Trillium
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

CMS INTEROPERABILITY AND PATIENT ACCESS

Request for Proposal
September 28, 2020

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Health Network
Expires 03/01/2022

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Section 1. Introduction and Background

A. Purpose of RFP

On March 9, 2020, the Center for Medicare and Medicaid Services (CMS) released final regulations –CMS Interoperability and Patient Access Final Rule or the CMS Final Rule (CMS-9115-F), to implement extensive requirements of health plans serving Medicaid, Medicare Advantage and the Federally Facilitated Exchanges. Beginning July 1, 2021, health plans will be required to share health information – at the direction and approval of enrolled members, with 3rd-party S.M.A.R.T on FHIR applications in a more accessible and timely manner. The primary goals of the CMS Final Rule are to ensure enrolled members have seamless easy access to their health information, and that information follows them on their healthcare journey.

Trillium Health Resources (Trillium) is seeking an integrated solution that can implement and support the health plan requirements described in the CMS Final Rule.

B. Organizational Background

Trillium is a local governmental agency (LME/MCO) that manages mental health, substance use, and intellectual/developmental disability services in eastern North Carolina. We cover the following counties: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, and Washington. We are uniquely positioned to meet the distinct needs of the individuals and communities we serve, and our top focus is delivering the right services, in the right amount, at the right time. We know these populations and are deeply engrained in their counties. We know how to treat, support and serve them most effectively.

We partner with health care providers and community stakeholders to build and strengthen foundations of well-being, provide individuals with the resources to weather life's storms, and help deepen connections between citizens and their communities. Together with our partners and state leadership, we are invested in the future of the public behavioral health system for the benefit of our region.

Our communities are only as strong as their people. Trillium is committed to caring and fighting for the well-being of our citizens, because well-being needs a sturdy foundation at the start to prevent problems later and keep it standing through all kinds of weather.

Our number one focus is helping every person we serve get the services needed to improve well-being and live a fulfilling life. We're invested in every one of you.

Section 2. RFP Process and Schedule

A. Contact Information

1. All questions and correspondence related to this RFP must be sent to:

Christy Flentje, Project Manager
ATTN: CMS Interoperability RFP
Christy.Flentje@Trilliumnc.org

B. Key Dates and Deadlines

Trillium intends to complete its RFP issuance, review, and selection process by November 9th, 2020. The anticipated schedule is listed below:

TASK	DATE	ACTIVITY
RFP Release	September 28, 2020	Release RFP
RFP Questions Submitted to Trillium	October 5, 2020	Electronic documents submitted to Trillium by 5 PM Eastern
Trillium response to questions and discussion with vendor	Week of October 12, 2020	Email, conference call
Final Vendor response to Trillium	October 16, 2020	Electronic documents submitted to Trillium by 5 PM Eastern
Internal review and evaluation	Week of October 19, 2020	Trillium staff evaluates proposals
Request to Negotiate	Week of October 19, 2020	Virtual meeting
Top 3 vendors notified for demonstrations	October 26, 2020	Email
Top 3 Vendor demonstrations	Week of November 2, 2020	Demonstration of solution(s)
Decision Notification to Vendors	November 9, 2020	Email and Phone

2. Selected vendors will be requested to perform or display various scenarios during the demonstration, designed to test key scenarios, vendor responses to the RFP, and display solution capabilities. If selected, vendors will receive adequate notification of their presentation date.

3. Notice - Throughout the response document the Bidder will have opportunities to reply, show, or otherwise indicate similar functionality that may not meet the RFP definition but is close or produces similar outcomes.

4. Trillium will consider all such responses as a Request To Negotiate. RTN responses will be scored lower than Yes or Out of Box responses to the questions / requirements.

5. Yes or Out of Box answers and validated RTN answers will transfer directly to the contract between Trillium and the Bidder. This means the Bidder's answers in this response document must withstand legal and audit scrutiny.

C. Proposal Evaluation

The winning proposal will be selected solely based upon the judgement of Trillium.

Trillium has been mandated by the Federal government to meet the mandate outlined at CMS.gov for *Application Interoperability and Patient Access* final rule. This request for proposal is to minimally meet, but is not limited to, that final rule. Trillium is also requesting a strategy that provides more data transparency and ease of data access to its clients, while also adding scalability and maintainability to Trillium's core application (Trillium Business Systems – TBS).

