

**New York State Department of Health
Division of Family Health, Bureau of Administration**

**NYS Family Planning Data Management and Information Systems (FPDMIS) Services RFP
RFP # 20607
Questions and Responses
July 10, 2025**

VENDOR QUALIFICATION-RELATED QUESTIONS

1. **Question:** The RFP states that bidders must have "a minimum of three (3) years' experience developing, deploying, hosting, and operating a data management and information system that processes between 800,000 and one (1) million records on an annual basis."
 - a. Can the Department clarify whether this experience must be continuous or if it can be cumulative across multiple projects?
 - b. Are there specific types of systems (e.g., healthcare, government) that are preferred or required?

Response:

- a. Experience acquired concurrently is acceptable. (Section 3.1 Minimum Qualification)
 - b. Refer to Section 3.2 Preferred Qualifications for additional qualifying experience.
2. **Question:** The RFP mentions preferred qualifications, including experience with statewide health-related data systems and interfacing with electronic health record vendors.
 - a. How will these preferred qualifications be weighted in the evaluation process?
 - b. Is there a preference for vendors with experience in family planning or reproductive health data systems specifically?

Response:

- a. The Preferred Qualifications described in Section 3.2 will be included in the Technical Proposal score.
 - b. Yes
3. **Question:** RFP Section 3.2 outlines a preference for experience operating a "statewide" health-related data management and information system. Would the Department consider experience operating a federal, nationwide system—such as a platform supporting health data exchange across all 50 states for a federal agency—as meeting the intent of this preferred qualification?

Response: The Department would consider experience operating a federal, nationwide system as meeting the statewide criterion *as part of* the first Preferred Qualification.

4. **Question:** RFP Section 3.1 specifies a requirement for three (3) years of experience operating a data management and information system processing 800,000 to 1 million records annually. Does this requirement need to be met within the domain of family planning or reproductive health specifically, or will comparable experience in broader health IT domains (e.g., veterans' health data or national public health reporting) be accepted?

Response: Comparable experience will be accepted.

5. **Question:** RFP Section 3.2 references the preferred qualification of supporting 10 or more electronic health/medical record (EHR/EMR) or case management vendors. If a bidder has supported data integration with a wide range of commercial and federal EHR systems (e.g., Epic, Cerner, VistA, proprietary government platforms), can this be used to fulfill the intent of this requirement?

Response: Yes

DATA COLLECTION AND SUBMISISON-RELATED QUESTIONS

6. **Question:** Could you share more about the current data collection and processing workflow, especially where friction tends to happen?

Response: Bidders responses must adhere to the Data Processing and Control specifications as defined in Sections 4.1.1, 4.1.2, 4.2 and 4.3 of the RFP and further detailed in Attachments C.1 and C.2.

7. **Question:** Are there particular types of CVR rejections that occur most often like lab results missing LOINC codes, conflicting gender-service pairings, or abnormal ranges for vitals?

Response: The current master list of error messages is included in Attachment C.1.4.

8. **Question:** Are there any cross-field validation rules we should be aware of for instance, if an HIV Test is marked "Yes," HIV Results must also be filled out?

Response: The current master list of error messages included in Attachment C.1.4 includes a number of cross-field validations, including for example, sex-specific medical services and contraceptive methods, valid date sequences, and HIV test results without testing being specified. Also see the second page of Attachment C1.2 Data Specifications – Field Specifications named Attachment A.

9. **Question:** Do you expect updates or changes to the LOINC or SNOMED code lists within the next year?

Response: Data collection specifications are periodically, on average once per year, subject to enhancement or change related either to DOH or federal reporting requirements. (Section 4.1.1)

10. **Question:** The RFP requires the Contractor to develop and distribute CVR data collection forms and file formats.

- a. Are there existing templates or standards for these forms that the Department prefers, or is the Contractor expected to create them from scratch?
- b. Will the Department provide guidance on the approval process for any changes to these forms?

