

NASSAU HEALTH CARE CORPORATION
a/k/a the NuHealth System
Request for Proposals for
Enterprise Interface Engine
RFP 2016-024
Q&A

1. Can you share project timeline estimates for installation and go-live of the enterprise engine
 - a. at this time
2. Are there any pre-determined milestones for specific interfaces
 - a. Not at this time
3. Is the engine conversion project being done in conjunction with any other projects? If so, what are those projects and timelines?
 - a. Yes, all projects will be performed within our Strategic Plans / Initiatives
4. How many people will need to be trained on the engine
 - a. TBD
5. Will your team be able to serve as subject matter experts on the interface logic currently running on your engines
 - a. Yes
6. Will we have access to the legacy engine's translation logic
 - a. TBD
7. Can we get production quality test messages from the legacy engine to be converted?
 - a. Yes
8. Is this to be interpreted as 25,000,000 inbound messages a day, or 25,000,000 inbound + outbound messages a day
 - a. Inbound / Outbound
9. What is the transaction rate (peak and average) for each connected system (hospital, clinic, physician,)
 - a. Based on volume, systems hard to quantify
10. What are the interface types
 - a. Conversion of 880 existing interfaces that support 42 distinct systems
 - b. Creation of 120 new interfaces to support 18 additional distinct systems
11. What programming languages are you currently using or will be using in the future that will need to adopt the interface services for application connectivity
 - a. 4th Generation C++ Development Tools, Sequel Studio
12. Do you have your own in-house software development staff
 - a. Yes
13. Are you planning to integrate any database platforms? What platforms? What type of integration
 - a. Presently connected to home-grown systems, current platform Microsoft Database Engine
14. Does NHCC have a preference or requirement related to the operating system of integration engine
 - a. Preference is Microsoft Windows
15. What is the breakdown of the estimated 25 million messages received daily
 - a. In/Outbound Connections: (101)
16. Does NHCC participate in a state health information exchange
 - a. Yes: Healthix - <http://healthix.org/>
17. Annual Breakdown of Visits
 - a. Annual Emergency Visits / 178K Out-Patient Visits via 80 plus Clinics
18. Please advise if an NDA is possible prior to our response? In order for us to provide financials, we will need an NDA to release financials since we are a private company
 - a. No NUMC does not provide NDA prior to contracting. Put the condition in the response.
19. How should we indicate any requested edits to the terms- standard list of objections, redlines to the documents, or any other preferred method
 - a. Can add standard terms as appendix in the response.
20. For your existing systems what is the average number of support incidents per month?
 - a. Varies based on needs / projects within the organization. 50+
21. Approximately what percentage of these interfaces are HL7 version 2? Approximately what percentage of the other interface types (XML, DICOM, SOAP, upcoming FHIR standard, etc.) make up this total
 - a. All are 2.3 or higher, / HL7
22. Will the interfaces require patient identity cross-referencing, and if so will NUMC provide an MPI or should we propose one
 - a. NUMC has an NPI
23. Will the interfaces require terminology translations (such as ICD 9 to ICD 10), and if so will NUMC provide a terminology management solution or should we provide one? On a related note, does NUMC have any existing terminology translation maps that could be leveraged
 - a. No ICD9 to 10 needed, other terminology translation maps exist and can be furnished/leveraged as requested
24. Regarding the criteria "Please describe how your solution is able to assure that Patient or Provider Personal Information or Personal Health Information is not inappropriately collected or aggregated": From the perspective of an interface engine, please provide an example(s) or scenario(s) which describe inappropriate collection or aggregation of Personal Health Information
 - a. HIPAA Compliance, Staff integrity, VPNs, Transport Layer Security aka TLS