1. What is the State of Vermont's current API management solution? How is this being done today?
   The State of Vermont does not have an API management solution.

2. Do you have any plans to adopt an event-based architecture in the future?
   Yes.

3. Do you require any specialized healthcare format support such as FHIR or similar?
   Applicable X12 EDI Transactions Sets (835, 837, and others).
   MMIS, at this time, does not use FHIR standards; however we have requested this standard for data/message transfer in the past and the vendor was unable to meet our need at a reasonable cost. Yes, we would request the Integration Platform provider meet or have plans to soon meet, FHIR standards.

4. Do you require any B2B processing?
   Yes.

5. Do you plan on using any message queuing technology in your solutions?
   Yes.

6. Are you considering the risk of running a java- or software-based gateway as the protection for your API strategy?
   Unsure at this time.

7. What is the average payload size of your transactions?
   unknown

8. What is your estimated peak traffic, in transactions per second, during your busiest hour of the year?
   unknown

9. How many developers will you be supporting with this solution?
   THREE

10. What is the existing integration technology currently being used?
    NONE
11. Can you talk about how long it would take to build an integration in the existing technology (from a full lifecycle perspective from mocking through production ready)? You can use this guideline on characterizing the integrations:
   a. Simple: sequential operations on single payloads with little or no routing logic and simple data transformation logic.
   b. Medium: orchestration of between 3 and 10 systems/services with routing logic and medium-complexity transformation logic.

   **State of Vermont can not answer this. We’re not sure this is a question.**

12. Complex: orchestration of more than 10 systems/services with data enrichment and aggregation, and complex transformation logic.

   **Is there a question?**

13. How many integrations/APIs will need to be built in the next 12-24 month in your estimation across all projects mentioned in the RFI?

   **Approximately 20-50 within 2 years**

14. Can the State Provide an estimate on the average hourly rate a developer costs inclusive of benefits/wage/cost to employ (an estimate would work)

   **Internal State employed developer - $84 per hour**
   **External Contracted developer - $155 per hour**

15. Pertaining to the Department of Vermont Health Access Integrated Eligibility Premium Processing user story:
   a. Is a COTS framework used for this enrollment and verification system today? and what platform architecture achieves this today?
   b. Is a 3rd party validation service used or needed to ensure all the required fields are available before submission?
   c. To what extent is a household user expected to “self-serve” in the enrollment process?
   d. How is self-service achieved today in the present case management system?

   a. **State currently outsources this solution.**
   b. **No**
   c. **We would like a household user to self serve as much as possible**
   d. **State currently outsources the solution.**

16. Pertaining to the Department for Children and Families Bright Futures Information Systems user story:
   a. What enterprise content management system is in use today and how are templates used/stored and retrieved today?

   **ONBASE – No Templets used, retrieved via ONBASE front end and/or API’s**

   b. Is a COTS framework employed to facilitate this today? If so, which? **NO**
   c. How will new perspectives/strategies in assessing Children and Families impact workflow? New relationships with educators, social workers or family courts, etc.?
Work Flows are expected to be streamlined, become more efficient and improved the client experience. Introduction of AI may also ease Case Worker efforts and allow for improved and more thorough eligibility and benefit analysis.

17. Pertaining to the Vermont Department of Health user story:
   a. How are immunization records shared with the Epidemiology system today and what technologies does it support for automation and integration?
      Immunizations records are received via our HIE using a secure message queue. Messages are validated and loaded using a Health specific standard (HL7) and integration engine
   b. Is the immunization registry expected to be accessed by household account users? Or only providers or authorized personnel?
      Currently and for the foreseeable future only providers or authorized personnel
   c. Can you define “clinical decision” supported by the current system related to the Epidemiology system?
      We use a third party Immunization Forecasting engine to generate reports and recall notices specific to “Immunizations due”.
   d. Is the goal “computerized clinical decision support”, i.e. A.I. or an expert system? Or having access to contextualized data in support of a clinical decision purely for archiving and evidence in case of need?
      If this relates to item c then the answer is no in both cases. We already have clinical decision capacity for Immunizations.

18. Pertaining to the Department of Vermont Health Access Medicaid/Medicare Information Systems (MMIS) user story:
   a. What 3rd party products or services are in use that validate or keep current the Provider information or registry that would be leveraged so that the entity relationships are kept current?
      The current solution is about 10 states share their data via monthly files of their licensed providers. This occurs thru the use of a delimited text file. The long-term plan and expectation is for the Provider vendor to integrate with a 3rd party service to receive all data from a single source. Since this is not a solutioned request yet I cannot provide details on what the format/interface will be.
   b. Both for the provider and the patient?
      The Provider Module it is strictly Provider related data that is shared (including some PII data but no HIPPA/patient information). Patient related information will use the integration platform to share data between our Core MMIS (Claims System) and Pharmacy Benefit Management module (PBM), Care Management (CM), ACCESS (the State’s current Eligibility system)
as well as other external applications/entities including VITL, HEDIS, CMS, etc.

19. Regarding the Cost Estimate Table, at the low end and at the high end, can the State share with us a range of how many of its applications it would like to integrate to within the first year of its VINE Initiative? By the second year? By the third year?

