1. **Q:** Is there any more information about CBH’s current data systems and architecture?  
   **A:** Yes. Please reach out to Hans Leach at hans.leach@phila.gov to gain access to this documentation. You will be asked to complete an NDA. Once this NDA is signed, you will receive information about the CBH environment and data systems.

2. **Q:** How many patients will you be managing in the scope of this project? [Our firm] utilizes a PMPM (per-member-per-month) pricing model so this will be helpful in formulating a response. 
   
   **A:** CBH universe is the # of members utilizing behavioral health/addiction treatment services within the total Philadelphia Medicaid population which is in the 725,000+ range and which is continuously shifting. 

   Below are utilization statistics for 2019 to 2021:

<table>
<thead>
<tr>
<th>Utilization</th>
<th>Total #Unique Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>116,664</td>
</tr>
<tr>
<td>2020</td>
<td>99,683</td>
</tr>
<tr>
<td>2021</td>
<td>83,638</td>
</tr>
</tbody>
</table>

3. **Q:** Are these patients a managed Medicaid population? 
   
   **A:** Yes, All Philadelphia County Medicaid.

4. **Q:** To clarify, CBH plans to role out a Snowflake EDW? Would you care to share the desired data workflow? For example, [our firm] utilizes Microsoft Azure. We bring in data from many disparate sources (claims data, EHR data, HIE, etc). We normalize that data in our EDW and then move it to various visualization and analytics tools. Is the expectation to bring in this data in the CBH snowflake environment and then move to a solution like [our product]?

   **A:** CBH has Snowflake as outlined in the RFP. We are in the final stages of building the CBH raw data lake (in Snowflake) with the understanding that new sources will continue to be added but that technologies and processes will be in place to facilitate these additions. These include data from our legacy databases, clinical system, state files (eligibility and provider data for example), and will expand to include others (HIE, claims, etc.) as we move forward.
The model that is being adopted will be to transform / curate (including normalization as needed) the data lake data into a data layer that would be as the basis for CBH purposes (analytics, reporting, and many others).

5. **Q:** The RFP lists the current vendor technologies that are in being used for the creation of the platform project. Would CBH consider additional or alternative technologies and/or vendors to those listed with supporting details of the recommendation?

   **A:** CBH has previously evaluated other technologies for our basic cloud data architecture. At this time, the technologies outlined in the RFP are already in place and there is no current consideration to changing what is listed.

6. **Q:** Please provide a detailed list identifying the Current and Planned/Future Data Sources to be integrated with the Cloud Platform.

   **A:** Upon completion of the NDA (contact Hans leach @ hans.leach@phila.gov), vendors will be provided with some basic information which also includes a high-level diagram of our cloud enterprise architecture.

   The following data is in the final stages of being captured into a raw Snowflake data lake. This is not an inclusive list and more sources will be identified as the project progresses. Processes will be in place to add additional sources for data files and SQL databases as they are identified. This is in addition to what is listed below:

   **Data Files – Being routed to Azure Blob Storage through CBH Enterprise SFTP (Ipswitch/Progress/Movelt) and ingested into Snowflake using Matillion**
   - Daily Eligibility Data (from PA State processed through the CBH eligibility vendor)
   - Weekly Key provider files from State
   - Weekly Physical Health/Rx data files from the state
   - CBH Claims files from Claims Vendors (not yet in place but coming soon)

   **CDC Technology**
   - Legacy Informix Database (using Oracle Golden Gate CDC product)
   - Third Party Clinical System (MCO Psych Consult) using FiveTran CDC for SQL

   Reference Data sources (files and databases) using above technologies as needed

7. **Q:** How many users would be accessing the Cloud Platform and its Applications? Would users be limited to CBH employees & contractors? Will Providers outside of CBH have User Access?

   **A:** At this time, estimated numbers are not 100% known. Below is a list of expected users. Please also see answers to Question No. 9:
   - CBH report and BI dashboard users through selected tools (CBH Clinical and Business Staff)
   - CBH data scientists (small group)
   - CBH data warehouse team for scheduled and ad hoc data requests
• Interface requests from other systems (HIE/HSX, CBH Provider Portal, CBH Population Health Software, scheduled processes – both batch and real time, etc.)
• Batch and Change Data Capture (CDC)
• Access of CBH cloud platform data by non-CBH personnel (including contractors) will likely never be direct but will occur through controlled programming interfaces (such as calls from a separate CBH provider portal).

8. **Q:** Does CBH have a current contract with Snowflake? If not, is the desire to use the winning’s vendor’s Snowflake environment?

   **A:** Yes. CBH has its own Snowflake contract. There is no plan to host via another vendor at this time.

9. **Q:** Please describe the current # of Staff to support each of the stated "CBH data uses".

