2024-PRMP-MES-HIE-001
Puerto Rico Medicaid Program
Health Information Exchange (HIE) Operations and Technical Services
Request for Proposals (RFP)

Intervoice Communication of Puerto Rico Technical Proposal

March 13, 2024

CRISP Shared Services

MDFlow
We Make Your Medical Information Flow

INTERVOICE
IT Project Management and Consulting

Attachment B

B.1 Title Page

The vendor should include a title page stating the vendor's intent to bid for this RFP. The vendor's response should include a title page; table of contents; executive summary; and vendor contact and location information.

The vendor should include the following cover letter, signed in blue ink by an authorized signatory legally binding the vendor and include it in the labeled "Original Proposal."

The vendor should provide the following information regarding the person responsible for completing the vendor response. This person should also be the person the PRMP should contact for questions and/or clarifications.

Name	Carlos Ortiz, President	Phone	787-302-1030
Address	1250 Ave. Ponce de León	Fax	N/A
	San Juan, PR 00907	Email	COrtiz@IntervoicePR.com

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.

In addition to providing a signature to *6: Disclosure of Response Contents* in this section, failure to sign the Submission Cover Sheet or signing it with a false statement shall void the submitted response or any resulting contracts.

_____ / _____

Original signature of Signatory Authorized to Legally Bind the Company / **Date**

Name (Typed or Printed)	Carlos Ortiz
Title	President
Company Name	Intervoice Communication of Puerto Rico, Inc.
Physical Address	1250 Ave. Ponce de León
	San Juan, PR 00907
State of Incorporation	Puerto Rico

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.

B.2Vendor Information

B.2.1 Payment Address

Table 1: Payment Information

Payment Information			
Name:	Carlos Ortiz	Title:	President
Address:	1250 Ave. Ponce de León		
City, State, and ZIP Code:	San Juan, PR 00907		
Phone:	787-302-1030	Fax:	N/A
Email:	COrtiz@IntervoicePR.com		

B.2.2 Legal Notice Address

Table 2: Legal Notice Information

Legal Notice Information			
Name:	Carlos Ortiz	Title:	President
Address:	1250 Ave. Ponce de León		
City, State, and ZIP Code:	San Juan, PR 00907		
Phone:	787-302-1030	Fax:	N/A
Email:	COrtiz@IntervoicePR.com		

B.3 Executive Summary

Intervoice is pleased to present this proposal to the Puerto Rico Medicaid Program (PRMP) for Health Information Exchange (HIE) Operations and Technical Services. Intervoice fully understands the key role that the PRHIE plays in the advancement of clinical data exchange adoption in Puerto Rico. In addition, our long-term relationship with PRMP helps us uniquely understand the importance of clinical data exchange to the Medicaid Program and the priorities that the Centers for Medicare and Medicaid (CMS) has established to include HIE as a module within the Medicaid Enterprise System (MES).

Intervoice has a successful track record with PRMP, working on ongoing and completed projects, which have obtained CMS certification using the Streamlined Modular Certification process, including each of the phases of the Puerto Rico Medicaid Management Information System (PRMMIS) and the Medicaid Information Technology Initiative, Third Generation (MEDITI3G), PRMP's eligibility system. We fully understand the importance of achieving CMS certification in order to sustain Puerto Rico Health Information Exchange (PRHIE) in its early stages.

Our approach to the PRHIE Scope of Work is based on the adoption of best-in-class HIE functionality that fully meets and exceeds PRMP requirements. Team Intervoice is confident we can fully address, and in many cases exceed, all requirements by partnering with our subcontractors, CRISP Shared Services, Inc. (CSS) for technology services and operations technical assistance, and MDFlow E.H.R LLC., for operations support. Our approach aligns roles with the unique capabilities of Intervoice, CSS, and MDFlow into one organization which we call Team Intervoice. Team Intervoice combines on-island presence, understanding of Puerto Rico's culture, robust technology, and superior technical support. With Team Intervoice, PRMP has the opportunity to achieve all of the outcomes defined in the Outcomes Traceability Matrix in Attachment F of this proposal.

B.3.1 Team Intervoice Qualifications

The HIE infrastructure will be provided by the subcontractor, CSS. The shared HIE infrastructure consists of commercial-off-the-shelf (COTS) and specialized in-house systems technology that is reused across multiple regional HIE partners including Maryland (CRISP MD), West Virginia (WVHIN), the District of Columbia (CRISP DC), Connecticut (Connie), and Alaska (healtheConnect). In addition, Maine (HealthInfoNet), New York City (Healthix), Delaware (DHIN), and Florida (Florida HIE) use open-source applications developed by CSS within their own HIE ecosystem. CSS's shared infrastructure approaches software development from an API-first mindset and operates a "best-of-breed" infrastructure. Intervoice's direct PRHIE experience includes the 2012 State Medicaid Health Information Technology Plan (SMHP) and the 2021 PRHIE planning services contract. MDFlow, our other subcontractor, is a leading Health Information Technology (HIT) company based in Florida, who has provided HIT systems and solutions in Florida, Georgia, Texas, Oklahoma, and Puerto Rico for over ten years. MDFlow has been successful in providing actionable tools, training, and technical assistance to providers to incorporate information

exchange for the improvement of their practices, providing superior medical services and value-based outcomes. MDFlow's Puerto Rico support staff is comprised of highly trusted and qualified personnel who work on MDFlow's Puerto Rico projects in population management, provider engagement, and health information technology since 2015. Attachments C and D provide an organizational overview that further describes the full range of qualifications offered by Team Intervoice.

B.3.2 Approach to Delivery of Services

Our team will use a process-based approach to executing the project. PRHIE will have assigned staff and resources with the appropriate project management, organizational, data management, Information Technology (IT) skills needed to provide HIE services and to manage technical connections.

- **Business Operations:** Team Intervoice approach to Business Operations is based on the CSS shared services model for HIE services. This approach utilizes current HIE policy and CSS's standard operating procedures. Team Intervoice is responsible for all business operations including HIE technical services in production, technical services, development and testing, help desk, client (PRMP, stakeholders, and participants) assistance, and administration of participation agreements and patient consent documents, website maintenance, and PRHIE compliance.
- **Technology and Technical Services:** HIE governance structure and operational processes serve as foundational elements for the successful implementation of technical solutions within the HIE infrastructure. Team Intervoice will implement PRHIE into a multi-state technical solution, ensuring optimal performance and fostering success by meeting the objectives set forth in this Request for Proposal (RFP). In Attachment G, Team Intervoice provides additional detail, constrained by page limits, that further describes our approach to meeting all of the technology services requirements in RFP Section 4, Scope of Work.

B.3.2.1 Initial Project Schedule

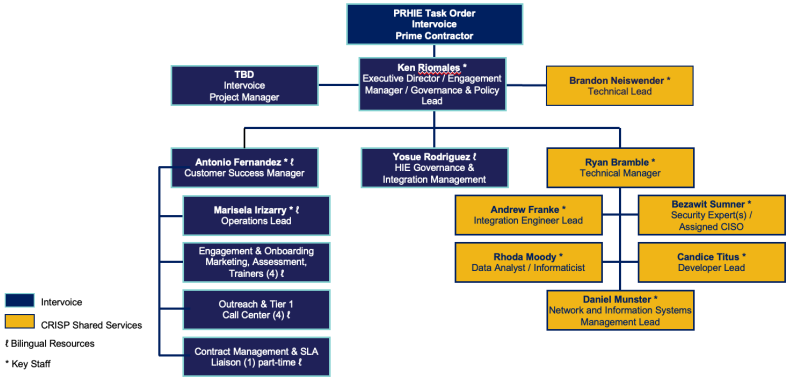
Team Intervoice plans an expedited implementation period followed by a continuous period of operations. Our proven shared services technical solution fully complies with industry and the Office of the National Coordinator for Health Information Technology (ONC) standards for HIE. Once our business operations are in place, we plan to adapt policy and standard operating procedures currently used by CSS across the multiple state HIEs they serve.

Attachment H: Initial Project Schedule includes Team Intervoice's detailed schedule and Work Breakdown Structure (WBS). It outlines proposed project phases, detailed tasks and timelines, resources, deliverables, and time deliverable review and approval. Our initial project schedule has been developed using planning standards familiar to PRMP, as followed by Intervoice in its function as PRMP's Enterprise Project Management Office (ePMO). Team Intervoice Organization

Team Intervoice is committed to assisting PRMP leadership in defining the overall enterprise strategy,

developing and maintaining the project scope, project schedule, and ensuring overall project processes and procedures are followed to manage the project's scope and schedule. This team will work under the direction of the Executive Director. Intervoice understands that as the prime contractor, it is responsible for managing CSS and MDFlow and will adhere to the Subcontractor Management Plan that defines the performance standards established by contract between Intervoice and its subcontractors.

Figure 1: Proposed Organization



Attachment D: Vendor Organization and Staffing describes our approach to project staffing. Team Intervoice will ensure that all specifications, requirements, performance criteria, and service levels are met to PRMP's satisfaction. Attachment D also identifies our key staff and provides resumes and references for Team Intervoice's proposed key staff.

B.3.2.2 Key Advantages of Team Intervoice

Please consider these advantages that we believe Team Intervoice offers to PRMP:

- **Proven Leadership.** Team Intervoice provides a strong local presence and builds on our relationships with the Puerto Rico provider community which were established with our contract with PRMP for Provider Enrollment Services, allowing us to enroll most of Puerto Rico's healthcare providers into the PRMMIS, successfully supporting HIT adoption in Puerto Rico.
- **Proven Solution in Operation in Ten State HIEs.** Team Intervoice has more than 12 years of experience in HIE operations, implementing the four priority HIE services: Data Access, Electronic Alerting, Public Heath Reporting, and Emergency Response. PRMP can be confident that this shared services approach provides PRMP with the confidence that the PRHIE technology platform is current, extendable, secure, and available.
- **Medicaid focus with successful track record of CMS certification using Streamlined Modular Certification.** Team Intervoice's certification expertise is invaluable in assisting PRMP obtain Medicaid federal financing for the near-term sustainability of the PRHIE.

We look forward to continuing and expanding our relationship with PRMP by collaborating in the successful implementation and operation of the PRHIE.

B.4 Subcontractor Letters

B.4.1 CRISP Shared Services

CRISP
Shared Services

Subcontractor Letter to Intervoice
2024-PRMP-MES-HIE-001

March 2024

- **The subcontractor's legal status:** Nonprofit 501C3 Corporation
- **Federal tax identification number:** 85-3328249
- **Data Universal Numbering System (DUNS) number:** 129271864
- **Principal place of business address:**
  CRISP Shared Services
  P: 877.952.7477
  F: 443.817.9587
  Email: info@crispsharedservices.org
  Principal Place of business/Mailing Address:
  7160 Columbia Gateway Drive, Suite 100
  Columbia, MD 21046
- **A description of the work the subcontractor will perform.**

CRISP Shared Services will be providing HIE technical and operational services as described in the response.

- **A statement of the subcontractor's commitment to performing the work if the vendor is selected.**

CSS is committed to performing the work at the highest level as it does with all of its partners.

- **A statement that the subcontractor has read and understands the RFP and will comply with the requirements of the RFP.**

CSS and its executives have read and understand the RFP and will comply with the RFP as written in the response.

- **A statement that the subcontractor will maintain any permits, licenses, and certifications requirements to perform its portion of the work.**

CSS will continue to maintain all licenses, certifications, policies, and other security qualifications.

Craig Behm, CEO — 3/5/24

Print Name/Title — Signature /Date

www.crispsharedservices.org

B.4.2 MDFlow E.H.R., LLC.

MDFlow
We Make Your Medical Information Flow

Subcontractor Letter to Intervoice — March 2024

2024-PRMP-MES-HIE-001

- **The subcontractor's legal status:** Limited Liability Corporation
- **Federal tax identification number:** 65-080577
- **Data Universal Numbering System (DUNS) number:** 013547181
- **Principal place of business address:**

  MDFlow E.H.R., LLC (dba "MDFlow Systems")

  P: 305.648.0028

  F: 305.675.2208

  Email: haroldt@MDFlow.com

  Principal Place of business/Mailing Address:

  7715 NW 48th Street, Suite 310

  Doral, Florida 33166
- **A description of the work the subcontractor will perform.**

  MDFlow will be providing HIE operational services as described in the response.
- **A statement of the subcontractor's commitment to performing the work if the vendor is selected.**

  MDFlow is committed to performing the work with the highest standards to implement a successful and sustainable HIE operation for Puerto Rico.
- **A statement that the subcontractor has read and understands the RFP and will comply with the requirements of the RFP.**

  MDFlow and its executives have read and understand the RFP and will comply with the RFP as written in the response.
- **A statement that the subcontractor will maintain any permits, licenses, and certifications requirements to perform its portion of the work.**

  MDFlow will continue to maintain all licenses, certifications, policies, and other security qualifications.

Harold Tong, CEO
MDFlow Systems

Date: 3/8/2024

7765 NW 48th Street, Suite 310,
Miami, Florida 33166
Phone: 305 648 0028 Fax: 305 675 2208
www.MDFlow.com

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B.6 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.

Intervoice Communication of Puerto Rico, Inc.

(Company)

Carlos Ortiz, President

(Representative Name, Title)

787-302-1030

(Contact Phone/Fax Number)

March 13, 2024

(Date)

Attachment C

C.1 Organization Overview

Table 3: Vendor Response Framework – Partners and Subcontractors

Vendor Response Framework	
Intervoice Communication of Puerto Rico, Inc.	Operations Primary Vendor
Crisp Shared Services, Inc.	Technical Subcontractor
MDFlow E.H.R LLC.	Operations Subcontractor

C.1.1 Organization Overview

Table 4: Vendor Overview – Intervoice Communication of Puerto Rico, Inc.

Vendor Overview	
Company Name	Intervoice Communication of Puerto Rico, Inc - Primary
Name of Parent Company (If Applicable)	N/A
Industry (North American Industry Classification System [NAICS])	541511, 541512, 541513, 541519, 541611, 541614, 541618, 624190, 624230
Type of Legal Entity	Corporation
Company Ownership (e.g., Private/Public, Joint Venture)	Private
Number of Full-Time Employees	60
Last Fiscal Year Company Revenue	$16,100,000
Last Fiscal Year Company Net Income	$500,000
Percentage of Revenue from State and Local Government Clients in the United States and its Territories	100%
Number of Years in Business	15
Number of Years/ Experience Vendor Has With this Type of Services Specified in the RFP	7
Number of Employees Providing the Type of Services Specified in the RFP	15
Headquarters in the United States and its Territories	Yes, Puerto Rico
Locations in the United States and its Territories	San Juan, Puerto Rico

C.1.2 Subcontractor Overview

Table 5: Subcontractor Overview – CRISP Shared Services, Inc.

Subcontractor Overview	
Company Name	CRISP Shared Services, Inc.
Name of Parent Company (If Applicable)	Chesapeake Regional Information System for our Patients, Inc. (dba CRISP)
Industry – NAICS	Primary: 518210 Additional: 541511, 541519, 541690, 541990
Type of Legal Entity	Nonprofit C – Corporation; IRS 501(c)(3)
Company Ownership (e.g., Private/Public, Joint Venture)	Private Membership corporation; members are 501(c)(3) IRS exempt organizations participating in governance. No ownership or control by individual persons
Number of Full-Time Employees	126 (as of 12/31/2023)
Last Fiscal Year Company Revenue	$46,417,058
Last Fiscal Year Company Net Income	$1,250,767
Percentage of Revenue from State and Local Government Clients in the United States and its Territories	87%
Number of Years in Business	3+
Number of Years Vendor Has Been Providing the Type of Services Specified in the RFP	CSS as a company: 3+ Leadership Team (as a collective unit, including pre-CSS experience) 8+
Number of Employees Providing the Type of Services Specified in the RFP	13
Headquarters in the United States and its Territories	Yes, Columbia, Maryland
Locations in the United States and its Territories	Columbia, Maryland

Table 6: Subcontractor Overview – MDFlow E.H.R., LLC

Subcontractor Overview	
Company Name	MDFlow E.H.R., LLC dba MDFlow Systems
Name of Parent Company (If Applicable)	N/A
Industry – NAICS	Primary: 541511 Additional: 541519, 541690, 541990
Type of Legal Entity	LLC
Company Ownership (e.g., Private/Public, Joint Venture)	Private
Number of Full-Time Employees	13
Last Fiscal Year Company Revenue	$5,000,000
Last Fiscal Year Company Net Income	$2,500,000
Percentage of Revenue from State and Local Government Clients in the United States and its Territories	Contracts are with Private Organizations which work with Government Clients in the United States and its Territories.
Number of Years in Business	10
Number of Years Vendor Has Been Providing the Type of Services Specified in the RFP	10
Number of Employees Providing the Type of Services Specified in the RFP	13
Headquarters in the United States and its Territories	Yes, Doral, Florida
Locations in the United States and its Territories	Florida and Puerto Rico

C.2 Existing Business Relationships in Puerto Rico

Intervoice has successfully partnered with the Government of Puerto Rico (GPR) on numerous

engagements through five successive administrations, providing planning and funding justification, requirements development, project assessment, strategic planning, Subject Matter Experts (SME), Quality Assurance (QA), and Project Management Office (PMO) services for some of the largest and most complex IT projects in Puerto Rico.

Our work with Puerto Rico Department of Health (PRDoH) has allowed us to combine our intrinsic understanding of Puerto Rico's business culture with expert project management, technical, and subject matter resources to support PRDoH in a synergistic relationship. As PRMP continues to transform their MES to align with the CMS's directives and regulatory requirements, Intervoice remains an integral partner in building a solution that will support efficient and effective management of the island's Medicaid Program.

Since 2011, Intervoice has had multiple successful engagements with PRDoH and PRMP. We have provided advisory and project management services that delivered a strong foundation for large system implementations, including the PRMMIS and MEDITI3G Systems. In 2020, Intervoice completed the PRHIE Planning Project, which established the technical foundation and implementation strategy for the PRHIE.

Since 2020, Intervoice has been responsible for Operations of PRMP's Provider Enrollment Portal overseeing more than 28,000 applications and the creation of over 30,000 provider records in the PRMMIS. Intervoice's responsibilities include system oversight, training and outreach to the medical community, processing of applications, and ensuring records are updated.

