



# Department of Health

**RFP #C042389R**

## **Physician Workforce Studies**

*Questions and Answers Posted June 11, 2026*

Question #	Corresponding RFP Section	Question	Answer
1.	Section 4.1A, Task 1	Is the collection portion of this task intended to include the administration of a statewide provider- or practice-site level survey to collect and validate physician, dentist, and midwife data for use in updating the Shortage Designation Management System?	Please see the subsection under Section 4.1A, Task 1, page 7 that describes the collection of data required to fulfill the task which will include: using Internet searches, existing provider databases including but not limited to New York State licensure data, proprietary databases, and other publicly available data. This effort will also include contacting individual practices within potential or existing shortage areas to update the inventory of physicians in those practices and document their practice characteristics.
2.	Section 4.1A, Task 1	Are provider capacity data (hours, work setting, outpatient, etc.) captured through the state licensure board(s), and if so, at what frequency?	Vendor will consult New York State Medicaid claims data, health care organizations, and individual providers to ensure that the most accurate data is available for shortage area designations. Vendor will identify Medicaid visits for individual providers, including but not limited to primary care physicians, psychiatrists, and general dentists. Visits will be limited to providers practicing in ambulatory care settings, including

Question #	Corresponding RFP Section	Question	Answer
			federally qualified health centers (FQHCs), hospital outpatient clinics, private physician offices, and other appropriate settings. Additionally, New York State Medicaid claims data will be used to identify individuals who are enrolled in Medicaid by geopolitical subdivision, including by county, minor civil division (city or township), and census tract.  Frequency is as needed.
3.	Section 4.1A, Task 3	Vendor will examine areas that are not currently designated but are identified as high need and assess them for potential designation – how is high need identified, are the areas already identified, and if so, how many high need areas are there?	High needs are identified in collaboration with Department of Health leadership and the Health Resources and Services Administration. The number of high-need areas fluctuate but are in the hundreds.
4.	Section 4.1A, Task 5	Are there state requirements/limitations about the website that can be provided?	See Section 4.1A, Task 5. A website may be used to provide the required assistance to stakeholders as outlined in the section.
5.	Section 4.1A, Task 6 Section 4.1D, Task 2	What is the expectation for how Technical Assistance inquiries are submitted?	Technical assistance requests and responses will be provided via email.
6.	Section 4.1B, Task 3	Is there a requirement/current policy in the frequency of the survey? Annually? Is there an example survey available for review?	The vendor will work with the Department of Health to determine frequency of the survey distribution. As stated, “The vendor will work with DOH staff to identify questions.” There is not a sample survey to review as this will be a new project.
7.	Section 4.1C, Task 2	Does a paper survey need to be distributed through mail, or can email be used? Are emails available for distribution instead?	Survey packages are distributed to Designated Institutional Officials (DIOs) or their administrative staff to further distribute them to physicians completing training at their institutions in a particular year. The survey is also made available to complete on the vendor's online survey platform.
8.	Section 4.1C, Task 3	Who are the Designated Institutional Officials (DIOs)?	A Designated Institutional Official (DIO) is a senior leader within a Sponsoring Institution that has ACGME-accredited graduate medical education (GME) programs.

