However, the Price Proposal workbook does not include ARC rates. Will the State be providing an updated Price Proposal workbook with ARC rates?	Reference to ARC rates has been removed from the RFP. All work above and beyond the scope of that defined in the RFP will be addressed through the system change management process. Section 11. b. has been modified.
370	Attachment 4 and Attachment 6		<p>The Contractor is unable to agree to the specified Service Levels and Terms and Conditions as described in the attachments and would ask the Department to consider the following industry acceptable framework:</p> <ul style="list-style-type: none"> <li>The Contractor is prepared to offer a material portion of our monthly fees at risk (At Risk Amount) of 12% for Critical Service Levels (CSL) and allow the Department to allocate a</li> </ul>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as</p>

Question Number	Section	Page Number	Question	Response
			<p>percentage of the At Risk Amount to each of the agreed CSLs based on importance and criticality. This provision provides the Department the ability to set service level priorities and adjust those priorities over time as business conditions change. The Department may also choose to identify Key Performance Indicators (KPI) which are SLAs that are important but do not carry penalties.</p> <ul style="list-style-type: none"> <li>• Setting Service Levels with heavy penalties can backfire by driving the wrong behaviors from a supplier and place excessive focus on meeting a number vs focusing on the customer’s business outcomes. Therefore, the Contractor would expect that no individual SLA carry more than 25% of the allocation of the overall At Risk Amount (3% of the 12%). This still provides the Department with a substantial weighting for the most critical SLAs.</li> <li>• The recommended framework is flexible and would provide the Department the ability to add, delete, or modify service levels to reflect evolving business priorities once per calendar quarter with 90 days advance notice to the Contractor. This can include the promotion of a Key Performance Indicator to a Critical Service Level, changes to a Critical Service Level allocation percentage, adding new service levels, and modifying or deleting existing service levels.</li> <li>• The Contractor also recommends a standard practice of setting 2 targets- an Expected Service Level target which represents average</li> </ul>	<p>set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<p>performance, and a Minimum Service Level target which is a threshold below which performance has measurable business impact. Service Level Defaults occur when performance dips below the Minimum Service Level one time or when the Expected Service Level is not met 4 out of a rolling 12 months, which incents the Contractor to perform at or above average.</p> <ul style="list-style-type: none"> <li>• The Contractor would suggest a common incentive, Earn back, where the Contractor may earn back a service credit if performance is above the Expected Service Level for 3 consecutive months following a default, incenting a quick fix to problems and getting performance back to above average.</li> <li>• A Stabilization Period of 3 months post transition is used to stabilize the service at the agreed upon Expected and Minimum Target performance levels during which the Contractor will measure and report on operational performance against the proposed SLA targets, but Service Credits or other remedies do not apply for Service Level Defaults.</li> <li>• A low volume adjustment provision is also recommended by the Contractor that recognizes a situation where an SLA that is not 100% “perfection” with very low volume would be defined so that a single SLA Default does not result in a Service Level Credit.</li> </ul>	

Question Number	Section	Page Number	Question	Response
			<p>Additionally when the Contractor is found to not be the underlying cause of a service level failure, we would expect relief. The service level failure transaction would be removed from the evaluation of SLA default and not noted as a failure.</p>	
371	Attachment 4, 4.b	3	<p>The Contractor is unable to agree to the specified Service Levels and Terms and Conditions as described in the attachments and would ask the Department to consider the following industry acceptable framework:</p> <ul style="list-style-type: none"> <li>• The Contractor is prepared to offer a material portion of our monthly fees at risk (At Risk Amount) of 12% for Critical Service Levels (CSL) and allow the Department to allocate a percentage of the At Risk Amount to each of the agreed CSLs based on importance and criticality. This provision provides the Department the ability to set service level priorities and adjust those priorities over time as business conditions change. The Department may also choose to identify Key Performance Indicators (KPI) which are SLAs that are important but do not carry penalties.</li> <li>• Setting Service Levels with heavy penalties can backfire by driving the wrong behaviors from a supplier and place excessive focus on meeting a number vs focusing on the customer’s business outcomes. Therefore, the Contractor would expect that no individual SLA carry more than 25% of the allocation of the overall At Risk Amount (3% of the 12%). This still provides the Department with a substantial weighting for the most critical SLAs.</li> </ul>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<ul style="list-style-type: none"> <li>• The recommended framework is flexible and would provide the Department the ability to add, delete, or modify service levels to reflect evolving business priorities once per calendar quarter with 90 days advance notice to the Contractor. This can include the promotion of a Key Performance Indicator to a Critical Service Level, changes to a Critical Service Level allocation percentage, adding new service levels, and modifying or deleting existing service levels.</li> <li>• The Contractor also recommends a standard practice of setting 2 targets- an Expected Service Level target which represents average performance, and a Minimum Service Level target which is a threshold below which performance has measurable business impact. Service Level Defaults occur when performance dips below the Minimum Service Level one time or when the Expected Service Level is not met 4 out of a rolling 12 months, which incents the Contractor to perform at or above average.</li> <li>• The Contractor would suggest a common incentive, Earn back, where the Contractor may earn back a service credit if performance is above the Expected Service Level for 3 consecutive months following a default, incenting a quick fix to problems and getting performance back to above average.</li> <li>• A Stabilization Period of 3 months post transition is used to stabilize the service at the agreed upon Expected and Minimum Target</li> </ul>	

Question Number	Section	Page Number	Question	Response
			<p>performance levels during which the Contractor will measure and report on operational performance against the proposed SLA targets, but Service Credits or other remedies do not apply for Service Level Defaults.</p> <ul style="list-style-type: none"> <li>A low volume adjustment provision is also recommended by the Contractor that recognizes a situation where an SLA that is not 100% “perfection” with very low volume would be defined so that a single SLA Default does not result in a Service Level Credit.</li> </ul> <p>Additionally when the Contractor is found to not be the underlying cause of a service level failure, we would expect relief. The service level failure transaction would be removed from the evaluation of SLA default and not noted as a failure.</p>	
372	Attachment 4, 6.b	4	Would the Department confirm the table needs to be modified as the “Approximate Monthly Unscheduled Downtime” is not consistent with the requested System Uptime percentage of 99.9%?	The table in Attachment 4, Section 4.b. is accurate. The target system uptime is 99.9% or greater. If the approximate monthly unscheduled downtime exceeds 44 minutes, liquidated damages apply.
373	Attachment 6, #8.	6	<p>The Contractor understands in spirit what the Department is trying to measure relative to Incidents and Problems, however we are unable to agree to the SLAs as written and would offer an industry standard set of Service Levels as a replacement. Some of the reasons for the suggested changes are:</p> <ul style="list-style-type: none"> <li>From the Contractors experience, most clients find Incident Management to be most critical to their business and the Contractor would recommend to the Department those SLAs</li> </ul>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response																				
			<p>would be most suited to be Critical Service Levels and subject to fees at risk.</p> <ul style="list-style-type: none"> <li>• Many of our clients agree that not all Priority 3 and Priority 4 Problems would need to be fixed or would choose to work them necessarily in FIFO order.</li> <li>• Service Levels should generally not be set at 100% or “perfection” as few clients feel the price to achieve perfect service is warranted. Service Level targets should be based on the desired level of service to meet business outcomes and within the price point that the Department wants to pay. The Contractor would seek to work with the Department to set reasonable thresholds of attainment that still meet the Departments business needs.</li> </ul> <table border="1" data-bbox="657 824 1264 1430"> <thead> <tr> <th data-bbox="657 824 890 930">Service Level</th> <th data-bbox="896 824 1045 930">Expected</th> <th data-bbox="1045 824 1192 930">Minimum</th> <th data-bbox="1192 824 1264 930">CS L/ KPI</th> </tr> </thead> <tbody> <tr> <td data-bbox="657 930 890 1040">Incident Response Time- Priority 1</td> <td data-bbox="896 930 1045 1040">95% within 30 min</td> <td data-bbox="1045 930 1192 1040">90% within 30 min</td> <td data-bbox="1192 930 1264 1040">CS L</td> </tr> <tr> <td data-bbox="657 1040 890 1151">Incident Response Time- Priority 2</td> <td data-bbox="896 1040 1045 1151">95% within 30 min</td> <td data-bbox="1045 1040 1192 1151">90% within 30 min</td> <td data-bbox="1192 1040 1264 1151">CS L</td> </tr> <tr> <td data-bbox="657 1151 890 1292">Incident Response Time- Priority 3</td> <td data-bbox="896 1151 1045 1292">90% within 1 Business Day</td> <td data-bbox="1045 1151 1192 1292">85% within 1 Business Day</td> <td data-bbox="1192 1151 1264 1292">KPI</td> </tr> <tr> <td data-bbox="657 1292 890 1430">Incident Response Time- Priority 4</td> <td data-bbox="896 1292 1045 1430">90% within 1 Business Day</td> <td data-bbox="1045 1292 1192 1430">85% within 1 Business Day</td> <td data-bbox="1192 1292 1264 1430">KPI</td> </tr> </tbody> </table>	Service Level	Expected	Minimum	CS L/ KPI	Incident Response Time- Priority 1	95% within 30 min	90% within 30 min	CS L	Incident Response Time- Priority 2	95% within 30 min	90% within 30 min	CS L	Incident Response Time- Priority 3	90% within 1 Business Day	85% within 1 Business Day	KPI	Incident Response Time- Priority 4	90% within 1 Business Day	85% within 1 Business Day	KPI	
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Question Number	Section	Page Number	Question				Response
			Incident Resolution Time-Priority 1	90% within 4 Hours	85% within 4 Hours	CS L	
			Incident Resolution Time-Priority 2	90% within 8 Hours	85% within 8 Hours	CS L	
			Incident Resolution Time-Priority 3	90% within 5 Business Days	85% within 5 Business Days	CS L	
			Incident Resolution Time-Priority 4	90% within 30 Business Days	85% within 30 Business Days	CS L	
			Problem Root Cause Analysis Completion (Priority 1 & Priority 2)	95% P1 within 5 bus days P2 within 10 bus days	90% P1 within 5 bus days P2 within 10 bus days	CS L	
			Percent Problems Resolved within Agreed Timeframe	95% as per agreed date	90% as per agreed date	CS L	
374	Attachment 12, State of New York Agreement, V. Indemnification		<p>Would the Department agree to modify provisions of the Indemnity Section?</p> <p>The Indemnity provisions of this Agreement should be within reason and not request that a Contractor indemnify the Department for Breach of Contract. The Department already maintains the right to bring a claim against the Contractor</p>				<p>Refer to amended indemnification language in Attachment 12.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p>