In 2021, Intervoice became the ePMO to support all of PRMP's projects, vendors, and business partners with project management best practices based on the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK), as well as the Institute of Electrical and Electronics Engineers (IEEE) standards. As part of its portfolio, Intervoice currently oversees the PRMMIS Phase III and MEDITI3G Projects.

In early 2022, Intervoice completed an assessment of the PRDoH PMO initiated by Administrative Order 2021-504, intended to facilitate how PRDoH will implement federal grants. The purpose of this high-visibility project, initiated by the PRDoH secretariat, was to identify PMO gaps within the current structure and resulted in recommendations to align the PRDoH PMO with PMI and Capability Maturity Model Integration (CCMI) standards.

We are proud of the achievements we have contributed to, as our experience and expertise has been fundamental to a transformation that will prepare PRMP to manage a Medicaid program that is funded utilizing the same formula as any other state Medicaid program, allowing the island to achieve Medicaid Parity.

In 2023, Intervoice began providing PMO and SME assistance to Puerto Rico Innovation and Technical Services (PRITS) and to the Administración de Desarrollo Socioeconómico de la Familia (ADSEF) for Assessment Services for the Nutrition Assistance Program (NAP) to Supplemental Nutrition Assistance

Program (SNAP) Project, as well as its integrated eligibility projects. The project is following the United State Department of Agriculture's (USDA) Food and Nutrition Service's (FNS) funding request roadmap. Currently, we are in the Pre-Planning Phase developing content for the Planning Advance Planning Document (PAPD), and Implementation Advance Planning Document (IAPD) to secure federal funds support for requirements, SNAP policy remediation, and solution implementation.

C.3 Business Disputes

Intervoice and its subcontractors, CSS and MDFLow, do not have any business disputes that are pending or Terminated for Cause or Convenience and associated reasons.

C.4 References

C.4.1 Vendor (Prime) References Form

Table 7: Intervoice Reference – Provider Services

Vendor Information		
Vendor Name: Intervoice Communication of Puerto Rico, Inc	Contact Name:	Carlos Ortiz
	Contact Phone:	787-302-1030
Customer Information		
Customer Organization: Puerto Rico Department of Health, Puerto Rico Medicaid Program	Contact Name:	Jose Diaz
	Contact Title:	Provider Services Manager (Interim)
Customer Address: PO Box 70184 San Juan, PR 00936-8184	Contact Phone:	787-765-2929 x6773
	Contact Email:	Jose.diaz.nater@salud.pr.gov
Total Vendor Staff:	33	
Objectives: Provider Enrollment and Maintenance Operations		
Description: In April 2020, PRMP implemented the Provider Enrollment Portal (PEP) to comply with the Affordable Care Act, which required State Medicaid Agencies to enroll and screen providers as a condition of participation in Medicaid. Once the system was implemented, PRMP was faced with the significant task of enrolling and maintaining the information for more than 21,000 providers. Since the PEP implementation in 2020, more than 28,000 applications have been submitted and processed through the system, equating to more than 30,000 provider records in the Medicaid Management Information System (MMIS). Intervoice has met all SLAs throughout the history of this contract.		

Vendor Information

Vendor's Involvement:
Intervoice provides the following services:

- Subject Matter Expertise
  - Provide more than 110 years of combined experience in MMIS and Medicaid best practices to ensure that PRMP adheres to federal and state guidelines and regulations
  - Support PRMP's decision making by providing issue briefs that outlined issues, regulations, and recommendations to ensure federal requirements are met
  - Research local regulations and licensing requirements and make recommendations to ensure system configuration supports local requirements
  - Develop and maintain PRMP policies and implement them into the procedures and system as appropriate
  - Draft and update standard operating procedures to ensure consistency in application and maintenance processing
- Process Provider Enrollment Applications
  - Review and process provider enrollment application information and related documentation to ensure providers meet PRMP and CMS enrollment requirements
  - Review provider screening results to ensure federal regulations are adhered to
  - Research provider screening status in Medicare Provider Enrollment Chain and Ownership System (PECOS) to leverage site visits, background checks, and fee collection
- System Oversight
  - Document, monitor, and review findings that relate to provider enrollment, encounters, PEP, PRMMIS, etc., to ensure issues are addressed appropriately and downstream impacts are considered
  - Identify, monitor, and review system defects and fixes to ensure defects are fixed appropriately
  - Ensure that root causes of defects are identified and documented so that preventive measures are taken to prevent them in the future
  - Identify, write, monitor, and review change requests to ensure necessary system functionality is in place

Vendor Information

- Assist PRMP in prioritizing change requests to ensure that the most critical changes are addressed in a timely manner and that funding is used most efficiently
- Analyze and make recommendations to PRMP on findings, defects, and change requests
- Review change requests to evaluate the appropriateness of the request and determine whether they are included in the original requirements or should be billable
- Educate PRMP on findings, defects, and changes so that PRMP can make informed decisions
- Monitor regulatory changes for impact to procedures and system functionality to ensure PRMP continues to adhere to federal requirements
- Review test results for defect fixes and system changes to ensure quality of system changes
- Conduct production verification activities when new functionality or system defects are released into production
- Review upcoming releases of changes to PEP and provide recommendations to PRMP on optional enhancements to ensure PRMP is taking advantage of enhanced functionality

- Quality Assurance
  - Conduct quality reviews on provider application processing to ensure accuracy
  - Review provider data to ensure accuracy of provider enrollment records (e.g., providers who have unnecessary enrollment records)
  - Review encounter data to ensure that encounters are processed according to coding standards, Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, and CMS regulations and guidance
- Provider Maintenance
  - Process change requests from providers to update information such as contact information, taxonomy/specialty, group associations, etc.
  - Review and process provider terminations including voluntary, referred from Program Integrity Unit (PIU), service location changes, or backlogged site visit failures to ensure that providers who should no longer be enrolled are not able to bill

Vendor Information

- For provider terminations, review encounter submissions that need to be addressed and work with providers to void/resubmit
- For change requests that need to be clarified by the provider, field representatives reach out to obtain more information so the request can be correctly processed

- Training and Outreach
  - Conduct provider training on PEP, Learning Management System (LMS), and Provider Secure Communications (PSC) to ensure that providers are knowledgeable about the tools available to them
  - Conduct internal training for new PRMP, contact center, and Intervoice staff, including policies, procedures, PEP, MMIS, LMS, PSC, etc.
  - Conduct one-on-one provider outreach to address specific issues with enrollments, such as change of ownership or questions about enrollment
  - Collaborate with PRMP to draft provider communications to ensure providers are well informed
  - Create frequently asked questions and answers list to be posted to the Medicaid website to give providers access to information
  - Create and maintain provider enrollment checklists to enable providers to have all pertinent requirements to submit an application
  - Create revalidation training page on the PRMP Medicaid Website to include revalidation requirements, provider training schedules, and pre-recorded training sessions
  - Provide oversight and support, including monthly refresher training to contact center to ensure they have all necessary information
  - Audit contact center calls for quality and customer service etiquette to ensure accurate information is being provided
  - Answer provider inquiries referred by contact center and PRMP to help ensure that providers get accurate and timely information
  - Create and update provider enrollment support documents, such as the provider type to taxonomy crosswalk and the provider enrollment checklists to ensure that Managed Care Organizations (MCOs) and providers have the information they need

- MCO/MAO Communication

Vendor Information

- Coordinate research for MCO and Medicare Advantage Organization (MAO) inquiries to ensure that carriers get answers to their questions so they can take appropriate actions
- Inform MCO/MAOs about system changes and how they impact encounters and providers so the carriers can take appropriate actions
- Review and evaluate data from MCO/MAOs regarding enrollment status of contracted providers to ensure that remaining legacy providers who want to enroll are informed of the deadline
- Facilitate weekly meetings with all contracted carriers, including documenting minutes and action items

- Report Review and Processing
  - Review Death Master report and terminate deceased providers to ensure that they are no longer able to bill services inappropriately
  - Review List of Excluded Individuals / Entities (LEIE) / System for Award Management (SAM) reports to ensure that providers who are excluded from federal healthcare plans, sanctioned, debarred, or excluded from doing business under federal contracts are no longer able to bill
  - Review Medicaid and Children's Health Insurance Program State Information Sharing System (MCSIS) report to ensure that providers who are terminated for cause by Medicare and/or other state Medicaid programs are no longer able to bill
  - Review address inconsistency report and make providers file to ensure accurate address information is on file
  - Review other reports such as surety bond expiration, Drug Enforcement Agency (DEA) / Clinical Laboratory Improvements Act (CLIA) / license expiration, National Plan and Provider Enumeration System (NPPES) terminations and reactivations to ensure that providers continue to meet program requirements and are terminated if they fail to comply

- Encounters
  - Review data anomalies and make recommendations/referrals to PRMP/PIU to ensure that they are addressed
  - Provide clarifications and education on HIPAA transaction standards for encounter transactions to ensure appropriate usage and implementation

Vendor Information

- Site Visits
  - Conduct all site visits for newly enrolling and waived providers to ensure that moderate and high-risk providers meet the requirements for enrollment
  - Review site visit failures with PRMP to make recommendations for actions and receive PRMP approval
- Project Communications
  - Provide weekly statistics on activities related to provider enrollment to ensure all stakeholders are informed
  - Facilitate bi-weekly meetings to cover issues and action items related to provider enrollment and maintenance to ensure all stakeholders are informed and involved
- COVID Waivers
  - Maintain and track waived fee collection and background checks due to COVID-19 to ensure that these requirements are met by the federal deadline
  - Develop and distribute outreach materials to waived providers, notifying them of the waiver being lifted and the requirement to submit payment and/or complete background checks by deadline, including reminder notifications
  - Develop and distribute payment confirmation notifications
  - Validate application fee payment received and entered into the check log by PRMP
  - Verify Medicare enrollment information against PECOS, to determine if a payment or background check can be waived due to the provider's enrollment in Medicare

Key Staff

Name: Nicole Beck	**Role:** Provider Services Manager
Name: Veronica Escobar	**Role:** Provider Services QA Lead and MCO Liaison
Name: Cynthia Turner	**Role:** Provider Maintenance Lead
Name: Chelsea King	**Role:** Subject Matter Expert
Name: Aixa Lopez	**Role:** Provider Enrollment Lead
Name: Sonia Lopez	**Role:** Field Representative Lead
Name: Luis Cancel	**Role:** Training Lead

Measurements:

Vendor Information				
Estimated Costs: N/A	Actual Costs: N/A			
Reason(s) for change in cost: N/A				
Original Value of Vendor's Contract: $5,160,000	Actual Total Contract Value: $5,160,000			
Reason(s) for change in value: N/A				
Estimated Start and Completion Dates:	From:	10/01/2023	To:	09/30/2024
Actual Start and Completion Dates:	From:	10/01/2023	To:	09/30/2024
Reason(s) for the difference between estimated and actual dates: The dates above refer to our current contract with PRMP, but we have been working in Provider Enrollment Services since 2020.				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities: N/A				

Table 8: Intervoice Reference – PRITS NAP to SNAP Project

Vendor Information		
Vendor Name: Intervoice Communication of Puerto Rico, Inc	Contact Name:	Carlos Ortiz
	Contact Phone:	787-302-1030
Customer Information		
Customer Organization: Puerto Rico Innovation and Technology Service (PRITS)	Contact Name:	José Armando Ortiz
	Contact Title:	PRITS Program Manager
Customer Address: 360 Calle Ángel Buonomo San Juan, Puerto Rico 00918	Contact Phone:	787-225-0293
	Contact Email:	jarmando@prits.pr.gov
Total Vendor Staff:	12 (combination full time and part time resources)	
Objectives: NAP to SNAP Transition Planning		
Description: The purpose of the NAP to SNAP Project is to assist the Puerto Rico Information Technology Service (PRITS) and the Administration for the Socioeconomic Development of the Family (ADSEF) with		

Vendor Information
planning, advisory, project management, and oversight activities to expedite an eventual implementation of the Supplemental Nutrition Assistance Program (SNAP) technology solution as a replacement for the Nutrition Assistance Program (NAP). While the transition from NAP to SNAP requires Congressional action, the lead time to implement a SNAP technology solution is considerable, and initiating planning activities now will enable Puerto Rico to achieve the transition soon after Congress provides legal authority for FNS to implement SNAP in Puerto Rico.

Vendor's Involvement:

Through a competitive solicitation, Intervoice is contracted with PRITS to provide independent implementation oversight and SME advisory services in support of ADSEF's implementation of a transition from NAP to SNAP in Puerto Rico.

The NAP to SNAP Project is currently in the planning and assessment phase. As an extension of the PRITS Project Management Office, during this phase Intervoice is responsible to:

- Establish the NAP to SNAP Project standard operation procedures (SOP)
- Lead the technology transformation planning effort

NAP to SNAP SOP

Intervoice is responsible for developing a comprehensive Project Management Plan that describes and elaborates the approach used in the NAP to SNAP execution, and includes the following subplans:

- Change Management Plan
- Communication and Stakeholder Management Plan
- Documentation Management Plan
- Financial Management Plan
- Integration Management Plan
- Knowledge Management Plan
- Performance Management Plan
- Quality Management Plan
- Resource Management Plan
- Risk and Issue Management Plan
- Schedule Management Plan
- Scope Management Plan

Communications, stakeholder management, risk and issue management, and schedule management

Vendor Information

are integral to Intervoice's approach to daily interactions with PRITS, ADSEF and other NAP to SNAP stakeholders such as the Oficina de Gerencia y Presupuesto (OGP).

NAP to SNAP Technology Transformation – Planning

As part of planning for Puerto Rico's transition from NAP to SNAP, PRITS is tasked with leading the technology effort in support of ADSEF's policy, procedure, and operational transition to SNAP. Under the direction of PRITS's Program Manager, Intervoice leads the technology transition planning effort. Utilizing the Intervoice team's expertise in SNAP technology transformation projects, federal funding opportunities for large scale technology efforts, Puerto Rico government operations, and NAP operations, the team engaged stakeholders to:

- Prepare and conduct Design Thinking workshop sessions with ADSEF NAP leadership, policy, and operational staff
- Prepare and conduct SNAP technical readiness sessions with PRITS
- Develop a Project Governance structure approach and a Project Charter
- Develop Advanced Planning Documentation educational briefing material
- Develop NAP to SNAP technical transition roadmap
- Prepare content for a NAP to SNAP transition Planning Advanced Planning Document
- Conduct site visits to observe the technology currently in place supporting NAP application and interview process

Next steps in planning for the NAP to SNAP technology transition include Steering Committee meeting facilitation, supporting interactions with federal oversights, and supporting PRITS's technical standard development.

Key Staff	
Name: Ambrogina Canobbio	**Role:** Lead Project Manager
Name: Edber Padilla	**Role:** Deputy Project Manager
Name: William Larkin	**Role:** Social Service and Governance SME
Name: Steve Clarke	**Role:** Technical SME
Measurements:	
Estimated Costs: TBD	Actual Costs: TBD
Reason(s) for change in cost: The projected cost of NAP to SNAP is to be determined.	

Vendor Information				
Original Value of Vendor's Contract: $1,302,834.76	Actual Total Contract Value: $1,302,834.76			
Reason(s) for change in value: N/A				
Estimated Start and Completion Dates:	From:	08/01/2023	To:	06/31/2024
Actual Start and Completion Dates:	From:	08/01/2023	To:	06/31/2024
Reason(s) for the difference between estimated and actual dates: N/A				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities: N/A				

Table 9: Intervoice Reference – PRMMIS Phase III Project

Vendor Information		
Vendor Name: Intervoice Communication of Puerto Rico, Inc	Contact Name:	Carlos Ortiz
	Contact Phone:	787-302-1030
Customer Information		
Customer Organization: Puerto Rico Department of Health, Puerto Rico Medicaid Program	Contact Name:	Carlos Carrasquillo
	Contact Title:	PRMP Program Director
Customer Address: PO Box 70184 San Juan, PR 00936-8184	Contact Phone:	787-528-1573
	Contact Email:	Carlos.Carrasquillo@salud.pr.gov
Total Vendor Staff:	10.5	

Objectives:

- Establish a financial management solution within the PRMMIS
- Create and enhance PRMMIS processes to support the calculation, production, and distribution of capitation payments to carriers
- Improve core PRMMIS operational financial management functions

Vendor Information
▪ Improve the processing time and integration of financial data into a centralized location within the Medicaid Enterprise System
Description: The PRMMIS Phase III Project was established, primarily, to transfer key financial functions from the present vendor (outside of the PRMMIS) into the PRMMIS. This change was designed to improve data accuracy, improve process transparency, and to consolidate all financial data within the PRMMIS as the primary reporting tool for CMS and other government agencies that require insight into the agency's management of the Puerto Rico Medicaid Program
Vendor's Involvement: The PRMMIS Phase III Project is managed within PRMP's enterprise Project Management Office (ePMO), which provides a collaborative and foundational project management approach with plans, processes, tools, and procedures for monitoring, and controlling PRMP projects. The ePMO incorporates project management best practices based on the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK), as well as the Institute of Electrical and Electronics Engineers (IEEE) standards to have a continuous improving standardized project management methodology. We also provide a Medicaid Enterprise System expertise in Medicaid Functional, Technical, and Security areas. As the ePMO to the PRMP, Intervoice provides expert resources for each major project within the agency, with experience and background in the following contractual focus areas: ▪ Scope and Requirements Management and Expertise ♦ Manage project scope and control what is included in the project ♦ Manage project changes that might impact scope ♦ Ensure Implementation vendor solution is aligned with project requirements ▪ Deliverables Management and Expertise ♦ Monitor deliverable quality and accuracy ♦ Enforce deliverable timeframes ♦ Monitor and manage all changes to approved deliverables ▪ Time and Schedule Management and Expertise ♦ Review and approve project vendor subplans and combine them into an integrated master schedule (IMS) ♦ Ensure all of the activities required to complete the project are accounted for in the IMS

Vendor Information

- Ensure processes used for developing and managing the project schedule are adequate for the project to satisfy program objectives
- Monitor the project team's ability to execute and follow the prescribed time management procedures

