

Puerto Rico Medicaid Program
Health Information Exchange (HIE) Operations and Technical Services
2024-PRMP-HIE-001
PRMP Responses to Vendors Questions

Num.	Vendor Question	PRMP Response
1a	Who are the official members of the HIE aDvisory Council?	The Advisory Council is in its formative stage, therefore, Council members have not been finalized. At this time, the Council includes representatives from Department of Health departments, the hospital association, aSEM, HMSS, and others.
1b	What is the reach of the HIE Advisory Council in the process of granting the RFP?	The Advisory Council does not have a role in selecting a vendor for the RFP.
1c	Do the members of the HIE Advisory Council have a signed “no conflict agreement” as not also belonging directly or indirectly to organizations that are also bidding in the RFP? Please provide a sample of such agreement.	Since the Advisory Council does not have a direct role in selecting a vendor for the RFP, no such "no conflict" agreement is necessary.
2a	Please provide the specifics on what this data collection and distribution responsibilities include.	PRDoH mandates data reporting for public health purposes. Today, providers are either supplying this data to PRDoH via the PRHIE, or directly to the systems as described below in 2c. The PRHIE works in partnership with the PRDoH staff to review public health requirements with the goal to meet their needs and provide a streamlined reporting process for the provider community as they become capable to do so.
2b	In the event of a future “Pandemic” event, is the additional work related to data management a separate Job Order to be submitted in a separate “Statement of Work”?	An early deliverable to be completed by the awarded vendor is the development of a Data Management Plan (Deliverable D11). The contract resulting from this RFP will incorporate the RFP requirements and the vendor's response as part of the contract. Any additional work requested by PRMP and not covered by the contract would be subject to contract modification or change orders.
2c	Define what is the specific data provided and method of delivery to PR Epidemiology? Is it direct Data-warehouse access? API Access? Portal Access? Schema Access? Further explain.	Current public health data sharing focuses on the delivery of electronic lab reporting (ELR) via VPN to PRDoH's epidemiology system (Inductive Health vendor) and is also available via a Data Mart provided by the incumbent vendor for data "pulling" by the PRDoH. There is a desire to expand beyond ELR to include syndromic surveillance reporting, which the system is ready to receive.

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2d	What are the volumes by Transaction Type: HL7 ADT, ORU, DFT, ORM, MDM, C/CDA, XML, TXT, CSV, JSON, etc.	This information is not readily available. Table 2 in the RFP document indicates the estimated numbers of provider entities and types. The RFP is seeking expertise in HIE operations and PRMP expects vendors to base estimates of HIE message volumes by category and type on their expertise. PRMP anticipates a fully engaged HIE in Puerto Rico so that, over time, almost all entities and providers access and use HIE services.
2e	What are the volumes of transactions, batch file loads per source category: Individual Provider, Hospitals, Agencies, EHR Vendors, Trading Partners, Exchanges, HIE to HIE, etc.	See response to question 2d.
3	Are individual political party preferences included as part of the “Non-Discrimination” determination?	The nondiscrimination clause in section 3.3 applies to the vendor. Puerto Rico Law Num. 100/1959 (29 LPRA §146) prohibits any type of discrimination due to individual's political affiliation or political ideas. So does Article II, Section 1 of the Puerto Rico Constitution. These protections ensure that public/private employees can exercise their political rights without fear of retaliation from their employers. The individual nondiscrimination examples in clause 3.3 are informed by specific federal law prohibitions that apply to private workplaces and political party preferences are not specifically called out in federal prohibitions. Nevertheless, they are covered by mentioned local statutes.
4	What is the current Data-warehouse size in MegaBytes (MB)?	See response to question 2d. PRMP expects that vendors develop their own estimates of message volumes based on potential participation and develop resulting data warehouse estimates on that basis.
5	How many concurrent users are accessing the current infrastructure on a daily basis?	There is no active access to the current PRHIE infrastructure on a daily basis.
6	How many unique MPI / EMPI (Master Patient Index) are residing within the existing data warehouse?	PRMP estimates that four to five million records will need to be supported by the MPI in the initial 2-year period of performance.
7	How many named users are defined in the current HIE technology provider?	PRMP is unclear on what is meant by 'named users'. Please resubmit a clarified question. However, PRMP expects sufficient licenses to accommodate the services and requirements as stated in this RFP.

