New York State Department of Health
Bureau of Emergency Medical Services and Trauma Systems Workflow &
Data Management Solution
RFP #: 20028

Revised Questions and Answers November 21, 2019

~~November 19,2019~~

Additional questions have been answered and added to this document. The November 21, 2019 Revised Questions and Answers includes the answers to all questions received by the deadline.

Question Number	Corresponding RFP Section	Bidder's Question	Answer
1	General	Please kindly provide the numbers for following. • Number of employees Access Data repository, workflow process management tool, EPCR, reporting tools: • Estimated number of users accessing web portal for reporting and data: • Number of workstations/laptop:	• 45 Employees • User web portal estimate 60,000 providers will need front-end access; reporting access is unknown • No workstations/laptops to support
2	General	What database system department is using, as mentioned its Sybase, is there any other internal database e.g. oracle sql etc. as per following quote The repository (and other aspects of the solution) shall be able to link with internal databases (DOH and NYS owned/operated) and external (DOH and NYS contracted) third-party systems; and provide for routine automated multidirectional querying, sharing, importing, exporting, processing, validating, and general management of data in various standard file formats.	The Department utilizes Sybase and Oracle 19.20 SQL Developer. ePCR: SQL Server (54GB) EMT: Sybase (600MB) Reportable Incidents: Oracle (100MB)
3	General	Is there any ETL tool department is using to transform and cleanse the data?	No

4	General	Is there any government compliance need to be take care for Data repository?	As required by Appendix A, the Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law § 899-aa and State Technology Law § 208) and commencing March 21, 2020 shall also comply with General Business Law § 899-bb. New York State Office of Information Technology.
5	General	What database, reporting tool and Workflow tool is the department using, if not legacy?	No current workflow tool is being used.
6	General	How many machines are there, that need Backup/recovery software to be installed, or it needs to be provide along with the tools (i.e. Data repository backup, recovery components, Workflow management own data backup process etc.)	None.
7	General	Would the bidder need to be present for meetings?	Yes.
8	General	Can proposals be submitted via email?	No.
9	General	What has the State spent on the initial implementation, annual support, hosting, enhancements and change orders for the current system(s) the Bureau is utilizing?	This is a new product with no previous versions.
10	General	Given the comprehensive and complex nature of this RFP, will the State please consider an extension of all RFP related deadlines, including the final RFP submission deadline?	No.
11	General	Can the State elaborate upon the current system, vendor(s) and why they are seeking a new system, including what factors are driving this effort?	See question 5. Our internal database is no longer being supported.

12	General	What is the number of points available in total and per specific category / item to be evaluated as referenced in section 8.1 of RFP? And, what amount of points are tied to the preferred qualifications listed in section 3.2?	The department does not disclose this information.
13	General / Pg. 4	"Through this Request for Proposals ("RFP"), the New York State ("State" or "NYS") Department of Health ("DOH" or "Department") is seeking competitive proposals from organizations who are interested in providing a commercial off the shelf (COTS) software as a service (SaaS) web-hosted workflow application solution ("solution") that shall provide user-friendly means for the Department (central office and regional staff, Contractors, and regional partners) and its public customers to perform, manage, and integrate the daily workflow processes and data systems of the Department's Bureau of Emergency Medical Services and Trauma Systems (BEMSATS)." Section 2.0 "Overview" mentions, among other entities, "Contractors and regional partners." Can the State please expand on the current role of any contractors working within the BEMSATS scope of services and projects? Can the Bureau explain any existing relationships that the awarded vendor will be expected to assume, fulfill, support, direct or engage with?	The current contractor manages EMS and Trauma registries. Contractor will be expected to work with state partners, EMS agencies, ePCR vendors and patient registry vendors.
14	General/ Pg. 4	"Through this Request for Proposals ("RFP"), the New York State ("State" or "NYS") Department of Health ("DOH" or "Department") is seeking competitive proposals from organizations who are interested in providing a commercial off the shelf (COTS) software as a service (SaaS) web-hosted workflow application solution ("solution") that shall provide user-friendly means for the Department	Contractors and regional partners include: County coordinators, regional councils, regional program agencies, course sponsors, dispatch centers, EMS agencies, public health departments, hospitals, and