The most compelling proposal will not only meet this mandate, but will also provide a strategy for future transparency mandates of this type.

The proposal should outline how the vendor proposes to secure and host the system, while also allowing ease of use for Trillium's client base. The proposal should roadmap a cradle to grave (testing, environments, discovery, infrastructure, architecture, security, etc.) solution for this mandate, as well as roadmap a strategy for transparency, maintainability, and scalability for the future of the TBS application as well as ease of access to client data that resides in and is maintained by TBS.

The vendor shall document, demonstrate, and propose how their solution will meet all HL7 standards in that mandate, including but not limited to (FHIR 4+, OpenID Connect 1+, OAuth 2+).

The vendor shall also provide options for hosting whether it's on-premises, private cloud (NaviSite), or public cloud hosted and also include year one, year three, and year five total cost of ownership pricing.

Trillium will prioritize the following areas, in no specific order, when evaluating proposals:

- Ability to meet Trillium's business requirements, government mandates, and growth strategy
    - Specifically, but not limited to the Interoperability and Patient Access final rule CMS-9115-F mandate
- Overall solution architecture and approach
- Integration with existing infrastructure and architecture
- Proposed tech stack
- Hosting options and recommendations
- Security Initialization and Maintenance
    - Including, but not limited to OpenID Connect, OAuth in accordance with the mandate
- Roadmap strategy that ensures future interoperability, maintainability, scalability, transparency, and patient access
- Turnover to Trillium staff
- Training
- Documentation including but not limited to:
    - API syntax, function names, required and optional parameters supported and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns
    - The software components and configurations an application must use in order to successfully interact with the API and process its response(s)
    - All applicable technical requirements and attributes necessary for an application (SMART on FHIR or otherwise) to be registered with any authorization server(s) deployed in conjunction with the API
    - Address client data contained\maintained within documents or other disparate data sets (faxes, pdf's, etc)
    - Address how the API's will be registered so that applicable SMART on FHIR applications may discover the API's
    - All documentation related to a successful deployment

- ♻ Testing and Monitoring
  - O Conduct routine testing and monitoring, and modify as appropriate to ensure API functions properly per the CMS mandated testing script guidelines
  - O Verify an individual enrollee can only access claims or encounter data or other PHI (Protected Health Information) that belongs to that enrollee
  - O Provide documentation and implementation of best practices regarding API testing tools
- ♻ Provide traffic throughput metrics to validate expected traffic load
- ♻ Beneficiary Education
  - O Provide educational materials about privacy and security considerations when selecting SMART applications to access their data
- ♻ Sign off
- ♻ Provide a fixed total cost of ownership to Trillium for year one, year three, and year five
- ♻ Provide documentation for any add-on services supplied

Section 3. Statement of Work

A. Purpose

Trillium is seeking a cost-effective solution that integrates with internal systems and data sources to enable compliance with the interoperability requirements described in the *CMS Interoperability and Patient Access Final Rule (CMS-9115-F).* The solution must also be flexible enough to support future business requirements and regulatory changes, specifically regarding patient data access and interoperability outlined in CMS-9115-F.

B. Minimum Functional Requirement

Patient Access API

- ♻ Solution is compliant with the Patient Access API described in CMS Interoperability and Patient Access Final Rule (CMS-9115-F)
- ♻ FHIR API System Requirements
  - O Cloud-hosted FHIR API server supporting FHIR version 4.0.1 or greater protocol
    - ➢ FHIR API server supporting FHIR version 4.0.1 or greater – we will evaluate proposals for both cloud-hosted and on premise hosted installation.