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8	How many and which are the unique organizations that either contribute or consume data payloads from the current HIE technology vendor?	Please refer to Integrations Overview posted in the HIE Procurement Library.
9	How many and which are the third party HIE to HIE organizations aggregating or consuming from/to the current technology provider?	Please see the RFP requirements for all continued and future PRHIE work.
10	What is the volume of support calls to current technology provider? Who is calling (Providers, Patients, HIE, Companies, Government)?	There are no current services in production with end-users outside of public health data services; therefore; PRMP does not have support call volume. PRMP expects the vendor to propose services based on industry knowledge and services required in the RFP.
11	How many organization are as of date in a current active implementation plan to submit or consume data from the HIE?	Please see the Integrations Overview posted in the HIE Procurement Library. At this time, beyond the Department of Health, there are no consumers of PRHIE data.
12	Please provide additional explanation for the following request: "The PRHIE vendor will provide an accurate amount of revenue and expenses associated with services provided to other (non-Commonwealth) organizations". Also, How does this relate to HIE usage?	To appropriately plan and obtain local and federal investments in the PRHIE, PRMP requires information about the PRHIE vendors operating model. See page 29 of the RFP.
13	The RFP is not clear as to any financial information from us as a potential vendor (sub-contractor). Please clarify.	The Vendor Information section of the RFP includes financial questions related to revenues and net income, for the vendor and sub-contractors.
14	We need to understand PRMPs staffing that could be compatible with our proposed workflows.	PRMP is developing their internal HIE workforce, but does not anticipate performing any of the services identified in the RFP requirements. See the PRHIE Roadmap (posted in the HIE Procurement Library) for additional information on staffing plans.
15	Regarding the current Gorilla Health system being utilized: a. What is the reason for switching vendors? b. Does Health Gorilla not have the required features? c. What is the implantation/integration timeline after the bid is allotted to the vendor?	Please review the Executive Summary in particular Section 1.1, Purpose of the RFP. Health Gorilla is the current provider of technical services. PRMP seeks a vendor to provide HIE operational services and oversee and/or manage the provision of HIE technical services. PRMP is open to working with a vendor who partners with the existing technical platform provider or offers a solution that includes working with one or more new technical vendors. Please see proposed timelines in the PRHIE Roadmap (posted in the HIE Procurement Library). In addition to contract negotiation the resulting contract will have to be approved by CMS which can take up to 60 days. The timeline will be negotiated.
16	Can you provide more details on the expected service level agreements (SLAs) for the Health Information Exchange (HIE) operations?	All expected SLAs are stated within the RFP.
17	Are there any specific technical standards or platforms that the HIE system must be compatible with?	Yes, please refer to the requirements in the RFP.

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18	Could you clarify the expected timeline for the transition of the HIE services?	See response to question 15.
19	Are there any existing systems or infrastructure that the new HIE services need to integrate with?	See response to question 8. In addition, expectations for integrations are included in the services required in the RFP.
20	Could you provide more information about the budget constraints or funding available for this project?	PRMP has and plans to continue leveraging federal financial support for HIE operations. To sustain this funding, PRMP expects the HIE services to become certified through the Center for Medicare & Medicaid Services Outcomes Based Certification process. Please see related requirements and deliverables in the RFP.
21	Are there any specific post-implementation support and maintenance expectations for the selected vendor?	This RFP is for an HIE Operator, all related technology, and ongoing HIE operations and support is a fundamental requirement as described throughout the RFP.
22	Health Gorilla has currently connected various labs and hospital systems to their Infrastructure. We would like to know if the new technology vendor can reuse these connections in a new system implementation or if the new technology vendor will need to rebuild these connections. More specifically, are these connections being made directly to Health Gorilla servers, or are they being made to PRDoH servers with software that will remain after the transition from the Health Gorilla infrastructure?	Current connections are not being made to PRDoH servers. Health Gorilla is responsible for current connections to their infrastructure. This RFP and the associated future contract anticipate a need for data migrations.
23	We would like to know the current storage size of the existing data repository, how many documents have been received by the existing technology vendor, and the type of document and their count. For example, how many CCDAs, Lab Results, and ADT messages?	See response to question 2.
24	At some point, the PRDoH had implemented a Direct Secure Messaging system. Is this system still in place, or did the existing Technology Vendor replace it?	This RFP requires Direct Secure Messaging as a service provided by the PRHIE operator.
25	Is the PRDoH ready to receive these messages in the approved ONC HL7 standard on https://www.healthit.gov/test-method/transmission-public-health-agencies-syndromic-surveillance ? 1. Will the technology vendor need to build additional infrastructure to view these messages? 2. Will the technology vendor need to develop custom mappings to transmit these messages to the government's servers?	See response to question 2 and the mandatory requirement that discusses public health i.e., the vendor must provide local code mapping (page 68 of the RFP). The vendor can assume that transmissions to the PRDoH follow HL7 standards for public health reporting, yet local code usage and mapping will remain a ongoing local challenge to address and mitigate.
26	Is the PRDoH ready to receive these messages in the approved ONC HL7 standard on https://www.healthit.gov/test-method/transmission-immunization-registries ? Will the technology vendor need to build custom mappings to transmit these messages to the government's Immunization Registry?	Puerto Rico's Immunization Registry system (STCHealth vendor) uses industry standard requirements. Please refer to the Procurement Library for access to the PR immunization registry reference guide.

