Texas Health Services Authority

Technical Services Procurement
Vendor Questions and Answers
Date Released: June 16, 2017

	Vendor Question	THSA Response
1	Does THSA expect that the interface engine shall act as an FTP server to receive files from an FTP client?	The ideal solution will provide both the ability to run as an sFTP server (to receive and serve files), as well as act as an sFTP client (to send/retrieve files).
2	Can you please offer a more detailed explanation of the functionality requested for "Must have the ability to remove duplicate alerts"?	The MCOs are expected to only receive a small number of alerts, ideally one, for each clinical workflow event such as a hospital admission. Since a stream of inbound ADT-type messages would likely contain many somewhat redundant messages, the ideal solution would provide a mechanism to reduce or eliminate multiple outbound alerts for the same, or very similar, clinical workflow events.
3	In terms of secure email sending and receiving, are you referring to the ability to support the Direct Project protocol as a HISP?	The ideal solution will be able to send/receive and act as a HISP for Direct Project outbound email alerts. It should also be able to send generic secure emails that are NOT directly associated with the Direct Project (such as emails using Cryptographic Message Syntax/SMIME). Please note that the need to send secure email alerts is speculative at this point and is a lower priority capability than the ability to send via sFTP and HL7 v2 messages.
4	Do you need to uniquely identify Medicaid Patients regardless of where they are seen (including their active coverage periods)?	The THSA will need to uniquely identify Medicaid patients and assumes that this would be done through a master patient index or use of Medicaid identification numbers. The specifics of how this is done are deliberately not specified allowing for a variety of proposed vendor solutions. Vendors are encouraged to respond with optional capabilities, such as with, and without, an MPI.
5	Do you need to identify and manage patient-physician relationships to	The THSA would like that capability to exist. At this time, the THSA will be focused on getting information to Medicaid and the managed care organizations

	ensure that only the correct provider is alerted?	with which it operates, but a future use case could include notifications to providers. The solution should also have a way to associate a given patient with a given MCO.
6	Do you need an event notification system that sends alerts to the correct physician based on who the patient is, their relationship to the provider and their Medicaid enrollment status?	The THSA would like that capability to exist. At this time, the THSA will be focused on getting information to Medicaid and the managed care organizations with which it operates, but a future use case could include notifications to providers. The solution should also have a way to associate a given patient with a given MCO.
7	What is your budget for initial set up and ongoing operations?	The THSA is not setting an exact dollar amount for this project, but the objective is to for it to be, at a minimum, cost neutral. The THSA is open to vendors including proposed pricing structures in their responses, if the vendor so chooses. This is, however, not required.
8	What is THSA's not to exceed dollar value per year?	See response to previous question.
9	What is the total Medicaid population in Texas?	As of June 2015, 4.06 million Texans were covered by Medicaid as per published Medicaid statistics.
10	In the assumption document you represent 20 inbound ADT sources. What is the expected Medicaid population that will be serviced with these 20 inbound sources?	Assume that the number per source will vary, but for purposes of this response, please assume that 2 million unique patients will be included in the inbound information per year.
11	Can you please describe what problem	The goal of this procurement is to provide Medicaid MCOs with the ability to

	you have today that you are trying to solve as an outcome of this procurement?	know when their Medicaid patients have been admitted, discharged, or transferred from a care setting in as near real time as possible. Some MCOs currently participate directly with local HIEs and obtain this information on a regional basis. This procurement would enable a system to provide a statewide view of that data.
12	An outbound requirement is to remove duplicate alerts. What defines an alert?	An outbound alert is a configurable external message to an authorized subscriber sent via secure mechanisms. The outbound alert should be configurable and will likely entail both an ADT HL7 v2 message for some Subscribers, and other formats, such as a human-readable secure email to other Subscribers, depending on the capabilities and preferences of the Subscriber.
13	Can you please describe what types of alerts we can expect?	The THSA will initially focus on HL7 v2 inbound A01, A03, and A08 event types, but would like the capability to broaden to other HL7 v2 event types (such as A11, A13, A18, etc.) as soon as possible. In the future, the THSA anticipates seeking to broaden the inbound HL7 v2 data stream to include other event types including clinical data such as observations.
14	There is a requirement for CDA and CCDA documents via HL7 v2 segments embedded within OBX/ORU/MDMs, etc., even though this procurement is related to ADT messages: Is this simply to ensure that this functionality will be available for future needs? What are the message data encoding	The THSA is seeking to ensure these services would be available in the future. The message data encoding parameters are expected to enable placement of a Base64 encoded CCDA document inside an appropriate ADT message type as an Encapsulated Data (ED) data type.

