Request for Proposal (RFP) For a

STATEWIDE PUBLIC HEALTH PORTAL

ISSUED BY THE

NEW YORK eHEALTH COLLABORATIVE

APPLICATION INFORMATION	
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SUBMISSION DEADLINE	June 23, 2026, by 5:00pm ET

All correspondence and proposals should be submitted via email directly to the email address listed above and include "Statewide Public Health Portal" in the subject line.

I. STATEMENT OF PURPOSE

The Statewide Health Information Network for New York (SHIN-NY) is a statewide health information exchange infrastructure that processes billions of laboratory results, hundreds of millions of admission-discharge-transfer (ADT) messages from every hospital, and hundreds of millions of continuity of care documents (CCDs) along with other information such as Social Determinants of Health each year. This scale and breadth of clinical data can be of significant value to public health for timely case investigation and case management. Through this Request for Proposals (RFP), NYeC seeks a web-based Statewide Public Health Portal (the "Portal") that serves as a single, reliable location where authorized public health staff, such as epidemiologists and public health investigators, can quickly find and review the clinical data they need to support public health action.

Respondents may include SHIN-NY Qualified Entities (QEs) bidding alone, QEs bidding in partnership with other organizations, or qualified application development firms (with or without a QE partner) for portions of the RFP.

NYeC further envisions the establishment of a Public Health Center of Excellence (COE) (*see Description Section VIII*) to ensure the Portal (and related SHIN-NY public health-facing capabilities for example public health focused reports) deliver measurable, statewide value for public health users on an ongoing basis. Respondents may bid on the COE scope only, the non-COE scope only, or both; NYeC will make award decisions for each scope independently.

II. PROJECT BACKGROUND AND CURRENT STATE

This initiative is intended to support a targeted public health user population and is materially different in scale and functional requirements from a full statewide provider-facing portal. The users of this Portal are expected to be epidemiologists and public health investigators performing care investigations and population health monitoring, rather than providers providing treatment.

- New York State has approximately 58 local public health departments.
    - Assuming an average of approximately 10 users per department, the estimated total users is under 1,000.
- New York State Department of Health program staff with approved public health use cases.
    - Approximately 220 users will be leveraging the portal.
- New York State agency partners such as the Office of Mental Health (OMH), Office for People with Development Disabilities (OPWDD), and the Office of Addiction Services and Supports (OASAS). Combined will have numerous users.

- Expected usage is relatively modest, anticipated in the hundreds of thousands to low millions of portal accesses annually.

At present, public health staff often must log into multiple SHIN-NY Qualified Entity (QE) portals, hospital portals and other systems to obtain a complete view of patient data, which introduces inefficiency and fragmentation. This RFP seeks a single Statewide Public Health Portal that provides a more unified experience for public health workflows, consistent with the architectural and data-handling constraints described in this RFP.

NOT A PROVIDER PORTAL	*This Portal is **not** intended to replicate the scale or breadth of the current SHIN-NY QE provider portals with a single statewide provider portal. A full statewide solution necessitates supporting tens to hundreds of thousands of users across thousands of organizations and potentially millions of annual queries, with a much broader range of clinical data (for example, radiology, detailed provider notes, and other comprehensive records).*

This scope is limited to building a fit-for-purpose public health capability aligned to the unique needs of public health departments, while meeting the strict data handling and security requirements of this RFP.

NYeC's strong preference is for solutions that do not create a separate copy of the Primary Document Repository (PDR) data in an intermediate database, data lake, data warehouse, or pre-processing engine as a prerequisite for core portal functionality. Proposals will be evaluated with a preference for the simplest architecture with a low total cost that still meets all requirements, and which is extensible for future functionality such as population health based public health investigations. The solution should retrieve, directly from the PDR, all appropriate documents for a single patient, parse those documents in real time, and display the results to the user.

As a nuance, it's possible that other projects - such as a data analytics platform - may in fact do pre-processing on some subset of the documents. This RFP contemplates taking advantage of such efficiencies (known as "helper files") when present.

III. PROJECT OBJECTIVES

The respondent shall provide a solution and delivery approach that:

1. Delivers a best-in-class user experience for New York's public health partners, designed around real-world workflows for case investigation and case management, and continuously

improved through modern, iterative software delivery practices (e.g., Agile) and ongoing stakeholder engagement.

2. Leverages New York's investments in statewide infrastructure by enabling authorized public health users to access and use clinical documents already available in the PDR for multiple public health purposes, without creating a duplicate data platform, or maintaining a separate data store.
3. Protects patient privacy and maintains public trust by ensuring secure, compliant access to clinical information and adherence to SHIN-NY Policies and Procedures.
4. Delivers an operationally sustainable solution that can be reliably released, supported, and maintained over time for statewide public health use.

IV. DEPTH OF SKILLS FOR APPLICATION DEVELOPMENT

The respondent shall deliver services using an Agile approach, including iterative discovery, backlog development and refinement, sprint-based implementation, regular demonstrations to stakeholders, and incremental releases. Work products must be prioritized to maximize value to public health users while maintaining compliance with the strict data handling and security requirements of this RFP.

4.1 CUSTOMER NEEDS IDENTIFICATION AND DOCUMENTATION

Further on in this SOW, there is a description of a Public Health Center of Excellence (COE). NYeC seeks a development partner that will invest, alongside the COE, in understanding the unique needs of public health users and translating those needs into software intentionally designed for public health workflows. NYeC is looking for an iterative delivery partner that makes consistent progress through ongoing stakeholder engagement, not a "one and done" solution. At a minimum, NYeC expects the respondent to participate in activities, led by the COE, typical of Agile product discovery, including (but not limited to):

- Support COE when they conduct user discovery to deeply understand public health workflows, priorities, and constraints.
- Participate in Interviews - lead by COE - of public health officials and end users in at least 10 of the approximately 50+ local public health offices (e.g., Local Health Departments), including epidemiologists and public health investigators, ensuring diverse participation in terms of population size, socioeconomic status, and geographic distribution across the state.
- Participate in Interviews - lead by COE - of statewide public health officials and program staff in at least 10 interviews.

- Produce multiple "vibe-coded" prototypes [1] (low-code/rapid prototype) for stakeholder review and reaction and iterate based on feedback. For rapid prototyping, NYeC expects stakeholders to have working, interactive prototypes to react to within 1 business day (not PowerPoint/slideware), often including multiple user experience variants so customers can experience different approaches and provide real-time feedback on their impressions of each (prototypes may be disposable).
- Translate findings into an initial product backlog with user stories, acceptance criteria, and a release plan.

In your RFP response for Section 4.1, describe your experience conducting stakeholder discovery and converting stakeholder needs into requirements and a prioritized backlog. Then describe how you would approach discovery for this project, including how you will conduct interviews, ensure statewide participation, validate findings with stakeholders, and produce the requirements document and prototype.

4.2 DELIVERY SPRINTS & INTEGRATION

NYeC seeks a respondent that can deliver working software in short, predictable increments and integrate effectively with the existing Portal architecture and interfaces. The respondent must plan and execute delivery sprints, demonstrate progress regularly, and manage integration dependencies to maintain development (DEV) and stable environments. NYeC's expectation is that the minimal viable product (MVP) will take weeks, not months, from the end of design to first customer use.

