VITL
RFP for HIE Platform
Vendor Questions and Responses
June 2, 2025

VITL has consolidated the questions shared by various vendors into this list of questions and answers. Please note that not every specific question is answered, but that the general question themes and intents are captured in this document. This is to ensure questions are kept anonymous and to address what VITL believes are the most important pieces of information.

No further questions will be accepted or answered by the VITL team prior to receipt of proposals.

General RFP process questions
Q: Please provide clarity on proposal instructions, e.g. length, font, page limit.
A: VITL specifically did not provide more specificity on response format guidance to allow vendors the flexibility to share the information they believe is most important for understanding their solution. Vendors are encouraged to use their best judgment in providing a response to VITL, and to consider readability, appropriateness, maintaining reader interest, and the value of being concise and to the point in preparing their responses.

Vendors are encouraged to use clear, concrete language in providing their proposal. For example, statements such as "our production solution currently delivers" or "this capability has been implemented at a client site and that client is using the service with their participants." Statements that imply a solution could be built, is not in production, or would require additional development or customization will be assumed to mean that the capability is not available or included in the proposed solution.

Submissions should be sent in one email to VITL (multiple emails will not be accepted). Where documentation is requested in the RFP, please send PDF document attachments and not links to documentation.

Q: Would it be possible to get an extension to the deadline?
A: No, VITL will not consider any extensions to any of the dates or final deadlines specified in the RFP document.

Q: Is VITL seeking a technology vendor or a vendor to provide other HIE services such as onboarding, training?
A: Our RFP was very specific to a technical solution(s) for our HIE platform, and ongoing support of that solution, which is what VITL is seeking to contract for as a result of this process. The RFP is not requesting other activities, such as outreach, training, client relationship management,

etc. VITL will continue the work of onboarding new clients and building/maintaining connections to/from VITL's Rhapsody integration engine.

Q: What is VITL's preferred go-live date?
A: VITL seeks to implement the solution as soon as possible, but in a manner that ensures data quality, delivers an excellent customer experience, and that can be supported by VITL staff. VITL anticipates platform go-live before June 30, 2026, with the expectation that rolling out components to clients (e.g. provider portal, results delivery) may extend longer. In addition, new capabilities (such as event notification) would likely be contracted for implementation after roll-out of replacement capabilities.

Q: Can vendors submit references for clients who are currently going through implementation?
A: Proposals must include at least three references that have the proposed solution live and in production. Additional references can be provided, but three must be actively using the solution, or be former clients who actively used the solution.

Q: Where a proposal will include proprietary information, should a redacted version be provided.
A: This is encouraged to ensure that VITL can share relevant information with our state partners as part of the solution evaluation. Vendors are encouraged to limit the data they identify as proprietary. As a reminder, the information submitted will be shared with the State of Vermont HIE team.

Q: Are vendors required to complete annual financial audits?
A: Yes, the contract requirements include performance of annual financial audits by each vendor.

Data & Usage
Q: Will historical data be loaded as-is or do you expect the vendor to cleanse and remediate historical data? How much data will be loaded?
A: As part of the migration process, VITL intends to assess data quality and identify opportunities to improve quality as part of the migration process (e.g. perform necessary transformations, apply data cleansing routines to ensure that historical data is accurate, complete, and fit for use in the new platform). We would like to hear from vendors how they support or drive data quality evaluation and improvement as part of implementation, and what is included in the base implementation and any other services offered. Information about how migration has worked with other HIE implementations would be helpful to illustrate the capabilities and support that are offered.

The VHIE currently contains messages received from 2019 forward (this includes CCDs, which contain older data). VITL intends to maintain that data going forward for purposes of the CDR, provider portal, reporting and analytics, etc. VITL does not currently have an intent to limit the

history available, proposals should clearly identify any limitations and anticipated future costs associated with storage.

Q: VITL states the MPI includes 1.3 million Vermonters, while the population is only 650k, can you please clarify that?
A: It is not unusual for an HIE to have many more individuals than the census estimates. This can be due to a number of reasons, including individuals moving in/out of the state over time, transient populations (students), snowbirds, and individuals with multiple homes.

Q: How many active patient records exist in the VHIE?
A: VITL assumes an 'active patient record' is defined as an HL7 message processed for a patient, *regardless of their state of residence*, within the past year. VITL received data for 1.4M patients in the past calendar year.

Q: Do you own your own data, or is it licensed/managed by a third party?
A: VITL does not own any of the data maintained in the VHIE.