		(central office and regional staff, Contractors, and regional partners) and its public customers to perform, manage, and integrate the daily workflow processes and data systems of the Department's Bureau of Emergency Medical Services and Trauma Systems (BEMSATS)." Section 2.0 "Overview" mentions, among other entities, "Contractors and regional partners." Can the State define "regional partners," provide an approximate number of these regional partners and explain their anticipated role in the aforementioned workflows as it pertains to this RFP?	other similar type agencies that interact with Emergency Medical Services. Expectations of interfacing is outlined in the RFP.
15	General	Please provide information regarding Connecticut's interest in these advanced data capture and sharing topics, including (where possible) the specific elements that need to be captured, metrics / KPIs, whether such solutions or models are currently being used in NYS -- and whether NYS in this case has a preference for small businesses (even if not officially certified by the state, i.e., based outside NYS) vs. large companies. • Community Paramedicine -- chronic care management over time • Addicted patient tracking over time • POLST Registry (including ability to share digitally with EMS) • Telemedicine (photo, video, both, etc. -- even in rural areas?) ET3	NYS is not able to provide any information on Connecticut's interest in any matter.
16	General	How many personnel does the system need to license?	There are currently 60,000 active personnel licenses.

17	General	How many agencies does the system need to license?	There are currently 1800 active licensed agencies.
18	General	How many vehicles does the system need to license/permit?	There are currently 5,000 active vehicles licensed in NYS.
19	General	How many Trauma incidences are activated in a given year?	There are approximately 55,000 Trauma Registry (Trauma Center) activations per year.
20	General	If Stroke Registry is desired, how many Stroke incidences are activated in a given year?	Not desired
21	General	If Cardiac (STEMI) Registry is desired, how many Cardiac (STEMI) incidences are activated in a given year?	Not desired
22	General	If Burn Registry is desired, how many Burn incidence are activated in a given year?	Not desired
23	General	What Patient Registries is the State of New York looking for? (Trauma, Stroke, Cardiac (STEMI), CARES, Burn…)	Trauma and EMS Registries
24	2.2	Section 5.3 and other sections of RFP and attachments seem to imply that vendors will have no opportunity to take exceptions to specific contract language and will have to wholly accept the terms and conditions as provided by the State. Is this accurate, and will there be any mechanism within the RFP response or opportunity during contract negotiations to present and address any items that the offeror takes exception to?	The bidder must be willing to enter into an Agreement substantially in accordance with the terms of Attachment 8 should the bidder be selected for contract award. Please note this RFP becomes section B of this agreement.
25	3.2	Section 3.2 outlines some preferred qualifications that seem geared towards specific vendor(s) in the market. What vendor(s) has the department interacted with, received presentations, demonstrations and/or pricing related to this project prior to this RFP?	This is currently supported by the New York State Office of Information Technology.

26	4.0-4.5	Section 4.1 D The repository shall be fully integrated with all other aspects of the solution – being accessed and manipulated through: I. a web-portal interface built within the solution [See Section 4.2]; II. An electronic Prehospital Care Reporting (e-PCR) system [See Section 4.3.A.]; III. An electronic Trauma Patient Registry system [See Section 4.3.B.]; IV. Inclusive of all data, new and historical [See Section 4.1.B]; V. a linked third-party system [See Section 4.1.C.]; and VI. Workflow processes built within the solution [See Section 4.5]. Does this above description means that Data repository should able to extract/load the data to/from all above six components? For example an electronic Trauma Patient Registry system data need to be pulled and transform in Data repository. Or is there any other means of integration.	Yes, all components must interact and be able to be queried simultaneously.
27	4.1	Department need a SaaS/Cloud based EPCR system which supports ETPR system. Will contractor provide both or will need to provide EPCR system which will connect to department existing ETPR.	Yes, the Contractor will have to import legacy data into their hosted system.
28	4.1	What is the size of existing data, type(s) and format(s) that will need to be migrated into the new system?	See section 4.1 which provides legacy data and file layout demographics.
29	LMS / Pg. 7 4.1, A. I. Service/Agencies, (g) Disaster Resources and (f) Disaster Responses	Under Section 4.1, Part A, I, (g) and (h), the State mentions "Disaster Resources" and "Disaster Responses" as they relate to Services/Agencies. Can the State elaborate on what is currently	See attachment G for data fields currently collected. The State currently tracks county resources (Emergency Manger,