- Formulate a key stakeholder group to shape product development priorities and backlog prioritization.
- Deliver prioritized enhancements in iterative sprints, with regular stakeholder demos and feedback incorporated into backlog refinement.
- Maintain and enhance integration with the existing API Gateway endpoints for DEV and Stable including support for advanced testing hooks via query parameters (e.g., `api_url`) and any Labs endpoint support currently required.

In your RFP response for Section 4.2, describe your experience delivering cloud-native solutions using iterative delivery (sprints/releases) and managing staged environments and integrations. Then describe how you would deliver this work (sprint length, demo cadence, backlog refinement, maintaining DEV and Stable, and managing integration dependencies).

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[1] "Vibe-coded" is an informal industry term describing software created rapidly using AI-assisted development, iterative experimentation, and lightweight engineering practices, typically prioritizing speed, usability, and concept validation over extensive upfront design and formal development processes.

4.3 QUALITY ENGINEERING

NYeC seeks a respondent with a mature quality engineering practice that ensures functionality, reliability, and maintainability throughout iterative delivery. The respondent must implement and maintain automated testing appropriate for a production healthcare/public health system.

- Expand and maintain automated test coverage (unit, integration, end-to-end).
- Maintain/extend automation located in repository tooling (e.g., `scripts/`).

In your RFP response for Section 4.3, describe your experience implementing automated testing and quality gates for production systems. Then describe how you would implement and sustain quality for this Portal, including your test strategy (unit/integration/end-to-end), tooling, coverage/metrics targets, and how quality will be reported and reviewed throughout delivery.

4.4 RAPID CODE DEVELOPMENT USING MODERN LLM-BASED TOOLS

NYeC is looking for partners versed in rapidly creating modern, cloud-native code using modern, AI-assisted code development practices resulting in higher productivity, and lower cost than non AI-assisted. Partners should have experience using these tools in a way that maintains high standards for security, quality, and maintainability appropriate for a public health/healthcare system.

In your RFP response for Section 4.4, describe your approach to rapid, AI-assisted delivery, including the tools you use, how you ensure code quality and security (reviews, testing, dependency scanning, model/prompt governance as applicable), and how you integrate AI-assisted development into team workflows (e.g. branching, automated deployment pipeline , documentation, and knowledge transfer). Provide examples of recent projects where these practices measurably improved delivery speed and outcomes.

4.5 DEVOPS, RELEASE, AND OPERATIONS

NYeC seeks a respondent that can operate the Portal software reliably in production, supporting repeatable releases, environment management, monitoring, and technical incident response. The respondent must be able to support DEV and Stable environments and provide the operational documentation needed for ongoing support.

- Support deployments across development (DEV), quality assurance (QA), and production (PROD) environments using the existing delivery toolchain.
- Support multi-landscape deployment using automated pipelines.
- Deliver operational documentation and runbooks.

- Provide ongoing support, monitoring recommendations, incident response procedures, and maintenance.

In your RFP response for Section 4.5, describe your experience operating and supporting cloud-native production systems, including release management, monitoring/alerting, incident response, and runbooks. Then describe how you would operate and support this Portal, including your approach to releases and environment promotion, monitoring and on-call processes, and the roles responsible for operations and support.

V. FUNCTIONAL REQUIREMENTS

5.1 USER MANAGEMENT BY EACH PUBLIC HEALTH AGENCY

Public health operations are carried out through a combination of local public health jurisdictions (e.g., local health departments (LHDs) / public health authorities), the New York State Department of Health, and other New York State agencies (OPWDD, OMH, OASAS, etc.). Consistent with that governance model, NYeC anticipates that Portal user access will be administered by multiple agencies, not a single central authority. We anticipate much of the support will be provided by their designated HIN – (i.e. the QE they selected when they signed the SHIN-NY Statewide Common Participation Agreement (SCPA)). Each authority/agency will designate a "power user" who is a customer-side delegated administrator responsible for managing Portal access for that agency. The intent of this role is to enable local self-service control of who should and should not have access, so neither the Portal operator nor the designated HIN of the public health authority will need to manage day-to-day staff changes for every organization. The power user's responsibilities include adding and removing users as staff roles change, maintaining user status/roles, and completing periodic re-authorization. The power user is not a clinical end user and is not a central NYeC/QE administrator.

Where a LHD has an identity and access management (IAM) platform that can reasonably support single sign-on (SSO), the Portal must support federated SSO (e.g., Security Assertion Markup Language (SAML) 2.0 or OpenID Connect). NYeC expects that at least some LHDs will use major IAM platforms such as Microsoft (e.g., Entra ID / Active Directory) or Amazon Web Services (AWS) for identity management, and the Portal solution should be prepared to integrate with such platforms. SSO must not remove local control of authorization. The designated power user must continue to control Portal access for their authority (for example, by adding/removing users from an LHD-managed directory group that is mapped to Portal roles/entitlements).

- Support a delegated administration model in which each public health authority can designate a customer-side power user who can add, update, and remove users for that authority.
- Support the ability of a Designated HIN to administer access to the SHIN-NY via the Portal.
- Support a portal specifically crafted for the needs of the power users including providing a clear list of all active/inactive users, ability to reset passwords, see last login and other functions typical of user management.
- Support Single Sign-On (SSO) for LHDs that have an IAM platform that can reasonably support SSO; authorization must remain under the local power user's control (e.g., access/roles granted via membership in an LHD-managed directory group such as an Active Directory group).
- Build the technology that will enable the implementation of controls requiring the power user perform periodic user access reviews that necessitate re-authorize each user at least every 90 days.
- If a user is not re-authorized within the required time window, the system must automatically deactivate that user's access.
- Provide adequate advance warning and reminders to the power user before any user deactivation occurs (for example, notifications at multiple intervals prior to the 90-day deadline).
- Provide an auditable record of user administration actions, re-authorization events, and deactivations.

In your RFP response for Section 5.1, describe your experience implementing delegated administration and user lifecycle management in secure healthcare applications. Then describe how you would implement the power user model for this Portal, including workflows for adding and removing users, 90-day re-authorization, warning notifications, automatic deactivation, and auditability. In your response, factor this into your cost estimates.

5.2 DATA CHARACTERISTICS

NYeC seeks a solution that can handle the typical size and format of PDR documents efficiently and predictably to support a responsive user experience.

- Data files are typically Extensible Markup Language (XML) or JavaScript Object Notation (JSON) and are either Health Level Seven (HL7) Version 2 documents such as admission-discharge-transfer (ADT)/observation result (ORU)/transaction (TRN) messages or continuity of care documents (CCDs).
- A "typical" person's data is less than 1 MB.

In your RFP response for Section 5.2, describe your experience working to parse those documents in real time, and how you would combine data from multiple data types into a single graceful user experience. For example, combining admissions data from ADT's with admissions data from CCD's into a single unified experience. In your response, factor this into your cost estimates.

5.3 CALLING APPLICATION PROGRAMMING INTERFACES (APIs) FOR A MORE COMPLETE PATIENT

It is expected that the solution will call at a minimum, the 1115 application programming interfaces (APIs) to display screenings/assessments and referrals. All SHIN-NY Qualified Entities do this today with their portals.

