Title Page

Issuer: Puerto Rico Medicaid Program

Reference Information: Health Information Exchange (HIE) Operations and Technical Services Request for Proposals (RFP) 2024-PRMP-MES-HIE-001 January 9, 2024

Respondent: HIE Networks LLC, dba Centralis Health

Submission Date: 3/12/2024

Intent to Bid:

Centralis Health hereby expresses its intent to submit a proposal for the Puerto Rico Medicaid Program's Health Information Exchange (HIE) Operations and Technical Services, as outlined in the Request for Proposals (RFP) document.

We acknowledge the importance of this initiative and commit to providing a comprehensive and competitive proposal that aligns with the requirements and objectives outlined in the RFP.

Subject to acceptance by the PRMP, the vendor acknowledges that by submitting a response and signing in the space indicated below, the vendor is submitting a formal offer to meet that which is being requested within this RFP.

Signature: _____ Date: _____

Print Name: Katie Bradley, COO

Phone: 407-257-3377 **Fax:** 850-702-0366

Email: Katie.Bradley@CentralisHealth.com

Centralis Health

Address: 1126 Lee Ave, Suite B., Tallahassee, FL 32303

State of Incorporation: Florida

By signature hereon, the vendor certifies that:

1. All statements and information prepared and submitted in response to this RFP are current, complete, and accurate.
2. The vendor's response meets the requirement of this RFP.
3. The vendor will comply with all federal and Commonwealth laws, rules, and regulations that are in force currently or anytime during the term of a resulting contract.
4. The vendor acknowledges and accepts that the full response contents and associated documents will become open to public inspection in accordance with the laws of Puerto Rico. The PRMP will hold "confidential" all response information, including both technical and cost information, during the evaluation process, except for the questions and answers before the submittal of proposals. All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded in accordance with the laws of Puerto Rico. If a vendor provides a redacted copy of their proposal along with an unredacted copy, PRMP will publish the redacted copy of the proposal.
5. The company represented here is an authorized dealer in good standing of the products and services included in this response.
6. The vendor, any subcontracting partners, and its proposed resources are eligible to participate in this transaction and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity; are compliant with the Commonwealth's statutes and rules relating to procurement; and are not listed on the federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at https://sam.gov/content/home.
7. Prior to the award, the vendor affirms it will have all current approvals, licenses, or other qualifications needed to conduct business in Puerto Rico.

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Attachment B

850-702-0365
Contact@CentralisHealth.com
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CentralisHealth.com

Vendor Information

Table 7: Payment Information

Payment Information			
Name:	Keisha Holligan	Title:	Account Liaison Manager
Address:	1126 Lee Ave, Suite B		
City, State, and ZIP Code:	Tallahassee, FL 32303		
Phone:	850-702-0049	Fax:	850-702-0366
Email:	Billing@CentralisHealth.com		

Table 8: Legal Notice Information

Legal Notice Information			
Name:	Katie Bradley	Title:	Chief Operating Officer
Address:	1126 Lee Av., Suite B		
City, State, and ZIP Code:	Tallahassee, FL 32303		
Phone:	407-800-0256	Fax:	850-702-0366
Email:	Katie.Bradley@CentralisHealth.com		

850-702-0365
Contact@CentralisHealth.com
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Executive Summary

Overview:

In 2005, Dr. Dan Kaelin MD and Internet entrepreneur Allen Byington founded the Big Bend Regional Health Information Organization (BBRHIO), a non-profit aimed at establishing a community health exchange. Despite successfully launching the first hospital feed through a secure web portal by mid-2007, the initiative faced challenges as leaders were not fully onboard. Undeterred, Kaelin and Byington self-funded HIE Networks LLC in 2011 to offer affordable, provider driven HIEs nationwide. In 2021, HIE Networks rebranded to Centralis Health, emerging as a leading health data company with a proprietary provider portal serving 200+ active participants. The portal ensures seamless, auditable record sharing, featuring secure messaging, HIPAA-compliant fax services, downtime readiness packages, and cutting-edge Event Notification System (ENS) tools. Centralis Health, rooted in innovation and collaboration, strives to provide a sustainable health information exchange, prioritizing immediate, secure access to patient health information and aiming for the highest health outcomes. Notably, the organization operates independently of additional government funding.

Service Delivery Approach

Our established 'hospitals first' strategy for delivering Health Information Exchange (HIE) services in new geographical regions aligns seamlessly with the PRMP's outlined deliverables in the Request for Proposal (RFP).

Year 1: Data Migration and MCO Pilot

In the initial year, we will collaborate with our trusted partners at Zen Healthcare IT to execute the seamless transition of the first 72% of hospital interfaces from the current HIE vendor to Centralis Health. Throughout this migration, our skilled engineering team, under the leadership of CIO Scott Hall, will meticulously analyze these data feeds. Our primary focus is to ensure, at a minimum, the reception of ADT messages from all data source providers. Simultaneously, all processed Protected Health Information (PHI) will undergo thorough processing, forming the foundation of the Master Patient Index (MPI) and the PRHIE clinical repository longitudinal patient records. As a result, patient longitudinal data will be made readily available within the Centralis Health proprietary encrypted web portal and through the national eHealth Exchange (eHX). At which point we will be able to provide participating hospitals with letters of attestation declaring their compliance with requirements for Merit-based Incentive Payment System (MIPS) and interoperability rules.

Armed with an MPI and PRHIE clinical repository, Centralis Health is ready to meet PRDoH's Emergency Response Service needs. This can be accomplished by redirecting an ADT feed to the vendor contracted by PRDOH, or by providing emergency service teams direct access to the Centralis Health proprietary web portal. This ensures efficient retrieval of patient demographics and longitudinal records during emergency situations. Notably, Manatee County EMS in Florida already leverages these services, accessing MPI and patient longitudinal records while responding to emergency service calls.

Through collaborative efforts between Zen Healthcare IT and Centralis Health engineers, we will expeditiously grasp the intricacies of the current Electronic Laboratory Reporting (ELR) data furnished to state epidemiology representatives and registries. Our top priority is to replicate and uphold the status of these data feeds. Notably, during the COVID-19 pandemic, we extended our services to rural hospital participants, delivering Covid-19 reporting to nine distinct state Departments of Health (DOH) agencies and epidemiology departments around the US. This

showcases our agility in responding to unique public health crises with both timeliness and cost-effectiveness.

Recognizing the paramount importance of MES Certification for the Puerto Rico Medicaid Program (PRMP) and the enduring sustainability of our Health Information Exchange (HIE), we are dedicated to proactively fulfilling this requirement. In the initial year, we will strategically address key MES aspects outlined by the Center for Medicare and Medicaid Services (CMS). Our approach commences with populating the PRMP Medicaid beneficiary data repository and Master Patient Index (MPI), leveraging the monthly active beneficiary data provided by PRMP to match beneficiaries with available data within the PRHIE. Once data is seamlessly integrated, our collaboration with PRMP will extend to the generation of data-driven decision-making reports accessible through the Centralis Health proprietary secure web portal. These reports will play a pivotal role in supporting functions such as fraud detection, beneficiary eligibility verification, care management, and the facilitation of provider electronic record incentive payments.

In the first year, a key milestone involves piloting with one of the PRMP-identified MCOs. This phase entails utilizing data from fully reconnected sources and a patient panel provided by the MCO to enable Event Notification Services (ENS) within our proprietary web portal at Centralis Health. By this stage, we anticipate having both ADT and clinical data accessible from hospital sources. The objective is to empower designated MCO staff to efficiently access patient longitudinal records directly from notifications, facilitating streamlined decision-making processes.

Year Two: Data Expansion and Enhanced Functionality
In the second year, our focus shifts towards expanding data capabilities and optimizing functionality. Following the completion of the initial interface transition by our integration partners, Zen Healthcare IT, attention will turn to interfacing with hospitals not previously connected to the former HIE vendor.

Utilizing the ADT data as a starting point, our COO Katie Bradley and Centralis Health account success managers will spearhead the provider with a targeting approach to on board the Centros 330 clinics and remaining MCO engagement process through ENS subscription services. Acknowledging the challenges of change in healthcare, we've crafted a strategic approach to facilitate a smooth transition. We understand the pivotal role of effective provider engagement in maximizing the benefits of a health information exchange. In new communities, we've identified common challenges like cost concerns, limited data access, and time constraints hindering provider adoption. To tackle these issues, our proposal advocates a proactive strategy, introducing ENS tools within the proprietary web portal. This approach allows providers to seamlessly integrate HIE functionality into their workflows, starting with a familiar service they recognize as essential. As part of our recommendation, we propose a PRMP-sponsored panel of 7,500 patients for each provider organization and MCO. This strategic initiative aims to alleviate initial concerns, particularly regarding costs, fostering a smooth integration into their patient care practices by giving them access to timely notifications and patient longitudinal records.

Simultaneously, Centralis Health's engineering team, spearheaded by CIO Scott Hall, will collaborate with connected hospitals and their EMR vendors. The goal is to address data gaps, ensuring alignment with the expected PRHIE data quality standards. Having solidified a resilient

provider community utilizing the Centralis Health proprietary web portal for ENS and direct patient record access, we are well-positioned to meet the demand for audited secure messaging. While Centralis Health can offer Direct Messaging to providers, our experience reveals its underutilization, given that participants often rely on their EMR/EHR vendors for this service. To optimize communication, Centralis Health advocates for the adoption of our established secure messaging platform integrated into the proprietary web portal. This bidirectional messaging service has demonstrated effectiveness and cost-efficiency, surpassing the limitations of legacy fax transmissions and conventional Direct Messaging applications.
Presently, Centralis Health doesn't have a FHIR API in production as no specific use case necessitating data retrieval has been identified. Nevertheless, we actively employ existing APIs to extract Protected Health Information (PHI) from diverse Electronic Medical Record (EMR)/Electronic Health Record (EHR) vendors, seamlessly integrating it into our Health Information Exchange (HIE) platform. In line with the CMS Advancing Interoperability and Improving Prior Authorization Processes Final Rule (CMS-0057-F), we are committed to identifying viable use cases, such as those for Managed Care Organizations (MCOs), providers, and patient access needs. Upon implementation, these metrics will be incorporated into our monthly HIE operations reports.
As Medicaid beneficiary data seamlessly integrates into the PRMP database from our participating PRHIE hospitals, we are now poised to initiate collaborative efforts with PRMP for a streamlined MES certification process.

Why Chose Centralis Health:
Centralis Health stands out for HIE services with key advantages:

1. **Proven Adaptability:** Evolving since 2005, we lead as a nationwide HIE with a proven track record.
2. **Smooth Transition:** Our 'hospitals first' strategy ensures seamless, quality-focused data interface transitions.
3. **Emergency Readiness:** Efficient Emergency Response Services provide quick patient data access, validated by agencies like Manatee County EMS.
4. **Agile Public Health Response:** Our swift COVID-19 response showcases adaptability for timely, cost-effective public health reporting.
5. **MES Certification Commitment:** Committed to meeting MES Certification requirements, focusing on data repository population and more.
6. **Future-Focused Expansion:** Year two emphasizes expanding data capabilities for a forward-looking HIE platform.
7. **Optimized Communication:** Our secure messaging platform ensures cost-effective, efficient communication among providers.
8. **Adaptive Technology Integration:** While lacking a FHIR API in production, we actively use existing APIs to integrate Protected Health Information.
9. **Collaborative Approach:** Centralis Health prioritizes collaboration, ensuring a strong provider community and continuous communication.

Choose Centralis Health for unparalleled advantages in your HIE solution.

PRMP RFP Response

Exhibit B - Subcontractor Letter

Subcontractor Information:

Zen Healthcare IT, LLC (a Delaware company)
Fed Tax ID: 474966504
DUNS number: 836815550
Principal Business Location: 9648 Crestedge, Dallas, Texas 75238
**Note - Zen is a fully remote company, with staff members working remotely across the U.S. This approach allows us to hire the best and brightest minds in healthcare interoperability.*

Responder Information:
Marilee Benson, President
9648 Crestedge
Dallas, Texas 75238
marilee@zenhealthcareit.com
949-528-3600 (phone or fax)

Introduction

Zen Healthcare IT is proud to be partnering with Centralis Health to respond to the PRMP RFP for HIE operations and technical services.

Centralis Health and Zen Healthcare IT provide a solution and and services team that has deep roots in healthcare data exchange, and we each have a demonstrated record of success in delivery on large healthcare data exchange initiatives.

Description of Work to be Performed

Zen Healthcare IT's talented interoperability specialists will be performing the interface work to connect Centralis Health with PRMP's designated exchange partners. The scope of the interface work may include a broad range of interface types including API (proprietary and FHIR), HL7v2 (ADT, ORU, ORM, etc), and HL7v3 (CCDA, IHE) type connections.

In addition, Centralis Health utilizes components of Zen's Gemini Integration + Stargate HIE Gateway where needed to optimize data feeds. Zen's Gemini Platform and Stargate HIE Gateway are **HITRUST CSF r2 certified** and validated on two of the largest national data exchange networks (Carequality and eHealth Exchange). Note that a growing number of EHR systems are moving to IHE based data push models to support faster scaling of their client connections. Centralis and Zen's approach is to leverage the EHR's preferred mode of data connections, while ensuring the capture of PRMP's required data elements.

If Centralis Health is selected as the vendor of choice by PRMP - Zen Healthcare IT is committed to fully supporting the success of this project and has the necessary resources and leadership to do so.

Confirmation of Understanding of RFP Requirements

We have read and understand the requirements of the RFP, and will comply with the requirements of the RFP to the extent applicable to the services that we will be providing. Please be aware that Zen is not able to agree to specific contractual terms until we have received and read the exact contract language.

Zen is not aware of any specific permits, licenses or certifications that are applicable to the work Zen will be providing. Should PRMP identify such additional requirements, then Zen will be happy to review such additional requirements at that time. Note that under the HITRUST CSF r2 security framework, there are a number of certifications that are required and Zen does comply with all of those in the context of the delivery of our services. Examples include annual HIPAA Privacy and Security Training, along with monthly overall security training sessions required of each Zen staff member. All Zen staff members are subject to an initial comprehensive background check, and Zen performs monthly checks for each staff member for healthcare sanctions.

Sincerely,

Marilee A Benson

Marilee A Benson, President
Zen Healthcare IT
marilee@zenhealthcareit.com
949-528-3600

850-702-0365
Contact@CentralisHealth.com
1126 Lee Ave., Suite B, Tallahassee, FL 32303
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Disclosure of Response Contents

All vendors selected for negotiation by the PRMP will be given equivalent information concerning cost negotiations. All cost negotiations will be documented for the procurement file.

All materials submitted to the PRMP in response to this RFP shall become the property of the Government of Puerto Rico. Selection or rejection of a response does not affect this right. By submitting a response, a vendor acknowledges and accepts that the full response contents and associated documents will become open to public inspection in accordance with the laws of Puerto Rico. If a vendor determines there is a "trade secret" contained in the proposal, the vendor must send a written notification to the solicitation coordinator when submitting the proposal to help prevent public disclosure of the "trade secret." A redacted version of the technical proposal must be provided to the PRMP at the time of proposal submission if there are "trade secrets" the proposing vendor wishes to not be made public.

A redacted proposal should be provided separately from the technical and cost envelopes and should be in addition to (not in place of) the actual technical or cost proposal. The PRMP will keep all response information confidential, including both technical and cost information, during the evaluation process, except for the questions and answers before the submittal of proposals.

Upon completion of response evaluations, indicated by public release of a Notice of Award, the responses, and associated materials will be open for review on the website or at an alternative location as defined by the PRMP. Any "trade secrets" notified by the vendor to the solicitation coordinator will be excluded from public release.

By signing below, I certify that I have reviewed this RFP (and all of the related amendments) in its entirety; understand the requirements, terms, and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the vendor to execute this bid or any documents related thereto on the vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that, to the best of my knowledge, the vendor has properly registered with any Puerto Rico agency that may require registration.

HIE Networks LLC, dba Centralis Health
(Company)

Katie Bradley, Chief Operating Officer
(Representative Name, Title)

P 407-800-0256 / F 850-702-0365
(Contact Phone/Fax Number)

_____

(Signature)

_____

(Sign Date)

Attachment C

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Table 9: Vendor Response Framework - Partners and Subcontractors

Vendor Response Framework	
Company Name – Primary Vendor	HIE Networks LLC, dba Centralis Health
Company Name – Partner Vendor A	n/a
Company Name – Partner Vendor B	n/a
Company Name – Partner Vendor C	n/a
Subcontractor A	Zen Healthcare IT
Subcontractor B	n/a
Subcontractor C	n/a
Subcontractor D	n/a
Subcontractor E	n/a

850-702-0365
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Table 10: Vendor Overview

Vendor Overview	
Company Name	Primary: HIE Networks, LLC, dba Centralis Health
Name of Parent Company (If Applicable)	
Industry (North American Industry Classification System [NAICS])	(541611) Administrative Management and General Management Consulting Services
Type of Legal Entity	LLC
Company Ownership (e.g., Private/Public, Joint Venture)	Privately Held
Number of Full-Time Employees	[redacted]
Last Fiscal Year Company Revenue	
Last Fiscal Year Company Net Income	
Percentage of Revenue from State and Local Government Clients in the United States and its Territories	
Number of Years in Business	
Number of Years/ Experience Vendor Has With this Type of Services Specified in the RFP	
Number of Employees Providing the Type of Services Specified in the RFP	
Headquarters in the United States and its Territories	1 (Tallahassee, Florida)
Locations in the United States and its Territories	1 (Tallahassee, Florida)

Table 11: Subcontractor Overview

Vendor Overview	
Company Name	Zen Healthcare IT, LLC
Name of Parent Company (If Applicable)	NA
Industry (North American Industry Classification System [NAICS])	541519 - Other Computer Related Services
Type of Legal Entity	Delaware LLC
Company Ownership (e.g., Private/Public, Joint Venture)	Privately Held
Number of Full-Time Employees	[redacted]
Last Fiscal Year Company Revenue	
Last Fiscal Year Company Net Income	
Percentage of Revenue from State and Local Government Clients in the United States and its Territories	
Number of Years in Business	
Number of Years/ Experience Vendor Has With this Type of Services Specified in the RFP	
Number of Employees Providing the Type of Services Specified in the RFP	
Headquarters in the United States and its Territories	1 (Dallas, Texas)
Locations in the United States and its Territories	1 (Dallas, Texas)

850-702-0365
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1126 Lee Ave., Suite B, Tallahassee, FL 32303
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Existing Business Relationships with Puerto Rico

Centralis Health, nor it's subcontractors, has had no existing or recent (within the last five years) business relationships with the PRMP, Puerto Rico's municipalities, or any of their affiliates or proposed subcontractors.

Business Disputes

Centralis Health has not been subject to any disciplinary actions, pending litigation, termination for cause or convenience, or administrative actions by any jurisdiction or person. Additionally, there have been no judicial or administrative proceedings related to our sourcing activities, claims of unlawful employment discrimination, or anti-trust suits involving Centralis Health within the last five years. Subcontractors, associated companies, or consultants involved in our operations also have no such history.

Table 12: Vendor References

Vendor Information		
Vendor Name: HIE Networks, LLC. Dba Centralis Health	Contact Name:	**Katie Bradley**
	Contact Phone:	**407-800-0256**
Customer Information		
Customer Organization: Florida Agency for Healthcare Administration	Contact Name:	Pamela King
	Contact Title:	Director – Health Information Exchange and Policy Analysis Unit
Customer Address: 2727 Mahan Dr., Tallahassee, FL 32308	Contact Phone:	850-412-3983
	Contact Email:	pamela.king@ahca.myflorida.com
Total Vendor Staff:	**3**	

Objective: Centralis Health promptly addressed the Agency for Health Care Administration's (AHCA) Request for Proposal (RFP) concerning the advancement of health information exchange in Florida. AHCA sought to secure vendors and intended to award selected vendors a time-limited contract in accordance with the outlined RFP guidelines. To ensure an equitable distribution of funds, the available funding was allocated on a first-come, first-served basis to vendors meeting the required connectivity within the terms of the resulting contract.

In support of AHCA's objectives, funding from the Centers for Medicare and Medicaid Services (CMS) was provided to assist eligible providers in advancing health information exchange in Florida. These funds strategically facilitated the expansion of regional Health Information Exchanges (HIEs) by onboarding Medicaid hospitals, group practices, and long-term and post-acute care facilities. This initiative aligned with the objectives of Medicaid providers under the Meaningful Use program.

See Appendix 1 for Letter of Recommendation

Description: During the extensive procurement period spanning from 2018 to 2021, Centralis Health successfully orchestrated and obtained approval for 30 distinct HIE onboarding projects. Each project involved meticulous steps, including the submission of signed letters of intent from prospective participant connections, comprehensive scopes of work, and detailed implementation plans. Compliance with monthly progress reporting to the Agency for Health Care Administration (ACHA) was a key requirement, offering transparent insights into completed tasks, ongoing initiatives, and strategic plans for future connection opportunities.

Among the 30 participants successfully connected were a diverse range of healthcare entities, including small rural and critical access hospitals, primary care and specialty providers, and even an imaging facility:

Renaissance Obstetrics & Gynecology – Dr. Alfredo Nova

Primary Medical Care Dba Family Medical Center

Cyrus Diagnostic Imaging

Dr. John Ness and Associates

Apalachee Center

Women’s Choice Oncology

International Center for Advanced Spine and Orthopedic Surgery

Florida Surgical Specialists

Manatee Kidney Diseases Consultants

Vendor Information

Gynecology & Obstetrics Associates of Tallahassee
Westside Medical
Community Wellness Counseling & Support Services
Tallahassee Plastic Surgery Clinic
Southeastern Center for Infectious Diseases
Doctor's Memorial Hospital – Perry
Calhoun Liberty Hospital
Northwest Florida Community Hospital
Northwest Florida Community Hospital - Physician Practices
Doctors Memorial Hospital – Clinics
Calhoun Liberty Hospital Clinic
The Medical Center of Blountstown
Florida Medical Practice Plan (FSU College of Medicine)
Madison County Memorial Hospital
Weems Memorial Hospital
Cardiothoracic & Vascular Surgical Associates, P.A.
Lakewood Cardiovascular Consultants
Re3 Innovative Neuroscience Institute
North Florida Pediatrics Associates, PA
First Coast Heart and Vascular Center, P.A
Hendry Regional Medical Center

In addition to granting access to patient records through our community health information exchange, we provided these organizations with access to our HIPAA-compliant communication tools. This streamlined their workflow, replacing traditional fax-heavy methods with modern, efficient communication solutions.

System Metric	Value
Active Users	366
Active Electronic Work Queues	209
User Views (data access counts)	3,249,247
Electronic Referrals + Secure Link Download	45,407
Secure hFax Pages	1,690,156
Total Appointments	12,165
Transfers between Electronic Work Queues	61,124
Patient Queries	5,459
Notified Sending/Receiving	992
DICOM Image Views	36
HL7 Messages Exchanged	5,457,083

Vendor Information				
Vendor's Involvement: Primary				
Key Staff				
Name: Scott Hall	Role: Senior Developer			
Name: Katie Bradley	Role: Project Mgt. and Oversite			
Measurements:				
Estimated Costs: [redacted]	Actual Costs: [redacted]			
Reason(s) for change in cost:				
Original Value of Vendor's Contract: [redacted]	Actual Total Contract Value: [redacted]			
Reason(s) for change in value:				
Estimated Start and Completion Dates:	From:	5/17/2018	To:	9/17/2021
Actual Start and Completion Dates:	From:	5/7/2018	To:	9/17/2021
Reason(s) for the difference between estimated and actual dates:				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities:				

Vendor Information		
Vendor Name: HIE Networks, LLC. Dba Centralis Health	Contact Name:	**Katie Bradley**
	Contact Phone:	**407-800-0256**
Customer Information		
Customer Organization: eHealth Exchange	Contact Name:	Kathryn Bingman
	Contact Title:	Vice President of Interoperability Adoption
Customer Address:8300 Boone Blvd, Suite 500 Vienna, VA 22812	Contact Phone:	720-633-6007
	Contact Email:	kbingman@ehealthexchange.org
Total Vendor Staff:	**2**	

Objectives: Centralis Health promptly responded to the Request for Proposal (RFP) issued by the Agency for Health Care Administration (AHCA), which aimed to enlist vendors for advancing health information exchange in Florida. AHCA sought to grant selected vendors a time-limited contract, aligning with the RFP guidelines.

In support of the AHCA's initiative, the Centers for Medicare and Medicaid Services (CMS) allocated funding to aid eligible providers in progressing health information exchange in Florida. These funds were strategically utilized to cover initial onboarding costs for Health Information Exchange organizations (HIEs) joining the eHealth Exchange (eHX).

The eHX, acting as a dynamic network of exchange partners, securely shared clinical information nationwide over the Internet, adhering to standardized approaches. Exchanges facilitated through the eHX enabled secure sharing of health information among participants, eliminating the need for additional customization and one-off legal agreements.

See Appendix 2 for Letter of Recommendation

Description: HIE Networks, LLC, operating as Centralis Health, successfully completed its initial onboarding to the eHealth Exchange (eHx) on September 28, 2020. Throughout September, HIE Networks fulfilled all necessary requirements and tests for the eHx, assuming the role of both a participant (as a data source node on the network with full DURSA rights and obligations for sharing patient data) and a certified vendor/validated product. This unique status positions Centralis Health to technically and legally connect providers as "sub-participants," allowing them to participate on the national eHx.
In our private sector HIE model, we are delighted to collaborate with the following organizations that have already onboarded to our regional health information exchange, establishing their connection on the national eHx and qualifying them for CMS Promoting Interoperability Requirements such as MIPS and IPPS:

- Doctor's Memorial Hospital – Perry
- Calhoun Liberty Hospital
- Northwest Florida Community Hospital
- Madison County Memorial Hospital
- Weems Memorial Hospital
- Hendry Regional Medical Center

Vendor's Involvement: Primary

Key Staff	
Name: Alan Uhl	Role: Senior Developer
Name: Katie Bradley	Role: Project Mgt. and Oversite

Measurements:

Vendor Information				
Estimated Costs: [redacted]		Actual Costs: [redacted]		
Reason(s) for change in cost:				
Original Value of Vendor's Contrac [redacted]		Actual Total Contract Value: [redacted]		
Reason(s) for change in value:				
Estimated Start and Completion Dates:	From:	1/17/2020	To:	9/28/2020
Actual Start and Completion Dates:	From:	1/17/2020	To:	9/28/2020
Reason(s) for the difference between estimated and actual dates:				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities:				

Vendor Information		
Vendor Name: HIE Networks, LLC. Dba Centralis Health	Contact Name:	**Katie Bradley**
	Contact Phone:	**407-800-0256**
Customer Information		
Customer Organization: Tallahassee Memorial Healthcare (TMH)	Contact Name:	Don Lindsey
	Contact Title:	VP / Chief Information Officer
Customer Address: 1300 Miccosukee Rd., Tallahassee, FL 32308	Contact Phone:	850-431-5562
	Contact Email:	don.lindsey@tmh.org
Total Vendor Staff:	**2 to 3**	

Objectives: Establish connectivity between Tallahassee Memorial Healthcare and Centralis Health's regional health information exchange. Additionally, deploy HIPAA-compliant communication and workflow tools to streamline referral management and enhance collaboration with their referral partners.

Description:
Over the last decade, Centralis Health has been an unwavering ally in supporting TMH's mission to enhance the healthcare ecosystem in Tallahassee, Florida. Our partnership commenced by establishing a seamless connection between their 772-bed hospital and the community health information exchange, ensuring post-discharge access to records for referral partners. Subsequently, we extended this connectivity to their 35 affiliated physician practices, each utilizing a distinct EMR.

In 2020, Centralis Health took on the challenge of assisting the hospital and physician practices in meeting MIPS/IPPS requirements for promoting interoperability. In this initiative, we successfully connected five different health systems' EMRs to the national eHealth Exchange, enabling them to fulfill the MIPS/IPPS Promoting Interoperability objective of HIE bi-directional Exchange.

To overcome the challenges posed by outdated fax technology, both the hospital and provider services embraced Centralis Health's HIPAA-compliant communication suite. This strategic move provided effective and efficient communication alternatives, eliminating frustrations associated with legacy fax transmissions.

During the cyber-attack TMH faced in early 2023, Centralis Health proved indispensable in maintaining near-normal operations. With the health system facing potential losses of millions of dollars during the 10-day outage, our swift response and utilization of cellular hot spots allowed TMH staff to connect via phones, tablets, and laptops. TMH providers accessed 9,000 patient records, communicated seamlessly, and Dr. Dean Watson, TMH's Vice President/Chief Integration Officer, emphasized Centralis Health's crucial role during that time:

"Centralis Health's engagement and response to our crisis and access to the records within their system was a gamechanger. Our providers would not have been able to offer care as efficiently and effectively without the ability to obtain past medical record information. Centralis Health played a key role in allowing our organization to maintain vital clinical services for the community."

Vendor's Involvement: Primary

Key Staff	
Name: Katie Bradley	Role: Account Point of Contact
Name: Terri Glover	Role: Account Success Manager

Measurements:

Vendor Information				
Estimated Costs: n/a	Actual Costs: n/a			
Reason(s) for change in cost:				
Original Value of Vendor's Contract:	Actual Total Contract Value:			
Reason(s) for change in value: Determining the value of this contract poses challenges due to its ongoing nature and numerous addendums for one-time interface and setup costs. TMH presently pays an average monthly subscription fee of $65,000, covering their regional and national HIE connectivity, along with access to the HIPAA-compliant communication suite.				
Estimated Start and Completion Dates:	From:	1/1/2013	To:	Current
Actual Start and Completion Dates:	From:	1/1/2013	To:	Current
Reason(s) for the difference between estimated and actual dates:				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities:				

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Contact@CentralisHealth.com
1126 Lee Ave., Suite B, Tallahassee, FL 32303
CentralisHealth.com

Table 13: Subcontractor References

Subcontractor Information		
Vendor Name: **Zen Healthcare IT**	Contact Name:	**Marilee Benson, President**
	Contact Phone:	**949-528-3600**
Customer Information		
Customer Organization: **CRISP Shared Services**	Contact Name:	**Ryan Bramble**
	Contact Title:	**COO**
Customer Address: **7160 Columbia Gateway Drive** **Suite 100** **Columbia, MD 21046**	Contact Phone:	**443-718-9048**
	Contact Email:	**ryan.bramble@crisphealth.org**
Project Information		
Total Vendor Staff: 5	**CRISP eHealth Exchange Initiating Gateway Project**	
Objectives: **1) Implement Zen's Stargate IHE Gateway for Initiating Queries to eHealth Exchange and Carequality** **2) Build a Document Viewer to display clinical documents returned from the query that integrates with the CRISP HIE User Portal view.**		
Description: **This project had 2 main components, including implementing Zen's Stargate HIE Gateway for initiating queries to the national networks (eHealth Exchange and Carequality), using the IHE - XCA based messaging standards.The other component involved developing a Document Viewer that could be integrated with the CRISP HIE portal, so that the clinical documents retrieved during the outbound query could be viewed by the HIE end user.**		
Vendor's Involvement: NA		
Key Staff		
Name: **Marilee Benson**	Role: **Executive Sponsor**	
Name: **Ron Wilson**	Role: **VP of Engineering**	
Name: **Jerome Chen**	Role: **Engineering Manager**	
Project Measurements:		
Estimated one-time cost [redacted]	Actual one-time costs [redacted]	
Reason(s) for change in one-time cost: **N/A**		

Subcontractor Information				
Original Value of Vendor's Contract: [redacted] **(First Year Original Annual Contract Value)**		Actual Total Contract Value: [redacted] **(First Year Actual Annual Contract Value)**		
Reason(s) for change in value: **NA.** *Note that the monthly recurring contract for the Stargate IHE Gateway has been renewed each year and is still in place today as an ongoing SAAS service.*				
Estimated Start and Completion Dates:	From:	**4/30/21**	To:	**10/30/21**
Actual Start and Completion Dates:	From:	**4/30/21**	To:	**9/15/21**
Reason(s) for the difference between estimated and actual dates: **Additional Partner testing was requested by CRISP post go-live on eHealth Exchange; and some small adjustments to the Document Viewer were requested and completed.**				

Table 13: Subcontractor References

Subcontractor Information		
Vendor Name: **Zen Healthcare IT**	Contact Name:	**Marilee Benson**
	Contact Phone:	**949-528-3600**
Customer Information		
Customer Organization: **Reliance eHealth Collaborative (Oregon / Washington area HIE)**	Contact Name:	**Erick Maddox**
	Contact Title:	**Executive Director**
Customer Address: **1175 East Main Street** **Suite 1A** **Medford, OR 97504**	Contact Phone:	**541-275-1153**
	Contact Email:	**erick.maddox@reliancehie.org**
Project Information		
Total Vendor Staff: 4	**Reliance Gravity & Payer FHIR Integration**	
Objectives: Provide payer query access to Reliance's HIE platform (CDR), using FHIR standards, for a panel of patient's associated with the payer.		
Description: This project is designed to fill a gap in Reliance's existing Clinical Data Repository vendor (CDR) - so they can meet a new payer participant's request to use FHIR for data queries. **Zen's Gemini + Gravity FHIR Repository is being used to fill that gap. The project overall involves making a selection of FHIR resources available to the designated payer for query. This is accomplished by having Zen's FHIR platform sit between the payer and Reliance's CDR.** **The payer's FHIR query is directed to Zen's Gravity FHIR repository endpoint. From there, Zen's Gemini platform is able to make outbound queries to Reliance's CDR, via their proprietary API, retrieve a CCDA and consume it so that it is parsed into FHIR Resources in Gravity. Then the FHIR query results are returned to the payer.** **This project has involved complex data mappings and close coordination between Reliance (the HIE), their payer participant and the Zen technical team.** **Reliance is a long time Zen client, leveraging Zen's Gemini Integration Platform and Stargate IHE gateway since 2018.**		
Vendor's Involvement: NA		
Key Staff		
Name: **Marilee Benson**	Role: **Executive Sponsor**	

Subcontractor Information				
Name: **Ron Wilson**			Role: **VP of Engineering**	
Name: **Jerome Chen**			Role: **Engineering Manager**	
Project Measurements:				
Estimated one-time costs [redacted]			Actual one-time costs [redacted]	
Reason(s) for change in one-time cost: **Payer partner requested a project scope expansion to add more FHIR resources.**				
Original Value of Vendor's Contract [redacted]			Actual Total Contract Valu [redacted]	
Reason(s) for change in value: **NA.**				
Estimated Start and Completion Dates:	From:	**8/1/23**	To:	**12/31/24**
Actual Start and Completion Dates:	From:	**8/1/23**	To:	**Ongoing - but very close to finished.**
Reason(s) for the difference between estimated and actual dates: **Expanded scope of work requested by payer related to FHIR resources, and availability of the payer technical team to complete their testing and work on their side.**				

Table 13: Subcontractor References

Subcontractor Information		
Vendor Name: **Zen Healthcare IT**	Contact Name:	**Marilee Benson**
	Contact Phone:	**949-528-3600**
Customer Information		
Customer Organization: **Abbott Laboratories**	Contact Name:	**Chris Ovard**
	Contact Title:	**Software Development Manager**
Customer Address: 200 Abbott Park Road Abbott Park, IL 60064	Contact Phone:	**+1 800-255-2159 ext. 34483**
	Contact Email:	**chris.ovard@abbott.com**
Project Information		
Total Vendor Staff: 3	**Complex Lab Assay interfaces Project**	
Objectives: Zen will develop and deliver six (6) complex lab assay interfaces using the Mirth Connect integration engine.		
Description: Abbott has Zen develop new interfaces for their speciality toxicology lab. Zen develops those interfaces using Mirth Connect, and then delivers those interfaces to the Abbott team for testing and move to production in their own environment. This particular project is focused around the development of six complex lab assay interfaces performed under a Fixed Fee arrangement.		
Vendor's Involvement: NA		
Key Staff		
Name: **Marilee Benson**	Role: **Executive Sponsor**	
Name: **Ron Wilson**	Role: **VP of Engineering**	
Name: **Jerome Chen**	Role: **Engineering Manager**	
Project Measurements:		
Estimated one-time costs: **Abbott does not allow us to share project level pricing information due to our MNDA, but this project is being done under a FIXED FEE.**	Actual one-time costs: **This will not exceed estimated one time costs as it's being performed under a FIXED SCOPE / FIXED FEE arrangement as agreed to in the Statement of Work.**	
Reason(s) for change in one-time cost: **NA**		

Subcontractor Information				
Original Value of Vendor's Contract: **See mNDA information in section above.**		Actual Total Contract Value: **See MNDA information in section above.**		
Reason(s) for change in value: **NA**				
Estimated Start and Completion Dates:	From:	**8/1/23**	To:	**7/1/24**
Actual Start and Completion Dates:	From:	**8/1/23**	To:	**Ongoing**
Reason(s) for the difference between estimated and actual dates: **NA. Note: Abbott sends Zen requests for complex assay interfaces as they have a need for them, thus the overall timeline is really driven by Abbott. Zen completes an individual interface in 4-6 weeks typically, although it's common to be working on multiple interfaces at one time. This overall relationship with Abbott Laboratories has existed since 2020 and is made up of a series of interface projects, similar to the one shown here.**				

Table 13: Subcontractor References

Subcontractor Information		
Vendor Name: **Zen Healthcare IT**	Contact Name:	**Marilee Benson**
	Contact Phone:	**949-528-3600**
Customer Information		
Customer Organization: **Centralis Health**	Contact Name:	**Alan Ulh**
	Contact Title:	**Senior Devloper**
Customer Address: 1126 Lee Ave, Suite B Tallahassee, FL 32812	Contact Phone:	**850-702-0365**
	Contact Email:	**Alan.Uhl@CentralisHealth.com**
Project Information		
Total Vendor Staff: 4	**Stargate and eHealth Exchange Migration Project**	
Objectives: Move Centralis Health to an enterprise class, highly scalable IHE Gateway for access to ehealth Exchange and other nationwide data exchange initiatives.		
Description: Centralis Health had a need for a robust, scalable IHE Gateway to support their growing volume of messages being processed through eHealth Exchange. In addition, they wanted to expand their ability to leverage other national networks, TEFCA, and point to point exchange using IHE based messaging. **This project covered the establishment of the Centralis Stargate instance, and the necessary retesting under ehealth Exchange for the updated Gateway service. In addition, Centralis is leveraging Stargate's published API for initiating outbound queries and responding to inbound queries from eHealth Exchange.**		
Vendor's Involvement: NA		
Key Staff		
Name: **Marilee Benson**	Role: **Executive Sponsor**	
Name: **Ron Wilson**	Role: **VP of Engineering**	
Name: **Jerome Chen**	Role: **Engineering Manager**	
Project Measurements:		
Estimated one-time costs [redacted]	Actual one-time costs: **Ongoing but estimated to be on budget as we near the end of the project this month.**	
Reason(s) for change in one-time cost: **NA**		

Subcontractor Information				
Original Value of Vendor's Contrac [redacted]		Actual Total Contract Value: **Ongoing but estimated to be on budget as we near the end of the project this month.**		
Reason(s) for change in value: **NA**				
Estimated Start and Completion Dates:	From:	**8/1/23**	To:	**1/31/24**
Actual Start and Completion Dates:	From:	**8/1/23**	To:	**Ongoing but estimated to be 3/31/24**
Reason(s) for the difference between estimated and actual dates: **Project delay occurred when eHealth Exchange instituted new CCDA testing requirements for Centralis that were not part of the original timeline estimate. This extra testing component is now completed and Centralis and Zen expect the final migration cutover to take place in March 2024.**				

Attachment D

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Initial Staffing Plan

Initial Staffing Plan

As a responsive and capable vendor, Centralis Health is committed to assembling a highly skilled and experienced team to fulfill the requirements outlined in the Request for Proposal (RFP) for the Puerto Rico Health Information Exchange (PRHIE). Our proposed team structure and management approach are detailed below:

Centralis Health is proud to introduce Katie Bradley as the designated leader for the Puerto Rico Health Information Exchange (PRHIE) project, assuming Centralis Health is awarded the contract. As Chief Operating Officer, Katie Bradley brings a wealth of experience and a proven track record in managing large-scale projects, including extensive expertise in overseeing jumbo hospital deployments and maintaining critical state and federally funded contracts.

