

Electronic Death Registration Bidder Conference

New York State Department of Health

Vital Records Section

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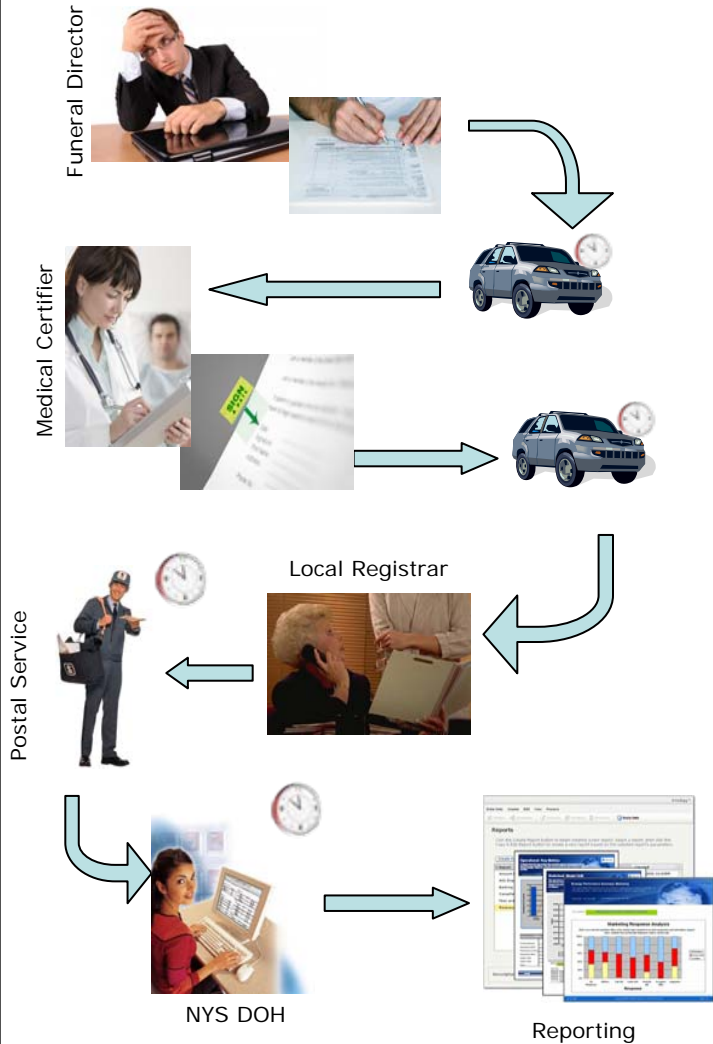
History of Vital Records

- Vital Records Registration Began in 1881
- New York State (excepting New York City)
- 95,000 deaths per year
- 125,000 births per year

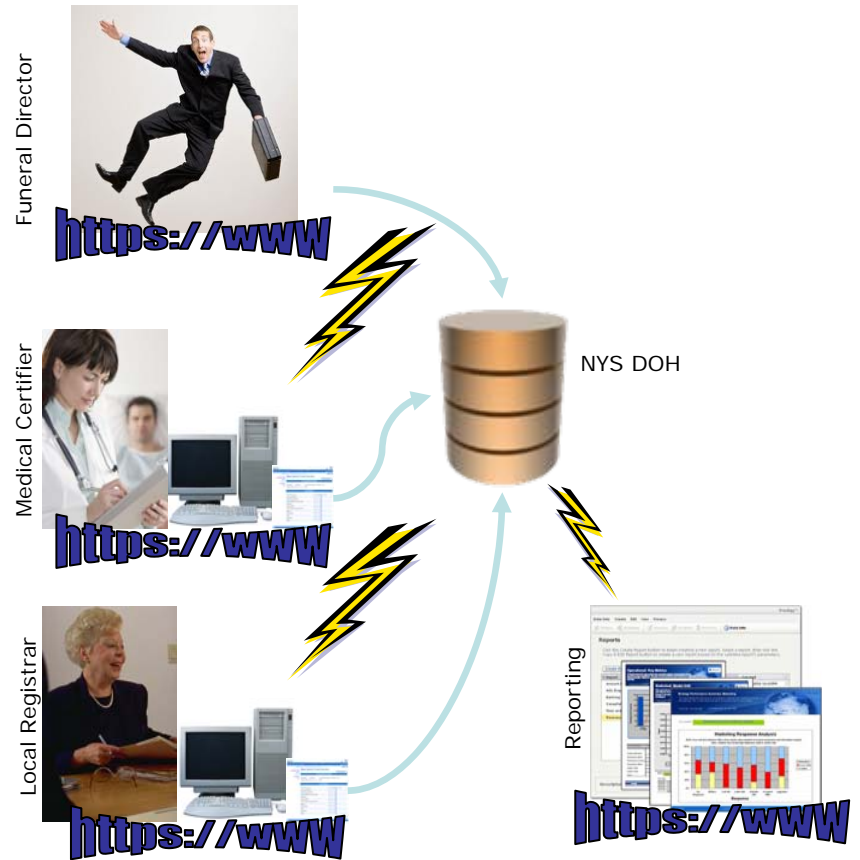
Why Electronic Death Registration?