In your RFP response for Section 5.3, describe your approach to integrating and displaying external SHIN-NY APIs (at minimum the 1115 APIs for Screenings/Assessments and Referrals). Include API integration patterns, user experience approach, performance considerations, error handling, and how you will ensure the data is clearly labeled and sourced. In your response, factor this into your cost estimates.

5.4 DISPLAY OF COMMON CLINICAL DATA

While NYeC expects that every aspect of a CCD/CCDA will be viewable in an attractive, clearly parsed format as a minimum requirement, NYeC also expects respondents to design the Portal experience specifically for public health users. Public health professionals are typically not physicians, and therefore much of the user experience common to a traditional QE portal or an electronic health record (EHR) (e.g., Epic) may not apply directly.

- Users must be able to view and navigate common clinical data by type (e.g., problems, medications, allergies, immunizations, lab results, encounters, procedures, care team, plan of care), similar to the section-based organization typical of EHRs.
- However, respondents should plan to craft an experience that is uniquely tailored to public health workflows (e.g., rapid case investigation, situational awareness, and population-level follow-up) rather than replicating an EHR chart-review paradigm.
- User Experience (UX) decisions (information hierarchy, defaults, terminology, and display patterns) will be informed through structured design sessions with NYeC and public health stakeholders.
- Respondents should highlight ways in which they envision Ai tools could be used to improve the overall experience of public health, even if those enhancements would be in a later version of the system.

- NYeC will review and approve the final design.

In your RFP response for Section 5.4, describe your approach to presenting CCD/CCDA content in a clearly parsed, attractive format, and how you will design an experience tailored to public health users (not a physician/EHR chart-review paradigm) while still enabling navigation and filtering by clinical data type. Describe how you will use design sessions with NYeC and public health stakeholders to inform UX decisions and confirm NYeC will review and approve the final design.

5.5 FILTER AT FACILITY FOR 42-CFR DATA

Some organizations are permitted to view data governed by 42 CFR Part 2, while others are not. As such, the Portal must be able to exclude 42 CFR Part 2 data from retrieval and display based on a facility-level setting.

- The Portal must support filtering at the organizational level such that organizations without permission to view 42 CFR Part 2 data will only receive and display data that excludes 42 CFR Part 2 content.
- For the purpose of this RFP, assume the Primary Document Repository (PDR) will expose two endpoints: (1) an endpoint that returns *all data*, and (2) an endpoint that returns all data *excluding* 42 CFR Part 2 data. The Portal must call the appropriate endpoint based on the facility-level setting.
- This organization-level setting must be visible in the power-user console but may only be changed by a system administrator.

5.6 ABILITY TO WORK WITH A SMALL COHORTS POPULATION

Public health workflows often focus on monitoring a small, defined population over a finite period of time (e.g., passengers on a flight, a set of people exposed to tuberculosis, or workers on a farm where avian influenza was identified). The Portal must support these day-to-day investigative workflows by making it easy for epidemiologists to create, name, revisit, and monitor small cohorts without attempting to replicate a full contact management system.

- Enable each epidemiologist/public health investigator to upload and manage small cohorts (typically < 100 people), assign a user-friendly nickname to each cohort, and return to that cohort repeatedly over time.
- Assume the organization already has a contact management system; the Portal should not attempt to duplicate full contact/case management functionality. The intended workflow feels more like "review this list of ~100 people daily for ~10 days."
- Provided for a very limited ability to make notes in the system next to any patient, not to replace a full case investigation system but rather as a way to remember data that has been reviewed.

- Provide a means for the Designated HIN to support the organization as it established cohorts.
- Provide an at-a-glance way to see whether any cohorts have had new activity since the last review (e.g., new labs, new ADTs, new CCDs, or other relevant document activity).
- Within a cohort, provide an at-a-glance indicator of whether a given person has had new activity since the last cohort review.
- Note: because this is a "parse on the fly" system, updates may take time. Do not over-engineer near-real-time synchronization for version 1.0; it may be acceptable that a cohort "refresh" takes several minutes once per morning.

In your RFP response for Section 56, describe how users will create/upload cohorts.

5.7 CALLING QE LEGACY CCD END POINTS

The Portal must be prepared to retrieve CCD/CCDA documents directly from SHIN-NY Qualified Entity (QE) legacy CCD/CCDA delivery endpoints when a more complete patient view is needed. Federated data may be important even in the long run.

- Use Patient Match 2.0 API to identify the person and determine the set of QEs that have data for that person (i.e., a QE "hits" / list of QEs with data).
- For the identified person, call the legacy CCD/CCDA delivery endpoint for each QE returned (or otherwise indicated) by Patient Match 2.0.
- For the avoidance of doubt: this shall be a direct call from the Portal application to each Qualified Entity's legacy endpoint and must not use Statewide Patient Record Lookup (SPRL).
- The solution must handle partial results and failures gracefully (e.g., if one QE endpoint is unavailable) and clearly label returned documents by source QE.
- Awardee shall coordinate this work with Qualified Entities.
- Other federated data sources may need to be called, such as in the NYeC Data Lake. Describe how the solution will handle this.

In your RFP response for Section 5.7, describe how you will accomplish the above and factor into your cost estimates, including sufficient time to engage with every Qualified Entity and connect to their endpoints in a lower (e.g., quality assurance) environment and then production.

5.8 CALLING STATEWIDE MPI FOR CONCEPT OF PERSON

The Portal must use the Statewide Master Patient Index (MPI) and related SHIN-NY services to support a consistent, statewide concept of a "Person" (enterprise identity) across multiple data sources and Qualified Entities.

5.8.1 DEMOGRAPHIC SEARCH MUST USE PATIENT MATCH API

When a provider searches for a person using demographics (e.g., name, date of birth, address, gender), the Portal must perform those searches using the Statewide Patient Match 2.0 API and use the returned enterprise identity/person results to drive downstream queries and display. Plan to use the /demographics-query API that allows the portal to return multiple people for a given set of demographics.

5.8.2 PDR QUERIES MUST USE QE|SOURCE|MRN IDENTIFIERS

The respondent should plan to use NYeC plans to use an array of QE|SOURCE|medical record number (MRN) identifiers returned by Patient Match (based on MPI/patient-match results) as the mechanism to query the Primary Document Repository (PDR) and retrieve documents associated to that person across sources.

5.8.3 CALLING HRSN (AND OTHER SHIN-NY MRN-BASED APIS)

The respondent should plan to use the HRSN API (or any other SHIN-NY API that accepts an MRN) by selecting any one MRN associated to the enterprise identity (i.e., one MRN per Enterprise ID / Person) and using that MRN as the query input, consistent with the target API's requirements.

In your response for Section 5.8, factor this into your cost estimates.

5.9 TAKING ADVANTAGE OF HELPER FILES (WHEN PRESENT)

In some cases, the solution may include optional "helper files" that provide supplemental or derived information. For example, it's possible that other solutions may create a separate document for each section of CCD's for larger CCD's (e.g., Doc01.Medications.XML, DOC01.Labs.XML, DOC01.Demographics.XML) to support enhanced features and/or performance. If that work happens outside of the Portal, by other teams, the Portal should take advantage of those 'helper' files.

5.9.1 CORE FUNCTIONALITY SHOULD NOT DEPEND ON HELPER FILES

NYeC will give preference to Portal designs where core access and display of patient/clinical data work correctly with the fewest dependencies on pre-processing and other upstream data preparation. Proposals that achieve required functionality with a simpler design and lower total cost will be scored more favorably.