Key Operations Leadership Role: *Katie Bradley, Chief Operating Officer:*

In her role as the project lead, Katie Bradley will leverage her exceptional project management skills and experience to ensure the seamless execution of the PRHIE initiative. Her responsibilities will encompass overseeing all facets of the project, aligning team efforts with the defined scope of work, and maintaining effective communication between Centralis Health and PRHIE stakeholders.

Experience and Expertise: Katie Bradley's impressive background in managing diverse projects positions her as an invaluable asset for the success of the PRHIE project. Her experience includes navigating complex healthcare deployments, handling maintenance requirements, and successfully managing state and federally funded contracts. This breadth of expertise uniquely qualifies her to guide the PRHIE project toward its goals effectively.

Commitment to Success: Centralis Health is confident in Katie Bradley's ability to lead the PRHIE project to success. Her commitment to excellence, combined with a strategic approach to project management, ensures that the PRHIE will benefit from a leader dedicated to achieving optimal outcomes.

Key Operations Team:

Under the leadership of Katie Bradley, her account success team consisting of Terri Glover and Keisha Holligan will pave the way for a successful launch of the PRHIE to the Puerto Rico healthcare community.

Key Participant Engagement Role:

Terri Glover, Account Success Manager:

Terri Glover serves as the Account Success Manager for Centralis Health, playing a crucial role as the 'boots on the ground' to drive expanded use cases and utilization through our existing participant community. With a background as a licensed registered nurse, Terri brings a unique blend of healthcare expertise and participant-facing experience to the PRHIE project.

Understanding Healthcare Needs: Terri's role is informed by her deep understanding of the

needs of healthcare workers. As a licensed registered nurse, she possesses a firsthand perspective on the challenges and requirements within healthcare settings. This understanding allows Terri to empathize with participants and find solutions that contribute to more efficient and effective healthcare processes.

Real-World Knowledge Driving Solutions: One of Terri's key strengths lies in leveraging her participant-facing experiences to drive Centralis Health's tools and solutions. Unlike assumptions, Terri's approach is rooted in real-world knowledge gained from direct interactions with healthcare workers. This ensures that the solutions provided align precisely with the genuine needs of participants.

Participant-Centric Approach: Terri adopts a participant-centric approach, ensuring that Centralis Health's tools and solutions are tailored to address the real challenges faced by healthcare workers. Her role as an Account Success Manager is focused on not just meeting participant expectations but exceeding them, ultimately contributing to the success and adoption of the PRHIE platform.

Empathy in Solution-Finding: Terri's empathy-driven approach sets her apart, allowing her to connect with participants on a deeper level. This connection is instrumental in finding solutions that not only meet technical requirements but also resonate with the day-to-day realities of healthcare professionals.

Driving Utilization and Adoption: Terri's primary focus is on driving expanded use cases and utilization within the participant community. Her role is essential in ensuring that Centralis Health's tools and solutions become integral to the daily workflows of healthcare workers, enhancing overall efficiency and effectiveness.

Terri Glover's role as Account Success Manager exemplifies Centralis Health's commitment to participant engagement, real-world solutions, and a participant-centric approach in delivering the Puerto Rico Health Information Exchange.

Key Operational Support Role:

Kiesha Holligan, Operations Support Lead**:**

Strategic Anchor for Operational Excellence:
In her pivotal role as the Operations Support Lead, Kiesha Holligan serves as the strategic anchor of the Centralis Health team, drawing upon her military background to provide the structure and stability required by a health information exchange of our size. As the initial point of contact for all participants, Kiesha adeptly handles a diverse range of responsibilities, ensuring seamless operations and participant satisfaction with military precision.

Operational Mastery and Structural Resilience:
Kiesha's operational mastery and military background play a crucial role in maintaining the efficiency and effectiveness of Centralis Health's operations. Her expertise in structuring processes and workflows, honed through military experience, adds a layer of structural resilience essential for the smooth functioning of a health information exchange.

Mission-Critical Participant Engagement:
Being the primary point of contact for participants, Kiesha takes command of all matters related

to accounts payable, contracting, policy review, and updates with the precision learned in military service. Participants can confidently rely on Kiesha as a central hub for addressing queries, facilitating agreements, and staying informed about relevant policies and operational procedures, reflecting a military-inspired approach to mission-critical participant engagement.

Versatile Operational Support:
Kiesha's military background and role extend beyond specific domains, encompassing versatile operational support as needed. Her ability to navigate diverse operational aspects with military precision ensures that participants receive comprehensive assistance, contributing to a positive and streamlined experience with Centralis Health.

Infusing Military Precision for Structural Integrity:
As the Operations Support Lead, Kiesha Holligan infuses military precision to contribute to the structural integrity of Centralis Health. Her role is instrumental in upholding the standards of excellence expected from a health information exchange, fostering reliability, and reinforcing the foundation for successful participant engagement with the discipline instilled by military service.

Strategic Alignment with Data Governance:
Kiesha actively supports and participates in Centralis Health's commitment to robust data governance, leveraging her military discipline. Collaborating with the data governance team, she ensures that operational processes align seamlessly with data governance policies, contributing to the overall integrity and security of health information within the exchange.

Kiesha Holligan's role as the Operations Support Lead underscores Centralis Health's commitment to operational excellence, participant support, and the meticulous governance of health data within the Puerto Rico Health Information Exchange, guided by the precision and discipline cultivated through military experience.

Key Technical Leadership Role: *Scott Hall, Chief Information Officer:*

Scott Hall, in his capacity as Chief Information Officer (CIO), is positioned as a key technical leader for the Puerto Rico Health Information Exchange (PRHIE) project. His wealth of experience in maintaining the largest private sector health information exchange in the state of Florida makes him an invaluable asset to the success of the PRHIE initiative.

Experience and Expertise:
Bringing extensive experience and a proven track record, Scott Hall has demonstrated exceptional capabilities in managing complex health information exchanges. His attention to detail and commitment to excellence are particularly evident in his achievements in interface connectivity and data quality within the largest private sector health information exchange in Florida.

Alignment with Puerto Rico's Goals:
Scott Hall's technical leadership aligns seamlessly with Puerto Rico's aspirations for a robust health information exchange. His expertise in maintaining and optimizing health information exchanges positions him to contribute significantly to the enhancement of healthcare services in Puerto Rico.

Strategic Focus on Data Quality:
Scott Hall's attention to data quality is a crucial aspect of his role, ensuring that the PRHIE not only meets but exceeds the desired standards for information accuracy and reliability. His

strategic approach to technical aspects will play a pivotal role in shaping the PRHIE into a reliable resource for the healthcare community.

Commitment to Excellence:
Centralis Health is confident that Scott Hall's commitment to excellence and his technical leadership will be instrumental in achieving the PRHIE's goals. His role underscores our dedication to assembling a team with the expertise needed to deliver a world-class health information exchange for Puerto Rico.

Scott Hall's role as Chief Information Officer solidifies Centralis Health's commitment to providing Puerto Rico with a technically sound and efficient health information exchange platform.

Key Technical Team:

Guided by Scott Hall, Chief Information Officer, the Centralis Health technical team, comprising Alan Uhl and Tyler Harrison, takes the helm to spearhead the meticulous management of data quality and interoperability for the Puerto Rico Health Information Exchange (PRHIE).

Key Technical Support Role:

Alan Uhl, Senior Developer:

Bringing over 22 years of valuable experience as an IT professional in the healthcare sector, Alan Uhl is a seasoned Senior Developer with a profound understanding of the intricacies of health information exchange. His extensive history and unwavering commitment to ongoing education provide Centralis Health with a distinct advantage, setting us apart in the industry.

Contributions to National Exchange: Alan has played a pivotal role in advancing Centralis Health's community and regional exchange initiatives to a national level, aligning seamlessly with the objectives of the PRHIE desire for a robust national exchange presence. In 2020, he assumed the key technical role, forging the connection between Centralis Health and the national eHealth Exchange (eHX). This marked a historic achievement as the inaugural Vendor Participant, breaking new ground in accessing previously elusive clinical data. The shift from traditional fax-based data retrieval was particularly vital for our Florida participants and the transient healthcare population, addressing challenges posed by our extensive snowbird population and high tourism rates.

Enhancements in National Exchange Functionality: Continuing his impactful contributions, Alan further elevated our national exchange functionality in 2023. By upgrading our eHX connectivity model, he facilitated a more robust and efficient national connection, expanding the range of services available to our existing HIE participants. This proactive approach ensures that Centralis Health stays at the forefront of technological advancements, delivering enhanced capabilities to meet the evolving needs of our participants.

Alan Uhl's pivotal role in the PRHIE implementation is set to be instrumental to its success. His extensive accomplishments not only position him as a valuable asset but also underscore Centralis Health's commitment to delivering comprehensive solutions. With a track record of successfully advancing community and regional exchange initiatives, Alan's expertise aligns perfectly with the specific needs of the local healthcare community.
Furthermore, his contributions have opened doors for Centralis Health to operate on a national

scale, catering to the unique demands of Puerto Rico, characterized by extensive tourism in and out of the region. Alan's engagement signifies a strategic approach to address both local and broader healthcare dynamics, ensuring that the PRHIE implementation is not only successful but also poised for sustained impact.

Key Operational Support Role:

Tyler Harrison, Developer:

In the realm of technical leadership, Scott and Alan bring a wealth of historical knowledge and experience to the table. Complementing their seasoned perspectives, Tyler Harrison injects a fresh and contemporary approach to technology and interoperability at Centralis Health. Tyler's innovative insights contribute to a well-rounded and balanced solution, blending the best of the past and the present. Together, this dynamic team ensures that Centralis Health remains at the forefront of cutting-edge solutions in the ever-evolving landscape of health information exchange.

As the newest addition to our team, Tyler has already demonstrated his prowess by spearheading a pivotal EMR partnership with Modernizing Medicine (ModMed). His strategic leadership led to the development of a cost-effective single API connection, offering ModMed users access to a comprehensive suite of solutions. This includes HIPAA-compliant faxing, healthcare workflow tools, community, and national exchange capabilities. Tyler's vision extends to further expanding this solution set to incorporate reporting to immunization registries, showcasing his commitment to continuously enhancing the services available through Centralis Health.

Tyler's innovative spirit and fresh perspective on interoperability will bring a creative approach to connecting the healthcare communities of Puerto Rico. His commitment to cost-effectiveness, coupled with a dedication to exceeding expectations, ensures a solution that aligns seamlessly with the unique needs of the region. Tyler's forward-thinking approach will contribute to the success of the Puerto Rico Health Information Exchange by fostering efficient and groundbreaking solutions.

Swift Implementation Strategy:

Acknowledging the urgency defined in the proposed PRHIE project timeline, Centralis Health recognizes the crucial need for speed in replicating and maintaining existing infrastructure and enhancing services within a compressed timeframe. To expedite this process, we have strategically partnered with Zen Healthcare IT, trusted collaborators with a proven track record. Leveraging their expertise, we aim to seamlessly reconnect existing PRHIE participants and rapidly expand new connections, demonstrating our commitment to achieving project milestones promptly. This strategic alliance ensures a streamlined and efficient implementation of the Puerto Rico Health Information Exchange.

Zen Healthcare IT, led by President Marilee Benson, will be a direct extension of Centralis Health and will adhere to the same high standards set forth by our leadership and the SLA expectations from the Puerto Rico Medicaid Program (PRMP) should we be awarded this contract. Their talented interoperability specialists will perform the interface work to connect Centralis Health with PRMP’s designated exchange partners, both current and future. The scope of the interface work may include a broad range of interface types, such as API

(proprietary and FHIR), HL7v2 (ADT, ORU, ORM, etc.), and HL7v3 (CCDA, IHE), ensuring a comprehensive and effective connectivity solution.

This collaborative venture not only aligns with the urgency of the PRHIE project but also reflects Centralis Health's unwavering dedication to prompt and successful implementation, poised to elevate healthcare interoperability in Puerto Rico and beyond.

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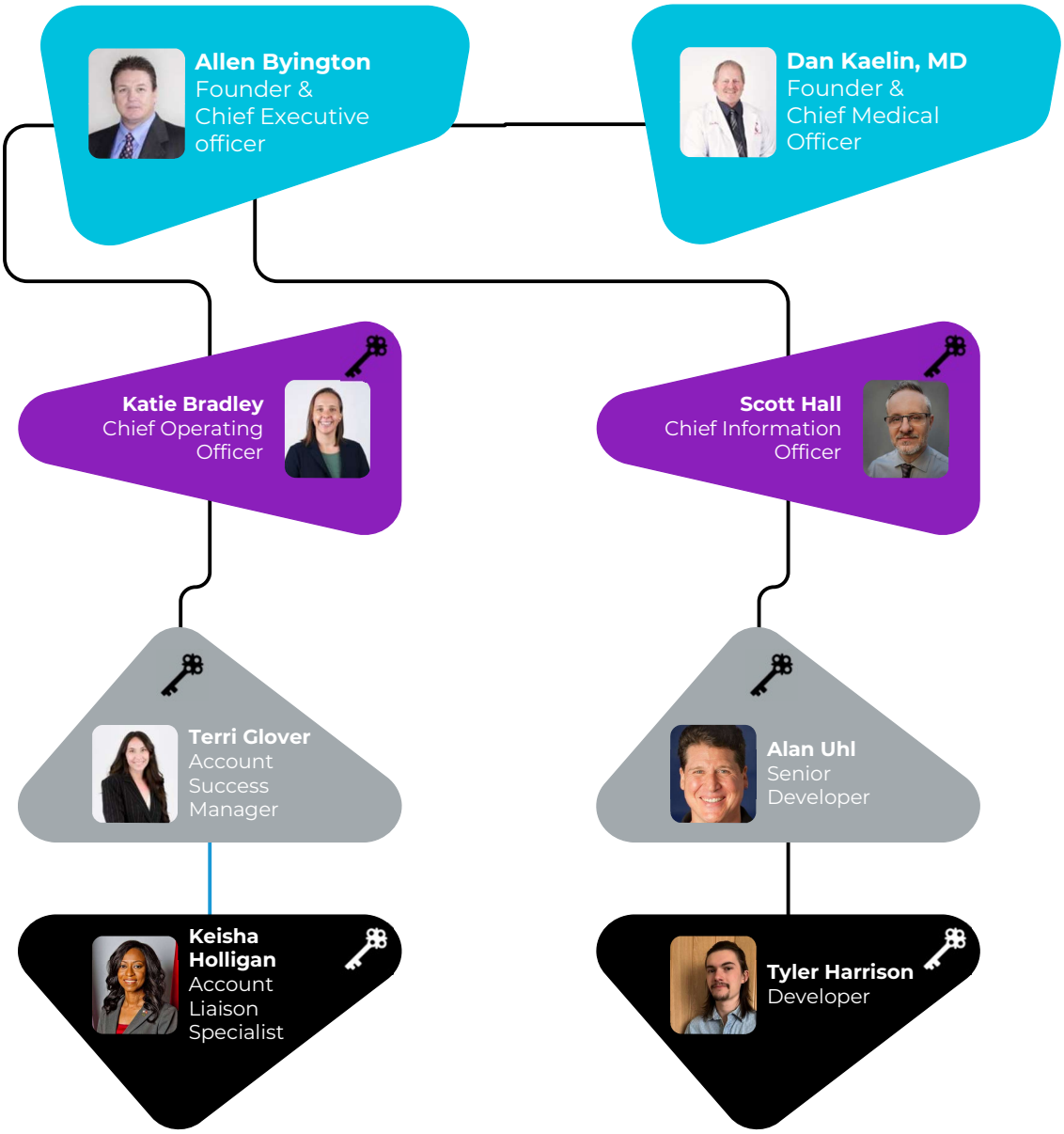
Table 14: Proposed Key Staff and Roles

Name	Proposed Role	Experience in Proposed Role
Katie Bradley	Operational Project Lead	
Scott Hall	Technical Project Lead	
Terri Glover	Account Success Manager	
Alan Uhl	Senior Developer/Engineer	
Keisha Holligan	Account Support	
Tyler Harrison	Developer/Engineer	

Centralis HEALTH

Organization Chart



Advisors and Consultants

William Dillon
Outside Council

Zen Healthcare IT
Interoperability Specialist

Louis Martin
Controller

Ed Wilson
Chief Information Security Officer (vCISO)

Key PRHIE Proposed Team

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Use of the PRMP Staff

In consideration of the resources required from the Puerto Rico Medicaid Program (PRMP) to support the development, review, and approval of all deliverables, as well as the successful completion of the Puerto Rico Health Information Exchange (PRHIE) project, Centralis Health recognizes the importance of a collaborative approach. While our aim is to leverage PRMP staff minimally, we acknowledge the essential roles they play in engaging the provider community and facilitating technical aspects.

Key PRMP Roles Necessary for Support:

1. **Provider Engagement Specialists:**
    - Central to engaging the provider community, both for current and future PRHIE participants.
    - Assistance required to ensure effective communication and collaboration with healthcare providers.
2. **Technical Point of Contact:**
    - Essential for developing a streamlined process of transmitting Medicaid beneficiary data.
    - Collaboration is needed to establish efficient data transmission protocols.
3. **PRMP Specialist for Reports and MES Certification:**
    - Critical for the development of reports and the scope of MES certification portion of the contract.
    - Expertise required to align deliverables with PRMP standards and certification requirements.

Nature and Extent of PRMP Support:

- Percentage of Time Available: Centralis Health anticipates needing support on a targeted basis, aligning with specific project milestones. The percentage of time required will vary based on project phases, with focused engagement during critical periods.

Assistance from PRMP Staff and Qualifications:

- Experience and Qualification Levels: Centralis Health will require assistance from PRMP staff with relevant experience in provider engagement, technical integration, and certification processes. The qualifications of PRMP staff will be crucial to ensuring the successful execution of project tasks.

Acknowledgement of PRMP Constraints:
While Centralis Health aims to minimize reliance on PRMP staff, we acknowledge that certain aspects of the project necessitate their expertise. We understand that the PRMP may have constraints and may not be able or willing to provide additional support beyond certain limits. Our request for additional support is made with the understanding of these constraints, and we remain flexible in our approach to collaboratively achieving project goals.

Centralis Health views this collaboration as a crucial aspect of the project's success. Should any part of the requested support be considered a requirement for our performance, we are open to discussions and adjustments in alignment with PRMP capabilities. We appreciate the collaborative spirit in achieving the objectives of the PRHIE project.

Katie Bradley

Chief Operating Officer

As the Chief Operating Officer of Centralis Health, I bring a strategic and results-driven approach to overseeing daily operations, ensuring the seamless flow of health data, and driving initiatives that enhance the efficiency and effectiveness of our services. With a proven track record in healthcare operations, I am committed to optimizing the functionality of our HIE, fostering collaboration among stakeholders, and spearheading innovative solutions to meet the evolving needs of our healthcare ecosystems. My focus is on operational excellence, strategic planning, and cultivating a culture of continuous improvement, ultimately contributing to the success and impact of Centralis Health.

EDUCATION

Bachelor of Science in
Health Services Administration
Florida International University
Summa cum laude

EXPERTISE

- Healthcare Operations Management
- Strategic Planning
- Leadership and Interoperability

WORK EXPERIENCE

Chief Operating Officer, 2016-present

Centralis Health, Tallahassee, FL

- Strategic Leadership: Providing visionary leadership to align the HIE's goals with the overall healthcare landscape and regulatory requirements.
- Operational Oversight: Managing day-to-day operations, ensuring data integrity, system reliability, and compliance with industry standards.
- Stakeholder Collaboration: Facilitating collaboration with healthcare providers, payers, government entities, and technology partners to enhance interoperability and data exchange.

Director of Operation, 2013 - 2016

Digestive Disease Clinic Tallahassee, FL

- Implemented and optimized operational policies and procedures to enhance efficiency and compliance.
- Strategically managed resource allocation, budgeting, and financial planning for the practice.
- Provided leadership for smooth day-to-day operations and fostered a culture of excellence.

Data Project Manager, 2011-2012

Lisa Miller & Associates, Tallahassee, FL

- Conducted Payment Error Rate Measurement (PERM) eligibility audits for the state of Florida.
- Collected and orchestrated essential data for eligibility and determination audits.
- Oversaw billable hours, invoicing, and contract reconciliation.

Scott Hall

Chief Information Officer

Dedicated and accomplished professional with a diverse background in software development, spanning over two decades. Expertise in C#, C++, and embedded systems, coupled with a strong foundation in computer science. Proven track record of success in roles ranging from developer to leadership positions. Skilled in managing complex projects, implementing efficient algorithms, and driving innovative solutions. Demonstrated ability to adapt to evolving technologies and contribute to organizational growth.

EDUCATION

Bachelor of Science in Computer Science
Georgia Institute of Technology

Double Major in Political Science
and Military History
United States Air Force Academy

EXPERTISE

- Programming Languages: C#, C++, SQL
- Cloud Management: Azure
- Database Management: SQL Server, Oracle

WORK EXPERIENCE

Chief Information Officer, 2017-present

Centralis Health, Tallahassee, FL

- Introduced business-enhancing capabilities using Azure cloud management.
- Focused on disaster planning and prevention.
- Ensures HIPAA compliance on projects.

Senior Developer and Consultant, 2007-2014

Avocare, Tallahassee, FL

- Contributed to the design of an automated medication dispensing machine using C# and embedded systems.
- Developed an early Health Information Exchange (HIE) portal in C# and ASP.NET.

Developer, 2012-2013

Florida Department of Economic Opportunity, Tallahassee, FL

- Focused on creating reports from extensive employment data in the state of Florida using C# and SQL Server.

Terri Glover

Account Success Manager

A versatile expert in training others to use health information exchanges. I work closely with clients to implement Centralis Health's solutions, including redesigning internal communication processes and workflows to increase reliability, efficiency, and security. I am a trusted and reliable advisor to clients needing to address questions and problem-solve.

EDUCATION

Bachelor of Science in Nursing
Florida Agricultural and Mechanical University

CERTIFICATIONS

- Licensed Registered Nurse

EXPERTISE

- Account Management
- Customer Service and Assistance
- Freshworks CRM

WORK EXPERIENCE

Account Success Manager, 2021-Present

Centralis Health, Tallahassee, FL

- Boosted customer satisfaction by implementing personalized success strategies and maintaining open communication channels.
- Enhanced participant retention rates through proactive account management and timely issue resolution.
- Streamlined internal processes for improved team efficiency enabling faster response times to inquiries.

Workflow Engineer, 2019-2021

Centralis Health, Tallahassee, FL

- Enhanced productivity by automating repetitive tasks through custom tools.
- Streamlined workflow processes by identifying inefficiencies and implementing targeted improvements.
- Developed innovative solutions to complex workflow problems, increasing overall operational efficiency.

D. Alan Uhl

Software Engineer

Thirty years' experience as an IT professional including 22 years in the healthcare sector. Specialization in Health Information Exchanges, Electronic Medical Records, Physicians Practice Management Systems, and ePrescribing. Interface design, analysis, and development. Fluent in HL7, NCPDP, x12, IHE and clinical coding systems/vocabularies. Well versed in Agile, SCRUM development methodologies.

EDUCATION

Bachelor of Art in Computer Science
St. Leo University

EXPERTISE

- C# Development
- Interface Design
- Integration Engineering

WORK EXPERIENCE

Software Engineer, 2020-Present

Centralis Health, Tallahassee, FL

- National Health Information Exchange integration where patient clinical information can be securely retrieved from anywhere in the United States.
- SQLServer database design and development. Integration and interface engineering.

Owner/Operator, 2014-2016

Southern Fried Software, Gainesville, FL

- Provided high-level business requirements and worked closely with the service owner during the design phase.
- Ensures the service aligns with industry direction, standards, and best practices.

Development Manager, 2009-2014

Greenway Medical Technologies, Carrollton, GA

- Produced efficient and elegant code based on requirements.
- Compiled and assessed user feedback to improve software performance.

LaKeisha “Keisha” Holligan

Account Liaison Manager

Serves as the liaison between our organization and our customers. Addresses needs and concerns as quickly and effectively as possible to develop and maintain strong relationships. Strong ability to effectively coordinate and communicate between different teams, departments, and organizations.

EDUCATION

Bachelor of Fine Arts in Creative Writing
Full Sail University

CERTIFICATIONS

- Veterans’ Service Providers
- Military Support Services, CCME

EXPERTISE

- Creative Problem Solving
- Multitasking
- Intuit Quickbooks

WORK EXPERIENCE

Account Liaison Manager, 2022-Present

Centralis Health, Tallahassee, FL

- Serve as a client-facing representative to provide customer support and ensure customer satisfaction.
- Support accounting processes, including invoicing customers, processing payroll, and ensuring proper payment to vendors.
- Provide administrative support as needed.

Senior Administrative Assistant, 2020-2022

Office of Program Policy Analysis and Government Accountability, Tallahassee, FL

- Oversaw complex projects and research report development, including report preparation, presentation, and distribution.
- Served as the primary contact point for the office and managed correspondence to and from the office.
- Managed office files, investigations, research, and other relevant information.

Assistant Director of Military and Veteran Affairs, 2015-2020

Florida Agricultural and Mechanical University, Tallahassee, FL

- Managed daily operations and assisted members of the Armed Forces, veterans, eligible dependents and family members to access Department of Veteran Affairs and State of Florida benefits and scholarships.

Tyler Harrison

Software Developer

Organized and self-motivated software developer that is fluent in C++, C#, and .Net framework. I possess a practical working knowledge of relational databases using MySQL, SQL Server, and SAS. Reliable and responsible team player with the ability to switch between programming languages and frameworks as needed, while working quickly and independently.

EDUCATION

Bachelor of Computer Science
State University of New York at Fredonia

EXPERTISE

- Microsoft and Linux operating systems
- Python, Java, and HTML
- Machine learning algorithms and methodologies

WORK EXPERIENCE

Software Developer, 2023-Present

Centralis Health, Tallahassee, FL

- Continuously updating desktop portal features with frontend and backend development.
- Set up and maintain API connections.

Human Resource Analyst/Personnel Services Specialist, 2022-2023

Florida Department of Corrections, Tallahassee, FL

- Built SAS and batch files to automatically query and send out reports.
- Assisted in larger projects such as determining pay increases for correctional officers across the state and reorganizing the department's business structure.

CSIT Student Teaching Assistant, 2022

State University of New York at Fredonia, Fredonia, NY

- Supported students in CSIT 221.

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Table 15: Key Staff References

Key Staff Reference Form						
Key Staff Name:	Katie Bradley	**Proposed Role:**	Key Operational Leader			
Reference 1						
Client Name:	**Manatee Healthcare System**	**Client Address:**	**206 2nd St E, Bradenton, FL 34208**			
Contact Name:	**Jeff Kridel**	**Contact Title:**	**Market Director of Information Services**			
Contact Phone:	**(941) 745-6999**	**Contact Email:**	**Jeff.Kridel@mmhhs.com**			
Project Name: Manatee Healthcare System Transition			**Start Date:**	**04/2023**	**End Date:**	**12/2023**
Project Description: Convert all departments and organizations within the Manatee Healthcare system to utilizing Centralis Health for hMessage and hConnect. **See Appendix 3 for Letter of Recommendation**						
Project Role and Responsibilities: Designed and implemented timeline and roll-out plan for healthcare system. After completion, completed staff performance review to ensure all clients needs were met during project.						
Reference 2						
Client Name:	**Modernizing Medicine**	**Client Address:**	**4700 Exchange Ct, Suite 225, Boca Raton, FL. 33431**			
Contact Name:	**Dora Zaharias**	**Contact Title:**	**Technical Project Manager**			
Contact Phone:	**(615) 474-9154**	**Contact Email:**	**frances.zaharias@modmed.com**			
Project Name: ModMed to Centralis API			**Start Date:**	**06/2023**	**End Date:**	**02/2024**
Project Description: Building and completing an API with the ModMed EMR/EHR system to allow all medical facilities utilizing ModMed as their EMR/EHR system to easily connect to Centralis Health.						
Project Role and Responsibilities: Established and maintained a good relationship with the ModMed. Guided Centralis team to ensure project completion was met and all involved were happy with the outcome of API completion.						

Key Staff Reference Form							
Key Staff Name:	Scott Hall		**Proposed Role:**	Key Technical Vendor			
Reference 1							
Client Name:	**Northwest Florida Community Hospital**	**Client Address:**	**1360 Brickyard Rd Chipley, FL 32428**				
Contact Name:	**Michael Drummond**	**Contact Title:**	**I.S. Manager**				
Contact Phone:	**850-415-8116**	**Contact Email:**	**mdrummond@nfch.org**				
Project Name: **COVID-19 Reporting**			**Start Date:**	**10/2020**	**End Date:**	**Ongoing**	
Project Description: **Reporting of COVID-19 lab results to state DoH**							
Project Role and Responsibilities: **Architect and developer**							
Reference 2							
Client Name:	**CPSI Evident**	**Client Address:**	**54 St. Emanuel Streer Mobile, AL 36602**				
Contact Name:	**Alex Bishop**	**Contact Title:**	**CPSI Engineer**				
Contact Phone:	**800-711-2774**	**Contact Email:**	**Alex.bishop@evident.com**				
Project Name: **Lab panel data cleanup**			**Start Date:**	**09/2023**	**End Date:**	**10/2023**	
Project Description: **Adjust fields in an HL7 interface to result in clean data on an HIE portal page.**							
Project Role and Responsibilities: **Developer**							

Key Staff Reference Form							
Key Staff Name:	Terri Glover		**Proposed Role:**	Account Success Manager			
Reference 1							
Client Name:	**Manatee Healthcare System**	**Client Address:**	**206 2nd St E, Bradenton, FL 34208**				
Contact Name:	**Jaime Rittenhouse**	**Contact Title:**	**Senior Systems Analyst**				
Contact Phone:	**(941) 746-5111**	**Contact Email:**	**jaime.rittenhouse@mmhhs.com**				
Project Name: Manatee Healthcare System Transition			**Start Date:**	**04/2023**	**End Date:**	**12/2023**	
Project Description: Convert all departments and organizations within the Manatee Healthcare system to utilizing Centralis Health for hMessage and hConnect.							
Project Role and Responsibilities: Trained all key staff on Centralis utilizations, worked directly with the IT team to schedule and onboard each department as needed. Continue to work with the IT team on any needs that arise.							
Reference 2							
Client Name:	**Barnes Healthcare Services**	**Client Address:**	**200 S. Patterson St, Valdosta, GA 31601**				
Contact Name:	**Kellie Wiggins**	**Contact Title:**	**Territory Manager**				
Contact Phone:	**(229) 245-6001**	**Contact Email:**	**kellie.wiggins@barneshc.com**				
Project Name: Barnes Communication Upgrade			**Start Date:**	**12/2020**	**End Date:**	**12/2021**	
Project Description: Upgraded Barnes Healthcare Services communication tools at their Florida and Georgia office locations.							
Project Role and Responsibilities: Assisted all Barnes users in utilizing Centralis Health Communication tool, hMessage. This allowed them to communicate with referral partners and internally much easier. Continue to work with the users on any needs that arise.							

Key Staff Reference Form							
Key Staff Name:	Alan Uhl		**Proposed Role:**	Lead Developer			
Reference 1							
Client Name:	**Zen Healthcare IT**	**Client Address:**	9648 Crestedge Dr, Dallas, TX 75238				
Contact Name:	**Jerome Chen**	**Contact Title:**	**Manager, Engineering Services**				
Contact Phone:	(657) 221-2293	**Contact Email:**	**jeromec@zenhealthcareit.com**				
Project Name: **eHealth Exchange Connectivity**			**Start Date:**	**09/2023**	**End Date:**	**04/2024**	
Project Description: **Establishing connectivity with a national healthcare exchange / patient clinical information lookup.**							
Project Role and Responsibilities: **Primary engineer**							
Reference 2							
Client Name:	**Sequoia Project**	**Client Address:**	8300 Boone Blvd. Suite 500 Vienna, Virginia 22182				
Contact Name:	**Tara Nylander**	**Contact Title:**	Testing Programs Engineer				
Contact Phone:	1-571-534-0072	**Contact Email:**	**tnylander@sequoiaproject.org**				
Project Name: **eHealth Exchange Connectivity**			**Start Date:**	**09/2023**	**End Date:**	**04/2024**	
Project Description: **Establishing connectivity with a national healthcare exchange / patient clinical information lookup.**							
Project Role and Responsibilities: **Primary Engineer**							

Key Staff Reference Form							
Key Staff Name:	Keisha Holligan		**Proposed Role:**	Operations Support			
Reference 1							
Client Name:	**Florida A&M University**	**Client Address:**	**1601 S Martin Luther King Jr Blvd, Tallahassee, FL, 32307**				
Contact Name:	**Keith Moore**	**Contact Title:**	**Veteran**				
Contact Phone:	**850-212-6328**	**Contact Email:**	**keithmooreinc@gmail.com**				
Project Name: Various			**Start Date:**	**2017**	**End Date:**	**2018**	
Project Description: Utilized the services at Florida A&M University's Veteran Center							
Project Role and Responsibilities: received customer services and paperwork assistance.							
Reference 2							
Client Name:	**United States Marine Corps**	**Client Address:**	**2910 Roberts Avenue, Tallahassee, FL 32310**				
Contact Name:	**Dustin Whiddon**	**Contact Title:**	**Veteran**				
Contact Phone:	**850-838-4566**	**Contact Email:**	**Dwhid001@gmail.com**				
Project Name: Various			**Start Date:**	**2007**	**End Date:**	**2009**	
Project Description: Worked side by side with Mr. Whiddon for Toys for Tots, Military Funerals as well as tasks and events within the community.							
Project Role and Responsibilities: Picking up toys, standing in for events, assisting in Military Funerals.							