- Human Resources Management and Expertise
  - Monitor project staffing for adequacy and competency
  - Ensure project staffing aligns with approved staffing plans
  - Ensure project training needs are defined and satisfied
- Risk and Issues Management and Expertise
  - Manage and monitor risks, action items, issues, and decisions (RAID) for the full project lifecycle
  - Develop or help develop mitigation and resolution strategies
  - Report on risks and issues throughout the project lifecycle escalating items as needed
- Budget and Cost Management and Expertise
  - Monitor planned versus actual project costs
- Integration Management and Expertise
  - Work with PRMP to ensure the Phase III Project integrates with other PRMP projects within the MES
  - Facilitate the management of external stakeholders to ensure a positive impact on the project
- Testing Management and Expertise
  - Understand and report on the impact of testing issues or delays on the project schedule
  - Review test results for accuracy and completeness
  - Manage UAT logistics and oversee UAT testing by PRMP
- Quality Management and Expertise
  - Ensure project quality related to testing, project deliverables, project schedule, and project implementation
  - Perform continuous process improvement where quality can be improved

Vendor Information

- Communications Management and Expertise
  - Create and deliver formal status reports
  - Manage informal project communications
  - Facilitate key Project Meetings
  - Create meeting agendas and minutes
  - Ensure stakeholder participation in key project communications
- Change Management and Expertise
  - Identify and manage changes in-scope, resources, schedule, and budget
  - Ensure change estimates are in line with industry standards
  - Ensure only new scope related changes are billable to PRMP
  - Ensure the Change Management Plan is followed by all project stakeholders
- Certification Management and Expertise
  - Provide Project Management as required to help achieve CMS Certification
  - Support PRMP and other project stakeholders in the execution of certification activities
  - Provide subject matter expertise as needed to support PRMP in achieving CMS Certification
- Transition to Maintenance and Operations Management
  - Monitor and support planning and transition of the new solution to operations and maintenance
  - Support efforts required to enable sufficient knowledge transfer of the new solution to existing operations staff

Some of the common Phase III work products include:

- Weekly Project Status Reports
- Project Management Meetings
- Meeting agendas and minutes
- Self-Service Project Dashboard
- Integrated Master Schedule
- Project Management Plans

Vendor Information				
▪ Defect Tracking and Test Progress Reports				
Key Staff				
Name: David Meadows	**Role:** Project Manager			
Name: Kristine Weinberger	**Role:** Deputy Project Manager / SME Lead			
Name: Ed Barnett	**Role:** Master Scheduler			
Name: Heidi Latour-Owen	**Role:** Medicaid Subject Matter Expert			
Name: Cheryl Gentsch	**Role:** ePMO Manager			
Name: Nelson Ortiz	**Role:** ePMO Project Manager			
Measurements:				
Estimated Costs: $40,817,355.00	Actual Costs: N/A			
Reason(s) for change in cost: The project is in process, so actual cost is unknown.				
Original Value of Vendor's Contract: $11,703,628.22	Actual Total Contract Value: $11,703,628.22			
Reason(s) for change in value: N/A				
Estimated Start and Completion Dates:	From:	07/01/2022	To:	09/30/2024
Actual Start and Completion Dates:	From:	08/01/2022	To:	09/30/2024
Reason(s) for the difference between estimated and actual dates: The actual start date was delayed by contract-related issues.				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities: N/A				

C.4.2 Subcontractor References

The first three tables below offer references for CSS, Team Intervoice's Technical Subcontractor, and the following three offer references for MDFlow, Team Intervoice's Operations Subcontractor.

Table 10: CSS Reference – Connie

Subcontractor Information		
Vendor Name: CRISP Shared Services	Contact Name:	Brandon Neiswender
	Contact Phone:	443-285-0162
Customer Information		
Customer Organization: Connie	Contact Name:	Jenn Searls
	Contact Title:	Executive Director
Customer Address: 10 North Main Street, Suite 6 West Hartford, CT 06107	Contact Phone:	860-839-0836
	Contact Email:	jenn.searls@conniect.org
Project Information		
Total Vendor Staff:	13	
Objectives: Connie is Connecticut's official HIE, providing a safe, confidential way of sharing health information electronically among doctors' offices, hospitals, labs, radiology centers, and other healthcare organizations. Overseen by an appointed Board of Directors, Connie was established in 2019 to oversee and drive services to support the exchange of health data in the state of Connecticut. Connie is an independent, not-for-profit, neutral, and trusted organization authorized by state statute to create a platform to support healthcare delivery, quality, safety, and value for Connecticut healthcare organizations, providers, and residents.		
Description: Connie leverages the full CSS HIE infrastructure, including encounter notification delivery service, HIE portals, reporting & analytics, social needs tools, HIE systems implementation and operation, image exchange, data quality services, cleaning, and normalization, identity management services, consent model management, end user training and support, behavioral healthcare clinical data ingestion and filtering, public health data exchange, and data exchange with EHRs.		

Subcontractor Information

Vendor's Involvement:

Our engagement with Connie involved the provision of a robust HIE infrastructure with tailored configurations to meet specific requirements. The support extended to Connie encompassed comprehensive HIE onboarding materials, including CSS's methodologies for development and implementation of technical solutions. These materials comprised master schedules, project plans, communication strategies, risk management protocols, testing procedures, operational frameworks, incident management protocols, and privacy/security frameworks. Furthermore, CSS introduced standardized procedures for patient data capture, thereby streamlining administrative workflows related to grant management and financial operations. Collaborating closely with the Connie team, we established a robust governance framework, fostered HIE adoption among key stakeholders, and ensured compliance with government and state regulations. The technical solutions delivered to Connie through CSS infrastructure encompassed various services, including:

- CSS' Encounter Notification Delivery
- HL7 data connectivity (ADTs, ORUs, CCDAs, labs)
- branded participant provider portals
- FHIR InContext applications
- User access management
- Customized public health reporting and analytic services
- PDMP connectivity
- Social Determinants of Health (SDoH) tools (Conditions, Screenings, eReferral)
- Image Exchange
- Medication Reconciliation
- Provider Directories and Patient Access APIs CCD parsing
- Advanced Directives integration

We also provided the CMS Outcomes Based Certification (OBC) framework to complete the certification of the tools housed within the HIE infrastructure.

Key Staff	
Name: Brandon Neiswender	**Role:** Chief Strategy Officer
Name: Mike Banfield	**Role:** Chief Information Officer
Name: Rhonda Moody	**Role:** Senior Director of Data Insights

Subcontractor Information	
Name: Dan Munster	**Role:** Implementation Manager
Name: Candice Titus	**Role:** Director of Interoperability
Name: Emily Ogunbo	**Role:** Project Manager
Name: Andy Hanks	**Role:** Senior Data Architect
Name: Kate Talbert	**Role:** Director of Reporting and Analytics
Name: Laura Mandel	**Role:** Public Health Lead
Name: Jennifer Jones	**Role:** Team Lead – Business Analyst
Project Measurements:	
Estimated one-time costs: $705,900	Actual one-time costs: $705,900
Reason(s) for change in one-time cost: N/A	
Original Value of Vendor's Contract: $2,007,880	Actual Total Contract Value: $2,007,880
Reason(s) for change in value: N/A	

Estimated Start and Completion Dates:	From:	2021	To:	Present
Actual Start and Completion Dates:	From:	2021	To:	Present
Reason(s) for the difference between estimated and actual dates: N/A				

Table 11: CSS Reference – WVHIN

Subcontractor Information		
Vendor Name: CRISP Shared Services	Contact Name:	Brandon Neiswender
	Contact Phone:	443-285-0162
Customer Information		
Customer Organization: West Virginia Health Information Network (WVHIN)	Contact Name:	Sonia Chambers
	Contact Title:	Executive Director

Subcontractor Information		
Customer Address: 320 9th Street, Suite C, Huntington, WV, 25701	Contact Phone:	304-690-0722
	Contact Email:	schambers@wvhin.org

Project Information	
Total Vendor Staff:	10

Objectives:
The WVHIN is an independent, non-profit organization that fosters high quality, patient-centered care facilitated by health information technology. The WVHIN's mission is to provide the healthcare community with a trusted, integrated, and seamless electronic infrastructure enabling medical data exchange necessary for high-quality, patient-centered care.

Description:
The WVHIN leverages the full CSS HIE infrastructure, including event notifications, HIE portals, reporting & analytics, social needs tools, HIE systems implementation and operation, data quality services, cleaning and normalization, identity management services, consent model management, end user training and support, behavioral healthcare clinical data ingestion and filtering, public health data exchange, and data exchange with EHRs.

Vendor's Involvement:
Provide HIE infrastructure to the WVHIN with customized build outs, as requested. Scope includes:

- Supporting event notifications to healthcare providers to receive real-time alerts when that provider's active patient has an encounter with one of the organizations sharing encounter information to WVHIN
- Providing users secure access to healthcare data and related analytics tools to assist stakeholders and state agencies in improving patient care throughout the state
- Operating and maintaining critical supportive infrastructure, including a master patient index, a master provider registry, a Data Lake infrastructure, web-based portals, SMART-on-FHIR applications, underlying databases, interface engines, and APIs
- Maintaining technical support staff to serve as the front line for operational inquiries, first-tier support, and configuration changes
- Producing internal reports to provide insight into the system's performance, data quality, growth in utilization, and general health. Also creating, updating, and maintaining reports, dashboards, and analytic datasets as requested
- Assisting users, and performing system change management

Subcontractor Information
▪ Supporting public health registry related work, managing public health use cases across various state agencies, and participating in stakeholder conversations ▪ Providing overall maintenance and support, system fixes and upgrades, and change management oversight throughout the initiative ▪ Performing operational improvements and usability enhancements based on feedback from stakeholders and optimizations of the services to keep with industry standards ▪ Completing consent-specific updates to enable data exchange for Medicaid beneficiaries under specific circumstances, such as 42 CFR Part 2 data ▪ Securely establishing and configuring data connections with WVHIN participants ▪ Supporting social determinants of health (SDOH) use cases

Key Staff	
Name: Brandon Neiswender	**Role:** Chief Strategy Officer
Name: Mike Banfield	**Role:** Chief Information Officer
Name: Rhonda Moody	**Role:** Senior Director of Data Insights
Name: Leslie Ikpeze	**Role:** Implementation Manager
Name: Candice Titus	**Role:** Director of Interoperability
Name: Maggie Beauchamp	**Role:** Director of Engineering
Name: Anitra Shird	**Role:** Associate Director of HIE Support Services

Project Measurements:				
Estimated one-time costs: $260,000	Actual one-time costs: $260,000			
Reason(s) for change in one-time cost: N/A				
Original Value of Vendor's Contract: $1,407,900	Actual Total Contract Value: $1,407,900			
Reason(s) for change in value: N/A				
Estimated Start and Completion Dates:	From:	2018	To:	Present
Actual Start and Completion Dates:	From:	2018	To:	Present
Reason(s) for the difference between estimated and actual dates: N/A				

Subcontractor Information

Table 12: CSS Reference – CRISP DC

Subcontractor Information		
Vendor Name: CRISP Shared Services	Contact Name:	Brandon Neiswender
	Contact Phone:	443-285-0162
Customer Information		
Customer Organization: CRISP DC	Contact Name:	Stephanie Brown
	Contact Title:	Executive Director
Customer Address: 1200 G Street, NW, 8th Floor Washington, DC 20005	Contact Phone:	202-445-6423
	Contact Email:	stephanie.brown@crisphealth.org
Project Information		
Total Vendor Staff:	10	
Objectives: CRISP DC leverages the full CSS HIE infrastructure, including event notifications, HIE portals, reporting & analytics, social needs tools, HIE systems implementation and operation, data quality services, cleaning, and normalization, identity management services, consent model management, end user training and support, behavioral healthcare clinical data ingestion and filtering, public health data exchange, and data exchange with EHRs.		
Description: CRISP DC is an independent, non-profit organization serving as the designated HIE in the District of Columbia. The CRISP DC HIE is a way of instantly sharing health and social determinants information among doctors' offices, hospitals, labs, radiology centers, community-based organizations, and other healthcare entities.		

Subcontractor Information

Vendor's Involvement:
Provide HIE infrastructure to the CRISP DC with customized build outs, as requested. Scope includes:

- Providing critical supportive infrastructure technology that enables the care coordination and population health services to function, including:
  - Master patient index (MPI) technology that allows patient data from different sources to be linked together such that when a user makes a data request, clinical content from across the state can be presented in a single view for a particular patient
  - Provider portals including a web-based portal and the CRISP HIE InContext SMART on FHIR app for EHR-based access, allowing users to view longitudinal data contributed to the HIE
  - Master Provider Registry (MPR) that processes and matches data on providers from multiple sources to be linked together so the provider information accessed, viewed, and referenced by systems contains the most complete and accurate information
  - Data Lake infrastructure that creates curated datasets for direct use by participants and for producing metrics
- Providing event notifications to providers in near real time to support care coordination between providers and to prevent unnecessary healthcare utilization
- Supplying an image exchange, which facilitates the exchange of emergent and core images from hospitals and radiology centers with users statewide
- Provide technical support for operational applications through the system lifecycle
- Completing enhancements based on CRISP DC stakeholder input and prioritization

Key Staff	
Name: Brandon Neiswender	**Role:** Chief Strategy Officer
Name: Ryan Bramble	**Role:** Chief Operating Officer
Name: Rhonda Moody	**Role:** Senior Director of Data Insights
Name: Bezawit Sumner	**Role:** Senior Director and Chief Medical Officer
Name: Dan Munster	**Role:** Implementation Manager
Name: Candice Titus	**Role:** Director of Interoperability
Name: Maggie Beauchamp	**Role:** Director of Engineering
Name: Anitra Shird	**Role:** Associate Director of HIE Support Services

Subcontractor Information				
Project Measurements:				
Estimated one-time costs: $540,000	Actual one-time costs: $540,000			
Reason(s) for change in one-time cost: N/A				
Original Value of Vendor's Contract: $1,822,000	Actual Total Contract Value: $1,822,000			
Reason(s) for change in value: N/A				
Estimated Start and Completion Dates:	From:	2013	To:	Present
Actual Start and Completion Dates:	From:	2013	To:	Present
Reason(s) for the difference between estimated and actual dates: N/A				

Table 13: MDFlow Reference – Centrum Health

Subcontractor Information		
Vendor Name: MDFlow	Contact Name:	Sheryl Liang
	Contact Phone:	305-648-0028
Customer Information		
Customer Organization: Centrum Health (previously Medplan/Care)	Contact Name:	Yami Agreda
	Contact Title:	VP National Operations
Customer Address: Centrum Health 9250 Doral Boulevard Suite 420 Doral, Florida 33178	Contact Phone:	786.213.1040
	Contact Email:	yami.agreda@centrum.health.com
Project Information		
Total Vendor Staff:	13	
Objectives: Foster HIT Provider engagement, practice outcomes, and improvement.		
Description: Multi-year contractual relationship for more than a decade as HIT Solutions vendor with growing multi-center network to support provider engagement throughout the state of Florida.		

Subcontractor Information				
Vendor's Involvement: ▪ Onboarding, training, education, and support to contracted providers and medical centers within Centrum Health's Florida network ▪ Real-time ENS Direct Interface with Florida HIE for ADT notifications for Care Transition Coordination to providers within Centrum Medical Center's Network ▪ HIE DIRECT Interface with PBMs and DR. FIRST for e-prescription and pharmacy information exchange ▪ HIE Interface for laboratory results ▪ Support for Case and Disease Management Programs ▪ Call Center and Technical Assistance Support				
Key Staff				
Name: Harold Tong		**Role:** CEO		
Name: Sabino Ruiz		**Role:** Director		
Name: Sherry Liang		**Role:** Chief Products Architect		
Project Measurements:				
Estimated one-time costs: $450,000		Actual one-time costs: $450,000		
Reason(s) for change in one-time cost: N/A				
Original Value of Vendor's Contract: $900,000		Actual Total Contract Value: $900,000		
Reason(s) for change in value: N/A				
Estimated Start and Completion Dates:	From:	2014	To:	Present
Actual Start and Completion Dates:	From:	2014	To:	Present
Reason(s) for the difference between estimated and actual dates: N/A				

Table 14: MDFlow Reference – Elevance Health

Subcontractor Information		
Vendor Name: MDFlow	Contact Name:	Harold Tong
	Contact Phone:	305-648-0028
Customer Information		
Customer Organization: Elevance Health	Contact Name:	Sara Szabla
	Contact Title:	Staff VP Medicare
Customer Address: 925- W Flagler Street Suite 600 Miami, Florida 33174	Contact Phone:	305.448.8100
	Contact Email:	shszabla@freedomh.com
Project Information		
Total Vendor Staff:	13	
Objectives: Provide comprehensive Health IT solutions, training, technical assistance, and support for the engagement for health plans within Elevance Health, and their major provider groups.		
Description: MDFlow's services have extended to a period of over ten years to provide actionable HIT solutions to health plans within the growing Elevance Health presence in the state of Florida.		
Vendor's Involvement: ▪ Onboarding, training, education, and support to health plans and staff ▪ Real-time ENS Direct Interface with Florida HIE for ADT notifications for Care Transition Coordination to staff and care managers within Elevance Health's plans in the state of Florida: Simply, HealthSun, Freedom, and Optimum ▪ HIE DIRECT Interface with PBMs and DR. FIRST for e-prescription and pharmacy information exchange ▪ HIE Interface for laboratory results ▪ Support for Case and Disease Management for Health Plans, including Provider Portal for Health Sun		
Key Staff		
Name: Harold Tong	**Role:** CEO	
Name: Sabino Ruiz	**Role:** Director of Business Improvement	
Name: Sherry Liang	**Role:** Chief Products Architect	
Project Measurements:		

Subcontractor Information				
Estimated one-time costs: $500,000		Actual one-time costs: $500,000		
Reason(s) for change in one-time cost: N/A				
Original Value of Vendor's Contract: $1,200,000		Actual Total Contract Value: $1,200,000		
Reason(s) for change in value: N/A				
Estimated Start and Completion Dates:	From:	2014	To:	Present
Actual Start and Completion Dates:	From:	2014	To:	Present
Reason(s) for the difference between estimated and actual dates: N/A				

