



## Questions & Answers

1. Is the full scope of the RFP to include standing up a FHIR API server, maintain client data including documents, etc.?

*Yes, that is the full scope.*

2. Could you please elaborate on "such as total number of health plan lives in your FHIR API solution, size of data managed, supported transactions per second, etc." in that are you looking for the identity provider to store and manage this data and / or house the FHIR APIs? Please clarify, the question in the RFP is to state what is the largest production environment your solution supports?

*Bidders may offer a recommendation on storing the data.*

3. Could you please elaborate on "Roadmap strategy that ensures future interoperability, maintainability, scalability, transparency, and patient access" as it pertains to functionality beyond authentication / authorization?

*To meet future mandates and the strategy for our primary business system, we'd like:*

- ▲ More open and more transparency
- ▲ Easier data transfer between systems
- ▲ Ease of building ETLs
- ▲ Much easier way to meet these mandates
- ▲ Mandates are member based, no longer organization based

4. Could you please elaborate on "Makes available source data for claims, encounter, clinical data" in that are you looking for more than an API Gateway or JSON Web Token through which what data and access to API end points to gather such data is derived?

*An API gateway that meets the minimum CMS mandate (21st Century Cures Act [Compliance with 45 CFR 170.401, 170.402(a)(1), and 45 CFR part 171 is required by November 2, 2020]).*

5. Could you please elaborate on where the expectation of claims, encounters, clinical, formulary and provider directory data are to reside, in that the expectation that the identity provider would house this information?

*Bidders may offer a recommendation, Trillium currently uses a private cloud.*

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6. What FHIR implementation guides do you support for claims, encounters, clinical, formulary and provider directory data

*The implementation guide published by CMS.gov (21st Century Cures Act [Compliance with 45 CFR 170.401, 170.402(a)(1), and 45 CFR part 171 is required by November 2, 2020]) must be followed, implementation guide names are in the RFP.*

7. In addition to the supported option of a Trillium dedicated infrastructure and cloud-hosted solution, is Trillium also open to a SaaS model cloud-hosted option?

*This option leverages a shared cloud infrastructure across multiple tenants in combination with Trillium dedicated components including the FHIR Repository. The vendor must prove acceptable throughput and SLAs as well as demonstrate segregation of all member data that belongs to Trillium.*

8. Does Trillium have the necessary system tools currently available to support ETL and the process of data sourcing from Trillium systems, transformation to a target format, and transfer of the recurring data extracts to the cloud-hosted solution?

*Yes*




9. Are there any existing data formats/data interfaces identified by Trillium that should be specifically accounted for in the RFP response and implementation detail (inputs to FHIR Repository Load Process or potential Façade based integrations)?

*The existing data format is in SQL Server and can be transformed into whatever format the vendor would need to facilitate this process. Trillium does not currently have an API that exposes its data externally.*

10. Does Trillium have resources/expertise available to extract and map the data where needed to create and support data in .csv, json, or standard based formats (X12N HIPAA, HL-7/CCD, etc.) or are you looking for the vendor to provide this resource expertise?

*Yes, we have the resources.*

11. Please share which of the following member level clinical datasets (required for the USCDI dataset) are stored and available in the Trillium clinical data or Care Management system:

-  **Assessment and Treatment plan** – Yes, for care coordination members yes
-  **Allergies** –Yes for members who are receiving our care coordination services. .
-  **Care team members** - Yes

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- 🌱 **Clinical notes** - Yes for members who are receiving our care coordination services and possibly for TARs. Some notes are hand written and scanned in pdf format.
- 🌱 **Goals** - Yes for members who are receiving our care coordination services
- 🌱 **Health Concerns** – Yes for members who are receiving our care coordination services.
- 🌱 **Immunizations** – Yes, limited but may extrapolate additional info from claims data
- 🌱 **Implantable devices** – Yes, limited but may extrapolate additional info from claims data
- 🌱 **Medications** – Yes, we receive pharmacy claims for our membership
- 🌱 **Problems** - Yes, diagnoses come from claims data
- 🌱 **Smoking statuses** – Yes, situational and largely from claims data
- 🌱 **Vital signs** – Yes, not at this time

- 12.** Are there any restrictions to utilize a combination of on and off-shore resources either in the implementation process or on-going support?

*Yes, there are restrictions. We do not support offshore resources for support or any other data access or development.*

- 13.** What kind of SMART on FHIR Applications does Trillium plan to launch for use with the required Member Authentication?

*Not planned at this time*

- 14.** What is the preferred method of member identification during self-registration?