Key Staff Reference Form							
Key Staff Name:	Tyler Harrison		**Proposed Role:**	Developer			
Reference 1							
Client Name:	**Modernizing Medicine**	**Client Address:**	4700 Exchange Court, Suite 225, Boca Raton, FL. 33431				
Contact Name:	**Shakawat Sobuj**	**Contact Title:**	**Software Developer**				
Contact Phone:	(561) 880-2998	**Contact Email:**	Shakawat.sobuj@modmed.com				
Project Name: **ModMed API Connection**			**Start Date:**	**06/2023**	**End Date:**	**01/2024**	
Project Description: **Establishing connectivity between ModMed and Centralis Health**							
Project Role and Responsibilities: **Primary engineer**							
Reference 2							
Client Name:	**Florida Department of Corrections**	**Client Address:**	501 S Calhoun St, Tallahassee, FL 32399				
Contact Name:	**Scott Crews**	**Contact Title:**	Human Resources Manager				
Contact Phone:	(850)717-3442	**Contact Email:**	**Scott.Crews2@fdc.myflorida.com**				
Project Name: **Human Resource Specialist**			**Start Date:**	**07/2022**	**End Date:**	**04/2023**	
Project Description: **Provide/Build reports for the agency**							
Project Role and Responsibilities: **Primary Engineer**							

Attachment E

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Mandatory Specifications

The provided information outlines Centralis Health's commitment to providing access for audits and inspections by the PRMP, or its designee across, various elements, including systems, facilities, data, and documentation. Here's a breakdown of the key points:

Systems Access:

- **Access to Secure Web Portal:** Any authorized PRMP users or its designee are granted full access to Centralis Health's proprietary web portal. Levels access is defined by granted user permissions.
- **Authentication Requirements:** Access is facilitated through a valid username and password, with vetting and approval by a PRMP Centralis Health account designee.
- **Data Accessibility:** Authorized users, with appropriate permissions, can access established reports and services through Centralis Health's secure web portals.

Facilities Access:

- **Satellite Office:** The vendor intends to establish a satellite office near PRMP offices.
- **Onsite Visits:** The satellite office, and headquarters in Tallahassee FL, will be available for onsite visits for PRMP staff and their designees, enhancing collaboration and support.

Data Access:

- **Hosting on Microsoft's Azure for Health :** Centralis Health has engaged in a contractual agreement with Microsoft Azure, leveraging the platform's robust defense-in-depth security architecture. This architectural framework is meticulously crafted to align with, and often surpass, the best practices established for healthcare operations at Centralis Health. The strategy employs a comprehensive set of Administrative, Physical, and Technical controls, amalgamating both industry-standard practices and bespoke controls tailored to the unique capabilities of Centralis Health.
- **Proprietary Secure Web Portal Access:** Data is accessible through Centralis Health's proprietary secure web portals, including all exportable reports.

Documentation Access:

- **Providing Access to Documents:** The vendor commits to providing access to policies and procedures, HR handbooks, business continuity and disaster recovery plans, and risk management plans.
- **Digital or Physical Access:** Access to documentation can be provided in digital or physical form based on the PRMP's preferences.

This comprehensive approach ensures transparency and accountability in the vendor-PRMP relationship, allowing for thorough audits and inspections across different aspects of the

contract. The commitment to maintaining documentation aligns with legal considerations and data protection requirements. This information is crucial for assuring the PRMP of the security, accessibility, and transparency of Centralis Health's systems and operations.>

1. The vendor must support the PRMP's requests for information in response to activities including, but not limited to:
    a. Compliance audits
    b. Investigations
    c. Legislative requests

Centralis Health expresses a commitment to supporting the PRMP requests for information in response to various activities, such as compliance audits, investigations, and legislative requests. Here's a breakdown of the vendor's approach to each of these activities:

1. **Compliance Audits:**
    - **Audit Assistance:** We commit to assigning a knowledgeable Centralis Health team member to assist auditors during compliance audits.
    - **Monthly Reports:** We acknowledge the need for contractual compliance audits and pledges to provide established monthly reports based available data and criteria specified by the PRMP.
    - **Validation through Proprietary Secure Web Portal:** The reports can be validated by PRMP through the Centralis Health proprietary secure web portal, allowing for case-by-case in-depth queries if needed.
2. **Investigations:**
    - **Auditable, Traceable, and Reportable Activity:** All user activity conducted within the Centralis Health proprietary secure web portal are auditable, traceable, and reportable.
    - **Investigation Support:** At the provider and patient/beneficiary level, reporting was considered during the development of our system, allowing for ad hoc reporting based on a participant's owned data.
3. **Legislative Requests:**
    - **Support for Legislative Activities:** Centralis Health expresses support for legislative items that accelerate healthcare interoperability efforts in Puerto Rico.
    - **Data Exhibits:** To meet legislative activities, the vendor proposes providing ad hoc supporting exhibits within the data parameters existing in the systems, including information such as active users, utilization, unique patient values, regional footprints, etc.

This approach not only addresses the PRMP's requests for information but also demonstrates a proactive and cooperative stance by providing assistance during audits, ensuring the

transparency and integrity of data through audit trails, and aligning with legislative efforts to advance healthcare interoperability in Puerto Rico. The commitment to providing detailed reports and facilitating validation through the secure web portal enhances the accessibility and reliability of information for PRMP's oversight activities.

2. The vendor must provide authorization from a parent, affiliate, or subsidiary organization for the PRMP to have access to its records if such a relationship exists that impacts the vendor's performance under the proposed contract.

Centralis Health certifies that there is no parent, affiliate, or subsidiary organization with a relationship that impacts on our performance under the proposed contract. As such, there is no authorization required for the PRMP to access records from any such entities.

3. The vendor must help ensure that all applications inclusive of internet, intranet, and extranet associated with this contract are compliant with Section 508 of the Rehabilitation Act of 1973, as amended by 29 United States Code (U.S.C.) §794d, and 36 Code of Federal Regulation (CFR) 1194.21 and 36 CFR 1194.22.

<Should Centralis Health be awarded this contract we will ensure that our proprietary secure web portal complies with Section 508 of the Rehabilitation Act of 1973, as amended by 29 United States Code (U.S.C.) §794d, and 36 Code of Federal Regulation (CFR) 1194.21 and 36 CFR 1194.22 >

4. The vendor must provide increased staffing levels if requirements, timelines, quality, or other standards are not being met, based solely on the discretion of and without additional cost to the PRMP. In making this determination, the PRMP will evaluate whether the vendor is meeting service levels as defined in the contract.

Centralis Health commits to providing increased staffing levels at no additional cost to the PRMP in the event that requirements, timelines, quality, or other standards are not being met, as determined by the PRMP's evaluation of service levels defined in the contract. Here's a breakdown of the vendor's commitment:

1. **Determining Non-Compliance:**
    - **Evaluation Criteria:** The determination of non-compliance will be based on the PRMP's evaluation of whether the vendor is meeting service levels as outlined in the signed contract.
    - **Discretion of PRMP:** The decision to request increased staffing levels is solely at the discretion of the PRMP.
2. **Resolution:**
    - **Commitment to Additional Staffing:** If it is determined that Centralis Health is not meeting the specified service levels, the vendor commits to onboarding additional staff.
    - **Cost Consideration:** Importantly, the commitment is made without imposing any additional cost on the PRMP.

This commitment reflects Centralis Health's dedication to ensuring that the contractual requirements are met and that service levels are maintained at the agreed-upon standards. By offering to increase staffing levels at no additional cost, we acknowledge our responsibility to address any shortcomings promptly and effectively to meet the PRMP's expectations. This type of provision is crucial in maintaining a collaborative and accountable partnership between Centralis Health and the PRMP.

5. The vendor must provide evidence that staff have completed and signed all necessary forms prior to executing work for the contract.

Centralis Health commits to ensuring that all Centralis Health staff working on the contract have completed and signed all necessary forms before carrying out work. Below is a breakdown of the evidence and processes mentioned:

1. **Background Checks and Drug Screen:**
    - **Requirement for Team Members:** Centralis Health team members are required to undergo thorough third-party background checks and drug screenings.
    - **Preventative Measure:** This is a preventative measure to ensure that individuals with the appropriate qualifications and adherence to professional standards are engaged in the work.
2. **HIPAA Privacy & Security Training:**
    - **Ongoing Training:** We emphasize ongoing Health Insurance Portability and Accountability Act (HIPAA) training for staff.
    - **Critical for Compliance:** HIPAA training is crucial to ensure that staff members handling healthcare information are aware of and compliant with data privacy and security regulations.
3. **Employment Contracts:**
    - **Preconditions for Work:** Centralis Health staff members are required to have completed and signed employment contracts before gaining access to Centralis Health systems and participating in the contract.
    - **Legal Framework:** Employment contracts provide the legal framework for the working relationship, specifying terms and conditions.
4. **Confirmation of Understanding:**
    - **Receipt and Understanding of Company Documents:** Centralis Health staff members confirm receipt and understanding of company HR handbooks and policies & procedures.
    - **Compliance Awareness:** This confirmation ensures that staff members are aware of and understand the organizational policies and guidelines, contributing to compliance and ethical conduct.

By implementing these measures, Centralis Health not only demonstrates a commitment to

regulatory compliance but also emphasizes the importance of security, confidentiality, and adherence to organizational standards. This comprehensive onboarding process helps mitigate risks associated with personnel-related matters and promotes a culture of compliance within the organization.

6. The vendor staff must not have the capability to access, edit, and share personal data, with unauthorized staff, including, but not limited to:
    a. Protected Health Information (PHI)
    b. Personally Identifiable Information (PII)
    c. Financial Transaction Information
    d. Federal Tax Information
    e. Social Security Administration (SSA) data including, but not limited to, family, friends, and acquaintance information

Centralis Health agrees to security measures which ensure that its staff does not have the capability to access, edit, and share personal data, particularly sensitive information such as Protected Health Information (PHI), Personally Identifiable Information (PII), Financial Transaction Information, Federal Tax Information, and Social Security Administration (SSA) data. Below is a breakdown of the vendor's approach:

1. **Data Accessibility and Editing Restrictions:**
    - **Read-Only Access:** Centralis Health's system ensures that data stored is read-only, meaning that Centralis Health staff cannot edit any personal data.
    - **Limiting Staff Capabilities:** The design restricts the capability of staff members to make changes to personal data.
2. **Role-Based Access Control:**
    - **Access Based on Roles:** Access to data is limited based on users' roles and responsibilities.
    - **Data Validation and Training Purposes:** Centralis Health staff members are granted access for specific purposes, such as data validation and training, in alignment with their roles.
3. **Audit Trail for User Activity:**
    - **Auditable User Activity:** All user activity within the system can be audited.
    - **Misuse and Abuse Identification:** Auditing is implemented for the purpose of identifying any misuse or abuse of personal data, providing accountability and transparency.

By implementing these measures, the vendor establishes a secure and controlled environment, ensuring that personal data remains confidential and is not subject to unauthorized access,

editing, or sharing. The commitment to read-only access, role-based controls, and comprehensive audit trails reflects a proactive approach to data security and compliance with privacy regulations. It provides assurance to clients, including the protection of sensitive information such as PHI, PII, financial data, federal tax information, and SSA data.

7. The vendor must maintain a sufficient staff model to provide the services outlined in the contract while meeting or exceeding the applicable service level agreements.

Centralis Health expresses a commitment to maintaining a sufficient staffing model to provide the services outlined in the contract while meeting or exceeding the applicable service level agreements (SLAs). Here's a breakdown of our commitment:

1. **Client Success Partnership:**
    - **Mutual Success Acknowledgment:** The vendor acknowledges the symbiotic relationship between the success of the PRMP and its own achievements. Years of experience have enabled us to optimize our staffing needs, ensuring a proactive approach that directly correlates with the success of our participants.
    - **Shared Goals:** The commitment implies a collaborative and mutually beneficial partnership between Centralis Health and PRMP.
2. **Sufficient Staffing Model:**
    - **Commitment to Adequate Staffing:** Centralis Health commits to maintaining a staffing model that is sufficient to fulfill the requirements of the contract.
    - **Flexibility:** The staffing model is expected to be flexible enough to adapt to the needs and demands outlined in the service level agreements.
3. **Exceeding Service Level Agreements:**
    - **Agreement to Exceed Expectations:** We commit not only to meeting but also to exceeding the applicable service level agreements.
    - **Continuous Improvement:** This implies a dedication to continuous improvement and a proactive approach to exceeding performance expectations.
4. **Client-Centric Approach:**
    - **Client's Success is Paramount:** The statement reflects a client-centric approach, emphasizing the importance of PRMP's success in the fulfillment of the contract.
    - **Responsiveness to Client Needs:** The commitment to maintaining sufficient staffing aligns with the goal of providing responsive and effective services.

This commitment emphasizes Centralis Health’s dedication to ensuring the success of the PRMP through a well-structured staffing model that meets or exceeds service level agreements. It establishes a foundation for a collaborative and results-oriented partnership, reinforcing the vendor's accountability for the contractual obligations outlined in the service level agreements.

8. On a monthly basis the vendor must, at a minimum, include the standard invoice package contents for the PRMP, including, but not limited to:

    a. An authorized representative of the contracted party must sign an itemized description of services rendered for the invoice period. Additionally, the vendor must include a written certification stating that no officer or employee of the PRMP, its subsidiaries, or affiliates will derive or obtain any benefit or profit of any kind from this vendor's contract. Invoices that do not include this certification will not be paid.

    b. Provide the PRMP with a list of all services completed within an invoice period, as well as evidence that the PRMP has accepted and approved the work.

    c. Provide the PRMP with three physical and one electronic invoice packages in support of the PRMP's review and approval of each invoice.

        i. Invoice Package #1 – Original Signature and Hard Copy

        ii. Invoice Packages #2 – #3 – Hard Copy

        iii. Invoice Package #4 – Electronic

Leveraging our expertise in overseeing state-level contracts with Florida's Agency for Healthcare Administration (AHCA), we have cultivated a profound understanding of the complexities associated with invoicing and the requisite supporting documentation for compliance. Building on our success with AHCA, we are committed to crafting a tailored invoicing packet, specifically designed to meet PRMP's unique requirements. This packet will undergo approval by PRMP before its initial submission.

The vendor must comply with federal Executive Order 11246 related to Equal Employment Opportunity Act, the Clean Air Act, and the Clean Water Act.

<Centralis Health is committed to full compliance with federal Executive Order 11246, which addresses Equal Employment Opportunity, as well as adherence to the Clean Air Act and the Clean Water Act. Our organization places a high priority on meeting and exceeding regulatory requirements to ensure a responsible and sustainable approach to our operations.>

9. The vendor must provide a drug-free workplace, and individuals must not engage in the unlawful manufacture, distribution, dispensation, possession, abuse, or use of a controlled substance in the performance of the contract. (Drug-Free Workplace Act of 1988)

Centralis Health affirms its commitment to maintaining a drug-free workplace in accordance with the Drug-Free Workplace Act of 1988. The specific requirements outlined in the statement are:

1. **Drug-Free Workplace:**

    - We ensure that the workplace is free from the presence and influence of controlled substances.

    - Individuals working on the contract are expected to refrain from engaging in any unlawful activities related to controlled substances.

2. **Prohibited Activities:**
    - Individuals associated with the contract, including employees and representatives of the vendor, must not be involved in:
        - Unlawful manufacture of controlled substances.
        - Unlawful distribution, dispensation, or possession of controlled substances.
        - Abuse or unauthorized use of controlled substances.
3. **Compliance with Drug-Free Workplace Act of 1988:**
    - Centralis Health acknowledges and complies with the Drug-Free Workplace Act of 1988, which sets standards and requirements for maintaining a drug-free workplace.

This commitment reflects our adherence to legal and regulatory standards related to maintaining a safe and productive work environment. The Drug-Free Workplace Act of 1988 is designed to promote a drug-free culture within organizations that contract with the federal government, emphasizing the importance of preventing substance abuse and related unlawful activities in the workplace.

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Table 16: Mandatory Requirements

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
The vendor must comply with current and future Puerto Rico and federal regulations as necessary to support the services outlined in this RFP	Y	The Vendor shall comply with all applicable Federal and Puerto Rico regulations, currently in effect and/or as may be amended, during the performance of the Project. Such compliance shall include, but is not limited to, complying with the federal Standards for Privacy of Individually Identifiable Health Information, HIPAA 45 CFR Parts 160, subpart A and 164, subparts A and E (the Privacy Rule); the federal Security Standards for the Protection of Electronic Protected Health Information, HIPAA 45 CFR Parts 160, subpart A and 164, subparts A and C (the "Security Rule"); and the Notification in the Case of Breach of Unsecured Protected Health Information, HIPAA 45 CFR Parts 164, subpart D (the "Breach Notification Rule") (collectively, the "HIPAA Rules") . Additionally, Vendor shall comply with 10 L.P.R.A Section 4051, in addition to HIPAA, with regarding to any privacy or security breach.
The vendor must perform according to approved SLAs and associated metrics in the areas listed in **Appendix 2: Service-Level Agreements and Performance Standards**	Y	SLA-001: The proposed work plan is predicated on a presumed commencement date of 7/1/2024; in the event of any changes to this date, the work plan will be promptly revised. It's essential to acknowledge that the anticipated timeline is subject to the responsiveness of participants during onboarding activities and our collaborative agreement on shared policies and procedural documentation. SLA-002: SLA-002: Solution Availability uptime reports will be provided by the 15th of each month through the Monthly Status Report outlined in D01, as outlined in SLA-004. Although Centralis Health currently maintains an Incident Report and process, we are committed to refining our reporting to meet the specified requirements. As part of our adherence to standards, all required reports and documentation will undergo approval by PRMP before their initial submission. SLA-003: Solution Performance will be included in the Operations Incident

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		Management report, and provided by the 15th of each month. 1. Under normal business operations, received records are promptly loaded into the proprietary web portal for user access in near real time. An exception may occur if a participant's feed is unavailable for an extended duration, resulting in a backlog of data. In such cases, backlogged data will be loaded in the order it was received and noted as such as an incident. 2. Issues related to ENS will be included in the Operations Incident Management report by the 15th of each month. During the course of normal business ENS will be active 24/7/365 with exceptions of approved downtime. ENS is predicated on the uptime of ADT feeds provided by participant interfaces to Centralis Health, should feeds be down for an extended period of time notifications will be triggered in the order of receipt once feed is back online. These will be reported as incidents in monthly report, as well as any rejected and resolved notifications. 3. Centralis Health commits to supporting the following browsers (Google Chrome, Apple Safari, Microsoft Edge, and Mozilla Firefox) 24/7/365, except during scheduled downtime. 4. Outgoing data from Centralis Health to PRDoH, based on mutually agreed-upon specifications, will be delivered 24/7/365 during regular business hours, with the exception of regularly scheduled downtime. The outgoing data process at

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		Centralis Health is dependent on the timely receipt of data from participant inbound feeds. In the event of a feed outage, outbound feeds to PRDoH will be backlogged and directed in the order of their original receipt once the feed is restored. Such incidents will be reported as required in Monthly Status Report outlined in D01. 5. Patient consent choices, initiated at provider participant locations, can be transmitted to Centralis Health through inbound interface feeds or manually opted out using the Centralis Health public faxing URL. In both scenarios, systematic adherence to patient opt-out preferences is ensured at a 100% rate. SLA-004: Centralis Health employs a cutting-edge ticket system that facilitates direct ticketing from PRMP and other participants. These tickets can be designated as critical, high, medium, or low priority. SLA configurations are flexible and can be tailored to meet PRMP requirements, with comprehensive reporting included in the monthly status report delivered by the 15th of each month. Additionally, Centralis Health commits to notifying the agreed-upon Commonwealth representative based on the specified time criteria in this SLA. The communication plan, including notification methods, will be collaboratively established, and agreed upon. SLA-005: Centralis Health's Disaster Recovery and Business Continuity plan not only meets but exceeds the deliverables outlined in Appendix 1, D12. Aligned with NIST standards, the plan undergoes annual reviews, testing, and updates, with the latest conducted in August 2023. In the event of any disaster events, detailed reports will be submitted by the 15th of each month through the Monthly Status Report. Upon the award of this contract, Centralis Health will provide the Disaster Recovery and Business

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		Continuity Plan for PRMP review and approval. SLA-006: Centralis Health will create a daily report with the MPI match rate according to each set of match criteria. While a singular day is not necessarily indicative of overall performance and normal statistical variances will occur, early analyses of match variances can identify issues before they become more problematic and provide early and constant notification of the PRHIE. By the 15 of each month, Centralis Health will provide are report containing the following values for the report period: 1. A full list of all data reconciliation performed. 2. The number of matches for the MPI granular to the level of match criteria. 3. The total number of new unique MPI records. 4. The total number of matches done with manual intervention. 5. Identified data discrepancies, the time in which it took to resolve the discrepancies, and an accounting of unresolved discrepancies. 6. The time for notification of the data origination organization and The Commonwealth when of data quality defects when notification was not done with one business day. SLA-007: Our standard operating hours are Monday to Friday, from 8 am to 5 pm EST, excluding all recognized federal holidays. Nevertheless, should volume dictate, Centralis Health is dedicated to extending these hours of operations to meet the demands of this contract award. During regular business hours, emails, tickets, and calls will be attended to within the stipulated PRMP timeframes. The resolution and response times for submitted and generated tickets will be reported to PRMP via the Monthly Status Report by the 15th of each month.

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		SLA-008: Except for the Monthly Status Report mentioned in the RFP, all other reports and their delivery frequency will be discussed and agreed upon in the initial phase of the project. SLA-009: All key staff referenced in this RFP proposal are long-term employees of Centralis Health and are available during Centralis Health's regular business hours. In the event of a vacancy in key staff, PRMP will be notified immediately, and efforts will be made to replace key staff within 30 days. If replacement within this timeframe is not feasible, the Commonwealth will be updated on the progress of staff replacement SLA-010 & 11: Centralis Health upholds a robust Risk Management Plan, subject to annual review, updates, and testing, with the most recent review completed in August 2023. This plan aligns with or surpasses the specifications outlined in this SLA. If the contract is awarded, the Risk Management Plan will be shared with PRMP for thorough review and approval. SLA-012: Centralis Health adheres to a quarterly update schedule. Thirty days prior to each update, comprehensive release notes are disseminated to all active participants, providing a window for questions and answers before the release dates. All updates undergo rigorous testing with beta participants to ensure a smooth release. SLA-013: Centralis Health acknowledges the significance of obtaining MES certification for our proprietary HIE solution. We commit to reporting on all Puerto Rico HIE outcomes as outlined in Attachment F-Outcomes Traceability Matrix. However, these reports are contingent upon interfaces being connected to Centralis Health and the availability of data within them. The formatting and delivery frequency of these reports will be established in phase 1 of the project, should the contract be awarded. SLA-014: Centralis Health commits to establishing a comprehensive

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		communication plan with PRMP during phase 1 of the project, should the contract be awarded. This plan will identify the most effective communication channels to fulfill the requirements outlined in this SLA. SLA-015 &016: Our objective is to provide meeting agendas and supporting documentation at least one business day in advance. However, we strive to surpass this target by delivering them well before to facilitate comprehensive reviews and ensure productive meetings. Meeting agendas and minutes will be sent to the PRMP team member designated in the communication plan based on the expectations set forth in this SLA. SLA-017: Centralis Health is committed to establishing a change request procedure in phase one of the project in collaboration with PRMP. We will leverage a shared spreadsheet to provide transparency on requests and monitor responses. SLA-018: SLA-018: Centralis Health agrees to the performance standards set forth in the SLA for items **a, b, and c**. However, concerning **d, e, f, and g**, if awarded the project, we plan to deploy our proprietary technology, which will encompass: • HIPAA Compliant Faxing • Secure Provider-to-Provider Messaging • Reports and Analytics • Clinical Data Interfacing and HUB Technology • Community, Regional, and National HIE Query Retrieval of Patient Records • Master Patient Index (MPI) • Event Notifications (ENS) Our proprietary technology will be provided for use by PRMP under a non-exclusive license agreement for the term of the project. We acknowledge that the ownership of all individual and patient data shall remain with PRMP. Additionally, any application interfaces, procedures,

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		applications, and materials specifically created for PRMP, which are not part of our proprietary technology, will be considered a work for hire, with ownership going to PRMP.
The vendor must perform all work associated with this contract within the continental United States (U.S.) or U.S. Territories.	Y	We acknowledge and confirm our understanding that all work associated with this contract must be performed within the continental United States (U.S.) or U.S. Territories. Our team and all contracted vendors are based within these designated geographic areas. We are committed to ensuring full compliance with this requirement throughout the duration of the contract. If there are any specific considerations or further details related to the geographic scope, we are ready to address them and ensure a seamless execution of the contracted work within the specified regions.
The vendor must serve as a trusted partner to the PRMP and represent the PRMP's interests in all activities performed under the resulting contract.	Y	We wholeheartedly embrace the responsibility of serving as a trusted partner to the PRMP throughout the duration of the resulting contract. It is our commitment to represent the PRMP's interests diligently and ethically in all activities performed under the contract. We understand the importance of aligning our efforts with the goals and priorities of the PRMP, fostering open communication, and ensuring mutual success. Our team is dedicated to building a collaborative partnership that prioritizes transparency, responsiveness, and the shared objectives outlined by the PRMP. We look forward to contributing to the success of the PRMP through our collaborative efforts.
Data Ownership: The vendor must agree that the PRMP retains ownership of all data, procedures, applications, licenses, and materials procured or developed during the contract period.	Y	If awarded the project, we plan to employ our proprietary technology that will allow for -HIPAA Compliant Faxing -Secure provider to provider messaging -Reports and Analytics -Clinical data interfacing and HUB technology

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		-Master Patient Index (MPI) -Community, Regional and National HIE query retrieve of patient records -Event Notifications (ENS). Our proprietary technology will be provided for use by PRMP under a non-exclusive license agreement for the term of the project. We acknowledge that the ownership of all individual and patient data shall remain with PRMP. Additionally, any application interfaces, procedures, applications and materials specifically created for PRMP, which are not a part of our proprietary technology, will be considered a work for hire with ownership going to PRMP.
Security: The vendor must comply with information, data, and cybersecurity requirements as applicable for contractors and vendors doing business with the Commonwealth. Reference agencies and laws include Puerto Rico Innovation and Technology Service (PRITS), the Office of the Chief Government Cybersecurity Officer (within PRITS), Law 75-2019; HIPAA; and Law 151 of June 22, 2004.	Y	We hereby affirm our capability to present evidence that Microsoft Azure's services will furnish consistent reports on Health Information Exchange (HIE) security audits and compliance endeavors. These reports will adhere to formats and frequencies as reasonably stipulated by the Commonwealth. Our access to Microsoft Azure's Azure Trust Center empowers us with comprehensive information pertaining to security, compliance, privacy, and transparency. This includes an array of resources such as whitepapers, compliance documentation, and security-related information. Furthermore, our utilization of Microsoft Azure's Azure Security Center, a unified security management system, ensures advanced threat protection for all on-premises and cloud workloads. This system not only provides security recommendations but also furnishes valuable threat intelligence.

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		Additionally, our access to Microsoft's Azure Compliance Documentation elucidates how Azure aligns with diverse industry standards and regulations. Noteworthy certifications include ISO, SOC, GDPR, HIPAA, among others.
Security: The vendor must include an independent security assessment plan aligned with the assessment guidelines in the CMS guidance document for MES certification. If a different framework is proposed for the assessment, the vendor shall ensure that the security assessment plan details how the vendor's framework is mapped to the NIST SP 800-53A framework, MARS-E, or agreed upon security controls framework. a. The vendor confirms use of the NIST SP 800-53A framework OR identify the framework proposed and include a mapping of the proposed framework to the NIST SP 800-53A. b. Vendor confirms that a security assessment plan will be submitted to be included in a contract if vendor is awarded the RFP. c. Vendor commits to annually comply to an independent third-party security risk assessment for the HIE's third parties that transmit, process, or store data under the HIE's contract with PRMP. The vendor shall include the cost of the annual assessment within operating cost.	Y	We adhere to the National Institute of Standards and Technology (NIST) Standards and Guidance in order to ensure that organizational security measures are in accordance with established standards and guidelines. The company has successfully implemented the NIST SP800-37 Risk Management Framework (RMF) for Information Systems and Organizations, NIST SP800-53 Security and Privacy Controls for Federal Information Systems and Organizations, as well as the NIST Cybersecurity Framework. The utilization of NIST SP800-37, SP800-53, and the NIST Cybersecurity Framework collectively offers a comprehensive approach to both risk management and cybersecurity. Annual assessments are systematically conducted, aligning with the detailed procedures outlined in NIST SP800-53A. These assessments incorporate a judicious combination of the aforementioned frameworks and guidelines, ensuring the establishment and maintenance of a robust information security program. We are committed to presenting a thorough security assessment plan for inclusion in the contract, contingent upon the vendor being awarded the Request for Proposal (RFP). Furthermore, we agree to undertake an annual commitment to adhere to an independent third-party security risk assessment for the Health Information Exchange's (HIE) third-party entities responsible for the transmission, processing, or storage of data under the contractual agreement with PRMP. The associated cost of this annual assessment will be incorporated into the operational expenses of Centralis Health.
Security: The vendor will provide security-related reports at defined frequencies that align to NIST 800-53a security control	Y	We will furnish security-related reports in accordance with specified frequencies aligned to NIST 800-53a, NIST SP800-53

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requirements, MARS-E, or agreed upon security controls framework. a. The vendor confirms they can provide security-related reports. Report topics include: i. privileged account review ii. audit log review iii. continuous monitoring/security metrics report iv. Plan Of Action & Milestones (POAM) review v. Vulnerability assessment vi. system access review vii. roles review for separation of duties viii. contingency plan review/test ix. incident response plan review and training x. risk assessment; awareness training xi. review system security plan and update xii. disaster recovery presentation and review xiii. system wide security assessment xiv. Internal and External Penetration test xv. static/dynamic code analysis or peer review xvi. HIE governing board security policy review		Revision 5, NIST SP800-66, And NIST Cyber Security Framework security control requirements, and MARS-E guidance on the safeguarding of security and privacy.
Federal Interoperability Policy Standards: All HIE services will comply with security, privacy, and interoperability policies as listed below. a. The vendor confirms that the following identified policies are being followed: i. Federal Information Security Management Act (FISMA) ii. Health Insurance Portability and Accountability Act (HIPAA)	Y	We understand the critical importance of adhering to the specified policies to ensure the security, privacy, and interoperability of Health Information Exchange (HIE) services. We can confirm that our organization is fully committed to complying with the following identified policies listed in this section.

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iii. Health Information Technology for economic and Clinical Health Act (HITECH) iv. Patient Protection and Affordable Care Act v. National Security Agency (NSA) Security Recommendation Guides vi. Office of the National Coordinator for Health Information Technology (ONC) Cures Act Final Rule on Information Blocking vii. Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access Final Rule viii. Commonwealth regulations regarding privacy and security ix. TEFCA		
Security – Hosting: The vendor confirms that hosting services are controlled and managed for access, information exchange, and identity authentication. **a. The vendor confirms that:** i. Hosting services have controls in place to prevent unauthorized access, with automated monitoring of service availability and to detect potential intrusions in the production environment ii. Hosting Services support the exchange of SAML 2.0 (or supported version) security assertions with other systems, including eHealth Exchange and custom attributes. Vendor will use SAML attributes for logging and access control determination decisions iii. Hosting services support: i. OAuth federated authentication for both web services as well as for browsers	Y	Centralis Health has engaged in a contractual agreement with Microsoft Azure, leveraging the platform's robust defense-in-depth security architecture. This architectural framework is meticulously crafted to align with, and often surpass, the best practices established for healthcare operations at Centralis Health. The strategy employs a comprehensive set of Administrative, Physical, and Technical controls, amalgamating both industry-standard practices and bespoke controls tailored to the unique capabilities of Centralis Health. In affirmation of the security measures implemented by Microsoft Azure's hosting services, the following points are acknowledged: • Microsoft Azure's hosting services feature controls designed to thwart unauthorized access, incorporating automated monitoring mechanisms to ensure service availability and detect potential intrusions within the production environment. • Microsoft Azure's hosting services facilitate the secure exchange of SAML 2.0 (or

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ii. OCSP x.509 certificate revocation detection (or supported version) iii. Other methods of x.509 certification revocation detection b. Hosting services will support identity federation standards (SAML, SPML, WS-Federation, etc.) to authenticate and authorize users. The NIST SP 800-63 document suite provides technical requirements for federal agencies implementing digital identity services (4-volume set) c. Hosting services will provide strong (multi-factor) authentication options (digital certs, tokens, biometrics, etc.) for user access in keeping with the NIST SP in cited above.		supported version) security assertions with external systems, including but not limited to eHealth Exchange and custom attributes. SAML attributes will be utilized for logging and access control determination decisions. • Microsoft Azure's hosting services support OAuth for authentication and possess the capability to identify the revocation of x.509 certificates through OCSP or alternative methods, ensuring a secure and reliable environment for web services and browsers. • Microsoft Azure's hosting services commit to supporting identity federation standards, in accordance with the authentication and authorization guidelines outlined in NIST SP 800-63. • Microsoft Azure's hosting services guarantee the implementation of robust multi-factor authentication for user access, aligning with the standards set forth in NIST SP800-63. Providing highly secure and resilient infrastructure and services to Centralis Health is a top priority for Azure. Their commitment to Centralis Health is focused on working to continuously earn Centralis Health trust and ensure Centralis Health maintains confidence in operating their workloads securely on Azure. To achieve this, Azure has integrated risk and compliance mechanisms that include the implementation of a wide array of security controls and automated tools. • Continuous monitoring and assessment of security controls to help ensure Azure operational effectiveness and strict adherence to compliance regimes.