Table 15: MDFlow Reference – Hospitalists System

Subcontractor Information		
Vendor Name: MDFlow	Contact Name:	Harold Tong
	Contact Phone:	305-648-0028
Customer Information		
Customer Organization: QMC CARE/Medrina Health	Contact Name:	Tania M Barriere-Perez
	Contact Title:	VP of Operations
Customer Address: 4960 SW 72nd Avenue Suite 303, Miami, Florida 33155	Contact Phone:	787-682-5093
	Contact Email:	tbarriere@qmccares.com
Project Information		
Total Vendor Staff:	13	

Subcontractor Information	
Objectives: Provide single platform for hospitalist-centric cloud-based hospitalist management system.	
Description: QMC CARE/Medrina Health combines several hospitalist groups including QMC/H1/H2 TO become the largest hospitalist group in South Florida.	
Vendor's Involvement: MDFlow has developed and manages the implementation of a software tool and application which is fully integrated with the Florida HIE ENS and hospital feeds. The MDFlow solution has been designed to help hospitalist groups to meet their daily operation needs, streamline the flow of information throughout the impatient care, and connect all parties involved in the patient's care in one platform. MDFlow's system provides real-time patient eligibility verifications with health plans, in addition to electronic data import from ADT's and ENS notifications, and allows for care coordination follow-up and reporting by participants in South Florida's largest Hospitalist group.	
Key Staff	
Name: Harold Tong	**Role:** Executive Leadership
Name: Sabino Ruiz	**Role:** Bilingual Provider Training and Service Level Support
Name: Sherry Liang	**Role:** Chief Architect
Project Measurements:	
Estimated one-time costs: $450,000	Actual one-time costs: $450,000
Reason(s) for change in one-time cost: N/A	
Original Value of Vendor's Contract: $450,000	Actual Total Contract Value: $450,000
Reason(s) for change in value: N/A	

Subcontractor Information				
Estimated Start and Completion Dates:	From:	2015	To:	Present
Actual Start and Completion Dates:	From:	2015	To:	Present
Reason(s) for the difference between estimated and actual dates: N/A				

Attachment D

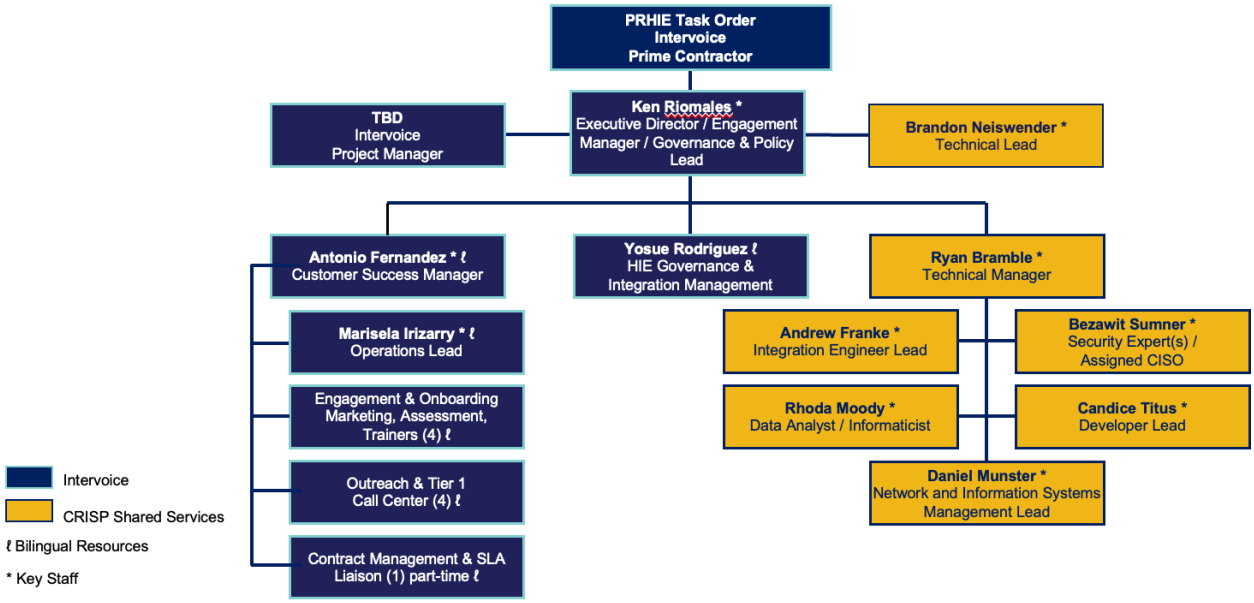
D.1 Initial Staffing Plan

The key staff that Team Intervoice is proposing for the PRHIE has worked in the development and implementation of HIEs in Maryland, West Virginia, the District of Columbia, Connecticut, Virginia, and Alaska, and our proposed Executive Director, headed Operations for OCPRHIO, Orange County, California's HIE, which has a patient population of 2.4 million. The resumes of our proposed key staff provide ample evidence of Team Intervoice's ability to provide knowledgeable, skilled, and experienced resources, who are ready, willing, and able to accomplish the scope of work set forth in this RFP.

Team Intervoice will staff the PRHIE team in phases. The Executive Director / Engagement Manager / Governance & Policy Lead and the technical implementation team will start on day one to support the HIE Advisory Council, policy development and alignment, and outreach activities. The Operations Manager, onboarding team, and call center team will ramp up prior to Go-Live according to the approved project schedule. Onboarding team members will be assigned first by region and second by volume. The staffing and technology infrastructure of Team Intervoice's technical subcontractor, CSS, will support the technical scope of work in this RFP. CSS's core technology components are managed by a Technical Lead and supported by a team of experts. Based upon its experience with prior project implementation, Team Intervoice has already secured a base of Puerto Rico-based experienced HIT staff members for the positions required to promptly and effectively support the operations and activities of this RFP.

Team Intervoice proposes the following organizational structure for the PRHIE. The roles and responsibilities, resumes, and references of the proposed key staff are provided below in Section D.3: Key Staff, Resumes, and References.

Figure 2: Proposed Organization



Team Intervoice believes that we cannot have a successful and thriving company without intelligent,

eager, and competent people. One of the primary techniques we use for staffing, recruitment, and retainment is to leverage relationships built in Puerto Rico to pursue individuals with deep experience in the industry. This helps us not only get some of the best technical minds, but also ensures that our organization retains a Puerto Rican knowledge base and core local staff, which is critical as life, travel, and healthcare in Puerto Rico is unique to the territory.

Team Intervoice seeks to attract talent through thoughtfully crafted job descriptions that provide a compelling picture of the mission of our organization and leveraging a wide range of recruitment strategies, such as employee referrals and creative job posting strategies, such as industry-related events or networking. The goal of the recruitment is to hire individuals not only with the right background for the role, but that will support our organizational mission to improve the care of every Puerto Rican.

In support of our organizational goal to adopt equity, diversity, and inclusion practices during the hiring process, we are actively modifying policies that will increase contracting or procurement opportunities for Minority, Women, and Emerging Small Businesses and require efforts to increase workforce diversity.

We provide training and support to managers on how to best engage and communicate with team members to ensure high functioning relationships and satisfaction. An example of one of the retention strategies employed at our organization includes encouraging frequent light touchpoints that involve positive communication in support of something the employee is doing in order to encourage a deeper connection to the team and sense of belonging. Enabling social encounters at work can also improve connections, communication, and collaboration. Encouraging fun helps to infuse energy, teamwork, and trust into teams, and the company as a whole, which can translate into increased productivity. Employee recognition, which is typically most effective coming from a direct manager, is also an invaluable tool to inspire team members to enjoy the work they do and encourage full effort. Organizationally, managers practice situational leadership, which provides a model for knowing when to direct, coach, support, and delegate to team members for best results.

D.1.1 Staff Management Approach

The staff management process for the PRHIE consists of the following five elements: Staff Planning, Staff Acquisition, Staff Training, Staff Tracking, and Staff Transition.

Figure 3: Staff Management Process

D.1.2 Staff Planning

Staff planning is the foundation of a strong staff management process. Team Intervoice's understanding of what it takes to implement a successful HIE from a technical standpoint, along with our experience with PRMP's culture, allows you to build an effective approach to staffing the PRHIE. The plan should match both the individual resource to the need and the size of the team to the project so that a balance is maintained between the efficient use of resources while ensuring we're not asking too much of individual resources, leading to burnout.

A key step in developing a meaningful staffing plan includes developing a Responsibility Assignment Matrix (RAM). A meaningful RAM enables key leadership to understand who is responsible for what, across the enterprise portfolio. It also creates a "big picture" view and provides confidence among project sponsors and key stakeholders that all aspects of the project have been considered and are a staff member's responsibility.

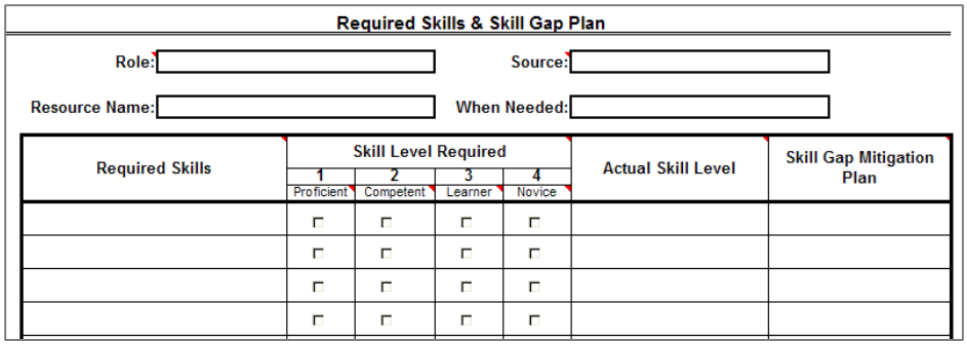
D.1.2.1 Required Skills and Skill Gap Plan

Any successful endeavor must have the right people with the right skill sets in the right roles. In some cases, with proper planning, there may be enough time to get people the training or support they need in order to succeed but most of the time, resources need to join the project already having the required experience and skillset. Every skill critical to the completion of assigned project deliverables needs to be identified and assessed in terms of the level of skill required (a scale of 1 to 4 is used where 1=Proficient and 4=Novice). A project without enough of the requisite skills or experience, or one which relies heavily on many new outside resources, introduces higher levels of risk. This risk needs to be evaluated and may potentially cause enough problems to delay or cancel a project until skill gaps have been sufficiently addressed.

Given Team Intervoice's experience in implementing HIE in several states, we are confident in our ability

to maintain the high standards that have defined our work in these previous projects.

Figure 4: Required Skills and Gap Plan



Required Skills & Skill Gap Plan

Role: Source:

Resource Name: When Needed:

Required Skills	Skill Level Required				Actual Skill Level	Skill Gap Mitigation Plan
	1 Proficient	2 Competent	3 Learner	4 Novice		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		

D.1.3 Staffing Acquisition

Intervoice has a dedicated and experienced workforce with some of the most knowledgeable experts in the HIE and Operations fields. We also work with staff augmentation vendors, with whom we have long-standing relationships, who provide specialty skills and a nationwide network to assist in finding excellent team members.

The process of onboarding a new resource involves the integration of new personnel into an ongoing work effort. By nature, this requires the new resource to become familiar with the current status of the project, the position's specific roles and responsibilities, and the overall project governance and structure. All of this is considered in the staff acquisition process, as outlined below.

D.1.3.1 Identify Resource Needs and Outline Responsibilities

The Executive Director assigned to the PRHIE is the resource with primary responsibility for identifying the need for new or additional resources, defining the related roles and responsibilities, and documenting the type of access that is required for these resources. Initial staffing requirements are evaluated throughout the project by monitoring progress against the schedule, deliverable quality, review turnaround times, defect aging, and risk and issue aging.

In some instances, Team Intervoice may recognize potential gaps for work that has not yet commenced. This information will arise from our contingency strategy which leverages project management tools, including our own Project Dashboard, to quickly identify schedule issues that could be the result of inadequate staffing. We also leverage our estimating experience in similar projects to evaluate the scope and various change order requests to ensure proposed staffing is neither too high nor too low.

Intervoice has demonstrated its ability and flexibility to staff effectively, having supported PRMP's HIE, MEDITI3G, and PRMMIS programs concurrently. We have multilingual personnel on staff and our proposal meets the RFP's requirements by including fully bilingual key staff, along with several native Spanish-speaking resources, who are fluent in English.

D.1.3.2 Staff Onboarding

The Operations Lead is responsible for preparing onboarding information for all new resources, including,

but not limited to:

- Roles and responsibilities
- Current project status
- Relevant background information
- Required training(s)
- Required system access
- Scheduling logistics and expectations
- Building and security protocols
- Access to SharePoint

D.1.4 Staff Training

Intervoice follows a training approach that includes initial and ongoing training efforts for internal staff. Depending on the specific need, the initial training approach can include core training, tools training, or on-the-job training components.

D.1.5 Staff Tracking

Successful project teams are generally comprised of people who have worked together over a prolonged period of time and are experienced in working as a cohesive unit. Team stability is a key indicator of project success and managing project team stability requires proactive project leadership. Much like managing risks so that they don't become issues, resource management is best done throughout the project lifecycle, not after it happens. Staff transition can be a significant risk to any project, so we work hard to keep transition and turnover to a minimum. We accomplish this by closely tracking project resources in relation to their workload or lack thereof, and level of satisfaction with their role, along with obtaining regular feedback from the customer, peers, and other vendors on a regular basis. The goal of staff tracking is to, whenever possible, head off a potential turnover situation before it happens. There are times when staff transition has nothing to do with the project or a resource's role on the project, and there is nothing to be done to prevent this. However, when staff turnover or transition is preventable, Team Intervoice will do everything in their power to ensure team stability.

D.1.6 Staff Transition

Team Intervoice builds experienced teams familiar with the demands and expectations of the project and we mitigate staff transition whenever possible, but we realize staff transition will inevitably occur during a typical project lifecycle. One of our mitigation strategies is to build project teams that remain consistent across all phases of the project. This ensures continuity, adequate staffing levels, minimizes ramp-up/ramp-down time, and provides the project with needed resources across the project lifecycle.

Team Intervoice understands the staffing requirements of this contract and commits to supporting them.

In the event that an unforeseen issue surfaces that causes an employee to leave the project, Intervoice will work quickly to find a qualified replacement. We will replace key staff within 30 calendar days of departure unless a longer period is approved by PRMP. Additionally, PRMP will have the opportunity to review, interview, and approve replacement key staff, if desired. Should PRMP feel, at any point in the project, that a team member is not performing according to contractual requirements, Team Intervoice will work to find a more suitable candidate.

Team Intervoice has an extensive network of staffing agencies and other staffing relationships with access to a large number of qualified resources. We regularly work with these partners to locate and hire highly skilled resources both for existing contracts and potential contracts. Our ability to locate and hire qualified resources has been proven in our staffing of previous and existing Puerto Rico projects.

D.1.6.1 Transition Management

Effective and efficient transition of project resources is critical to the maintenance of project flow and to ensuring uninterrupted progress towards achieving overall project objectives. If an individual is exiting his or her role on the project and a replacement resource is onboarded or transitioned from another project position to fill that role, knowledge transfer from the outgoing individual to the incoming individual is critical. Therefore, Team Intervoice will establish a transition period any time there is a change in personnel. The goal of this time is to allow for knowledge transfer, but it also serves as a beneficial learning period for the incoming or transitioning individual while they acquire an understanding of the responsibilities and processes that should be leveraged when occupying their new position.

The manager of the offboarding resource will schedule dedicated time for the outgoing resource to share insight into the day-to-day activities required for their role. If a new resource will be hired to fill the open role, this session will most likely be between the manager or supervisor and the outgoing employee. In this case, the outgoing team member will also document their day-to-day activities, as a tool to be used in onboarding the new resource. If an existing project resource is being moved into the vacant role, the manager may include that resource in the transition session. More than one session may be required, but the session or sessions should be scheduled immediately upon learning of the employee's departure so that the opportunity is not lost.

Whenever possible, the onboarding resource will work alongside the person currently occupying the role. But when this is not possible, they will work under the guidance of a manager, supervisor or peer who is knowledgeable of the vacant position. The shadowing period should last at least two weeks, as this will give the incoming resource time to adjust to the new position and consult team members or leadership for guidance. During this time, we work to resolve any issues so that the incoming team member is fully integrated into their new process flow and so that the responsibilities and processes of the new position can be adopted by the onboarded resource.

D.1.7 Subcontractor Partnership

Paired with a local presence, our subcontract partnerships will ensure sufficient staffing and expertise are

in place to support all HIE services and responsibilities as outlined in the RFP. Intervoice will be entering a Subcontracting Agreement with CSS and MDFlow. In said agreements, Intervoice will be the primary vendor. As part of the agreement to be signed, CSS and MDFlow will work as independent contractors and not as employees of Intervoice. CSS and MDFlow will not be considered employees of Intervoice and will have no legal or other claims as such, including but not limited to claiming any rights corresponding to employees. As such, they will obtain any license, permit, registration, or authorization reasonably required to perform services and engage in business in the jurisdiction of Puerto Rico and/or any other jurisdiction where Intervoice requires their services.

CSS and MDFlow will render professional services for Intervoice as assigned in detailed Task Orders, which will be consecutively numbered with the year and sequence number (ex. 2024-01). All parties agree to comply with all federal, state, and local laws and regulations, applicable to performance of rights and obligations, including but not limited to, equal employment and affirmative action obligations; as well as with the work rules and safety practices required by Intervoice.

Intervoice understands that as the prime vendor it is responsible for managing and adhering to a Subcontractor Management Plan that defines the performance standards established by contract between Intervoice and its subcontractors, CSS and MDFlow. Intervoice will ensure that all specifications, requirements, performance criteria, and service levels are met to satisfaction.

D.2 Use of PRMP Staff

Intervoice has served the PRMP in many forms going as far back as 2011. Some of these roles have been support roles and others have been more directive. As a Puerto Rican corporation and through our experience serving PRMP through five different administrations, Intervoice fully understands the constraints under which Puerto Rico government agencies work on a day-to-day basis and the difficulty they can face in finding and retaining qualified resources. As such, Intervoice stands ready to deliver the services we propose with no requirement for business or technical resources from PRMP.