Q: Can you provide a breakdown of message volume by message type?
A: Listed below are the average monthly volumes received by VITL by message type:
- ADT = 2,850,000
- ORU/ELR = 1,100,000
- VXU = 80,000
- CCD = 380,000

Q: Can VITL provide information on volumes for ADT notifications?
A: As this service is provided by a third party, we do not have this information. However, VITL's seeks this capability to provide the ADT service to our community providers who are not currently using the third-party tool, so those volumes are not likely indicative of anticipated volume. Vendors are welcome to price the service based on ranges of volume.

Q: Can VITL provide information on volumes of results delivered through the service?
A: VITL currently has approximately 14 organizations delivering results to the VHIE and delivers results to approximately 600 outbound interfaces. We deliver an average of approximately 120k results per month. The results delivered include laboratory results, radiology reports (not images), and transcribed reports. Our current vendor manages outbound interfaces.

Q: Please provide information on the usage of the provider portal.
A: There are approximately 3,000 user accounts with 24,000 queries a month. Those numbers have been steadily growing as a result of a focused client engagement program.

<u>Current state</u>
Q: Please provide more information about what FHIR platforms and applications VITL uses.
A: VITL currently uses the MedicaSoft NXT and Insight solutions.

Q: Are v2 and v3 messages being transformed?
A: All messages received by VITL from health care organizations (e.g. v2, v3, flat files) are transformed into FHIR resources by the current platform and stored in a FHIR-based repository. Other transformations performed throughout the pipeline (in Rhapsody) include standardizing HL7 message versions and value code sets, and enriching message data with industry standard clinical codes such as LOINC, CPT, etc.. Terminology enrichment is additive; it does not replace the original value within the message sent to VITL from the data contributor.

Our current platform vendor performs the translation of the messages forwarded from Rhapsody to FHIR, as well as some codeset transformations. Currently, data transformations are distributed across both in-house processes and vendor-supported tools. While this model has been tuned to meet the needs of our existing environment, it has also introduced complexity—particularly in areas such as traceability and end-to-end observability. We look to collaborate with the selected vendor to design an appropriate future model, and ask that proposals include information about desired data flows

Q: How many outbound interface endpoints are needed (Rhapsody)?
A: VITL currently has one outbound endpoint which integrates with/sends data to the FHIR CDR. VITL also manages and maintains outbound interfaces and connections to VHIE clients. A new platform solution will not be responsible for those interfaces.

Q: Does VITL currently support any FHIR use cases?
A: VITL is preparing to launch a Bulk FHIR API to enable data access for an external partner. VITL does not currently receive FHIR data but seeks to do so with the new platform.

Q: How many users concurrently access VITL?
A: VITLAccess, our provider portal, has approximately 3,000 user accounts with an estimated 22,000 chart accesses a month.

Q: Please provide additional information about how VITL manages Rhapsody.
A: VITL contracts for Rhapsody from Cureous Innovations (CI). CI manages the infrastructure, the VITL team supports upgrades and day-to-day operation of the tool. VITL also configures and maintains all connections with VHIE data contributors and clients receiving data.

Q: What terminology services tool does VITL use?
A: VITL licenses TermAtlas from Cureous Innovations.

Q: What Outcomes is VITL certified for?
A: Information on the Outcomes is included in the HIE Strategic Plan, a link for which is included in the RFP.

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Q: How is patient consent currently captured?
A: Currently, individuals submit their consent status requests to VITL, and VITL staff update consent in our current platform through a consent module in the provider portal. This module is only visible and accessible to VITL staff. Should a patient's consent be updated in the provider portal by VITL staff, an ADT is generated by the system that includes patient demographics, the updated consent status, and date of consent change. The ADT is received by Rhapsody and the change is posted via an API to the Verato MPI to remain synchronized.

In the future, VITL would prefer a web tool that enables individuals to manage their own consent preferences; vendors should identify any capabilities their solution currently offers or integrates with to capture and manage consent. https://vitl.net/for-vermonters/

Q: What data is provided to public health?
A: VITL routes some data to the Vermont Department of Health (VDH) through Rhapsody. This includes transformation and validation of immunization data for the state's immunization registry and electronic lab reporting.

Platform
VITL Clarification: The RFP specifies that VITL currently has an integration engine, terminology services tool, main patient index solution, and an API gateway solution. VITL has asked vendors to propose a solution with the intent to integrate those tools, and to suggest any alternative tools/capabilities they recommend VITL consider using as part of implementing a new solution. VITL will consider any alternatives proposed from the perspective of capabilities, cost, and complexity in determining a final solution roadmap.