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		• Independent risk assessment by the Azure Business Risk Management program. • Operational and business management mechanisms. Azure regularly undergoes independent third-party audits to provide assurance that the control activities are operating as intended. These audits, along with the many certifications Azure has obtained, provide an additional level of validation of the Azure control environment that benefit customers. Taken together with customer-managed security controls, these efforts allow Azure to securely innovate on behalf of Centralis Health and help Centralis Health improve their security posture when building on Azure.
Security – Encryption: The vendor confirms that Encryption Services work to ensure that all health information in transit and at rest is unusable, unreadable, or indecipherable to unauthorized individuals through use of a technology or methodology specified by the Secretary of the Federal Department of Health and Human Services in the guidance issued under section 13402 (h)(2) of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5), or any update to that guidance.	Y	We take comprehensive measures to safeguard sensitive health information, both in transit and at rest, by adhering to encryption standard best practices as delineated in the National Institute of Standards and Technology (NIST) Special Publications. We affirm our commitment to ensuring that all health information is rendered unusable, unreadable, or indecipherable to unauthorized individuals through the implementation of robust encryption technologies and methodologies. These encryption services are designed and executed in strict accordance with the guidelines set forth by the Secretary of the Federal Department of Health and Human Services, as articulated in the guidance issued under section 13402(h)(2) of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5), or any subsequent updates to that guidance. Our organization remains dedicated to upholding the highest standards of data security and privacy, aligning with regulatory directives to protect the confidentiality and integrity of health information.
Security – Intrusion-Detection and Firewall Protection: The vendor confirms that hosting services will have aggressive intrusion-detection and firewall protection per NIST SP 800-53A Rev 5 SI-04(01) System Monitoring, System-wide intrusion detection systems.	Y	We hereby confirm that Microsoft Azure has successfully implemented industry-leading practices for Intrusion Detection and Firewall Protection. The Azure Firewall Premium offering delivers advanced threat protection tailored to the stringent requirements of highly sensitive

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		and regulated sectors, including the payment and healthcare industries. Microsoft Azure Firewall Premium incorporates signature-based Intrusion Detection and Prevention Systems (IDPS) to enable swift identification of potential threats. This involves the proactive identification of attacks through the analysis of specific patterns, such as byte sequences in network traffic or recognized malicious instruction sequences commonly employed by malware. Our hosting services within Microsoft Azure adhere to a robust intrusion detection and firewall protection framework aligned with the guidelines stipulated in NIST SP 800-53A Rev 5 SI-04(01) for System Monitoring and System-wide Intrusion Detection Systems.
Security – Legal Compliance: The vendor confirms that all HIE services will cooperate completely with the Commonwealth's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure, reporting any security breach with conformance with PR laws. a. The vendor confirms awareness of PR laws and PRITS (Puerto Rico Innovation & Technology Service – the central agency driving technological advancements) policies for detecting and reporting vulnerabilities, including security breaches.	Y	We want to assure you that our organization is fully committed to ensuring the highest standards of security and will cooperate seamlessly with the Commonwealth's Chief Information Officer and comply with all relevant laws and policies. In response to the specific requirement outlined in the RFP, our organization affirms the following: Cooperation with the Commonwealth's Chief Information Officer: • Our HIE services are committed to complete cooperation with the Commonwealth's Chief Information Officer the detection of any security vulnerabilities within the hosting infrastructure. • We understand the critical role of the Chief Information Officer and will actively engage in collaborative efforts to identify and address potential vulnerabilities promptly. Reporting Security Breaches in Conformance with PR Laws: • Our organization acknowledges and is fully aware of the applicable laws in Puerto Rico related to cybersecurity, and we are committed to complying with them diligently. • In the event of a security breach, our organization will adhere to the specified PR laws, ensuring timely and

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		accurate reporting to the relevant authorities as required. Awareness of PR Laws and PRITS Policies: • Our organization is well-versed in Puerto Rico laws pertaining to cybersecurity, and we maintain a proactive approach to stay informed about any changes or updates to these regulations. • We are fully cognizant of PRITS (Puerto Rico Innovation & Technology Service) policies and will align our practices with their guidelines for detecting and reporting vulnerabilities, including security breaches. In summary, our organization is dedicated to fostering a secure environment and actively contributing to the overall security landscape in accordance with Puerto Rico laws and PRITS policies. We understand the gravity of our responsibilities and are committed to upholding the highest standards of integrity, confidentiality, and compliance.
Security – Reporting: The vendor must demonstrate that Hosting services will issue ongoing reports regarding HIE security audits and compliance activities in a format and frequency reasonably requested by the Commonwealth.	Y	We hereby affirm our capability to present evidence that Microsoft Azure's services will furnish consistent reports on Health Information Exchange (HIE) security audits and compliance endeavors. These reports will adhere to formats and frequencies as reasonably stipulated by the Commonwealth. Our access to Microsoft Azure's Azure Trust Center empowers us with comprehensive information pertaining to security, compliance, privacy, and transparency. This includes an array of resources such as whitepapers, compliance documentation, and security-related information. Furthermore, our utilization of Microsoft Azure's Azure Security Center, a unified security management system, ensures advanced threat protection for all on-premises and cloud workloads. This system not only provides security recommendations but also furnishes valuable threat intelligence.

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		Additionally, our access to Microsoft's Azure Compliance Documentation elucidates how Azure aligns with diverse industry standards and regulations. Noteworthy certifications include ISO, SOC, GDPR, HIPAA, among others.
Security – Security Management: The vendor must demonstrate that industry-standard security management will be implemented and administered by the vendor.	Y	Our organization is committed to the rigorous implementation of industry-standard security management practices, as evidenced by our alignment with the National Institute of Standards and Technology (NIST) Publications. Specifically, we adhere to the guidelines outlined in NIST SP800-53 and the NIST Cybersecurity Framework, both widely acknowledged and accepted as standard within our relevant industry. Our strategic focus on these established security standards is instrumental in upholding the confidentiality, integrity, and availability of our information and systems. In accordance with these standards, we have developed and implemented comprehensive security policies that encompass a range of measures and controls designed to safeguard against potential threats and vulnerabilities. To ensure the effectiveness of our security policies, we actively administer them through ongoing oversight and management. This includes continuous monitoring, regular updates, and meticulous management of security protocols. Moreover, our commitment to adhering to industry best practices is further exemplified by the documentation showcasing the implementation and active administration of industry-standard security measures within Microsoft Azure. By consistently aligning ourselves with recognized security standards and diligently implementing corresponding measures, we affirm our dedication to maintaining a robust security posture and safeguarding the integrity of our information and systems.
Public Health: The vendor must provide local code mapping to improve the level of accurate	Y	Cross reference tables will be made available that are customizable for local

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reporting of disease reporting to improve population health. a. The vendor confirms that when local institutions use their own codes for reporting diseases, which still need to be mapped to industry standards, the HIE will match the reported codes to national standards, improving the accuracy of reports and supporting data aggregation of public health disease reporting data.		institutional codes. The data will be received from the local institutions and Centralis Health will check the cross-reference table and then map to a national standard using either LOINC or SNOMED values.
User Access and Management – User Account Management: The vendor confirms that they provide participants with access to IT Administrative access to manage end-user accounts, submit/edit requests for end-user accounts on their behalf, to alleviate provider burden for account management outside of password requirements.	Y	Each participant is required to designate at least two of their own staff as Account Designees/Super Users. These designated individuals will be responsible for the onboarding and activation of user accounts within the Centralis Health secure web portal. Once users are successfully onboarded and activated, Centralis Health support staff will collaborate with participants to address any additional user management needs that may arise during the course of the contract
User Access and Management – End-User Authentication: The vendor confirms they use Security Assertion Markup Language (SAML) Single-Sign-On (SSO) authentication whereby EHR users can access HIE services efficiently and securely from within their workflow environment. a. The vendor confirms support for federated identity management. b. The vendor confirms that integration with a variety of EHR system types is in place.	Y	Our User Access and Management component is specifically tailored to prioritize End-User Authentication within the Health Information Exchange (HIE) services framework. Operating within the Microsoft Azure hosting environment, our system employs Microsoft Azure's Active Directory (Azure AD) to implement the Security Assertion Markup Language (SAML) 2.0 protocol. This ensures a seamless single sign-on (SSO) experience for users accessing diverse applications within the ecosystem. SAML 2.0 serves as our established standard for the exchange of authentication and authorization data between parties. In the context of Azure AD, it enables users to authenticate once, providing them access to multiple applications without the necessity of repeated logins. We affirm our support for federated identity management, allowing secure sharing of user identity information among different organizations. Our system is designed to seamlessly integrate and

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		collaborate with various identity providers. This capability is particularly crucial in the healthcare sector, where multiple entities may be involved in service provision. Furthermore, our system is configured to integrate with a diverse range of Electronic Health Record (EHR) system types. Compatibility and integration have been ensured, addressing the varied landscape of EHR systems. In conclusion, we have effectively addressed the imperative for secure and efficient access to HIE services. This is achieved through the confirmation of Microsoft Azure's support for federated identity management and the establishment of integration with different EHR system types.
User Access and Management – Provider Directory: The vendor must support for provider directory services for individuals and facilities: a. The vendor confirms provider Directory support for Direct Secure Messaging. b. The vendor confirms that Provider Directory Services associate providers with facilities and health systems.	Y	Centralis Health provides robust support for provider directory services within the context of our Health Information Exchange (HIE). Specifically: a. Centralis Health confirms support for provider directory services, facilitating Direct Secure Messaging for individuals and facilities actively participating in our HIE who do not already have Direct Secure Messaging services through their EMR/EHR vendor. b. Additionally, our Provider Directory Services seamlessly associate providers with facilities and health systems, ensuring a comprehensive and interconnected representation of healthcare entities within the Centralis Health ecosystem.
User Access and Management: The vendor must support identity and access management services. a. The vendor confirms that identity and access services include user profiles and contact information. b. The vendor confirms that identity and access services manage patient-provider attribution.	Y	All users will be tied to a profile that, amongst other data, contains contact information. Users are associated to providers and have access to a work queue that receives ENS notifications based on a patient panel. The notifications that arrive for these patients include links to the patients' longitudinal health records.

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
User Access and Management – PRDoH Access: The vendor must confirm that PRDoH personnel will have access to the HIE through the Provider Portal.	Y	PRDOH as an agency can be granted user access to the PRMP Medicaid beneficiary data, this access will granted and managed by PRMP Centralis Health account designees. PRDOH Clinics, if contributing data to the health information exchange can be granted provider portal access for purposes of continuity of care >
The MPI technology solution must be an independent module of the HIE technology architecture. PRMP expects that the PRHIE employs a best-in-class MPI that is accessible to the overall solution and supports Patient Demographic Query, Patient Identifier Cross-Reference, and Cross Community Patient Discovery**.**	Y	MPI Solution Patient data begins at a practice or facility, which, for the sake of terminology, will be referred to as a repository. After a new patient is created, or after patient demographics have been updated, that patient is passed along into the MPI solution. The MPI solution stores all unique combinations of patients and repositories, identified with an MR number and a repository ID. This later became the basis of the Record Locator Service. Critically, if any demographics have changed for a patient, a history of those changes is stored. After this data is stored, the MPI logic begins. There are four key components that serve as the core of the MPI matching: Last name, date of birth (DOB), Social Security Number (SSN), and gender. For the purposes of this document, SSN will refer to valid SSNs only. The specifics of particular use cases can be defined by PRHIE, but Centralis has initial criteria. Some use cases of MPI linking include: **Case 1:** A match on last name, DOB, gender, and SSN will always result in a link. **Case 2:** Two records that have different SSNs can never be linked. **Case 3:** Records match on last name, gender, and SSN but differ on DOB. This should probably not be a link as it represents a significant data entry error. Specifically, if the year was simply off by one digit, a patient could be shown to be 18 years old instead of a 17-year-old minor.

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
		Case 4: Records match on last name, SSN, DOB, but not gender result in a link. **Case 5:** Records match on SSN, DOB, gender, but not last name. Many valid reasons cause this: typos, name changes after marriage, or having a hyphenated last name that isn't fully entered by one facility. This may be enough for a match on its own, but Centralis recommends the analysis of additional criteria. The demographic change history mentioned above can be used to try to map to a name change for a potentially linked patient. Additionally, other demographic data can be used as criteria. Current address or a matching past address, first name, and middle name or initial help to substantiate the case for linking. **Case 6:** Records match on SSN and DOB but not gender or last name. This would begin to rely on a larger number of secondary matches, including: first name, middle name or correct middle initial, maiden name (if present), and full address. Last name and gender history for potential links also aid to mark this as a correct link. **Case 7:** A record with an SSN can be matched to a record without an SSN if any of these criteria are met: • First name, last name, DOB, and gender match. • DOB, last name, and either first name or gender along with full address, or correct past address. **Case 8:** Two records without SSNs can be matched if they have also matched on DOB, first name, last name, suffix, gender, and full address (or address history). Use cases are not limited to the above, but they provide a good understanding of the approach that Centralis uses to the MPI solution. At its core, the goal of creating a good MPI is to link as many patients as possible, while never linking any incorrectly. The latter drives the solution and can never be compromised.

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Table 17: Mandatory Qualifications

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
The technology services described in **Section 4.2.2** must be provided by vendor(s) that have experience in health information exchange(s) of similar size and scope as described in this RFP.	Y	Detailed responses to the individual technology services are described in detail in Attachment G. Centralis Health has, for many years, provided an HIE with several million unique patients. Our approaches and solution outlines to the technological requirements list in this RFP are not theoretical, as most of our proposed solutions have performed successfully in a production environment for many years.
The vendor must have the ability to staff the organization and contract with subcontractors to meet PRMP's HIE program objectives and associated timelines.	Y	Centralis Health recognizes that our success is intricately tied to the success of the PRMP. In the event that we are awarded this contract, we pledge to not only meet but exceed the requirements by maintaining a staffing model that ensures the fulfillment of all service level agreements. Our dedication to achieving and surpassing these standards is a testament to our commitment to the success of the PRMP.
The vendor must have demonstrated experience operating and managing health system services including the direct provision of services to the provider community.	Y	With a demonstrated history of excellence, our organization has successfully operated and managed health information exchange services since 2005. We directly provide these services to a diverse spectrum of nearly 1000 healthcare providers spanning over 200 organizations, ranging from a large-scale hospital to individual provider practices. With demonstrated experience in this domain, we have successfully implemented and managed a range of health information exchange services tailored to the needs of healthcare providers, these includes HIPAA compliant faxing, secure messaging, and direct access to patient records at point of care. Our expertise encompasses not only the delivery of services but also the ability to effectively engage and support the provider community, ensuring seamless integration and alignment with their operational requirements and objectives. We are committed to leveraging our experience and capabilities to meet

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
		the specific needs and expectations outlined by the PRMP.
The vendor must include at least three references from projects performed within the last two years that demonstrate the vendor's ability to perform the scope of the work described in this RFP. The vendor must include refences from three different projects/clients that provide details on the vendor's experience operating and managing a health information exchange or related services.	Y	Centralis Health has submitted three references, including commendations from eHealth Exchange, Florida's Agency for Healthcare Administration (AHCA), and Tallahassee Memorial Healthcare. Attached, you'll find the letters of reference for eHealth Exchange and AHCA.
The vendor must commit to staff and operate a place of business in the Commonwealth during any contract resulting from this procurement process and help ensure local support for outreach and onboarding, HIE participant education, representation on governance bodies, and help desk functions. Operations in Spanish and English are a part of meeting this requirement.	Y	If Centralis Health is awarded the contract, our intention is to establish a place of business within the Commonwealth. We are committed to leveraging, where possible, the talent and expertise of Puerto Rican citizens for Health Information Exchange (HIE) Operations and support. This endeavor resonates seamlessly with our hands-on approach and steadfast dedication to active involvement within the community. We are wholeheartedly committed to nurturing partnerships, encouraging collaboration, and actively contributing to the advancement and prosperity of the Puerto Rican community.
The vendor must agree to meet all federal and local requirements related to the operation of a Medicaid Enterprise system and the management and distribution of private health information.	Y	Pursuant to the provisions of the Health Information Technology for Economic and Clinical Health Act of 2009 and the regulations promulgated thereunder from time to time (the "HITECH Act"), COVERED ENTITY and Centralis Health are required to comply with additional privacy and security obligations, as well as obligations related to the breach of unsecured PHI or EPHI

Attachment F

Title	Puerto Rico HIE Outcome	Proposed Measures	Proposed Metrics	Target Setting	Performance Standard	Penalty Fee	Associated SLA ID	Vendor's Disposition	Attachment	Section	Page #
Care Coordination - Longitudinal Health Record	Improve clinical decision making across care teams by providing access to real-time integrated health records through the PRHIE.	Healthcare providers use/have access to, an integrated HIE health record service supported by the HIE operator and the EHR vendor. Providers use/have access to an external HIE health record service.	The number of EHR vendors live with an integrated service. The number of facilities with available service in production. The number of facilities without service in production. The ratio/percentage of facilities with service in production. The number of unique patient access sessions per facility with the available service. The number of unique active user accounts (active to be defined once live) by facility location, by user role (measures access potential). The number of unique patient access sessions of the provider portal (unique patient accesses are measured in this way) (measures usage). The number of facilities accessing the provider portal over the number of potential facilities (measures percent utilization for tracking over time).	For 100% of participants with this service available, the connection aligns with SLA 002 uptime standards. Utilization metrics increase over time until a baseline is established, and then, an annual growth rate will be determined. Minimally, by the end of year one, 100% of hospitals should be transmitting ADTs to the HIE.	Monthly reporting of HIE operational statistics.	Refer to SLA 003	SLA 003	Will Meet	G (Response to SOW)	2	91 - 93
Record Locator Services	Improve Puerto Rico Medicaid beneficiaries' quality and experience of care when they receive care outside of Puerto Rico.	The number of regional and national HIE networks that the HIE product is connected with, and the volume of data shared between the HIE and the network.	Report on the number of regional and national HIE networks, that the HIE product is connected with, and include the volume of data shared between the PR HIE and each network (per network).	Connection with a minimum of the eHealth Exchange in alignment with SLA 002 uptime standards.	Include metrics in monthly HIE operational reporting, including current period data and cumulative data for the Fiscal Year. (D01: Monthly Status Report)	Refer to SLA 003	SLA 003	Will Meet	G (Response to SOW)	2	91 - 92, 95 - 98
Record Locator Services	Improve Medicaid providers' ability to effectively treat and coordinate care through one, centralized health record.	Matching rate for all incoming health record data.	The number of unique individuals/records in the MPI. The number/rate of unlinked incoming records in the MPI monthly by incoming source, with rolling cumulative total. The number of merge operations per reporting period of MPI records with addresses in Puerto Rico; MPI records by: State Address, Source Facility, rate of overlap of patient care per facility (where one patient is seen across more than one facility). The number of death indicators reversed by time period.	Matching rate for all incoming health record data is above 95%.	Include metrics in monthly HIE operational reporting, D01: Monthly Status Report, including current period and cumulative for the Fiscal Year.	Refer to SLA 006	SLA 006	Will Meet	G (Response to SOW)	2	91 - 92, 95 - 98
Consent Management	Increase Medicaid beneficiaries ability to control their own health data by using consent preferences to guide access to health records on the PRHIE.	Percent of the MPI dataset that is flagged as an opt-out record, by opt-out choices made by the patient.	The number of unique patients that choose to opt-out, the unique total number of patients, and the percentage of those that have opted-out.	100% of patients who have opted out do not have records available to users in the database.	Include metrics in monthly HIE operational reporting, including current period and cumulative for the Fiscal Year.	Refer to SLA 006	SLA 006	Will Meet	G (Response to SOW)	2	92
Sensitive Data Management	Improve patient safety and privacy by safeguarding "sensitive" data in HIE health records.	Sensitive data is flagged at the appropriate level - by patient, or facility, or facility location, or provider NPI number, or by code (diagnosis, LOINC, etc.).	Number of facilities and/or providers that provide sensitive data (demonstrates that users use this feature). The aggregate number of data sets/types by facility provider categorized as sensitive (demonstrates that required flagging is occurring).	N/A	Sensitive Data Audit report showing the number of unique users accessing sensitive data by unique patient, by facility, with confirmation of consent noted; monthly.	Refer too SLA 004	SLA 004	Will Meet	G (Response to SOW)	2	92
Electronic Notification Services	Increase care coordination services at transitions of care to reduce adverse outcomes such as hospital readmissions.	End-users receive real-time Admission, Discharge, Transfer Notifications (ADT). Volumes of event notifications are reported on a regular basis.	Number of end users/facilities subscribed to receive notifications. Number of ADT messages received by the HIE per facility and in aggregate. Number of ADT notifications delivered to recipients subscribed. Number of rejected messages per facility and in aggregate.	100% of the notifications that are delivered are received; source is notified of 100% of rejected messages.	Include metric in monthly HIE operational reporting, current month and cumulative metrics.	Refer to SLA 003	SLA 003	Will Meet	G (Response to SOW)	2	93 - 95, 97 - 98
Public Health	Reduce provider burden by automating capture and exchange of public health data through the PRHIE.	Public health entities receive immunization information as designed and intended.	Number of Immunization messages (VXU) provided by the HIE to the Immunization Registry.	100% of VXU messages from providers capable of sending are provided to the Commonwealth.	Include metric in monthly HIE operational reporting, current month and cumulative metrics.	Refer to SLA 003	SLA 003	Will Meet	G (Response to SOW)	2	92 - 95
Public Health	Improve public health by automating capture and exchange of public health data through the PRHIE.	Public health entities receive lab reports and surveillance information as designed and intended.	Number of electronic lab reporting (ELR standard) messages captured in the HIE and transmitted to Public Health. Number of syndromic surveillance (Syndromic Surveillance Standard) messages captured in the HIE and transmitted to Public Health.	100% of ELR/syndromic surveillance messages from providers capable of sending are provided to the Commonwealth.	Include metric in monthly HIE operational reporting, current month and cumulative metrics.	Refer to SLA 003	SLA 003	Will Meet	G (Response to SOW)	2	92 - 95
Direct Secure Messaging	Improve coordination of care between Medicaid providers and their patients by facilitating communciations through a Direct Secure Messaging (DSM) service.	Availability of the DSM Service to any DSM participant.	Total number of DSM accounts by provider and facility. Number of DSM messages sent, received, and opened.	100% of DSM messages are successfully sent to and received by assigned users.	Include DSM metrics in monthly HIE operational reporting.	Refer to SLA 003	SLA 003	Will Meet	G (Response to SOW)	2	97

Attachment G

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Approach to Business Operations

Governance:

Based on the description of governance from the scope of work, Centralis Health recognizes the pivotal role that genuine partnerships play in the success of any health information exchange initiative. We eagerly embrace the opportunity to actively engage with the PRHIE Advisory Council. In the event that Centralis Health is honored with the contract, our Chief Operating Officer, Katie Bradley, is poised to assume the role of a PRHIE Advisory Council member.

Katie Bradley's extensive hands-on experience as an HIE utilizer, initiator, and industry leader positions her as a valuable asset. Her wealth of knowledge, derived from both successes and challenges, will be instrumental in guiding and advancing proven use cases. This strategic approach aims to elevate care coordination throughout Puerto Rico's healthcare ecosystem.

This commitment reflects Centralis Health's dedication to fostering collaborative relationships, contributing expertise, and actively participating in initiatives that drive positive outcomes in healthcare information exchange.

Data Governance:

Centralis Health is dedicated to implementing a robust data governance framework that aligns with the Commonwealth's objectives, PRMP's Medicaid Enterprise data governance initiatives, and adheres to federal and local data sharing restrictions. Our approach revolves around ensuring data policies are in harmony with the overarching goals while upholding the highest standards of data quality.

To address the specifics of data governance, Centralis Health will comprehensively outline our strategies in the Operations Management Plan (D06) and the Data Management Plan (D11) should the contract be awarded. These plans will provide detailed insights into how data will be governed, managed, and protected throughout the course of the project.

We utilize the World Health Organization Data Quality Dimensions, or a similar construct, to assess and report on data quality comprehensively. This ensures that the data we manage meets the defined dimensions, including accuracy, completeness, consistency, timeliness, and reliability.

Our commitment to compliance is further demonstrated through the provision of comprehensive data use and sharing agreements, as well as business associate agreements, all of which are crafted with meticulous attention to detail. These agreements, originating from Centralis Health, are designed to uphold the privacy and security of sensitive information, aligning with best practices and legal requirements.

Centralis Health is well-versed in developing and implementing Health Information Exchange (HIE) policies and procedures, with a specific focus on data management and the protection of Personal Health Information (PHI). We are committed to transparency and will readily provide copies or links to these policies, ensuring that our processes align with industry standards and legal requirements.

Our team brings extensive experience in managing HIE data governance programs, having successfully executed similar initiatives in various healthcare settings. This includes establishing and enforcing policies, ensuring compliance with regulatory standards, and fostering a culture of data stewardship and responsibility.

In summary, Centralis Health's data governance practices are founded on a commitment to excellence, compliance, and transparency. We are poised to contribute our expertise to the success of PRHIE, ensuring that data governance is not just a framework but an integral component of achieving shared objectives.

Policy:

Centralis Health is committed to assuming responsibility for all operational policies governing the services outlined in this SOW. Currently, we have established comprehensive HIE policies, including meticulously crafted Terms of Use, Participant Registration, and Business Associate agreements. These agreements have been successfully utilized with our existing HIE participants.

Understanding the urgency of PRMP's review and approval process, we are willing to expedite the alignment of our documentation with PRDoH's data sharing policies. To facilitate this, we propose reviewing the existing draft policies

available on the PRHIE's public website (https://www.salud.pr.gov/CMS/410) and adapting our documentation accordingly. This approach ensures a streamlined integration of our policies with PRMP's requirements while minimizing the turnaround time needed for review.

Centralis Health places a high value on transparency and, as stipulated, will transparently communicate all pertinent policies, including participant agreements, to participants, the Commonwealth, and key stakeholders. Furthermore, we commit to making our HIE policies publicly available, adhering to the requirement of posting them on the PRHIE's public website.

In terms of policy updates, we understand the importance of notifying impacted parties promptly. Our process for handling pertinent policy updates involves issuing clear and timely notifications to all affected parties. This proactive approach ensures that participants, the Commonwealth, and key stakeholders are well-informed about any changes to the policies, allowing for continued collaboration in a transparent and compliant manner.

Technical Assistance:

Centralis Health is dedicated to delivering outstanding technical and customer support, recognizing its direct impact on our effectiveness as a health information exchange. Currently available Monday to Friday, from 8 am to 5 pm EST, our customer success agents have successfully met the needs of our active user base, exceeding 3,000 to date.

In anticipation of being awarded the contract, we are prepared to extend support hours if warranted to 24/7/365. Additionally, ongoing discussions with Puerto Rico-based technical call centers ensure seamless integration as a direct extension of Centralis Health, maintaining the high standards we expect.

Our robust, HIPAA-compliant technical and customer support module enables users to seek assistance through phone, email, or live chat with a Centralis Health agent. Leveraging the simplicity of our applications, we currently manage an average of 60-75 support tickets per month, ensuring an average first response time of less than 25 minutes and full resolution within 30 hours.

To meet the bilingual requirements of this contract, our extensive, on-demand knowledge base is being translated into Spanish. It offers written and video tutorials for quick onboarding, utilized by existing Centralis Health participants when introducing new staff at their locations.

See Appendix 4: Freshdesk Report Last 365 Days

Operational Reporting and SLAs:

Centralis Health is dedicated to fostering transparent and effective communication with our participants. Our commitment is demonstrated through monthly status reports, providing a clear overview of the adoption and utilization levels of our available services. If awarded the PRHIE contract, you can anticipate regular and comprehensive updates on the exchange's functionalities and operations.

Our monthly operational reporting is meticulously curated, covering crucial aspects generated through a blend of automated reports. These reports are seamlessly amalgamated into an easily digestible document, ensuring that the PRHIE and all participants receive timely and insightful information. This commitment to transparent reporting is integral to our approach, fostering a collaborative and informed partnership.

See Appendix 5: Recent Monthly Participant Report.
See Appendix 6: Monthly report submitted to AHCA for similar project.

Technology Architecture and Vendor Partnerships: Centralis Health utilizes a Microsoft stack hosted with Microsoft Azure Cloud Services. Here are some components that we take advantage of within Azure:

- Websites and webservices are easy to manage and deploy. They operate in individual containers and do not compete for shared CPU and memory resources.
- Virtual machines are easy to configure and upgrade and are automatically backed up.
- Azure functions and other microservices operate without competing for resources and provide fault tolerance when used to complex tasks.

- SQL Server is a proven reliable backend and has been used in a production capacity by Centralis Health for over 15 years.

The first step of an HIE begins with an interface, and we believe that this step is often much more complex than it needs to be. In our production HIE, we offer interfaces via SFTP, RESTful services, or with a socket listener. The services and socket listener were written in-house, but off-the-shelf products could easily be used here. The biggest slowdown for interface implementation is usually VPN configuration, which makes SFTP and REST attractive. Repurposing existing connections also bypasses the VPN configuration step and is a significant timesaver. Interfaces utilizing a VPN configuration are hosted on a virtual machine, with each interface running under its own process to provide fault tolerance. A separate process monitors active interfaces and can cycle if downtime is detected.

The architecture of the SQL databases is described in the response for Enterprise Identity Management. It uses a Master Patient Index database, with each participant/organization having its on unique database. This can be used to distribute load across servers, and the siloing of data sources helps ensure confidence in data quality.

The matching algorithm for the MPI runs as an Azure function on a timer but can also be manually invoked.

User portals are run via Azure web hosting, as do any web services. FHIR APIs will deploy in the same manner, using the SQL Server backend.

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Approach to Technical Services

Enterprise Identify Management: A core central database will house a record locator service (RLS) and master patient index (MPI). Each facility/organization will have their own database, all with the same schema. Every unique patient that arrives for a facility/organization will have a row in the RLS and will be linked in the MPI when possible. Centralis Health currently has a version in this architecture in production use with several million unique patients.

The databases for the individual organizations have a Patient table as a central pillar. This table, via a patient ID, links to clinical data and demographics, which includes insurance. If a query was made to determine the current number of unique Medicaid beneficiaries, the workflow would be:

- The RLS provides a complete list of patients per organization.
- A query for each patient is run for every patient per organization. Their Patient ID is searched in the Insurance table, along with an insurance type and effective date. Aggregate tables would be created for common queries to prevent large table searches.
- The MPI aggregates these results to account for linked patients.

MPI Solution Details: Patient data begins at a practice or facility, which, for the sake of terminology, will be referred to as a repository. After a new patient is created, or after patient demographics have been updated, that patient is passed along into the MPI solution.
The MPI solution stores all unique combinations of patients and repositories, identified with an MR number and a repository ID. This later becomes the basis of the Record Locator Service. Critically, if any demographics have changed for a patient, a history of those changes is stored. After this data is stored, the MPI logic begins. There are four key components that serve as the core of the MPI matching: Last name, date of birth (DOB), Social Security Number (SSN), and gender.
The specifics of particular use cases can be defined by PRHIE, but Centralis has initial criteria. Some use cases of MPI linking include:
Case 1: A match on last name, DOB, gender, and SSN will always result in a link.
Case 2: Two records that have different SSNs can never be linked.
Case 3: Records match on last name, gender, and SSN but differ on DOB. This should probably not be a link as it represents a significant data entry error. Specifically, if the year was simply off by one digit, a patient could be shown to be 18 years old instead of a 17-year-old minor.
Case 4: Records match on last name, SSN, DOB, but not gender result in a link.
Case 5: Records match on SSN, DOB, gender, but not last name. Many valid reasons cause this: typos, name changes after marriage, or having a hyphenated last name that isn't fully entered by one facility. This may be enough for a match on its own, but Centralis recommends the analysis of additional criteria. The demographic change history mentioned above can be used to try to map to a name change for a potentially linked patient. Additionally, other demographic data can be used as criteria. Current address or a matching past address, first name, and middle name or initial help to substantiate the case for linking.
Case 6: Records match on SSN and DOB but not gender or last name. This would begin to rely on a larger number of secondary matches, including: first name, middle name or correct middle initial, maiden name (if present), and full address. Last name and gender history for potential links also aid to mark this as a correct link.
Case 7: A record with an SSN can be matched to a record without an SSN if any of these criteria are met:

- First name, last name, DOB, and gender match.
- DOB, last name, and either first name or gender along with full address, or correct past address.

Case 8: Two records without SSNs can be matched if they have also matched on DOB, first name, last name, suffix, gender, and full address (or address history).
Use cases are not limited to the above, but they provide a good understanding of the approach that Centralis uses to the MPI solution. At its core, the goal of creating a good MPI is to link as many patients as possible, while never linking any incorrectly. The latter drives the solution and can never be compromised. Additionally, patients may opt out of the MPI matching via an opt out indicator in the HL7, usually in either PD1.12 or PV2.22.

RLS and Interoperability Details: As referenced in the MPI Solution, a central repository is created for patient data. The patients are stored by a unique identifier for the source facility coupled with their local patient identifier. The MPI solution contains references to this central data store, thus proving a link between MPI matched patients and their original data repositories. With patients then linked, the central repository can then serve as a record locator service. This architecture then allows for the dynamic creation of a longitudinal health record. Consider the following example:
Patient James Smith is male, born on 01/24/1197, and his social security number is 123456789. He visits his primary care physician 3 times, and each time that physician records an encounter, vital signs, diagnoses, and prescriptions. A record is created in the centralis repository with facility ID and the local ID for the patient.
The patient visits a hospital where they enter his gender, date of birth, and social security just as the primary care physician did. However, they enter his name as Jim. An encounter is records, along with vitals, diagnoses, and prescriptions. A record is created in the centralis repository with facility ID and the local ID for the patient.
The MPI solution links these two patients by matching last name, gender, date of birth, and social security number. Searching for Jim Smith or James Smith can return the linked patient record as a potential result. Viewing of the record will show the full history for the patient, including the full data of the three visits to his primary care physician, and the full data of his hospital visit, all in a single longitudinal record.
The record locator service interacts with the MPI to enable broad scale reporting. For example, consider the following dataset:

- Provider 1 has 10 patients. 3 of these patients (patients A, B, and C) have Medicaid.
- Provider 2 has 7 patients, 3 of these patients (patients D, E, and F) have Medicaid.
- Patient A and Patient E are the same person and are linked by the MPI.

A query to the record locator service to return all Medicaid patients would return 5 results: the linked A and E patient, and patients B, C, D, and F.
The core dynamic is that the record locator service identifies unique patients per provider/organization, and the MPI identifies unique patients across the entire PRHIE. This synergy enables a very broad range of queries.

Interface Specifications: Centralis Health believes that HL7 should foster connectivity and interoperability, but all too often it can serve as a barrier if every nuance is not strictly adhered to. We have attached a specification outlining messages (ADT, MDM, ORU, RDE, and VXU) along with their respective segment and field usage. This specification is intended as a baseline and is not set in stone.

We have historically been flexible on certain field usage. One EMR may use specimen fields in an OBR segment, and another may break them out into an SPM segment. Getting the right people on the phone, and then in meetings, and then into testing and production can be weeks of bureaucratic hassling. A flexible interface architecture can quickly avoid these problems and not hinder the interface going live.

Our specification does not list specific code tables, as we feel that this should be done collaboratively. With Spanish language codes being a big priority, these tables need to be created for the unique needs of PRHIE.

As with several architectures in this document, this is not a theoretical approach. This has been the production interface design implemented by Centralis for over 15 years and many millions of HL7 messages. Interface Specifications are not included in this section as they exceed the page limit restriction for this sections, however in reviewing prior vendor specs our are similar in size and therefore we assume acceptable as an attachment. **See Appendix 7: Interface Specifications and Configuration**

Care Coordination: Centralis Health defines care coordination as the intentional organization of healthcare activities, services, and information to ensure patients receive timely and appropriate care, minimizing duplication and delays. This collaborative approach involves healthcare professionals such as physicians, nurses, specialists, and care team members working together to provide comprehensive and well-coordinated services.

Our care coordination tools are centralized within a user-friendly proprietary provider web portal, allowing providers and care teams to efficiently manage tasks related to communication, collaboration, information sharing, and transitions of care—all in one place. This streamlined approach maximizes the efficiency and effectiveness of patient care.

In addressing the paramount need for efficient communication among healthcare providers, Centralis Health offers an advanced proprietary communication suite, hMessage. This suite, integrated into a singular, HIPAA-compliant, and user-friendly web portal, serves as a unified tool for all healthcare communication tasks. Key features include:

- Direct integration with any EMR or IT system
- Robust 256-bit encryption in transit and at rest
- Support for unlimited users with unique logins and detailed audit trails
- Advanced OCR capabilities for enhanced document processing
- Tracking of message views, task completion times, and more in easily accessible audit logs.

hMessage provides five document transport mechanisms accessible through the same user-friendly proprietary web portal, ensuring the most efficient delivery methods and maintaining workflow consistency for users. **See Appendix 8: Interface Specifications and Configuration**

Information Sharing: Comprehensive and up-to-date patient information plays a pivotal role in care coordination. However, in the absence of direct point-to-point interfaces between disparate EMR/EHRs, access to such records is often restricted to fax transmissions, resulting in considerable care delays. To address this challenge, our participants utilize our health information exchange through our proprietary provider portal, powered by our data hub solution, hConnect.

hConnect adeptly handles the processing of inbound clinical data interfaces from the disparate EMR/EHRs of our HIE participants. Utilizing the capabilities of our master patient index (MPI) smart merging technology, these records seamlessly consolidate into a comprehensive longitudinal patient record. The records become available within our proprietary provider portal in near real-time, empowering healthcare teams with direct access to critical records at the point of care.