Team Intervoice will work hand-in-hand with PRMP stakeholders, support the HIE Advisory Council, and provide recommendations on strategy, issue management, and recommendations.

D.3 Key Staff, Resumes, and References

D.3.1 Key Staff Responsibilities

D.3.1.1 Executive Director / Engagement Manager / Governance & Policy Lead

Team Intervoice's Executive Director has been designated as the lead person of the project who is responsible for the delivery of all services to support the PRHIE, also serving as Engagement Manager and Governance & Policy Lead. The Executive Director is Team Intervoice's liaison to PRMP, the HIE Advisory Council, and representative in governance activities. He will have the full support of the PRHIE organization and is supported by Team Intervoice technical, operational, and financial sources. The Executive Director will direct resources to respond to events that arise as the PRHIE evolves and gains

greater participation.

D.3.1.2 Technical Manager

The Technical Manager will oversee the technical aspects of the exchange platform and related systems including systems development and maintenance, interoperability, data governance, security and compliance, integrations, performance monitoring and optimization, vendor management, and overall team management.

D.3.1.3 Operations Lead

The Operations Lead will manage the technical assistance center, monitoring the effectiveness of the training, as evidenced by call volumes and topic tree, and will make script and training adjustments as necessary.

D.3.1.4 Customer Success Lead

The Customer Success Lead will work hand-in-hand with the Executive Director and is directly responsible for stakeholder messaging, onboarding strategy, participant training, and follow-up activities supported by the technical assistance team.

D.3.1.5 Integration Engineer Lead

The Integration Engineer Lead will oversee integrations and interoperability work including systems integrations, infrastructure specific HL7 structures, specifications, and configurations, HL7 protocol management and implementation, data mapping and/or transformation, and interface development. The Integration Engineer Lead will also oversee quality assurance, documentation, and general collaboration between team members.

D.3.1.6 Developer Lead

The Developer Lead will provide support in areas of technical and project management, including software design and development, interface integration and interoperability design and integration between disparate systems through ensuring data mapping and translations are effective for current and future state. The Developer Lead is also tasked with performance monitoring and for both tools and personnel and to ensure the scalability of tools and systems is capable and efficient.

D.3.1.7 Network and Information Systems Management Lead

The Network and Information Systems Management Lead will oversee the technical infrastructure as it pertains to network and information operations including network infrastructure, system administration, data backup, and overall reliability of the technical infrastructure.

D.3.1.8 Data Analyst / Informaticist Lead

The Data Analyst / Informaticist will oversee all efforts related to the Data Lake, reporting, population health analytics, and utilization reporting, and clinical and operational analytics. As such, she is involved performance monitoring and reporting, stakeholder collaboration, and overall quality assurance efforts.

D.3.1.9 Security Expert(s)/Assigned Chief Information Security Officer (CISO)

The Security Expert / Assigned CISO is tasked with safeguarding the confidentiality, integrity, and

availability of all healthcare data exchange through our platform. She leads the Security team through policy development, oversees risk assessment activities, orchestrates security awareness and training. She is responsible for security compliance and auditing, incident response, and third-party risk management.

D.3.2 Resumes

Table 16: Proposed Key Staff and Roles

Name	Proposed Role	Experience in Proposed Role
Ken Riomales	**Executive Director / Engagement Manager / Governance & Policy Lead**	Ken served as VP in charge of HIE Operations for Orange County's HIE, OCPRHIO, where he successfully managed day to day activities of the HIE including administration, security, change management, client/vendor relations, and overall management of the PMO, as well as the overall uptime and operational status of interoperability platform with an average of over 250K transactions a day. He also implemented the first County Behavioral Health HIE to meeting California Data Exchange Framework and CMS Interoperability Requirements for the California Mental Health Services Authority.
Brandon Neiswender	**Technical Lead**	Brandon has been with CRISP Shared Services for 10 years and has served in a Technical Lead role 4 of the 10 years.
Ryan Bramble	**Technical Manager**	Ryan has been with CRISP Shared Services for 15 years and served at Technical Manager for 9 years.
Marisela Irizarry	**Operations Lead**	Marisela has been working for 3 years in projects with MDFlow in Puerto Rico. Data-driven operations leader with experience managing programs across the healthcare continuum. Experience managing provider outreach teams covering all regions of PR.
Antonio Fernandez	**Customer Success Lead (Technical Assistance and Support)**	Antonio led and supervised a team of 80+ outreach and field community HIT technical service specialists and contact center staff to provide customer services, support, and training to physicians, dentists, federally qualified health centers, medical groups, hospitals, and other healthcare provider groups. He developed and oversaw implementation of plan for customer service SLA

Name	Proposed Role	Experience in Proposed Role
		responses and fulfillment of service requests and reporting.
Andrew Franke	**Integration Engineer(s) Specialized in Health Level-7 (HL7) Data Platforms Lead**	Andrew has been with CRISP Shared Services for 7 years and has served as an Integration Engineer, specialized in HL& for 5 years
Candice Titus	**Developer Lead**	Candice Titus has been with CRISP Shared Services for 7 years and has served as Developer Lead for 4 years
Daniel Munster	**Network and Information Systems Management Lead**	Dan Munster has been with CRISP Shared Services 3 years and served at Network and Information System Management Lead for 1 year
Rhonda Moody	**Data Analyst / Informaticist**	Rhonda is our Director of Data Insights and has been with CRISP Shared Services for 6 years.
Bezawit Sumner	**Security Expert(s) / Assigned CISO**	Bezawit is our Chief Security Officer and she has been with CRISP Shared Services 7 years.

D.3.2.1 Ken Riomales: Executive Director / Engagement Manager / Governance & Policy Lead

Professional Summary

Results driven, highly motivated leader, with over 20 years Health IT and leadership experience. Extensive experience and knowledge with Health IT systems implementation/optimization, interoperability, vendor relationships, and regulatory initiatives. Respected leader who emphasizes quality outcomes and customer service, as well as the development and mentoring of high-performance teams.

- Extensive experience and success implementing enterprise wide, end-user, software from the "ground up"
- Successfully implemented first County Behavioral Health HIE in California
- Successfully implemented first Health Information Exchange in the Inland Empire
- Successfully implemented first, bi-directional, on-demand, HIE to EMS Integration. Project was profiled in national publication, Journal of Emergency Medical Services (JEMS)
- Successfully led and managed HIE merger between two of the largest HIE's in California
- Streamlined IT operations, increased functionality, capabilities and reduced overall budget by more than 20% through process improvement/innovation and vendor contract review and procurement while increasing employee morale and productivity.

Work Experience

Selected engagements, more information available upon request.

California Mental Health Services Authority
Senior Director of Interoperability
September 2022 to Present

- Develop, implement, and manage overall interoperability strategy for CalMHSA and partners
- Implemented CalMHSA's first middleware environment with active connections in under 30 days.
- Implemented and managed first county FHIR data exchange workflow with active transactions for the purposes of attesting to California state program deliverables. Connectivity was established for 23 counties in California. Implementation was completed in six weeks.
- Implemented first County Behavioral Health HIE to meet California Data Exchange Framework and CMS Interoperability Requirements. Managed all aspects of the project including, but not limited to, creating and overseeing the RFP process, vendor procurement, project management, policy creation, and operational standardization. HIE was set-up and operational in under 90 days.
- Facilitated organization membership to California Association of Health Information Exchanges and mapped out strategy to achieve enterprise-level interoperability

- Architect interoperability design inclusive of all standards such as, but not limited to: IHE, FHIR, HL7, etc. As well as ETL process for non-conforming data sets.
- Collaborate with internal team members to gain alignment on the integration strategy to meet business goals by supporting interoperability, usability, efficiency, security, and quality.
- Act as SME and liaison to state and federal organizations for the purposes of influencing the direction of interoperability nationwide. Successfully advocated for appropriate change surrounding data exchange for the CalAIM Behavioral Health Quality Improvement Program (BHQIP).
- Act as primary resource for organization's ability to offer state-sponsored technical assistance via DHCS PATH program.
- Execute and manage external interoperability consulting engagements with organizations to conduct assessments and provide guidance for developing an individualized enterprise interoperability strategy.
- Collaborate with functional leadership to architect and develop enterprise data warehouse/lake solution.
- Continually optimized solution in scope and ensure they meet user requirements.
- Build cross-team relationships to manage integrations and apply change management principles to the interoperability applications.
- Active member of California Healthcare Foundation Data Project Advisory Group.
- Active member of the California Health & Human Services Agency (CalHHS) and Center of data Insights and Innovation (CDII) Data Exchange Framework (DxF) Technical Advisory Subcommittee.

Tri-City Mental Health

Chief Information Officer

April 2021 to September 2022

- Responsible for the day-to-day IT Operations and related projects for the Agency including, but not limited to departmental oversight, IT security, project management, and ensuring high availability (HA) of critical systems.
- Streamlined operational process and eliminated unnecessary expenditures resulting in significant savings for the organization.
- Implemented process improvement for IT Help Desk and end-user support resulting in reduced ticket time to live and increased resolution rate.
- Implemented PMO standards to establish a formal IT process for managing and implementing formal projects.

- Led and implemented enterprise wide EHR system. Was responsible for overseeing all aspects of the project including, but not limited to vendor management, cost control, resource allocation, and future optimization planning.
- Developed multi-year proforma and technical strategy to standardize IT infrastructure to ensure a compliance with industry accepted security standards, as well as plan for future goals.
- Negotiated and implemented enterprise network service solution resulting in a 5x increase in bandwidth for all sites while reducing annual spend by approximately 40%
- Regarded as industry subject matter expert and consulted and advised multiple state agencies regarding interoperability strategies.

OCPRHIO, Inc.

Associate Vice President, HIE Operations

February 2014 to April 2021

- Successfully managed day to day activities of the HIE including administration, security, change management, client/vendor relations, and overall management of the PMO.
- Managed overall uptime and operational status of interoperability platform with an average of over 250K transactions a day.
- Responsible for developing long term vision for organizational HIE technologies and solutions. Engage with OCPRHIO leadership and Board to implement technology roadmaps and organizational optimization efforts.
- Conduct contract negotiations with external vendors. Led initiative to sunset previous technology vendor and transition to Microsoft Business Solutions for non-profits.
- Lead and manage training team and organize and facilitate training sessions and develop training material for current and future HIE end-users.
- Chair for national Mirth User Group. Purpose of workgroup was to engage best practices with other organizations and facilitate positive change in the HIE community across the country.
- Active member of the CTEN Technology Workgroup. Group is responsible for making the recommendations, policies, and procedures for state-led interoperability technologies.

Education & Certifications

- Keller Graduate School of Management, Master of Business Administration
- DeVry University, Bachelor of Science, Telecommunications Management
- LEAN HealthCare Certified

D.3.2.2 Brandon Neiswender: Technical Lead

Skills

- Strategy Development
- Product Management
- Executive Management
- Business Development
- Operational Management
- Healthcare Technology

Work Experience

CRISP Shared Services

Vice President and Chief Strategy Office, September 2022 to Present

Interim CEO, January 2022 to September 2022

Vice President and COO, June 2014 to January 2022

- Managed one of the largest Healthcare Information Exchange organizations focused on Patient Care, Care Coordination, Reporting and Analytics and Public Health. Achievements include:
  - Managed the development and growth of CRISP and CRISP Shared Services by pioneering the concept of a Health Data Utility (HDU).
  - Expanded innovative and cost-effective technology and advisory services to the following regions – Maryland, District of Columbia, West Virginia, Virginia, Connecticut, Alaska, Florida, US Virgin Islands.
  - Grew revenues from $8M to $53M + by working with federal, state, and private stakeholders and scaling the organization effectively.
  - Identified, developed, implemented new services that generated value for Payers, Acute, Ambulatory, Post Acute, Public Health departments, state Medicaid departments, and federal entities. Examples of innovation include: 1) Technology that identifies Healthcare relationships across the continuum, 2) Bidirectional Public health reporting mechanisms, 3) Care Coordination workflows that help reduce unnecessary utilization.
- Developed political and business relationships, enabling multi stakeholder HDU
- Implemented financial controls that align with state & federal spending regulations
- Negotiated and acquired financial tools that support cash flow requirements
- P&L oversight of $53M + in annual revenues from State, Federal, Local customers

- Created and managed a business development /sales capability that generated over 100 new participants each quarter
- Privacy and Security officer responsible for protecting PHI for over 30M patients
- Oversight of technology development and contracting
- Shaped regulatory requirements for HIE entities in the state of Maryland

St. Luke's University Health Network
Senior Director of HIE and Population Health
January 2011 to June 2014

Built and implemented a Community-Wide Health Information Exchange which included: Incorporation of eVantageHealth LLC, Development of eVantageHealth legal and governance structure, connecting 150 Owned Outpatient practices and 50+ community organizations, financial oversight of $3M in capital spend, Oversight of a EMR delivery program to enhance provider relationships through technology integration, implemented cloud based EHR at 20+ practices.

Beacon Partners
Senior Consultant
November 2010 to August 2011

- Provided thought leadership and business development strategy
- Lead EHR deployment activities for Physician acquisitions at Medstar Health

Erickson Retirement Communities
Senior Director of Healthcare Information Technology
January 2009 to November 2010

Provided vision, leadership, and operational management of a $15 million healthcare technology infrastructure, including EMR, Practice Management, and financial systems that ranked among the top 500 most innovative companies in InformationWeek magazine for 2008 and 2009.

Retirement Living Television
Vice President of Quality Assurance, 2008 to 2009
Director of Information Technology, 2007 to 2008

- Improved the short-term financial viability of a national senior housing developer by reducing the annual operating budget by $75 million (19%) without affecting the service and product offerings of the organization
- Authored and deployed a formal business process improvement program based on Lean Six Sigma methodology for a $50 million media organization resulting in $500,000 ROI in first 9 months of operation

Erickson Retirement Communities

Associate Director of Business Process Improvement, 2006 to 2007

Senior Systems Analyst – Healthcare Finance Division, 1997 to 2006

Senior technologist for all healthcare and financial applications. Responsible for software development, software configurations, documentation, project management, disaster recovery, and integrations for GE Centricity, Medical Manager, Caremedx, JD Edwards, KeaneCare, and Hyperion.

Education

- Loyola University, Sellinger School of Business Master of Business Administration
- University of Phoenix, Bachelor of Science in Information Technology

Affiliations and Certifications

- Former Board Member at The Coordinating Center
- Board Member at Ryan's Place
- Vice Chair for Civitas PCDH Governance Council
- Fast on FHIR Scaling-Tiger Team Member
- Certified Professional in Healthcare Information Management Systems (CPHIMS)
- Six Sigma Black Belt Certification

D.3.2.3 Ryan Bramble: Technical Manager

Results driven Product and IT Leader with proven experience managing operations for a 5-state, $50 million, non-profit Health information Exchange serving more than 18 million patients.

Work Experience

CRISP Shared Services

Chief Operating Officer

November 2021 to Present

- Manages all operations for CRISP Shared Services including HR, Security, IT, Software Development, Customer Support, and Data Insights (Data Warehouse team)
- Responsible for more than 50 FTEs and $50 million in annual revenue
- Leads use cases in all 5 CRISP affiliates driving HIE adoption higher in all states where we operate
- Develops strategy for population health programming with public and private sector partners utilizing clinical, claims, public health, and social needs data
- Collaborates with executives at health systems, government agencies, community organizations, and other leaders in the interoperability space
- Oversees HIE Technology Architecture ensuring compliance with healthcare data sharing standards and regulations
- Represents CRISP within nation-wide initiatives like CareEquality, Civitas Networks for Health, and ONC interoperability standards work that support clinical registries and social determinates of health

CRISP DC

Executive Director

December 2017 to November 2021

- Managed a $5M annual budget and a team of 10 FTEs
- Led the CRISP D.C. Board of Directors and CRISP D.C. Clinical Committee to ensure that D.C. use cases are implemented efficiently and effectively
- Increased the utilization of HIE services in the district by 33% in 10 months and expanded the use of Enhanced HIE tools funded by the District Department of HealthCare Finance to more than a thousand queries per month from zero in 10 months

CRISP

Senior Director of Technology

November 2013 to December 2017

- Quadrupled data ingestion and storage capability during period of accelerated HIE growth
- Increased utilization of event notification delivery to more than 10 million from zero
- Led large technology migration projects including migration of all HIE data from one vendor to another
- Served as primary technology liaison to all CRISP participant CIOs

CRISP

Project Manager

September 2009 to November 2013

- Led initial hospital implementations to CRISP for more than 30 Maryland hospitals
- Created project documentation and worked with implementation managers to stand up HIE services for the first time

Erickson Retirement Communities

Operations Associate

June 2006 to September 2009

- Served in an interim capacity as the associate director of the Skilled Nursing center with Charlestown Retirement Community – liaising with social workers to ensure compliance with company policies and state requirements
- In role as marketing analyst developed data marts that allowed business to understand sales and marketing progress to targets and identify areas for improvement

Education

- University of Maryland Baltimore County, Catonsville, MD, Master of Science in Information Systems, 2009
- Loyola University, Baltimore, MD, Bachelor of Arts in History, 2005

Notable Speaking Engagements

- Utilizing HIE and Event Notifications in support of Chronic Absenteeism Reduction Efforts
- 2021 Civitas Networks for Health Conference – Scottsdale, Arizona
- Tripling Down on the Provider App Revolution: HIE InContext, Using SMART on FHIR® to Bring Critical Clinical and Public Health Information into the EHR Workflow
- 2020 Accelerating APIs in Healthcare hosted by HHS/ONC - Virtual

- Medicaid Data and its value at the Point of Care
- 2019 SHIEC Conference – Washington, DC
- Utilizing Health Information Exchange tools in support of Care Coordination
- 2019 DC Hospital Patient Safety and Quality Summit – Washington, DC
- A Perfect Match – A Framework for Cross-Organizational Patient Identity Management
- 2017 Sequoia Project Annual Meeting – Washington, DC

D.3.2.4 Marisela Irizarry: Operations Lead

Skills

- Leadership
- Decision-making
- Teamwork
- Data-driven
- Strategic and analytical
- Microsoft Office 365 (Outlook, Excel, Power Point, SharePoint, Visio, Power Automate)
- Structured Query language (SQL)
- Power BI
- Power Query
- Native Spanish speaker and fluent in English

Professional Experience

Selected engagements, more information available upon request.