- Timely Registration and Reporting
- Accurate and Complete Information
- Health Monitoring
- Fraud Detection (birth – death matching)
- Cost Savings through Process Efficiency

Current Paper



Future Electronic



Benefits of EDR

- Decedent Family Members
- Funeral Directors
- Medical Certifiers
- Local Registrars
- NYS DOH
- County Health Departments
- Pandemic Monitoring Organizations
- Bio-Terrorism Monitoring Organizations
- National Center for Health Statistics
- New York State Organizations
- Federal Organizations (Social Security Administration, CDC)

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Project Manager
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Welcome !!!

- Review the RFP
 - Key items
 - Clarifying information
- Questions
 - Questions during the conference
 - Issues not addressed in the presentation are being reviewed
 - Not final until published in writing on the website
- www.nyhealth.gov/funding/
or
www.health.state.ny.us/funding

Key Dates

- **Written Answers**
 - Published on DOH website
 - October 15, 2010
- **Proposal Submissions**
 - Due November 12, 2010 3pm
- **Vendor Selection**
 - On or about February 9, 2011
- **Contract Start**
 - On or about May, 2011

Previous Procurement

- 2008 Procurement
 - Exceeded the project budget
 - Included an IV&V vendor
- Reviewed and Revised Procurement
 - Analyzed submissions
 - Restructured procurement
 - Bid submission requirements
 - Reduced scope of project and solution requirements

Current Procurement

- Included “Not to Exceed” Amount
- Removed IV&V Vendor
- Eliminated Vendor Presentations (oral presentations)
- Adjusted select contract elements
 - Limitation of liability: 2x value of contract
- Payment Structure
 - Increased first iteration payment
 - Reduced the holdback (10% vs. 25%)
 - Reduced payment penalty

Current Procurement

- Reduced warranty
 - 90 days vs. one year
- Removed optional items
 - Additional training sessions
 - Annual maintenance and support
- Different Approach to Support and Maintenance
 - “system evolution” vs. an annual cost

Current Procurement

- Eliminated Reporting
- Eliminated Downstream Processes
 - handling of query letters
 - inter-jurisdictional exchange
- Eliminated Credit Card Processing
- Eliminated Purchase of In-project Hardware

Current Procurement

- Decoupled from National Use Case Model
 - Generally acceptable; perhaps 70% accurate
 - Every case would be modified to meet DOH needs
 - Some cases were irrelevant (e.g. profile management)
- Reduced Pilot
 - Web-based self-paced vs. instructor-led training
 - Pilot locations
- Iterative Cycles
 - Provided greater latitude for vendors to propose cost effective iterative cycles

Introduction

Section A, RFP p.1

- Fixed Price Bids
- 30 Month Contract; 18 Month Optional Extension
 - 24 months for system development through FCC acceptance
 - 6 months (not to exceed) for pilot
 - 18 months for system evolution activities at DOH discretion