Question Number	Section	Page Number	Question	Response
			<p>for breach, in addition to other mitigation remedies which include Stop Work and Set-Off.</p> <p>It is outside market standards to expect Contractors to agree to Indemnify the Department for general breach of performance, per the language stating that the Contractor will indemnify for claims <i>“of every nature arising out of the provision of services pursuant to this Agreement.”</i></p> <p>In the alternative, would the Department agree to a more reasonable alternative indemnity arrangement, more in line with industry standards? In particular, would the Department consider the following language (or part thereof): <i>“The Contractor shall defend, indemnify and hold the State, its officers and employees harmless from any and all third party claims or judgments for damages on account of any injuries or death to any person or damage to any property and from costs and expenses to which the Department, its officers and employees may be subjected or which it may suffer or incur allegedly arising out of or in connection with any operations of the Contractor and/or its subcontractors to the extent resulting from any negligent act of commission or omission, any intentional tortious act, or failure to comply with the provisions of this Agreement.”</i></p>	<p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
375	Attachment 12, Appendix D, DD. On-Going Responsibility		<p>Would the Department consider the following modification to the provisions concerning the Department’s right to suspend work?</p> <p>The Contractor proposes that any Suspension of Work provide for both an expected time period for</p>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract</p>

Question Number	Section	Page Number	Question	Response
			<p>a return to work and a process by which the parties will meet to discuss the removal of the suspension per the following updated/ additional language:</p> <p><i>"As part of any formal written notice of a suspension of work, a Department shall provide the Contractor with information that specifies in commercially reasonable detail the basis for any suspension. The formal notice shall identify areas of deficiency or the independent basis for any suspension (e.g., suspension of funding) and, if applicable, the steps the Contractor must undertake to remove the suspension."</i></p>	<p>awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
376	Attachment 12, Appendix D, T.2 and U.		<p>Would the Department consider the following modifications to the provisions concerning Termination:</p> <p><u>Termination - For Convenience</u>: The Contractor proposes that the Department provide Contractor's with a reasonable period of notice and opportunity to cure or mitigate costs, and, where applicable, allow for compensation for deliverables in progress or awaiting acceptance review, including recovery of a Contractor's demobilization costs. Given the nature of certain Departments' payment schedules and the use of retainage on certain engagements, the ability of a Contractor to recover reasonable costs for works-in-progress is critical.</p> <p>The Contractor proposes the following additional language for consideration and inclusion:</p> <p><i>"Contractor shall be entitled to recover reasonable</i></p>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<p><i>cancellation and demobilization charges directly associated with the Contractor's activities under the Agreement, provided the Contractor provides the Authorized User with a schedule of costs and charges."</i></p> <p><i>"Contractor shall be entitled to recover from the Department the agreed upon cost for deliverables and works-in-progress at the time of notice of termination, provided the Contractor provides the Department with a schedule of costs and charges."</i></p>	
377	Attachment 12, Appendix D, N. Date/Time Warranty		<p>Would the Department consider the following modifications to the provisions concerning Warranty (e.g., expansion of the Date &amp; Time Warranty provision)? The Contractor proposes to modify the Warranty language to reflect the fact that Contractors can only be responsible for the actions and activity of items, persons or – in particular for this provision, products, under their control. Would the Department consider the following proposed modification:</p> <p><i>"Contractor represents and warrants that it has ordered or provided Products for the Department based upon the requirements contained in this Contract and that the Products contain all manufacturer's specifications, documentation and procedures."</i></p> <p>Contractor proposes to further modify language that would specifically distinguish between those warranties for a Product from warranties for a service provided based upon the same rationale a described above. Contractor's request for a limitation is in accord with arrangements and contract language in other Projects with the State.</p>	<p>Refer to amended language in Attachment 12, Appendix F.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<p>The Contractor proposes to include critical language to be included in any Warranty provision, as follows:</p> <p><i>“The Department acknowledges and agrees that because the Contractor is not the manufacturer or developer of Third-Party vendors’ Products, any Third-Party vendors’ Products provided hereunder are warranted solely under the terms and conditions of the third-party licenses or other agreements by which such products are governed.”</i></p> <p><i>“With respect to Third Party Products or Materials, Contractor shall pass through or assign to the Department the rights Contractor obtains from the manufacturers or vendors of Third Party Products (including warranty and indemnification rights) and shall be responsible for placing and coordinating all manufacturers’ warranty claims on behalf of the Requesting Agency prior to, and for the duration of, any applicable Warranty Period.”</i></p> <p>Finally, the Contractor requests whether the Department would consider that any Warranty should include a clear disclaimer of Implied Warranties and thus be reflective of standard language contained in Professional Services Contracts and reflects Warranties that apply to other State Contracts with an Information Technology and System Integrator Vendors. To fail to include this disclaimer would place the Department’s proposed Contract outside the norm and market practice for Government Contracting generally and in the State of New York, in particular:</p>	

Question Number	Section	Page Number	Question	Response
			<p><i>"THE WARRANTIES EXPRESSLY SET FORTH IN THIS AGREEMENT AND THE GSA SCHEDULE CONTRACT ARE EXCLUSIVE AND EXPRESSLY IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE."</i></p>	
378	Attachment 12, State of New York Agreement, IV. and Appendix D, W.		<p>The Contractor would first propose that Insurance utilized in a Department Contract provide sufficient flexibility to reflect both the state of the current market Insurance for certain tiers of Contractors. Would the Department consider the modification or application of Insurance requirements as follows</p> <p>As a proposal, the Contractor offers the following language to reflect a reasonable, market relevant approach to Insurance:</p> <p>(a) Contractor will maintain the following insurance coverage with insurance companies that maintain an AM Best rating of A – or higher:(i) Workers Compensation according to statutory requirements and Employers Liability Insurance with limits of US \$1,000,000 each accident, \$1,000,000 disease policy limit and \$1,000,000 disease each employee. Contractor agrees that its insurer will waive rights of subrogation against the other Party.(ii) Commercial General Liability Insurance, including coverage for bodily injury, death, damage to tangible property and contractual liability with limits of US \$1,000,000 per</p>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<p>occurrence and US \$2,000,000 in the aggregate. (iii) Business Automobile Liability Insurance, with limits of US \$1,000,000 and including coverage for owned, non-owned, hired and leased automobiles used in the performance of the work.</p> <p>(b) Contractor agrees to name the Department/ State as an additional insured on Contractor's Commercial General Liability Insurance policy for claims resulting from Contractor's negligence. Contractor's policy will be primary and the State's policy will be non-contributing to the extent necessary for Contractor to meet its obligations under this Agreement.</p> <p>(c) Within 10 days of the execution of this Agreement, Contractor will provide certificates of insurance to State evidencing compliance with this section. Contractor will cause its insurers to endeavor to provide 30 days prior written notice of cancellation to the State.*</p> <p>In the case where the State is unable to consider the aforementioned provisions as applicable, the Contractor proposes that many of the operational requirements associated with Insurance be modified to reflect the financial capabilities of many Contractors. The Contractor proposes the following apply to any Insurance procedural mandates: -</p>	

Question Number	Section	Page Number	Question	Response
			<p>Contractor’s insurers will notify the Contractor of policy cancellation and the Contractor, in turn, can notify the Client.</p> <ul style="list-style-type: none"> <li>• The Insurer will not notify the Client/ Department. Certificates of Insurance evidencing the renewal insurance policies are not available before the policy renews.</li> <li>• Contractors will not disclose their deductible, retention or other policy details as this is proprietary information.</li> <li>• Certificates of insurance are provided in electronic form and there is no “original”</li> <li>• Mandates concerning insurance policies should be clear that the Contractor’s policies cover the Contractor’s liability alone.</li> <li>• Private Contractors maintain corporate insurance and thus cannot state that their terms will “not change”. Contractors will maintain the required insurance and should be given the opportunity for notice and cure before drastic remedial action is taken by any State entity; the risk of failure by certain tiers of Contractors is very low.</li> <li>• Contractors do not disclose deductibles, retention or other specific policy details in the public domain as this is proprietary information. A Contractor’s corporate SIR’s and deductibles are never subject to third party approvals.</li> </ul>	

