



Patient Access RFP

CRISP Responses to Bidders Questions

1. Do you have any technology preference in terms of Azure PaaS, Liferay DXP on Azure, or alternative platform?
As described in the RFP, "We have a bias towards using Azure-native PaaS platforms and toolset."
2. Can you give an example of patient-authorized, third-party applications that would pull data from CRISP and send patient data to those applications for display to the patient?
The second (optional) section of the RFP ("Third Party Application Project Deliverables") invites vendors to respond with whether they have a solution that is capable of mediating the delivery of CRISP patient data to a third-party application on behalf of CRISP and per the patient's request. For example, a patient may request that CRISP send their data to Apple Health, which is a third-party application. CRISP is interested in a vendor serving as the connection point between the CRISP infrastructure (where the patient data is stored) and the third-party application (such as Apple Health).
3. Do you have any content delivery needs through this patient portal? FAQs? Tips? General health information? Personalized based on information you know about the patient?
The portal will be used to display patient health data only, including Covid-19 test results. Limited contextual information or patient directives may also be required. CRISP will need administrative access to provide this contextual information.
4. The scope mentions this requirement – *Pull patient information from multiple data stores within the CRISP infrastructure, all available through Application Programming Interfaces (APIs), and present the health information in a complete yet understandable format that is viewable on screen and able to be downloaded* - how many APIs, how many screens?
For the initial use case you will interact with the PatientMatch (patient identity) API and the COVID results API. There may be one or two additional APIs to interact with depending on the capabilities of your software. The screens used are up to the developer. Additional API connections may be requested for subsequent use cases.
5. What kind of telemetry are you interested in for your system administrator? Web analytics? Logs? Server-level metrics via tools such as Dynatrace? Azure Monitor?
Logs that indicate use and length of time interacting with the app and its various screens including interactions with the APIs and response times. Please only capture what is



minimally required to troubleshoot app performance, errors in pulling data into the app, and understand how often the app is used.

6. Do you have any expectations for UX/UI design of the patient portal? Will the selected vendor perform the design or simply implement a design provided by CRISP (or its design agency)? We are comfortable performing design services - simply trying to clarify scope. **CRISP will work with the vendor to design or adjust the UX/UI. CRISP will not employ a design agency separately. CRISP will depend on the vendor to provide UX/UI based on best practices and industry standards.**
7. What kind of pricing proposal are you expecting for the implementation services? We would need to perform discovery, arch, design and planning to firm up the actual work estimates and draw up a detailed implementation plan. In general, the high-level scope looks doable in the desired timeline and we can propose a team structure to meet the scope, along with other components (infrastructure, software licensing, one-time vs ongoing costs). **Refer to the RFP for specifications on the pricing proposal. CRISP expects to work with the vendor to develop an SOW and technical implementation plan upon contract execution. Please provide best estimates for what you expect the implementation costs to be based on the scope at hand and provide any detail necessary to justify those costs.**
8. Are there any restrictions to using off-shore resources to meet deliverable requirements? **Offshore resources may not be used for this project.**
9. Do you have sample data that the portal would need to display? **We do not have sample data to share at this time. Refer to the RFP for example data types and standards. The initial use case will be for COVID-19 lab results, which are transmitted to CRISP in HL7 2.X format, stored/normalized into a CRISP database, and shared with the patient portal via an API.**
10. Are there are inherent features or content management requirements for the patient access platform not mentioned in the RFP? **No**
11. Can CRISP provide an estimate of number of individuals who will log into portal on a monthly or weekly basis? **CRISP estimates that approximately 2500 unique individuals will log-in weekly to view their Covid-19 results. This number will likely change for other use cases.**
12. Does the portal need to support any other languages other than English? **CRISP would prefer that the portal also support Spanish. Please indicate in your proposal whether you are able to support Spanish and any additional cost related to this request.**



13. Does the portal have specific accessibility requirements?

CRISP requests the portal meet ADA requirements for accessibility and is interested in bidders to propose solutions for how they have achieved this in past projects.

14. Can you please elaborate on what you mean by transparent pricing structure in section "Project Objectives."

Refer to the Pricing Proposal Section of the RFP.

15. Can you please share your evaluation criteria for the RFP responses?

Proposals will be evaluated based on the solution's ability to meet the requirements of the RFP within the timeline proposed at a competitive price. Evaluation factors include but may not be limited to cost, technical requirements, scalability, and open source potential.

16. *Allow applications to provide previously captured patient authorization and authentication."*

i) What is the intent of this capability? It appears to provide the option to circumvent an OAuth2.0-based authorization.

This was meant to provide flexibility for the vendor and solution to develop and identity validation process that meets NIST Level 2 requirements. CRISP expects that some applications would have their own identify validation capabilities and be able to pass that authorization to the CRISP platform.

ii) How is it proposed that the authenticity of the previously captured authorization and authentication is confirmed?

CRISP would look to the vendor for this solution if feasible.

17. ** Produce and consume data in various healthcare data specifications, including but not limited to FHIR, HL7, IHE."* Does CRISP want a fully Bi-Directional interface engine? Is a Multi-input format - FHIR output solution acceptable?

We are not requesting an interface engine. A multi-input, FHIR output solution would be acceptable.

18. Is there a preference for the patient authentication system of whether the identity should be local to the patient portal platform, or if social logins (Google, Apple, Microsoft, Facebook, etc), or both types should be supported?