○ Facade data model served to each client via the FHIR protocol and data model

○ Makes available source data for claims, encounter, clinical data (based on USCDI v1+) and drug formulary data using publicly available implementation guides such as (CARIN Blue Button IG, US Core IG, Da Vinci IG)

> ➢ Utilizing supported technologies (i.e. C# \ MSSQL \ Vendor Proprietary Toolset)

> ➢ Data may reside in TBS or may be Extracted\Transformed\Loaded to a different data store using approved, secured, and supported technologies

> ➢ FHIR API will be tested with industry best practices, approved test cases, and testing guidelines provided by CMS.gov

○ Data Maintenance Timeframes

> ➢ Data for drug formulary are updated monthly no later than thirty (30) calendar days

> ➢ No later than one (1) business day for adjudicated claims, and no later than one (1) business day after receiving encounter and clinical data

> ➢ For drug formulary data, no later than one (1) business day after the effective day of any such information or updates to such information

> ➢ With a date of service on or after January 1, 2016 and are active members.

○ Claims and Encounters

> ➢ Must include all covered services Including behavioral health, LTSS claims, dental, Medicare supplemental benefits for which a claim or encounter is generated or adjudicated

> ➢ Including subcontracted, capitated or delegated services

> ➢ Including claims data for payment decisions that may be appealed, were appealed, or are in the process of appeal

○ Fully documented API (see Section C - Proposal Evaluation)

○ 99.9999% uptime and availability

> ➢ Vendor shall provide Service Level Agreements and must adhere to HL7 standards

○ A documented plan for ongoing maintenance and testing

♣ Consent and Identity Management

○ Obtain Trillium member consent of 3rd-party SMART on FHIR applications and ability for each Trillium member to view, track, and modify their consent

- Identity verification and authentication via, at a minimum, OAuth 2+ and OpenID Connect 1+ incorporating errata set 1

- Support member identity verification and authentication, including technical support for OpenID Connect 1+ incorporating errata set 1 and two-factor authentication (2FA) or multi-factor authentication (MFA)

- Support SMART on FHIR authorization process

  - Application Launch Framework Implementation Guide Release 1.0.0

    - A profile of OAuth 2.0 specification, including mandatory support for SMART on FHIR Core Capabilities regulatory reference 42 CFR part 162 for secure authorization of 3rd-party application access to the Patient Access API

- Customer service support for member questions and trouble-shooting

🌿 3rd-Party Support for S.M.A.R.T on FHIR Applications

- Registration and onboarding process for 3rd-party applications to connect to the Patient Access API

- API documentation is publicly available and will include:

  - API syntax, function names, required and optional parameters supported and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns

  - The software components and configurations an application must use in order to successfully interact with the API and process its response(s)

  - All applicable technical requirements and attributes necessary for an application to be registered with any authorization server(s) deployed in conjunction with the API

  - Address how the API's will be documented so that applicable SMART on FHIR applications may discover the API's

- 3rd-party attestation process that obtains information about a 3rd-party application's privacy policy and shares that information with Trillium members

- Security risk assessment of 3rd-party applications to evaluate and approve access to Trillium's Patient Access API

- Ability for Trillium administrators to revoke or discontinue API access

- Customer service support for 3rd-party developer questions and trouble-shooting

- Dedicated developer portal or "sandbox" for 3rd-party developers to test with sample data

Provider Directory API

- Solution is compliant with the Provider Directory API described in the CMS Interoperability and Patient Access Final Rule (CMS-9115-F)

- FHIR API System Requirements

  - Cloud-hosted FHIR API server supporting FHIR version 4.0.1 or greater

    - FHIR API server supporting FHIR version 4.0.1 or greater – we will evaluate proposals for both cloud-hosted and on premise hosted installation.

  - Makes available source data for physician and pharmacy network using publicly available implementation guides (Da Vinci IG)

  - Provider and Pharmacy Network data will be updated within 30 calendar days of change

  - 99.9999% uptime and availability

    - If solution is hosted off premises, vendor shall provide Service Level Agreements and must adhere to HL7 standards

  - A documented plan for ongoing maintenance and testing

Payer-to-Payer Data Exchange – future project phase for year 2022, scope to be determined. What would be your strategy for adding the payer-payer data exchange? Explain how your firm plans to support the CMS changes through year 2027. Define how your pricing structure changes as more services are added.

- Solution is compliant with the Payer-to-Payer Data Exchange described in the CMS Interoperability and Patient Access Final Rule (CMS-9115-F)

- System Requirements

  - Support data exchange between Trillium and another health plan for current and former Trillium members – source data based on the USCDI standard

  - Track member request and authorization

  - Ongoing maintenance and testing

C. Overview of Existing Infrastructure

The selected solution must integrate with and leverage our existing infrastructure.