Question Number	Section	Page Number	Question	Response
			<ul style="list-style-type: none"> <li>• The Department cannot, in any reasonable context, seek to impose the same insurance obligations, types and limits on smaller subcontractors. Additional insured is possible on the General Liability and Auto Liability policies. A Contractor is able to include parties as additional insureds where required by contract without specifically endorsing the accompanying policies.</li> </ul> <p>Finally, a Contractor will agree to maintain its existing corporate insurance policies and will not purchase project specific insurance.</p>	
379	Attachment 12, Appendix D, Y. Confidentiality Clauses		<p>Would the Department consider the following modifications and additions regarding Confidentiality and Intellectual Property Ownership?</p> <p>Subsections to be added in the proposed modification:</p> <ul style="list-style-type: none"> <li>• “Existing Products”</li> <li>• “Software License Grant”</li> </ul> <p>The proposed modifications are suggested here to eliminate ambiguity and confusion regarding the obligations and ownership rights of the Department and Contractors; in particular, the distinction proposed is to reflect the a difference between a Contractor’s Software or Solution and the information developed anew at the behest of the Department itself.</p> <p><b>MODIFY NAME OF SECTION TO: Confidentiality and Intellectual Property Clauses</b></p>	<p>Refer to amended language in Attachment 12, Appendix F.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<p><i>“Existing Products shall include those materials which exist in the Contractor’s possession or ownership prior to the beginning of the Project and Licensed Software which existed prior to the beginning of the Project that are licensed to the Department in accordance with the standard license agreement of Contractor. Where an Existing Product is acquired on a licensed basis the Contractor shall provide the Department with an appropriate License Agreement and grant provided therein for by the Contractor and/or an Independent Software Vendor. Where no such Licensed Software is being offered, the Contractor shall offer the following license to the Department for Existing Materials:</i></p> <p><i>Notwithstanding the foregoing, the Contractor hereby grants to the Department a paid-up, royalty-free, worldwide, non-exclusive, perpetual, and irrevocable license to use, execute, reproduce, distribute to other Departments, make, modify, adapt, display, perform, create derivative works of, and copy for backup and disaster recovery purposes, Existing Products owned or controlled by the Contractor (including Licensed Software), with all license rights necessary to fully effectuate the purposes of the Agreement and the business purposes of the Department”</i></p>	
380	Attachment 12, Appendix D, Y.3 Confidentiality Clauses		<p>Would the Department consider adding the following language to the Agreement to recognize the existence of pre-existing materials a Contractor may utilize to deliver services to the Department: (at the close of Subsection #3):  <i>“In full accord with the foregoing, reports, documents, data, photographs, or deliverables, or</i></p>	<p>Refer to amended language in Attachment 12, Appendix F.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p>

Question Number	Section	Page Number	Question	Response
			<p><i>other material in connection with or produced pursuant to this Agreement that existed prior to or was developed or discovered independently from the activities directly related to this Agreement (“Pre-Existing Materials) shall remain the property of the Contractor.”</i></p>	<p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
381	Attachment 12, Appendix D, Y.4 Confidentiality Clauses		<p>Would the Department consider modifying and adding to this Section to provide Contractor’s with a right that corresponds with the Department’s license for internal business purposes. The following approach allows a Contractor to take new product innovations to other customers is designed to reflect the value of the expertise and abilities of the Contractor and its anticipated value to the Department on a going-forward basis. Add to Subsection 4, as part of the proposed modifications:</p> <ul style="list-style-type: none"> <li>• “License on Developed Custom Products and Materials”</li> </ul> <p>Specifically, and consistent with other technology Contracts in the State of New York, the proposed language would allow as follows:  <i>“The Department shall retain and grant to the Contractor a worldwide, nonexclusive, perpetual, irrevocable license (with right to sublicense, and the right of sublicensees to sublicense further) of products and related intellectual property (hereinafter, Custom Products) created under this Contract, including the right to create derivative works based upon the foregoing and otherwise</i></p>	<p>Refer to amended language in Attachment 12, Appendix F.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<i>modify, make, reproduce, sell, or otherwise distribute, perform or display the Custom Products and other works or subject matter based on or using such intellectual property rights."</i>	
382	Attachment 12, Appendix D, Y.5 Confidentiality Clauses		<p>Would the Department consider inclusion of a uniform definition of Confidentiality to provide certainty for both parties to the Agreement? As a general matter, both parties should mutually agree to care for each other's materials that fall under the definition. The requested change addresses an inconsistency with the current definition which only addresses the confidentiality of the Department's information.</p>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
383	Attachment 12, Appendix D, BB. Provisions Related to New York State Information Security Breach and Notification Act		<p>Would the Department consider modifying the provision regarding the New York State Information Security Breach Act to specify the Contractor's sole and exclusive fault for an incident which fails to comply with the applicable law? The proposed modification would state as follows:  <i>"CONTRACTOR shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). CONTRACTOR shall be liable for the costs associated with such breach if caused <b>solely</b> by CONTRACTOR'S negligent or willful acts or omissions, or the negligent or willful acts or omissions of CONTRACTOR'S agents, officers, employees or subcontractors; <b>provided, however, that Contractor shall not be liable where any</b></i></p>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
			<i>breach is due to the negligent or willful act, omission, commission of breach of the Department or the State.</i>	
384	Attachment 12, Appendix H, II.C		<p>Would the Department consider modification of a particular provision of the Business Associate Agreement to remain in accord with applicable Federal law? A proposed modification would read as follows:</p> <p><i>“Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. <b>Business Associate shall exercise reasonable diligence to become aware of whether a breach of unsecured PHI may have occurred and, except as stated to the contrary in this Section, shall otherwise comply with 45 CFR 164.410 in making the required notification to Covered Program. Business Associate shall cooperate with Covered Program in the determination as to whether a breach of unsecured PHI has occurred and whether notification to affected individuals of the breach of unsecured PHI is required by 45 CFR 164.400 et seq., including providing the Covered Program with additional information related to the suspected breach as it becomes available.”</b></i></p>	<p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
385	Attachment 12, Appendix H, V.B		Would the Department consider modification of a particular provision of the Business Associate Agreement to reflect coordination with the	As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.

Question Number	Section	Page Number	Question	Response
			<p>Agreement’s overarching (and modified) Indemnity provision? The proposed modification would read as follows:</p> <p><i>“Business Associate shall indemnify and hold the STATE harmless <b>in full accord with the indemnity obligations applicable to the Agreement governing this Project</b> against all <b>third party claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate’s obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided, however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.”</b></i></p>	<p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
386	Schedule of Key Events	i.	Does the State have an anticipated award announcement date?	Based upon the original proposal due date of 6/9/15, NYSDOH anticipated notice of a contract award in August 2015. With extension of the proposal due date, the estimate of anticipated award will be adjusted accordingly.
387	IV. A.	19	Does the State have an anticipated date for product demonstrations?	Based upon the original proposal due date of 6/9/15, NYSDOH anticipated product demonstrations in mid-July 2015. With extension of the proposal due date, the timing of the product demonstrations will be adjusted accordingly.

Question Number	Section	Page Number	Question	Response
388	III. B.1	8	The link for NYSDOH's Project Management Methodology ( <a href="http://pmoweb.health.state.ny.us/">http://pmoweb.health.state.ny.us/</a> ) appears to be incorrect. Could the State please provide an updated link?	Please disregard the website link in the RFP and refer instead to the Project Management Field Guide Contractor Edition 2.0 that is provided in the Procurement Library.
389	III. J.	18	How will the cost of "architectural extensions" requiring the acquisition of additional hardware and/or software be addressed within the APD contract and pricing structure?	Per RFP Section III. J., additional hardware and software beyond the original scope of the RFP will be addressed through the system change management process.
390		Various	Who is responsible for the development and execution of data extraction scripts for the APD's DPE source systems for the Interim APD Solution? For the Permanent APD Solution?	Specifications on the output of data to the APD will be determined during the requirements and design sessions with the selected vendor.
391	Attachment 2, US-28	4	Who will be responsible for the developing the policies and process for the public to access their individual claims history in the APD, Attachment 2's User Story 28 (US-28)? For U-28, what is the meaning of D vs. the footnoted D <sup>1</sup> associated with other user stories?	Development of data access policy will be the responsibility of NYSDOH.  Indication of "D" in the 2 <sup>nd</sup> column corresponds to the footnote on the bottom of p. 2 of Attachment 2. The initial entry is "D1" to prompt the bidder to refer to the footnote.
392	Attachment 4, #2	1	Attachment 4 Hosting Solution Agreement's Hosting Site section states "No local (i.e., outside of the hosting site) replication of data will be allowed". Does this exclude replication of production data for the Disaster Recovery environment?	Yes. The contractor will need to replicate the data to an environment outside of the primary hosting facility for disaster recovery purposes.
393	Attachment 4, #4	2	Attachment 4 Hosting Solution Agreement's Service Levels section states "The hosted environment shall be unavailable during certain scheduled downtime for the purpose of conducting maintenance and upgrades to the APD". Does this scheduled downtime include outages related to the regular refresh of the APD data warehouse solution?	Yes.