Response:

- a. Section 4.1.1 of the RFP, the current data collection form and file layouts are included in Attachments C.1.1, C.1.2, and C.1.3.
- b. Section 4.1.1, the Contractor may use the current form and file specifications or design their own. Both are "subject to DOH approval, follow all security requirements and once

approved, further changes are subject to express written permission of DOH.” Suggested changes might include, for example, an exchange of proposed formats/specs, review, revision, etc. via email and/or phone as needed to determine an acceptable product.

11. Question: How do providers communicate record updates or deletions in their source data?

Response: The selected Contractor will be responsible for monitoring data submissions, identifying incomplete or late submissions, and for providing training and technical support for FPP agency staff in the management of their data submissions and interpretation of data processing related reports. (Section 4.1.2) At present, records requiring editing or updating are resubmitted and overwrite pre-existing records. Bidders may propose alternative methods of transaction processing.

12. Question: What is the size in megabytes of the largest files that are uploaded by providers?

Response: Data files vary in size, but bidders’ responses to this RFP should assume a maximum file size uploaded by providers to be 30 megabytes.

13. Question: Should any of the records in an uploaded file be included in reporting data if the uploaded file contains errors?

Response: Records failing critical edits should be rejected and therefore not included in reporting data.

14. Question: Is the online entry of laboratory test results typically performed as a part of everyday operations at provider agencies, or as a month-end data entry and reporting processing?

Response: Data reporting is required by the 15th of each month, but may be submitted prior to the deadline. (Section 4.1.2)

15. Question: How many provider agencies are expected to use a tool for the online entry of laboratory test results vs how many are expected to directly upload data to an FTP site?

Response: In responding to this RFP, bidders should anticipate that any/all agencies may submit online or via upload. There are currently about 35 agencies.

16. Question: Do we need to make historic data available within the data entry application?

Response: The selected Contractor will be responsible for providing online access to electronic files of successfully submitted data to each of the FPP provider agencies and standard master copies to DOH for downloading on an as needed basis. (Section 4.1.3) The successful Bidder is required to maintain a minimum five-year active database of client visit-specific records, with a minimum one-time secure daily back up. (Section 4.1.4)

DATA OWNERSHIP-RELATED QUESTIONS

- 17. Question:** The RFP states that all data is owned by the DOH and requires secure destruction of storage media at the end of the contract.
- Will the Department provide specific protocols or vendors for media destruction, or is the Contractor responsible for arranging this?
 - Are there any exceptions where data might need to be retained beyond the contract term, such as for audit purposes?

Response:

- General protocols for media destruction are provided in Section 4.1.6 Data Ownership. Note that DOH reserves the right to request certification for verification of media and device destruction, and that the Contractor's responsibility prior to or liability subsequent to any loss of data cannot be transferred to a third party. (Section 4.1.6)
- A transition period of up to three (3) months will be implemented to ensure this is accomplished in a secure, smooth and efficient manner. (Section 4.7 Transition)

COMPUTER PRODUCTION SYSTEM-RELATED QUESTIONS

- 18. Question:** RFP Section 4.1.4 requires submission of a Cloud Security Alliance (CSA) CAIQ from any proposed cloud storage vendor. Would FedRAMP Moderate or High authorization from a government cloud provider (e.g., Microsoft Azure for Government or AWS GovCloud) be considered sufficient in place of the CSA CAIQ?

Response: Section 4.1.4, DOH recommends that Contractors use a NYS or other Government Cloud (e.g., Microsoft Azure for US Government) solution for storing back-up and archived data to provide an extra layer of protection to access to client visit-level data.

- 19. Question:** RFP Sections 4.1.3, 4.1.5, 4.2, and 4.3 describe requirements related to user access, training, reporting, and system roles.
- To support accurate system design and cost estimation, can the Department clarify the anticipated number of users who will require access to the FPDMS system (including both DOH personnel and provider agency staff)?
 - Additionally, will the system need to support role-based access (e.g., data entry, reporting, administrative), or will access levels be uniform across all users?