The selected vendor will be allowed to review the codebase, technology stack, process, and SDLC Trillium has in place today. Most all pertinent data related to this effort is stored in Trillium's on premises proprietary data store.

Trillium prefers fixed price contracting and anticipates future project phases that will require additional implementation supports.

D. Core Business Applications and Systems

Our core business applications, Trillium Business Systems, includes functionality for claims, denials, appeals, and adjudications. This is proprietary custom software.

Section 4. Vendor Proposal Executive Summary

Instructions

Summarize the most important and most compelling elements of your proposal, including how your solution and proposal meet Trillium's business requirements and selection criteria outlined in the prior sections, and why your proposal should be selected above all others.

The Executive Summary must be 1-page or less.

Section 5. Vendor Information

Instructions

Provide basic information about your company. For each question listed below, restate each question in sequence and write your responses immediately underneath the question. Responses to each question should be complete, concise and accurate.

Additional diagrams, tables or charts may be added directly into your response or attached as an appendix item.

A. Vendor Contact Information

Contact information for the primary person responsible for this RFP response.

- Name
- Title
- Phone Number
- Email

B. Vendor Profile

Information about the company

- Official company name
- Year company was founded
- Address of company headquarters
- Website
- Company ownership type (for-profit/ non-profit, corporation, partnership, etc)
- Parent company, if applicable
- List any ownership changes over the last three (3) years, with dates of changes

C. Vendor Products and Services

1. Briefly describe your company's history, mission, organizational structure, and products and services you offer to healthcare organizations.

2. Briefly describe your experience providing services to health plans like Trillium, including health plans that support Medicaid, Medicare and the Individual Marketplace.

D. Financial Condition

1. Provide copies of your audited financial statements for the last three fiscal years.

2. Provide a copy of an independent report showing the financial condition of your company (e.g., Dun & Bradstreet).

3. Describe other examples demonstrating your company's financial stability and health.

4. Identify any conditions (e.g., conflicts, bankruptcy, pending litigation, planned office closures, impending merger) that may impede your ability to complete this scope of work.

5. Describe your company funding sources / structure (private equity, publicly owned, etc.)

Section 6. Vendor Solution Capabilities and Services

Instructions

Use the **CMSCapabilityMatrix.xls** Section 6 answer tab and for each solution capability or feature listed below, identify and briefly comment on the current state of your solution based on the following definitions:

1. **Production**. Is currently being used or implemented by a health care organization today. If requested by Trillium, Proposer can demo this capability or feature, and share supporting business process work flows and a client reference.

2. **Prototype**. Is being actively designed and tested now, and will be feature complete and production ready <u>before</u> July 1, 2021. If requested by Trillium, Proposer can demo a functioning prototype and share development and testing plans.

3. **Roadmap**. Is not currently supported, but is part of Proposer's solution technology roadmap over the next 2-3 years.

4. **Unsupported**. Is not currently supported by Proposer's solution and is not part of the solution roadmap over the next 2-3 years.

Additional diagrams, tables or charts may be attached as an appendix item.

A. Solution Overview and Experience

1. Provide an overview of your solution architecture and describe how it supports the CMS Final Rule and Trillium's business requirements outlined in the Scope of Work – specifically the:

   a. Patient Access API

   b. Provider Directory API

   c. Payer-to-Payer Data Exchange

   Include a visual diagram that represents your solution architecture.

2. Describe up to two (2) case studies with an existing customer that demonstrates your experience with implementing a FHIR-based solution that connects with 3rd-party applications for health plan claims, encounters, and/or clinical data.

   What are some challenges, best practices and lessons learned that Trillium should consider in its implementation?

3. How much of your solution is owned and performed by your company, and which components or services are subcontracted to another company?

   a. If any subcontractors or 3rd-party applications are used to fulfill the requirements of your solution, please identify them by their company and application name, and their contribution to your solution. Describe your experience working with each subcontractor or 3rd-party application.

4. Describe your direct experience with each of the following FHIR interoperability initiatives, including how your solution supports each initiative (if at all) and how your solution builds on that experience?