Question Number	Section	Page Number	Question	Response
394	II.	6	On what frequency will the production APD be refreshed under the Interim Solution? The Permanent Solution?	Refreshes will occur monthly during the interim solution, and must occur daily with deployment of the permanent solution.
395	Attachment 4, #11	6	Attachment 4 Hosting Solution Agreement’s Fee and Charges section states “NYSDOH is entitled to order, and the Contractor shall provide, additional environments and rebuilt environments at the ARC rate provided in the Price Proposal set forth in the Table below.” Is the Additional Resource Rate (ARC) the same as the Fully Loaded Rates – for System Change Management Tasks?	<p>ARC rates are not part of the RFP. Reference to them in Attachment 4 was made in error. Language in subsections i, ii and iii in Section 11. B. has been removed</p> <p>All work above and beyond the scope of that defined in the RFP will be addressed through the system change management process.</p>
396	Attachment 5, Security-4	2	Attachment 5 Security and Privacy Requirements’ Security-4 states “The Contractor shall ensure consistent de-identification and encryption of protected health information and personally identifiable information (PHI/PII) by using a NYSDOH approved de-identification software or appliance. Data feed(s) to the APD Data Warehouse are de-identified as part of the ETL process. The APD Data Warehouse contains the original PHI/PII and the de-identified field(s).” Could the State expand on how the selection and approval of the de-identification software or appliance will occur?	NYS does not have a preferred commercial de-identification software or appliance solution. Any solution which meets federal de-identification standards and can be implemented as part of an overall secure data management process will be accepted. ITS will work with the Contractor to evaluate the proposed solution and process.
397	Attachment 5, Security-5	2	Attachment 5 Security and Privacy Requirements’ Security-5 states “User authentication shall be through the use of NY.Gov ID credentials and services.” Does this mean that authentication of NYSDOH users of the APD solution is performed against a departmental or state government-wide LDAP, and that NYGov.ID will provide the multi	Where NY.gov ID services provide the authentication required, these services should be used. Use of alternative authentication could be required for types of access for which NY.gov ID services are incompatible (e.g. local database authentication) or where NYS defined assurance levels are not supported.

Question Number	Section	Page Number	Question	Response
			factor authentication required by NYS for access to PHI data?	
398	Attachment 5, Security-51	5	Attachment 5 Security and Privacy Requirements' Security-51 states "The Contractor shall maintain user accounts for authorized User and NYSDOH staff" while Attachment 4 Hosting Solution Agreement's Security section states "NYSDOH shall be responsible for provisioning and maintaining User account information. The Contractor shall be responsible for provisioning and maintaining contractor system-administration account information." Could you please clarify what appear to be conflicting statements?	<p>Account management will be a responsibility shared between the Contractor and NYS based on the specific systems and solutions implemented. Accounts and account systems specific to the Contractor systems will be managed by the Contractor. Systems which leverage account solutions may be managed by NYS. Specific responsibilities will be dependent on the implementation.</p> <p>All account management, including roles in the account and access management processes, must be consistent with the NYS Account Management / Access Control Standard.</p>
399	III.	8	Section III. The required Deliverables for the APD are clearly defined in the RFP. However, they do not appear to be broken down between the Interim and Permanent solutions. Can the State indicate which of these deliverables are required for the Interim solution, the Permanent Solution, or both?	Refer to RFP Section III. I. and Attachment 8 for specific deliverable requirements. Del-15 must be completed no later than 9-months into the contract. Del-16 must be completed no later than 24-months into the contract. All other deliverables should be completed as project logically progresses.
400	Attachment 2		Attachment 2, The required Analytical Requirements for the APD are clearly defined in Attachment 2. However, they do not appear to be broken down between the Interim and Permanent solutions. What analytical requirements are expected for the Interim Solution?	Interim solution analytical requirements are to accept data extracts from the OHIP Data Mart to execute defined User Stories.
401	III.D.	12	Section III.D, Is the full analytical solution planned for the permanent APD expected to be implemented as part of the Interim Solution? If not, what are the analytical expectations and requirements for the Interim Solution?	The selected vendor will be required to fulfill all user stories identified by designations of "OB" or "C" on their proposal for both the interim and permanent solutions. For the interim solution, they will be fulfilled against the data in the

Question Number	Section	Page Number	Question	Response
				OHIP Data Mart. For the permanent solution, they will be fulfilled against the new APD Data Warehouse.
402	I.A.3.	2	Section I.A.3. What is the expected claim volume for Medicare?	Medicare volume should be estimated using the 5 transactions per member/per month that is provided for other claim types. Per RFP Section II., the estimated number of covered lives for Medicare is 3,100,000.
403	II.	5	Section II. Is the State's goal with the interim solution to ensure users have access to the data while the permanent solution is developed or is it to see the permanent analytical solution implemented on the OHIP data?	The goal is to develop and deploy a full analytics solution that fulfills all applicable user stories. Because build of the data warehouse will take time, the interim solution provides for the OHIP Data Mart to serve as the data repository to deploy the analytics solution against.
404	Attachment 8		Attachment 8. Does the State expect that the vendor would provide maintenance and operations associated with the Interim Environment? If so, where would the vendor provide the costs for months 9-24 in the proposal?	Attachment 8 covers all required pricing information. No additional pricing information is requested beyond what is required there.
405	II.	6	Section II. Is there additional detail regarding the data sources and the system(s) and/or entities that will be providing the source data for the Interim APD solution as depicted in the Overview of the Current and Proposed Environment diagram on page 6 of the RFP?	The same source data submitters illustrated for the permanent solution will be source submitters for the interim solution. The difference is where the APD data is housed (OHIP Data Mart vs. APD Data Warehouse).
406	II.	5	Section II. Is there additional detail regarding the required data models for both the Interim and Permanent APD solutions?	There is no additional detail or guidance. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
407		Various	General question: Could the NYSDOH please clarify whether any analytic user will be granted access to live identifiers collected by the APD? If live identifiers will be available to some users, please clarify the expected method(s) of permissible	There will be need for certain users to be granted access to sensitive and/or identifying data. Any such access will need to comply with appropriate security and privacy laws, rules and standards.

Question Number	Section	Page Number	Question	Response
			access (e.g., credentialed online access via BI, download/receipt of encrypted extracts, etc.).	Specific APD data release policies are not yet fully developed.
408		Various	General question: If historical data is being supplied to the warehousing/analytics contractor from a repository (e.g., OHIP Data Mart, SPARCS, etc.) and deficiencies are found, could the NYSDOH clarify whether any follow-up action with the repository and/or original submitter is expected of the warehousing/analytics contractor?	All of these referenced activities will have a SIT testing period prior to a production run. The selected vendor will work with both NYSDOH staff and the Data Providing Entity (DPE) to identify source data issues, as needed.
409		Various	General question: Similarly, if any deficiencies are found in NY APD data transferred by the data intake vendor, can the NYSDOH please clarify the chain of expected remediation efforts (e.g., should the warehousing/analytics vendor provide details to the data intake vendor for investigation with the original submitter, work collectively with the data intake vendor and the original submitter, or instead work independently with the original submitter)?	<p>The selected vendor will work with both NYSDOH staff and the Data Providing Entity (DPE) to identify source data issues, as needed.</p> <p>Per RFP Section V., G., NYSDOH will provide all direction, policy setting, and appropriate staff access to facilitate success of the contractor on the project.</p>
410	Attachment 1, #4	10	General question: Can the NYSDOH please provide further clarity regarding the de-identification expectations for the following phases of the data life cycle with the warehousing/analytics contractor (specifically, whether live identifiers will be available/permissible): intake from DPEs, validation, value-add construction (e.g., master patient/provider indices), warehousing, analytic offerings, and extract.	No specific information is available at this time. De-identification methods will be outlined during the requirements and design meetings with the selected vendor.
411	Attachment 1, DW-64	7	Requirement DW-64, suggests that the agencies and organizations (e.g., private insurers, Medicaid,	This interpretation is correct. Original Source Submitters are the payers providing data to the Data Providing Entities