Response:

- Bidders should estimate that between 800 and 1000 users (5-6 users per clinic site and EMR/EHR/case management vendor) will require access to the FPDMS system, including both DOH and provider agency and clinic staff.
- Current access levels are uniform, but restricted, such that DOH has universal access statewide, agency-wide, and by clinic; agency-level users can access all of their clinic-level data combined and individually; and clinic-level users have access restricted to their sites alone.

- 20. Question:** RFP Sections 4.1.3 and 4.1.5 reference role-based access via a secure, web-based interface. For the purposes of estimating licensing and system cost, should bidders assume a named user model (licenses assigned to specific individuals) or a concurrent user model (licenses shared across a pool of users based on simultaneous access)?

Response: Bidders should use their discretion in proposing licensing models; both are currently in use to varying degrees.

21. Question: Does DOH have a preferred identity management platform for authenticating providers when they submit data?

Response: DOH does not have a preferred identity management platform for authenticating providers.

22. Question: Should any of the records in an uploaded file be included in reporting data if the uploaded file contains errors?

Response: Records failing critical edits should be rejected and therefore not included in reporting data.

23. Question: Does NYS DOH have any preference for custom code vs using low code applications for the application to facilitate the online entry of laboratory test results?

Response: The DOH has no specific preference in this regard, aside from the bidder's ensuring their proposed system meets all security and HIPAA compliance requirements.

TRAINING AND TECHNICAL SUPPORT-RELATED QUESTIONS

24. Question: Roughly how many users across the sites will need live training?

Response: Bidders should estimate that between 800 and 1000 users (5-6 users per clinic site and EMR/EHR/case management vendor) may require live training.

25. Question: Do you have a preferred model for support like weekly office hours, a phone line, or a support ticketing system?

Response: Bidders should refer to Section 4.2 Training and Technical Support Details for the preferred model but may propose additional options at their discretion.

26. Question: How do you usually measure success for support? Is it average response time, resolution rate or something else?

Response: All of the above are good measures of support, but user satisfaction and data quality are the ultimate desired outcomes.

27. Question: The Contractor is required to provide training and technical support to FPP agency staff and electronic health record vendors.

- a. Can the Department provide an estimate of the number of staff or vendors that will require training?
- b. Are there specific training methodologies (e.g., webinars, in-person sessions) that the Department prefers?

Response:

- a. Bidders should estimate that between 800 and 1000 users (5-6 users per clinic site and EMR/EHR/case management vendor) may require live training.
- b. Bidders should refer to Section 4.2 Training and Technical Support Details.

REPORT GENERATION-RELATED QUESTIONS

28. Question: When agencies submit CVRs, do they tend to upload everything at once around the 15th, or does it come in more incrementally across the month?

Response: Data reporting is required by the 15th of each month, but may be submitted prior to the deadline. (Section 4.1.2)

29. Question: Are there known bottlenecks or load spikes during monthly submissions that we should anticipate?

Response: To our knowledge, there have been no delays or obstructions in monthly data submissions.

30. Question: Of the standard reports you use for compliance and oversight, which ones are the most important day to day?

Response: Monthly data processing reports are fundamental to monitoring data submission timeliness, accuracy and comprehensiveness.

31. Question: Are there certain types of ad hoc filters or dashboards that you or the agencies end up building repeatedly?

Response: Required ad hoc reports are described in Section 4.3 Report Generation and Distribution. Additional options may be developed as needed.

32. Question: The RFP lists several required reports, including standardized, ad hoc, and custom reports.

- a. Are there existing report templates or formats that the Contractor should follow, or will these be developed in collaboration with the Department?
- b. How frequently are custom reports typically requested, and what is the expected turnaround time for these requests?