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27	Can you list the specific FHIR API federal requirements for API technology mentioned in the requirements	Please refer to the CMS final rule on interoperability and patient access. Please refer to the ONC Final Rule HTI-1. In 2020, ONC published the Final Rule for the 21st Century Cures Act, establishing FHIR R4 as the standard required for health certification. Under the HTI-1 Final Rule health IT moules will be required to accommodate the data elements in USCDI v3, using the FHIR US Core 6.1.0 and C-CDA Companion Guide R4.1 by January 1, 2026.
28	Is there a target go-live date for the new HIE?	Establishing a go-live date will require implementation and transition plans, which are early deliverables identified in the RFP. Contract negotiations and CMS approval of the contract are required before those plans can be developed. See response to question 15.
29	How many of the 54 hospital facilities mentioned in the RFP are connected to the existing HIE platform and what data is being exchanged?	See response to question 11.
30	Under section 2.3 Current HIE Operations and Technology Services it describes that Health Gorilla currently provides the following service: <i>“The development and maintenance of interfaces to disseminate HL-7 clinical messages from hospitals, Lab Information Management Systems (LIMS) and FQHCs to the HIE platform.”</i> Can you provide details on the total number of HL-7 interfaces that are currently supported by the solution, and which would need to be migrated to a new platform if selected?	All active integrations may be required to be migrated should the incumbent be replaced as a result of this RFP process.
31	Under section 2.3 Current HIE Operations and Technology Services it describes that Health Gorilla currently provides the following service: <i>“Establishment and maintenance of the HIE data repository (Data Warehouse).”</i> Are we expected to migrate all the data from the HIE data repository by Health Gorilla or data before 2020? If so what it the total size in GBs of this data warehouse today? What is the expectation of data migration plan? Please specify the scope of the data migration.	See response to question 2d. The scope of the data migration is to migrate all of the data, subject to data integrity and data quality processes.

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31	<p>Establishment and maintenance of the HIE data repository (Data Warehouse). Are we expected to migrate all the data from the HIE data repository by Health Gorilla or data before 2020? If so what is the total size in GBs of this data warehouse today?</p> <p>What is the expectation of data migration plan? Please specify the scope of the data migration.</p>	<p>See response to question 2d and the timelines for services articulated in the PRHIE Roadmap (posted in the HIE Procurement Library).</p>
32	<p>Under section 2.3 Current HIE Operations and Technology Services it describes that Health Gorilla currently provides the following service: <i>“Record locator and data standardization and normalization activities.”</i> How many unique patient records are supported by the current Record locator service?</p>	<p>See response to question 2d.</p>
33	<p>After the new HIE, are PRDoH epidemiologists going to continue using Inductive Health for analytic services? Currently, are they using a fully managed service or SaaS? Are there any other stakeholders (Public Health Initiatives, for example) looking to use data from the HIE for analytical purposes?</p>	<p>The HIE vendor will continue to support the provider community by submitting their data to PRDoH epidemiology systems. The goal is for HIE to be leveraged to support epidemiology data collection, as much as possible. In addition, the HIE vendor should expect the use of cases for public health data capture and sharing, to expand over time. PRDoH epidemiology will continue their operations until PRDoH provides guidance for future integrations/alignments with PRHIE efforts.</p>
34	<p>Under section 3.2 Contract Duration, it states <i>“The contract is based on two years with two optional two-year extensions (potential for four years total).”</i> Could you please clarify, as this seems like the potential exists for a contract duration of six years total rather than four.</p>	<p>Please refer to the procurement update: "First Important Update" https://www.medicaid.pr.gov/Home/AvisosPublicos/.</p>
35	<p>What kind of challenges do you face with patient identity today? Anything specific to Puerto Rico beyond the usual incomplete or inconsistently formatted patient info (names, address, phone number, SSN etc.)?</p>	<p>In Puerto Rico, there are common challenges such as data entry inconsistencies regarding dual last names and the use of neighborhood groupings. In addition, it has been difficult for all laboratories to obtain and/or submit patient address information.</p>
36	<p>The RFP states “The MPI technology solution must be an independent module of the HIE technology architecture.” Can you confirm that an MPI solution that is provided by the same vendor as the rest of the HIE technology architecture meets this definition as long as it can be decoupled from the rest of the solution and offered as a standalone component?</p>	<p>PRMP will evaluate the use of an MPI provided by the HIE solution provider in service of achieving the objectives stated in the RFP and the PRHIE Roadmap.</p>
37	<p>Does PRMP have an estimate for the total number of patient records that would need to be supported by the MPI within the 2-year initial period of performance for the PRHIE?</p>	<p>See response to question 2d.</p>