Data Quality and Reporting Services: The lifecycle of an HL7 message involves many opportunities for data loss. Any discussion on data quality revolves around how the data is treated in every step of the process.

1. An interface is created and listens for incoming HL7 messages.
    a. The interface going down (whether the sending or receiving side) is the first place where data can be lost, or at least interrupted. The solution is to have a configurable monitor for when the last message was received for the interface. Interfaces send tens of thousands of messages per day and may want an alert sent out if there have been no messages for 15 minutes. Other interfaces may only need to be monitored Monday – Friday from 8:00 – 5:00. These alerts can come in the form of an email, or a text message, or a status page in a portal.
2. An HL7 message is received and stored in a database for processing.
    a. The clear issue here is a failure to write to the database. Two safety measures exist for this scenario, the first being to write the message to an Azure cloud file store. If the database and cloud store are both inaccessible, the message is written to a local server file store.
3. An automatic process loads pending messages. The first step is to parse an HL7 message into segments.
    a. If the message fails to parse, then it is flagged in the database as a parsing error. The flagged record can generate alerts or be used to create a report. This will be true of all database flags in the latter steps.
4. The individual segments then begin to load.
    a. The message fails to load due to critical missing data. For example, if the patient has no last name in the PID segment then the entire message would not be loaded. Critical loading failures are marked as such in the database.
    b. The message fails to fully load due to non-critical missing data. For example, a last name is mission in a GT1 segment. While this is important data, it does not impede the loading of an encounter and any subsequent data such as vital signs, labs, etc. The message is marked as a non-critical failure in the database.
    c. The message loads with no errors, but not all segments were processed. Not processing all segments isn't necessarily an error. For instance. Z* segments are often inserted for internal use only for the originating office. Some segments detailing future scheduling may be skipped if the design calls for it. Regardless, any skipped segments are logged in the database so that they may be manually reviewed to look for errors or logical flaws.
    d. Code conversion fails. If HL7 codes are being converted to different coding systems, a cross reference table will be needed, and the conversions will happen at this point. Any message that has a code conversion failure will be marked in the database.

The important takeaway from this process is that all messages that perform load at a level below 100% success are fully marked and logged, and all marked messages are available as report metrics. Additionally, a monitor may be set up on any level of criteria to trigger an error/warning notification, and that this notification may include email or text.
This is also not a theoretical design. Apart from the code table cross-reference (item 4.d), this

system is in use by Centralis Health today.

Application Programming Interface (API) Services: Although Centralis Health does not have a FHIR API in production, our team has experience integrating the consumption of them into an HIE. Our plan is to create a FHIR API using FHIR v4.0.1. Security is always at the forefront of a FHIR API, with the following key components:

- Session tokens created via OAuth 2.0, following the HL7 SMART App Launch Framework. And OpenID Connect Core
- Audit logging of every API call, including parameters
- Flood protection from denial-of-service attacks or from authorized users making excessive requests (usually a result of runaway processes)

After authorization, FHIR requests are largely similar to PRHIE requests, with the obvious difference of the end result being the data mapping to FHIR categories. This will be done by following FHIR US Core IG STU 3.1.1. Bulk access will follow the FHIR Bulk Data Access Implementation Guide v1.0.0. Additionally, the HL7 DaVinci Payer Data Exchange Implementation Guide 2.0.0 may be used for Medicaid or other payer requests.
All implementation guides are recommended by the CMS Advancing Interoperability and Improving Prior Authorization Processes Final Rule (CMS-0057-F). With the Final Rule explicitly naming the technologies and implementation guides that it recommends using, Centralis Health sees no reason to deviate from those recommendations. Our intent is to develop an API that directly caters to the requirements and suggestions of the Final Rule.

Public Health Reporting: Centralis began working with several states (Florida, Georgia, Alabama, and Kentucky) in 2020 to provide COVID-19 test results and continues to this day with the Florida Department of Health. Our entire process is outlined, but of specific import is the note that each state wanted a different approach, and Centralis Health had the flexibility to quickly implement each solution.
Reporting is easy to do with our proposed architecture, and in the case of any clinical data, works almost in reverse of the scenario described in Enterprise Identity Management. For example, say all unique patients who have tested positive for COVID-19 at least once were to be reported.

- Queries would be run against a table for Patient Labs for any codes associated with a COZVID-19 test. The Patient Labs table links to rows in a Patient Lab Results table, and here either specific codes or values may be checked that would indicate a positive result.
- The Patient Labs table as a Patient ID, so this patient may now be looked up in the Record Locator Service.
- After all patients have been in the RLS, the Master Patient Index will aggregate the result set into unique patients.

This sort of reporting is not limited to labs but can apply to any clinical data

Medicaid Data Services: Centralis Health proposes the creation of a PRMP data repository through a systematic approach. This entails integrating the PRMP monthly active Medicaid beneficiary roster with our proprietary Master Patient Index (MPI) solution. In executing this process, Centralis Health endeavors to query, match, and replicate patient longitudinal records from the PRHIE to the PRMP data repository. The primary purpose of this repository is to serve as a valuable resource for PRMP in their efforts to obtain MES certifications.

Following the successful setup of interfaces and the processing of data into the PRMP data repository, exclusively containing patient data from Medicaid beneficiaries, authorized PRMP users will gain entry to this repository through the Centralis Health proprietary web portal. Access to this section of the web portal is permission-based, allowing restrictions based on users' roles and responsibilities to prevent unnecessary access to PHI. Subsequently, authorized PRMP users, equipped with the required permissions, can query individual patients, enabling them to examine patient longitudinal records for the purpose of investigating fraud and abuse.

Utilizing the specified Puerto Rico HIE Outcomes detailed in Attachment F – Outcomes Traceability Matrix, Centralis Health will work in tandem with PRMP to create a suite of report templates intended to derive meaningful insights from the PRMP data repository. Drawing upon the clinical data obtained from Puerto Rico PRHIE participants, these reports will effectively fulfill the specified reporting requirements outlined in the SOW for Medicaid Data Services. Upon approval by PRMP, authorized users can seamlessly generate these reports directly from the secure web portal or schedule them for automatic delivery at predefined intervals. This user-friendly functionality enhances accessibility and ensures timely availability of critical insights.

Medicaid Services: To address the service expectations outlined for MES Certification, Centralis Health is committed to implementing a comprehensive strategy that aligns with Medicaid operations, CMS interoperability priorities, and the broader public health management goals. Our approach encompasses the following key elements:

1. HIE Data Access and Reporting Processes:
    - Centralis Health will establish robust data access and reporting processes tailored to Medicaid operations and beneficiaries. Our solution will prioritize interoperability in key areas such as care coordination, public health, and social determinants of health. We will leverage the Puerto Rico Health Information Exchange (PRHIE) to streamline local and federal interoperability requirements, aligning with Medicare interoperability policies, and supporting innovation programs.
2. Data Architecture and Reporting Infrastructure:
    - We will ensure the availability of a sophisticated data architecture, encompassing well-defined data tables, elements, indices, and maintaining referential integrity. Our reporting data model will be designed to meet the specific needs of Medicaid operations. Centralis Health will provide a data visualization user interface with intuitive access points, facilitating efficient reporting and analysis.
3. Support for Medicaid Operations:
    - Our commitment extends to providing the necessary capacity and support for data access and reporting processes that directly contribute to Medicaid operations. Centralis Health recognizes the importance of a robust data infrastructure in meeting both Commonwealth and federal policy-level reporting obligations.
4. Payer/MCO Enablement and Support:
    - Centralis Health is dedicated to enabling payers/Medicaid Managed Care Organizations (MCOs) to leverage clinical data for process optimization, utilization review, and enhanced care coordination. Our vendor response confirms our ongoing support for payer access to data services, with a detailed description of existing payer support activities.
5. MCO Data Access Pilot and ETL Connection:
    - In line with the commitment to support payers/MCOs, Centralis Health will

execute an MCO data access pilot. This pilot will serve to test data access opportunities, and based on the results, we will implement consistent data access and provide technical assistance for MCOs. Additionally, we commit to establishing an Extract Transform Load (ETL) connection with Medicaid's data warehouse, ensuring seamless integration for enhanced data sharing and utilization.

Centralis Health stands ready to contribute to the success of PRHIE by aligning with MES Certification requirements, prioritizing interoperability, and facilitating efficient data access and reporting processes to meet the diverse needs of Medicaid operations, healthcare providers, and public health management.

Direct Secure Messaging: Centralis Health currently leverages EMR Direct as our HISP (Healthcare Information Service Provider) vendor, facilitating secure and direct messaging capabilities. Direct Messages can be seamlessly sent and received directly from within the Centralis Health proprietary web portal.

It's noteworthy that these services are not extensively utilized by our participants at present, as many EMR providers typically fulfill this requirement. However, Centralis Health stands ready to address any potential technology gaps for PRHIE participants. Should there be a need for HISP services, we are well-prepared to fill this gap and provide comprehensive support for secure messaging services through our established platform.

Electronic Notification Services (ENS): Participants will be provided with a work queue within the Centralis Health web portal. Work queues can span a practice or be more granular and work on a provider level. Work queues may also have patient panels associated with them, and when an ADT arrives for a corresponding patient, a new work queue item is created. The patient from the patient panel is matched to the ADT patient via the Master Patient Index process. The work queue item contains several key pieces of data:

- Patient Name and a link to their longitudinal health record
- Admit reason. This is usually PV2.3, but sometimes PV1.4 and PV1.18 can suffice.
- The name of the treating practitioner. This is most commonly found in the PV1.7 or PV1.17.
- Diagnosis if a DG1 segment was present.

These notifications are real time and meet the requirements specified in the CMS 91150F final rule.

Emergency Response Services: Centralis Health is fully committed to supporting PRDoH with comprehensive emergency response services through the PRHIE. Our assurance includes the following commitments:

- **Connection Maintenance:** We will ensure a steadfast connection with eHealth Exchange, facilitating seamless data exchange during emergency situations.
- **ADT Information Sharing:** Centralis Health commits to actively sharing Admission, Discharge, and Transfer (ADT) information through direct interface connections with the designated vendor responsible for emergency response services to PRDoH. In the event that a designated vendor has not been selected, Centralis Health's proprietary web portal can be leveraged by emergency services to access the needed records. Our goal

is to ensure seamless and real-time data exchange, facilitating effective emergency response operations.

In summary, Centralis Health stands ready to contribute effectively to PRDoH's emergency response efforts, maintaining connectivity, sharing critical ADT information, and leveraging our capabilities to enhance the overall emergency response services provided.

Interoperability Compliance: Achieving interoperability compliance is crucial for our organization to ensure smooth communication and collaboration across various technologies. To ensure compliance with interoperability standards, we have acquainted ourselves with industry-specific protocols, data formats, and communication standards. These encompass a variety of sample types, such as HTTP and MQTT protocols, JSON and XML data formats, and communication standards like RESTful APIs. Adhering to these established norms facilitates seamless integration and data exchange within our organization, ensuring a robust interoperable framework.

In line with industry standards and regulations, our organization places a paramount emphasis on achieving seamless interoperability. This involves the integration of key functionalities, adherence to specific data formats, and utilization of standardized communication protocols. The following components outline our interoperability requirements:

Key Functionalities:
Data Exchange: Facilitate smooth data exchange among diverse systems and platforms.
System Integration: Enable the integration of our systems with external entities effortlessly.
Compatibility: Ensure compatibility with third-party applications and services.
Data Formats:
JSON (JavaScript Object Notation): A lightweight and widely supported data interchange format.
XML (eXtensible Markup Language): An industry-standard for structured data representation.
CSV (Comma-Separated Values): Ideal for tabular data exchange and compatibility.
Communication Protocols:
RESTful APIs (Representational State Transfer): For scalable and stateless communication between systems.
MQTT (Message Queuing Telemetry Transport): A lightweight and efficient protocol for IoT and real-time applications.
By aligning our interoperability requirements with these industry standards, we aim to establish a robust foundation for efficient collaboration, data sharing, and system integration within our organization and across external interfaces. This approach ensures not only compliance with regulations but also positions us at the forefront of technological advancements in our industry.

Attachment H

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Initial Project Schedule

Enhanced Three-Phase Implementation Plan:

Should Centralis Health is granted this contract, our proposed implementation plan unfolds in three strategically crafted phases. This meticulous approach aims to systematically navigate the project, allowing for the identification of key milestones while ensuring that PRHIE receives regular updates on measurable successes throughout the entire project timeline.

Phase 1: Post Award and Development Commencing on 7/1/2024 and concluding on 9/9/2024, this initial phase focuses on post-award activities and development processes. It serves as the foundational stage where essential groundwork is laid to set the project in motion.

Phase 2: Historical Data/Interface Transition, MCO Pilot, MES Scheduled from 8/1/2024 to 4/3/2025, Phase 2 is a comprehensive stage encompassing the handling of historical data, seamless interface transitions, the initiation of the MCO pilot, and the integration of MES. This period prioritizes meticulous attention to detail and precision.

Phase 3: Expand and Launch! Taking place from 5/1/2025 to 7/31/2026, the third and final phase is dedicated to expansion and the grand launch of the project. This stage represents the culmination of efforts, marked by the broadening of the project's scope and the official introduction of its full-fledged functionality.

Centralis Health brings to this endeavor a wealth of experience, underlined by a proven track record in managing and successfully executing complex deployments over the past decade. Through this phased approach, Centralis Health commits to delivering a well-structured and transparent implementation plan that ensures effective project management and success throughout each stage of development.

It's imperative to emphasize that the proposed timeline is formulated based on insights extracted from the information outlined in the Request for Proposal (RFP) and accompanying documentation. The attainment of deliverables and milestones hinges upon the Puerto Rico Medicaid Programs (PRMP)'s commitment to endorsing the specified initiatives and the prompt responsiveness of participants to requests. Effective communication and collaborative endeavors will be pivotal in upholding the proposed schedule and securing the overarching success of the project. Should Centralis Health is awarded this contract, we anticipate the necessity for adjustments to the timeline and schedule, as informed by insights gleaned during the initial phase of the project. These adjustments will be communicated through updates in the required monthly status reports, providing a transparent and responsive mechanism to keep all stakeholders informed and aligned with the evolving project dynamics.

Project schedule with Deliverables, Milestones, and Needed Resources

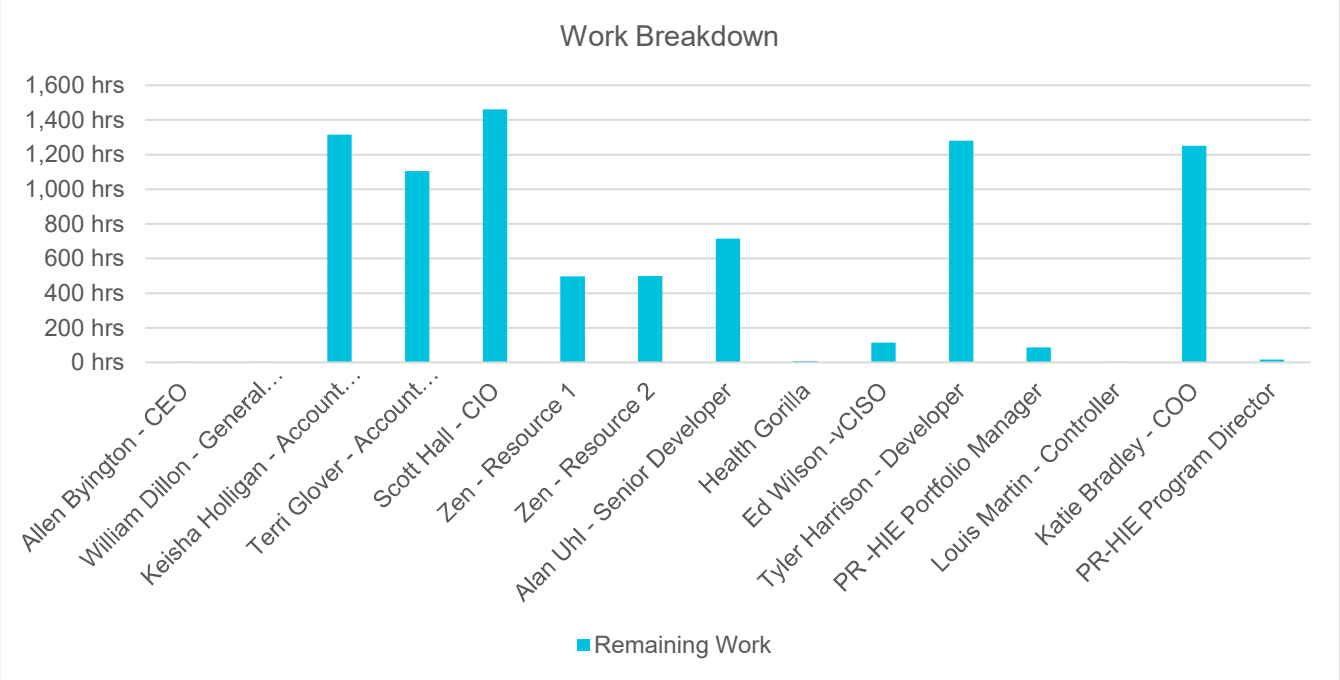
Deliverable & Milestones	Phase	Estimated Deliverable Complete Date	Resource Needed
D03: Kickoff Meeting	1	7/3/2024	Katie Bradley, COO Terri Glover, Account Success Mgr. Scott Hall, CIO PR - HIE Director PR - Portfolio Manager
D02: PRHIE Work Plan	1	7/19/2024	Katie Bradley Terri Glover Scott Hall PR - HIE Director PR - Portfolio Manager
D04: Implementation Plan	1	7/24/2024	Katie Bradley
DOI: Monthly Status Report	1	7/31/2024	Katie Bradley, COO
D07: Security, Privacy, and Confidentiality Plan	1	7/31/2024	Ed Wilson, vCISO
D14: Pilot Implementation and Management Plan(s)	1	7/31/2024	Terri Glover, Account Success Mgr.
D15: Data Transition Plan	1	8/1/2024	Scott Hall, CIO
DIO: Training Management Plan	1	8/7/2024	Keisha Holligan, Account Success
D08: Staffing Management Plan	1	8/8/2024	Terri Glover, Account Success Mgr.
D06: Operations Management Plan	1	8/9/2024	Katie Bradley, COO
D12: Disaster Recovery and Business Continuity Plan	1	8/9/2024	Ed Wilson, vCISO
D09: Incident Management Plan	1	8/14/2024	Ed Wilson, vCISO
DII: Data Management Plan	1	8/14/2024	Scott Hall, CIO
D13: Public Health Systems Plan	1	8/14/2024	Alan Uhl, Senior Developer
D05: HIE Participant Engagement and Technical Assistance Plan	1	8/15/2024	Katie Bradley, COO
Existing Participant Engagement Complete	1	9/6/2024	PR - Portfolio Mgr. Katie Bradley, COO Terri Glover, Account Success Mgr. Keisha Holligan, Account Success
Historical Data Transfer and Integration	2	10/25/2024	Health Gorilla PR - Portfolio Mgr. Scott Hall, CIO
D17 Independent, Third-Party Security, and Privacy Controls Assessment Report	2	10/31/2024	Ed Wilson, vCISO
25% of Existing PHRIE Participant Reconnected via Interface & Data Integrated	2	11/13/2024	PR-HIE Portfolio Mgr Zen Healthcare IT Scott Hall, CIO Alan Ulh, Senior Developer Tyler Harrison, Developer

Deliverable & Milestones	Phase	Estimated Deliverable Complete Date	Resource Needed
MES Kick Off Complete	2	11/26/2024	PR - Portfolio Mgr. Katie Bradley, COO Terri Glover, Account Success Mgr. Tyler Harrison, Developer
50% of Existing PHRIE Participant Reconnected via Interface & Data Integrated	2	12/23/2024	Zen Healthcare IT Scott Hall, CIO Alan Ulh, Senior Developer Tyler Harrison, Developer
75% of Existing PHRIE Participant Reconnected via Interface & Data Integrated	2	12/24/2024	Zen Healthcare IT Scott Hall, CIO Alan Ulh, Senior Developer Tyler Harrison, Developer
Recurring Fees for PRHIE Participants License Fee Start	2	1/1/2025	
100% of Existing PHRIE Participant Reconnected via Interface & Data Integrated	2	1/3/2025	Zen Healthcare IT Scott Hall, CIO Alan Ulh, Senior Developer Tyler Harrison, Developer
D16: Detailed System Design Document	2	1/3/2025	Scott Hall, CIO
D18: Outcomes Based Certification (OBC) Support Plan and Reporting	2	1/17/2025	Scott Hall, CIO
D19: Turnover and Closeout Management Plan	2	1/22/2025	Scott Hall, CIO
Recurring Fee for Emergency Services Redirect Start	2	1/28/2025	PR - Portfolio Mgr. Katie Bradley, COO Alan Uhl, Senior Developer
MCO Pilot Complete and Live	2	2/14/2025	PR - Portfolio Mgr. Terri Glover, Account Success Mgr. Tyler Harrison, Developer
PRDOH Reconnection Complete / ELR - Recurring Fees Start	2	4/3/2025	PR - Portfolio Mgr Alan Uhl, Senior Developer Tyler Harrison
New Hospital Connected 1	3	9/9/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 2	3	9/16/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 3	3	9/24/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 4	3	10/1/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 5	3	10/9/2025	PR - Portfolio Mgr. Centralis Health Team

Deliverable & Milestones	Phase	Estimated Deliverable Complete Date	Resource Needed
New Hospital Connected 6	3	10/16/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 7	3	10/16/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 8	3	10/31/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 9	3	11/7/2025	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_ATLANTIC MEDICAL CENTER, INC.	3	11/7/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 11	3	11/24/2025	PR - Portfolio Mgr. Centralis Health Team
New MCO 1 - MMM Multi Health LLC	3	11/25/2025	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_CAMUY HEALTH SERVICES, INC.	3	11/25/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 10	3	11/27/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 12	3	12/2/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 13	3	12/9/2025	PR - Portfolio Mgr. Centralis Health Team
New MCO 2 - Molina Healthcare of Puerto Rico Inc.	3	12/10/2025	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_DR. JULIO PALMIERI FERRI FAMILY HEALTH CENTER, INC.	3	12/11/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 14	3	12/17/2025	PR - Portfolio Mgr. Centralis Health Team
New Hospital Connected 15	3	12/24/2025	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_PATILLAS PRIMARY HEALTH SERVICES CENTER, INC.	3	12/29/2025	PR - Portfolio Mgr. Centralis Health Team
New MCO 3 - Plan De Salud Menonita Inc.	3	1/2/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_INTEGRATED HEALTH SERVICES CENTERS, INC.	3	1/20/2026	PR - Portfolio Mgr. Centralis Health Team
New MCO 4 - Triple-S Salud Inc.	3	1/27/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_CENTER FOR PRIMARY HEALTH SERVICES, INC.	3	1/27/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_COMMUNITY HEALTH FOUNDATION OF PUERTO RICO	3	2/5/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_INTEGRAL HEALTH COUNCIL OF LOÍZA, INC.	3	2/23/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_HATILLO MEDICAL SERVICES CORPORATION, INC.	3	3/11/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_CORPORACIÓN SANOS, INC.	3	3/27/2026	PR - Portfolio Mgr. Centralis Health Team

Deliverable & Milestones	Phase	Estimated Deliverable Complete Date	Resource Needed
Centros 330/FQHC_COSSMA, INC.	3	4/14/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_SAN JUAN HEALTH CARE FOR THE HOMELESS	3	4/21/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_COSTA SALUD COMMUNITY HEALTH CENTERS	3	4/30/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_PRYMED, INC.	3	5/14/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_HEALTHPROMED INC.	3	5/18/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_CASTAÑER GENERAL HOSPITAL, INC.	3	6/3/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_INTEGRATIVE HEALTH IN THE MOUNTAINS, INC.	3	6/8/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_MED CENTER	3	6/19/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_PUERTO RICO COMMUNITY NETWORK FOR CLINICAL RESEARCH (CONCRA)	3	7/1/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_MIGRANT HEALTH CENTER,INC.	3	7/7/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_MOROVIS COMMUNITY HEALTH CENTER, INC.	3	7/24/2026	PR - Portfolio Mgr. Centralis Health Team
Centros 330/FQHC_Neomed	3	7/31/2026	PR - Portfolio Mgr. Centralis Health Team

PRHIE Resource Overview



Name	Remaining Work
Scott Hall - CIO	1,461 hrs
Keisha Holligan - Account Success	1,315 hrs
Tyler Harrison - Developer	1,280 hrs
Katie Bradley - COO	1,252 hrs
Terri Glover - Account Success Mgr.	1,106 hrs
Alan Uhl - Senior Developer	716 hrs
Zen - Resource 2	500 hrs
Zen - Resource 1	497 hrs
Ed Wilson -vCISO	114 hrs
PR -HIE Portfolio Manager	88 hrs
PR-HIE Program Director	16 hrs
Health Gorilla	8 hrs
Allen Byington - CEO	4 hrs
William Dillon - General Counsil	4 hrs
Louis Martin - Controller	4 hrs

Attachment I

Attachment I: Terms and Conditions Response

This section describes the Terms and Conditions of the RFP, the PRMP's expectations of vendors, and compliance with federal procedures.

1. Title Page

The vendor should review **Attachment I: Terms and Conditions Response,** signing each provided signature block using blue ink in order to note the vendor's acknowledgment and intent of compliance. The vendor should identify any exceptions to the Terms and Conditions. If exceptions are not noted in **Attachment I: Terms and Conditions Response** of the RFP but raised during contract negotiations, the PRMP reserves the right to cancel the negotiation if, at its sole discretion, it deems that to be in the best interests of the PRMP.

2. RFP Terms and Conditions

RFP Terms and Conditions consist of provisions throughout this RFP. Moreover, these provisions encapsulate instructions, Commonwealth, and federal procedures, and the PRMP's expectations of the vendor when submitting a proposal. The vendor should understand and strictly adhere to the RFP Terms and Conditions. Failure to follow any instructions within this RFP may, at the PRMP's sole discretion, result in the disqualification of the vendor's proposal.

Please provide an authorized signature stipulating the vendor's acknowledgment, understanding, and acceptance of these RFP Terms and Conditions.

Printed Name/Signature of Authorized Personnel **Date**

3. Customary Terms and Conditions

The selected vendor will sign a contract with the PRMP to provide the services described in the vendor's response. The following documents shall be included in any contract(s) resulting from this RFP:

- **Appendix 2: Service-Level Agreements (SLA) and Performance Standards**
- **Appendix 5: Proforma Contract Draft** *inclusive of Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement*

Please provide a signature stipulating the vendor's acknowledgment, complete review, and acceptance of these documents.

Printed Name/Signature of Authorized Personnel **Date**

If the vendor is NOT taking exceptions to any of the PRMP Customary Terms and Conditions, then the vendor needs to provide a binding signature stipulating its acceptance of these documents. If the vendor is taking exceptions to any of the PRMP Customary Terms and Conditions, then the vendor should write "Taking Exceptions" on the line below and should follow the instructions for taking exceptions, as listed in Attachment I: Terms and Conditions Response, Section 6: Exceptions.

Printed Name/Signature of Authorized Personnel **Date**

4. Mandatory Requirements and Terms

The following items are mandatory terms and documents. Please be advised, the vendor should provide its affirmative acceptance of these items in order to move forward with consideration under this RFP.

- **Attachment E: Mandatory Specifications**
- The awarded vendor must be registered with the "Registro Único de Proveedores de Servicios Profesionales" (RUP) from the Puerto Rico General Services Administration (ASG) and with the Puerto Rico Treasury Department (Hacienda) for the collection of sales and use tax (IVU) as a provider (if applicable) in the Sistema Unificado de Rentas Internas (SURI). The PRMP shall not award a contract, unless the vendor provides proof of such registration or provides documentation from the Puerto Rico Treasury Department that the vendor is exempt from this registration requirement in the SURI system. The foregoing is a mandatory requirement of an award of a contract pursuant to this solicitation. For more information, please refer to the PR Treasury Department's web site http://www.hacienda.pr.gov.
- Prior to the contract resulting from this RFP being signed, the successful vendor must provide a Certificate of Insurance issued by an insurance company licensed or authorized to provide insurance in Puerto Rico. Each Certificate of Insurance shall indicate current insurance coverage meeting minimum requirements as specified by this RFP. A failure to provide a current Certificate of Insurance will be considered a material breach and grounds for contract termination. A list of the insurance policies that may be included in this contract are provided in **Appendix 5: Proforma Contract Draft**.
- A performance bond may be required for the contract resulting from this RFP.

- **Appendix 2: Service-Level Agreements (SLA) and Performance Standards**
- **Appendix 5: Proforma Contract Draft** inclusive of HIPAA BAA

Vendors that are not able to enter into a contract under these conditions should not submit a bid.

Please provide an authorized signature stipulating the vendor's acknowledgment, understanding, and acceptance of the mandatory requirements and terms stipulated in this section.

Printed Name/Signature of Authorized Personnel Date

5. Commercial Materials

The vendor should list any commercial and proprietary materials it will deliver that are easily copied, such as commercial software, and in which the PRMP will have less than full ownership ("Commercial Materials"). Generally, these will be from third parties and readily available in the open market. The vendor need not list patented parts of equipment.

If awarded the project, we plan to employ our proprietary technology that will allow for the following:

- HIPAA Compliant Faxing
- Secure provider to provider messaging
- Reports and Analytics
- Clinical data interfacing and HUB technology
- Community, Regional and National HIE query retrieve of patient records.
- Downtime Recovery Solution
- Event Notifications (ENS).

Our proprietary technology will be provided for use by PRMP under a non-exclusive license agreement for the term of the project. We acknowledge that the ownership of all individual and patient data shall remain with PRMP. Additionally, any application interfaces, procedures, applications and materials specifically created for PRMP, which are not a part of our proprietary technology, will be considered a work for hire with ownership going to PRMP.

Outside of these propriety solutions, Centralis Health leverages Freshdesk: Customer Service Suite to provide supporting ticketing, knowledge base, and customer chat functionality.

1. Exceptions

The vendor should indicate exceptions to the PRMP's Terms and Conditions in this RFP. Any exceptions should include an explanation for the vendor's inability to comply with such terms or conditions and, if applicable, an alternative language the vendor would find acceptable. Rejection of the PRMP's Terms and Conditions, in part or in whole, or without any explanation, may be cause for the PRMP's rejection of a vendor's proposal. If an exception concerning the Terms and Conditions is not noted in this response template, but raised during contract negotiations, the PRMP reserves the right to cancel the negotiation, at its sole discretion, if it deems that to be in the best interests of the PRMP.

The terms and conditions of a vendor's software license, maintenance support agreement, and SLA, if applicable, will be required for purposes of contract negotiations for this operation. Failure to provide the applicable vendor terms, if any, as part of the RFP response may result in rejection of the vendor's proposal.

Instructions: Identify and explain any exceptions to the PRMP's terms and conditions using the tables provided below, adding tables, as needed. If no changes are listed, the vendor indicates that no changes to the Terms and Conditions are proposed and that the vendor intends to accept them as written if the vendor's proposal is selected. Mandatory specifications and terms noted in this RFP are non-negotiable.

- The vendor may add additional tables, as appropriate
- Do not submit vendor's Standard Terms and Contracting Provisions in lieu of stipulating exceptions below
- Making revisions to the PRMP statutes and regulations is prohibited
- The PRMP has no obligation to accept any exception(s).

Tables 18 and 19 below provide examples of how exceptions may be identified and explained.

Table 18: Exception #1

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
Appendix 5 – Performa Contract Section 1. Services	Vendor intends to comply with the intent of this section but desires to add additional wording for the avoidance of doubt.	3. Proprietary Technology – Any technology created, developed or implemented by SECOND PARTY prior to the Agreement ("Proprietary Technology") shall not be considered a work for hire. However, SECOND PARTY shall provide the FIRST PARTY with a non-exclusive license to utilize any such proprietary technology during the term of the Agreement.
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 19: Exception #2

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
Appendix 5 – Performa Contract Section 3. Timetable and Work Site and Assigned Staff:	Vendor intends to comply with the intent of this section but desires to clarify the wording for the avoidance of doubt.	**3. <u>TIMETABLE AND WORK SITE AND ASSIGNED STAFF</u>:** The **SECOND PARTY** will work for the **FIRST PARTY** on a flexible schedule in its own facilities or those of the **FIRST PARTY** and complete the enhancements according to the terms stipulated in the proposal. Any change will be notified to the **FIRST PARTY**. **<u>Notwithstanding the foregoing the Parties will mutually agree to the schedule of services.</u>**
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 20: Exception #3

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
Appendix 5 – Performa Contract Section 11. Intellectual Property:	Vendor intends to comply with the intent of this section for all work product created specifically for the services provided under the agreement with PRMP	**BOTH PARTIES** agree that any work, report and/or product resulting from the services provided by the **SECOND PARTY**, including but not limited to studies, research, consultations, or any other shape or form that they may take, will always be the personal and intellectual property of the **FIRST PARTY**. The **FIRST PARTY** will not be obligated to pay any monetary amount in addition to the payment specified in the **FOURTH CLAUSE** of this contract nor it would be in any obligation to the **SECOND PARTY** as a result of any intellectual rights, services and work performed including, but not limited to studies, research, consultations, or any other shape or form that they may take. The **FIRST PARTY** is also authorized and has the full right to give the aforementioned work product the official use it deems necessary. **Notwithstanding the**

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		foregoing, this Section 11 shall not include any proprietary technology or product developed by the SECOND PARTY prior to the provision of any services under this Agreement. For the avoidance of doubt, SECOND PARTY will transfer to FIRST PARTY any products or solutions created specifically for this Agreement however it will not be required to transfer to FIRST PARTY any Proprietary Technology created prior to this Agreement including technology used to provider services under this Agreement. The **SECOND PARTY** may not use work, reports and/or products **created specifically for FIRST PARTY for the provision of services under this Agreement.** ~~resulting from services rendered in this contract for any other purposes other than the ones stated in this contract or~~

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		~~authorized by the **FIRST PARTY**.~~
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 21: Exception #4

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
Appendix 5 – Performa Contract Section 13. Resolution and Termination: Termination Assistance	Vendor intends to comply with the intent of this section for all work product created specifically for the services provided under the agreement with PRMP.	**Termination Assistance** Perform, as the **FIRST PARTY** may require, such knowledge transfer and other services as are required to allow the Services to continue without interruption or adverse effect and to facilitate orderly migration and transfer of the services to the successor. Promptly supply all materials necessary for continued operation of the System, including: a. Computer programs b. Data files c. User and operations manuals d. System and program documentation e. Training programs related to the operation and maintenance of the System [42 CFR 434.10 (b)

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		& SMM 2082.2] f. **Notwithstanding the foregoing, including a-e, SECOND PARTY shall not be required to provide FIRST PARTY any Proprietary Technology except as set forth herein.** Within six (6) months of the end of the final term of this Contract, or upon notice of termination of the Contract, whichever is shorter, and without respect to either the cause or time of such termination, the **SECOND PARTY** will take all necessary measures to facilitate an uninterrupted transition to a successor, to the extent required by the **FIRST PARTY** based on the Transition Services detailed in Section C. The **SECOND PARTY** will, at any time during the six (6) months preceding contract termination, provide such information about

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		the System under this maintenance and operations contract as will be required by the **FIRST PARTY** and/or the successor for purposes of planning the transition. In addition, the **SECOND PARTY** will within seven (7) calendar days provide historical records to the **FIRST PARTY** in a form acceptable to the **FIRST PARTY** for the preceding years during which the **SECOND PARTY** was under contract with the **FIRST PARTY**, and any other information necessary for a seamless transition. **Notwithstanding the foregoing, uninterrupted transition to a successor shall not include the provision of SECOND PARTY'S Proprietary Technology developed prior to the provision of services under this Agreement.**

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		However, SECOND PARTY, agrees to discuss the licensing of SECOND PARTY'S Proprietary Technology to a successor and mutually agreed to by SECOND PARTY and such successor.
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 22: Exception #5

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
Appendix 2 – SLA-003	-Interface downtime stemming from PRHIE participants due to factors beyond Centralis Health's control can significantly impact the timely delivery of anticipated interface redirects and the display of records within the Centralis Health web portal.	SLA-003: Solution Performance will be included in the Operations Incident Management report, and provided by the 15th of each month. 1. Under normal business operations, received records are promptly loaded into the proprietary web portal for user access in near real time. An exception may occur if a participant's feed is unavailable for an extended duration, resulting in a backlog of data. In such cases, backlogged data will be loaded in the order it was received and noted as such as an incident. 2. Issues related to ENS will be included in the Operations Incident Management report by the 15th of each month. During the course of normal business ENS will be active 24/7/365 with exceptions of approved downtime. ENS is predicated on the uptime of ADT feeds provided by participant interfaces to Centralis Health, should feeds be down

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		for an extended period of time notifications will be triggered in the order of receipt once feed is back online. These will be reported as incidents in monthly report, as well as any rejected and resolved notifications. 3. Centralis Health commits to supporting the following browsers (Google Chrome, Apple Safari, Microsoft Edge, and Mozilla Firefox) 24/7/365, except during scheduled downtime. 4. Outgoing data from Centralis Health to PRDoH, based on mutually agreed-upon specifications, will be delivered 24/7/365 during regular business hours, with the exception of regularly scheduled downtime. The outgoing data process at Centralis Health is dependent on the timely receipt of data from participant inbound feeds. In the event of a feed outage, outbound feeds to PRDoH will be backlogged and

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		directed in the order of their original receipt once the feed is restored. Such incidents will be reported as required in Monthly Status Report outlined in D01. 5. Patient consent choices, initiated at provider participant locations, can be transmitted to Centralis Health through inbound interface feeds or manually opted out using the Centralis Health public faxing URL. In both scenarios, systematic adherence to patient opt-out preferences is ensured at a 100% rate.
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 23: Exception #6

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
Appendix 2 – SLA-007	Our standard operating hours are Monday to Friday, from 8 am to 5 pm EST, excluding all recognized federal holidays. Nevertheless, should volume dictate, Centralis Health is dedicated to extending these hours of operations to meet the demands of this contract award. During regular business hours, emails, tickets, and calls will be attended to within the stipulated PRMP timeframes. The resolution and response times for submitted and generated tickets will be reported to PRMP via the Monthly Status Report by the 15th of each month.	1. Provide technical support M-F, 8am to 5pm EST, except recognized federal holidays via email and toll-free phone number. 2. Answer 90% of support calls within 30 seconds, including use of automated voice response technology, and including online chat interactions. 3. Resolve 90% of support calls within 24 hours.
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Appendix

RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

February 28, 2024

To Whom It Concerns:

I am aware that Centralis Health is in the process of submitting a proposal to assume the role of the new technical and operational Health Information Exchange (HIE) vendor for the Commonwealth of Puerto Rico. In my capacity as the Unit Administrator for Health Information Exchange and Policy Analysis at the Agency for Health Care Administration (AHCA), I have had multiple opportunities to collaborate with Centralis Health, a longstanding private sector health information exchange operating within our shared home state of Florida.