5.9.2 OPTIONAL USE WITH GRACEFUL FALLBACK

- If helper files are present for a given user/dataset, the Portal may use them to improve user experience and/or performance.
- If helper files are absent, the Portal must gracefully fall back to using only raw Amazon S3 (S3) data with no functional failure.

5.9.3 HELPER FILE CHARACTERISTICS

- Helper files are typically JSON or XML.
- The Portal team will be given technical specifications by other teams for any helper files that are created.

In your RFP response for Section 5.9, describe whether and how you would use helper files, including (1) how core functionality will operate correctly without them, (2) how the Portal will detect and use helper files when present while maintaining a graceful fallback, and (3) how helper files would be generated, validated, versioned, and governed to avoid introducing incorrect clinical interpretations or security/privacy risk.

VI. ON-GOING SUPPORT

6.1 DAY-TO-DAY SUPPORT

Public Health authorities will continue to work with their Designated Qualified Entity for Tier 1 and Tier 2 support.

6.2 CONTINUOUS DEVELOPMENT

Respondent shall be responsible, after the one-time/initial implementation cost, to continue to innovate and iteratively improve the platform through ongoing enhancement delivery (UX changes, feature work requiring UX and back-end coordination, and occasional material new capabilities).

- Month 1 after go-live: assume 20 relatively small UX-style changes, 10 medium features requiring UX and back-end coordination, and 1 material new change/feature.
- Month 2 after go-live: assume 15 small UX changes, 7 medium features, and 1 material new change/feature.
- Months 3-14 (recurring pattern for next 12 months): assume 10 small UX changes and 2 medium features each month, with 1 material new feature every other month.

In your RFP response for Section 6.2, describe how you will approach ongoing, post-go-live continuous development (intake/prioritization, design, delivery, testing, release management, and stakeholder feedback loops). Describe how you would staff and price this work, using the change-volume assumptions above for planning purposes.

6.3 APPLICATION SUPPORT

Describe how your team will provide ongoing application support, starting at Tier 3. How will issues be handled when resolution requires involvement from the development team (e.g., code changes,

specialized system expertise, or access to logs/telemetry that are only available to, or readily interpretable by, the team that built the system)?

- How Tier 3 issues will be identified, routed, and escalated from Tier 1/2 support, including criteria for "developer required." Especially important if your group is not the group that is providing tier 1/2 support.
- The staffing/on-call model for developer involvement (hours of coverage, handoffs, and backup coverage).
- Targets for acknowledgment, investigation start, and workaround/resolution for Tier 3 incidents (and how priorities/severity are determined).
- Approach to secure access for troubleshooting (logs, metrics, traces, and production access controls), including how access will be requested/approved and audited.
- Process for delivering fixes that require code changes (hotfix vs. standard release, testing/validation, deployment, and rollback).
- Communication and transparency: how updates will be provided to NYeC and impacted users, and how post-incident reviews/root-cause analyses and preventive actions will be documented and tracked.

VII. ENABLING EFFICIENT END-USER SUPPORT by QEs

Respondents can elect to bid exclusively on this section or skip this in their response.

In your response for Section VII, describe how you would use technology to enable this power user support model. Qualified entities (Designated HINs) will support Public Health authorities as they do today the technology system shall provide technology to foster that support. Assume all 5 QEs use an existing ticketing system (e.g., Jira, Salesforce, or another platform). Describe how the Portal (or an associated support layer) would provide a simple, role-appropriate ticket intake experience for epidemiologists, support power user triage and feedback loops, and (when appropriate) create and synchronize tickets in the support organization's native application while maintaining end-to-end visibility.

1. **Epidemiologist intake:** An epidemiologist submits a support request from within the Portal (or a companion support page) with structured fields (category, severity, screenshots/attachments as permitted, affected patient/worklist context where appropriate) and free-text description.
2. **Power user triage and feedback loop:** The request routes to the Local and State Health Department's designated power user for initial triage. The power user can request clarification from the epidemiologist, provide guidance/KB links, or confirm the issue is valid and should be escalated.

3. **Approval and escalation:** If escalation is needed, the power user approves the ticket for submission to the central support organization and assigns an appropriate urgency/priority and category.
4. **Native-system ticket creation:** Upon approval, the support layer creates (or updates) a corresponding ticket in the support organization's native system using integration patterns appropriate to that system (e.g., API-based creation, queue/routing rules, and required metadata). The ticket should retain a cross-reference identifier so both systems can reconcile status and comments.
5. **Status synchronization:** Status changes, assignee updates, and support comments in the native system flow back to the power user and epidemiologist (e.g., Portal notifications and/or email), and the epidemiologist can provide additional information through the same channel so the power user and support organization have a single, traceable record of the conversation.

VIII. PUBLIC HEALTH CENTER OF EXCELLENCE (COE)

This RFP includes an optional bid scope for the Public Health Center of Excellence (COE). Respondents may bid on the COE scope only, all non-COE scope ("everything else") only, or submit a combined proposal covering both. NYeC may make award decisions for each scope independently.

COE mission: The SHIN-NY Public Health COE exists to ensure the Portal (and related SHIN-NY public health-facing capabilities) deliver measurable, statewide value for public health users. The COE does this by listening carefully to public health input and translating that to continuously prioritized, testable product backlog that can be delivered in short, reliable increments by the development partner. The COE creates shared clarity on workflows, requirements, and acceptance so the development team can move fast. The COE does not perform software coding; it is a supporting capability, that partners with NYeC, The Department, QEs, and the selected development team.

How success is measured: Success for the COE is defined by outcomes (not activity)

(1) Higher Portal adoption, as compared with current QE portals.
(2) Customer satisfaction across public health authorities as measured not less than semi-annually.
(3) Reduced workflow fragmentation for investigators (fewer systems, faster time-to-find key data) as evidenced by feedback from public health users.
(4) Aster cycle time from "need identified" to "in production", as measured by feedback from the development partner selected.
(5) Fewer rework cycles due to clearer requirements and acceptance criteria, as measured by feedback from the development partner selected.

COE design principles: (a) Workflow-first, not feature-first; (b) statewide consistency with local flexibility; (c) fast learning cycles (prototype → validate → ship); (d) privacy, security, and policy constraints are built-in, not bolted-on; and (e) transparency through shared artifacts, demos, and measurable progress.

Operating model (how the COE works with development and stakeholders): The COE facilitates statewide engagement to identify needs and to validate designs; produces and maintains the core product artifacts (e.g., workflow maps, personas, prototypes, requirements, prioritized backlog); and coordinates acceptance with designated public health stakeholders. The COE is responsible for functional needs. The development team is responsible for solution technical design, implementation, testing automation, deployment, and operations (as applicable). NYeC retains final approval of the Portal's design and release readiness. Respondents should describe their proposed governance model, decision rights, and delivery cadence (e.g., biweekly backlog refinement and demos; monthly statewide forums; quarterly planning/roadmap review).