Q: Does VITL expect the selected vendor to host the solution? Does VITL have a preferred cloud provider? Is there a preference for a VITL-managed versus a vendor-managed cloud environment?
A: Our general goal is to reduce infrastructure management overhead for our team, and we prefer managed SaaS components hosted and maintained by the vendor. If practical and feasible, we are open to hybrid models where a component is deployed in VITL's cloud tenancy, where we can maintain control over security, auditing, data residency, and cloud spend, while the vendor provides updates, monitoring, and operations. All assumptions or options should be clearly stated in the proposal. Currently, some VHIE infrastructure (S3, Cognito, API Gateway) is hosted in VITL's Amazon Web Services (AWS) tenant and management is shared between VITL staff and external vendors.

Q: Does VITL expect the selected vendor to use Verato as the MPI?
A: VITL is very happy with the capabilities and services provided by Verato. However, as specified in the RFP, VITL is open to considering other solutions if a submitting vendor has a solution they believe offers better capabilities. Vendors are encouraged to submit information and pricing about any alternative solutions.

Q: What does VITL mean when it asks for a proposed solution to be able to integrate with a third-party provider portal?
A: VITL strives to offer its clients a provider portal that delivers robust capabilities and usability; therefore, any platform we select should support VITL's ability to license a provider portal from another vendor and integrate that portal with the selected platform with minimal development of customization (e.g. through an FHIR API).

Q: Does VITL require the clinical data repository to support versioning?
A: VITL expects the CDR to support versioning of FHIR resources, consistent with the FHIR standard. Retaining resource history is important for auditing, traceability, and clinical data governance. We are open to guidance from the vendor on best practices regarding version retention policies (e.g., full vs. limited history), performance impacts, and storage considerations. Please note that versioning is not enabled in our current CDR. We are interested in learning more about how the vendor effectively and efficiently supports this for their clients.

Q: Are there particular FHIR versions or standards that are required?
A: FHIR R4 is the intended approach for storage of data in the clinical data repository. We expect the new solution to remain current with emerging FHIR standards and support backward compatibility.

Q: Are there any FHIR resources that are anticipated to be required during performance of this contract that are not listed in the table included in the RFP?
A: VITL anticipates expanding beyond and aligning with FHIR standards.

Q: Can you please provide an overview of the medicationcheck FHIR domain listed? We were unable to find any reference to this and would like to understand it and its purpose.
We note that resources such as DiagnosticOrder, ProcedureRequest, and ReferralRequest have been deprecated in newer FHIR versions (e.g., R4) and replaced by ServiceRequest. Is this naming convention, or are the different resources stored as specific versions of FHIR?
A: The medicationcheck FHIR Resource listed in the RFP is a custom resource that our vendor created and used for validation purposes in their platform schema. It is no longer in use and should be ignored in responding to this RFP. Our current CDR does not store data natively in R4 format, instead, it stores FHIR-based JSON data in a document-oriented database. We expect that any new solution will be fully FHIR R4 compliant at implementation and capable of storing and managing data using the R4 resource structure. The solution must also remain compliant with new versions as they become normative. Vendors should consider migration of data from an earlier version of the FHIR standard and/or legacy or non-FHIR formats during

implementation and describe how their solution will support ongoing adoption of new FHIR versions throughout the platform's life cycle.

Q: Does VITL intent to manage VPN connections and integrations for the results delivery solution?
A: VITL is open to handling the connections or working with a vendor who is able to manage the connections.

Q: VITL plans to retain ownership of Rhapsody interfaces and VPN infrastructure. Will dedicated VITL staff be available to monitor and manage these during the transition period? How will responsibilities for issue resolution and change management be split between your integration team and the vendor?
A: VITL staff will continue to support Rhapsody. The explicit details related to issue resolution and change management will be discussed during the implementation planning.

Q: Will selected vendor only interact with the VITL team for all technical integrations?
A: The selected vendor will work primarily with the VITL team, but the implementation will also involve work with third party vendors with VITL at the table.

Q: Would activity in a development environment be limited to interface/Rhapsody development? Or does VITL desire a full-stack development environment?
A: VITL requested separate dev, test, pre-prod, and production environments to support a structured and safe software lifecycle. We anticipate the vendor is the primary user of the Dev environment but there may be cases where VITL will want access to test processes with synthetic data. Test and pre-prod would be used by VITL to test new integrations with VHIE data contributors as well as new code deployed by the vendor.