Important Bidding Information

Section A.2, RFP p.1

- Technology Requirements
 - JEE
 - XML
 - Oracle database
- OR
 - IBM FileNet enterprise content management system
 - content repository
 - business process
 - workflow management
- COMBINATIONS of these technologies are acceptable
- Incorporate Services Oriented Architecture or Web Services Architecture
- Alternative technology proposals will be considered non-responsive

Project Scope

Section C.1.1.2, RFP p.5, 6

- Iterative Development Cycle
- Beta Evaluation
- Final Candidate Cycle
- Live Pilot Program

Project Management Methodology

Section C.1.1.5, RFP p.7

- NYS Department of Health
Project Management Field Guide
 - Methodology based on PMI PMBOK and NYS Project Management Guidebook
- May Propose Alternate Methodology
 - Submit materials; will be evaluated
 - State reserves right to reject proposed methodology
 - Price cannot change
- All Project Artifacts Presented Using DOH Templates

Transition of Ownership and System Evolution

Section C.1.1.7, RFP p.10

- Knowledge Transfer Plan
- System Evolution
 - After conclusion of warranty, at State discretion
 - Average hourly labor rate x 1,500 hours = system evolution budget
 - Fixed price evolution activity, per labor rates

Development Lifecycle

Section C.1.2.1, RFP p.10, 11

- Iterative
 - Measurable progress
 - Reasonable flexibility within project
 - Payment per iteration
- Quality Goals Per Iteration
 - State evaluation per iteration with acceptance/rejection
- Final Candidate Cycle
 - Take place within 24 months
 - Payment reduction risk
- User Centered Design

Change Orders

Section C.1.2.2, RFP p.12

- Average hourly labor rate x 3,000 hours = change order budget
- Fixed price change order activity, per labor rates
 - Billed at acceptance of Final Candidate

Location of the Development Team

Section C.1.2.5, RFP p.13. 14

- **At a Location Convenient to Vendor**
 - Within the U.S. or its territories
 - Off-shore activities are prohibited

- **Access to State Systems**
 - Work with BHNSM
 - Work with DOH CISO

DOH Technology Stack

Section C.1.3.2, RFP p.15

- Listed Technologies
 - NYS Licenses
- Proposed 3rd Party Technology
 - Identify cost (annual or one-time)
 - Include in cost proposal

Acceptance and Quality

Section C.1.4, RFP p.16 – 19 & Section C.3, RFP p.22

- Quality Is Your Responsibility
 - DOH or its designee will have input into testing activities
 - DOH or its designee will inspect deliverables closely,
 - Not your testing team
 - Achieve quality prior to DOH inspection

- Iterative and Final Candidate
 - Achievement of Requirements
 - Architecture
 - Security
 - Reliability
 - Ease of Use
 - System Performance
 - Technical and User Documentation
 - Training Materials

Security Requirements

Section C.2, RFP p.19

- Importance of Security
 - Death records
- Meetings with NYS DOH Chief Information Security Officer (CISO)
- CISO Interactions
 - Per iteration and final candidate cycle
 - Code management (Fortify360) and application scanning
- Attachment 23 Security Requirements

Usability Requirements and User Input

Section C.8, RFP p.27

- **Guiding Principals**
 - Intuitive
 - Does not confuse the user
 - Minimizes or eliminates opportunity for failure
- **DOH-organized User Input**
 - Will make every effort
 - All user meetings will be conducted in the Capital District
 - User input governed and prioritized by the DOH

Ownership

Section C.9.2, RFP p.28

- State Solution Ownership
 - Delivered solution and source code
 - Testing infrastructure
- Vendor Items
 - Modules
 - Systems
- Licensing (p29)
 - No ongoing fees (*except 3rd party technologies incorporated into the solution*)
 - Except for technologies referenced in the tech stack