   **A:** Below are the ‘data uses’ in Section 2.4 of the RFP with # of staff shown:

   ‘Data uses’ from 2.4 of RFP

   • CBH Data Warehouse and related databases and data marts - around 15 users within the Data Analytics, Finance, Research & Evaluation organizations

   • Data Analytics comprising descriptive, diagnostic, prescriptive and prospective analytic modeling – The Data Warehouse team processes ongoing data analytics requests from CBH Clinical, Quality, Finance and other CBH Departments as well as for the State and other City partners. The number of data requests for 2020 and 2021 are:

     2020 ➔ 465
     2021 YTD ➔ 369

   • Decentralized Business Intelligence (BI) Dashboards and Reporting (current state is Power BI; future state is likely Tableau) –

     o The # of CBH employees who currently have access to run SSRS Reports is around 300. However, usage usually runs from 100-150 during any given 6-month period. There are also approximately 48 scheduled SSRS reports.

     o CBH employees currently using BI Dashboards (currently through Power BI) is in the range of 75-100. This is expected to grow significantly over the next 1-2 years

   • CBH Provider Portal – CBH has approximately 175 network providers who will have access to the provider portal which is in the early stages now. Providers will be accessing the portal and Enterprise data from the new cloud platform will be source of data for the uses cases which require data. Providers will access the portal on an as-needed basis.
PA State Health Information Exchange (HIE/HSX) & Population Health – These two initiatives are not yet in place at CBH. There will be 2-way data feeds between the CBH cloud data platform and HSX (the HIE vendor for Philadelphia County). Population health software will use this data along with other CBH enterprise data. It is unclear at this time what the traffic will be. The number of users/processes and frequency of data access is still TBD.

10. **Q:** Section 2.1 indicates the technology is the final stages of building the foundational architecture. Should the first milestone in section 3.2 start with the assumption that the technology platform is in place and the effort should begin with configuration of the platform for the data?  
    
    **A:** Yes. There may be pieces of the foundational architecture that still need to be implemented, but it is expected that this will be in place and/or processes will exist to facilitate completion.

11. **Q:** Can we assume the list of data domains in Section 2.4 would represent the work for the time estimate in Section 3.2 for re-engineering existing EDW and data marts or is there additional information that can be provided to understand the work effort for that milestone?  
    
    **A:** Yes. Unable to provide additional information at this time.

12. **Q:** We understand CBH is asking Vendors to list a "Target Time Frame". What is the "Desired" Go-Live Time Frame for each item?  
    a. Design Snowflake Cloud Data Platform within recommended data warehouse methodology to support identified CBH data needs within an established Framework, Method/Approach for building Snowflake warehouses to support the identified CBH data needs  
    b. Build, test, validate, and implement cloud data platform  
    c. Re-engineer existing CBH Data Warehouse and related databases and data marts into Snowflake  
    
    **A:** For a/b/c: full cloud platform will be built based on use case priorities from beginning of engagement through June of 2022. See below timeframes for specific requirements.

    d. Implement solutions for agreed-upon use cases to support Provider Portal, HIE data (from HSX), and Population Health. These are yet to be clearly defined and prioritized.  
    
    **A:** For d: These are NEW initiatives with high priority to build curated data to meet these solutions starting at vendor contract engagement through end of November, 2021. Immediate data requirements are currently being defined for each of Provider Portal, HIE/HSX, and Population Health.

    e. Implement Centralized Executive BI/Reporting (possibly Tableau) from new cloud data platform sources  
    
    **A:** For e: There will likely be any number of specific use cases still to be defined that will be built based on prioritization still to be determined. However, it is understood that there may be high priority use cases (such as specific dashboards) that will be required sometime in first half of 2022.
f. Re-engineer, test, validate, and implement existing SSRS/Power BI Dashboards and Analytics processes to new cloud data platform sources and BI/Reporting platform

A: For f: Timeframe after 6/22 when full platform is in place.

g. Coordinate rollout of new reporting platform / tools to CBH and facilitate the decommissioning of existing on-premises processes

A: For g: dependency is after f. is completed with preference for project to be completed by end of 3rd quarter 2022.

h. Warranty Period Support

A: For h: Requesting vendors to provide answer to their warranty period with details of what that includes.

13. Q: Will the entire platform be required to be completed before the roll-out or will a phased approach be acceptable based on client use case priorities?

A: Some CBH use cases will need to be implemented prior to 100% completion of all items listed in the RFP. For example, CBH expects that the components needed to support HIE/HSX, Provider Portal, and Population Health must be in place in place and are higher priorities than to re-engineering existing reporting and BI Dashboards. In other words, new and high priority use cases will be addressed first. Existing processes such as reporting and BI Dashboards will continue to be used until such a time as these can be addressed during the project timeline.

14. Q: How do you want the work and time estimates reported for the milestones which are waiting on additional scope and prioritization?

A: Since it is difficult to provide estimates without additional scope/prioritization and detailed requirements, please provide estimates for different types of resources that will be needed for this type of engagement as outlined in the RFP with the understanding that the # of resources needed will depend upon further scope/requirements.

15. Q: Is this request referring to vendors replacing the existing CBH Provider Portal or is this a typo and intended to state "proposed" solution being sought through this RFP?

A: This is a typo and should say “…plan and timeline for the proposed solution being sought...”.

16. Q: Please describe the number of employees at CBH.

A: Approximately 550