Electronic Death Registration
Bidder Conference

New York State Department of Health

Vital Records Section

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Vital Records
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
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)
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: $2 \times \text{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