Between 2018 and 2021, Centralis Health demonstrated its commitment to advancing healthcare by participating in the Medicaid Managed Care Health Information Exchange Expansion funding initiative facilitated by the Agency for Health Care Administration.

During this period, Centralis Health successfully facilitated the onboarding of 30 unique healthcare organizations. This diverse group included six rural critical access hospitals, primary care and specialty provider practices, as well as imaging facilities.

In the pursuit of enhancing interoperability for Florida's hospitals and providers, Centralis Health strategically leveraged the Medicaid Managed Care Health Information Exchange Expansion funding to seamlessly integrate with the eHealth Exchange (eHX). Centralis Health earned the distinction of being the inaugural vendor participant in this groundbreaking initiative. This connection empowers Centralis Health to facilitate both technical and legal connections, enabling providers to participate as "sub-participants" on the national eHX.

I have observed firsthand the dedication and proficiency of the Centralis Health team. Their record of successful onboarding and management of healthcare organizations was demonstrated during their work with the Agency from 2018 through 2021.

Sincerely,

Pamela King, Administrator
Health Information Exchange & Policy Analysis Unit
Agency for Health Care Administration

February 20, 2024

RE: Puerto Rico

To whom it may concern:

On behalf of eHealth Exchange, I am writing in support of Centralis Health's application to support Puerto Rico's Health Information Exchange (PR-HIE) initiative.

eHealth Exchange is the largest healthcare information network in the country, active in all 50 states connecting 60 HIEs, 5 federal agencies, 75% of US hospitals, over 70,000 medical groups and many others with federal and non-federal healthcare organizations so quality-assured medical data can be exchanged to improve patient care and public health. We facilitate the exchange of over 20 billion clinical data exchange transactions nationwide.

Initially founded by the U.S. Department of Health and Human Services as an ONC initiative, eHealth Exchange helps its participants, including Centralis Health, exchange patient data with federal agencies, with healthcare organizations across state lines, and sometimes even with local public health. We believe the combination of a HIE such as Centralis Health with national reach can provide the most value and inclusion of all entities who which to participate in the PR-HIE.

eHealth Exchange recognizes the strategic significance of the PR-HIE program to Puerto Rican patients and clinicians. We have had the opportunity to review Centralis Health's proposed approach to support the PR-HIE and are committed to working with Centralis Health if needed.

Centralis Health has established a proven track record exchanging critically important patient data among clinicians so they can make safer, more informed decisions that improve Puerto Rican's health. This makes them the best positioned to connect people to the housing, food, transportation, safety, and other social services they need for superior and equitable health outcomes.

We are happy to support Centralis Health's PR-HIE application and would welcome the opportunity to provide any additional information that may be helpful in your decision-making process.

Respectfully,

Kathryn Bingman

Kathryn Bingman
Vice President of Interoperability Adoption
eHealth Exchange
kbingman@ehealthexchange.org
720.633.6007

cc: Centralis Health

Manatee Healthcare System
Manatee Memorial Hospital Manatee Diagnostic Center
Lakewood Ranch Medical Center Manatee Physician Alliance

January 30, 2024

To Whom it May Concern:

Manatee Healthcare System has been partnering with Centralis since 2012.

Our two organizations began our relationship with Manatee Healthcare System using the Centralis tools to communicate between physician office practices and the hospital.

One of the biggest success factors is the customer service team that is dedicated to working with us and developing better use cases to share data throughout the community. This team is led by Katie Bradley. Katie's passion is delivering the highest levels of quality, dedicated service to all our stakeholders.

Most recently, Katie has taken on a project with us to eliminate an older Right Fax solution and port all fax lines to the Centralis hub. This project is a huge undertaking based on the number of fax lines used at Manatee Healthcare System. Katie has worked closely with some of our department stakeholders to develop a workflow plan that enhances the end users' experience. Katie makes herself available to help support account on moment's notice.

I only wish all my vendor partners had enthusiasm for customer service and the dedication for success like Katie has at Centralis Health.

I strongly recommend all parties to entertain a partnership with Centralis Health.

Please feel free to reach out to me to discuss further. 941-745-6999.

Thanks in advance,

Jeff Kridel

Jeff Kridel
Market Director, IS
Manatee Healthcare System

Support Helpdesk Performance

Generated Date: March 10, 2024

Date Range: in the last 365 Days.

Date Range : Last 365 Days

Group name (1)

Agent name

Company name

Average first assign time
1h 3m 27s ▼ 39.8%

Average first response time
2h 19m 1s ▲ 110.27%

Average response time
3h 57m 11s ▲ 50.6%

Average next response time
0

Average resolution time
15.13 Hours ▼ 22.62%

First contact resolution %
68.27% ▲ 90.09%

First response SLA %
96.09% ▲ 69.61%

Resolution SLA %
92.63% ▲ 84.45%

Date Range : Last 365 Days

Group name (1)

Agent name

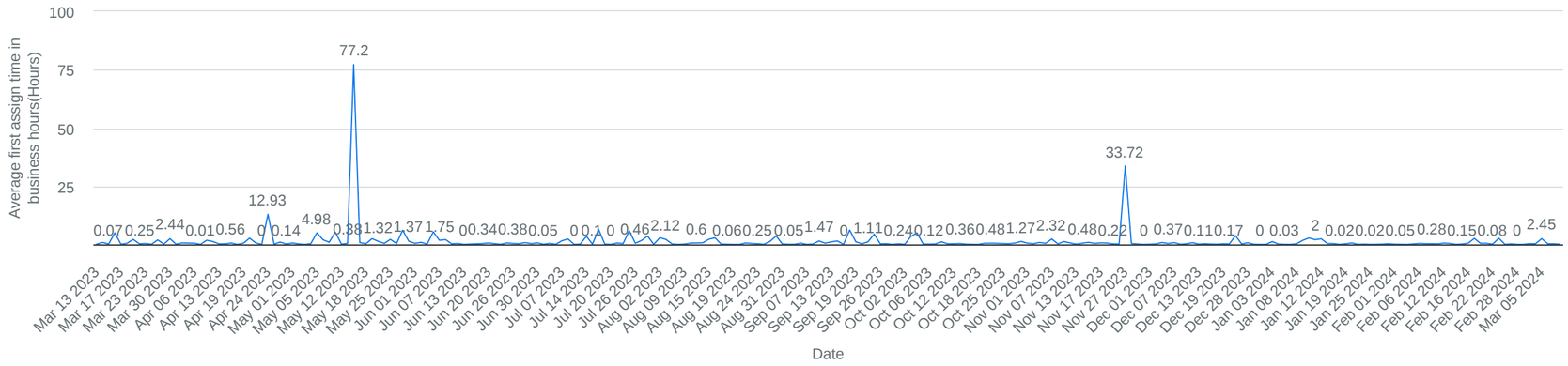
Company name

First assign time

Average first assign time in business hours

1.06 Hours ▼ 39.8%

First assign time trend



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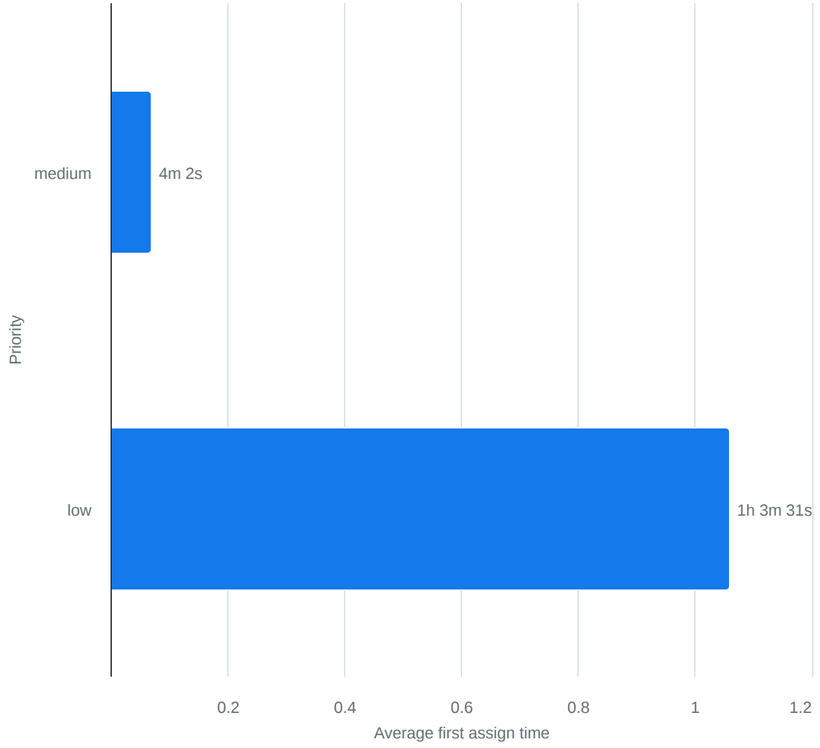

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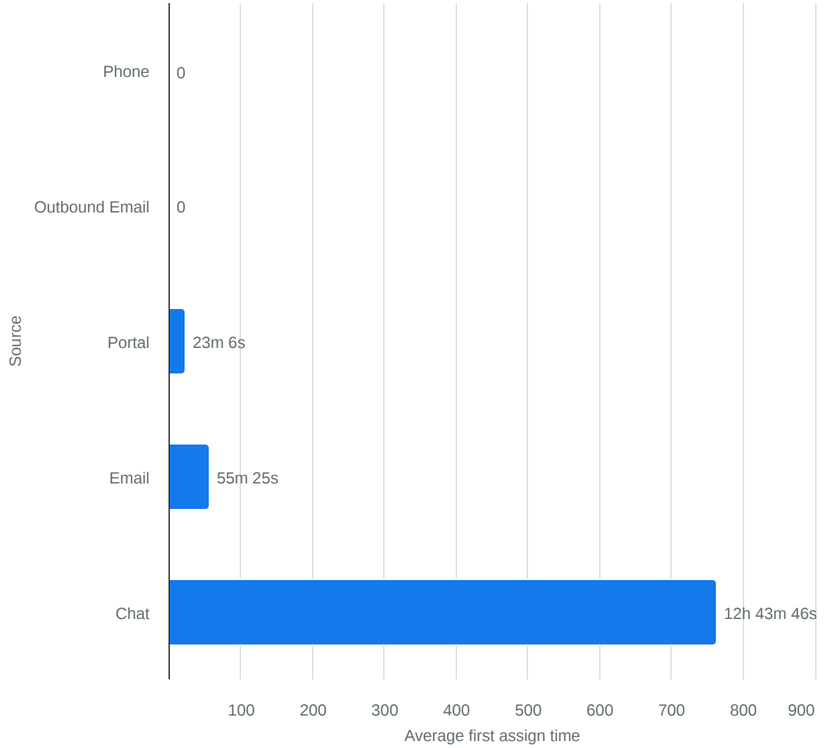
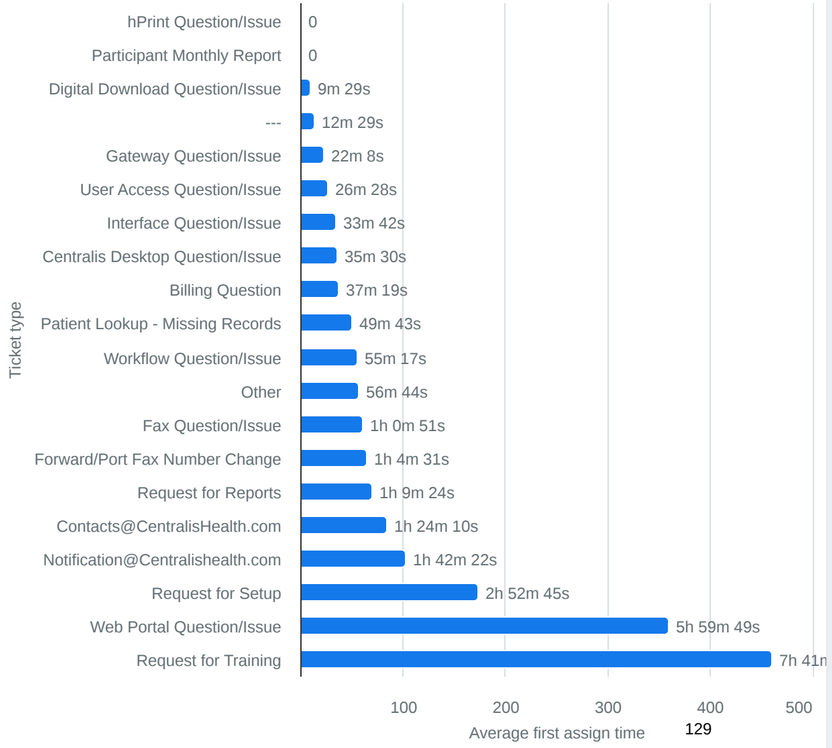


Average first assign time by type



Date Range : Last 365 Days

Group name (1)

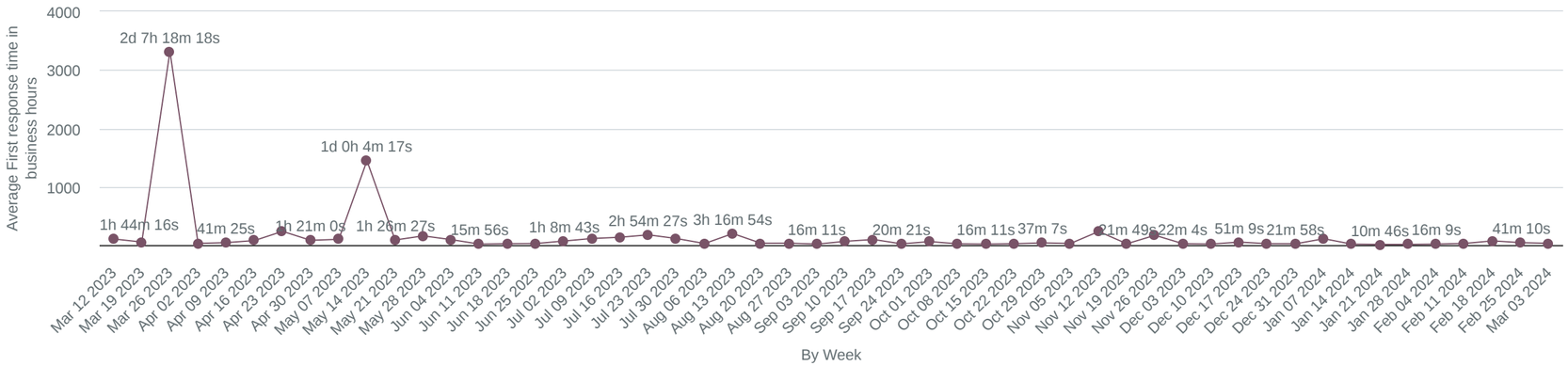
Agent name

Company name

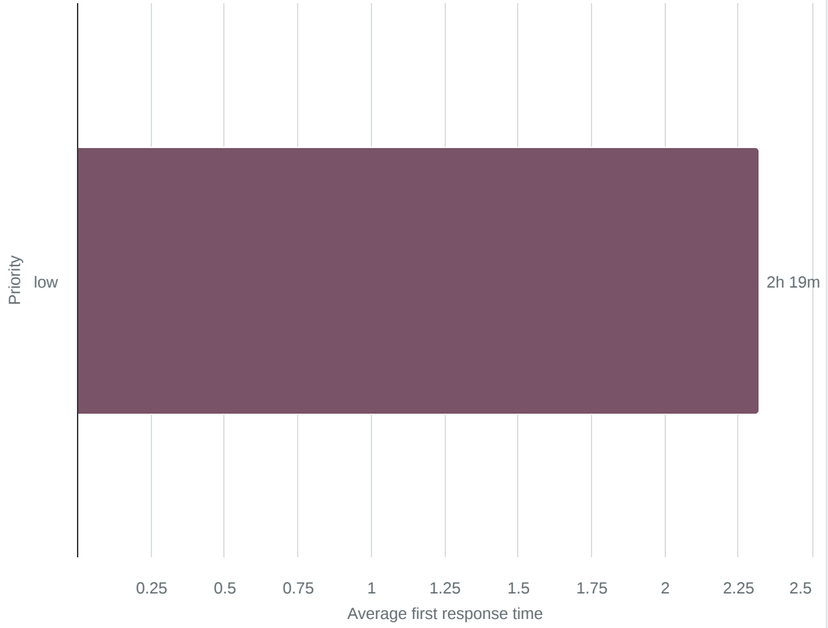
Average first response time in business hours

2h 19m 1s ▲ 110.27%

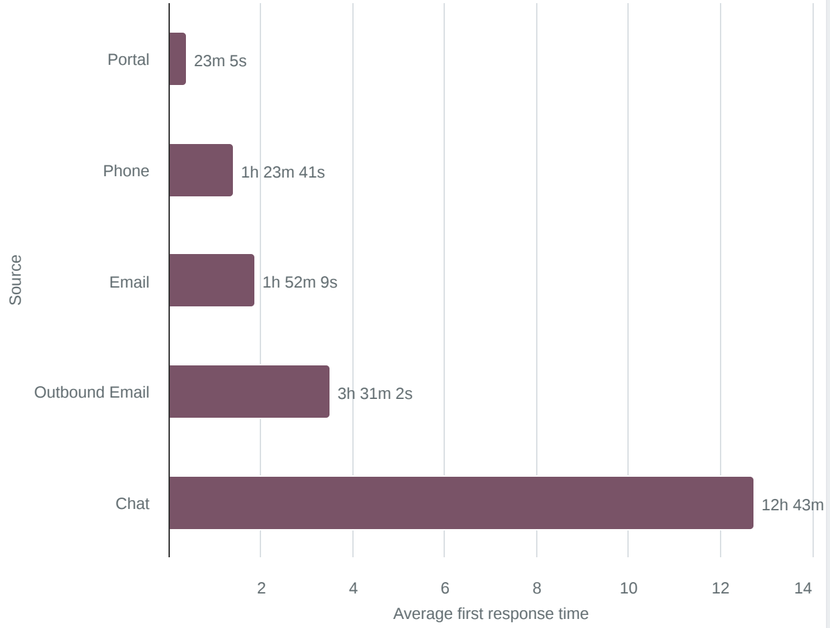
Average first response time trend



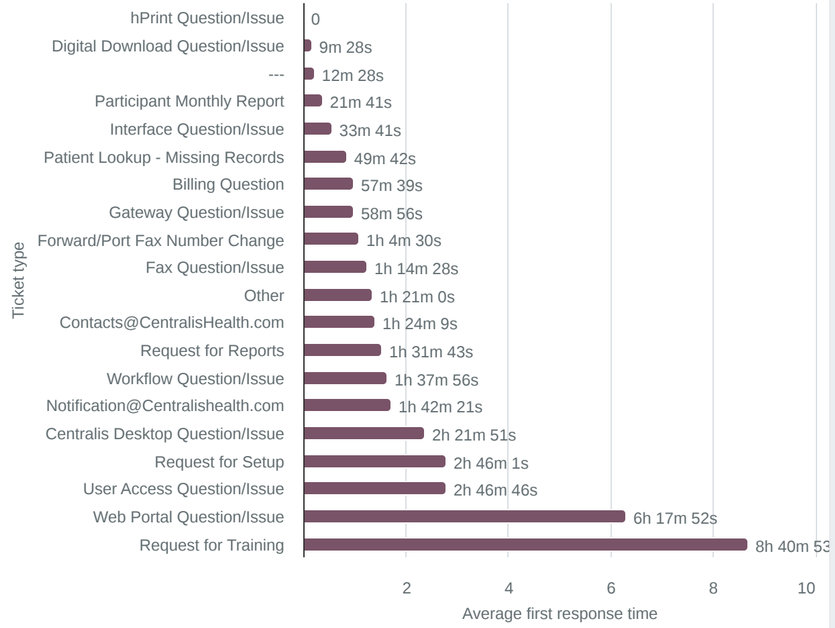
Average first response time by priority



Average first response time by source



Average first response time by type



Date Range : Last 365 Days

Group name (1)

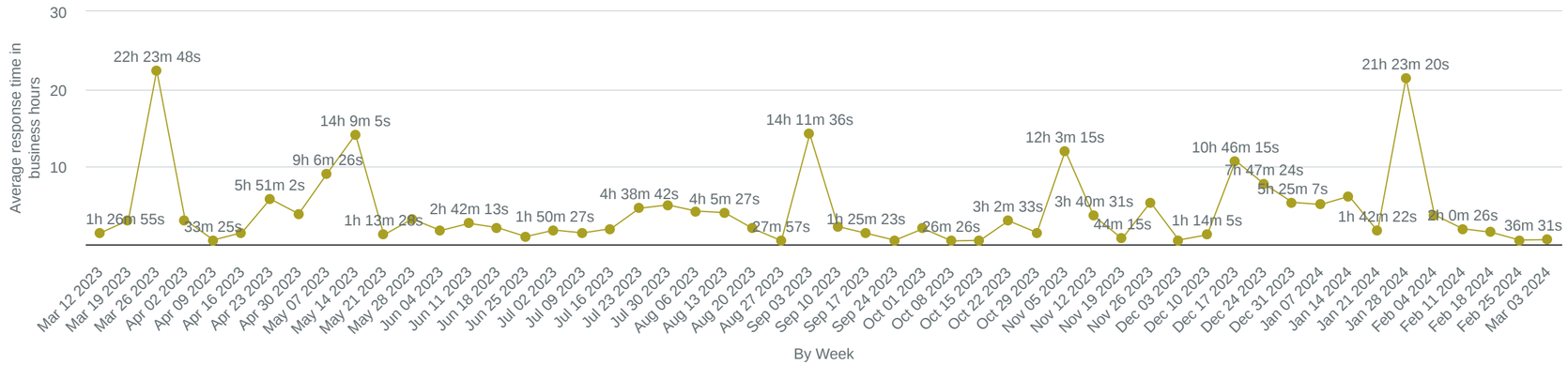
Agent name

Company name

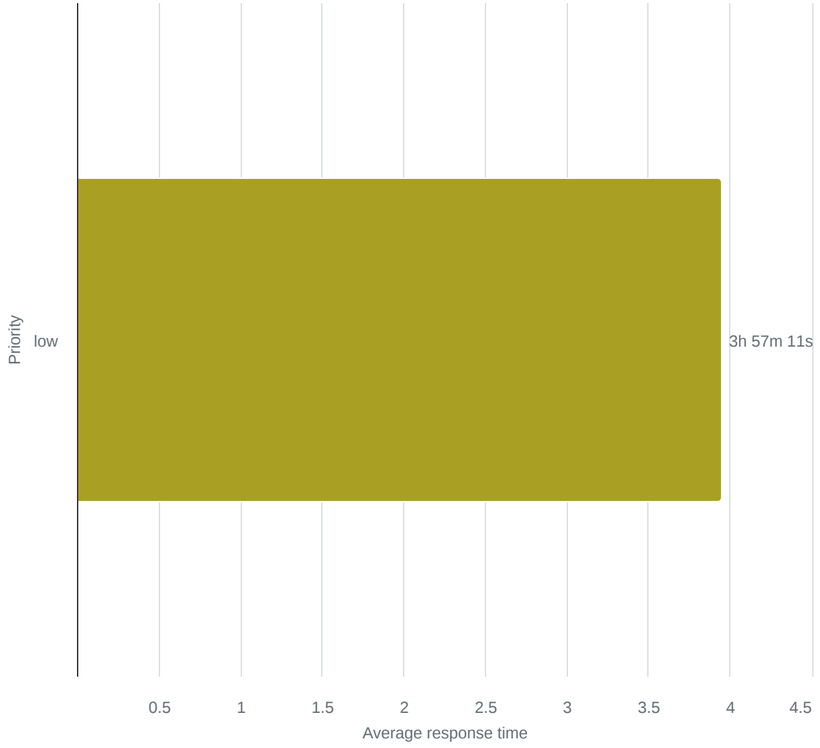
Average response time in business hours

3h 57m 11s ▲ 50.6%

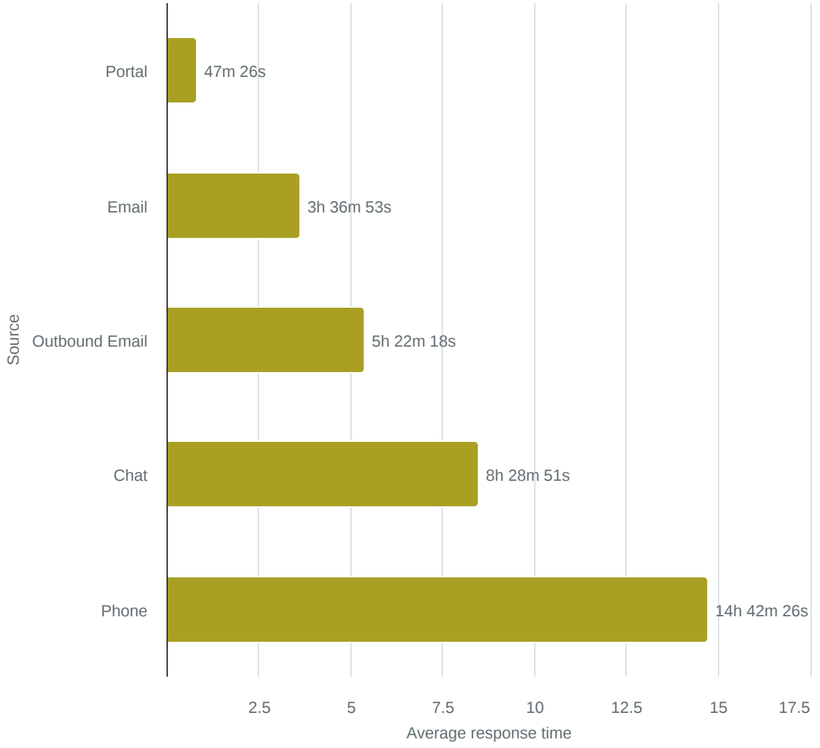
Average response time trend



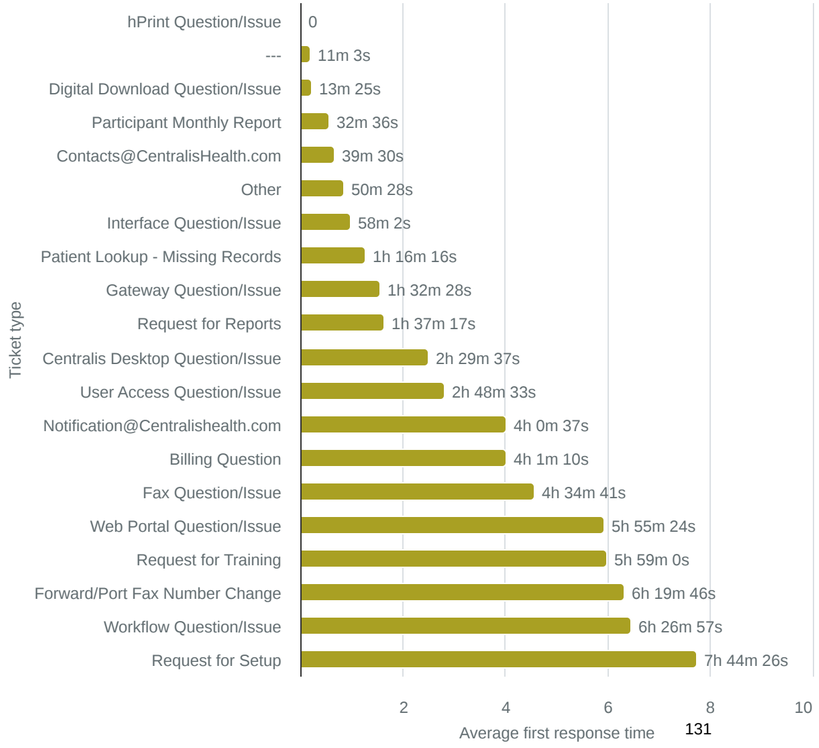
Average response time by priority



Average response time by source



Average response time by type



Date Range : Last 365 Days

Group name (1)

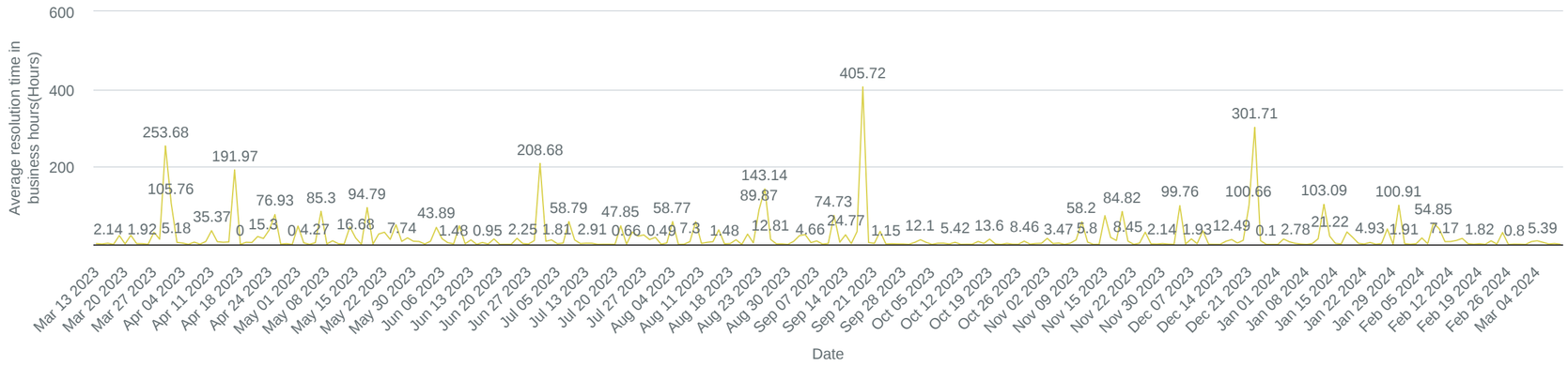
Agent name

Company name

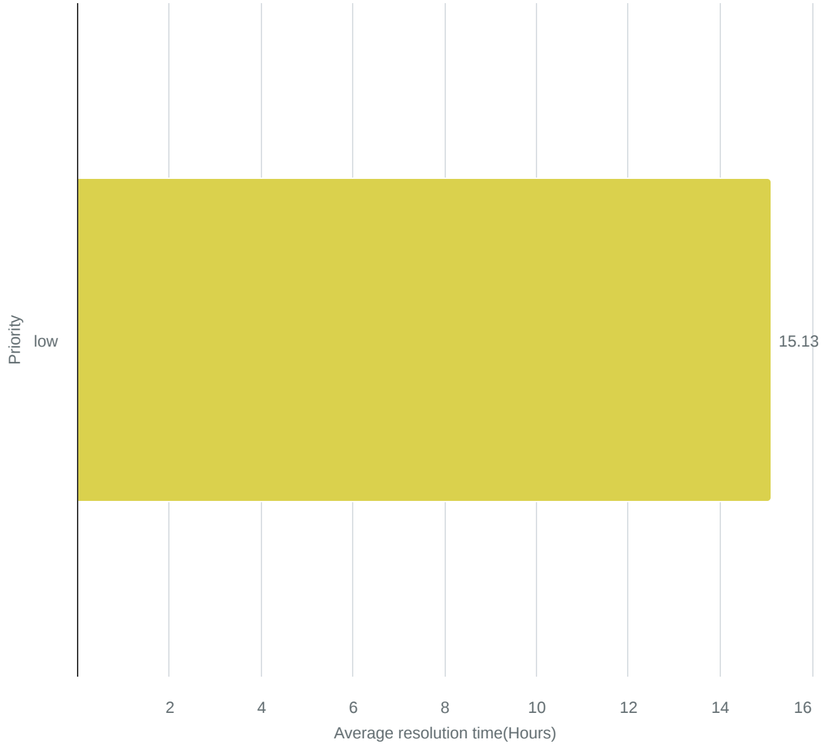
Average resolution time

15.13 Hours ▼ 22.62%

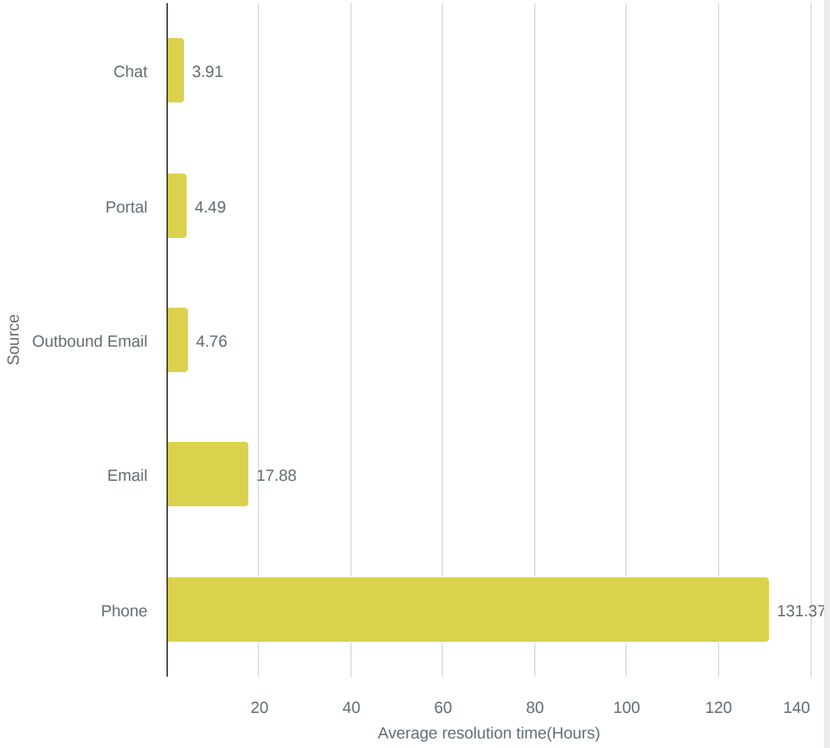
Resolution time trend



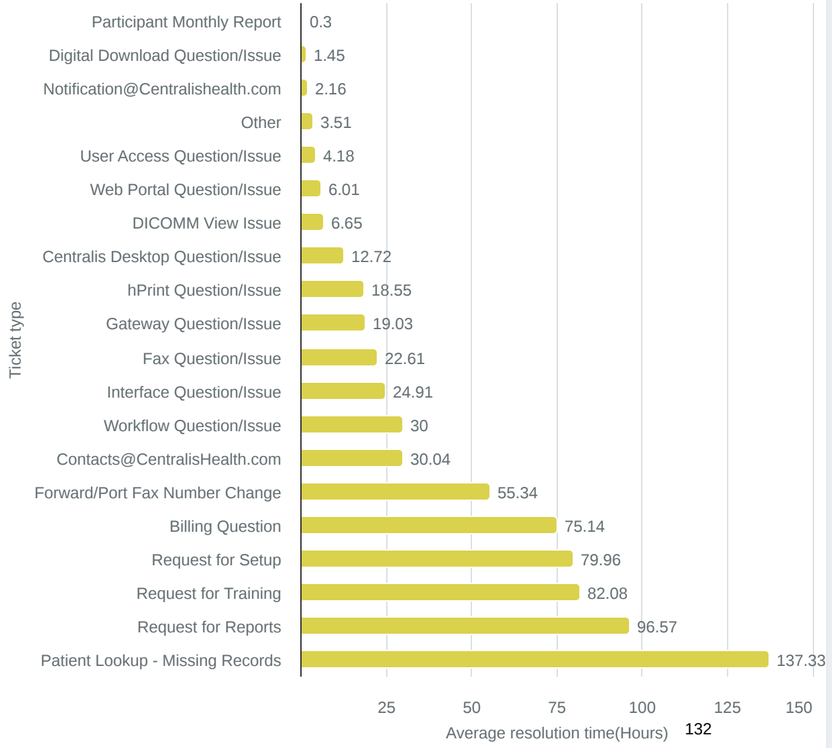
Average resolution time by priority



Average resolution time by source



Average resolution time by type



Date Range : Last 365 Days

Group name (1)