Sensitive Data
Q: Can VITL provide clarification on requirements related to sensitive data?
A: VITL does not currently have the capability to manage sensitive data or consent at a granular level. The new platform must offer the ability to use granular consent as well as functionality that allows specific data elements to be flagged as sensitive and made accessible only to defined user roles across all data access (e.g. in the provider portal, through reporting and analysis tools), based on applicable consent and data use policies. Examples include:

- Consent management and tagging for 42 CFR Part 2 data (substance use disorder treatment) according to the updated statute
- The ability to tag specific data elements (e.g., all immunization data; or specific diagnosis codes or lab results) as sensitive
- Support for data use restrictions, such as limiting use to treatment or quality reporting only, for example in accordance with federal and state regulatory requirements

- The ability to tag responses to specific questions in tools such as the CMS Health-Related Social Needs (HRSN) Questionnaire (e.g., indicators of violence in the home)

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Q: For 42 CFR Part 2 and Social Determinants of Health data, what level of granularity is expected at go-live — document-level, field-level, or concept-level tagging? Will VITL provide reference policies and tagging standards to guide consent engine configuration?
A: We anticipate vendor's will have robust capabilities, and support all options, responders should provide information on how their solution can manage sensitive data. Yes, VITL will provide reference policies and tagging standards.

VITL recognizes the importance of applying policy aligned definitions. These policies are evolving in alignment with 42 CFR Part 2 and SAMHSA guidance and in consideration of potential sensitive SDOH, reproductive health, and gender affirming care disclosures.

Q: Is VITL receiving 42 CFR Part 2 data?
A: VITL receives Part 2 data, but it is kept in a separate data repository, and is not commingled with VHIE data, and it is not currently available to health care organizations. A new solution must be able to store and tag this data and make it available for appropriate uses as discussed in the above question.

Q: Does Vermont have any laws regarding sensitive data that requires specific consent for sharing?
A: While there are no specific state requirements currently in place that differ from federal regulations, we are expecting to want to limit sharing of certain data, please see the question above.

Q: Can data be shared outside of your State?
A: Currently, VITL participates in limited sharing of data outside of Vermont. The State passed Shield Laws with the goal of protecting the rights of individuals who seek reproductive and gender-affirming care, and the providers who deliver that care. Information about can be found in Attachment A of the HIE Strategic Plan.
https://gmcboard.vermont.gov/sites/gmcb/files/documents/HIEStrategicPlan_2024_SUBMITTED.pdf

Security
Q: Would HITRUST r2 Certification be accepted in place of SOC2 Type 2?
A: VITL will accept an SSAE 18 SOC 2 Type 2 provided by the datacenter responsible for hosting the platform if available, HITRUST r2 Certification would not be a direct substitute in this situation ideally both the Datacenter's SOC 2 and the Solution Partner's HITRUST assessment would be made available.

Q: Does VITL require certification for the security and privacy program required in SEC-PRIV-1? If so, can VITL share which certifications are acceptable or preferable?
A: Certification is not strictly required although it will be considered when available. VITL requirements for validating a Solution Parner's security program is an independent third-party security controls assessment (and risks assessment.)

Q: Is an equivalent HITRUST document (or set of HITRUST documents) acceptable in lieu of a single specific document entitled "System Security Plan?"
A: To satisfy the requirement for System Security Planning VITL is looking for detailed documentation on the implementation of specific security technologies addressing the common control areas (auditing, access controls, configuration management, media protection, system integrity, secure communication, etc.). The System Security Plan would also detail how frequently security staff review the status of the security technologies for deviations and defects. If HITRUST documents provide this level of detail, then they would be considered an acceptable alternative. If the HITRUST documents provide only a high-level overview of how a control is addressed without describing the implementation then they would not meet the requirements.

Q: If we are in the process of achieving NIST 800-53, but will not be complete until 2026, would an exception be possible?
A: VITL will review independent third-party assessments against alternative security frameworks to NIST 800-53 if they are already complete. However, if no security assessment against an industry recognized framework is available that would disqualify the Solution Partner. This requirement would be written into any contract terms, and not meeting the requirement would be subject to penalties or termination.

Q: Will an in-progress SOC 2 Type II audit (with Type I completed) be acceptable at contract signing, assuming full Type II attestation is delivered within 90 days of go-live?
A: VITL will accept an SOC 2 Type II audit sourced from either the Solution Partner or the hosting Data Center (or both), if an SOC assessment is in progress and evidence to the effect can be provided to VITL during negotiations that should be sufficient. This requirement would be written into any contract terms, and not meeting the requirement would be subject to penalties or termination.

