

**New York State Department of Health
and
Health Research, Inc.**

**Request for Information (RFI)
Web-Based Application for HIV/Hepatitis/STI/Drug User Health Data Management
RFI Number: #25-0004**

Key Dates

RFI Release Date:	October 3, 2025
Deadline for Submission of Written Questions:	October 21, 2025, by 4:00 PM ET
Questions, Answers, and Updates Posted: (on or about)	November 5, 2025
RFI Responses Due:	November 19, 2025, by 4:00 PM ET

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How to Submit a Response:

Interested parties ***must*** submit one (1) PDF version of the narrative response to this IFB by the application due date/time shown above. The subject of the email line should reference *Web-Based Application for HIV/Hepatitis/STI/Drug User Health Data Management*.

Responses will only be accepted electronically to AIGPU@health.ny.gov. Responses will not be accepted via fax, hard copy, courier, or hand delivery.
Late responses will not be accepted.

A. Introduction

The AIDS Institute (AI), in partnership with Health Research Inc. (HRI) and the New York State Department of Health (NYSDOH), is releasing an RFI to request information, materials and input from interested parties and vendors for the development of a comprehensive **Health Information System (HIS)** to meet the programmatic needs for data management and reporting of HIV Prevention services, Division of Healthcare and Hepatitis, Office of Sexual Health, and Office of Drug User Health including syringe exchange programs and overdose management.

This web-based application will be tailored to serve over 200 community and clinical providers.

The goal of this initiative is to improve public health service delivery and streamline data management by establishing an integrated platform that adheres to all applicable regulatory standards. The system will enable efficient data collection, enhance compliance among providers, and ultimately support better health outcomes for the communities we serve.

B. Purpose

The primary purpose of the proposed HIS is to:

- **Streamline Data Management:** Provide healthcare providers with a secure and user-friendly application to collect, store, and manage client data, including demographics, lab results, referrals, and detailed records of service visits.
- **Enhance Service Delivery:** Improve care coordination and client engagement through seamless access to a comprehensive view of client histories and easy monitoring of testing and treatment protocols.
- **Support Multi-Program Management:** Offer functionality for managing multiple health programs and contracts simultaneously, thus accommodating diverse funding sources and service delivery models.
- **Facilitate Compliance and Reporting:** Ensure adherence to all regulatory requirements while enabling efficient generation of reports for public health oversight and program evaluation.

C. Background

Current practices in managing data for HIV, hepatitis, STI and Drug User Health care are often fragmented and require extensive manual effort, leading to inefficiencies and increased risk of errors. There is a pressing need for a centralized, web-based application that can streamline these processes, enhance data integrity, and improve the consistency and quality of care delivered to clients.

This application will act as an essential tool for managing the varied needs of funding sources and service delivery models utilized by our organization, fostering a comprehensive approach to public health intervention.

D. System Requirements

1. User Management:

- a. Ability to create accounts for over 200 providers and its users with role-based access control (e.g., admin, case manager, clinician, etc.).

- b. Data isolation for each provider to ensure confidentiality and compliance with HIPAA and applicable state laws.

2. Contracts, Programs and Services Management:

- a. Manage multiple programs and track performance metrics from various funding sources.
- b. Ability to link a program to a specific contract.
- c. Service mapping that allows for easy mapping of services provided by programs to their respective contracts, enabling a clear view of service obligations.

3. Data Collection:

- a. Dynamic field manager and form builder.
- b. Collect comprehensive client data, including demographics, testing histories, service visit records (dates, types of services, relevant notes) and referral tracking.
- c. Support various data entry formats, including manual entry and mobile interfaces.

4. Data Logic:

- a. Implement advanced validation logic for data entry (e.g., triggers for follow-up based on prior results).
- b. Customizable workflows to adapt to different provider types (e.g., clinics, hospitals, and community-based organizations).

5. Testing and Results:

- a. Input and track various test types, with automated notifications for retesting or referrals based on results.

6. Security and Compliance:

- a. Proposed solution must comply with relevant data protection regulations and ensure secure storage of contract and program data.
- b. Fully Encrypted Protocol (FEP) and Encryption Interface Capabilities
- c. Secure user authentication and conduct regular security audits.
- d. Access controls to restrict sensitive information to authorized personnel only.