- **Service line 1 — Statewide engagement & workflow discovery:** Convene and facilitate engagement with public health authorities across the state to understand needs, best practices, workflows, and operational constraints, and translate those findings into an actionable product roadmap and delivery plan for SHIN-NY statewide public health products and services (including, but not limited to, the Portal).
    - Engagement volume expectation: meet in person with at least 20 public health groups per quarter in smaller forums (e.g., local/regional sessions).
    - Engagement volume expectation: host at least 5 larger meetings per quarter (e.g., statewide forums / webinars / cross-jurisdiction working sessions).
- **Service line 2 — Product management & backlog ownership:** Perform Agile backlog management, including intake, prioritization, refinement, dependency identification, and ongoing backlog hygiene. Maintain a transparent prioritization approach so stakeholders can understand tradeoffs and sequencing.
- **Service line 3 — Discovery, requirements, and rapid validation (Section 4.1):** Lead customer needs identification and documentation, including statewide stakeholder interviews and discovery, synthesis of findings, production of requirements artifacts and rapid prototypes, and translation of validated needs into a prioritized product backlog with clear acceptance criteria.
- **Service line 4 — Requirements package & delivery-ready artifacts:** Define and maintain public health roles (e.g., epidemiologist, investigator, power user/admin) and maintain core product artifacts such as workflow maps, use cases, non-functional requirements, prototypes

(as needed), and a written requirements document that informs and traces to the development backlog.

- **Service line 5 — Story definition, quality gates, and traceability:** Create user stories using standard Agile format (e.g., "As a <role>, I want <capability> so that <benefit>") with clear, testable acceptance criteria (e.g., Given/When/Then). Define and maintain a shared Definition of Ready (DoR) and Definition of Done (DoD). Capture non-functional requirements (security/privacy, audit logging, performance, accessibility, reliability, usability) either as explicit backlog items or as acceptance criteria. Create and maintain traceability from stakeholder need → requirement/story → test cases → test execution results.
- **Service line 6 — Acceptance coordination and release readiness:** Perform acceptance testing once the development team indicates functionality is ready for testing; document outcomes (defects, retest results, release readiness); and coordinate acceptance/sign-off with designated public health stakeholders and NYeC.
- **Service line 7 — Enablement, communications, and program reporting:** Create dashboards and metrics to report progress, outcomes, and risks to NYeC and NYSDOH; deliver best-practice enablement sessions for public health offices; participate in appropriate ideation and planning forums with NYSDOH/NYeC; and serve as an unbiased point-person for promoting the SHIN-NY as a tool for public health offices (without bias toward any particular Qualified Entity).
- **Continuity of service:** Provide a primary COE point person and an "understudy" to ensure continuity of engagement, artifacts, and decision-making support.

IX. NONFUNCTIONAL REQUIREMENTS

Respondents must propose an approach compatible with the current Amazon Web Services (AWS) implementation:

9.1 FRONTEND / HOSTING

- Web application with clear separation of development, quality assurance, and production environments, each wired up to the Primary Document Repository and NYeC landscape.
- Environment-aware configuration so the Portal selects the correct API stage automatically.

9.2 VOLUME ASSUMPTIONS FOR PRICING

- While the actual usage is unknown, use these assumptions when crafting your pricing.
    - Daily usage: 300 users will use the portal on a typical day.
        - All will use the feature to review panels of patients.
        - Each will do a 'deep dive' on 50 charts.

- A typical investigation cohort is 200 people.
- A typical investigator has 10 cohorts open at any one time.
- 120 power users (about 2 per health department),
- 15 power users from DOH
- 60 health departments (approx..), and DOH.

X. PERFORMANCE AND SERVICE LEVEL REQUIREMENTS (SERVICE LEVEL AGREEMENTS (SLAs))

10.1 PERFORMANCE TARGETS

The proposed solution must meet the following performance requirements for typical user data (< 1 MB):

- 95% of requests must display data in under 3 seconds, measured from user action/request to data display.
- 99% of requests must display data in under 5 seconds, measured from user action/request to data display.

The proposed solution must meet the following performance requirements for a large patient with 20 MB of data spanning 5 CCD's, 20 OUR's and 10 ADT's

- 95% of requests must display data in under 12 seconds, measured from user action/request to data display.
- 99% of requests must display data in under 18 seconds, measured from user action/request to data display.

Availability target: The Portal must be available 99.5% of the time.
Downtime definition: "Down" is considered any two (2) consecutive synthetic user transactions in which the tool fails to return data within the expected 3-second SLA, with downtime starting at the time the first failed transaction begins.

10.2 MEASUREMENT AND REPORTING

- Respondent must use a synthetic transaction monitoring tool that simulates a typical user pulling data on a typical patient, including all typical steps (at minimum: log in, search, and view data). It is insufficient to rely solely on application/server log files as a measure of SLA. The tool must measure the full end-to-end from login to viewing data.

XI. SECURITY, PRIVACY, COMPLIANCE

The respondent must deliver a solution that is secure, scalable, and compliant with applicable healthcare data regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and any additional state or organizational requirements provided during procurement.

11.1 SECURITY CONTROLS

To maintain compliance with NYSDOH requirements, NYeC may ask for evidence or specific security reporting requirements at any time. The system may also be required to abide by DOH scoping requirements for HITRUST and SSP Workbooks.

Minimum expectations include:

- Principle of least privilege
- Secure Amazon Web Services (AWS) / identity and access management (IAM) practices
- Secure handling of secrets and configuration.

11.2 SECURE SOFTWARE DEVELOPMENT LIFE CYCLE AND VULNERABILITY MANAGEMENT

- Secure software development life cycle (SDLC) practices (code review, dependency scanning, vulnerability management).

11.3 AUDIT LOGGING AND RETENTION

- Audit logging should follow current SHIN-NY Policies and Procedures used for portals, including (at minimum) comprehensive logging of user search activity and role-based access to that audit data as described below.
- The Portal must create an auditable record for each search performed (including demographic searches, person selection, and downstream retrieval actions) with sufficient detail to support compliance review, incident investigation, and detection of inappropriate access.
- Audit records for search activity must be retained and available for authorized review for at least 12 months.
- Role-based access to search audit logs must include, at minimum:
    - **Delegated Administrator (Public Health Authority power user)**: must be able to view all searches performed by any user in their public health authority at any time over the prior 12 months.
    - **Supporting Qualified Entity (Designated HIN)**: must be able to view all searches performed by any user they support at any time over the prior 12 months.
- The Portal must support export/download of audit data and usage data (including search activity) in a format that can be consumed by commercial inappropriate-access monitoring tools (e.g., Protenus, Imprivata). At minimum, exports must support common machine-

readable formats (e.g., CSV and/or JSON) and include fields typically required for automated detection (e.g., timestamp, user, organization, role, search type, search parameters as permitted by policy, selected person/patient identifier(s) as available, purpose of use if captured, source system/QE, result count, and client metadata such as IP/device/session identifier).

- Access to view or export audit logs must itself be audited (who accessed what, when, and what was exported) and must follow least-privilege controls aligned to SHIN-NY policy.

11.4 INCIDENT RESPONSE AND BREACH NOTIFICATION

- Incident response and breach notification procedures shall follow current SHIN-NY Policies and Procedures.

11.5 ASSUMPTIONS AND SHARED RESPONSIBILITY

Respondents shall identify any assumptions regarding:

- Identity provider/authentication mechanisms (if applicable).
- Network controls and data access boundaries.
- Security responsibilities shared between respondent and the organization.