Question Number	Section	Page Number	Question	Response
			etc.) sending data to the NYSDOH are referred to as “Original Source Submitters,” while their data records stored in state-operated repositories (e.g., OHIP, SPARCS, the upcoming APD Data Intake Solution, etc.) are referred to as “Data Providing Entities.” Could the NYSDOH confirm or clarify the difference between Original Source Submitters and DPEs?	(DPE). Per Attachment 1, in the interim solution, the DPE is the OHIP Data Mart. In the permanent solution, the primary DPE is the Encounter Intake System (EIS).
412	IV.C	19	The RFP’s Section IV.C (technical proposal requirements) notes that product demonstrations should address the NYSDOH’s four selected user stories using de-identified data supplied by NYSDOH. For planning purposes, could the NYSDOH provide a list and/or specifications of the data fields that will be supplied?	Selected user stories will be identified and data will be provided to all bidders shortly after the proposal due date. No information about data fields will be provided prior to that time. The data provided will be sufficient for bidders to elaborate and fulfill the selected user stories.
413	Attachment 1, DW-3	3	As described in RFP Requirement DW-3, the process will shift to where the APD Data Intake Solution (currently in development with the New York State of Health vendor, Computer Sciences Corporation) will become the primary Data Providing Entity, supplemented with data from other DPEs (e.g., SPARCS). Can the NYSDOH clarify whether all commercial, Medicaid, and Medicare sources of data will be funneled through the data intake solution?	Medicaid and Commercial data will be submitted to the data intake solution (Encounter Intake System or (EIS)). It has not yet been determined if Medicare data will be processed through the EIS or will come directly to the APD Data Warehouse.
414	Attachment 1, DW-7	3	Requirement DW-7 refers to “ETL status reports.” If these are distinct from the regular project status reports referred to elsewhere, can the NYSDOH clarify what information will be required in the ETL status reports?	The ETL status report will include the date, nature of missing data, Original source submitter for any missing data identified.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
415	Attachment 1, DW-3	3	Regarding Requirement DW-3, can the NYSDOH please inventory (A) the number of commercial and government payers to be integrated by the contractor in the final state warehouse solution and (B) the other non-claims sources that will be integrated?	All data from QHPs, Medicaid and Commercial payers will be collected through the EIS, which will be the primary DPE to the permanent solution. The total number of original source submitters to the EIS is not available at this time. Other DPEs may include the Medicaid Data Warehouse, SPARCS (stored in OHIP Data Mart), SHIN-NY, Medicare (potentially), and existing DOH public health registries.
416	Attachment 1, DW-12	4	Requirement DW-12 notes that the contractor “shall link providers and members across DPEs.” Is there a requirement or wish to link the APD data to other data sources such as the OHIP Data Mart on an ongoing basis?	At a minimum, the selected vendor will be required to link across all data files stored within the APD Data Warehouse. Optimally, other data sources should be able to leverage the APD Master patient and Master Provider indices so that these sources could be linked to APD.
417	Attachment 1, DW-14	4	Requirement DW-14 requires the provision of de-identified data extracts. For budgeting purposes, can the NYSDOH provide any clarity on the expected volume and frequency of these extracts?	The volume and frequency of extracts is not known at this time.
418	Attachment 1, DW-32	5	Regarding Requirement DW-32, can the NYSDOH please clarify the format of the output files that will be delivered by the NY APD Data Intake Solution DPE (e.g., flat files or X12)?	All data sources will have a requirements and design session with the selected vendor. The formats would be outlined within those sessions.
419	Attachment 1, DW-64	7	Requirement DW-64 notes that the contractor “shall extract, validate and consolidate data files from all Original Source Submitters.” Can the NYSDOH clarify the expected number of Original Source Submitters and DPEs expected to supply data to the APD?	All data from QHPs, Medicaid and Commercial payers will be collected through the EIS, which will be the primary DPE to the permanent solution. The total number of original source submitters to the EIS is not available at this time. Other DPEs may include SPARCS (stored in OHIP Data Mart), SHIN-NY, Medicare (potentially), and existing DOH public health registries.
420	Attachment 1, DW-67	7	Requirement DW-67 notes that the contractor “shall amend its collection and consolidation system to keep current with any changes made to the statutes or rules and any changes made to industry standard coding systems for the life of	For the interim solution, the selected vendor will take data extract files from the OHIP Data Mart and Medicaid Data Warehouse. These extracts have already been converted from X12 and NCPDP formats to database tables.

Question Number	Section	Page Number	Question	Response
			the Contract, including the adoption of National Council for Prescription Drug Programs (NCPDP) and ASC X12N standards.” Can the NYSDOH clarify whether the APD warehousing system must have the capability of intaking NCPDP and X12 file formats at initial launch?	
421	Attachment 1, DW-97	9	Requirement DW-97 notes that the contractor “shall provide data content and ETL training and support to DPEs’ information management and other staff.” Can the NYSDOH further articulate the scope of the ETL training for DPEs?	This scope is not defined at this time, and will be clarified during requirements and design sessions with the selected vendor.
422	Attachment 1, DW-112	10	Regarding Requirement DW-112, can the NYSDOH please clarify whether the de-identification software to be provided by the contractor will be received and used by other organizations (e.g., DPEs) to de-identify elements prior to submission to the NY APD or instead if the software will be used by the contractor after receipt to de-identify elements as required based on release/analytics specifications?	Data de-identification will occur within the APD Data Warehouse, after receipt from DPEs.
423	Attachment 1, DW-133	11	Requirement DW-133 notes, “Including de-identification and encryption of data in transit, the Contractor shall extract and process data files from the DPEs and load the resulting record(s) into the APD Data Warehouse.” Can the NYSDOH confirm that incoming data in transit to the APD must be de-identified? Alternatively, would secure transmission and file-level encryption be acceptable since de-identification of the data prior to transmission would result in the need to re-	Data received from DPEs will not be de-identified prior to transmission. DW-133 is referring to files created by the APD Data Warehouse for Data Consuming Entities (DCEs).

Question Number	Section	Page Number	Question	Response
			identify the data for construction of the Master Person Index and other value-adds?	
424	Attachment 1, DW-141	12	Requirement DW-141 notes that several received fields shall not be de-encrypted/identified for use the warehousing/analytics contractor. Can the NYSDOH clarify which fields will be rendered unavailable for use?	Clarification will be provided during the requirements and design sessions with the selected vendor.
425	Attachment 1, DW-209	15	Requirement DW-209 refers to tracking the “patient-provider relationship over time and between DPEs.” Could the NYSDOH clarify if patient-to-provider attribution is an expected component of this RFP’s requested work? If it is, will external rosters be provided by the DPEs and/or Original Source Submitters to supplement this work?	Yes, patient-provider attribution is expected. Yes, patient (membership) rosters and provider network data will be developed to supplement this function. Supplemental data may be provided from the Provider Network Directory System (PNDS) and/or the Provider Master Index.
426	Attachment 1, DW-243	18	Requirement DW-243 notes that the contractor “shall supply files covering custom periods and contents” upon written request. For the purposes of budgeting, can the NYSDOH quantify this requirement?	The quantity and frequency of these requests are unknown at this time. Requests for files covering custom periods and contents will be addressed through the system change management process.
427	Attachment 2		<p>The RFP and its user stories (Attachment 2) indicate that non-claims data sources eventually may be integrated and linked to the APD’s data for analytic uses (e.g., US-17 references survey data, US-92 hospital characteristics, US-94 registries, US-170 NYPORTS, etc.). Could the NYSDOH please clarify:</p> <p>(A) Whether these additional data sources will include identifiers at the person level to enable linkage to the APD’s claims/clinical data</p> <p>(B) The anticipated time frame for inclusion of these various data sources</p>	<p>Bidders should assume additional DPEs will have identifiers and data will need to be linked to APD data collected through the EIS.</p> <p>Time frames for additional DPEs are undefined at this time.</p> <p>Addition of any future DPEs beyond the original project scope as defined in the RFP will be addressed through the system change management process.</p>

Question Number	Section	Page Number	Question	Response
			(C) Whether bidders should include budget estimates for linking each of the referenced non-claims data sources	
428	Attachment 2, US-6, US-46	2, 6	User stories 6 and 46 reference calculating the “total cost of care” (TCOC). Could the NYSDOH please clarify whether the desired calculation is simply the actual experienced cost (i.e., the allowed amount) or instead a price standardized TCOC such as HealthPartners’ measure?	Clarification will be provided during the requirements and design sessions with the selected vendor.
429	Attachment 2, US-45	6	Regarding User Story 45, could the NYSDOH elaborate on what is meant by “custom metrics”?	Clarification will be provided during the requirements and design sessions with the selected vendor.
430	Attachment 2, US-97	10	Regarding User Story 97, could the NYSDOH clarify the anticipated data source for incorporating patient functional status?	<p>One example is the Uniform Assessment System (UAS) for New York.</p> <p>Bidders should assume that required data will be available to fulfill all user stories, either through the EIS or other DPEs.</p>
431	Attachment 2, US-110	12	Regarding User Story 110, could the NYSDOH clarify whether the NY APD will be receiving members’ identified street addresses to enable “street level geocoding”?	Bidders should assume that required data will be available to fulfill all user stories, either through the EIS or other DPEs.
432	Attachment 2, US-154	16	User Story 154 refers to the need to supply “statistical tools.” Could the NYSDOH please clarify (A) the scope and sophistication of its users’ desired tools and (B) whether users will require access to such tools (e.g., SAS) through a BI environment?	The APD analytics solution must meet all requirements to fulfill applicable user stories. There is no preferred approach. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
433	Attachment 2, US-161	17	Regarding User Story 161, could the NYSDOH please clarify what is meant by the ability to apply “any chosen version” of the selected metrics “on-demand”? For example, if NCQA HEDIS is selected, does the NYSDOH require the ability to apply all iterations of the annually updated measure	On demand means any version of any measure.