	parameters?	
15	Which patient matching technology is THSA using today?	The THSA currently has a suite of services, which includes patient matching. The THSA has indicated its intent to discontinue use of the currently deployed query based document exchange solution.
16	Should this proposal include the purchase of a patient matching solution or simply recommend specifications of the matching solution that will meet the goals of THSA?	The solution must allow for outbound routing based on configurable logic such as based on a Medicaid ID. The proposal should include information on how the technical services being proposed address this issue.
17	The Requirements section requires that our solution can "disable all clinical data storage". What will be stored in the clinical data storage and will a registry and repository be needed as an outcome of this procurement?	The THSA is specifically prohibited from storing clinical data, so there would be no clinical data storage. Please note, however, the THSA may store administrative and/or demographic data.
18	The acronym MCO is used throughout the procurement document? Does this stand for Managed Care Organization?	Yes, it is generally used within Texas Medicaid as an abbreviation of a Medicaid Managed Care Organization.
19	Who will be responsible for performing the overarching project management for all the facilities connecting?	The THSA assumes that the facilities and local HIEs themselves will have their own project managers and that the project manager role for HIETexas would be performed by a combination of the THSA and potentially a vendor, which could be the vendor providing the technical services.

20	What use cases are you looking to solve?	The primary use case would enable authorized subscribers (Medicaid, MCOs, local HIEs) to securely, reliably, and quickly receive messages specifying certain events have occurred. Specifically, a local HIE connected to HIETexas will send HL7 messages for specific events (e.g., admissions, discharges, and transfers). HIETexas will receive and process these notifications. The notification will include the patient's name, certain demographic traits and identifiers, and limited other information such as the type of event, the initial diagnosis, or chief complaint. HIETexas will then employ business rules and will notify Texas Medicaid MCOs about the event. Anticipated events include, but are not limited to, hospital admissions, emergency department registrations, hospital discharges, practice visits, and facility transfers. This notification is anticipated to provide Texas Medicaid with near real-time ability to be alerted to key patient activities allowing Texas Medicaid MCOs clearer and more contemporaneous insight into their patient populations.
21	You mention that the vendor will send a statewide view of data to authorized subscribers (in this case, Medicaid MCOs). Are there data usage restrictions on who can be an authorized subscriber?	Initial use of the system will be focused on Medicaid patients, so non-Medicaid payers and providers would not be allowed to subscribe at this time. In the future, the system may be expanded to allow additional Subscribers.
22	Will the entities that are contributing HL7v2 ADT messages provide HL7v2 ADT on all patients or will they filter patients out of the data feed? Meaning, will feeds contain information	For purposes of your response, assume that the feed provided will include ADT messages on all patients.

	on Medicare, Medicaid, Commercial, self-pay, etc.?	
23	What percentage of hospitals in TX will be contributing HL7v2 ADT messages as part of this initiative?	The THSA cannot give an accurate estimate of that at this time. However, for the purposes of a response, please assume 200 hospitals would contribute data initially. The THSA anticipates most of those hospitals would contribute data via local HIEs.
24	Does all incoming data need to come only from the THSA contributing entities (500k inbound ADT messages per month from 20 inbound ADT data sources)? Or, will THSA allow the vendor to bring other data sources to the solution (eg., post-acute providers, out of state hospitals, etc.)?	At least initially, the focus of the program will be Texas Medicaid patients. If a vendor is proposing connecting additional data sources for that population, please specify this in your response.
25	Are you open to being on a data-sharing, care-coordination platform that is currently active across 15 states, including Texas?	At least initially, the focus of the program will be Texas Medicaid patients. The scope of the project could expand at a future date.
26	To the extent you want a product that authorized subscribers can access (not just pushing data via sFTP and HL7), what features are most important for this initiative?	Assuming the word "access" is defined, in this context, as an end-user portal, then the scope of this project does not include any additional "access" by authorized subscribers, at this time.

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