MDFlow Systems
Consultant
2024 to Present

Provide data analytics, business strategy, and operational counseling for projects based in Puerto Rico.

VarMed Management Group LLC
Vice President of Operations
2024 to Present

- Lead VarMed's Health Delivery Systems and Utilization Management Units
- Develop and direct performance metrics to ensure adequate and timely information is available to senior management and board members.
- Identify opportunities to add value to current operations while at the same time supporting anticipated growth.

VarMed Management Group LLC
Vice President of Data Analytics and Business Intelligence
2023

- Lead the Data Architecture and Data Analytics and BI Departments
- Provide oversight over the IT department and lead the implementation of technology projects

- Collaborate with operational units and the business development unit to write proposals for new business opportunities
- Lead the development of a Project Management Office

VarMed Management Group LLC

Director of Data Analytics

2021 to 2023

- Build and develop a Data Analytics business unit to support the company's goal of being data and technology driven
- Supervised and directed the development of VarMed's data infrastructure (data warehouse, ETL, pipelines, data integration) in Azure Data Factory
- Developed operational, quality, and compliance reports and dashboards that provided additional tools to support VarMed's growth

Triple-S Salud, Clinical Analytics Department, San Juan, PR

Senior Statistical Analyst

2020 to 2021

- Provide actionable information to support stakeholder's decision making.
- Developed reports and strategies for a new Hospice and Palliative business unit.
- Support Model of Care Unit in the implementation and surveillance of new operational processes which helped double compliance with SNP measure.
- Automate and develop Dashboards for KPI monitoring.

Self-Employed, West New York, NJ

Statistical Analyst Consultant

2018 to 2020

- Design KPI dashboards to monitor project progress.
- Serve as SME for the development of Model of Care Data Validation reporting for CMS.
- Analyze statistical data for academic research projects using logistic regression models, hypothesis testing and statistical significance tests.

Triple-S Salud, Data Analytics Department, San Juan, PR

Business Intelligence Analyst

2017 to 2018

- Designed KPI monitoring dashboards, as well as cost and utilization trends analysis reports that supported high management's decision making.

- Automate operational reports for the Clinical Management Department using Power Pivot with an embedded SQL Query.
- Performed data validation procedures and worked in database development.
- Implemented new peer review methods and standardized report documentation model for recurrent reports.

Triple-S Salud, Risk Management Department, San Juan, PR
Statistical Analyst
2015 to 2016

- Performed risk assessment and impact analyses for Medical Policy, Underwriting, and Actuarial departments.
- Developed new methods for the standardization of periodical reports using Excel MACROS.
- Performed data validation procedures and work in database development.
- Closely worked with several departments (including Claims, Actuarial and Underwriting) to analyze trends and data changes.

Endowed Health Services Research Center, UPR Hospital, Carolina, PR
Statistician/Epidemiologist
2014 to 2015

- Provided statistical counseling for the development of research projects to the medical faculty, residents, and students of the University of Puerto Rico Medical Sciences Campus.
- Designed and presented a research study at the Annual Research Forum of the UPR-MSC.
- Analyzed and conducted data validation procedures of the databases for the Cardiovascular Disease Surveillance Project and the Dengue Surveillance Study.

Puerto Rico Institute of Statistics, San Juan, PR
Statistical Projects Assistant
2014 to 2015

- Developed statistical reports for Puerto Rico's Departments of Education and Family, pioneering the first report for Child Abuse in Puerto Rico.
- Assisted in the coordination of the workshops and courses offered.

Education

- University of Puerto Rico, Medical Sciences Campus, Master of Science in Epidemiology, 2015
- University of Puerto Rico, Mayaguez, Bachelor of Science in Biology, 2010

D.3.2.5 Antonio Fernandez: Customer Success Lead

Professional Experience

Fernandez & Associates

Principal & Consultant

2000 to Present

Senior Consultant for business healthcare management, health information technology and program development. Served as Senior Consultant and Site Manager for the Independent Verification and Validation (IVV) for the Puerto Rico Department of Health's Medicaid Management Information System, and the Puerto Rico Enrollment and Eligibility Programs under contracts with Cognosante and NTT Data State Health Consulting. Specialized consulting services to clients across healthcare industry eco-system.

Ponce Medical School Foundation/Ponce Health Sciences University

Program Director

2010 to 2019

Established and directed the Health Information Technology Regional Extension Center (REC) under Technical Cooperation Agreement with the Office of the National Coordinator for Health Information Technology (ONC) to provide technical assistance to providers in Puerto Rico and the US Virgin Certified Electronic Health Records adoption, implementation and spearheaded program to help primary care physicians and specialists, dentists, FQHC's, IPA's, Hospitals participate in Federal Health IT Incentive Programs; HRerally Qualified Health Centers, IPA's, medical groups, ambulatory health centers and hospitals. Worked with practice transformation programs and spearheaded the development and management of federally funded programs for improvement of quality and outcome performance for providers working with Medicare and Medicaid populations.

United HealthCare Plans of Puerto Rico

President/CEO

1995 to 1999

Chief Executive Officer for PR Subsidiary of NYSE publicly traded company's wholly owned affiliate. Had Senior responsibility for operations across all business lines, operation, medical management, product development, government and regulatory affairs, marketing, business development, finance, contracting, customer service, provider services, information systems, claims processing, medical management and local oversight of mergers and acquisitions. Oversight of public sector, local and federal grants programs and regulatory affairs. Company's growth in Puerto Rico from involving the negotiation of contracts and the organization of delivery systems with hospitals, medical groups, laboratories, pharmacies, and a comprehensive network of providers serving over 500,000 members.

Ramsay HMO/United Healthcare

Senior Vice President

1993 to 1996

Senior Management responsibility for strategic planning, product development, new business development, marketing and sales for fastest growing NYSE traded company with multiple lines of business and operations in the State of Florida, including direct oversight over Medicare, Medicaid, ElderCare, Group Commercial, and Individual Product lines health served by company-owned health center and IPA networks in South Florida, and ked the design and execution of expansion strategy to Central Florida, and Tampa Bay areas. Worked as part of Senior Management Team during acquisition of Ramsay HMO by United HealthCare (UHC), negotiated the acquisition of licensed health insurance company in PR and coordinated post-acquisition of integration activities within UHC.

SSM Healthcare Ministries Corporation

Executive Director

1989 to 1993

Senior Responsibility for establishing and managing large Catholic multi-hospital health system's programs focusing on international center to promote long-term care the development of a continuum of care for the elderly; Led the development of international post-graduate programs for inter-disciplinary gerontology education, and training program for geriatric nursing in coordination with Pan American Health Organization (PAHO); Led the creation of the "Fundación SSM de la República Dominicana"; community-based health and education programs in including inter-generational and productive aging programs in underserved urban and rural areas, including the frontier with Haiti. Programs received support from United Nations, AARP, the International Federation on Aging, the Banyan Fund on Ageing, and others; Served as delegate for New Jersey to the White House Conference on Aging and served as Member of the United Nations Expert Group on Ageing, as part of the United Nations Office at Vienna (UNOV).

Miami Children's Hospital

Vice President, Director of International Programs

1981 to 1989

Senior responsibility for planning, marketing, and business development for largest freestanding teaching children's hospital in the southeastern United States, including oversight over the development of education, international programs, physician recruitment, government relations, business development and marketing. Coordinated strategic planning process for largest freestanding pediatric teaching hospital in southeastern as part of multi-year capital building and expansion program, participated in the development of the Miami Children's Hospital Foundation and the establishment of its endowment fund. Established telemedicine and tele-education program; created and directed International Programs Division for the Hospital. Established and managed contracted international initiatives including the

launching of the Global Health Initiative on AIDS for the Americas, in coordination with the Pan American Health Organization (PAHO), and the Inter-American Development Bank. Provided grants development support for Miami Children's Hospital Foundation, educational and research programs funding from private and government sources.

Florida International University
Outreach Coordinator, Center for Latino Education
1980-1981

Responsible for establishing statewide multi-site outreach federally funded centers under grant from the US Department of Education in response to the Cuban and Haitian entrant Crisis in the State of Florida. Outreach Centers provided English as a Second Language, education, life skills, vocational and employment services in over twenty locations throughout the State of Florida to assist newly arrived Haitian and Cuban immigrants in their relocation to the United States.

Fellowship House, Psychosocial Rehabilitation Center of Dade County, Inc.
Program Director
1979 to 1980

Directed comprehensive vocational, social, and residential program for chronically mentally ill adults which became a national model funded by the National Institutes of Mental Health's (NIMH) Community Support Program (CSP) for deinstitutionalization of psychiatrically disabled population and was utilized as national replication site for other such programs in the United States. Coordinated inter-governmental relations and government grants and funding. Assisted in providing technical assistance for model replication efforts in Latin America and the Caribbean.

Education

- University of Miami, School of Business Administration, Master of Business Administration, 1982
- University of Miami, Institute for Health Administration and Research, Health Services Administration, Certificate, 1982
- University of Miami, Bachelor of Arts. Major: Psychology/Pre-Medicine, Minor: Philosophy, 1980

D.3.2.6 Andrew Franke: Integration Engineer

Skills

- Project Management, Stakeholder Management, Change Management techniques
- Certified Scrum Master
- ITIL Foundations Certified
- Cloud Solutions and Architecture
- Healthcare Interoperability Standards
- Leadership, Personal Development, and Team Building techniques

Work Experience

CRISP Shared Services

Director of IT Operations / Technical Operations Manager

January 2018 to Present

- Responsible for leading a $10M/year Operations department managing $4.5M/year cloud environment that meets strict HIPAA, HITRUST, and SOC2 requirements
- Drove 24/7/365 support for applications that deliver patient information directly at the point of care, critical to the treatment of patients in many care settings
- Developed the Technical Operations team from a small cross functional team into three specialized teams (Infrastructure, Application Support, and Interface Engineering) with 3x operational capacity to support the health information exchanges in 7 different states: MD, DC, WV, CT, AK, VA, and FL
- Orchestrated migration from CRISP's on-premises data center to the Microsoft Azure cloud, migrating over 200 VMs, 1500 data interfaces with their associated networking, and all mission critical applications and infrastructure
- Partnered with CRISP's engineering team to develop an end-to-end DevOps process for deploying, managing, and monitoring native cloud APIs and Applications developed by in house development team
- Implemented improved architecture and processes to greatly increase the availability of our data interface landscape, end user facing applications, and APIs. Increased the performance of our user facing portals by over 100% year over year and decreased the response time of our API applications by over 50%
- Regularly identified as a top manager/leader in the company based on surveys conducted amongst Senior Leadership at CRISP and our affiliates, as well as surveys conducted amongst the IT teams

Pareto Advisors

Business Process Specialist

June 2017 to January 2018

- Evaluated the overall ITIL processes of CRISP Health and Audacious Inquiry to baseline current IT processes
- Implemented new Change Management, Problem Management, and Incident Management procedures at CRISP, which resulted in organized, defined processes to manage critical infrastructure
- Developed new Problem Management and Incident Management processes at Audacious Inquiry that resulted in better customer communication and a defined playbook to follow in critical situations
- Led project to create CRISP's cloud infrastructure that resulted in the blueprint for CRISP's microservice architecture

BreakThru Beverage Group (Formerly "Charmer Sunbelt Group")

Project Manager, Senior IT Project Manager

October 2015 to June 2017

- Lead multiple ERP Implementation projects for a $1+ Billion-dollar distributor. The projects resulted in multiple business process changes for the distributor in areas such as Shared Services and Purchasing, among others.
    - Successfully lead and delivered an SAP/Business Services Implementation and Warehouse Relocation at $100+ Million-dollar distributor in Virginia, on time and under budget. Multiple business process changes resulted in greater efficiency for the staff with superior insights into current business.
    - Lead all project efforts for SAP/Business Services Implementation at Illinois distributor through a successful QA phase. The project was successfully delivered with minimal defects.
- Responsible for tracking portfolio level budget and resource utilization across all Strategic Projects

BreakThru Beverage Group (Formerly "Charmer Sunbelt Group")

PMO Analyst

April 2013 to September 2015

- Managed projects that implemented IBM Security Privileged Identity Manager, Specops Password Sync, and two SAP Enhancement Pack upgrades

- Coordinated the bi-yearly project proposal process, resulting in yearly project portfolio presented to the Strategic Governing Body
- Designed and maintained dashboards reporting on resources, departments, and budgets across the portfolio and all of IT
- Maintained Project Server 2010 environment including the creation of project plans, creation of SharePoint sites, and maintenance of user pool and license counts
- Developed an automated Project Status Report template using SSRS and SQL, saving Project Managers 1 hour per week

The Charmer Sunbelt Group

Support Analyst

October 2010 to March 2013

- Provided first tier support for employees locally within Baltimore office and across 10+ markets
- Redesigned computer imaging process using Windows Deployment Services, which provided a consistent image that was customizable for each department within the company
- Reduced computer related downtime of Customer Service team from two hours to twenty minutes by creating roaming profiles for each user and providing updated spare computers for hot swapping

Education

- Pennsylvania State University, Bachelor of Science in Information Sciences and Technology, December 2009

D.3.2.7 Candice Titus: Developer Lead

Technical Skills

- HL7 FHIR Standard
- HL7 CDA Standard
- IHE ITI Transactions
- WSDL Communication
- Restful APIs (CRUD)
- SoapUI Interactions
- Postmand API Requests
- Mirth Messaging

Work Experience

CRISP Shared Services

Director of Interoperability

April 2021 to Present

- Streamlined Data Interface setup with data questionnaires and prep steps to improve data quality, health equity, resource allocation, and implementation times
- Expanded National Network Gateways to include data sharing from/to all CSS affiliate HIEs and Patient First New Jersey. Gateways conform to Carequality, NHIN, Commonwell, and TEFCA policies. Retrieved clinical data displays at the Point of Care via CSS Portal and InContext App
- Leads Healthcare IT Interoperability initiatives from beginning to end, ensuring deliverables are met, compliance is address, and production usage is measurable
- Collaborate across multiple internal teams (e.g. Product, Integration, Networking, DevOps) to ensure successful design and delivery of implementations
- Produced metrics to monitor team performance and forecast resource allocation
- Allocates resources as needed to complete CSS and affiliate interoperability goals
- Develops and manages repeatable integration plans, identifying and mitigating risks and issues throughout integrations
- Serves as liaison between technical and non-technical departments in order to ensure that all targets, requirements, and policies are met
- Serve as knowledgeable resource with understanding of the latest Healthcare standards (i.e IHE ITI transactions, HL7 V2 messages, FHIR Resources, CCDAs)

CRISP Shared Services

Senior Implementation Manager

July 2019 to April 2021

- Established CSS' internal Health Document Repository, used for CDA document sharing. Stored and retrieve by use of ITI transactions

- Executed National Network Responding Gateway, eHealth Exchange, connection for Delaware Health Information Network (DHIN) and the Florida Department of Health, using CRISP Gateway Services
- Provided project planning, communication, and management for established company initiatives and identify areas of growth
- Collaborated with COO, CIO, Product Manager, and Director to understand company goals and expectations
- Scoped and identified teams necessary for project completion
- Documented requirements for platform implementation including architecture diagrams, sequence diagrams, API implementation documents and others
- Produced project road map to establish required steps, prepare for upcoming initiates, and ensure teams stay on course to meet goals
- Coordinated with external teams, third-party vendors, and internal teams for project completion and new software initiatives
- Wrote and executed test cases on project subparts and end-to-end workflow
- Provided verification of project execution in production and resolved issues

CRISP Shared Services

Business Analyst

August 2017 to July 2019

- Heavily involved with all phases of CSS' major product formation, including CCDA Federator, InContext Smart on FHIR App, and FHIR Servers
- Led and participated in agile scrum ceremonies (Sprint Planning, Backlog Grooming, Stand- up, Sprint Retrospective, and Sprint Review)
- Outlined acceptance criteria for development expectations and assist with testing
- Determined priority and prioritized backlog in accordance with importance
- Compiled important company metrics for display in Azure Dashboard
- Ensured security compliance was met with new developing systems
- Assisted QA with creating test plans and executed test cases, when necessary
- Produced system specifications and training material for internal integration teams, development teams, and external clients
- Provided in-person trainings for internal teams as Change Control due diligence

- Created and executed SQL queries and insert/delete statements as needed

Education and Credentials

- University of Maryland Baltimore County, Bachelor of Science in Computer Information Systems, 2005
- The Community College of Baltimore County, Associate of Applied Science, Cum Laude, 2003
- Certificate: Computer Information Systems Programming
- Certificate: Leadership Essentials (Dec 2019—June 2020)
- Health Level Seven International (Sept 2019)
- Certificate: HL7 FHIR R4 Proficient

Community Involvement

- Howard County Leadership, Member, December 2019 to December 2021
- Catonsville Chamber of Commerce, Member, May 2009 to December 2013
- Inglewood Community Association, President, August 2009 to January 2013

D.3.2.8 Daniel Munster: Network and Information Systems Management Lead

Skills

- Product Implementation
- Project Management
- Process Improvement
- Customer/Client Relationships
- Solution Development
- Risk Analysis & Mitigation
- Coaching, Training, Mentoring
- Data & Process Analysis
- Strategic Planning
- Relationship Building
- Collaboration and Teamwork
- Software Development Operations
- IHE Standards
- Microsoft Office, Project, Visio, SharePoint
- CCDA
- HL7
- SOAP API
- PKI Deployment
- XML
- SQL

Work Experience

CRISP Shared Services
Implementations Lead
2021to Present

Responsible for supporting and implementing health information exchange activities across CRISP Shared Services clients and affiliates. Lead implementations efforts of CRISP products and services with existing and future clients. Define and scope new implementations and modifications/additional feature requests for new and existing implementations. Gather requirements from and communicate regularly with stakeholders to ensure business needs are met by implemented solutions.

Truven Health Analytics, IBM Watson Health
Implementation Project Manager
2013 to 2021

Healthcare Information Exchange Interoperability subject matter expert responsible for facilitating a variety of implementation plans for statewide HIEs. Managed teams of implementation engineers assigned to several aspects of HIE operations including on- boarding, security, support, reporting and maintenance. Design customer specific HIE solutions with input from stakeholders, participating organizations, EHR vendors and Engineering teams.