**10 Applications within the first year**

20. Overall, how many unique applications or data sources would the State realistically expect to connect to in the short-term? And Long-term as it advances with VINE?

**10 – Short-term**

**100s – long-term**

21. In addition to the specific VHC System, Premium Processing System, BFIS System, Epidemiology System, EHRs, Care Management (CM), and Medicaid Data Warehouse (MDW) system referenced in the RFI, are there other specific or notable applications/systems not referenced in the RFI which the State would like to utilize the Integration Platform to connect to?

**ACCESS, SSMIS, MMIS, PBM, future proposed apps of: CRISys, CIS, CCWIS; future proposed services of: DVVI, MPI, ERP, Active Directory**

22. Is the State expecting a certain percentage growth in number of connections for VINE in years two, three and beyond? If so, can the State please share that percentage?

**Unknown at this time. However growth and expansion beyond Human Services applications is expected.**

23. Typically at customers we see Production, Dev/Test, and QA environments for iPaaS: is this the same for the State for the purposes of this Integration Platform initiative? How many environments would Vermont have, and can you please name those environments?

**Production, Dev/Test, Stage and QA**

24. What are the peak number of API calls per/day that Vermont anticipates will be made to VINE?

**Unknown at this time.**

25. In the architecture for VINE, how does Vermont propose to provide a layer of ingest? Is the State going to provide a single Web service, in regards to immunization, for example? What about other services besides immunization? What is the proposition for VINE to create a service layer for the public to interface with? Will it be an immunization portal, for example? Are you going to have an individual service for each, or a generic web service that everyone will use?

**Undetermined at this time.**

26. What is the existing framework for user experience today in regards to interacting with your external constituents? For example, some customers create a custom user layer built on
Salesforce or another CRM. Does VINE expect to reuse an existing citizen experience layer to interface with those lines or business? Or will it develop something new?

NEW

27. Section 8, Requirement 2: "Describe how you enable DevOps across all deployment types." Could the State please clarify what it means by "deployment types"?

Deployment environments.

28. Section 8, Requirement 3: "Describe how the platform can support integration to IoT use-cases."
Could the State please identify specific IoT use cases for vendors to reference in their responses to this requirement?

29. Section 9, Requirement 6: "Does the platform support JSON transformations standards?"
Could the State please specify the JSON transformation standards to which it refers in this requirement?

XSLT 3.0

30. Section 9, Requirement 12: "Please describe how the platform supports reliability patterns with asynchronous messaging."
Could the State clarify which reliability patterns it refers to in this requirement?

How does your solution solve the problem of a transaction when the ESB has failed? Some solutions build reliability into the transport.

31. Section 10.2, Requirement 5: "What REST API specification standards does the platform support? Does it support specifications such as RAML and Swagger?"
Section 10.2, Requirement 7: "What REST API definitions does the platform support?"
Could the State please clarify the distinction between REST API specification standards (Requirement 5) and REST API definitions (Requirement 7)?

REST API standards are its resource methods which are based on HTTP operations.

32. Section 10.2, Requirement 7: "What REST API definitions does the platform support?"

33. Section 10.2, Requirement 8: "What Advanced REST API definitions does the platform support?"

34. Could the State please clarify the distinction between REST API definitions (Requirement 7) and advanced REST API definitions (Requirement 8)?

Advanced REST APIs are designed to support error handling, versioning, data formats, http error codes. See Question 32.

35. Could the State please provide (a) an estimated volume of message traffic per day, including peaks, and (b) average message sizes?

Unknown at this time
36. Section 13 states that respondents must present "Vendor Information." Could the State please clarify what types of information should be included in this section? 

**Please provide basic company background information.**

37. Section 13.4 and Section 13.5.4 state that vendors must submit one electronic copy on Compact Disc (CD). Would the State also consider the submission of the electronic copy on a USB flash drive instead? 

**Yes.**

38. Section 13.4 states that responses must be sent to the Office of Purchasing & Contracting in Montpelier, VT. Could the State please clarify whether vendors should submit via hand delivery or whether a receptionist will be available to sign for responses submitted via shipping carrier? 

**Yes, both hand and carrier delivery are acceptable.**

39. Regarding Section 11: Could the State please confirm that this section is not included in the Business and Technical Requirements response and that vendors are not required to respond to these user stories as part of the Business and Technical Requirements Excel submission? However, if vendors are required to respond to Section 11, could the State please clarify (a) the types of comments that vendors should provide in response to "Introduce why these are critical to [the State's] business?" and (b) what vendors should submit to "show which data are required?"

40. How many system connections (source system to end system) do you anticipate this system handling? 
   
   a. How many Test/Dev/Production? 
   b. How many will be cloud-to-cloud, cloud-to-on premise, or on premise-to-on premise? 
   
   **100+ connections. Various C2C, C2P, and P2P connections.**

41. What are the anticipated annual message volumes? 

   **Unknown at this time**

42. What are the anticipated annual API call volumes? 

   **Unknown at this time**

43. What is the anticipated bandwidth? Meaning size of data flow per month leaving the proposed system. 

   **Unknown at this time**

44. How many users will use the proposed system? 

   **Approx 10 developers**