		tracked by BEMSATS, and what, if anything, the State anticipates adding to this functionality?	EMS coordinator and contact information); special resources a County may have, for example: CISM teams, specialized response vehicles, etc. The anticipated functionality may include the ability to organize a specialized task force team per event.
30	LMS/ Pg. 7 4.1, A, I. Service/Agencies	(I) "Controlled Substances Authorization and Reporting" Under Section 4.1, Part A, I, (I), the State mentions "Controlled Substances Authorization and Reporting." Can the State explain in as much detail as possible what is currently documented in BEMSATS for this topic within each agency?	See attachment G for data fields currently collected. The State captures each authorized ALS agency's demographics (including designated agents), license number, legal name license issued to, first certified date, issue date and expiration date of current certification, and last activity by Bureau of Narcotic Enforcement (BNE). Additionally, the state captures each agency's report filings of controlled substance usage and retains history of these filings. Current system can query BNE's database and retain link to said database.
31	LMS / Pg. 7 4.1, A, II. Personnel	In Section 4.1, Part A, II, the RFP describes the current system as managing 300,000 records, with the awarded solution needing to accommodate 750,000 records. Does this mean that there are 300,000 individual personnel records within the licensure system or does that indicate personnel with the associated sub-items (a) through (g)? Additionally, does this RFP intend to require that legacy data be migrated and, if so, does the	Yes, there are currently 300,000 personnel records with the associated sub-items (a) through (g); Yes; the State intends for legacy data to be migrated. The selected Vendor's proposed solution must be able to

		Bureau intend to structure and format the data in an acceptable manner for the vendor or do they anticipate the vendor providing that service?	integrate legacy Sybase data within their system.
32	LMS / Pg. 7 4.1, A, II. Personnel	Item (e) in Section 4.1, Part A, II, mentions the tracking of "Disaster Responses" within the personnel record. Can the State extrapolate what is being tracked in the current system and their intent in tracking this data? Does the State anticipate tracking more data related to this field in the awarded solution than they currently are tracking?	The system tracks natural, suspected, intentional, or unintentional disaster county resources (ie. Emergency Manger, EMS coordinator and contact information); The purpose is to expedite communication, knowledge of specialized resources and availability; Yes
33	LMS / Pg. 8 4.1, A, IV. Training Entities	In Section 4.1, Part A, IV, item (h), "State Funding Applied and Received" is listed as part of the current system. Can the State provide an explanation of this line item and how they see it being applied?	The field captures application for funding and notes the payment of the request.
34	LMS / Pg. 8 4.1, A, V. Training/Education/Continuing Education Activities	Section 4.1, Part A, V., item (e) Students, iv. Testing and Results – Can you indicate if the solution must provide an overall course grade or if the expectation is that the solution provide means for documenting every assignment and test, with mathematical formulas applied to calculate a total course score?	The solution must provide an overall course grade.
35	LMS / Pg. 8 4.1, A, VI. Students	In Section 4.1, Part A, VI. Students, item (c) mentions "State Exam (Background Clearance)." Does the State expect the solution to provide background check services, and or partnership to provide such service, as part the proposed solution? If so, what is the current standard for minimum background screening being completed on students in the current system?	No