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38	Does PRMP have a target for the total number of participating organizations (data contributors) that need to be integrated within the 2-year initial period of performance for the PRHIE?	Please refer to Table 2 in the RFP for the current provider landscape and the HIE procurement library for the status of integrations. The majority of hospitals and laboratories are currently submitting data to the HIE. Additional connections will be required to close gaps in FQHCs, and CDTs (Diagnostic and Treatment Centers (CDT, in Spanish). Onboarding of behavioral health and long-term care is not the current focus of the HIE, however this may evolve with time.
38	Does PRMP have a minimum data target defined for each participant organization that is connected?	Yes, please refer to PRHIE HL7 specifications posted in the Procurement Library, https://www.medicaid.pr.gov/HOME/HIE_Procurement_Library/ .
39	This section states the following: “The HIE is responsible for setting data integrity standards and processes for all data sources (data contributor).” If a data contributor is unable to meet the data integrity standards defined by the HIE does PRMP have a specified course of action?	PRMP expects the PRHIE Operator to offer support services to potential participants. These support services should include guidance and collaboration on improving data integrity to levels that are sufficient to support connection and data flows.
40	Can you describe the degree to which FHIR data is currently consumed and transmitted by providers and other healthcare partners? And in the future? Can you speak to an estimated message volume?	FHIR is generally not being used by most providers in PR. However, the ability to use FHIR is a requirement as stipulated in the mandatory requirements.
41	The RFP states “The initial focus of the HIE vendor will be on maintaining existing data feeds of Electronic Laboratory Reporting (ELR) data to the state’s epidemiology representatives and COVID-19 registry.” you provide further details and the number and types of data feeds that currently exist to support this use case?	See response to question 2c.
42	What is the expectation of data migration plan? Please specify the scope of the data migration. (See question 4.)	Please provide clarity on what portion of D15: Data Transition Plan is unclear. Please see response to question 22.
43	Can the PRMP provide more details on the expected scenarios and recovery time objectives for the disaster recovery and business continuity plans?	Deliverable D12 requires the vendor to develop a Disaster Recovery and Business Continuity Plan. The vendor is expected to describe typical scenarios with associated recovery time objectives. Refer also to SLA-005 in the SLAs and Performance Standards in Appendix 2 of the RFP document.
44	How do you envision our filling out the Cost Proposal worksheet for items that have an unknown variable cost depending on the total number of units? For example, cost per integration with each data source (data contributor).	Please include approximations based on the population size and note your assumptions for creating the estimates.
45	Should a new vendor be selected, what are your thoughts and/or plans on transitioning existing clinical data interfaces from the current vendor to the newly selected one?	PRMP expects the vendor to address this through Deliverable D04 (Implementation Plan) and Deliverable D15 (Data Transition Plan). PRMP is working with the current vendor to arrange transition plans in advance of the new contract start date.

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46	To reduce interruptions with functionality currently in place we ask if there will be an expectation for the current vendor to run a parallel service while the new vendor in onboarding? If yes, for how long will parallel services be provided?	PRMP expects that, if the technology platform changes as a result of this procurement, data will be preserved and migrate to a new platform. The vendor will address this with Deliverable D04: Implementation Plan and Deliverable D15: Data Transition Plan. The current HIE operator is expected to provide services during the transition - the details of this planning will be shared with the awarded vendor.
47	Would PRMP please share the Microsoft Word version of the RFP's PDF document to ensure consistency of format in the responses?	Yes, a version in Microsoft Word of corresponding attachments will be uploaded. Be advised that any modification to the content of the attachments will automatically become a reason to reject vendor's proposal.
48	Would PRMP please share the list of vendors who expressed interest through letters of intent to submit a bid?	No. A list of interested vendors will not be provided.
49	How much data is currently stored in the HIE platform (data warehouse, etc.) referenced in Section 2.3?	See response to question 2d.
50	What has been the annual growth rate of the volume of data in the HIE platform over the past five years?	Reporting of annual growth rate of repository data has not been a requirement, nor are data available to compute a growth rate.
51	Is the annual growth rate of the volume of HIE data anticipated to be the same in the next six years as that of the past five years? If not, what are the anticipated annual growth rates for data volume for the next six years?	See response to question 50. Also, vendors are encouraged to base future data volume projections on the basis of a fully built out functioning HIE.
52	Are there other sources of data (e.g., archived historical data) besides the data held in the current HIE platform that are required to be ingested into the new HIE platform? If so, what is the volume of those data sources? (e.g., 10GB, 100 GB, 1 TB, etc.)	The only data currently identified for migration to a new platform if necessary are the data in the current repository/warehouse. There may be multiple versions of these data to be considered, e.g., test and backup versions.
53	Is a diagram of the current architecture (as described in Section 2.3) available?	No, a current architecture diagram is not available. Transition plans will be coordinated with the current vendor.
54	What is the underlying "data warehouse" technology referred to in the 2nd bullet of RFP Section 2.3? Snowflake? Db2? Oracle EDW? AWS Redshift?	The current HIE technology vendor uses MongoDB, a "non-relational" database technology.
55	Is there a Clinical Data Repository that is separate from the Data Warehouse referred to in the 2 nd bullet of the RFP Section 2.3? Or does the referenced Data Warehouse also serve as the Clinical Data Repository?	In the context of this question, the clinical data repository and the data warehouse are the same thing, they are not separate.
56	Are there any diagrams of a notional "to be" architecture available?	The to-be architecture is dependent on choices and decisions made and proposed by the prospective vendor. PRMP's goal is to meet the objectives outlined in the RFP through the identified services.