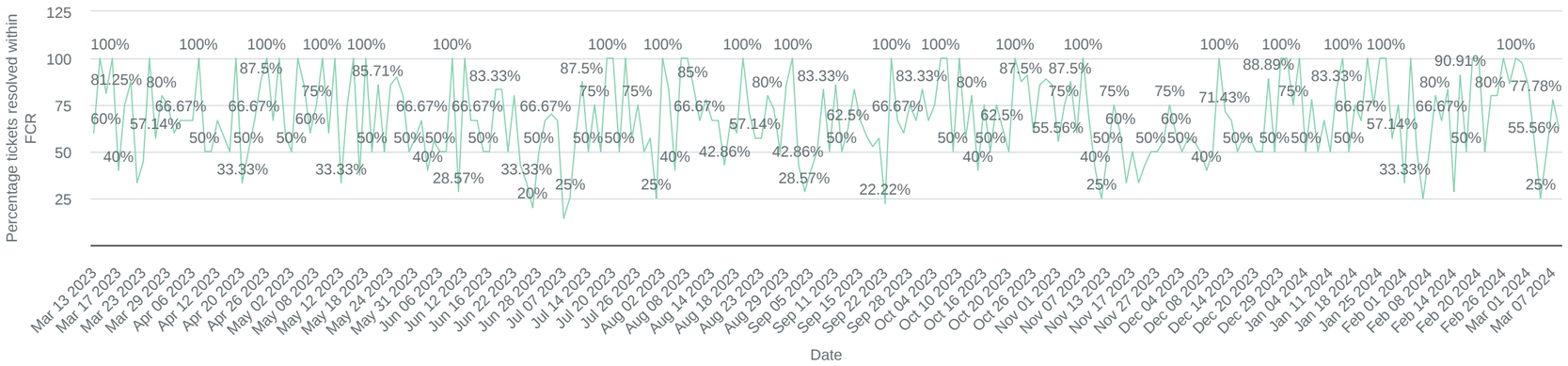
Agent name

Company name

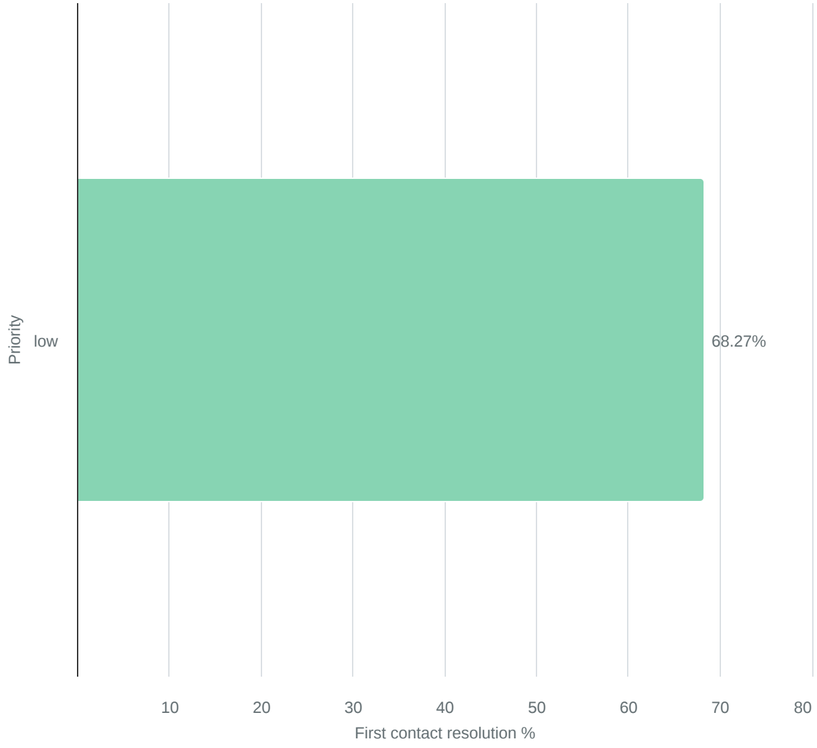
FCR %

68.27% ▲ 90.09%

FCR % trend



FCR % by priority



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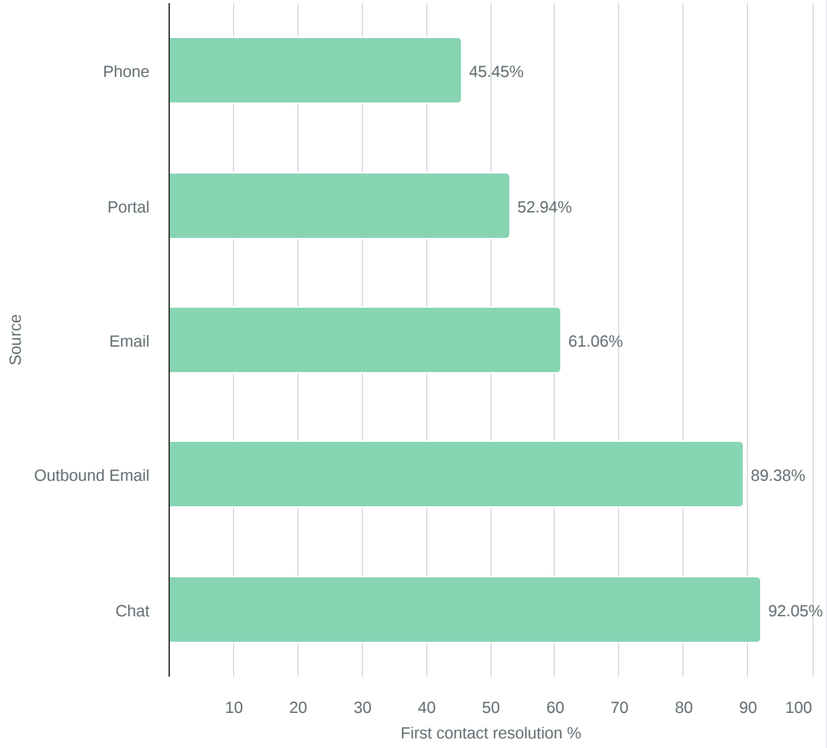

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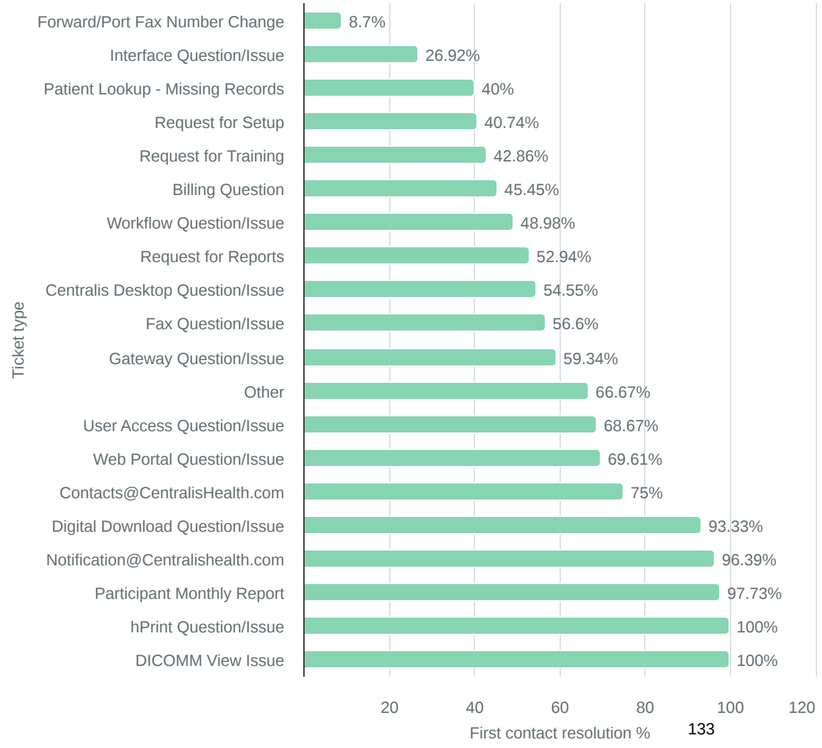


Date Range : Last 365 Days

Group name (1)

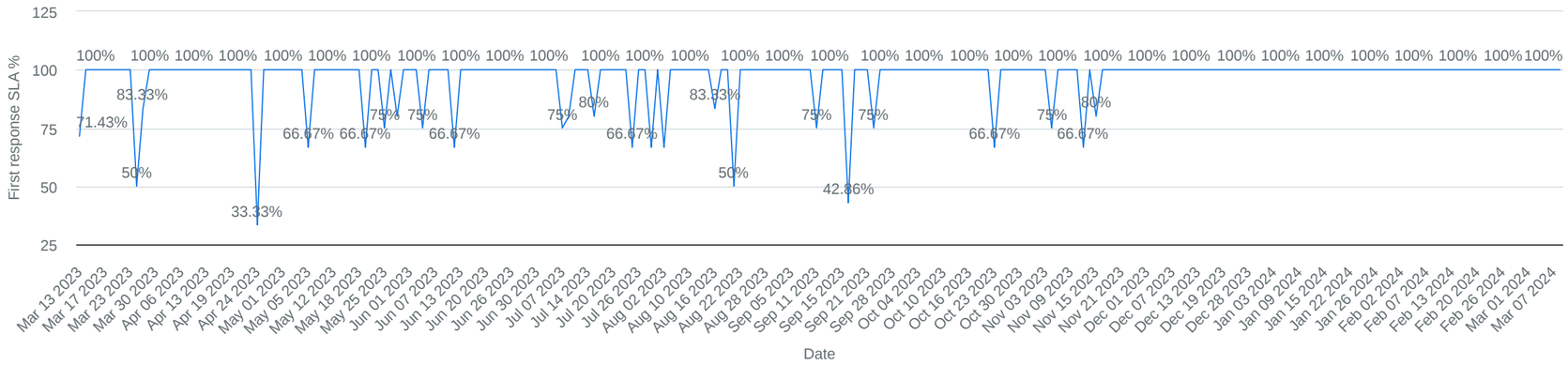
Agent name

Company name

First response SLA %

96.09% ▲ 69.61%

First response SLA % trend


First response SLA %
125
100
75
50
25
100% 100% 100%

Date Range : Last 365 Days

Group name (1)

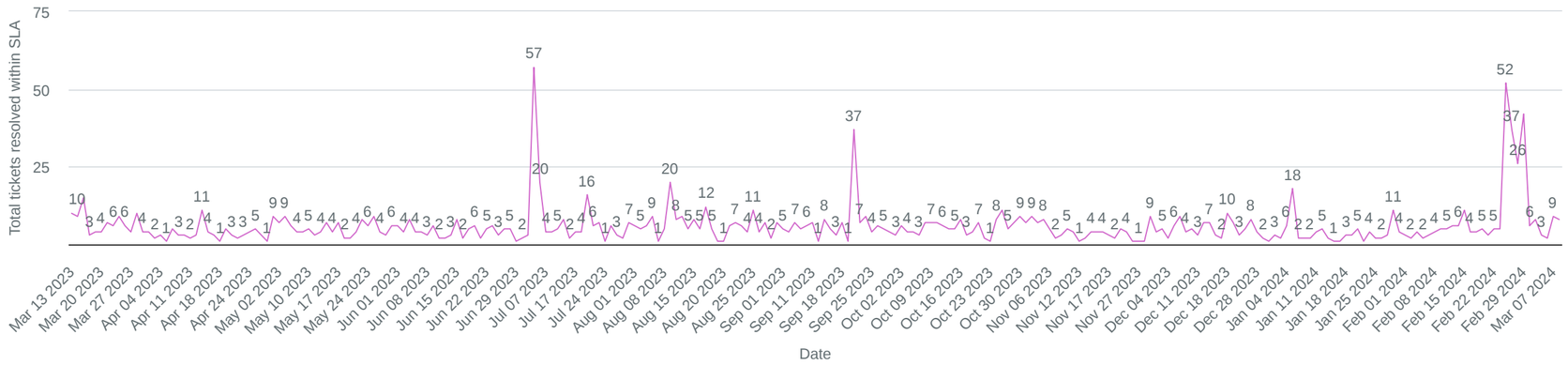
Agent name

Company name

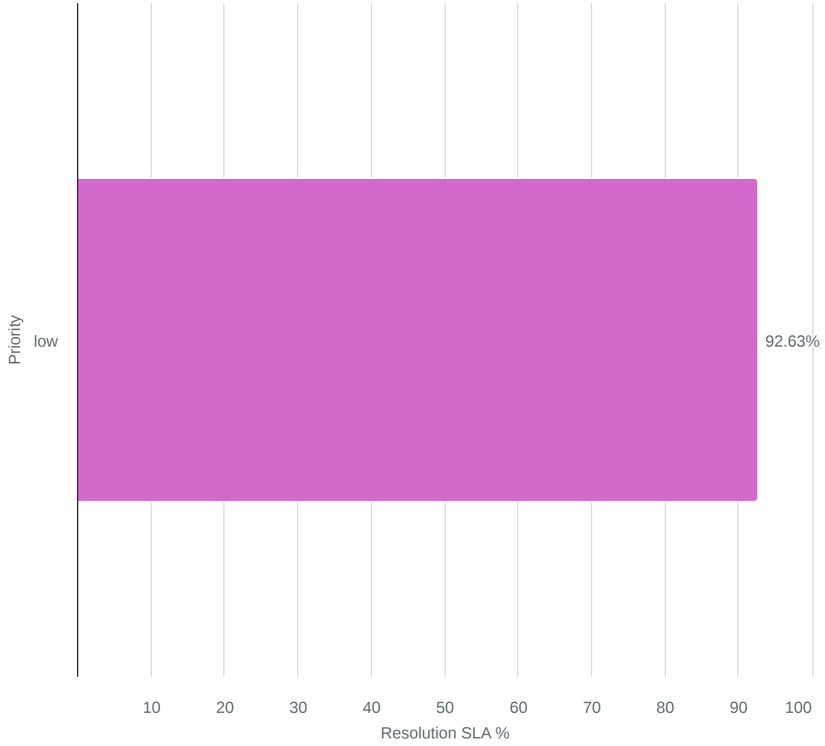
Resolution SLA %

92.63% ▲ 84.45%

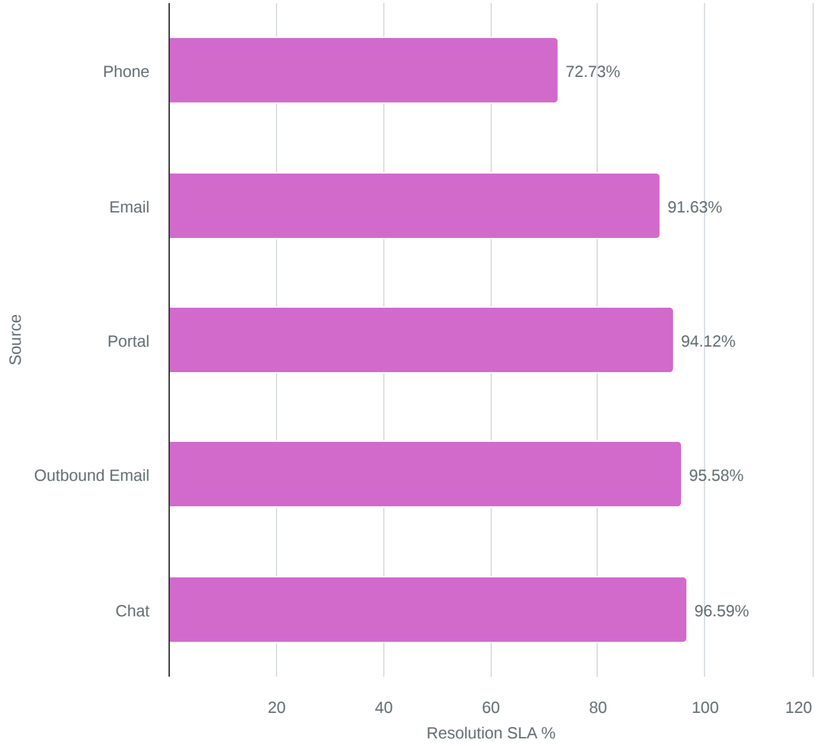
Resolution SLA trend



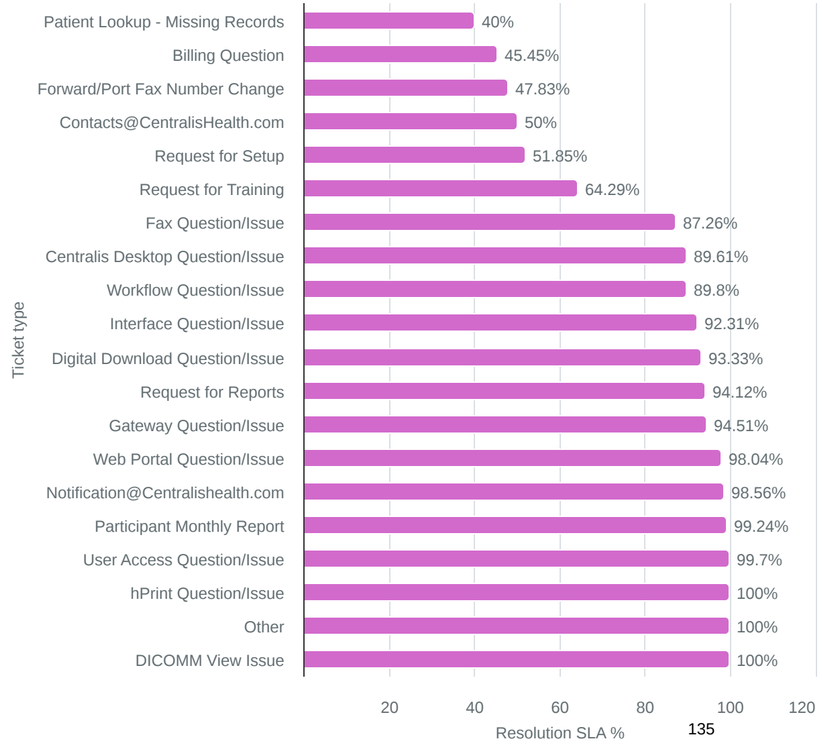
Resolution SLA % by priority



Resolution SLA % by source



Resolution SLA % by type



Greetings Digestive Disease Clinic from Centralis Health!

Please find below a summary, and detailed, report regarding your participants' access and utilization of Centralis Health's available tools for the month of **January, 2024**. Should you have questions, or need to make changes, please do not hesitate to reach out to Support@CentralisHealth.com for assistance.

Your Account Designee/s (*User Setup & Contracting rights*): Kellie Ayres

Your Super User/s (*User Setup*): none

Total Active Users: 24

Total Providers: 14

Total Active Centralis Health Desktops Apps: 0

Active Centralis Health Gateways: Yes

Total Brother Scanners: 0

Monthly hMessage Summary

Total Active Work Queues: 5

Total Inbound Fax Numbers: 1

Total Secure Messages: 1144**,** an **increase** from last months n/a.

Total Faxes: 3573, an **increase** from last months n/a.

Total Emails Sent: 0, an **increase** from last months n/a.

Total ENS Messages: 0

Monthly hConnect Summary

Total Community Health Information Exchange Lookups: 3189**,** an **increase** from last months n/a.

Total National Health Information Exchange Lookups: 0**,** an **increase** from last months n/a.

Are you Contributing Data to the Community Health Information Exchange?No

Are you Contributing Data to the Health Information Exchange? No

Item Received Snapshot

WorkQueue	New	NeedAttention	Pending
DDC - Appointment Requests	30	6	359
DDC - Medical Records (8509421761)	0	0	0
DDC - OP Infusion Therapy Orders	0	25	4
DDC - Ready for Import	0	133	12
DDC - Records Requests	32	0	0

Item Sent Snapshot

WorkQueue	FaxFailed	NeedAttention	Pending
DDC - Appointment Requests	388	25	1
DDC - Medical Records (8509421761)	53	34	0
DDC - OP Infusion Therapy Orders	0	0	0
DDC - Ready for Import	0	0	0
DDC - Records Requests	3	1	1

Message from Centralis Health Team

We've Moved! Please update your systems to reflect our new physical and mailing address as below:

Centralis Health
1126 Lee Ave, Suite B
Tallahassee, FL 32303

July 2021 Monthly Report (for June 2021 reporting period)

This document provides a monthly progress report for on-boarding activities by HIE Networks, LLC dba Centralis Health under awarded Contract No. HQA024 from the Agency for Health Care Administration (AHCA) to connect Medicaid providers to Centralis Health's regional health information exchange.

Barriers

Centralis Health has the follow barriers:

Date Identified	Barrier	Details	Resolution
	None at this time		

eHealth Exchange (eHx) Success Story

Networks, LLC dba Centralis Health initial on-boarding to the eHx (PO B749E5) completed on September 28, 2020. During the month of September, HIE Networks completed all requirements and tests required for the eHealth Exchange (eHx) as both a participant (data source node on the network with full DURSA rights and obligations to share patient data) and as a certified vendor/validated product. This unique position allows Centralis Health to *both technically and legally* connect providers as "sub-participants" for participation on the national eHx.

Under this private sector HIE model we are excited to be working with the following organizations that have already on-boarded to our regional health information exchange to establish their connection on the national eHx qualifying them for CMS Promoting Interoperability Requirements such as MIPS and IPPS.

- Doctor's Memorial Hospital – Perry
- Calhoun Liberty Hospital
- Northwest Florida Community Hospital
- Madison County Memorial Hospital
- Weems Memorial Hospital
- Florida Medical Practice Plan (FSU CoM)

Independent & Rural Hospital Highlight

Centralis Health has connected five (5) rural hospitals (including Critical Access) within the Big Bend Region of the Florida Panhandle to the regional health information exchange through the duration of this contract. These connections provide a robust reliable way to share vital patient information across these rural communities and to the local Level II Trauma center for the Big Bend Region, Tallahassee Memorial Healthcare (TMH), emergency departments, other acute and tertiary care hospitals, as well as specialty physician practices.

We are excited to continue this challenging but much needed work with our final approved PO for Hendry Regional Medical Center in Clewiston, Florida.

As this final project progresses, we highly value the state's investment to the rural hospital community. Centralis Health recognizes the critical role rural and independent physician practices play as the backbone of the state of Florida's Health Care Delivery System. Not only do they play a vital role in access to care, but the survival and success of rural hospitals are important contributor to rural economies stability.

Completed Connections

The following list shows all completed connections to our regional health information exchange over the duration of the contract:

1. Renaissance Obstetrics & Gynecology – Dr. Alfredo Nova
2. Primary Medical Care dba Family Medical Center
3. Cyrus Diagnostic Imaging
4. Dr. John Ness and Associates
5. Apalachee Center
6. Women's Choice Oncology
7. International Center for Advanced Spine and Orthopedic Surgery
8. Florida Surgical Specialists
9. Manatee Kidney Diseases Consultants
10. Gynecology & Obstetrics Associates of Tallahassee
11. Westside Medical
12. Community Wellness Counseling & Support Services
13. Tallahassee Plastic Surgery Clinic
14. Southeastern Center for Infectious Diseases
15. Doctor's Memorial Hospital – Perry
16. Calhoun Liberty Hospital
17. Northwest Florida Community Hospital
18. Northwest Florida Community Hospital - Physician Practices
19. Doctors Memorial Hospital – Clinics

20. Calhoun Liberty Hospital Clinic
21. The Medical Center of Blountstown
22. Florida Medical Practice Plan (FSU CoM)
23. Madison County Memorial Hospital
24. Weems Memorial Hospital
25. Cardiothoracic & Vascular Surgical Associates, P.A.
26. Lakewood Cardiovascular Consultants
27. Re3 Innovative Neuroscience Institute

Implementation Progress and Project Timeline

The following sections list AHCA approved connections and status of tasks required for completion of the on-boarding process to the Centralis Health regional health information exchange.

Lakewood Cardiovascular Consultants

Lakewood Cardiovascular Consultants completed the on-boarding process and Centralis Health submitted Invoice and Connection Completion paperwork to AHCA in June 2021 with the following system metrics:

System Metric	Value
Active Users	8
User Page Views (data access counts)	3,621
Electronic Referrals	1
Secure hFax Pages	812
Transfers between Work Queues	152

Re3 Stem Cell and Healing Institute, PLLC

Re3 Stem Cell and Healing Institute, PLLC completed the on-boarding process and Centralis Health submitted Invoice and Connection Completion paperwork to AHCA in June 2021 with the following system metrics:

System Metric	Value
Active Users	1
User Page Views (data access counts)	46
HL7 Messages	2417
DICOM Images Viewed (if applicable)	3
Patient Queries	5

North Florida Pediatrics Associates, PA

North Florida Pediatrics Associates, PA Letter of Intent and Connectivity Implementation plan was submitted for approval on 5/11/2021. Lakewood Cardiovascular Consultants is approved, and work commenced July 1st upon issuance of a Purchase Order. Following is a list and status of the itemized activities to be completed by Centralis Health staff:

Create Participant	
Goal: To ensure all information is collected and correct for Participant set up and communication coordination with management.	
Item	Estimated Date
Credential and verify Participant as a healthcare provider per HIE policy	Done
Enter Participant into the System	Done
Facility physical location list including phone and fax numbers by department	Done
Facility provider list, including ARNPs and PAs (for referral MU system)	Done
File agreement, completed forms and any credentialing paperwork under Participant as per HIE policy	Done

Workflow Analysis and Electronic Work Queue(s) Setup	
Goal: To ensure all information is collected and correct for organization set up and communication coordination with management.	
Item	Estimated Date
Complete practice analysis	Week 2
Conduct on-site walkthrough to understand and document existing paper and other office workflows	Week 2
Identify Fax numbers to forward or port	Week 2
Validate and Import private address book for secure outbound faxing	Week 2
Validate and Import DID lookup listings for secure inbound faxing	Week 2
Create all work queues in the system	Week 2
Importing and tying providers to ALL needed work queues	Week 2
Validate electronic transfer settings between work queues and test	Week 2
Setup and test auto-sorting for incoming records	Week 2
File crated workflow diagrams and any documents under Participant Folder as per HIE policy	Week 2

User Credentialing and Setup	
Goal: To provide a username and password with appropriate system access for the Participant's users	
Item	Estimated Date
Work with Account Designee to complete user application form(s)	Done
Add/change Account Designee as necessary	Done

User Credentialing and Setup	
Goal: To provide a username and password with appropriate system access for the Participant's users	
Item	Estimated Date
Credential and/or verify user(s) as per HIE policy	Week 2
Setup users in the System under the appropriate Work Queues with appropriate permission	Week 2
Verify user has access to appropriate System modules such as Private Messaging, Referrals, Patient Search	Week 2
File completed forms and any credentialing paperwork as per HIE policy	Week 2

Desktop Application Installation & Setup for Electronic Document Capture	
Goal: To coordinate and complete installation of the Centralis Healths secure desktop component that allows for secure electronic document capture and transfer to the HIE system and EMR.	
Item	Estimated Date
Work with Account Designee to identify which computer(s) will need document transfer capabilities from EMR	Week 3
Determine if Windows, Terminal services, or Citrix base installation	Week 3
Determine if send to EMR functionality is needed	Week 3
Work with Participant IT to map EMR network scan folder and if .tif or .pdf format	Week 3
Cover Batch Download capability with users	Week 3
Complete a single installation and test connectivity to HIE system and EMR	Week 3
Validate electronic document transfer from EMR to HIE system	Week 3
Validate Batch Download mapping and test	Week 3
Complete all identified installations	Week 3
Train users on hPrint login	Week 3

Automated Data Interface Setup (Optional)	
Goal: To complete the setup and testing of a fully automated the interface connection between the Participant EMR(s) and the HIE System. This step is only required for an organization that will have an automated HL7/CCD Interface.	
Item	Estimated Date
Identify Participant technical point of contact	Done
Determine participating organization engagement strategy and data types	Week 6
Identify technical point of contact for organization EHR vendor	Week 6
Negotiate interface contract with organization EHR vendor	Week 6
Map and build data feed (test HL7 feed or sample file) and create the data validation checklist	Week 7
Establish VPN access or setup secure file transfer service	Week 9
Send test data to validate and baseline system against the data validation checklist	Week 10

Automated Data Interface Setup (Optional)	
Goal: To complete the setup and testing of a fully automated the interface connection between the Participant EMR(s) and the HIE System. This step is only required for an organization that will have an automated HL7/CCD Interface.	
Item	Estimated Date
Turn on live feed and validate data in secure test environment	Week 11
Bulk data extract (if applicable)	Week 11
Coordinate with Chief Medical Officer for organization sign-off of data available in the System	Week 12
Open production system with live data to credentialed users	Week 12

Community Patient Search & Notification Setup (Optional)	
Goal: To complete the setup and testing of patient search and automated notifications deliver to Participant's work queue(s) from available community interfaces with patient overlap. This step is only required for an organization that has have hNotifications.	
Item	Estimated Date
Work with Account Designee to identify possible patient overlap with available community interfaces	Week 4
Configure and test patient search access for appropriate users	Week 4
Determine notification type	Week 4
Identify desired data types needed by Participant	Week 4
If provider matching - validate and test provider list of designated work queue against interface	Week 4
Configure and test notifications in system	Week 4
Start notifications and monitor for 7 days to validate	Week 4

Administrative Management & Reporting Setup	
Goal: To setup and test administrative report on electronic correspondence within the system for benchmarks and improvement monitoring.	
Item	Estimated Date
Work with Account Designee to identify desired reporting users and reports	Week 12
Validate reporting users emails	Week 12
Train reporting users on report access including date ranges and identify desired reports	Week 12
Setup and test report scheduling on desired reports and train reporting users on modifying scheduled reports	Week 12
Configure and test administrative user management for Participant functions	Week 12
Train administrative users on user and work queue functions	Week 12

On-site System Training, Testing and Validation	
Goal: To setup, educate, train, test and validate systems on-site. Ensure all users are completely comfortable with the use of the Web Portal and Desktop app and how it will integrate into their specific work flow.	
Item	Estimated Date

Work with Account Designee to setup a group training session for organization	Week 5-8
Log in and verify each user profile and password	Week 5-8
Verify ability each users' permissions and available functionality	Week 5-8
Identify internal coach or "power-user"	Week 5-8
Complete group training of used functionality	Week 5-8
Follow-up with each user to verify correct usage	Week 5-8

First Coast Heart and Vascular Center, P.A.