36	LMS / Pg. 9 4.1, A, VIII. Exams (Personnel Testing)	Section 4.1, A, VIII. Exams (Personnel Testing) – Exams (Local/Regional/State), Practical Skills and Written: Does the current system allow for this documentation? If so, to what extent does the current system document? And what does the State believe the solution should be able to document – individual testing stations, errors with each practical test, or summary results of pass/fail per attempt?	No, the current system does not allow for documentation. The selected Vendor's proposed solution must be able to document all phases of the individuals testing.
37	LMS / General / Pg. 10 4.1, A, XII. EMS Related Systems	In Section 4.1, A, XII., part (a), the State mentions EMS Related systems with demographics of "Specialty Care, Community Paramedicine, Regional Councils and Programs, Special Events/Mass Gatherings, Other." The Reference document is Attachment D, Section 1 & 2, however, Attachment D is the NEMSIS 3.4 Data Dictionary. Could the State please clarify this section? What needs to be documented for Community Paramedicine or is the State expecting the solution to offer a complete Community Paramedicine solution as part of their proposal? Additionally, what is documented under "Special Events/Mass Gathering?"	The solution must be able to capture information collected as part of a Community Paramedicine program. Additionally, the solution should capture information pertaining to the listed in section 4.1, A, XII. For Special Events/Mass Gathering the solution must track applications for permits, accept pertinent planning documents, record inspections and violations and corrective action plans, and provide for submission of a post- event summary by the applicant.
38	EMS/PR / Pg. 11 4.1, A, XIII. EMS and Trauma Incidents Current System Manages 25M records. Solution must manage a minimum of 100M records.	Section 4.1, A, XIII. "EMS and Trauma Incidents" indicates that the current system manages 25,000,000 records and that the solution must manage a minimum of 100,000,000 records. It appears the State has combined the count of total data between EMS incidents and trauma registries. Can the State please specify their understanding of current incident counts per year for the following solutions: EMS incidents, trauma registry incidents,	ePCR Data (CY 17) (CY 18) (CY19 YTD) 2017 3,730,836 2018 3,796,875 2019 2,981,649 (YTD 11/20/19) Trauma Registry 2017 48,017 2018 38,883

		cardiac registry patients, stroke registry patients, and burn patients?	No other registries are currently receiving data in state repositories.
39	EMS/PR / Pg. 11 4.1, A, XIII. EMS and Trauma Incidents Current System Manages 25M records. Solution must manage a minimum of 100M records.	The State references that the proposed solution must manage a minimum of 100,000,000 records in Section 4.1, A, XIII "EMS and Trauma Incidents." Can the State predict what they anticipate the maximum number of records will be, accounting for the current level, adjusted by known increases in call volume year over year, over the course of six years of contract award?	The State estimates* the following growth for each Repository: • ePCR estimated at 4.5M charts per year. • Patient Registry data is approximately 75,000 charts per year. • SaaS historical data estimated at 28M records (27M ePCR and 350K Patient Registry) *Note: The impact of the implementation of the Emergency Triage, Treat and Transport (ET3) Model is unknown at this time.
40	EMS/PR / Pg. 11 4.1, B, I, part (b) "The Department will provide access to the Department's document management system (currently IBM FileNet®) to allow for the Contractor to interface with the system to access current digital documents."	In part 4.1, B, I, part (b), the RFP states "The Department will provide access to the Department's document management system (currently IBM FileNet®) to allow for the Contractor to interface with the system to access current digital documents." What documents does the State currently collect or maintain? What is the State's expectation of the vendor in accessing these documents and what are the various document types currently held within the system?	There are currently no documents held within the system. The solution should be capable of linking with IBM FileNet® to allow for routine automated multidirectional querying, sharing, importing, exporting, processing, validating, and general management of data in various standard file formats.