Audit and Transaction Logging

Section C.11.4, RFP p.35

- Health Commerce System Service
- Specific to the Application

User Access

Section C.11.5, RFP p.36

- User Access through the HCS
 - User ID passed to application
 - User role passed to application
 - Special privileges passed to application
- EDRS — Role-Based System
- User ID Specific
 - Registration District Authority (local registrars)
 - County Coroner / Medical Examiner (county jurisdictional authority)
 - Facility Authority (medical / funeral home)
 - Facility Association (every user)

Role Provisioning

Section C.11.6, RFP p.37

- Within the Application
- Specify Data Access
 - What data
 - What authority with the data
- Specify Actionable Capabilities

Death Certificate Access Rules

Section C.11.10, RFP p.39

- Applicable by Role
- Applicable by Special User Privilege

Interface Design Considerations

Section C.11.11, RFP p.39, 40

- **General Guidance**
 - DOH does not intend to “dictate” user interface design
- **Accommodate Varying User Types**
 - Some users will access thousands of certificates
 - Some users will access only a few certificates

Back Office Integration

Section C.11.16, RFP p.47

- **State File Number Assignment** (p48)
 - Currently paper ledger
 - Electronic and Paper certificates will require coordination for SFN assignment
 - Mid-year implementation
- **Data Collection of Personal Information from Paper Records** (p49)
 - Import facility for fully paper records
- **Data Collection of Medical COD** (p50)
 - Medical data entry screen
 - Interface with SuperMICAR

Beta / User Acceptance Program

Section C.12, RFP p.51

- Beta and User Acceptance
 - Initiate upon NYS DOH authorization
 - Complete before final candidate cycle
- Participants
 - Internal Vital Records staff
 - External users
- Objectives
 - Identify unanticipated use issues
 - Verify viability of support and training
 - Verify ability to handle all types of certificates (paper/electronic)
 - Ensure CISO satisfaction with security

Pilot Implementation

Section C.13, RFP p.53

- Pilot Implementation
 - To take place after final candidate cycle, and final candidate acceptance
 - Initiate upon NYS DOH authorization
 - Not more than three counties (in the Capital District)
 - Not to exceed six month duration
- Participants:
 - Internal Vital Records staff
 - External users (same users as Beta participation)
- LIVE System
 - Real users; actual data
 - Limited exposure to select external audience
 - Vital Records required to operate fully upon initiation of pilot
 - All back office capabilities must be in place

Vendor Proposals

Section D, RFP p.58

- Two Separate Sealed Envelopes/
Packages
 - Cost Proposal and Administrative
 - Technical Proposal

(can be combined into a single delivered package)
- Proposal Contents
 - Mandatory
 - Required

Cost Proposal

Section D.1, RFP p.58

- Transmittal Letter
- Cost Proposal Form
 - Base Proposal Price — *implications for payment*
 - Cost of 3rd Party Tools In Your Solution
 - Change Orders
 - System Evolution
 - Total = Bid Form (*must be <\$5,895,000*)
 - Labor Categories and Rates
- Bid Form

Technical Proposal

Section D.2, RFP p.63

- Project Information
- Project Staffing
- Solution Technology
- Security

Eliminations

Section D.6, RFP p.68

1. Mandatory Requirements Not Met
2. Proposal Price Exceeds Budget
3. Technology Non-Conformance
4. Minimum Passing Technical Score Not Achieved

Submission of Proposals

Section E.4, RFP p.70

- Send or Deliver to Address Provided
- Do *NOT* email Proposals or Associated Materials
- Do *NOT* Include Cost Information in your Technical Proposal

Payment Schedule

Section E.9, RFP p.74

- 90% of Base Price to System Development
 - 20% base price billed at acceptance of initial iteration
 - 60% base price divided equally by number of agreed-upon iterations, billed upon per iteration acceptance
 - 10% base price billed at acceptance of final candidate
 - Payment Reduction: 20% of final candidate amount per rejection
- 10% of Base Price to Pilot
 - Divided equally by six months of pilot activity
- Change Orders
 - Billed at acceptance of final candidate
- System Evolution Orders
 - Billed at acceptance of the evolution item

Break

Submit Questions on the Form Provided