XII. ELIGIBILITY CRITERIA

Eligibility to participate is contingent upon the following:

- QEs must be in good standing with NYeC and the Department, including but not limited to, completion and receipt of all required work plan deliverables, data, reports, HIE and service reliability and availability, QE certification, and support of and participation in statewide projects and initiatives (e.g., data quality activities, etc.)
- QE responses may include subcontractors, including other QEs, or 3rd parties that offer related services and/or expertise (as long as NY policies and data use limitations and other requirements are satisfied). All subcontractor staff must be based within the U.S.
- Non-QE respondents must be in good standing with NYeC, the Department and the New York State Workers Compensation Board.
- Must be based in the Continental United States and assign staff to this project/contract that are all based in the Continental United States.

XIII. MANDATORY REQUIREMENTS FOR CONTRACT AWARD

To be considered for contract award, respondents must meet the following mandatory requirements:

1. Documented ability to complete the work defined in this RFP.

2. Completion of the New York State Vendor Responsibility Questionnaire https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor- responsibility-questionnaire.
3. The selected vendor (and any subcontractors) will be required to adhere to certain New York State grant contract, confidentiality, and other requirements.

XIV. PROPOSAL SUBMISSION REQUIREMENTS

Proposals must be organized to align with the following criteria and must use Appendix A as a response template for requested narrative responses.

Proposals will be evaluated to identify the most cost-effective solution that meets all mandatory requirements. The budget for this project is constrained; proposers are encouraged to focus on efficiency and value-driven approaches and to propose a straightforward, functional solution that meets the core requirements described in this RFP.

1. **Cost / Pricing (Primary)**: Total cost of ownership, pricing transparency, and cost drivers (one-time implementation, ongoing support, and projected cloud run costs).
2. **Development Capability and Delivery Speed**: Demonstrable ability to deliver high-quality, cloud-native software quickly using modern practices (Agile, DevOps/CI-CD, automated testing, and effective integration management), with evidence of measurable delivery outcomes.
3. **Performance Approach and Ability to Meet SLAs**: Credible approach to meeting and validating the stated SLAs, including measurement strategy, performance engineering under the no-preprocessing constraint, and demonstrated experience with similar scale/latency requirements.
4. **References and Evidence of Comparable Delivery**: Strength of references and concrete evidence of successful delivery on comparable cloud-native, healthcare/public health engagements (including cost, timeline, and operational outcomes).

Note:

Respondents failing to conveniently demonstrate they can meet **Security, Privacy, and Compliance** will not be considered.

NYeC may, at its discretion, conduct a best and final offer (BAFO) round. If used, NYeC will invite top-ranked respondents to submit a revised proposal focused on improved pricing and overall value.

XV. EVALUATION CRITERIA

All eligible proposals will be evaluated and scored on the following criteria:

- Cost/ Pricing (Primary) – 40 Points
- Development Capability and Delivery Speed – 25 points
- Performance Approach and Ability to Meet SLAs: – 25 Points
- References and Evidence of Comparable Delivery– 10 points

XVI. RFP CONTACT & QUESTIONS

NYeC is committed to a fair and independent procurement process. Respondents may only contact NYeC using the email address on the cover page for all matters concerning this RFP. Respondents may not contact any NYeC staff, NYeC board members, the New York State Department of Health staff, or any other stakeholders (this does not include any vendors with which a QE is interested in partnering for purposes of responding this RFP) regarding this project in the period between the issuance of this RFP and the notice of award, as stated in the timetable below. Any oral communication will be considered unofficial and non-binding regarding this RFP and subsequent award.

If you have questions about the RFP, please submit those questions to the designated email address noted on the cover page of the RFP by the date indicated in Section XVIII (Procurement Timeline) and NYeC will distribute all questions and answers by the date indicated in the Procurement Timeline.

BIDDERS CONFERENCE:

In addition to the process for contact and questions outlined above, NYeC will hold a virtual Bidders Conference on May 26, 2026, from 3:00pm-4:00pm ET.

Respondents wishing to participate in the Bidders Conference must register by sending an email to the address indicated on the cover page. A meeting link will be shared at that time.

XVII. PROPOSAL SUBMISSION PROCESS AND PROCUREMENT TIMELINE

Proposals will be evaluated by a selection committee. Proposals that do not address all the required criteria may not be evaluated.

Proposal submissions are due by 5:00pm ET on the date indicated in the Procurement Timeline below and must be submitted to the designated email address indicated on the cover page. **Respondents must use the attached Appendix A: Proposal Template to submit their responses**. All valid proposals must include all sections identified in the evaluation criteria.

NYeC reserves the right to amend or cancel this RFP at any time prior to a signed contract. NYeC is not responsible for any costs incurred in the preparation of a response to this RFP.

PROCUREMENT TIMELINE:

Item	Due Date
Release RFP	May 14, 2026
Bidders Conference	May 26, 2026
Deadline to submit questions	June 2, 2026
Responses to questions posted	June 9, 2026
Proposals due	June 23, 2026
Interviews (approximate)	July 6-10, 2026
Final selection	Mid-July, 2026

XVIII. CONTRACT AWARD

All eligible proposals that contain the required evaluation criteria will receive a score based on the evaluation criteria outlined below. NYeC reserves the option to select finalists for one-on-one interviews.

In the event NYeC is unable to come to an agreement on contract terms with the selected respondent(s), NYeC reserves the right to move on to the next respondent to begin the contracting process. NYeC reserves the right to make no award from this RFP.

XIX. RFP ATTACHMENTS

- Appendix A: Proposal Template A1 & A2 (Response Template)
- Appendix B: Development Pricing Worksheet
- Appendix C: Proposal Submission Checklist

APPENDIX A: Proposal Template A1 & A2 (Response Template)

Respondents shall use this template to structure their proposal. **Appendix A1** aligns to the required proposal organization in Section XIV. **Appendix A2** provides response blocks for each "In your RFP response..." prompt in the body of the RFP.

APPENDIX A1. PROPOSAL SUBMISSION TEMPLATE (SECTION XIV)

A1.1 COVER LETTER

Prompt: Provide a brief cover letter, including primary point of contact name, title and email address, company address, confirmation of intent to comply with mandatory requirements, and identification and role of any proposed subcontractors/partners (if applicable).
Respondent:

A1.2 EXECUTIVE SUMMARY

Prompt: Summarize the proposed solution, the value proposition, and how the proposal meets all mandatory requirements within a constrained budget.
Respondent:

A1.3 SCOPE OF BID

Prompt: Indicate whether your proposal is for (A) the Center of Excellence (COE) scope (Section VIII) only, (B) all non-COE scope ("everything else") only, or (C) both (a combined proposal). Complete the appropriate sections of this template (including pricing) based on the option(s) selected.

- ☐ Option A: Center of Excellence (COE) scope only (Section VIII)
- ☐ Option B: Non-COE scope ("everything else") only
- ☐ Option C: Combined proposal (COE + non-COE scope)

APPLICATION DEVELOPMENT	*This section should be used to answer with respect to development efforts.*

A1.4 – PRICING

Prompt: For all non-COE work, use the attached Development Pricing Worksheet (Appendix B) to provide a clear, itemized pricing breakdown that enables NYeC to evaluate total cost of ownership (TCO), pricing transparency, and key cost drivers. Pricing must be consistent with the RFP's delivery

expectations (rapid, iterative delivery) and should clearly separate one-time implementation costs from ongoing costs.