   - CMS Blue Button 2.0
   - Da Vinci Project
   - CARIN Alliance
   - Argonaut Project

5. Why should Trillium choose your solution over other competitors?

B. FHIR API Server

1. Describe your overall hosting and deployment options, and what are the pros and cons to each option? Based on your knowledge of Trillium, what do you recommend for Trillium and why?

2. For cloud-hosting, what cloud vendor(s) does your solution currently support and where is the data center located?

3. Briefly describe how your solution is built to support future needs and growth, and can scale in a cost-effective way without compromising performance. What is the largest production environment that your solution currently supports – such as total number of health plan lives in your FHIR API solution, size of data managed, supported transactions per second, etc.

4. Trillium's data warehouse is currently hosted in the cloud by NaviSite. Does your solution support implementation within a private cloud environment (i.e., managed deployment)? If yes, what factors and/ or limitations are worth noting?

5. Does your solution support FHIR Facade or Repository data model (or both) – i.e., does your solution store a full copy of the source data and make that available, or does it connect to a health plan's data and transform it into FHIR on request? What are the pros

and cons to each option? Based on your knowledge of Trillium, what do you recommend for Trillium and why?

C. Data Transformation to FHIR

1. Describe your experience converting health care data to the FHIR standard. What FHIR implementation guides do you support for claims, encounters, clinical, formulary and provider directory data? Can you supply your Touchstone testing results to confirm solution conformance to the Da Vinci implementation guides?

2. Does your solution have pre-built or out-of-the-box FHIR adapters for health plan data? If yes, what data formats and standards are supported?

3. Does your solution have pre-built integrations with any of Trillium's core applications or systems listed in the Scope of Work? If yes, describe the extent of that integration and how it might benefit Trillium.

4. Trillium may have some clinical data stored in documents such as PDFs and scanned images – shared by providers as part of the care coordination and prior authorization process. How do you support FHIR conversion from documents and unstructured data?

D. Consent Management

1. Describe your consent management approach and options that are supported, including how consumers are informed and how consent can be obtained, stored and modified (i.e., revoked) by consumers.

   Include a visual diagram or workflow showing how various users and technologies interact to support the consent management process.

2. What customer support do you provide if Trillium members have questions or problems with the consent process?

3. Describe a case study with an existing customer that demonstrates your experience with implementing a process for consumers to authorize and manage their consent with 3rd-party applications and their healthcare data. What are some challenges, best practices and lessons learned that Trillium should consider in its implementation?

E. Identity Management

1. Trillium does not currently have an online member portal that handles identity verification and authentication. Describe how your solution supports the identity verification and authentication process, include login options, and support for two-factor or multi-factor authentication, OAuth, and OpenID Connect incorporating errata set 1.

Include a visual diagram or workflow showing how various users and technologies interact to support the identity management process.

2. What customer support do you provide if Trillium members have questions or problems with the authentication process?

3. Describe a case study with an existing customer that demonstrates your experience with implementing an identify management process. What are some challenges, best practices and lessons learned that Trillium should consider in its implementation?

F. 3rd-Party Application Support

1. Describe your 3rd-party application registration and onboarding process, including key steps that each 3rd-party application must follow and specific information, tools, discovery, resources and other support available to help a 3rd-party developer connect to and register with Trillium's Patient Access API.

   If available, include sample copies or screenshots of developer support resources.

2. Does your solution currently connect to and support 3rd-party applications, including consumer-based mobile applications, health plan applications, SMART on FHIR applications, and/ or provider-based applications? If so, list the application name, company name, and the application's primary function.

3. What customer support do you provide if 3rd-party developers have questions or problems with the Patient Access API or the Provider Directory API?

4. Describe a case study with an existing customer that demonstrates your experience with 3rd-party applications connecting to your solution via FHIR API. What are some challenges, best practices and lessons learned that Trillium should consider in its implementation?

G. Security and Privacy

1. Does your solution meet any of the following (yes/ no):

   a. HIPAA compliance
   b. SOC 2 Type certification
   c. HITRUST certification

   If yes, include a copy of your latest audit report summary.