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57	Section 2.3 (fourth bullet) refers to a requirement for development of “provider” and “patient” portals and states that neither portal is in use. What was the progress made by Health Gorilla on those portals? 0% complete? 10%? 50%? 90%?	The RFP calls for deployment of data access tools, which are not contingent on the current state of the portals.
58	Which software vendors are currently used in the PRDoH / PRMP ecosystem? (e.g., IBM, Oracle, Microsoft, Informatica, etc.)	Existing software vendors are not pertinent to this RFP.
59	Which cloud vendors are currently used by PRDoH / PRMP? (e.g., AWS, Azure, Oracle, IBM, etc.)	The current HIE technology vendor uses AWS.
60	In addition to the hospitals and labs described in section 2.3, how many additional data sources (FQHCs, Independent Physicians, VA Facilities, Ambulatory Care Providers, Behavioral Health Providers, etc.) are connected to the HIE or expected to connect to the HIE?	See "Integrations Overview" in the Procurement Library.
61	Would PRMP please share volumes of HL7 messages, CCDAs documents, and other data formats currently received by the HIE?	This information is not readily available. Table 2 in the RFP document indicates the estimated numbers of provider entities and types. The RFP is seeking expertise in HIE operations and PRMP expects vendors to base estimates of HIE message volumes by category and type on their expertise. PRMP anticipates a fully engaged HIE in Puerto Rico so that, over time, almost all entities and providers access and use HIE services.
62	Does PRMP anticipate that the selected PRHIE vendor may or will charge stakeholders directly for services provided?	It is expected that from 2024-2026 the PRHIE will be funded in support of Medicaid operations and will therefore be publicly funded. Future funding models have not yet been designed and will be represented in future iterations of the PRHIE Roadmap designed with input from stakeholders and the PRHIE Advisory Council.
63	What is the expected design, development, and implementation timeframe?	PRMP requests this information from respondents.
64	Will the government accept a DDI that is consistent with the MES implementation cycle?	PRMP will review submitted proposals that meet the minimum requirements stated in the RFP.
65	What has the incumbent set up? What information/documentation is available regarding current state connectivity?	See "Integrations Overview" in the Procurement Library.
66	Is it required to provide translation/bilingual portal capabilities on day one? If not, what is the acceptable timeframe for the vendor to provide this feature? Re: Support for Spanish translation within HL7 messages and mapping to appropriate terminology.	Please provide your proposal for such services from both front-end, end-user access perspectives, and then also back-end data mapping perspectives.

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67	Data Quality and Reporting Services: A challenge in Puerto Rico is the use of Spanish in local HL7 terminology. The respondent must describe how Spanish language use will be taken into consideration as part of data standardization efforts to maintain data quality for reporting and analytics. a.Does this include claims?	No, claims are not in scope at this time.
68	Can a respondent provide a response for only the IT side of this RFP and not the operator?	No, PRMP requests responses for all requested services. Ideally, a potential PRHIE operator will respond to the RFP with information about how they will preform the technical services, either through a subcontract relationship or directly.
69	Please confirm the duration of the contract and possible extension years.	Please refer to the procurement update posted here "First Important Update" https://www.medicaid.pr.gov/Home/AvisosPublicos/
70	The PRHIE vendor provides Business Operations Services and some Technology Services while contracting for other data or IT services as part of the complete HIE solution". Please define 'complete HIE solution'.	A complete HIE solution is a complete technology architecture managed by a PRHIE operator that serves to meet the objectives outlined in the RFP and the PRHIE Roadmap.
71	Please provide a description of the existing project governance model.	Please see the PRHIE Roadmap posted in the Procurement Library for information about the project structure and governance.
72	Policy: In Table 4, Section 4.2.1, under "Policy" that RFP states Currently, there are minimal draft policies, and work is required to establish HIE operational policies". Please provide current operational policies, if possible. Will the policies require changes in legislature?	The HIE Participation Agreement and business associate agreements are the current PRHIE policies. Policy and legislative updates may be needed. See the PRHIE Roadmap (posted in the Procurement Library) for additional information about local HIE legislation.
73	What is the current composition of the operations team supporting the HIE now and what is the current level of effort related to reporting requirements?	PRMP aims to change its business model and expand and enhance services by contracting with an external HIE operator. Currently, the HIE project staff is minimal and is supported by a third-party contractor.
74	How would Public Health reporting: Please provide a list of existing reports that are generated by the existing HIE systems	See response to question 2c.
75	Medicaid services: Please confirm the total volume of providers and citizens that have access and are using the system today versus planned implementation and timing of future access needs.	Citizen (i.e., patients) do not access the HIE system today as there is no live patient portal. A provider portal is currently being demonstrated but is not live for provider access. Implementation and timing of future access are topics expected to be included in Deliverable D04: Implementation Plan.
76	Please describe any funding resources available to provide technical assistance, training and support to providers not affiliated with a Primary Health Center receiving 330 funds.	This RFP is focused on the establishment of an HIE in Puerto Rico that will work as a tool to connect island-wide providers to longitudinal patient records to reduce costs and burden of care and improve care quality. This resource will be made available to providers regardless of their affiliation with Primary Health Centers and 330 funds.