Q: Are all applicable State and Agency of Human Services' policies and standards listed on the "Cybersecurity Standards and Directives | Agency of Digital Services" site?
A: VITL does not maintain or contribute to these policies but inherits the requirements from our partners at the State of Vermont. These are what is incorporated into our agreements with the State.

Q: Questions HA-SLA 6 and HA-SLA 7 indicate the vendor must provide certain documents. Are sample documents requested with our response?
A: The vendor should provide detail about how they will meet these criteria in the Capabilities Worksheet. If the vendor wishes to augment this detail with additional documentation, they would be considered as part of the response.

Q: Please provide details about what policies are included in Attachment D Section 19.
A: Vendors must familiarize themselves with the general scope of these policies as part of their contractual requirements. VITL's Security and Privacy Expectations, included in the RFP materials, should serve as guidance to understanding how VITL's System Security Planning processes track alignment with contractual, policy, and regulatory expectations.

The State attachments include links; additional State information is here:
https://digitalservices.vermont.gov/document/information-security-foundations-policy
https://digitalservices.vermont.gov/working-us/policies

APIs
Q: In responding to API requirements, should we assume a particular ecosystem (such as VITL's current API Gateway and IAM solution)?
A: VITL is currently leveraging Amazon's API Gateway with Cognito and Lambda functions providing the authentication and authorization layer. This design supports our desire to maintain centralized visibility for security and auditing of API access. However, as stated in the RFP, beyond integrating VITL's current tools, we encourage vendors to propose options that offer opportunities for enhancements or improvements.

Additional Services
Q: Would pharmacy data be available for ingestion to inform medication fill capabilities?
A: VITL does not currently receive pharmacy data. Data from local pharmacies would not include enough volume to meaningfully support the goals of a medication fill service.

Q: Does VITL intend to develop into a community information exchange?
A: While there is not an immediate requirement, VITL encourages vendors who offer the capability for expanded community/social data exchange to provide information and pricing for those capabilities as modules of the solution. VHIE data is not currently received from or made available to non-HIPAA covered entities.

General contract requirements
Q: Please provide more clarity on the use of offshore resources.
A: As specified in the RFP and contract attachments, no offshore resources can access, store, process, transmit or view *ANY* VITL data (this includes identified, deidentified, or masked data). To be clear, access includes access to data through a secure VPN. Vendors can use offshore resources for development, but they cannot use any VITL data. If your proposal involves the use

of offshore resources for development, please identify this in your response and carefully explain what those resources will be doing and how they will be successful in their work without access to any VITL data.

Q: Is this work funded through federal funds?
A: VITL's work is delivered through a deliverables-based contract with the Department of Vermont Health Access of the State of Vermont. The State of Vermont does use Centers for Medicare and Medicaid Services funds to support much of our work.

Q: When should vendors provide proposed changes to the required contract terms and attachments identified in the RFP? Are existing modifications to any contract attachments with VITL applicable to a new contract awarded through this RFP?
A: Any requests for modifications to the required contract terms and/or attachments must be submitted with your proposal. Vendors should not assume changes to the attachments and terms included in the RFP would be acceptable. Requests for alterations to the contract attachments included in the RFP would likely not be accepted in a final contract with VITL. Further, changes to the State Attachments, if considered by VITL, must be approved by the State of Vermont, which would significantly delay the timeline and likely prohibit VITL from achieving our timeline goals. Therefore, requests for substantive alterations to the required attachments will negatively impact the viability of any proposals submitted.

Any exceptions or amendments made to any VITL contract attachments (or contracts directly with the State of Vermont), including the State of Vermont attachments, as part of past or current work are ***NOT applicable*** to any contract resulting from this RFP.

Q: Is the provided BAA intended for this procurement? It appears the one provided is the BAA that VITL signed with Vermont State and the subcontractor BAA will have slightly different terms. Or should we provide changes to the one provided?
A: The BAA provided is VITL's standard BAA, not our BAA with the State.

Q: Can VITL provide interpretation of specific terms in the state attachments?
A: VITL will not provide interpretation of terms or a response to any specific questions about the State Attachments at this time. Vendors are encouraged to provide specific concerns or questions as part of their proposal; VITL will engage in discussions about specific questions or concerns with short-listed vendors as part of the proposal review process.

Pricing
Q: Can capabilities and services (i.e. image capture) be priced as optional as opposed to in base pricing?
A: Yes, VITL encourages vendors to provide granular/modular pricing to enable VITL to understand true cost components, and how costs might change over time to enable new capabilities as they are needed.