2. What are the most common or most significant threats to unauthorized access to the FHIR API Server, and how does your solution specifically prevent or mitigate those security threats?

3. Have you or your direct affiliates had any security breaches in the last five years? If so, please describe

4. Do you conduct security risk assessments of 3rd-party applications seeking to connect to your solution? If so, describe your assessment process and resources – including assessment tool and criteria to approve/ deny access, and criteria to discontinue access.

5. How does your solution allow Trillium administrative users the ability to revoke or discontinue API access?

6. Does your solution or support services include off-shore access to PHI? If so, describe the extent and purpose of such access, and how data security and privacy will be protected.

H. Implementation, Testing and Training

1. Describe and include a copy of your proposed implementation plan, including details on

   a. key tasks

   b. the sequence of those tasks

   c. dependencies between tasks, if any

   d. responsible parties for each task – vendor, subcontractor, or Trillium

   e. estimated time to complete each task

   f. key milestones and deliverables

2. What are the expected roles and responsibilities of staff from both your organization and Trillium related to project management, communication and issue resolution? Specifically list start-up requirements and support that Trillium will be required to provide for successful project delivery.

3. Describe a case study with a recent health plan customer that demonstrates your experience with implementing the CMS interoperability requirements. What are some challenges, best practices and lessons learned that Trillium should consider in its implementation?

4. What are the qualifications and experience of the staff you plan to use for implementation? Provide the name, title and resume of the primary person responsible for ensuring that Trillium's goals and objectives are met.

5. Do you offer a "Proof of Technology" (POT) option prior to a full implementation – to allow Trillium to engage with your company to test and confirm the functionality of your

solution before committing to a long-term agreement? If so, please describe a POT project.

6. Trillium is targeting November 9th, 2020 to start implementation with a selected vendor. What is your ability to support this start date? If your company and solution are selected by other health plans during this same timeframe, describe your staffing capacity to expand and support Trillium as well as other potential customers?

7. What is your testing process to ensure:

    a. The FHIR API Server is available and connecting properly to 3rd-party applications

    b. Individual members can only access data that belongs to that individual only

8. Describe your training approach and knowledge transfer to Trillium staff. List all training and/ or educational courses offered and their schedules, including end-user and IT related offerings. Please identify courses that are mandatory, recommended or optional – and which ones are included as part of this proposal.

9. Include a copy or screenshot of sample training materials.

I. Ongoing API Management and Support

1. What administrator dashboard and reporting capabilities are built into the solution – including, but not limited to, viewing API logs and data activity, member consent and business analytics.

    Include sample copies or screenshots of the Trillium administrator dashboard and reports.

2. After implementation and Go-Live, how will you monitor progress and performance on this account?

3. Describe the workflow process for managing ongoing support and services between your organization and Trillium. How do you support changes to the solution, including system upgrades and enhancements, and additional regulatory requirements in the future? For example, Trillium business requirements may change based on additional regulations, and standards such as FHIR, OAuth, OpenID Connect, and USCDI may be updated.

4. What Service Level Agreements (SLAs) will you provide and how will they be measured and reported. Include an example of your standard SLAs in your contracts, as well as proposed SLAs specific to this proposal. SLAs should include both incentives and penalties for performance thresholds.

J. Add-on Services and Capabilities

1. What additional services and solution capabilities does your company offer that is not mentioned in this RFP and may be of value to Trillium. Briefly describe their use case and how they could benefit Trillium.

   Are those add-on services and capabilities a part of this proposal?

2. What additional capabilities and features are part of your solution's 3-year technology roadmap? Briefly describe their use case and how they could benefit Trillium in the future. Are those future capabilities and features a part of this proposal?

K. Prerequisites

1. What are the technology, skill, system, capacity, or capability prerequisites that Trillium must supply to enable the proposed solution? Are there specific systems, application languages, or other requirements such as all data must be stored in the bidder's public or private cloud to implement the proposed solution?

   If the answer is anything other than no, describe all prerequisites.

L. Alternatives

1. List and describe alternative options you would like to offer that would meet Trillium's business requirements outlined in the Scope of Work.