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77	What will be the involvement of the additional stakeholders mentioned in the RFP such as PRHIA and PRDOH Offices and MCOs?	This RFP will be evaluated exclusively by members of the Puerto Rico Department of Health evaluation committee.
78	Can the Commonwealth provide detailed documentation of Health Gorilla's current HIE capabilities, system documentation, and interfaces?	See the Integrations Overview in the HIE Procurement Library https://www.medicaid.pr.gov/HOME/HIE_Procurement_Library/ . Additional information will be shared with the awarded vendor to support transition planning, if needed.
79	Is Health Gorilla allowed to bid on the new contract?	Yes.
80	Please provide current details of message types and volumes of exchanges.	See "Integrations Overview" in the Procurement Library. See response to question 2d.
81	Do the APIs provided under CMS-9115-F meet the Commonwealth's requirements for patient data access?	The RFP requirements remain as stated. PRMP hopes that vendors are aware of CMS-9115-F (Patient Access and Interoperability) as well as the ONC 21st Century Cures Act Final Rule and the recently release ONC HTI-1 Final Rule.
82	Does meeting the provisions of CMS-0057-F meet the Commonwealth's requirements for Provider access?	The RFP requirements remain as stated.
83	Does the Commonwealth require/allow that non-Medicaid Patient data will be included within the services included under this RFP?	Ultimately, the PRHIE is expected to serve providers across the island, regardless of payer affiliation. Please note, a significant portion of Puerto Rico's patients are Medicaid beneficiaries.
84	Under Technology Services, can the Commonwealth clarify the meaning of the requirement "Share ADT information required for hospitals and patient registration to the vendor providing emergency response services to PRDoH"?	As noted in the PRHIE Roadmap, the PRMP aims to leverage HIE data to support emergency response services such as patient identification and care plan reconciliation.
85	Does the Commonwealth anticipate that a third-party identity source, such as Experian, is required?	No, there is no specific requirement for use of a third-party identity source. It is PRMP's expectation that the PRHIE operator will manage best-in-class solutions that align with industry standards.
86	Does the Commonwealth require the vendor to provide support directly to individual patients?	Yes, but only in the event that a patient directly asks to see or access their health information on the HIE and/or requests an audit of those who have accessed their information.
87	May Vendors also use 9-point font for graphics?	Yes.
88	Regarding Table 9 Vendor Response Framework: a. Please clarify if the relationship between Primary Vendor and Partner Vendor A is of a joint-venture nature or not? In the description above the table it says "If multiple vendors are submitting a joint proposal". b. If not, can you then clarify is Subcontractor A would then be a third-tier subcontractor? c. What is the expected response in the table? Identifying who they are, what they will do?	Use the table to identify the primary vendor, vendor partners and subcontractors. No subordination is required.

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89	<p>The RFP requires two references for each proposed key staff. The following situations may surface for this requirement for personnel who have the experience to successfully perform the tasks:</p> <p>a. An employee has worked for several clients, but has not had direct relationships or contact with any client staff, meaning their work is handled through Vendor project managers</p> <p>b. An employee may have only worked with one client for their entire career – Please advise how we can approach these situations?</p>	<p>Please provide as much relevant detail as possible in the proposal to allow the Department of Health to fully evaluate the offering.</p>
90	<p>Proposals should be submitted to the mailing address. - Can the response be hand delivered and where?</p>	<p>Yes, the response can be hand delivered. Physical address is the same as postal address.</p>
91	<p>Table 4 mentions PRHIE's public website. - What is the link and who will be the "owner" of the page and contact to provide content?</p>	<p>The logistics of the future PRHIE website(s) will be determined in partnership with the new HIE operator.</p>
92	<p>Table 4 mentions: Participation agreements and PRDoH data sharing policies. Can these be made available?</p>	<p>The current PRHIE participant agreement can be found here: https://www.salud.pr.gov/CMS/DOWNLOAD/5448. See ID 72 for additional information on this topic.</p>
93	<p>PRMP states that "vendor will provide an accurate account of revenue and expenses associated with services provided to other (non-Commonwealth) organizations" - Could this be further explained and be more accurate on the responsibilities asked from the vendor? Please provide additional clarification.</p>	<p>See response to question 12.</p>
94	<p>On table 5 of the RFP regarding patient identity, PRMP requests that the vendor identify Medicaid patients. - How is this done today, meaning, what field in the data streams. Also, if this is done today, what is the average file compliance rate? If the file does not have the Medicaid identifier, can the vendor reject the file and inform the source for it to be resent properly?</p>	<p>The current HIE services do not include the identification of Medicaid beneficiaries. This will be a new service/scope for the HIE. PRMP can provide Medicaid eligibility data to support Medicaid patient identification.</p>
95	<p>On table 5 of the RFP regarding Public Health Reporting, PRMP requests that the vendor must maintain the current data feed. - To develop the transition process properly, who are the different PRMP/PRDoH vendor and or data systems available and supporting the delivery of public health services? Jody and Chris to track.</p>	<p>See response to question 2c.</p>
96	<p>On table 5 Regarding Public Health Reporting: - What are the current data sharing models used in the public health sector?</p>	<p>See response to question 2c.</p>