Question #	Corresponding RFP Section	Question	Answer
9.	Section 4.1C, Task 8	Will American Medical Association data be provided by the State?	Vendor will be responsible for accessing and compiling data from the American Medical Association.
10.	Section 4.1C, Task 10	What permissions/requirements are needed to conduct the upload to the online GME data portal?	<p>Vendor staff will upload survey data to the online GME data portal found here:  <a href="https://www.aamc.org/data-reports/students-residents/report/gme-track">https://www.aamc.org/data-reports/students-residents/report/gme-track</a> under “GME Track LOGIN.” Vendor will need to “register for an AAMC account to begin accessing products and services.”</p> <p>The RFP has been amended to replace <a href="https://www.nygme.chwsny.org">nygme.chwsny.org</a> with <a href="https://www.aamc.org/data-reports/students-residents/report/gme-track">https://www.aamc.org/data-reports/students-residents/report/gme-track</a> under “GME Track LOGIN.”</p>
11.	Section 4.1D, Task 1	What types of workforce inquiries have come up over past couple of years?	Inquiries are typically related to the applicant or stakeholder-facing program questions.
12.	Section 4.1D, Task 1	What is the average number of inquiries over the past few years?	The average number of annual inquiries is approximately 400. The Department expects most inquiries to be answered within 1 business day, if possible. If an inquiry is more complex it may take longer to answer. The team has already created a FAQ document that will assist in answering the majority of questions.
13.	Section 4.1D, Task 1	How are the inquiries and activities received, meaning are inquiries direct by a stakeholder to the contractor or through the point of contact at DOH to the contractor?	Inquiries directly from stakeholders will be received by either the vendor or the point of contact at DOH and routed to the vendor.
14.	Section 4.2.4	Our organization is taking exception to this requirement. This language is contrary to organization policies. We cannot allow unilateral control over university personnel decisions. The Department may review the qualifications of proposed key project staff and if the Department reasonably determines that a proposed key staff member does not meet the qualifications set forth in this RFP, the Department may request, and the vendor will consider in good faith, the substitution of an alternative individual with equal or stronger qualifications. During performance, the Department may notify the vendor in writing of documented performance concerns regarding	The RFP has been amended, and this section has been removed.

Question #	Corresponding RFP Section	Question	Answer
		key project staff. The vendor will investigate the concerns and, where warranted and consistent with the vendor's personnel policies, and applicable law, will take appropriate corrective action, which may include reassignment or replacement of the individual with personnel of equal or stronger qualifications. All decisions regarding the employment, discipline, assignment, and termination of the vendor's personnel remain solely with the vendor.	
15.	Section 4.5	"If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, the Department must be notified immediately." HIPAA allows 60 days, are you amenable to change this to: (1) ". . . the Department must be notified within 5 days of the breach being discovered."?	The Department reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions set forth in the RFP, without modification, should the Department determine that that constitutes the best interests of New York State
16.	Section 4.5.2	<p>The RFP references certification to a "Moderate-Plus Security Controls Baseline. Could the Department please provide:</p> <ul style="list-style-type: none"> <li>• The controls catalog or standard the Department uses to define "Moderate-Plus";</li> <li>• The specific controls (or control enhancements) that the Department considers to exceed the NIST SP 800-53 Moderate baseline; and</li> <li>• Any cross-references to NYS ITS policies or HIPAA Security Rule provisions the Department maps "Moderate-Plus" to?</li> </ul>	The complete Moderate-Plus Security Controls Baseline, including the detailed controls catalog and the System Overview document, will be provided to the selected vendor upon contract award, along with the associated templates.
17.	Section 4.5.3	Does the Department have a template, required format, or minimum-content checklist for the SSP and SSP Attestation referenced in the RFP?	<p>The Department does not provide SSP templates or detailed format requirements during the bidding phase.</p> <p>As stated in Section 4.5.6 of the RFP, the Department will provide the following to the selected vendor upon contract award:</p> <ul style="list-style-type: none"> <li>• Moderate-Plus Security Controls Baseline SSP templates</li> </ul>

Question #	Corresponding RFP Section	Question	Answer
			<ul style="list-style-type: none"> <li>• SSP Attestation template</li> <li>• Related guidelines</li> </ul>
18.	Section 4.5.4	Our organization takes exception to the requirement of signing an agreement containing a BAA or BAA language. We cannot sign an agreement that would make our organization a Business Associate of the Department of Health and subject to HIPAA.	<p>Either the prime contractor or the subcontractor will have to sign this BAA.</p> <p>The prime contractor will have to sign the BAA. If the prime contractor is to subcontract out any of the contracted work (involving PHI), that subcontractor would also have to sign a BAA (a BAA between the Contractor and the Subcontractor).</p>
19.	Section 4.7	Although payments are made quarterly, is billing monthly permitted?	No.
20.	Section 7	Proposal submission references each proposal type (3) is to include an "open and permission password protected" file. Please clarify what constitutes an open file that is password protected.	Submit three (3) separate, searchable, and password protected PDF proposals in three (3) separate emails to: sch_loan@health.ny.gov. Use this naming convention for the subject line of each email: <Type of Proposal Submission, Bidder Name, RFP# C042389R >. The Department requires proposals be submitted with open passwords to restrict access to the document without entering a password. The Department also requires proposals be submitted with permission password to restrict editing of the document.
21.	Attachment 8, Article III.C	Our organization takes exception to this language as there is no cure rights added to this article. We request the addition of a 30-day cure notice.	The Department reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions set forth in the RFP, without modification, should the Department determine that that constitutes the best interests of New York State.
22.	Attachment 8, Article III.E Appendix F, Section R	<b>Article III.E:</b> Vendor akes exception to the following language within this Article as is allows for open-ended liability for replacement vendor cost overruns is above-market for an educational institution. We request	The Department does not accept the board limitation of liability language proposed. No changes can be made to this section.