Question Number	Section	Page Number	Question	Response
			specifications (e.g., 2010 specifications on one day, 2015 the next, etc.)?	
434	Attachment 3, Hosting-16	3	The RFP (Hosting-16) notes that the “data center shall be physically secured as specified for Uptime Institute Tier 4 data center classification.” Can the NYSDOH clarify whether a Tier 4 data center is an absolute requirement or whether a Tier 3 with a 99.99% uptime SLA with N+1 for power, HVAC, and networking would be acceptable?	See Amendment 1 of the RFP. The data center requirement has been revised to the Tier 3 level.
435	Attachment 5, Security-22	3	The RFP (Security-22) notes that “user authentication shall be through the use of NY.Gov ID credentials and services.” Can the NYSDOH clarify whether its intent is a single-sign-on solution between the NY.Gov’s authentication system(s) and the APD portal?	NYS expects the use of NY.gov ID services, which would include at least NY.gov ID single sign on services. These services may be leveraged with other account management environments consistent with NYS security policies and standards.
436	Attachment 5, Security-67	6	The RFP (Security-67) notes that the contractor “shall store all server, web service and database access logs for 10 years following the contract period termination.” For budgeting purposes, can the NYSDOH confirm whether a policy that meets HIPAA’s 6-year requirement would suffice or whether 10 years is a fixed requirement?	The language in Attachment 5, Section 1.7, Requirement Security-67 is revised to read “The Contractor shall store all server, web service and database access logs for the entire period of the contract, and shall provide such logs to NYSDOH after termination of the contract, in compliance with Project Management requirements PM-43 through PM-49 in the RFP”.
437	Attachment 5, Security-68	6	The RFP (Security-68) notes that “log data shall be transmitted to NYS ITS routinely, preferably in real-time by a method determined with NYSDOH and NYS ITS, to ensure that full audit trails are available and can be followed if necessary.” Would it be permissible to send relevant logs to NY ITS on an as-needed/requested basis or is the real-time transmission required? If it is required, does this mandate pertain only to directly accessing NY APD ePHI?	Log transmission frequency and type would be as described in NYS Security Logging Standard. Near-real time transfer would be required for any security events.  NYS security policies and standards are found at <a href="http://its.ny.gov/eiso/policies/security">http://its.ny.gov/eiso/policies/security</a> .
438		Various	Overall question: Does NYSDOH plan to collaborate between its SIM, DSRIP and APD work? Are there any high level goals/plans specifically	Yes, there is collaboration within various programs in DOH on these systems. There are no details that are appropriate or relevant to release in this Q&A document, however.

Question Number	Section	Page Number	Question	Response
			regarding how the APD will fit into those plans (leveraging APD to support PPS, SHIP, etc.)?	
439		Various	Overall question: Does NYSDOH expect to receive and integrate/match clinical data from SHINY and/or specific RHIOs across NYS, or is this planned for a future requirement?	Yes, clinical data from SHIN-NY is envisioned to be a potential DPE. Timing of this integration is undetermined at this time. Integration of SHIN-NY as a DPE would be addressed through the system change management process if it falls beyond the selected vendor's DDI period.
440	II.	5	RFP Section II Overview of Environment (page 5 of 49) states that the data intake vendor is developing the data collection solution. However, data collection activities are detailed throughout the Data Warehouse section, such as in requirement DW 130-141 on page 11 of 18. Are these tasks either currently being performed by the data intake vendor and/or planned to be performed/maintained by the data intake vendor for the duration of the contract? Could the State provide some clarification on which activities in the DW section the data intake vendor will be performing to assist vendors in their planning activities for this RFP?	The data intake vendor will operate the data intake solution (EIS) for encounter/claims data. The APD Data Warehouse will be the Data Consuming Entity (DCE) for all other Data Providing Entities (DCEs).
441	III.G.	14	RFP Section G: Training (page 14 of 49): Do the training requirements listed here encompass all specific user groups within the analytic section?	Yes. Per RFP Section III. G., training covered under the fixed price deliverables will cover end users internal to NYSDOH (estimated 200 users). Training for users external to NYSDOH will be addressed through the system change management process.
442	Attachment 2		Attachment 2 Data Analytics section (general question): Can NYSDOH provide an estimated number of users for each of the user group populations defined in the analytics section?	Refer to RFP Section III. G. Training covered under the fixed price deliverables will cover end users internal to NYSDOH (estimated 200 users).
443	Attachment 2		Attachment 2 Data Analytics section (general question): In accommodating the various use cases /groups within the analytics section, should	Bidders should not make assumptions outside of the scope of the RFP. All requirements to fulfill user stories are to be included in a bidder's proposal.

Question Number	Section	Page Number	Question	Response
			the vendor assume that all the users groups who are represented will have their use cases satisfied by the software licensed within this contract? (Namely does the State anticipate that any of the user groups would need to procure a separate license outside of this contract for their analytics use cases?)	
444	Attachment 2		Attachment 2 Data Analytics section (general question): Many of the tasks listed in the analytics section, including several of the data management tasks in section 1.2, will require data warehousing activity to accomplish, is it ok to describe these in the warehouse section and also refer back to them from their original location in the analytics section?	Attachment 2 only requires bidders to indicate their level of ability to fulfill each user story (i.e., entries of “OB”, “C” with applicable approach code, or “DNM”).  Full, detailed and descriptive information of the proposed solution should be provided as directed in RFP Section IV., C., under “Data Analytics User Story Elaboration and Fulfillment” and “Solution Description”.
445	Attachment 2, US-20	4	Attachment 2 Data Analytics – Section 1.2 Data Management – Requirement US-20 (page 4 of 19): Does NYSDOH currently use an episode grouping technology and is there any preference on specific episodic groupers?	Clarification will be provided during the requirements and design sessions with the selected vendor.
446	Attachment 2, US-32	5	Attachment 2 Data Analytics – Section 2.1 Consumer – Requirement US-32 (page 5 of 19): Can NYSDOH provide more specific detail on the cost/quality data/reports desired?	Clarification will be provided during the requirements and design sessions with the selected vendor.
447	Attachment 2, US-33	5	Attachment 2 Data Analytics – Section 2.1 Consumer – Requirement US-33 (page 5 of 19): Can NYSDOH provide more specific detail on the developed reports/statistics desired? Is NYS interested in also having these reports accessible via a mobile application for consumers?	Clarification will be provided during the requirements and design sessions with the selected vendor.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
448	Attachment 2, US-43	6	Attachment 2 Data Analytics – Section 3.1 Carrier – Requirement US-43 (page 6 of 19): Can NYSDOH provide more specific detail on the desired quality metrics?	Clarification will be provided during the requirements and design sessions with the selected vendor.
449	Attachment 2, US-79	9	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-79 (page 9 of 19): Does the State have a preferred GIS technology? If so will the vendor be given access to this GIS technology?	No, there is no preferred GIS technology. The APD analytics solution must meet all requirements to fulfill applicable user stories, and all tools/resources must be included in the bidder’s proposal.
450	Attachment 2, US-79	9	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-79 (page 9 of 19): Does the State have a preferred GIS technology? If so will the vendor be given access to this GIS technology?	No, there is no preferred GIS technology. The APD analytics solution must meet all requirements to fulfill applicable user stories, and all tools/resources must be included in the bidder’s proposal. [Appears to be a duplicate question submission]
451	Attachment 2, US-80	9	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-80 (page 9 of 19): Can NYSDOH provide more specific detail on the desired dashboards?	Clarification will be provided during the requirements and design sessions with the selected vendor.
452	Attachment 2, US-91	10	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-91 (page 10 of 19): Will NYSDOH provide data or access to data on taxonomy, accreditation, and board certification?	Yes. This information will be available from the Provider Network Directory System (PNDS).
453	Attachment 2, US-92	10	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-92 (page 10 of 19): Will NYSDOH provide data or access to data on hospital characteristics, bed count, specializations, and accreditations?	Yes. This information will be available from the Provider Network Directory System (PNDS).