Num.	Vendor Question	PRMP Response
97	On table 5 Regarding Public Health Reporting: - Are there any existing public health cooperative agreements? If so, can PRMP provide these? Additional reporting	This question is unclear, an answer cannot be provided.
98	On Table 5 Regarding Direct Messaging Services: - How many Direct messaging account are active on the Island? Will the PRMP provide the named accounts, organizations, providers that use it in order to properly address the transition as well as the implementation? There is a cost associated with direct messaging. Is there a HISP required.	Direct Secure Messaging (DSM) is not implemented in the current HIE. All DSM services will be net-new. Please ensure your proposal provides the requested information regarding how you will provide these services.
99	PRHIE Roadmap 2023-2026 document a Health IT Assessment is mentioned. - Is this assessment available for analysis of the Puerto Rico Health Ecosystem?	The HIT Assessment has been added to the Procurement Library https://www.medicaid.pr.gov/HOME/HIE_Procurement_Library/ .
100	The PRHIE Roadmap 2023-2026 document it states "Through that procurement, it will authorize what is expected to become a state-designated HIE Operator (SDE)". Can the term EXPECTED be clarified?	PRMP and the Department of Health continue to pursue the strategies outlined in the PRHIE Roadmap.
101	the PRHIE Roadmap 2023-2026 document it states Figure 5 mentions "enforce market standards and local protocols for clinical data sharing". - Currently, what are the standards and protocols used by PRMP?	See the HL7 Specifications posted in the HIE Procurement Library.
102	Figure 11 illustrates the PRMP HIE Organizational Chart and Staffing Model. - Has this been approved and properly funded? Should this cost be included in the vendor budget.	Funding for these positions was requested in the latest federal funding request (Advanced Planning Document). The vendor is not responsible for any PRMP HIE organizational funding (i.e., PRMP's staff).
103	The RFP Vendor Information section it states "vendor has properly registered with any Puerto Rico agency that may require registration. - What link has the updated version of the registration requirements for PRMP and/or PRDoH?	Interested vendors do not need to register with a Puerto Rico agency to present a proposal. Be advised that awarded vendor does need to register, prior to execution of contract. For info, see Reglamentos 9302E on www.asg.pr.gov/publicacionesreglamentos .
104	the RFP, which is part attachment D, section 2 of the Use of the PRMP Staff it states that PRMP may not be able or willing to provide additional support the vendor lists. - Currently what are the PRMP approved staff resources for the next two years?	At this time, PRMP's project staff is minimal and works in partnership with a contractor for project management and technical support. See the PRHIE Roadmap for the projected staffing plans.
105	Will the assessments stated under SLA-011 & SLA-012 be sufficiently met through a Cyber security insurance policy?	The identified assessments will be made by PRMP against the vendor. Payment mechanisms could include vendor payment to PRMP or PRMP's withholding assessments from current and future vendor invoices.
106	Will post award funding be a disbursed based on a deliverables model or an expense reimbursement model?	There is precedence at the Puerto Rico Department of Health to execute deliverables-based contracts. That said, vendors may propose alternatives for consideration.

Num.	Vendor Question	PRMP Response
107	Is a response for each section of the Deliverables Dictionary expected? If so is there a page limit for this section or for each deliverable?	The RFP does not require these deliverables as part of a submitted RFP response. However, please include an approach to the deliverables with the response to Attachment G. These deliverables will be contracted requirements in the early stages of the awarded contract.
108	Will healthcare facilities be required/mandated to participate in the PRHIE?	There are current mandates for Medicaid MCO participating providers to contribute data. PRMP is open to exploring additional mandates or other participation incentives with the PRHIE Advisory Council.
109	Will healthcare facilities receive incentive payments from Medicaid and/or health plans for participating in the PRHIE?	No incentive payments of this kind are planned at this time.
110	What funding will be sought for Year 3 and beyond?	PRMP expects to obtain Outcomes Based Certification of HIE services in order to fund a portion on ongoing, sustained operations.
111	The RFP states the current HIE contract with Health Gorilla was to deploy a patient portal. However, the RFP does not state that a patient portal will be part of the new solution. a. Is a patient portal one of the requirements for the new HIE deployment? b. If so what line item in the Cost Proposal Worksheet should the cost for a patient portal be listed in?	Currently the patient portal is not a requirement stated in this RFP. If you include this in your proposal, be mindful to stipulate the cost with or without a patient portal.
112	Cost Proposal Item: Provider Portal – What line item in the cost proposal worksheet should the provider portal be included in?	Please include these costs in "Care Coordination Services".
113	Scope Item: Data Integration – Will the HIE ingest all of the population of PR or just the Medicaid population?	The scope of this RFP includes the entire population of Puerto Rico.
114	Can you please provide the RFP as an MS Word document to better enable vendors' completion of the attachments in Section 7?	Yes, a version in Microsoft Word of corresponding attachments will be uploaded. Be advised that any modification to the content of the attachments will automatically become a reason to reject vendor's proposal.
115	Can PRMP provide their planned budget for this RFP? Is the budget for 1, 2, or 4 years?	Budget estimates are based on national reporting of HIE operations costs and recent expenditures on the development of Medicaid Enterprise services. Exact budgets will not be provided. PRMP hopes that respondents will provide proposed costs through the Cost Proposal. See Table 6, Scoring Allocations, for evaluation points structure.
116	Can PRMP provide a breakdown of existing integrations managed by their current HIE operator (Health Gorilla)? Additionally, are transaction volume metrics available?	See the Integrations Overview posted in the Procurement Library. Transaction volume can be estimated based on the population of Puerto Rico (~3.4M).
117	Is PRMP satisfied with current HIE operator, and are they permitted to respond to this RFP?	Yes, the current vendor is permitted to respond to this RFP. Through this RFP, PRMP aims to expand the HIE operating model beyond what is currently contracted for.