(a) **One-time implementation cost**, itemized by phase, deliverable, sprint group, and/or workstream (e.g., discovery/design, build, integration, testing, go-live), including what scope is included in each line item.

(b) **Optional enhancements / add-ons**: Describe any features or services you recommend that are *not* required in the RFP scope, and price them separately as optional line items.

(c) **Ongoing costs**: Provide pricing for ongoing work after go-live, including (i) continuous development/enhancement delivery aligned to the assumptions in Section 6.2 and (ii) application support (Tier 3+) aligned to Section 6.3. Identify what is included vs. excluded. (End-user support pricing is addressed separately in Section A1.3C.)

(d) **Rate card** for additional work: roles, hourly rates, and any minimum hourly increments; include any proposed blended rates and identify whether rates vary by seniority, or other factors.

(e) **Example enhancement estimate**: Provide an example of a modest enhancement (describe it) and the estimated cost and timeline to deliver it, to help NYeC assess cost efficiency and delivery speed.

(f) **Key pricing assumptions, exclusions, and cost drivers**: Identify assumptions that materially affect price (e.g., availability of NYeC SMEs, access to QE endpoints, environment readiness), what is excluded, and the primary drivers of higher/lower cost.

(g) **Projected cloud run costs (5-year view)**: Provide projected annual cloud run costs for Years 1–5, based on the volume assumptions in Section 9.2. Break down costs by major components (e.g., compute, storage, data transfer, monitoring/logging, security services) and describe the usage assumptions and cost model used.

Respondent:

A1.5 RELEVANT PAST PERFORMANCE / REFERENCES

Prompt: Provide at least 2-3 references for similar work (preferably public health/healthcare and cloud-native application delivery) with contact information.

Respondent:

A1.6 ASSUMPTIONS AND DEPENDENCIES (INCLUDING COST/SCHEDULE IMPACTS)

Prompt: List key assumptions and dependencies used when crafting your proposal not explicitly stated in this bidding document, including any associated cost or schedule impacts.

Respondent:

A1.7 EXCEPTIONS

Prompt: List any requested exceptions clearly (recommended as a table: requirement, requested exception, rationale, risk, mitigation). Note: exceptions to Sections 4.6 through 4.8 are not permitted.

Respondent:

APPENDIX A2. REQUIRED NARRATIVE RESPONSES (BY RFP SECTION)

For the responses below, please refer to the full bidding document above for complete requirements. The prompts in Appendix A2 are provided for convenience as ***brief context-setting summaries*** and are not intended to capture the full scope of requirements. In the event of any conflict between an Appendix A2 prompt and the bidding document, the bidding document shall govern.

A2.1 SECTION 4.1 - CUSTOMER NEEDS IDENTIFICATION AND DOCUMENTATION

Prompt: Describe your experience supporting stakeholder discovery and converting stakeholder needs into requirements and a prioritized backlog. Describe how you would approach discovery for this project (interviews, statewide participation, validation, requirements document, and prototype).

Respondent:

A2.2 SECTION 4.2 - DELIVERY SPRINTS & INTEGRATION

Prompt: Describe your experience delivering cloud-native solutions using iterative delivery (sprints/releases) and managing staged environments and integrations. Describe how you would deliver this work (sprint length, demo cadence, backlog refinement, maintaining DEV and Stable, and managing integration dependencies).

Respondent:

A2.3 SECTION 4.3 - QUALITY ENGINEERING

Prompt: Describe your experience implementing automated testing and quality gates for production systems. Describe how you would sustain quality for this Portal (test strategy, tooling, coverage/metrics targets, and reporting/review throughout delivery).

Respondent:

A2.4 SECTION 4.4 - RAPID CODE DEVELOPMENT USING MODERN LLM-BASED TOOLS

Prompt: Describe your approach to rapid, AI-assisted delivery (tools used; how you ensure code quality and security; how AI-assisted development fits into branching, PRs, documentation, and knowledge transfer). Provide examples where these practices improved delivery speed and outcomes.

Respondent:

A2.5 SECTION 4.5 - DEVOPS, RELEASE, AND OPERATIONS

Prompt: Describe your experience operating and supporting cloud-native production systems (release management, monitoring/alerting, incident response, and runbooks). Describe how you would operate and support this Portal (releases/environment promotion, monitoring/on-call, and roles responsible for operations/support).

Respondent:

A2.6 SECTION 5.1 - USER MANAGEMENT

Prompt: Describe your experience implementing **delegated administration** and user lifecycle management in secure healthcare applications. Describe how you would implement the power user model (add/remove users, 90-day re-authorization, warning notifications, automatic deactivation, and auditability). Would you foresee using a 3rd party solution?

Respondent:

A2.7 SECTION 5.2 - DATA CHARACTERISTICS

Prompt: Describe your experience parsing SHIN-NY document formats in real time and combining data from multiple document types into a single, unified user experience (e.g., combining admissions data from ADTs and CCDs).

Respondent:

A2.8 SECTION 5.3 - CALLING APIS FOR A MORE COMPLETE PATIENT VIEW

Prompt: Describe your approach to integrating and displaying external SHIN-NY APIs (at minimum the 1115 APIs for Screenings/Assessments and Referrals), including integration patterns, user experience approach, performance considerations, error handling, and how you will ensure the data is clearly labeled and sourced.

Respondent:

A2.9 SECTION 5.4 - DISPLAY OF COMMON CLINICAL DATA

Prompt: Describe your approach to presenting CCD/CCDA content in a clearly parsed, attractive format, and how you will design an experience tailored to public health users (not a physician/EHR chart-review paradigm) while still enabling navigation and filtering by clinical data type. Describe how you will use design sessions with NYeC and public health stakeholders to inform UX decisions, and confirm NYeC will review and approve the final design.

Respondent:

A2.10 SECTION 5.5 - FILTER AT FACILITY FOR 42-CFR DATA

Prompt: Describe how the Portal will enforce a facility-level setting that determines whether 42 CFR Part 2 data is included in retrieval and display. Explain how this setting will drive the Portal's selection between two PDR endpoints (one returning *all data* and one returning data *excluding* 42 CFR Part 2 content), and how you will ensure 42 CFR Part 2 data is reliably excluded when required. Describe how this setting will be visible in the power-user console but only editable by a system administrator, including audit/logging of changes. In your response, factor this into your cost estimates.

Respondent:

A2.11 SECTION 5.6 - ABILITY TO WORK WITH A SMALL COHORTS POPULATION

Prompt: Describe how public health users will create/upload and manage small cohorts/worklists to support time-bound investigations (e.g., ~100–200 people monitored daily for ~10 days), without attempting to replicate a full case/contact management system. Include: how cohorts are created (upload/import), named and re-opened over time; at-a-glance cohort-level indicators for "new activity" since last review; person-level indicators within a cohort; any limited note-taking capability; and your proposed approach to cohort refresh timing consistent with the Portal's real-time parsing constraints (e.g., a daily refresh that may take several minutes may be acceptable for version 1.0). In your response, factor this into your cost estimates.