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
454	Attachment 2, US-93	10	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-93 (page 10 of 19): Does NYSDOH only require the ability to determine affiliations using the analytic solution and/or if needed, will NYS collaborate with the vendor to assist in supplementing data about provider affiliations (hospitals/plans/groups/practices)?	Supplemental data may be provided from the Provider Network Directory System (PNDS) and/or the Provider Master Index.
455	Attachment 2, US-94	10	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-94 (page 10 of 19): Linking to registries is listed as a current requirement here, but is listed as a future requirement in Section I. Overview 3. Future Planning (page 2 of 49). Does this specific requirement supersede the future requirement and registry linking will be required?	Bidders should assume that required data will be available to fulfill all user stories, either through the EIS or other DPEs.  The timing of data from Labs, Registries, and EHR is unknown at this time. The selected vendor will be responsible for integration of all data sources identified within their scheduled DDI period. Data source integration beyond the DDI period would be addressed through the system change management process.
456	Attachment 2, US-105	11	Attachment 2 Data Analytics – Section 4.4 Research Analyst – Requirement US-105 (page 11 of 19): Can NYSDOH provide more specific detail on the desired quality metrics?	Clarification will be provided during the requirements and design sessions with the selected vendor.
457	Attachment 2, US-110	12	Attachment 2 Data Analytics – Section 5.1 Local Health Dept – Requirement US-110 (page 12 of 19): Does the state currently have data to geocode (e.g., USPS data)?	Yes, the state has recipient address information to geocode.
458	Attachment 2, US-124	13	Attachment 2 Data Analytics – Section 6.4 Executive – Requirement US-124 (page 13 of 19): Can NYSDOH provide more specific details on what content is desired in the dashboards?	Clarification will be provided during the requirements and design sessions with the selected vendor.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
459	Attachment 2, US-130	14	Attachment 2 Data Analytics – Section 6.6 Fraud/Abuse/Audit Analyst – Requirement US-130 (page 14 of 19): Does the State have a preferred identifier? Is NPI used or are there other unique identifiers in the State data?	Clarification will be provided during the requirements and design sessions with the selected vendor.
460	Attachment 2, US-139, US-140	15	Attachment 2 Data Analytics – Section 6.8 Program Evaluator – Requirement US-139/140 (page 15 of 19): Can NYSDOH provide more specific detail on the desired quality statistics?	Clarification will be provided during the requirements and design sessions with the selected vendor.
461	Attachment 2	16	Attachment 2 Data Analytics – Section 6.10 Quality Measurement (page 16 of 19): The terms “metrics” and “measures” are used in several areas without specific mention of desired metrics/measures, could NYS elaborate on some or all of the metrics/measures desired within the Quality Measurement area (where not otherwise specified).	Refer to other Attachment 2 user stories for examples (e.g., US-161, US-89, US-175).
462	Attachment 2, US-181, US-182	19	Attachment 2 Data Analytics – Section 7 Providers of Healthcare – Requirement US-181/182 (page 19 of 19): Can NYSDOH provide more specific detail on the desired quality measures?	Clarification will be provided during the requirements and design sessions with the selected vendor.
463	Attachment 4	3	Attachment 4 Hosting Agreement – Section 4 Service Level (page 3 of 8): Will NYSDDOH consider 99.0% uptime SLA instead of 99.9%?	No.
464	Attachment 12		Attachment 12 Sample Contract: Can we add terms to the state contract?	As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.  NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best

Question Number	Section	Page Number	Question	Response
				interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.
465	Attachment 12		Attachment 12 Sample Contract: Is there any mechanism to take exceptions to the terms of the state contract?	As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.  NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.
466	II.	6	For the Interim APD, is the assumption that the OHIP ETL and OHIP Data Mart already exist and the requirement is for the vendor to provide the analytics & reporting front end (Business Intelligence Solution) only? If so will NYS DOH provide schema and data dictionary of the existing OHIP Data Model?	Yes, the interim solution will leverage data stored in the OHIP Data Mart, and consists of fulfilled user stories (i.e., analytics) against such data. Additional detail will be determined in the requirements and design sessions with the selected vendor.
467	II.	6	How many users would need access to the Interim APD Business Intelligence Solution? Total number of users _____ and maximum concurrent _____	The total number will be dependent on the number of external users, which is undefined at this time. Internal to NYSDOH, the selected vendor will need to support up to 200 users. It is estimated that up to 25% of users (50 users) may access the Data Warehouse concurrently.
468	II.	6	In the Permanent APD solution, what is the role of the APD Data Intake Process? Can NYS DOH	See the graphic in Section II of the RFP for data inputs to the data intake solution (EIS). These will comprise the data

Question Number	Section	Page Number	Question	Response
			provide a list of the entities that are output from the process, with data layouts?	send to the APD Data Warehouse. QHP, Medicaid, and Commercial encounter data will be processed through the EIS, and will be received in PACDR and NCPDP file formats. Intake process is not within the scope to this RFP. Data formatting for transmittal to the APD Data Warehouse will be determined during the requirements and design sessions with the selected vendor.
469	II.	5	What is the output of the Data Intake Process? Is it a file, database, structured, consistent file layout? Cleaned up 837?	The current outputs of the data intake process are data base tables. The specific output to the APD Data Warehouse will be determined during the requirements and design sessions with the selected vendor.
470	II.	5	Does the current Intake Solution include data quality, data normalization or data linking efforts? If so, what are they?	Intake process is not within the scope to this RFP.
471	II.	5	Are there any metrics on the volume and sizes of records daily/weekly to be ingested into the APD Warehouse by the APD ETL Process? Any peak periods?	See RFP Section II for annual volume estimates, and estimate daily/weekly volumes accordingly. There are no specific peak periods to highlight.
472	II.	5	Any metrics on anticipated size of the APD Warehouse?	Estimated at 10 terabytes per year.
473	II.	5	How many users (maximum and concurrent) are expected for accessing the APD Business Intelligence Solution? Are there any anticipated peak periods?	Total user figure is undetermined at this time, and is dependent on number of external users. It is estimated that up to 25% of users (50 users) may access the Data Warehouse concurrently. There are no specific peak periods identified.
474	II.	6	Does the box labeled "Clinical Data" on the Permanent APD solution diagram represent a statement of future direction only, or does it represent a requirement that must be addressed in this proposal?	The timing of clinical data integration is unknown at this time. The selected vendor will be responsible for integration of all data sources identified within their scheduled DDI period into the APD Data Warehouse. Data source integration beyond the DDI period would be addressed through the system change management process.

<b>Question Number</b>	<b>Section</b>	<b>Page Number</b>	<b>Question</b>	<b>Response</b>
475	II.	5	For the BI requirements, would the State require the ability for guided queries? Personal dashboards? How many standard reports?	Specifics of BI requirements will be defined in the requirements and design sessions with the selected vendor. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
476	II.	5	What does the current data volume of SPARCS to be loaded into the Data Warehouse?	See RFP Section II for prospective volume estimates. An estimated current volume of SPARCS data from 2005 through present is 350GB.
477		Various	Are there any existing software tools the State would prefer the contractor to use?	There are no preferred tools. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.
478	II.	5	Please define Business Intelligence versus Executive Reports	Business Intelligence allows the user to choose parameters and produce results, while Executive Reports are static.
479		Various	Is "train the trainer" approach acceptable?	NYSDOH will consider any approach that meets the requirements of the RFP. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.
480		Various	Does the State have any Help Desk tools to provide the contractor to use?	No. The Bidder's proposal must include all resources to meet the requirements of the RFP.
481		Various	Does the state have any automated testing tools that can be used?	All tools for the contract must be included in the bidder's proposal. There are no preferred software tools. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP.  Any leveraging of existing NYS software licenses will be addressed after evaluation of bids, during contract negotiations with the selected vendor.
482		Various	BUSINESS REQUIREMENTS: Please clarify role and responsibilities related to:	Encounter data will be processed through the EIS, and will be received in PACDR and NCPDP file formats. General Specifications of the Intake process are not within the scope to this RFP. Any needed formatting information to receive files from the EIS will be provided during requirements and design sessions with the selected vendor.

Question Number	Section	Page Number	Question	Response
			<p>Reading in an encounter file and converting to a standard format. Does this happen during Data Intake?</p> <p>Loading in initial encounter data (Data Intake) into an ODS (operational data store)</p> <p>Working quality assurance issues with the individual payers, claim suppliers</p> <p>loading data from the ODS environment (Data Intake) into the warehouse APD</p>	<p>The selected vendor will work with both NYSDOH staff and the Data Providing Entity (DPE) to identify source data issues.</p>
483	<p>Attachment 2, US-4</p> <p>Attachment 1, DW-179</p>	2 14	<p>Regarding "validation reports on volume and quality" And as per the requirements, "The Contractor shall provide each Original Source Submitter with a report detailing the results of the validation process against their submitted data files within five (5) days of the validation process through the Secure Website.</p> <p>Please clarify the role in working through raw source data issues, and the extent to which the contractor will ever be working directly with raw source data (as opposed to output from data intake)</p>	<p>The selected vendor will work with both NYSDOH staff and the Data Providing Entity (DPE) to identify source data issues.</p>
484	Attachment 2, US-5, US-8	2	<p>Regarding "the ability to summarize data on my own" and "Full and direct access to all claim lines, eligibility data, and all reference and other ancillary tables ("power" user status)."</p> <p>Please estimate the number of concurrent users that will be supported in the warehouse environment as well as downstream data marts</p>	<p>It is estimated that up to 25% of users (50 users) may access the Data Warehouse concurrently.</p>