Num.	Vendor Question	PRMP Response
118	Is the expectation that existing clinical data in the current HIE be migrated to the new HIE? Will the current portal operator(s) be providing services through a transition period?	See responses to questions 30 and 46.
119	Is the expectation that the existing COVID-19 clinical registry, BioPortal, be migrated to and/or supported by the new HIE Vendor? Will the current HIE operator be providing services through a transition period?	The HIE vendor will continue to support the provider community by submitting COVID-19 and other clinical registry data from the HIE to the BioPortal system, BioPortal will continue their operations until PRDoH provides further guidance for future integrations/alignments with PRHIE efforts. The current HIE vendor is expected to provide services through a transition period.
120	The RFP states "Data Access: Connecting providers to patients' longitudinal health records through means that positively augment current workflows. " Is it correct to assume that data access may include support Query Based Exchange methods?	Yes.
121	Health Catalyst utilizes offshore resources (both HCAT employees and contracted vendors) to perform various functions; what specific restrictions (if any) does PRDOH place upon utilization of such resources?	PRMP requires that no data be stored offshore (outside of the United States).
122	Current HIE Operations and Technology Services – Is the expectation that the portal would sit on top of the data repository that Health Gorilla has setup, or could we copy over existing Health Gorilla data repository to our standard clinical data repository? <i>(It is imperative that the HIE vendor leverages existing investments made to aggregate and normalize health data in a central repository.</i>	See response to questions 30 and 46.
123	Is a patient portal a requirement or optional?	See response to question 111.
124	How many unique patient lives in the EMPI? There is a lot of info on provider count (pg. 13), but not patient.	See response to question 6.
125	Is a 2+2 years term negotiable?	There is precedence for these terms at the Puerto Rico Department of Health, however, PRMP is open to evaluating alternative proposals.
126	HCAT is primarily a WFH workforce; physical posting available to all employees is not possible	Some of the PRHIE service requirements and operations require a local presence, while others may not (particularly technical development and maintenance). PRMP expects the vendors approach to staffing to be described as requested in the RFP.

Num.	Vendor Question	PRMP Response
127	Would the negotiation of an equitable Master Services Agreement post-award be deemed a change to the proposal? <i>(Certain provisions of the Proforma Contract Draft are not applicable/feasible given HCAT's cloud environment; this contract would need to be replaced/renegotiated upon award)</i>	Please include in your proposal a detailed explanation regarding which provisions of the Proforma contract draft are not feasible and your proposal for addressing this for PRMPs evaluation. Be advised that changes could be discussed (dealt between awarded vendor and PRDoH legal division). Nevertheless, most clauses related to business in Puerto Rico are mandatory and an exigency of statutes, the PR Comptrollers Office or the FOMB. Clauses related to provided services must be consonant with RFP's requirements, scope of work, etc.
128	Initial Project Schedule - What is the implementation timeline that Puerto Rico is expecting from the vendor?	Attachment H: Initial Project Schedule documents PRMP's expectations for an implementation timeline to be prepared by the vendor. PRMP is not setting a timeline as a requirement. Note that, regarding a start date, the contract associated with this procurement will have to be approved by CMS and CMS reserves 60 days for that process.
129	Attachment I: Terms and Conditions Response 4: Mandatory Requirements and Terms – a. Is registration with ASG and/or Hacienda complete upon submission, or is there a specific timeframe necessary to complete this registration? b. At what point is the performance bond requirement determined?	Response to a: The RFP will be amended to clarify that ASG registration is only applicable to awarded vendor. Response to b: If a performance bond is required it will be specified in the contract.
130	Where is the current PRMP HIE solution hosted? Is this done on-prem, in the cloud or a hybrid environment? Is the current hosting environment SOC 2 compliant? Is that a requirement for the new solution?	The current HIE data is hosted in the AWS cloud and is SOC 2 compliant; this is a requirement articulated in the RFP.
131	Would the current hosting environment/environments available to host the new solution? If so, would you be open to costing discussions before the response due date?	PRMP does not control the current hosting environment. As stated in the executive summary and background information, vendors can propose a solution with a new technical platform or can partner for some or all of the current technical platform as part of the solution. PRMP cannot engage in costing discussions during the procurement time window. Costing is a significant part of the proposal.
132	Is hosting the new solution in an on-prem environment acceptable?	Hosting requirements are partially addressed in the mandatory requirements related to security. PRMP has not specified cloud-based or on-premise hosting requirements. A proposal that incorporates an on-premise environment will not be rejected on a mandatory requirements basis. Note, however, that any on-premise solution cannot be implemented on Commonwealth premises.
133	Will preferences be made for Small Business Concerns?	Small Businesses are not identified in the RFP as preferred responders. PRMP encourage all qualified vendors, regardless of their size, to participate in this RFP.