*We cannot use SSN, Medicaid ID, or a client ID, Trillium is open to bidder's suggestions.*

- 15.** Does Trillium have an existing member inquiry/support operations unit or call center to answer enrollment and member identification questions (member lost the card, can't figure out the member ID, wants to know the coverage, etc.)?

*Yes*

- 16.** Are there any electronic methods like e-mail-based helpdesk, Live Chat?

*Yes, email and chat*

- 17.** What questions are asked from a Member to identify him/her on the phone in support of member inquiries?

*This information will be made available at the 2nd round of RFP evaluations for vendors selected for a demo.*

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- 18.** Does Trillium envision using the member identification solution in conjunction with any other service (telemedicine, IVR, Member Portal, etc.) in a single-sign-on manner?

*Yes*

- 19.** What is the current or future desired method of capturing the consent when a member delegates access to his/her information to another person? Please propose your solution.

*Bidder may offer a recommendation*

- 20.** What capabilities in TBS can be leveraged around consent management?

*Not SSN, Medicaid or Client ID, open to bidder suggestions.*

- 21.** Where is the backend database and infrastructure in house today?

*Private cloud hosted*

- 22.** To what extent is the case study relevant and does there have to be a named customer reference?

*Very relevant, we must have a healthcare experienced partner.*

- 23.** Vendor mirrors the AWS uptime SLA of 99.999%, which is best-in-class. How did Trillium identify its target uptime SLA?

*Recommendation from business consultants*

- 24.** Are you planning on making any changes to the data warehouse?

*Yes*

- 25.** What kind of conversions are needed from “do you support FHIR conversion from documents and unstructured data?” Are you pulling data out of documents or using APIs to move around entire documents?

*Currently unstructured data is stored as blob, we'd like to understand your capabilities for converting blob data type.*

- 26.** What SMART on FHIR applications have you chosen to leverage from the patient side of the house?

*None today.*

## Questions & Answers

### The following questions relate to the Patient Access API

27. Where is Trillium's TBS system currently hosted? Is it in an Azure/AWS datacenter or some other collocation facility?

*Private cloud*

28. If ETL is needed into a different datastore, who owns that work?

*Trillium*

29. Is there a preferred MFA/2FA service that Trillium uses today?

*Yes, Azure AD*

30. For the "3rd-party attestation process", how would Trillium like to send, track and manage the socialization of this privacy policy information with Trillium members?

*Our external communication's team will ensure member awareness.*

31. For "Security Risk assessment of 3rd-party applications ...", is there a service in place at Trillium today for this or is Trillium looking for a recommendation?

*Bidder may offer a recommendation.*

32. For the "3rd-party attestation process", how would Trillium like to send, track and manage the socialization of this privacy policy information with Trillium members?

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*Bidder may offer a recommendation*

34. Does this need to be part of the automated onboarding of 3rd-party applications' access to the Patient Access API or will it be handled manually?

*Bidder may offer suggestions that are compliant.*

35. Dedicated developer portal sandbox - is there a sandbox TBS database that should be used for this or is it purely mocked data?

*Yes sandbox, can be configured for real data.*

## Questions & Answers

### The following questions relate to the Provider Directory API

36. Will there be a “staged” copy of the Provider and Pharmacy Network data in TBS?

*Yes*

37. If so, is Trillium responsible for keeping that data updating in the staged table/datastore?

*Yes*

38. In the Proposal Evaluation section, there is a line item called: “Turnover to Trillium Staff”. Can you please describe what the ideal scenario would entail for the handover of roles and responsibilities?

*There should be a turnover period to ensure the continued success and support of the vendors solution. Typically, this is a period of, about 30 days. The vendor will supply/turnover documentation to support their solutions such as architecture diagrams, development and testing implementation guides.*

39. In addition to NaviSite, does Trillium have a preferred cloud hosting vendor (AWS, Microsoft, Google)?

*MS Azure*

40. Has Trillium already completed their data mapping activities?

*No*

41. Can you kindly provide as complete a list as possible of the available / required data integration sources that are internal to Trillium, with an understanding that the 3rd party application connectivity will change over time? For example, details on your proprietary system functionality, care management, provider directory, member eligibility, pbm, etc. sources will be connected? A count of such feeds and type of format is needed to best estimate scope of work.

*This information will be made available at the 2nd round of RFP evaluations for vendors selected for a demo but you can make assumptions in your response.*

42. How many members are expected to be covered under this RFP?

*260,000*

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- 43.** It has been indicated that Trillium's online member portal does not have an existing identity management system for members.

*The member portal is in development, not in production today. .*

- 44.** Do you have a member portal and it does not support identity verification or do you not have a current member portal solution? What factors are in your policy would Trillium used for confidence in authenticating a member to have data access?

*Bidder may offer a recommendation.*