7. Reporting and Analytics:

- a. Include customizable reporting dashboards and aggregate reports that highlight trends and outcomes for both providers and administrative staff.
- b. Ability to run reports that correlate programs with specific contract terms and service levels
- c. Export data in a manner that aligns with schemas defined by funding stakeholders.

8. Collaboration and Data Sharing:

- a. Foster secure data sharing among providers while maintaining compliance with relevant regulations.

9. Integration Capabilities:

- a. The solution should integrate seamlessly with existing organizational systems (e.g., Contract Management System) to ensure comprehensive oversight of contracts and program management.
- b. Integrate with existing Electronic Health Record (EHR)/Electronic Medical Record (EMR) systems and facilitate seamless sharing of lab results.

10. Technical Requirements

Platform Specifications:

- a. Indicate the preferred technology stack, including cloud-based options and mobile compatibility.
- b. Cloud Service Provider-Agnostic

Accessibility Standards:

- c. Ensure compliance with WCAG (Web Content Accessibility Guidelines) to guarantee usability for individuals with disabilities.

11. Implementation & Support

Deployment Timeline:

- a. Provide an estimated timeline for implementation, including development, testing, and training phases.
- b. Processes and assumptions regarding the transition from the existing legacy distributed application-based system to a vendor-provided solution, along with the associated timeframe.

User Training and Support:

- c. Outline plans for initial training sessions and ongoing technical support for users.

Updates and Maintenance:

- d. Provide a strategy for regular software updates and incorporating user feedback for continuous improvement.

12. Cost Structure

Pricing Model:

- a. Provide a detailed overview of pricing structures, including development and setup costs, ongoing maintenance fees, and any tiered pricing based on user counts or features utilized.
- b. The estimate should include any assumptions and should highlight major cost drivers and opportunities for cost savings such as trade-offs between development costs for automation and operations costs/staffing.

13. Vendor Information & Past Projects

Company Overview:

- a. Describe your organization's history, mission, and relevant experience in healthcare software development, particularly for public health.

Past Projects:

- b. Provide information about three (3) to five (5) past projects from similar projects focused on healthcare, particularly in public health or infectious disease management. Include client successes in your response.

E. Submission Guidelines/Response Format:

Responses in narrative form for IFB Section D. 1-13 should be numbered and lettered to correspond to each statement and question in the order presented in Section D. (example: D.1.a, D.1.b...)

All narrative responses must be submitted electronically in one (1) combined .pdf document by the due date shown on the cover page of this RFI. The subject line of the submission should include: *RFI for Web-Based Application for HIV/Hepatitis/STI/Dug User Health Management*. Narrative responses are limited to fifteen (15) double-spaced pages. (11-point Arial font)

F. Question Submission

Vendors must submit questions and/or requests for clarifications regarding this RFI via e-mail by the specified date and time listed on the cover page of this RFI. Questions should be submitted via e-mail to AIGPU@health.ny.gov with the subject line "*RFI for Web-Based Application Question Submission.*"

The following should be included in the e-mail inquiry:

- Vendor name, contact person, telephone number and e-mail address as part of the sender's contact information.
- Vendor question(s) including reference to the RFI section, page number, and/or other information so we may address all questions received.

At its discretion NYS DOH may contact vendors to seek clarification of any inquiry received. The Department will respond to questions and/or requests for clarification via addendum on or before the date listed on the cover page of this IFB. Questions received after the deadline cannot be addressed.

G. Disclaimer

This RFI is issued solely for information and planning purposes and does not constitute a Request for Proposal (RFP) or a commitment for an RFP in the future and it is not considered to be as a commitment by the AI/HRI/NYSDOH to issue a solicitation or ultimately award a contract. Responses will not be considered as proposals, nor will any award be made because of this request. Entities will not pay for any information or administrative cost incurred in response to this announcement. No basis for claim against either entity shall arise as a result from a response to this RFI or AI/HRI/NYSDOH use of any information provided.