Response:

- a. Detailed examples of required reports are contained in Attachments C.2-C.7. Other than those required for Federal Title X reporting (Attachment C.5), the Contractor may propose alternative formatting, but all reports must comply with specifications in Section 4.3 Report Generation and Distribution.
- b. On occasion, the DOH may require special analyses and/or tabulations. The Contractor must be prepared to respond to special requests for custom reports and/or to supply data via electronic media to the DOH staff on short notice as needed. Simple reporting requests, such as descriptive analyses involving only a few variables, must be responded to within one week's time. More complex analyses requiring a formal design and change control component shall be required within a timeframe agreed to jointly by the Contractor and the DOH. (Section 4.3)

33. Question: Do reports sent back to providers need to be included in the data entry application?

Response: Monthly processing reports must be provided in electronic format, and upon request, in hardcopy format. (Section 4.1.2)

TRANSITION-RELATED QUESTIONS

34. Question: For integration, do you expect us to maintain interfaces with specific EHRs like Epic, Cerner, or Meditech?

Response: Yes. While FPP provider agencies are allowed to use electronic health/medical records or clinic management software products of their choice to collect data (2.1 Introductory Background), the selected Contractor will be responsible for providing technical specification assistance to the various electronic health record vendors used by the FPP provider agencies for the collection and electronic submission of their CVR data. (Sections 4.1.1 Data Collection, Retrieval, and Editing and 4.2 Training and Technical Support Details)

35. Question: Is there openness to a phased rollout with pilot agencies, or is the expectation a full transition on July 1, 2026?

Response: The Contractor must plan, undertake and complete all development, transition, and implementation activities for the FPDMS so that the system as detailed in this RFP is fully operational for secure electronic data collection/retrieval and processing, with full data specification documentation, monthly data processing reporting and case listings, within two (2) months of the contract start date. (Section 4.1.8 Implementation Plan)

36. Question: If it's a full switchover, are there any interim milestones we should plan around like agency onboarding or test cycles in early 2026?

Response: The contract is scheduled to begin July 1, 2026. Specific milestones and deliverables relevant to that start date are described in Section 4.1.8 Implementation Plan.

37. Question: The Contractor is required to develop a transition plan within 30 days of the contract start date.

- a. Will the Department provide access to legacy system documentation or data to facilitate this transition?
- b. Are there specific milestones or deliverables expected during the transition period?

Response:

- a. At the end of the [current] contract and direction of the Department, the [current] Contractor will migrate the contents of the FPDMS to the Department, another Department agent, or successor Contractor. (Section 4.7 Transition)
- b. Specific milestones and deliverables are described in Section 4.1.8 Implementation Plan.

38. Question: Per RFP Section 4.1.8, the successful bidder is expected to fully implement and transition the FPDMS within five (5) months of contract start. Will the Department provide access to existing legacy system documentation, data schemas, and transition plans at the time of contract award to ensure a smooth and timely implementation?

Response: At the end of the [current] contract and direction of the Department, the [current] Contractor will migrate the contents of the FPDMS to the Department, another Department agent, or successor Contractor. Refer to further detail in Section 4.7 Transition.

SYSTEM SECURITY-RELATED QUESTIONS

39. Question: Are there specific windows or requirements for vulnerability scans and penetration testing that we'd need to follow?

Response: As noted in Section 4.1.8, the Contractor must provide information regarding their vulnerability management, including, but not limited to, third party penetration testing results, infrastructure vulnerability scanning results, and Dynamic Application Security Testing (DAST) scanning results, including vulnerability findings and remediation.

40. Question: Beyond HIPAA and the listed NYS policies, would you require SOC 2 Type II, ISO 27001, or another third-party audit in year one?

Response: As noted in Section 4.1.8, the Contractor is required to provide results from a third-party audit of the system and the Contractor by an accredited auditor against industry standards (e.g., SOC2 Type 2, HITRUST, CSA STAR Level 2, FedRAMP ATO), within six (6) months of the contract start date.

41. Question: The RFP references compliance with HIPAA, NYS ITS policies, and certifications like SOC 2 Type 2 and ISO 27001.

- a. Are there additional security standards or certifications not listed in the RFP that the Department expects the Contractor to meet?
- b. Will the Department provide specific guidance or tools for meeting NYS ITS security policies?