Section 7. Vendor Solution Capabilities and Services – Matrix

Instructions

Use the CMSCapabilityMatrix.xls Section 6 answer tab and for each solution capability or feature listed below, identify and briefly comment on the current state of your solution based on the following definitions:

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2. **Prototype**. Is being actively designed and tested now, and will be feature complete and production ready before July 1, 2021. If requested by Trillium, Proposer can demo a functioning prototype and share development and testing plans.

3. **Roadmap**. Is not currently supported, but is part of Proposer's solution technology roadmap over the next 2-3 years.

4. **Unsupported**. Is not currently supported by Proposer's solution and is not part of the solution roadmap over the next 2-3 years.

Additional diagrams, tables or charts may be attached as an appendix item.

- CMS Final Rule
  - o Patient Access API
  - o Provider Directory API
  - o Payer-to-Payer Data Exchange

- FHIR API Server
  - o FHIR Release 4.0.1
  - o Cloud-hosted by vendor
  - o Cloud-hosted by Trillium
  - o On-premise installation
  - o FHIR facade data model
  - o FHIR repository data model
  - o Claims data in FHIR R4
  - o Encounter data in FHIR R4
  - o Clinical data based on USCDI and in FHIR R4
  - o Formulary data in FHIR R4
  - o Provider Directory data in FHIR R4

- Consent and Identity Management
  - o Obtain, view and modify consumer consent
  - o Support for OpenID Connect
  - o Support member identify verification and authentication
  - o Support SMART on FHIR Application Launch Framework
  - o Customer service support for member questions and troubleshooting

- 3rd-Party Application Support

    o App registration and onboarding process

    o Developer portal or sandbox to test API connectivity

    o API documentation

    o 3rd-party attestation

    o 3rd-party risk assessment

    o Ability for Trillium admin to revoke or discontinue API access

    o Customer service support for 3rd-party developer questions and troubleshooting

Section 8. Pricing and Cost Proposal

Instructions

In addition to a narrative description of your pricing model and cost proposal, detailed pricing information must be described using a matrix table, providing a clear breakdown of all itemized costs. This will be used to summarize proposals and help Trillium compare proposals.

- Provide a detailed narrative of your proposed pricing methodology and include a cost estimate for "ALL" costs associated with the services you are proposing and any potential fees that Trillium may incur over the length of the contract – including, but not limited to, start-up and implementation fees, license fees and ongoing maintenance fees.

- Summarize all costs items using a matrix table and showing a clear breakdown of all itemized costs. All costs must be accounted for and Trillium must be able to calculate year one, three, and five costs using only the data you provide. These data will be used in the contracting process.

    Each cost item must include a short description, the costs per unit/ quantity, and be identified as:

    - Upfront/ one-time costs or annual ongoing costs

    - Fixed or variable costs – for variable costs, note the factors that impact or trigger variable costs

    - Base service/ feature or add-on service/ feature – for add-on service or feature, note the additional costs if selected by Trillium

Section 9. References

Provide the following contact information for up to three (3) health plans that are implementing your CMS interoperability solution for payers:

- Health plan name
- Contact name, title, phone number, and email address
- Date of implementation start
- Date of solution "go-live"

Section 10. Formatting Requirements

Trillium's goal is to review all proposals. However, this goal must be balanced against Trillium's obligation to ensure equitable treatment of the received proposals. **For this reason Trillium has established the following formatting requirements. If you do not adhere to these requirements, your proposal will be screened out and returned to you without review.**

- **All proposals must be submitted electronically through [Smartsheet](#).**
- Any attachment pages must be typed in black, double-spaced, using a font of Times New Roman 12, with 1" margins.
- Any specified page limits cannot be exceeded.
- Applicants must use the sections/headings listed under Required Proposal and place the required information in the correct section.
- Black print should be used throughout your application, including any charts and graphs.
- Materials with printing on both sides will be excluded from review.
- Attached pages should be clearly labeled and numbered consecutively from beginning to end so that information can be located easily.