Truven Health Analytics
Implementation Project Manager
2011 to 2013

Oversaw project management and deliverable activity during the launch of statewide Health Information Exchanges. Created project schedules, implementation documentation, and communication plans for HIE participants. Coordinated post-sales kickoff meetings, hosted strategy groups that included subject matter experts and key stakeholders.

Thomson Reuters
Manager of Implementation
2007 to 2011

Managed daily operations, implementation, upgrade activity, and associated technical projects for multiple Healthcare Provider products in revenue cycle management, Marketing and Planning business line, specifically Market Expert and crmView. Coached and trained Product Support and Engineering departments as needed.

Medstat, a Thomson Company
Manager of Research & Development
2006 to 2007

Adhered to detailed specifications driven by customer expectations while leading the development operations of Ascent. Maintained project schedules to track engineering effort and beta project milestones.

Medstat, a Thomson Company
Project Manager/Upgrade Team Lead
2004 to 2006

Assisted with the restructuring of Ascent implementations with a focus on the development of updated connectivity and interface testing. Scheduled Ascent upgrade projects and quarterly updates and consistently met deadlines to ensure customer satisfaction.

Healthline Systems
Technical Project Manager Implementation Specialist
2002 to 2004

Healthline Systems
Training & Support Specialist
2000 to 2002

Education

- San Diego State University, Bachelor of Science in Business Administration Information & Decision Systems

D.3.2.9 Rhonda R. Moody: Data Analyst / Informaticist

Skills Summary

- Key strengths: Achiever, Harmony, Responsibility, Deliberative, Analytical (Clifton Strengthsfinder 2.0)
- Experienced leader with excellent organizational and relational skills
- Effectively communicates with stakeholders, vendors, colleagues, and customers
- Detail-oriented, highly motivated, and dedicated worker who encourages and collaborates with colleagues to produce quality end results
- Proficient in SQL, Azure Databricks, JIRA, Microsoft 365 Suite

Work Experience

CRISP Shared Services
Sr Director of Data Insights
January 2023 to Present

- Responsible for leading teams focused on data initiatives involving healthcare and public health to support a multi-state health data utility
- Hire, direct, and mentor a diverse, inclusive, and well-rounded team that prioritizes customer support, work quality, and thoughtful engagement
- Align reporting strategy across CRISP Shared Services stakeholders to deliver actionable data insights
- Interact with executive leadership to prioritize data quality and data analytics initiatives

CRISP Shared Services
Director of Data Insights / Data Quality Manager
2020 to 2022

- Lead efforts to evaluate and improve data quality across various data sources
- Worked with IT and Enterprise Architecture to ensure the direction of Insights aligns with IT and CSS technology strategy
- Managed a team of data analysts, data engineers, and business analysts utilizing agile processes and working with large volume data sets in Azure databricks architecture
- Supported Maryland Dept of Health and other affiliates with critical data and reporting needs in response to COVID-19 public health emergency
- Responsible for team budgeting, financial management, and staffing

CRISP

Project Analyst

2018 to 2020

- Provided subject matter expertise for the Prescription Drug Monitoring Program, a state-mandated program instrumental in combating the opioid crisis
- Worked closely with Maryland Department of Health to support public health initiatives
- Coordinated projects and development efforts across vendors and internal teams
- Managed PDMP vendor migration: lead the RFP process, developed implementation and testing plans, performed data analysis, conducted testing, validated data accuracy
- Developed and delivered presentations on PDMP to variety of clinical audiences

Zale Corporation

Systems Analyst / Oracle Developer

1994 to 1999

- Responsible for project management and implementation of key systems to support the finance department of a large retail corporation
- Provided analysis of end user needs and developed solutions using a variety of technology, including Oracle and SQL
- Conducted training sessions for new software implementations

Education

- Taylor University, Upland, IN
  - Bachelor of Science, Computer Science, *summa cum laude*
  - Bachelor of Arts, Mathematics, *summa cum laude*

Community Involvement

- Women's Program Coordinator, Grace Community Church, 2014 to 2017
- Team Liaison for Boys Cross Country, Atholton High School, 2015 to 2016
- Women's Group Leader, Grace Community Church, 2007 to 2013
- Teacher in Children's Programs, Grace Community Church, 2003 to present

D.3.2.10 Bezawit Sumner: Security Expert(s) / Assigned CISO

Skills

An experienced Compliance and Security professional with a demonstrated history of working in the health IT sector. A professional skilled in federal and state regulation compliance, IT security framework (HITRUST, SOC-2, EHNAC), internal design control, audit and risk-based vendor management with a great desire and enthusiasm to operationalize compliance and security by design.

Work Experience

CRISP Shared Services

Chief Information Security Officer | Director of Security & Compliance

March 2022 to Present

- Manage the security and compliance team members to set goals and objectives towards enhancing crisp's security and compliance posture overall
- Assume responsibility to ensure that all company security policies and procedures are implemented, and controls are operating effectively, particularly in accordance with federal and state regulatory requirements
- Oversee company security/compliance audits as required by all local affiliate regulation and/or request from a 3rd party or hie participants
- Lead incident response efforts to investigate, contain, remediate, and report on security incidents impacting or involving the HIE
- Lead team to implement security monitoring tools that support network security.
- Ensure successful achievement, and maintenance of, industry recognized frameworks and certifications for privacy and security standards
- Assist with the overall business technology planning, providing current knowledge and future vision of technology and systems
- Develop, implement, and monitor a strategic, comprehensive enterprise information security and IT risk management program

CRISP

Director of Security & Compliance

January 2020 to Present

- Lead the Privacy, Security, and Compliance Team to set goals and objectives towards enhancing the organization's privacy and security posture
- Ensure all company privacy and security policies and procedures are implemented, and controls are operating effectively in accordance with federal and state regulatory requirements

- Oversee and lead successful achievement, and maintenance of, industry recognized frameworks and certifications for privacy and security standards (SOC 2, HIPAA, EHNAC, & HITRUST CSF)
- Lead Incident Response efforts to investigate, contain, remediate, and report on privacy and/or security incidents impacting or involving the HIE
- Continually evaluate & implement meaningful privacy & security tools that support overall security posture
- Collaborate with internal and stakeholders to ensure privacy & security controls are implemented by design
- Lead the Privacy & Security Committee, comprised of major hospital systems stakeholders, providing timely, targeted communications of relevant activities
- Served as the Privacy & Security liaison on the Enterprise Architecture Governance Board

CRISP

Compliance Manager

November 2017 to January 2020

- Developed and optimized requirement documents needed for compliance specific projects: internal and external facing
- Implemented a risk-based vendor management program that led to a quantifiable risk profile for high-risk vendors
- Operationalized the management of Federal (HIPAA/HITECH) and State (COMAR) healthcare regulatory compliance within the organization
- Monitored HIE activity for suspicious or inappropriate access to systems or data
- Served as liaison to the Director of Privacy & Security, and COO on security/compliance metrics and key HIE framework projects

Eagleforce Associates

Health Informatics Compliance & Security Audits

February 2016 to November 2017

- Initiated and implemented the first comprehensive health policy and procedures to the applicable implementation specifications of “HIPAA” Security Standards and the HITECH Breach Notification Requirements
- Led a successful vendor security and risk audit that resulted in a multi-year-multi- million-dollar contract with one of the largest pharmacy benefit managers

- Co-led a population health management project for a large, self-insured company by working closely with data scientists, software developers, and database administrators to build a risk stratification model by different risk factors
- Assisted in establishing and developing an Opioid tracking and monitoring system in compliance with PDMP rules, tailored to respective state's business rules
- Established and developed an efficient medication therapy management system within population management risk-based model
- Led a collaborative effort with D.C. Department of Health Chronic Disease and Cancer care management to develop a patient cancer survivorship mobile app
- Engaged in effective and professional communication with all levels of the organization (C-level executives, product team, and developers)

Education

- Jackson State University
  - Master of Science in Biology, December 2014
  - Bachelor of Science in Biology, May 2012

Speaking Engagements

- CISO Panelist- Identiverse 2023
- Cybersecurity Roundtable: Executive Perspective- ONC-HL7
- CISO Panelist- WEDI Conference 2023

D.3.3 Key Staff References

Table 17: Key Staff Reference – Ken Riomales

Key Staff Reference Form							
Key Staff Name:	Ken Riomales		Proposed Role:	Executive Director			
Reference 1							
Client Name:	OCPRHIO	Client Address:	500 N. State College Blvd, Ste. 1100 Orange, CA 92868				
Contact Name:	Andre Felder	Contact Title:	Director of IT				
Contact Phone:	N/A	Contact Email:	Afelder@ocprhio.org				
Project Name: OCPRHIO HIE			StartDate:	02/2014	End Date:	04/2021	
Project Description: Orange County Regional HIE							
Project Role and Responsibilities: Successfully managed day to day activities of the Health Information Exchange (HIE) including administration, security, change management, client/vendor relations, and overall management of the PMO.							
Reference 2							
Client Name:	Tri-City Mental Health	Client Address:	2008 N. Garey Ave, Pomona, CA 91767				
Contact Name:	Natalie Majors-Stewart	Contact Title:	Chief Compliance Officer				
Contact Phone:	N/A	Contact Email:	nmajors@tricitymhs.org				
Project Name: Tri-City Mental Health			Start Date:	04/2021	End Date:	09/2022	
Project Description: IT and EHR Systems Management							

Key Staff Reference Form
Project Role and Responsibilities: Responsible for the day-to-day IT Operations and related projects for the Agency including, but not limited to, departmental oversight, IT security, project management, and ensuring high availability of critical systems.

Table 18: Key Staff Reference – Brandon Neiswender

Key Staff Reference Form						
Key Staff Name:	Brandon Neiswender		Proposed Role:	Technical Lead		
Reference 1						
Client Name:	New York eHealth Collaborative	Client Address:	303 S. Broadway, Tarrytown, NY 10591			
Contact Name:	David Horrocks	Contact Title:	CEO New York eHealth Collaborative			
Contact Phone:	410-215-0847	Contact Email:	dhorrocks@nyehealth.org			
Project Name: CRISP Shared Services			Start Date:	06/2014	End Date:	01/2022
Project Description: While David Horrocks served as the CEO of CRISP and CRISP Shared Services, Brandon served as Vice President and Chief Operating Officer of CRISP and CRISP Shared Services managing the operations and security of one of the largest health information exchange (HIE) organizations focused on patient care, care coordination, reporting and analytics, and public health.						
Project Role and Responsibilities as the COO of CRISP: ▪ Expanded partnerships with additional regions, including West Virgnia, Connecticut, and Alaska. ▪ Oversaw revenue growth from $8M to $53M by collaborating with federal, state, and private partners to operationally scale the organization effectively. ▪ Oversaw the implementation of innovative technologies including establishing relationship management technology, improving bi-directional public health reporting mechanisms, and establishing care coordination workflows aimed at reducing unnecessary utilization. ▪ Developed political and business relationships within the industry. ▪ Implemented financial controls that align with state & federal spending requirements. ▪ Negotiated and acquired financial tools in support of cash flow requirements.						

Key Staff Reference Form						
▪ Served as privacy & security officer responsible for protecting PHI for 30M+ patients. ▪ Shaped regulatory requirements for HIE entities in Maryland.						
Reference 2						
Client Name:	Zane Networks	Client Address:	1205 Good Hope Road SE, Suite 204, Washington, DC 20020			
Contact Name:	Luigi Leblanc	Contact Title:	Vice President of Technology			
Contact Phone:	301-560-0500	Contact Email:	leblancl@zanenetworks.com			
Project Name: CRISP Shared Services - Strategy Efforts			Start Date:	06/2014	End Date:	Current
Project Description: Luigi has supported Brandon Neiswender with his strategic efforts to expand CSS into additional regions through his extensive connections in the industry.						
Project Role and Responsibilities: Brandon and Luigi have worked together for years in various capacities, but most recently have collaborated on the CSS efforts to partner with new HIEs that would benefit from the shared infrastructure. Efforts have included: ▪ Connecting CSS with partners in regions for discussions about how CSS shared infrastructure and services may be useful, such as USVI. ▪ Supporting outreach efforts related to scope of work stemming from expansion into new regions ▪ Assisting with documentation and funding efforts to support the work in new regions. ▪ Facilitating discussions around business needs, technical needs, and next steps.						

Table 19: Key Staff Reference – Ryan Bramble

Key Staff Reference Form			
Key Staff Name:	Ryan Bramble	Proposed Role:	Technical Manager
Reference 1			
Client Name:	New York eHealth Collaborative	Client Address:	303 S. Broadway, Tarrytown, NY 10591
Contact Name:	David Horrocks	Contact Title:	CEO New York eHealth Collaborative

Key Staff Reference Form						
Contact Phone:	410-215-0847	Contact Email:	dhorrocks@nyehealth.org			
Project Name: CRISP Shared Services			StartDate:	12/2017	End Date:	11/2021
Project Description: While David Horrocks served as the CEO of CRISP and CRISP Shared Services, Ryan Bramble served in multiple roles, the most recent being the Executive Director of CRISP DC, the Health Information Exchange serving the District of Columbia, which was a subsidiary of CRISP at the time and used much of the HIE infrastructure offered by CRISP Shared Services.						
Project Role and Responsibilities as Executive Director: ▪ Managed the CRISP DC annual budget of $5M, obtaining ongoing funding for new development and operations, and applying for grants relevant to district priorities. ▪ Managed the full team of HIE staff (10 FTEs) on strategic implementations, priority setting, and execution on deliverables. ▪ Liaised with the CRISP DC Board of Directors, which included representatives from various stakeholders utilizing HIE services within the district. ▪ Increased utilization of HIE services among participants in the district. ▪ Expanded technologies and led innovative projects that added to the CRISP Shared Services architecture.						
Reference 2						
Client Name:	Zane Networks	Client Address:	1205 Good Hope Road SE, Suite 204, Washington, DC 20020			
Contact Name:	Luigi Leblanc	Contact Title:	Vice President of Technology			
Contact Phone:	301-560-0500	Contact Email:	leblancl@zanenetworks.com			
Project Name: CRISP Shared Services and CRISP DC			Start Date:	12/2017	End Date:	11/2021
Project Description: Luigi has worked with Ryan on a range of projects throughout the years, but most closely worked with Ryan in CRISP DC with outreach efforts.						

Key Staff Reference Form
Project Role and Responsibilities: ▪ Supported the expansion of HIE services within the District of Columbia ▪ Supported participants with optimizing their use of HIE tools and services. ▪ Appointed a lead outreach specialist to support outreach and programmatic strategies and oversaw progress toward increasing participation with CRISP DC. ▪ Established close relationships with hospital partners to expand adoption of services and new approaches to accessing and integrating HIE data into EHR workflows. ▪ Proactively identified problems, reinforced training, and promoted new functionality to participants.

Table 20: Key Staff Reference – Marisela Irizarry

Key Staff Reference Form						
Key Staff Name:	Marisela Irizarry		Proposed Role:	Operations Lead		
Reference 1						
Client Name:	Medical Card System (MCS)	Client Address:	MCS Plaza Ave. Ponce de León, San Juan, PR 00916-1919			
Contact Name:	Margarita Orengo	Contact Title:	Outsourced Clinical Program Director			
Contact Phone:	787.504.2117	Contact Email:	margarita.orengo@medicalcardsystem.com			
Project Name: Intensive Primary Care Program			Start Date:	06/2018	End Date:	N/A
Project Description: Intensive primary care management program for the vulnerable, high-cost, chronically ill Medicare Advantage population. The program's goal is to improve patient's quality of life while reducing medical costs and barriers to care.						
Project Role and Responsibilities: Vice President of Operations – oversight of the project's operations. Monitor KPI compliance and provide reports to the client.						
Reference 2						

Key Staff Reference Form						
Client Name:	Medical Card System (MCS)	Client Address:	MCS Plaza Ave. Ponce de León, San Juan, PR 00916-1919			
Contact Name:	Jessica Rodríguez Rivera	Contact Title:	Medicare Stars Outreach Director			
Contact Phone:	787.232.6831	Contact Email:	Jessica.Rodriguez@medicalcardsystem.com			
Project Name: PCP Outreach Program			Start Date:	05/2021	End Date:	N/A
Project Description: Program based on managed care strategies by applying innovative healthcare concepts to help Primary Care Physicians (PCP) to achieve compliance with HEDIS/Stars measures.						
Project Role and Responsibilities: VP of Operations – Supervise and direct PCP Outreach program staff. Develop provider engagement strategies. Monitor KPI compliance and provide reports to the client.						

Table 21: Key Staff Reference – Antonio Fernandez

Key Staff Reference Form						
Key Staff Name:	Antonio Fernandez		Proposed Role:		Customer Success Lead	
Reference 1						
Client Name:	Ponce Health Sciences University	Client Address:	Zona Industrial Reparada 2 Ponce, PR			
Contact Name:	Olga Rodríguez de Arzola, MD	Contact Title:	Dean, School of Medicine			
Contact Phone:	787-840-2575	Contact Email:	orodriguez@psm.edu			
Project Name: Health IT Regional Extension Center			Start Date:	10/2010	End Date:	06/2018
Project Description: Responsible for providing support on EHR adoption, implementation, and Meaningful Use for primary care, specialists and subsequently dentists and hospitals in Puerto Rico						

Key Staff Reference Form			
and the USVI, as part of Collaborative Agreement with ONC. In addition, provided support for engagement of providers by supporting their applications for federal Medicaid EHR incentives under a separate project contacted by the Puerto Rico Health Insurance Administration.			
Project Role and Responsibilities: Program Director, with the following responsibilities: ▪ Planned, established, and directed center responsible for providing outreach and technical assistance in the adoption, implementation and meeting meaningful use, and promoting interoperability criteria in utilization of certified EHR solutions by physicians, federally qualifies health centers, medical groups, dentists, and hospitals in PR and the USVI ▪ Directed outreach and assistance to physicians, dentists, and hospitals to secure Medicaid and Medicare EHR incentives ▪ Directed other practice transformation value-based projects ▪ Supervised teams of over 60 HIT specialists who provided field support across all municipalities in PR and USVI ▪ Led educational programs and engagement strategies with stakeholder leaders and organizations including PR Hospital Association, PR College of Physicians, PR College of Dentists, and Puerto Rico Primary Care Association ▪ Coordinated activities with Puerto Rico Department of Health, CMS, HRSA and other government agencies ▪ Established engagement strategies with Medicare and Medicaid Health Plan Leaders and provider relations teams ▪ Led establishment of HIMSS PR Chapter and HIMSS Latino Initiative nationally ▪ Cochaired Annual Health IT Summit with Puerto Rico Hospital Association			
Reference 2			
Client Name:	NTT Data State Health Consulting	Client Address:	N/A
Contact Name:	Elsa Varela	Contact Title:	Business Consulting Senior Manager
Contact Phone:	787-536-2368	Contact Email:	Elsa.Varela@nttdata.com

Key Staff Reference Form				
Project Name: PCP Outreach Program	Start Date:	10/2020	End Date:	09/2022
Project Description: PRMP MMIS Project Independent Verification and Validation.				
Project Role and Responsibilities: Senior Consultant responsible for: ▪ Development of local strategy for project implementation ▪ Management and coordination of communications with Senior Leadership at PRMP and PRDOH ▪ Development and planning of new projects and support of local consulting team members.				