Response:

- a. The selected Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/policies>) and applicable State and Federal law and administrative guidance with respect to the performance of the Contract. The Contractor is required to provide documentation of their compliance as requested to complete NYS security reviews, as well as detailed information concerning and attestation of their ability to meet internationally recognized security standards. The Contractor will comply fully with all current and future updates of the security procedures of the DOH as well as with all applicable State and Federal requirements, in performance of the Contract. (Section 4.6 Security)
- b. The Contractor's proposed system and website and all other components supporting it, including, but not limited to, any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>. The Contractor's system, website and all other supporting components must meet DOH security requirements of Moderate for Confidentiality, Integrity, and Availability (CIA) and IAL2/SSL2/FAL2, based on risk assessment procedures outlined in NIST Special Publication 800-60: *Guide for Mapping Types of Information and Information Systems to Security Categories*. (Section 4.5 Information Technology)

42. Question: RFP Sections 4.1.7 and 4.6 reference adherence to NYS ITS security standards, HIPAA, SOC 2 Type 2, and ISO 27001. If a bidder complies with equivalent or more rigorous federal standards (e.g., FedRAMP Moderate, NIST SP 800-53 Rev. 5), will this be deemed compliant with NYS security requirements?

Response: Yes, compliance with equivalent or more rigorous federal standards than specified in the RFP will be deemed to meet NYS security requirements.

M/WBE-RELATED QUESTIONS

43. Question: The RFP sets a goal of 30% MWBE participation, with 15% each for MBEs and WBEs.

- a. How will the Department evaluate "good faith efforts" to meet these goals if the proposed participation falls short?
- b. Are there specific MWBE subcontracting categories (e.g., IT support, training) that the Department prioritizes?

Response:

- a. By submitting a Bid in response to this RFP, a Bidder agrees to complete an M/WBE Utilization Plan (Attachment 5, Form #1) for this RFP. DOH will review the submitted M/WBE Utilization Plan. The Utilization Plan must be complete and demonstrate that the Bidder intends to engage with M/WBE entities to meet the established goals or Bidder must provide a waiver request demonstrating that M/WBEs were engaged to determine if they could provide the required services or commodities defined in this RFP. If the Plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days after Bidder's receipt of such notice. DOH may disqualify a Bidder as being nonresponsive to this RFP under the following circumstances; If a Bidder fails to submit a M/WBE Utilization Plan; If a Bidder fails to submit a written remedy to a notice of deficiency; If a Bidder fails to submit a request for waiver (if applicable); or If DOH determines that the Bidder has failed to document good-faith efforts to provide meaningful participation by M/WBEs under the Contract in accordance with the goals for this RFP established by the Department. (Section 4.11 Minority & Woman-Owned Business Enterprise Requirements).
- b. The 30% MWBE participation goal will be applied to the total value of the resulting contract. It is not applied to specific categories.

COST/FUNDING-RELATED QUESTIONS

44. Question: The Cost Proposal requires separate pricing for accepted and rejected CVRs, as well as a monthly Information System Fee.

- a. Can the Department clarify whether the Information System Fee is expected to cover all non-CVR-related costs, including training, reporting, and system maintenance?
- b. Are there any caps or limits on the annual adjustments for inflation or CPI-U increases?

Response:

- a. All costs must be inclusive of all activities necessary to implement, maintain/update, operate, and transition the FPDMS as described in this RFP.

- b. The pricing of the contract is subject to an annual increase or decrease of the lesser of three percent (3%) or the percent increase or decrease in the National Consumer Price Index for All Urban Consumers (CPI-U) CUUR0000SA0 as published by the United States Bureau of Labor Statistics, Washington, D.C., 20212 for the 12 month period ending ninety (90) days prior to the renewal date of the contract. (Section 4.8 Payment; Price Adjustment Clause)

GENERAL QUESTIONS

45. Question: Can offshore resources be used for application development?

Response: All work related to these tasks and deliverables must be performed within the contiguous United States. (Sections 4.1 Tasks and Deliverables, 4.6 Security, 6.2.4 Technical Proposal Narrative)