41	EMS / Pg. 11 4.1, B, I, part (c)	In 4.1, B, I, part (c), the State mentions that they currently have 13.1 million pages of paper records. What is the State's current progress in migrating these records to a digital format? Or does the State expect the vendor to digitize the entire collection of documents? What is the expected use of those records – simply storage or query-able? If the latter, do those documents have or abide by a known EMS data standard –or– does the States expect the vendor to map all of the data elements to a modern data standard?	The State will have documents scanned by the time of contract execution; No; The solution should be capable of linking with IBM FileNet® to allow for routine automated multidirectional querying, sharing, importing, exporting, processing, validating, and general management of data in various standard file formats.
42	4.1 A II	Can you define the usage of the word "records" for describing the Licensure system in section 4.1 A Part II – Current system manages 300,000 records?	A record is a complete file on a licensed provider currently licensed to practice EMS in the State.
43	4.1	Several items within this section have figures attached that do not appear to make sense, because the numbers are highly divergent from expected counts across the state. • For example: "Vehicles and Resources (III) -- current system manages <u>zero</u> records, but the new solution should manage 25,000." Where are the vehicle and resource records now? Why are there ZERO captured today, if 25,000 will need to be captured going forward? Please explain how the existing records -- which are apparently not in the existing system but *someone* is tracking vehicle data for the state -- will be integrated into the new solution.	The current system does not track all items but the selected Vendor's proposed solution must be capable of tracking all active and historical data. The numbers represent an estimate of the number of records that the Vendor's proposed solution will need to manage over the life of the contract period. The Department estimates that at the time of contract signing: i. the current Department Sybase database will be 1.5 gigabytes ii. the current ImageTrend

| | | • Another example: Personnel (II): The current system managed 300,000 records but the new system will need to manage 750,000 records. Why would the new system be required to manage 150% of the current number, unless New York State is planning to authorize and/or recruit an additional 450,000 EMS personnel during the term of the contract. This seems exorbitant (exciting if true, but please provide additional context).
• Training Entities (IV) -- this is even more dramatic...the number is jumping 10x, from 250 "records" to 2500. (What is a "Record" in this context?)
• Virtually all of the sections in 4.1 show astronomical number increases (section VII -- instructor records is expected to jump 6x.... but XII. EMS-Related Systems is currently at 0 and jumping to 10,000).
• Section XIII suggests that the number of "EMS and Trauma Incidents" will jump from 25MM to 100MM...over what period, and why? That is an extremely outsized increase in EMS responses (over what period?).

It seems that something may be confused with the numbers -- or the current system(s) are lacking enormous amounts of relevant data. But given the number of patients encountered each year in New York City alone (and throughout the state), the *current* numbers seem incredibly LOW. For example, Section 4.1B indicates that the current database is only 1.5GB and contains 5MM records...However, that database size is nowhere | ePCR database will contain 27,000,000 records; and iii. the current ImageTrend Patient Registry database will contain 300,000 records |

		near sufficient for the amount of data captured by ePCRs across the state (by comparison, Beyond Lucid Technologies's database for a <u>single day</u> is nearly 1GB with attachments included). And one public estimate suggests that NYC EMS agencies responded to 1,706,324 incidents in 2016 -- 5MM records is therefore less than four years' worth of data for NYC alone, and of course there are other large EMS markets in NYS. Please advise regarding these serious and material apparent discrepancies, so that we can properly evaluate price and technology needs. Thank you!	
44	HH/HH Pg. 13 4.3, A, IV, (a) and (b)	In Section 4.3, A, IV, (a) and (b), the State mandates that receiving facilities receive the ePCR as soon as possible and allow for the transmission of outcome data back to EMS agencies. Does the State have one universal HIE across the entire State to facilitate this? What data file type is the State expecting to be used in this process – HL7, unstructured CCDA, Direct Messaging within Care Everywhere, etc.? Additionally, are receiving facilities mandated to provide that data back to EMS agencies?	No, NYS has multiple regions with Regional Health Information Organizations which work with the local health care providers (hospitals included) that provide direction and support for the HL7 process. NYS is expecting the hospital to be able to send outcome data compliant with NEMSIS 3.4.0 (and future documentation standards) to the EMS agency and to the NYS ePCR data repository.
45	4.3B(IX)	This section indicates that the patient care record system must be "web-based" but also work offline. In general, that is a contradiction, since web-based applications require a network connection. Please explain the need for a "web-based" application, in light of the inherently higher vulnerability of web-based software.	The solution must be able to sync back to web-based solution when information is captured off-line.
46	4.3B(IX)	The RFP calls for an automatic reconnection and synchronization ("automatic syncing with the server	The solution must be web-based and able to sync back to