First Coast Heart and Vascular Center, P.A. Letter of Intent and Connectivity Implementation plan was submitted for approval on 6/1/2021. First Coast Heart and Vascular Center, P.A. is approved, and work commenced July 1st upon issuance of a Purchase Order. Following is a list and status of the itemized activities to be completed by Centralis Health staff:

Create Participant	
Goal: To ensure all information is collected and correct for Participant set up and communication coordination with management.	
Item	Estimated Date
Credential and verify Participant as a healthcare provider per HIE policy	Done
Enter Participant into the System	Done
Facility physical location list including phone and fax numbers by department	Done
Facility provider list, including ARNPs and PAs (for referral MU system)	Done
File agreement, completed forms and any credentialing paperwork under Participant as per HIE policy	Done

Workflow Analysis and Electronic Work Queue(s) Setup	
Goal: To ensure all information is collected and correct for organization set up and communication coordination with management.	
Item	Estimated Date
Complete practice analysis	Done
Conduct on-site walkthrough to understand and document existing paper and other office workflows	Done
Identify Fax numbers to forward or port	Done
Validate and Import private address book for secure outbound faxing	Done
Validate and Import DID lookup listings for secure inbound faxing	Done
Create all work queues in the system	Done
Importing and tying providers to ALL needed work queues	Done
Validate electronic transfer settings between work queues and test	Done
Setup and test auto-sorting for incoming records	Done
File crated workflow diagrams and any documents under Participant Folder as per HIE policy	Done

User Credentialing and Setup	
Goal: To provide a username and password with appropriate system access for the Participant's users	
Item	Estimated Date
Work with Account Designee to complete user application form(s)	Week 2
Add/change Account Designee as necessary	Week 2
Credential and/or verify user(s) as per HIE policy	Week 2
Setup users in the System under the appropriate Work Queues with appropriate permission	Week 2
Verify user has access to appropriate System modules such as Private Messaging, Referrals, Patient Search	Week 2
File completed forms and any credentialing paperwork as per HIE policy	Week 2

Desktop Application Installation & Setup for Electronic Document Capture	
Goal: To coordinate and complete installation of the Centralis Health's secure desktop component that allows for secure electronic document capture and transfer to the HIE system and EMR.	
Item	Estimated Date
Work with Account Designee to identify which computer(s) will need document transfer capabilities from EMR	Week 4
Determine if Windows, Terminal services, or Citrix base installation	Week 4
Determine if send to EMR functionality is needed	Week 4
Work with Participant IT to map EMR network scan folder and if .tif or .pdf format	Week 4
Cover Batch Download capability with users	Week 4
Complete a single installation and test connectivity to HIE system and EMR	Week 4
Validate electronic document transfer from EMR to HIE system	Week 4
Validate Batch Download mapping and test	Week 4
Complete all identified installations	Week 4
Train users on hPrint login	Week 4

Automated Data Interface Setup	
Goal: To complete the setup and testing of a fully automated the interface connection between the Participant EMR(s) and the HIE System. This step is only required for an organization that will have an automated HL7/CCD Interface.	
Item	Estimated Date
Identify Participant technical point of contact	Week 5
Determine participating organization engagement strategy and data types	Week 6
Identify technical point of contact for organization EHR vendor	Week 6
Negotiate interface contract with organization EHR vendor	Week 6
Map and build data feed (test HL7 feed or sample file) and create the data validation checklist	Week 7
Establish VPN access or setup secure file transfer service	Week 9

Automated Data Interface Setup	
Goal: To complete the setup and testing of a fully automated the interface connection between the Participant EMR(s) and the HIE System. This step is only required for an organization that will have an automated HL7/CCD Interface.	
Item	Estimated Date
Send test data to validate and baseline system against the data validation checklist	Week 10
Turn on live feed and validate data in secure test environment	Week 11
Bulk data extract (if applicable)	Week 11
Coordinate with Chief Medical Officer for organization sign-off of data available in the System	Week 12
Open production system with live data to credentialed users	Week 12

Administrative Management & Reporting Setup	
Goal: To setup and test administrative report on electronic correspondence within the system for benchmarks and improvement monitoring.	
Item	Estimated Date
Work with Account Designee to identify desired reporting users and reports	Week 12
Validate reporting users emails	Week 12
Train reporting users on report access including date ranges and identify desired reports	Week 12
Setup and test report scheduling on desired reports and train reporting users on modifying scheduled reports	Week 12
Configure and test administrative user management for Participant functions	Week 12
Train administrative users on user and work queue functions	Week 12

On-site System Training, Testing and Validation	
Goal: To setup, educate, train, test and validate systems on-site. Ensure all users are completely comfortable with the use of the Web Portal and Desktop app and how it will integrate into their specific work flow.	
Item	Estimated Date
Work with Account Designee to setup a group training session for organization	Week 5-8
Log in and verify each user profile and password	Week 5-8
Verify ability each users' permissions and available functionality	Week 5-8
Identify internal coach or "power-user"	Week 5-8
Complete group training of used functionality	Week 5-8
Follow-up with each user to verify correct usage	Week 5-8

Hendry Regional Medical Center

Hendry Regional Medical Center Letter of Intent and Connectivity Implementation plan was submitted for approval on 6/4/2021. Hendry Regional Medical Center is approved,

and work commenced July 1st upon issuance of a Purchase Order. Following is a list and status of the itemized activities to be completed by Centralis Health staff:

Create Participant	
Goal: To ensure all information is collected and correct for Participant set up and communication coordination with management.	
Item	Estimated Date
Credential and verify Participant as a healthcare provider per HIE policy	Done
Enter Participant into the System	Done
Facility physical location list including phone and fax numbers by department	Done
Facility provider list, including ARNPs and PAs (for referral MU system)	Done
File agreement, completed forms and any credentialing paperwork under Participant as per HIE policy	Done

Workflow Analysis and Electronic Work Queue(s) Setup	
Goal: To ensure all information is collected and correct for organization set up and communication coordination with management.	
Item	Estimated Date
Complete practice analysis	Week 2
Conduct on-site walkthrough to understand and document existing paper and other office workflows	Week 2
Identify Fax numbers to forward or port	Week 2
Validate and Import private address book for secure outbound faxing	Week 2
Validate and Import DID lookup listings for secure inbound faxing	Week 2
Create all work queues in the system	Week 2
Importing and tying providers to ALL needed work queues	Week 2
Validate electronic transfer settings between work queues and test	Week 2
Setup and test auto-sorting for incoming records	Week 2
File crated workflow diagrams and any documents under Participant Folder as per HIE policy	Week 2

User Credentialing and Setup	
Goal: To provide a username and password with appropriate system access for the Participant's users	
Item	Estimated Date
Work with Account Designee to complete user application form(s)	Week 2
Add/change Account Designee as necessary	Week 2
Credential and/or verify user(s) as per HIE policy	Week 2
Setup users in the System under the appropriate Work Queues with appropriate permission	Week 2
Verify user has access to appropriate System modules such as Private Messaging, Referrals, Patient Search	Week 2
File completed forms and any credentialing paperwork as per HIE policy	Week 2

Desktop Application Installation & Setup for Electronic Document Capture	
Goal: To coordinate and complete installation of the Centralis Health's secure desktop component that allows for secure electronic document capture and transfer to the HIE system and EMR.	
Item	Estimated Date
Work with Account Designee to identify which computer(s) will need document transfer capabilities from EMR	Week 4
Determine if Windows, Terminal services, or Citrix base installation	Week 4
Determine if send to EMR functionality is needed	Week 4
Work with Participant IT to map EMR network scan folder and if .tif or .pdf format	Week 4
Cover Batch Download capability with users	Week 4
Complete a single installation and test connectivity to HIE system and EMR	Week 4
Validate electronic document transfer from EMR to HIE system	Week 4
Validate Batch Download mapping and test	Week 4
Complete all identified installations	Week 4
Train users on hPrint login	Week 4

Automated Data Interface Setup	
Goal: To complete the setup and testing of a fully automated the interface connection between the Participant EMR(s) and the HIE System. This step is only required for an organization that will have an automated HL7/CCD Interface.	
Item	Estimated Date
Identify Participant technical point of contact	Done
Determine participating organization engagement strategy and data types	Week 6
Identify technical point of contact for organization EHR vendor	Week 6
Negotiate interface contract with organization EHR vendor	Week 6
Map and build data feed (test HL7 feed or sample file) and create the data validation checklist	Week 7
Establish VPN access or setup secure file transfer service	Week 9
Send test data to validate and baseline system against the data validation checklist	Week 10
Turn on live feed and validate data in secure test environment	Week 11
Bulk data extract (if applicable)	Week 11
Coordinate with Chief Medical Officer for organization sign-off of data available in the System	Week 12
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Administrative Management & Reporting Setup	
Goal: To setup and test administrative report on electronic correspondence within the system for benchmarks and improvement monitoring.	
Item	Estimated Date
Work with Account Designee to identify desired reporting users and reports	Week 12
Validate reporting users emails	Week 12

Train reporting users on report access including date ranges and identify desired reports	Week 12
Setup and test report scheduling on desired reports and train reporting users on modifying scheduled reports	Week 12
Configure and test administrative user management for Participant functions	Week 12
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On-site System Training, Testing and Validation	
Goal: To setup, educate, train, test and validate systems on-site. Ensure all users are completely comfortable with the use of the Web Portal and Desktop app and how it will integrate into their specific work flow.	
Item	Estimated Date
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Log in and verify each user profile and password	Week 5-8
Verify ability each users' permissions and available functionality	Week 5-8
Identify internal coach or "power-user"	Week 5-8
Complete group training of used functionality	Week 5-8
Follow-up with each user to verify correct usage	Week 5-8

Interface Specifications and Configuration

Centralis Health believes that HL7 should foster connectivity and interoperability, but all too often it can serve as a barrier if every nuance is not strictly adhered to. The contents of this specification indicate our preferred approach, but it is not meant to be the only approach. Our HL7 processing system allows for customizations on individual interfaces.

Tables and codes are not initially listed by design. PRHIE has an extra layer of complexity with some organizations using Spanish language codes. These should be created with a collaborative effort.

The messages in this specification have been in production use by Centralis Health for a considerable amount of time. VXUs have had the shortest production use of 4 years, and ADTs have had production use for over 15 years.

IN3s are not in use for this design but are left in message definitions in case they need to be added at a later date.

ADT Messages

Trigger Events **A01, A03, A04, A05, A08, A13, A14, A28, A31**:

- A01 – Admit / visit notification
- A03 – Discharge / end visit
- A04 – Register a patient
- A05 – Pre-admit a patient
- A08 – Update patient information
- A13 – Cancel discharge or end visit
- A14 – Pending admit
- A28 – Add person data
- A31 – Update person data

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
[{ NK1 }]	O	0..*	Next of kin
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[{ DB1 }]	O	0..*	Disability
[{ OBX }]	O	0..*	Observation
[{ AL1 }]	O	0..*	Allergy
[{ DG1 }]	O	0..*	Diagnosis
[{ PR1 }]	O	0..*	Procedure
[{ GT1 } }	O	0..*	Guarantor

[{	O	0..*	Insurance group
IN1	R	1..1	Insurance
[IN2]	O	0..1	Insurance addition information
[IN3]	O	0..1	Insurance certification
}]			
PDA			Patient death and autopsy

Trigger Events **A02**

- A02 – Patient transfer

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[{ DB1 }]	O	0..*	Disability
[{ OBX }]	O	0..*	Observation
[PDA]	O	0..1	Patient death and autopsy

Trigger Events **A21, A22, A23, A25, A26, A27, A29, A32, A33**:

- A21 – Patient goes on a leave of absence
- A22 – Patient returns from a leave of absence
- A23 – Delete a patient record
- A25- Cancel pending discharge
- A26 – Cancel pending transfer
- A27 – Cancel pending admit
- A29 – Delete person data
- A32 – Cancel patient arriving - tracking
- A33 – Cancel patient departing - tracking

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[{ DB1 }]	O	0..*	Disability
[{ OBX }]	O	0..*	Observation

Trigger Events **A06, A07**:

- A06 – Change outpatient to an inpatient
- A07 – Change inpatient to an outpatient

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
[MRG]	O	0..1	Merge information
[{ NK1 }]	O	0..*	Next of kin
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[{ DB1 }]	O	0..*	Disability
[{ OBX }]	O	0..*	Observation
[{ AL1 }]	O	0..*	Allergy
[{ DG1 }]	O	0..*	Diagnosis
[{ PR1 }]	O	0..*	Procedure
[{ GT1 } }	O	0..*	Guarantor
[{	O	0..*	Insurance group
IN1	R	1..1	Insurance
[IN2]	O	0..1	Insurance addition information
[IN3]	O	0..1	Insurance certification
}]			
[PDA]	O	0..1	Patient death and autopsy

Trigger Events **A09, A10, A11, A12, A15, A16**:

- A09 – Patient departing – tracking
- A10 – Patient arriving – tracking
- A11 – Cancel admit / visit notification
- A12 – Cancel transfer
- A15 – Pending transfer
- A16 – Pending discharge

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[{ DB1 }]	O	0..*	Disability
[{ OBX }]	O	0..*	Observation
[{ DG1 }]	O	0..*	Diagnosis

Trigger Events **A34, A35, A36**:

- A34 – Merge patient information – patient ID only
- A35 – Merge patient information –account number only
- A36 – Merge patient information – patient ID and account number

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
MRG	R	1..1	Merge information

Trigger Events **A39, A40, A41, A42**:

- A39 – Merge person – patient ID
- A40 – Merge patient – patient identifier list
- A41 – Merge account – patient account number
- A42 – Merge visit – visit number

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
MRG	R	1..1	Merge information
PV1	R	1..1	Patient visit

MDM Messages

Trigger Events **T01, T03, T07, T09, T11**:

- T01 – Original document notification
- T03 – Document status change notification
- T07 – Document edit notification
- T09 – Document replacement notification
- T11 – Document cancel notification

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
PV1	R	1..1	Patient visit
TXA	R	1..1	Document notification

Trigger Events **T02, T04, T08, T10**:

- T02 – Original document notification and content
- T04 – Document status change notification and content
- T08 – Document edit notification and content
- T10 – Document replacement notification and content

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
PV1	R	1..1	Patient visit
TXA	R	1..1	Document notification
OBX	R	1..*	Observation

ORU Messages

ORUs do not use a SPM segment, but rather retrieve any needed info from the OBR. However, a SPM segment could be added.

Trigger Events **R01**:

- R01 – Observation message

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
[{ NTE }]	O	0..*	Notes and comments
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[ORC]	O	0..1	Common order
{	R	1..*	Order observation group
OBR	R	1..1	Observation request
[{ NTE }]	O	0..*	Notes and comments
{	R	1..*	Observation group
[OBX]	R	1..1	Observation
[{ NTE }]	O	0..*	Notes and comments
}			
}			

RDE Messages

Trigger Events **O11**:

- O11 – Pharmacy / treatment encoded order message

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
[{ NTE }]	O	0..*	Notes and comments
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
[{ NTE }]	O	0..*	Notes and comments
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[{	O	0..*	Insurance group
IN1	R	1..1	Insurance
[IN2]	O	0..1	Insurance addition information
[IN3]	O	0..1	Insurance certification
}]			
[{ GT1 } }	O	0..*	Guarantor
[{ AL1 }]	O	0..*	Allergy
{	R	1..*	Order group
ORC	R	1..1	Common order
[{	O	0..*	Timing group
TQ1	R	1..1	Timing / Quantity
[{ TQ2 }]	O	0..*	Timing / Quantity relationship
}]			
[{	O	0..1	Order detail group
RXO	R	1..1	Pharmacy / Treatment order
[{ NTE}]	O	0..*	Notes and comments
{ RXR }	R	1..*	Pharmacy / Treatment route
[{	O	0..*	Component group
RXC	R	1..1	Pharmacy / Treatment component order
[{ NTE }]	O	0..*	Notes and comments
}]			
}]			
RXE	R	1..1	Pharmacy / Treatment encoded order
[{ NTE }]	O	0..*	Notes and comments
[{	R	0..*	Timing encoded group
TQ1	R	1..1	Timing / Quantity
[{ TQ2 }]	O	0..*	Timing / Quantity relationship
}]			
{ RXR }	R	1..*	Pharmacy / Treatment route
[{ RXC }]	O	0..*	Pharmacy / Treatment component order
[{	O	0..*	Observation group
OBX	R	1..1	Observation

[{ NTE }]	O	0..*	Notes and comments
}]			
[{ FT1 }]	O	0..*	Financial transaction
[{ BLG }]	O	0..1	Billing
[{ CTI }]	O	0..*	Clinical trial identification
}			

VXU Messages

Trigger Events **V04**:

- V04 – Unsolicited vaccination record update

Segment	Usage	Cardinality	Comment
MSH	R	1..1	Message header
[{ NTE }]	O	0..*	Notes and comments
PID	R	1..1	Patient
[PD1]	O	0..1	Additional demographics
[{ NK1 }]	O	0..*	Next of kin
PV1	R	1..1	Patient visit
[PV2]	O	0..1	
[{	O	0..*	Insurance group
IN1	R	1..1	Insurance
[IN2]	O	0..1	Insurance addition information
[IN3]	O	0..1	Insurance certification
}]			
[{ GT1 } }	O	0..*	Guarantor
{	R	1..*	Order group
ORC	R	1..1	Common order
[{	O	0..*	Timing group
TQ1	R	1..1	Timing / Quantity
[{ TQ2 }]	O	0..*	Timing / Quantity relationship
}]			
RXA	R	1..1	Pharmacy / Treatment administration
[RXR]	O	0..1	Pharmacy / Treatment route
[{	O	0..*	Observation group
OBX	R	1..1	Observation
[{ NTE }]	O	0..*	Notes and comments
}]			
}			

AL1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Allergen Type Code	CE	TBD	E	0..1	
3	Allergen Code	CE		R	1..1	
4	Allergy Severity Code	CE	TBD	E	0..1	
5	Allergy Reaction Code	ST		E	0..*	
6	Identification Date	DT		E	0..1	

BLG Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	When to Charge	CCD		O	0..1	
2	Charge Type	ID	TBD	O	0..1	
3	Account ID	CS		O	0..1	
4	Charge Type Reason	CWE	TBD	O	0..1	

CTI Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Sponsor Study ID	EI		R	1..1	
2	Study Phase Identifier	CWE		O	0..1	
3	Study Scheduled Time Point	CWE	TBD	O	0..1	

DB1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Disabled Person Code	CWE	TBD	O	0..1	
3	Disabled Person Identifier	CX		O	0..*	
4	Disability Indicator	ID	TBD	O	0..1	
5	Disability Start Date	DT		O	0..1	
6	Disability End Date	DT		O	0..1	
7	Disability Return to Work Date	DT		O	0..1	
8	Disability Unable to Work Date	DT		O	0..1	

DG1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Diagnosis Coding Method	ST		E	0..1	
3	Diagnosis Code	CWE	TBD	R	1..1	
4	Diagnosis Description	ST		E	0..1	
5	Disability Date/Time	DT		E	0..1	
6	Diagnosis Type	CWE		R	1..1	
15	Diagnosis Priority	NM	TBD	O	0..1	
16	Diagnosis Clinician	XCN		O	0..*	
20	Diagnosis Identifier	EI		O	0..1	

FT1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		O	0..1	
2	Transaction ID	ST		O	0..1	
3	Transaction Batch ID	ST		O	0..1	
4	Transaction Date	DR		R	1..1	
5	Transaction Posting Date	DTM		O	0..1	
6	Transaction Type	CWE	TBD	R	1..1	
7	Transaction Code	CWE	TBD	R	1..1	
8	Transaction Description	ST		E	0..1	
9	Transaction Description - Alt	ST		O	0..1	
10	Transaction Quantity	NM		O	0..1	
11	Transaction Amount – Extended	CP		O	0..1	
12	Transaction Amount – Unit	CP		O	0..1	
13	Department Code	CWE	TBD	O	0..1	
14	Health Plan ID	CWE	TBD	O	0..1	
15	Insurance Amount	CP		O	0..1	
16	Assigned Patient Location	PL		O	0..1	
17	Fee Schedule	CWE		O	0..1	
18	Patient Type	CWE	TBD	O	0..1	
19	Diagnosis Code – FT1	CWE	TBD	O	0..*	
20	Performed by Code	XCN	TBD	O	0..*	
21	Order by Code	XCN		O	0..*	
22	Unit Cost	CP		O	0..1	
23	Filler Order Number	EI		O	0..1	
24	Entered by Code	XCN		O	0..*	
25	Procedure Code	CNE	TBD	O	0..1	
26	Procedure Code Modifier	CNE	TBD	O	0..*	
27	Advanced Beneficiary Notice Code	CWE	TBD	O	0..1	
28	Medically Necessary Duplicate Procedure Reason	CWE	TBD	O	0..1	
29	NDC Code	CWE		O	0..1	
30	Payment Reference ID	CX		O	0..1	
31	Transaction Reference Key	SI		O	0..*	

32	Performing Facility	XON		O	0..*	
33	Ordering Facility	XON		O	0..1	
34	Item Number	CWE		O	0..1	
35	Model Number	ST		O	0..1	
36	Special Processing Code	CWE		O	0..*	
37	Clinic Code	CWE		O	0..1	
38	Referral Number	CX		O	0..1	
39	Authorization Number	CX		O	0..1	
40	Service Provider Taxonomy Code	CWE		O	0..1	
41	Revenue Code	CWE	TBD	O	0..1	
42	Prescription Number	ST		O	0..1	
43	NDC Qty and UOM	CQ		O	0..1	

GT1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Guarantor Number	CX		R	1..*	
3	Guarantor Name	XPN		R	1..*	
5	Guarantor Address	XAD		O	0..*	
6	Guarantor Phone Number – Home	XTN		O	0..*	
7	Guarantor Phone Number – Business	XTN		O	0..*	
10	Guarantor Type	CWE	TBD	O	0..1	
11	Guarantor Relationship	CWE	TBD	O	0..1	
12	Guarantor SSN	ST		O	0..1	
13	Guarantor Date – Begin	DT		O	0..1	
14	Guarantor Date - End	DT		O	0..1	
36	Primary Language	CWE	TBD	O	0..1	

IN1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Health Plan ID	CWE	TBD	R	1..1	
3	Insurance Company ID	CX		R	1..*	
4	Insurance Company Name	XON		O	0..*	
5	Insurance Company Address	XAD		O	0..*	
7	Insurance Company Phone Number	XTN		O	0..*	
8	Group Number	ST		O	0..1	
9	Group Name	XON		O	0..*	
12	Plan Effective Date	DT		O	0..1	
13	Plan Expiration Date	DT		O	0..1	
15	Plan Type	CWE	TBD	O	0..1	
16	Name of Insured	XPN		O	0..*	
17	Insured's Relationship to Patient	CWE		O	0..1	
18	Insured's Date of Birth	DTM		O	0..1	
19	Insured's Address	XAD		O	0..*	
35	Company Plan Code	CWE	TBD	O	0..1	
36	Policy Number	ST		O	0..1	
49	Insured's ID Number	CX		O	0..*	

IN2 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
2	Insured's Social Security Number	ST		O	0..1	
6	Medicare Health Ins Card Number	ST		O	0..1	
7	Medicaid Case Name	XPN		O	0..*	
8	Medicaid Case Number	ST		O	0..1	
34	Primary Language	CWE	TBD	O	0..1	

MRG Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Prior Patient Identifier List	CX		R	1..*	
2	Prior Alternate Patient ID	ST		O	0..1	
3	Prior Patient Account Number	CX		O	0..1	
4	Prior Patient ID	ST		E	0..1	
5	Prior Visit Number	CX		O	0..1	
6	Prior Alternate Visit ID	CX		O	0..1	
7	Prior Patient Name	XPN		O	0..*	

MSH Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Field Separator	ST		R	1..1	
2	Encoding Characters	ST		R	1..1	
3	Sending Application	HD		E	0..1	
4	Sending Facility	HD		R	1..1	
5	Receiving Application	HD		E	0..1	
6	Receiving Facility	HD		E	0..1	
7	Date/Time of Message	TS		R	1..1	
9	Message Type	MSG		R	1..1	
10	Message Control ID	ST		R	1..1	
11	Processing ID	PT		R	1..1	
12	Version ID	VID		R	1..1	
15	Accept Acknowledgment Type	ID		E	0..1	
16	Application Acknowledgment Type	ID		E	0..1	
21	Message Profile Identifier	EI		R	1..1	

NK1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Name	XPN		R	1..1	
3	Relationship	CE	TBD	R	1..1	
4	Address	XAD		E	0..*	
5	Phone Number	XTN		E	0..*	
6	Business Phone Number	XTN		O	0..*	
20	Primary Language	CWE	TBD	O	0..1	

NTE Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Source of Comment	ID	TBD	O	0..1	
3	Comment	FT		O	0..*	
4	Comment Type	CWE	TBD	O	0..1	
5	Entered By	XCN		O	0..1	
6	Entered Date/Time	DTM		O	0..1	

OBR Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Placer Order Number	EI		C	0..1	Required if Filler Order Number is empty
3	Filler Order Number	EI		C	0..1	Required if Placer Order Number is empty
4	Universal Service Identifier	CWE		R	1..1	
5	Priority	ST		O	0..1	
6	Requested Date/Time	DTM		C	0..1	Required if Filler Order Number is empty
7	Observation Date/Time	DTM		C	0..1	Required if Placer Order Number is empty
8	Observation End Date/Time	DTM		O	0..1	
9	Collection Volume	CQ		O	0..1	
10	Collection Identifier	XCN		O	0..*	
11	Specimen Action Code	ID	TBD	O	0..1	
12	Danger Code	CWE	TBD	O	0..1	
13	Relevant Clinical Information	CWE	TBD	O	0..*	
14	Specimen Received Date/Time	DTM		O	0..1	
15	Specimen Source	ST		O	0..1	
16	Ordering Provider	XCN		0	0..*	
17	Order Callback Phone Number	XCN		0	0..2	
18	Placer Field 1	ST		0	0..1	
19	Placer Field 2	ST		0	0..1	
20	Filler Field 1	ST		0	0..1	
21	Filler Field 2	ST		0	0..1	
22	Results Rpt/Status Change – Date/Time	DTM		C	0..1	Required if Placer Order Number is empty
24	Diagnostic Serv Sect ID	ID	TBL	O	0..1	

25	Result Status	ID	TBL	C	0..1	Required if Placer Order Number is empty
27	Quantity / Timing	ST		O	0..1	
31	Reason For Study	CWE	TBL	O	0..*	
32	Principal Result Interpreter	NDL		O	0..1	
44	Procedure Code	CNE	TBL	O	0..1	
45	Procedure Code Modifier	CNE	TBL	O	0..*	
51	Observation Group ID	EI		O	0..1	

OBX Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Value Type	ID	TBD	E	0..1	
3	Observation Identifier	CWE	TBD	R	1..1	
4	Observation Sub ID	ST		O	0..1	
5	Observation Value	TX		R	1..1	
6	Units	CWE	TBD	E	0..1	
7	References Range	ST		E	0..1	
8	Abnormal Flags	CWE		E	0..5	
9	Probability	NM		O	0..1	
10	Nature of Abnormal Test	ID	TBD	O	0..1	
11	Observation Result Status	ID	TBD	R	1..1	
12	Effective Date of References Range	DTM		O	0..1	
14	Date/Time of the Observation	DTM		E	0..1	
15	Producer's ID	CWE	TBD	E	0..1	
16	Responsible Observer	XCN		E	0..*	
17	Observation Method	CWE	TBD	O	0..*	
23	Performing Organization Name	XON		O	0..1	

ORC Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Order Control	ID	TBD	R	1..1	
2	Placer Order Number	EI		C	0..1	Required if Filler Order Number is empty
3	Filler Order Number	EI		C	0..1	Required if Placer Order Number is empty
4	Placer Group Number	EI		O	0..1	
5	Order Status	ID	TBD	E	0..1	
6	Response Flag	ID	TBD	O	0..1	
7	Quantity / Timing	ST		O	0..*	
8	Parent	EIP		O	0..1	
9	Date / Time of Transaction	DTM		O	0..1	
10	Entered By	XCN		O	0..*	
11	Verified By	XCN		O	0..*	
12	Ordering Provider	XCN		O	0..*	
13	Enterer's Location	PL		O	0..1	
14	Call Back Phone Number	XTN		O	0..2	
15	Order Effective Date / Time	DTM		O	0..1	
16	Order Control Code Reason	CWE	TBD	O	0..1	
17	Entering Organization	CWE	TBD	O	0..1	
19	Action By	XCN		O	0..*	
21	Ordering Facility Name	XON		O	0..*	
22	Ordering Facility Address	XAD		O	0..*	
23	Ordering Facility Phone Number	XTN		O	0..*	
24	Ordering Provider Address	XAD		O	0..*	
25	Order Status Modifier	XWE	TBD	O	0..1	

PD1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
11	Publicity Code	CE	TBD	O	0..1	
12	Protection Indicator	ID	TBD	O	0..1	
13	Protection Indicator Effective Date	DT		C	0..1	If PD1.12 is supplied
16	Immunization Registry Status	ID	TBD	O	0..1	
17	Immunization Registry Status Effective Date	DT		C	0..1	If PD1.16 is supplied
18	Publicity Code Effective Date	DT		C	0..1	If PD1.11 is supplied

PID Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Patient ID	ST		O	0..1	
3	Patient Identifier List	CX		R	1..*	
4	Alternate Patient ID	ST		O	0..1	
5	Patient Name	XPN		R	1..1	
6	Mother's Maiden Name	XPN		E	0..1	
7	Date / Time of Birth	DT		R	1..1	
8	Administrative Sex	CWE	TBD	R	1..1	
9	Patient Alias	ST		O	0..1	
10	Race	CWE	TBD	E	0..1	
11	Patient Address	XAD		E	0..*	
12	County Code	ST		O	0..1	
13	Phone Number – Home	XTN		E	0..*	
14	Phone Number – Business	XTN		O	0..*	
15	Primary Language	CWE	TBD	O	0..1	
16	Marital Status	CWE	TBD	O	0..1	
17	Religion	CWE	TBD	O	0..1	
18	Patient Account Number	CX		O	0..1	
19	SSN	ST		O	0..1	
20	Driver's License Number	ST		O	0..1	
21	Mother's Identifier	CX		O	0..1	
22	Ethnic Group	CWE	TBD	E	0..1	
23	Birthplace	ST		O	0..1	
24	Multiple Birth Indicator	ID	TBD	E	0..1	
25	Birth Order	NM		C	0..1	If PID.24 is Y
26	Citizenship	CWE	TBD	O	0..1	
27	Veteran's Military Status	CWE	TBD	O	0..1	
28	Nationality	ST		E	0..1	
29	Patient Death Date / Time	DT		C	0..1	
30	Patient Death Indicator	ID	TBD	E	0..1	If PID.30 is Y

PR1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Procedure Coding Method	ST		E	0..1	
3	Procedure Code	CNE	TBD	R	1..1	
4	Procedure Description	ST		E	0..1	
5	Procedure Date / Time	DT		R	0..1	
6	Procedure Functional Type	CWE	TBD	O	0..1	

PV1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Patient Class	CWE	TBD	R	1..1	
3	Assigned Patient Location	PL		O	0..1	
4	Admission Type	CWE		O	0..1	
5	Preadmit Number	CX		O	0..1	
6	Prior Patient Location	PL		O	0..1	
7	Attending Doctor	XCN	TBD	O	0..*	
8	Referring Doctor	XCN	TBD	O	0..*	
9	Consulting Doctor	XCN		O	0..*	
10	Hospital Service	CWE	TBD	O	0..1	
13	Re-admission Indicator	CWE	TBD	O	0..1	
14	Admit source	CWE	TBD	O	0..1	
15	Ambulatory Status	CWE	TBD	O	0..*	
16	VIP Indicator	CWE	TBD	O	0..1	
17	Admitting Doctor	XCN	TBD	O	0..*	
18	Patient Type	CWE	TBD	O	0..1	
19	Visit Number	CX		O	0..1	
20	Financial Class	FC		O	0..*	
36	Discharge Disposition	CWE	TBD	O	0..1	
37	Discharged to Location	DLD		O	0..1	
39	Servicing Facility	CWE	TBD	O	0..1	
44	Admit Date / Time	DT		O	0..1	
45	Discharge Date / Time	DT		O	0..1	

PV2 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
2	Accommodation Code		TBD	O	0..1	
3	Admit Reason			O	0..1	
4	Transfer Reason			O	0..1	

RXC Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Rx Component Type	ID	TBD	R	1..1	
2	Component Code	CWE	TBD	R	1..1	
3	Component Amount	NM		R	1..1	
4	Component Units	CWE	TBD	R	1..1	
5	Component Strength	NM		O	0..1	
6	Component Strength Units	CWE	TBD	C	0..1	RXC.5 is present
7	Supplementary Code	CWE	TBD	O	0..*	
8	Component Drug Strength Volume	NM		O	0..1	
9	Component Drug Strength Volume Units	CWE	TBD	C	0..1	RXC.9 is present

RXE Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Quantity / Timing	ST		O	0..1	
2	Give Code	CWE	TBD	R	1..1	
3	Give Amount - Minimum	NM		R	1..1	
4	Give Amount – Maximum	NM		O	0..1	
5	Give Units	CWE	TBD	R	1..1	
6	Give Dosage Form	CWE	TBD	O	0..1	
10	Dispense Amount	NM		O	0..1	
11	Dispense Units	CWE	TBD	C	0..1	If RXE.10 is present
12	Number of Refills	NM		O	0..1	
13	Ordering Provider's DEA Number	XCN		O	0..*	
14	Pharmacist / Treatment Supplier's Verifier ID	XCN		O	0..*	
15	Prescription Number	ST		O	0..1	
16	Number of Refills Remaining	NM		O	0..1	
17	Number of Refills / Doses Dispensed	NM		O	0..1	
18	D/T of Most Recent Refill or Dose Dispensed	DT		O	0..1	
19	Total Daily Dose	CQ		O	0..1	
22	Give Per (time unit)	ST		O	0..1	
23	Give Rate Amount	ST		O	0..1	
24	Give Rate Units	CWE	TBD	C	0..1	If RXE.23 is present
25	Give Strength	NM		O	0..1	
26	Give Strength Units	CWE	TBD	C	0..1	If RXE.25 is present
27	Give Indication	CWE	TBD	O	0..*	
32	Original Order Date / Time	DT		O	0..1	
33	Give Drug Strength Volume	NM		O	0..1	
34	Give Drug Strength Volume Units	CWE	TBD	C	0..1	If RXE.33 is present
35	Controlled Substance Schedule	CWE	TBD	O	0..1	

36	Formulary Status	ID	TBD	O	0..1	

RXO Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Requested Give Code	CWE	TBD	R	1..1	
2	Requested Give Amount - Minimum	NM		R	1..1	
3	Requested Give Amount – Maximum	NM		O	0..1	
4	Requested Give Units	CWE	TBD	R	1..1	
5	Requested Give Dosage Form	CWE	TBD	O	0..1	
10	Requested Dispense Code		TBD	O	0..1	
11	Requested Dispense Amount	NM		O	0..1	
12	Requested Dispense Units	CWE	TBD	C	0..1	If RXO.11 is present
13	Number of Refills	NM		O	0..1	
14	Ordering Provider's DEA Number	XCN		O	0..*	
15	Pharmacist / Treatment Supplier's Verifier ID	XCN		O	0..*	
17	Requested Give Per (time unit)	ST		O	0..1	
18	Requested Give Strength	NM		O	0..1	
19	Requested Give Strength Units	CWE	TBD	C	0..1	If RXO.18 is present
20	Indication	CWE	TBD	O	0..*	
21	Requested Give Rate Amount	ST		O	0..1	
22	Requested Give Rate Units	CWE	TBD	C	0..1	If RXO.21 is present
23	Total Daily Dose	CQ		O	0..1	
25	Requested Drug Strength Volume	NM		O	0..1	
26	Requested Drug Strength Volume Units	CWE	TBD	C	0..1	If RXO.25 is present

RXR Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Route	CWE	TBD	R	1..1	
2	Administration Site	CWE	TBD	O	0..1	
3	Administration Device	CWE	TBD	O	0..1	
4	Administration Method	CWE	TBD	O	0..1	
5	Routing Instruction	CWE	TBD	O	0..1	
6	Administration Site Modifier	CWE	TBD	O	0..1	

TQ1 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Quantity	CQ		O	0..1	
3	Repeat Pattern	RPT		O	0..*	
4	Explicit Time	TM		O	0..*	
5	Relative Time and Units	CQ		O	0..*	
6	Service Duration	CQ		O	0..1	
7	Start Date / Time	DT		O	0..1	
8	End Date / Time	DT		O	0..1	
9	Priority	CWE	TBD	O	0..*	
10	Condition Text	TX		O	0..1	
11	Text Instruction	TX		O	0..1	
12	Conjunction	ID		O	0..1	
13	Occurrence Duration	CQ		O	0..1	
14	Total Occurrences	NM		O	0..1	

TQ2 Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Sequence / Results Flag	ID	TBD	O	0..1	
3	Related Placer Number	EI		O	0..1	
4	Related Filler Number	EI		O	0..1	
5	Related Placer Group Number	EI		O	0..1	
6	Sequence Condition Code	ID	TBD	O	0..1	
7	Cyclic Entry / Exit Indicator	ID	TBD	O	0..1	
8	Sequence Conditional Time Interval	CQ		O	0..1	
9	Cyclic Group Maximum Number of Repeats	NM		O	0..1	
10	Special Service Request Relationship	ID	TBD	O	0..1	

TXA Segment

Seq	Element Name	Data Type	Table	Usage	Cardinality	Conditional Predicate
1	Set ID	SI		R	1..1	
2	Document Type	CWE	TBD	O	0..1	
3	Document Content Presentation	ID	TBD	O	0..1	
4	Activity Date / Time	DT		O	0..1	
5	Primary Activity Provider Code / Name	XCN		O	0..*	
6	Origination Date / Time	DT		O	0..1	
7	Transcription Date / Time	DT		O	0..1	
8	Edit Date / Time	DT		O	0..1	
9	Originator Code / Name	XCN		0	0..*	
11	Transcriptionist Code / Name	XCN		0	0..*	
12	Unique Document Number	EI		R	1..1	
13	Parent Document Number	EI		O	0..1	
14	Placer Order Number	EI		O	0..1	
15	Filler Order Number	EI		O	0..1	
16	Unique Document File Name	ST		O	0..1	
17	Completion Status	ID	TBD	R	1..1	
25	Document Title	ST		O	0..1	

Simplify your communication needs!

Let Centralis Health's **hMessage** determine the best route for delivering healthcare messages, records, and referrals.

hMessage offers users a single interface for sending and receiving messages. Behind the scenes, the system balances security, speed, and file size to transmit digital health information quickly and efficiently.

Five Formats in a Single, Smart System

With hMessage, you get five secure, reliable methods for sending and receiving documents and records. The system dynamically determines the right method of transport based on the recipient, allowing you to communicate with anyone with one solution.

Transport Method	Parties	How It Works
Secure Message	Between any Centralis Health participants	Deliver bi-directional messages instantly in full color, with no document degradation.
Secure Email	From Centralis Health participants to anyone outside of our network	Send outbound messages in full color up to 2GB. Features instant delivery to a verified email address and read receipt on viewed documents.
Digital Upload	From anyone outside of our network to Centralis Health participants	Securely receive full-color documents up to 2GB from healthcare partners and patients.
Digital Download Fax	From Centralis Health participants to anyone outside of our network	Send faxes with a read-receipt. Rather than waiting for files to transmit, fax a single page with instructions for securely downloading the file.
Full Fax	Among Centralis Health participants and anyone outside of our network	Send HIPAA-compliant faxes seamlessly with smart carrier routing and a support team who answers the phone when you call. You get multiple automatic retries, easy refaxing options, and a default cover page with download instructions in case of transmission issues.

Ready to see how hMessage can simplify your communication processes?

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