Question #	Corresponding RFP Section	Question	Answer
		<p>updates to the following “. In the event of such cessation of work, and where the CONTRACTOR has been afforded an opportunity to cure its inability to adequately perform within a reasonable time as specified by the DEPARTMENT, but not to exceed 30 days, and the CONTRACTOR has failed to remedy such defect of performance to the satisfaction of the DEPARTMENT, the DEPARTMENT shall have the right to terminate this Contract and to arrange for the completion of the work in such manner as the DEPARTMENT may deem advisable; and if the cost of having the work completed by a replacement CONTRACTOR exceeds the amount of the initially awarded Contract, the CONTRACTOR and its surety shall <b>the CONTRACTOR shall be entitled to payment for all Services satisfactorily performed and costs reasonably incurred (including non-cancellable commitments) through the effective date of termination. The CONTRACTOR shall not be liable to the DEPARTMENT for the cost of any replacement contractor or for any excess cost on account thereof consequential, incidental, or indirect damages arising from such termination.</b>”</p> <p><b><u>Appendix F, Section R:</u></b> Our organization takes exception to the following section within Appendix F. The Research Foundation does not perform background checks as a standard practice. We request the following language to replace language within Section R  <b>“CONTRACTOR shall ensure that any CONTRACTOR staff who have access to THE DEPARTMENT’S systems, facilities or Confidential Information, are subject to the CONTRACTOR’S standard employment screenings. CONTRACTOR affirms that all assigned personnel are eligible to work under applicable law and authorized to perform services under this Agreement.”</b></p>	
23.	Attachment 8, Appendix H	<ul style="list-style-type: none"> <li>Would the Department be open to a project structure in which a qualified subcontractor — rather than the primary organization — enters into the BAA and DUA directly with the</li> </ul>	Subcontracting is allowed in this procurement. If the subcontractor is the one to be handling the data, they should also be the one to sign the BAA and HIPAA. The awarded contractor will meet

Question #	Corresponding RFP Section	Question	Answer
		<p>Department for any HIPAA-regulated data required for the engagement? If so, are there preferred contracting mechanics that the Department would find acceptable?</p> <ul style="list-style-type: none"> <li>• If our organization is unable to reach an agreement that would cause it to function as a Business Associate, what subcontractor role or data-handling arrangement would the Department consider acceptable for the prime? For example, would the Department accept a structure in which the primary organization performs only those tasks that do not involve receipt, creation, maintenance, or transmission of Protected Health Information, with the subcontractor isolating all PHI-related workstreams?</li> </ul> <p>If the Department is open to a structure under which a subcontractor handles HIPAA-regulated data directly, are there Department requirements that would govern how the subcontractor stores, secures, and transfers project data to the primary organization for the non-PHI portions of the work? We would appreciate guidance on:</p> <ul style="list-style-type: none"> <li>• Permitted forms of de-identification or limited data-set transfer to the primary organization;</li> <li>• Required encryption, transmission, and storage standards for any data shared with the primary organization;</li> <li>• Any flow-down obligations the Department expects the prime to impose on the subcontractor; and</li> <li>• Reporting, audit, or notification expectations that would apply at the prime level.</li> </ul>	<p>with the Department to discuss any reporting expectations and data transfers. The subcontractor must meet all NYS ITS security guidelines found in Section 4.5 of the RFP.</p>