A. Required Proposal Components

- Face Sheet (provided as part of the electronic application) - organizational information such as legal name, employer/taxpayer number, address, contact information for leadership, etc.
- Cover Letter (Attachment A)
  - Summary of proposed project and intent to submit proposal

○ Summary description of strategy/plan and how it meets project goals and measurable objectives

○ Letter must be signed by an **officer** of the company

🌲 Project Narrative, including all 5 sections listed below and supporting documentation, as needed **(insert # of characters or pages under each Section)**

○ **Section A: Company/Organizational Information**

➢ Description of the company and its professional history as it relates to the services sought under this RFP

➢ <u>Three</u> external references from clients who have received similar services that have occurred within the past five year. Offers proposing to use Subcontractors for significant portions of the scope of work must also include three external references for each Subcontractor. {Attachments B(1) – B(6)}

➢ Licensing and/or bonding information

➢ Complete copies of the organization's last fiscal year's financials including the audit opinion, the balance sheet, statements of income, retained earnings, cash flows, management letters, and the notes to the financial statements (Attachment C) OR

➢ If independently audited financial statements do not exist, the provider/vendor should state the reason and submit sufficient information to be evaluated.

○ **Section B: Project Plan**

➢ Description of what is being proposed and how it will be accomplished, as related to the intent of the RFP and performance measures identified in Section E.

➢ Schedule/timeline for the service or project, which will serve as the basis for monitoring progress and adjusting activities as necessary, including:

● All activities required to accomplish the key objectives of the project.

● Target dates for the proposed activities, where appropriate.

● Information on the proposed start and completion dates of the key objectives and activities.

● Technical Specification: include any requirements, facility impact, etc.

- Installation and Maintenance, if applicable.

- Project management, including Performance Management and Security/Fault Management

- Education/Training and Supervision

⭕ **Section C: Personnel**

➤ Provide comprehensive chart of personnel positions for the project/service, including the CEO and any other executive/leadership positions, to reflect the role of each position, their level of effort and qualifications (Attachment D).

➤ Personnel charts for any subcontractors used, if applicable (Attachment E).

Personnel charts may be submitted as attachments, labeled and paginated.

⭕ **Section D: Pricing and Cost Proposal**

➤ Detailed in section 8 above.
➤ The narrative must explain how any fringe benefits were calculated, how any travel costs were estimated, why particular items of equipment or supplies must be purchased, and how overhead or indirect costs, if applicable, were calculated.

⭕ **Section E: Data Collection and Performance Measurement**

➤ Documentation of the provider's/vendor's ability to collect and report on the required performance measures as specified in this RFP.
➤ Description of the plan for any required data collection, management, analysis and reporting, if applicable.
➤ Description of the plan for conducting the performance assessment as specified in this RFP.

⭕ **Section F: Capability Spreadsheet**

Use the Capability spreadsheet to document your response for each capability.

B. Proposal Evaluation Information

🌲 All proposals will be reviewed for compliance with the mandatory requirements stated within the RFP. Proposals deemed non-responsive will be eliminated from further review.

🌲 The (Trillium Contract Manager or appointed person) may contact the Provider/Vendor for clarification of any response.

🌲 Responsive proposals will be evaluated on the factors that have been assigned a point value.   The proposal will be reviewed and scored according to the quality of your

response to the requirements. The responsible Provider(s)/Vendor(s) with the highest score(s) will be selected as a finalist or the finalist based upon the proposals submitted.

- Finalist Providers/Vendors may be asked to submit revised proposals or make a presentation for the purpose of obtaining best and final offers. If so, points will be recalculated accordingly, and points awarded will be added to the previously assigned points to attain final scores.

- The responsible Provider/Vendor whose proposal is most advantageous to Trillium, taking into consideration the evaluation factors, will be recommended for contract award. Please note, however, that a serious deficiency in the response to any one factor may be grounds for rejection regardless of overall score.

- Recommendations are made to Executive Management who has the final decision-making authority.

C. Administrative Information

- Award Notices

  O All RFP responding organizations will receive notification from Trillium when awards are determined.

- Administrative Requirements

  O The organization awarded the RFP must comply with all terms and conditions of the awarded contract. These terms and conditions will be provided in the award contract for signature.

  O The awardee will be held accountable for the information provided in the proposal relating to performance targets. Trillium will consider the organization's progress in meeting goals, objectives and schedules based on the contracted criteria. Failure to meet stated goals, objectives and schedules may result in suspension or termination of the contract, or in reduction, withholding and/or repayment of funding.