Patient identify validation must meet NIST Level 2 requirements as specified in the RFP.

19. Are the APIs to be used for retrieving data from CRISP standards based (FHIR, XDS, etc) or proprietary? If they are standards based, which standards are supported?

They will be Restful JSON APIs and comply with FHIR standards where applicable.



20. How many data stores will we be connecting to/ retrieving data from?
Connections will be through our API layer with APIs for Patient information and COVID results.
21. Is there a requirement for parental/proxy access (any case where the user is not the patient whose data is being accessed) and if so, what are the business requirements surrounding this use case?
The portal should support parent and authorized representative access to the patient's information as allowed by law. In this case both patient identity and authorized individual identity would need to be validated.
22. Should the platform underlying the patient portal solution be a dedicated CRISP platform, or are SaaS solutions hosted and operated by the vendor acceptable?
We are open to either approach. If interested, we invite you to inform us what options exist and the associated cost to implement and maintain those options.
23. What is the contract term to consider for pricing?
Bidders can propose pricing based on contract term of their choice. CRISP is not able to commit to a specific contract term at this time.
24. "What user data or other PHI and PII will be stored by the patient portal?
No PHI will be stored by the patient portal. PHI will be retrieved via API and made visible in the portal. Once the patient leaves the portal, the data must not be retained.
25. Is there an existing data store that holds all current and future patient PHI, PII and other data?" Yes, these are accessed through our API layer.
26. What functional requirements for the patient portal and 3rd party app can you share?
Please refer to the RFP.
27. Are there any written functional requirements in this RFP so we can better estimate? Please refer to the RFP.
28. What Content and or CMS Requirements do you have?
Please refer to the RFP for examples of data to be made visible via the portal and for patient identify validation requirements.
29. Is there an existing data store that holds all current and future COVID-19 test results? Yes - these will be accessible through APIs.



30. Does CRISP have an existing or preferred Identity Management (IM) and SSO provider like PingFederate or Okta?
No. Identity management is expected to be a part of this proposal.
31. ""Pull patient information from multiple data stores.."" Can these data stores relevant to displaying COVID-19 test results be explicitly identified now? (If not can you provide the number of data stores)
We are unable to identify the specific data stores at this time.
32. "Integrate with CRISP infrastructure... with multiple RESTful APIs..." Can these APIs relevant to displaying COVID-19 test results be explicitly identified now? (If not can you provide the number of APIs that will be utilized)
We are unable to identify the specific APIs at this time.
33. "Produce and consume data in various healthcare data specifications including but not limited to FHIR, HL7, IHE." Can these specifications relevant to displaying COVID-19 test results be explicitly identified now?
Please refer to the RFP. We are unable to identify the specifications at this time.
34. Will CRISP manage the SSL certificates and provide DNS services (does this need to be priced?) **We are open to either approach.**
35. Other than NIST Level 2, are there any data encryption requirements? (Encryption at rest etc.) **Data should be encrypted in transit and at rest using industry standard encryption.**
36. Are there any security scanning (3rd party? from CRISP) requirements? **Code will be scanned by our security scanning tools prior to implementation into our architecture. Please practice secure coding methodologies.**
37. Are there any performance requirements expected of the patient portal? (Ex. Page response time).
CRISP is unable to provide more specific requirements at this time. More specifics related to performance requirements will be shared during the contract negotiation phase.
38. Are there any specific SLAs that must be adhered to (restore from down etc.)?
More specifics SLAs will be shared during the contract negotiation phase.
39. Does this application require high availability (i.e. clustering of nodes)? If so, does this apply only to production or also to Dev & Test?
Not at this time, but we invite you to respond with this information if it is a service offering, along with any associated costs for a high availability option.



40. Is a disaster recovery environment required? If so, what is the Recovery Time Objective/Recovery Point Objective that need to be met.
Not at this time, but we invite you to respond with this information if it is a service offering, along with any associated costs for a disaster recovery option.
41. Can you share the current hardware specifications / architecture diagram of the existing application being replaced?
CRISP does not currently have a patient portal. This proposal is not an effort to replace existing software.
42. What is the estimated size of your static assets (documents, images and videos), and how much is this expected to grow?
We will provide this information when there is a relevant use case but it is not required at this time.
43. Is LDAP/AD integration required? **We are open to approaches that use AD integration.**
44. Will CRISP purchase and manage the domain and subdomain names? **Yes**
45. "Create a 3rd party application platform where patient-authorized applications can interact..." Can these 3rd-party applications be explicitly identified now?
CRISP is unable to identify these applications at this time. Requests to send data to 3rd party applications will originate from patients. CRISP must simply adhere to the request at the time it is made.
46. ""Support API-based access for third-party software platforms to interact..."" Are these APIs already defined by those 3rd-parties; or will a single API be defined by CRISP?
Please refer to the RFP and question #2 above.
47. "Allow applications to provide previously captured patient authorization and authentication." Is this an API already defined by those 3rd-parties or will it be defined by CRISP?
Please see response above.
48. "Deliver data to third-party ... in ... multiple formats..." Can these formats be explicitly identified now?



CRISP is unable to identify specific formats at this time. It is expected that CRISP would work with the vendor to identify these formats.

49. Can you elaborate on what "Service expense" is intended to indicate in the Pricing section (managed services?)

The categories presented are intended to be examples. If expenses related to services is not an applicable term or cost for your solution, you can ignore that category.