Respondent:

A2.12 SECTION 5.7 - CALLING QE LEGACY CCD END POINTS

Prompt: Describe how you will retrieve CCD/CCDA documents directly from each QE's legacy CCD/CCDA delivery endpoint (not SPRL) based on QEs identified via Patient Match 2.0. Include your approach to coordinating onboarding with each QE, handling partial results/failures gracefully, clearly labeling returned documents by source QE, and validating the end-to-end flow in a lower environment (e.g., QA) prior to PROD. In your response, factor this into your cost estimates.

Respondent:

A2.13 SECTION 5.8 - CALLING STATEWIDE MPI FOR CONCEPT OF PERSON

Prompt: Describe your approach to using the Statewide Master Patient Index (MPI) / Patient Match services to establish and persist a statewide "Person" concept across multiple Qualified Entities and data sources. Include: (1) how demographic search will use Patient Match 2.0 (including returning multiple candidate people where applicable) and how users will resolve/select the correct person; (2) how you will use the resulting enterprise identity and the returned QE|SOURCE|MRN identifiers to drive downstream PDR queries and document retrieval; (3) how you will select and use an MRN when calling MRN-based SHIN-NY APIs (e.g., HRSN), including handling multiple MRNs per person; and (4) data quality, match confidence, error/edge-case handling (duplicates, merges, partial matches), and audit logging.

NYeC PATIENT MATCH API Documentation

Respondent:

A2.14 SECTION 5.9 - TAKING ADVANTAGE OF HELPER FILES (WHEN PRESENT)

Prompt: Describe whether and how you would use helper files, including (1) how core functionality will operate correctly without them, (2) how the Portal will detect and use helper files when present

with a graceful fallback, and (3) how helper files would be generated, validated, versioned, and governed.

Respondent:

A2.15 SECTION 6.2 - CONTINUOUS DEVELOPMENT

Prompt: Describe how you will approach ongoing, post-go-live continuous development (intake/prioritization, design, delivery, testing, release management, and stakeholder feedback loops). Describe how you would staff and price this work, using the change-volume assumptions in Section **6.2** for planning purposes.

Respondent:

A2.16 SECTION 6.3 - APPLICATION SUPPORT (TIER 3+)

Prompt: Describe how your team will provide ongoing application support, starting at Tier 3. How will issues be handled when resolution requires involvement from the development team (e.g., code changes, specialized system expertise, or access to logs/telemetry that are only available to, or readily interpretable by, the team that built the system)? Include: how Tier 3 issues will be identified, routed, and escalated from Tier 1/2 support; the staffing/on-call model for developer involvement; targets for acknowledgment, investigation start, and workaround/resolution; approach to secure access for troubleshooting (logs, metrics, traces, and production access controls) including request/approval and auditability; process for delivering fixes (hotfix vs standard release, testing/validation, deployment, rollback); and communication practices including updates to NYeC and post-incident review/root-cause analysis.

Respondent:

A2.17 SECTION VII – ENABLING EFFICIENT END USER SUPPORT BY QUALIFIED ENTITIES

Prompt: Describe your approach to enable QEs to most effectively provide end-user support, describe how you would use technology to enable this model, assuming the support organization uses an existing ticketing system (e.g., Jira, Salesforce, or another platform): epidemiologist ticket intake within the Portal (or companion support page), routing to the power user for triage/feedback and approval, and (if approved) creation/synchronization of the ticket in the support organization's native system, with status and comment updates flowing back to both the power user and the epidemiologist.

Respondent:

A2.18 SECTION IX – NON FUNCTIONAL REQUIREMENTS

This section Intentionally left blank.

A2.19 SECTION X (10) - PERFORMANCE AND SERVICE LEVEL REQUIREMENTS (SLAs)

Prompt: Describe how your proposed solution will meet and continuously validate the performance and service level requirements in Section X, including: (1) performance engineering approach to achieve the stated response-time targets for typical (<1 MB) and large (e.g., ~20 MB) patient datasets under the RFP's real-time/no-preprocessing constraints; (2) how you will measure and report SLAs, including use of synthetic transaction monitoring that simulates an end-to-end user journey (at minimum: login, search, view data) rather than relying solely on server logs; (3) how you will define, detect, and report downtime consistent with the RFP definition (e.g., consecutive failed synthetic transactions); (4) monitoring/alerting thresholds and operational response when SLA degradation is detected; and (5) how you will design for, test, and report availability to meet the 99.5% target. Include any assumptions and how this is reflected in your cost estimates.

Respondent:

CENTER OF EXCELLENCE (COE)	*This section should be used to respond to the Center of Excellence (COE) work.*

A2.20SECTION VIII - PUBLIC HEALTH CENTER OF EXCELLENCE (COE)

Prompt: Describe your proposed approach to delivering the Public Health Center of Excellence (COE) scope in Section VIII.

1. **A2.20.1 Services and deliverables:** Using the Service line 1–7 descriptions in Section VIII as the organizing structure, provide a concise mapping of what you will deliver. Include (a) deliverables/artifacts, (b) expected frequency/cadence, (c) primary responsible role(s), and (d) notes/assumptions (including what is in-scope vs. out-of-scope). If you will staff and price the

COE by major phases (Design; MVP; Releases 2–4; Year 1 support), please indicate which deliverables are expected in each phase.

Respondent:

2. **A2.20.2 Operating cadence:** Propose the working rhythms (e.g., interviews, design workshops, backlog refinement, demos, statewide forums/webinars, quarterly planning) and how you will ensure statewide participation consistent with the engagement volume expectations in Section VIII.
   Respondent:

3. **A2.20.3 Governance and decision rights:** Propose how key decisions will be made (who decides what) in a situation where the COE awardee is distinct from the application development awardee. Describe how those parties would work together, including escalation paths, and how prioritization and tradeoffs will be made transparent to NYeC, QEs, and public health stakeholders.
   Respondent:

4. **A2.20.4 Working with the application development vendor:** Describe how the COE will work day-to-day with the selected application development team (whether or not it is the same organization), including handoffs, Definition of Ready/Definition of Done, acceptance-criteria alignment, and release readiness/sign-off.
   Respondent:

5. **A2.20.5 Staffing, Level of Effort (LOE), and assumptions:** Provide an org chart and role descriptions; identify key personnel (if available); and provide LOE by role (hours/month or FTE) for Year 1 (and additional years if proposed). List key assumptions that drive approach and cost (e.g., SME availability, scheduling access to LHDs, tools, travel, and virtual vs. in-person expectations).
   Respondent:

COE pricing template (complete for each year proposed): Provide pricing in the format below. If you propose an alternative commercial model (fixed price, subscription, etc.), still populate this template to provide an equivalent breakdown.

Phase	Included COE scope (brief)	Pricing model (fixed /	Estimated cost	Key assumptions / notes

		T&M / other)		
Design	(e.g., engagement + workflow discovery + prototype/validation + initial backlog/acceptance package)			
Implementation of first MVP	(e.g., ongoing refinement + acceptance coordination through MVP release readiness)			
Implementation of next 3 releases (cohort)	(e.g., manage input, sequencing, and acceptance for Releases 2–4)			
Support for 1 year	(e.g., cadence, comms, metrics/reporting, backlog mgmt, acceptance coordination for 12 months post-MVP)			
Total				