Question Number	Section	Page Number	Question	Response
485	Attachment 2, US-10	2	<p>Regarding "a sizable personal storage space". ... "the ability to write to my own schema that is protected"</p> <p>In the interest of managing the growth of 'personalized data marts' which may be used ad-hoc, please expand on the potential number and use of a sizable personal storage space</p>	<p>Details are unclear at this time, and further definition to be provided during requirements and design sessions with the selected vendor.</p> <p>An initial estimate would be approximately 50 internal NYSDOH users. External user estimate is unknown. Personal storage space size is undetermined.</p>
486	Attachment 2, US-15	3	<p>Regarding "to utilize claim line level data in support of rate setting functions including the shares of total cost by payer and valuation of "efficiency" metrics (such as potentially preventable hospitalizations, preventable ER visits, etc...)" ... to utilize risk adjusted data (CRG or HHC scores) ... shadow pricing of managed care organization encounters .... Episode grouping technology that organizes claims and discharge data into a set of clinically coherent episodes. ...the capacity to aggregate claims into inpatient stays and apply DRG groupers ... Risk adjustment or illness burden software tools for analytic datasets</p> <p>Please identify any software which is planned to support the identification of potentially preventable hospitalizations, shadow pricing, CRG/HHC scores, DRGs, risk adjustment, illness burden, episodes</p>	<p>Software identification is undetermined at this time, and further definition to be provided during requirements and design sessions with the selected vendor.</p>
487	Attachment 2, US-31	5	<p>Regarding "Publicize measures of "plan value" (e.g. quality achieved per premium dollar)" ... to identify providers whose patients are not meeting specific goals related to quality measures ... o look at provider quality metrics/cost ratings and</p>	<p>Clarification will be provided during the requirements and design sessions with the selected vendor.</p>

Question Number	Section	Page Number	Question	Response
			<p>compare against benchmarks ... to review past provider/practice performance against proposed quality or fiscal benchmarks/goals”</p> <p>Please identify the proposed methodologies/quality measurements programs for quality assignment</p>	
488	Attachment 2, US-77	9	<p>Regarding - "Documentation on historical policy and practice changes that may affect the data. Examples: dates when definition of HIV/AIDS changes, dates when definition of hypertension changes, dates when Medicaid Redesign Team (MRT) initiative started, etc.”</p> <p>Please clarify this scenario and identify contractor requirements related to monitoring industry changes.</p>	Clarification will be provided during the requirements and design sessions with the selected vendor.
489	Attachment 2, US-97	10	Please clarify- "to link functional status data to patients”	Clarification will be provided during the requirements and design sessions with the selected vendor.
490	Attachment 1, DW-3	3	Will the warehouse only contain 'final billed claims'? There is explicit language in the RFP relative to processing SPARCS updates. If so, who is responsible for identifying and implementing logic related to the identification of a final billed claim from the data intake process?	No, the APD Data Warehouse will have transactional claims data. SPARCS data is not a 'claims based' data set, and SPARCS discharge and visit data are collected and processed through a separate data intake process from the APD.
491	Attachment 1, DW-110, DW-117	10	The RFP outlines a need for de-identified data and support for state-requested extracts. Please advise if this de-identified data will be made available to the public ... and if so, please describe any support requirements relative to addressing	The selected vendor is required to develop a consumer facing portal that should consist of a publicly accessible website, containing data of a public use nature, and that includes interactivity to allow for queries and reports. The selected vendor is also required to develop mechanisms for designated users to access various levels of data of partially identifiable and identifiable natures.

Question Number	Section	Page Number	Question	Response
			questions from the public, who may span research, consulting, etc.	NYSDOH will be responsible for development, implementation, and support of data access and release policy.
492		Various	There are several references in the business requirements relative to grouping capability, does the agency currently have this capability or do you envision that this functionality would be incorporated into the warehousing solution?	Functionality should be incorporated into the Data Warehouse solution.
493		Various	Please describe the extent to which any aspect of the APD may be considered voluntary for the provider/plan/insurer/ACO providing source data.	Compliance with APD requirements are for the most part mandatory. Any voluntary components would not significantly impact the bidder's response to the RFP.
494	V.J.4	39	Section V.J.4 contains a limitation of liability provision which does not include the commercially standard exclusion of indirect and consequential damages. We request the following be included as has been the custom in our previous agreements: In no event shall either party, its subcontractors or their respective personnel be liable for any loss of use, data, goodwill, revenues or profits (whether or not deemed to constitute a direct Claim), or any consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense (including, without limitation, lost profits and opportunity costs), relating to this Agreement or the Services.	<p>Refer to amended language in RFP Section V.,J.,4. And in Attachment 12 on Limitation of Liability.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>

Question Number	Section	Page Number	Question	Response
495	Attachment 12, State of New York Agreement, V.A.		Draft Agreement, Section V.A, Indemnification – The second sentence represents a non-standard broad indemnification for “costs of every nature arising out of the provision of services under this Agreement.” We request that sentence be deleted leaving the standard indemnification for personal injury and tangible property damage as has been the baseline in our previous agreements.	<p>Refer to amended indemnification language in Attachment 12.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
496	Attachment 2, US-16, US-65, US-87	3,8,10	Are there specific Risk Groupers and scoring/coding applications required of the APD analytic solution, such as the 3M family of products? If so, does NYSDOH have a preferred risk grouper and scoring and/or coding applications? USR-16 and USR-65 refer to HHC and HCC (respectively); did you mean to reference the CMS Hierarchal Coexisting Conditions (HCC) grouper in both requirements?	<p>There are no requirements for specific software applications. Bidders should present their solution that best meets the needs and requirements of the State as detailed in the RFP. All stated RFP requirements must be met.</p> <p>The ‘HHC ‘in US-16 is a typographical error and is revised to read ‘HCC’ (same as in US-65).</p> <p>Yes, the acronym refers to the CMS Hierarchal Coexisting Conditions (HCC).</p>
497	Attachment 2, US-22	4	Here and for US-103, does NYDOS require the APD analytics tools to calculate DRGs, or are those DRG assignments made by upstream source systems?	Clarification will be provided during the requirements and design sessions with the selected vendor.
498	Attachment 3, Hosting-1	2	Requirement Hosting-1 indicates that the “Contractor shall provide the hardware, software, communications and other infrastructure necessary to meet the requirements of the contract at no additional cost to the State, including any licenses that must be maintained.”	<p>Refer to amended language in Attachment 12, Appendix F.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p>

Question Number	Section	Page Number	Question	Response
			<p>The RFP does not contain any provision as part of Attachment 12, Sample Standard NYS Contract Language and Appendices, addressing what license terms and conditions may apply to the State to the extent the State is a user of such software. Typically, even in a Contractor hosted services based solution where either Contractor proprietary software products or third party software commercial, off the shelf (COTS) software products is part of the solution, the customer would agree to abide by the manufacturer's standard license terms and conditions.</p> <p>Section IV(C) of the RFP prohibits a bidder from including exceptions or extraneous terms in its proposal. Including a manufacturer's standard license terms and conditions might be viewed as a prohibited exception or extraneous term. Would the State please amend the RFP to expressly permit bidders to include the manufacturer's standard license terms and conditions in its proposal so as to be able to benefit from the lower cost associated with a vendor's solution that offers this functionality?</p>	<p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
499	Attachment 12, Appendix D, L.	37	<p>Section L to Appendix D states that the "Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as part of this contract." As the owner of such work made for hire intellectual property, the Department could grant back to the Contractor a fully paid up, nonexclusive license to use such developed software for Contractor's own</p>	<p>Refer to amended language in Attachment 12, Appendix F.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be</p>

Question Number	Section	Page Number	Question	Response
			business without depriving the Department of the benefit of its ownership rights and without running afoul of federal or state laws or regulations. Bidders who would be permitted to propose such a license back in their Proposal may have a greater incentive to provide the Department with a lower price if the bidder had the assurance that it would receive a license back for its business that the Contractor could then leverage in other opportunities.	fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.
500	IV.C.	19	Section IV(C) of the RFP prohibits a bidder from including exceptions or extraneous terms in its proposal and such a license back may be viewed as either an exception or extraneous term. Would the State please amend the RFP to expressly permit bidders to include, as part of its proposal and overall price, language that would have the Department convey back to the Contractor a nonexclusive license in the software developed under the Contract, subject to the negotiation of mutually acceptable terms and conditions associated with such a license?	<p>Refer to amended language in Attachment 12, Appendix F.</p> <p>As part of the Transmittal Letter (Attachment 14), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP.</p> <p>NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.</p>
501	IV.F.	28	Please identify the criteria you will be using in evaluating each volume of the proposal and the weighting of each section of the technical proposal.	The evaluation process is outlined on pages 28-31 of the RFP. There are no other details regarding evaluation criteria or weighting of technical proposal sections to be shared with potential bidders.
502	IV. C.	25	Would consideration be given to contractors who employ NYS residents but do not work in the Capital District Area?	This project will be managed out of a contractor office location in New York's Capital District. The contractor's office location must be within 15 miles of the Capitol Building. It is expected that key staff (see Section IV, C.a.) will be based out of this office. All other activities and work that are not specifically required to be performed in

Question Number	Section	Page Number	Question	Response
				proximity to the NYS Capitol Building should be performed within the continental United States.
503	II.	7	Please provide the estimated data size associated with Encounter Volume and Sparc Volume estimates.	See RFP Section II for volume and covered lives estimates. File sizes are estimated at 10 terabytes per year.
504	II. Data History	7	Please provide the estimated data size of the required 5 year historical datasets.	There are currently 5 terabytes of Medicaid data. Initial estimates of total historical data are 10 terabytes per year.
505	III.B.	8	Would the state consider waiving the office location requirement for key staff with the exception of the project director?	No changes will be made to this RFP language.