| | | once on-line/server connectivity is re-established"). However, it is unclear why the state wants a "web-based" application rather than an installable program or "app" that can be downloaded (e.g. from the Apple App Store or the Microsoft Store, or even a company website), and that can be guaranteed to continue operating locally on a device -- securely -- if the network goes down (because no network is required to do anything other than submit the final chart). Please explain...and will the state be willing to consider a patient care record system that is locally installable and that works offline and across platforms? | web-based solution when information is captured off-line.

The State will entertain any solution options that achieves a web-based product that works off-line. |
|---|---|---|---|
| 47 | Business Log Pg. 14-15 4.4, Business Logging | The State references Business Logging in Section 4.4. Does the State's current system allow for this? Is the State expecting this functionality to be interoperable and relational with other proposed platforms or would they entertain this being a standalone solution? | The current system does not provide this functionality.

The proposed solution shall include business logging. |
| 48 | 4.6 and elsewhere | There is mention in several places about hospitals, but VERY LITTLE detail (e.g., 4.3B) about the expectations re: hospital data entry, consumption, review, etc. Please provide detail regarding the expectations for access, analytics, interoperability (e.g., *what version of HL7, and is the Meaningful Use CDA structure preferred?*), etc., with respect to hospitals. No detail have been provided regarding the data formats required (or excluded) -- the preferred or acceptable standards, etc., or even the allowed time before which hospitals are required to have access to the data (e.g., 30 seconds from capture....10 minutes from capture....after the call is closed, even if that means days after handoff). Given the complexity of this question -- i.e., the amount of information that should be provided in order to make it possible to | The solution must provide a web-based, secure portal access for hospitals to retrieve or provide information. |

		demonstrate hospital-side capabilities -- it may warrant pushing back the submission deadline to get sufficient detail from the relevant technical POCs.	
49	4.6	Section 4.6 User Accounts/Permission Groups Does the detail provided in this section, should imply to all the components contractor will provide or to workstations as well?	The information provided in this section applies to all components the Contractor will provide. There are no workstations.
50	4.8	Should Reporting tool provide the data visualization?	Yes.
51	4.12	Can companies from Outside USA apply for this RFP? (Perform work in India or Canada)	Yes, bidders must host all data in the Continental United States.
52	4.15	Section 4.15 B • Secure Internal Messaging and External to the Solution E-Mail Does this relate to ability of workflow process, Data repository, EMS, reporting tools executing emails on success, failure delivery and automated emails? Or department need an email solution. If so what department currently using for email	The solution should push information via email addresses. An email solution is not needed.
53	5.4	Regarding item 5.4 Payments, what funding does the State have to put towards the initial system implementation, ongoing system maintenance, hosting, future enhancements and support beyond the implementation project? And what, if any, amount of these funds may be subject to expiration and by what date(s)?	This information is not relevant to submit a bid.
54	6.2 D.15	To provide a realistic project plan, as required within section 6.2 Technical Proposal, sub item D.15, what is the estimated contract execution date and/or desired Go-Live (completion) date for the new system?	The solution should be fully implemented within one (1) year of contract signing. See also, the calendar of events located in section 1.0 of RFP.