Table 22: Key Staff Reference – Andrew Franke

Key Staff Reference Form						
Key Staff Name:	Andrew Franke		Proposed Role:	Integration Engineer(s) Specialized in Health Level-7 (HL7) Data Platforms Lead		
Reference 1						
Client Name:	New York eHealth Collaborative	Client Address:	303 S. Broadway, Tarrytown, NY 10591			
Contact Name:	David Horrocks	Contact Title:	CEO New York eHealth Collaborative			
Contact Phone:	410-215-0847	Contact Email:	dhorrocks@nyehealth.org			
Project Name: CRISP Shared Services			Start Date:	01/2018	End Date:	Present
Project Description: While David Horrocks served as CEO of CRISP and CRISP Shared Services, Andrew Franke served as the Director of IT Operations / Technical Operations Manager of CRISP Shared Services, which ensured the general operations of the HIE technology was being performed according to all defined policies, procedures, and requirements.						
Project Role and Responsibilities as Director of IT Operations: ▪ Led operations department that meets strict HIPAA, HITRUST, SOC 2 requirements.						

Key Staff Reference Form						
▪ Ensured 24/7 support for all applications delivering data at the point of care to hit all uptime requirements and SLAs. ▪ Restructured the Technical Operations team to align with specialized functions and increased the team to support expansions of the CRISP Shared Services infrastructure into multiple additional states and regions. ▪ Oversaw the migration of on premises data centers to the cloud for mission-critical applications and infrastructure. ▪ Coordinated with the engineering team to develop a DevOps process for deploying, managing, and monitoring technologies developed internally. ▪ Improved architecture and processes to increase availability of data and applications, improving the performance of the technologies.						
Reference 2						
Client Name:	Zane Networks	Client Address:	1205 Good Hope Road SE, Suite 204, Washington, DC 20020			
Contact Name:	Luigi Leblanc	Contact Title:	Vice President of Technology			
Contact Phone:	301-560-0500	Contact Email:	leblancl@zanenetworks.com			
Project Name: Data Exchange Support Program (DESP)			Start Date:	09/2017	End Date:	06/2019
Project Description: CRISP's ambulatory connectivity initiative focused on expanding integration with providers across multiple care settings to include physician practices (both primary care and specialists) and post-acute care facilities. This connectivity facilitated the electronic access and exchange of patient information for the purpose of improving health outcomes.						
Project Role and Responsibilities: Andrew oversaw the entire technical connectivity of this program including the networking components, HL7 connectivity components included ADT, SIUs, and CCDAs. This project and it's over a hundred connections was the largest ambulatory connectivity to date and taught the entire organization about different types of connections, working with EHRs of varying technical capability and resources, building internal pathways for different type of healthcare data to be stored and utilized throughout the infrastructure.						

Table 23: Key Staff Reference – Candice Titus

Key Staff Reference Form							
Key Staff Name:	Candice Titus			Proposed Role:	Developer Lead		
Reference 1							
Client Name:	New York eHealth Collaborative	Client Address:	303 S. Broadway, Tarrytown, NY 10591				
Contact Name:	David Horrocks	Contact Title:	CEO New York eHealth Collaborative				
Contact Phone:	410-215-0847	Contact Email:	dhorrocks@nyehealth.org				
Project Name: CRISP Shared Services				Start Date:	07/2019	End Date:	04/2021
Project Description: While David Horrocks was the CEO of CRISP and CRISP Shared Services, Candice Titus served in multiple roles, the most recent being the Senior Implementation Manager, which facilitated the implementation of technologies across multiple HIE partners.							
Project Role and Responsibilities as Senior Implementation Manager: ▪ Established document repository related to technology offerings. ▪ Executed on national network connectivity for a range of HIE partners. ▪ Provided project planning, communication, and management for company initiatives. ▪ Identified technical resource needs to complete individual projects. ▪ Completed technical documentation for implementations and data exchange efforts. ▪ Prepared project roadmaps for upcoming initiatives. ▪ Performed cross-coordination with internal and external teams and third-party vendors to execute successfully on efforts. ▪ Wrote and executed test cases, performed troubleshooting, resolved issues, and provided verification of project execution in production.							
Reference 2							
Client Name:	Zane Networks	Client Address:	1205 Good Hope Road SE, Suite 204, Washington, DC 20020				
Contact Name:	Luigi Leblanc	Contact Title:	Vice President of Technology				
Contact Phone:	301-560-0500	Contact Email:	leblancl@zanenetworks.com				

Key Staff Reference Form				
Project Name: Administration for Children and Families (ACF) Office	Start Date:	6/2022	End Date:	Present
Project Description: To demonstrate the exchange of the Maternal Opioid Misuse (MOM) care plan and Integrated Care for Kids (InCK) care pathways across state borders using HL7 FHIR 4. Standards through CRISP Shared Services				
Project Role and Responsibilities: Serving as the prime awardee and led by Candice Titus, CSS was responsible for the overall delivery of the project, managing the integration efforts between the CSS integration team and the Zane project manager and software development subcontractors. Candice managed contract deliverables, integrations, system development and maintenance, performance monitoring, quality assurance, and optimization to ensure that the program achieved its goals and was demonstrated successfully.				

Table 24: Key Staff Reference – Daniel Munster

Key Staff Reference Form							
Key Staff Name:	Daniel Munster		Proposed Role:	Network and Information Systems Management Lead			
Reference 1							
Client Name:	New York eHealth Collaborative	Client Address:	303 S. Broadway, Tarrytown, NY 10591				
Contact Name:	David Horrocks	Contact Title:	CEO New York eHealth Collaborative				
Contact Phone:	410-215-0847	Contact Email:	dhorrocks@nyehealth.org				
Project Name: CRISP Shared Services			Start Date:	01/2021	End Date:	Present	
Project Description: While David Horrocks was CEO of CRISP and CRISP Shared Services, Daniel Munster served as the Implementations Lead for CRISP Shared Services, ensuring that new states and regions had assigned implementation managers responsible for executing on all project requirements and supporting coordination with the CRISP Shared Services technical staff.							
Project Role and Responsibilities as Implementations Lead: ▪ Supported implementing HIE activities for new HIE affiliates and other partners.							

Key Staff Reference Form						
▪ Led team responsible for implementing CRISP products and services in new regions and supporting new technology efforts that add to the shared infrastructure. ▪ Defined and scoped new implementations and feature requests. ▪ Gathered requirements and communicated with partners to ensure business needs are met. ▪ Liaised with CSS internal teams on goals and progress toward technical rollouts and implementation efforts for affiliate HIEs.						
Reference 2						
Client Name:	Zane Networks	Client Address:	1205 Good Hope Road SE, Suite 204, Washington, DC 20020			
Contact Name:	Luigi Leblanc	Contact Title:	Vice President of Technology			
Contact Phone:	301-560-0500	Contact Email:	leblancl@zanenetworks.com			
Project Name: Health Information Exchange for US Virginia Islands			Start Date:	7/2020	End Date:	Present
Project Description: Funded through the Office of the National Coordinator, CRISP Shared Services is working with the USVI Governor's Office of Health Information Technology to connect key stakeholders to include initially, its hospitals, federally qualified health centers and Department of Health clinics to support the interoperable exchange of maternal child health data through the CSS infrastructure.						
Project Role and Responsibilities: Serving as the project lead, Dan coordinates with the participant pilot organizations to establish basic connectivity among all pilot organizations. Ensuring the infrastructure is built for scaling to the additional participants including networking (routers, firewalls, load balancers), applicable databases, and opt out. He is also responsible for the development and maintenance of data backup systems. He meets with pilot participants towards the executing of participation agreements, HL7 connectivity questionnaires, and other project related documents – ensuring that trust and confidence in the infrastructure is established and to ensure that all stakeholders are represented equitably. Overall, Dan ensures that our HIE infrastructure solutions built specifically for USVI can be accommodated with regards to growing volumes of healthcare data and user traffic across the shared platform.						

Table 25: Key Staff Reference – Rhonda Moody

Key Staff Reference Form							
Key Staff Name:	Rhonda Moody		Proposed Role:	Data Analyst / Informaticist			
Reference 1							
Client Name:	New York eHealth Collaborative	Client Address:	303 S. Broadway, Tarrytown, NY 10591				
Contact Name:	David Horrocks	Contact Title:	CEO New York eHealth Collaborative				
Contact Phone:	410-215-0847	Contact Email:	dhorrocks@nyehealth.org				
Project Name: CRISP Shared Services			Start Date:	01/2020	End Date:	12/2022	
Project Description: While David Horrocks served as CEO of CRISP and CRISP Shared Services, Rhonda Moody served in multiple roles, the most recent being the Director of Data Insights, which is a crucial portion of the HIE infrastructure that drives the collection, translation, normalization, and distribution of data for a range of services and metrics.							
Project Role and Responsibilities as Director of Data Insights: ▪ Led data quality improvement efforts across a range of data sources, including overseeing financial incentives for data sources tied to improvement efforts. ▪ Performed cross-team collaboration with broader IT and Enterprise Architecture teams to ensure strategic alignment across all CSS technologies. ▪ Managed a team of data analysts, engineers, and business analysts on a range of efforts related to high-volume data sets within cloud-based technology. ▪ Supported public health agencies COVID-19 response efforts with critical data/reporting needs. ▪ Oversaw team budgeting, financial management, and staffing of the data insights team. ▪ Ensured all metrics were produced in support of internal and external requirements.							
Reference 2							
Client Name:	Zane Networks	Client Address:	1205 Good Hope Road SE, Suite 204, Washington, DC 20020				
Contact Name:	Luigi Leblanc	Contact Title:	Director of Data Insights				

Key Staff Reference Form						
Contact Phone:	301-560-0500	Contact Email:	leblancl@zanenetworks.com			
Project Name: Home and Community Based (HCBS) Digital Health Technical Assistance			Start Date:	9/2022	End Date:	9/2024
Project Description: Supporting personal care services providers, to include behavioral health, housing support, home health agencies, and individual with Development and Disability provider organizations to adopt, optimized or upgrade certified electronic health record technology, or health information systems, connect them to the State Designated Health Information Exchange (CRISP Shared Services) to optimize workflow and comply with state regulatory reporting requirements.						
Project Role and Responsibilities: Serving as the Director of Insights, Rhonda Moody is responsible for the data strategy and governance, deriving actional insights to inform reports and external accessible dashboards. She works closely with internal integrations and interoperability teams to ensure all data are successfully ingested, standardized, routed, stored, and exported within policy and existing controls as informed via HIE industry standards and project sponsor request. She collaborates with all project leadership including external stakeholders to ensure the accuracy and effectiveness of the CRISP Shared Services implementation and outcomes.						

Table 26: Key Staff Reference – Bezawit Sumner

Key Staff Reference Form						
Key Staff Name:	Bezawit Sumner		Proposed Role:		Security Expert(s)/Assigned Chief Information Security Officer (CISO)	
Reference 1						
Client Name:	New York eHealth Collaborative	Client Address:	303 S. Broadway, Tarrytown, NY 10591			
Contact Name:	David Horrocks	Contact Title:	CEO New York eHealth Collaborative			
Contact Phone:	410-215-0847	Contact Email:	dhorrocks@nyehealth.org			
Project Name: CRISP Shared Services			Start Date:	01/2020	End Date:	Present

Key Staff Reference Form
Project Description: While David Horrocks served as the CEO of CRISP and CRISP Shared Services, Bezawit Sumner served in multiple roles, the most recent being the Director of Security & Compliance of CRISP Shared Services.
Project Role and Responsibilities as Director of Security & Compliance: ▪ Enhanced the organization's privacy and security posture through the implementation of company privacy and security policies and procedures. ▪ Ensured controls are operating effectively in accordance with federal and state regulatory requirements. ▪ Successfully oversaw obtaining industry-recognized frameworks and certifications of privacy and security standards (SOC 2, HIPAA, EHNAC, HITRUST CSF) ▪ Led incident response efforts impacting or involving the HIE. ▪ Evaluated and implemented privacy & security tools and collaborated with internal and external stakeholders to ensure controls are functioning as designed. ▪ Interfaced with Privacy & Security committee members and led committee meetings

Reference 2						
Client Name:	Zane Networks	Client Address:	1205 Good Hope Road SE, Suite 204, Washington, DC 20020			
Contact Name:	Luigi Leblanc	Contact Title:	Vice President of Technology			
Contact Phone:	301-560-0500	Contact Email:	leblancl@zanenetworks.com			
Project Name: Maryland Health Information Exchange Policy Board			Start Date:	9/2015	End Date:	9/2022
Project Description: The Maryland House bill 784, Medical Records – Health Information Exchange law requires the formation of a policy board consisting of an equitable representation of all stakeholders to include designated and certified health information exchange actors operating in the State. The HIE advisory policy board convenes monthly to establish guidance, recommendation and rules that maximize consumer and provider participation, mitigate harm, safeguards protected health information and foster research.						

Key Staff Reference Form
Project Role and Responsibilities: Bezawit worked closely with Brandon and the Zane team representing CRISP, Maryland working towards the development and recommendations of key policies including but not limited to privacy and security, access controls and identity management, industry wide security compliance primary and secondary use cases, and other relevant matters that governs the secure and accurate exchange of protected health information by all participating organization and other relevant stakeholders throughout the state. While this is a voluntary and non-voting board, the commitment is crucial to ensure that policy recommendations are carefully considered and enacted into law, in particular policies that includes consumers in the authorization and access of their data with appropriate security audits and controls.

Attachment E

E.1 Submission Requirements

As directed in the instructions, Team Intervoice has provided a narrative response to each requirement listed in the first section of Attachment E of RFP (indicated in green bold text in our response).

The vendor must provide the right of access to systems, facilities, data, and documentation to the PRMP or its designee to conduct audits and inspections as is necessary.

We commit to providing an audit report of access logs for activities related to PRMP data as required. This measure aims to ensure transparency and accountability in handling PRMP data and activities.

1. The vendor must support the PRMP's requests for information in response to activities including, but not limited to:

a. Compliance audits

We commit to providing annual security audits and compliance activities as requested by PRMP. However, due to the sensitive nature of the documentation, including security audit reports and related materials, we request that these documents be treated as confidential and not subject to Freedom of Information Act (FOIA) requests. It is imperative that these materials are handled with the utmost care to maintain the security and integrity of our systems and operations.

b. Investigations

In accordance with National Institute of Standards and Technology (NIST)-80053r5 and as part of our HITRUST certification, we have audit logging policies and procedures that ensure information systems processing covered information shall create a secure audit record each time a user accesses, creates, updates or archives covered information via the system. The audit logs will include:

1. A unique user identifier
2. A unique data subject (e.g., the client/ customer) identifier
3. The function performed by the user (e.g., log-in, including failed attempts; record creation; access; update; etc.)
4. The time and date that the function was performed

Additionally, logs for operators or administrators will also include:

1. The type of event that occurred (e.g., success or failure)
2. The time at which an event occurred
3. Information about the event (e.g., files handled) or failure (e.g., error occurred, and corrective action was taken)
4. The account(s) and administrator(s) or operator(s) involved
5. The process(es) involved

c. Legislative requests

Team Intervoice will cooperate with legislative requests for information to PRMP related to the scope of work under its contracted services for the PRHIE.

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.

As part of the engagement, we will execute a business associate agreement that will establish the relationship between our team and PRMP, as determined by the parties involved and required federal regulations.

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.

We are actively working to ensure that our user interfaces will be compliant with the Americans with Disabilities Act (ADA), federal 508/504 Accessibility Standards. Our user interfaces are currently partially compliant with accessibility guidelines (and are fully certified by the CMS under this current paradigm). We are actively working to close the gap on any remaining accessibility requirements within our portals, as it is a priority across the multiple states leveraging our shared infrastructure. We therefore have an execution plan already in place to become fully compliant and are actively progressing against the plan.

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.

All of the technical staffing structure is in place to support the requirements laid out in this RFP. There may be a need to hire additional staff to support local outreach efforts and to provide Project Management support, but the staffing structure has been considered and we can confirm that any additional staff needed will not incur additional costs to the PRMP outside of the RFP award.

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

Team Intervoice is committed to providing any necessary information regarding our employees, prior to commencing work for this contract. Our Human Resources department keeps complete personnel records of all our employees.

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

We have a robust role-based access control (RBAC) that ensures only authorized users are accessing information with the least privilege access necessary. Please refer to the section on role-based access controls that are in place that speaks to how we limit access to only authorized users, in Table 27: Mandatory Requirements.

We have a privacy monitoring tool deployed for additional monitoring to ensure authorized users are accessing PHI as required by their specific job role and responsibilities.

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.

As referenced in our responses in Table 27: Mandatory Requirements, and our previous and current experience with the Government of Puerto Rico, we staff our projects with a mixture of local and stateside-based consultants, based on need, to yield optimal results.

This approach supports close coordination with local stakeholders, board members, and HIE participants, while ensuring the team includes proven staff with proven HIE implementation and governance experience.

Team Intervoice understands the Puerto Rico landscape and allows for the building of relationships and trust with current and future HIE participants at multiple levels (leadership, technical teams, users, etc.). Our local staffing will include leadership, clinical, outreach, training, data governance and Project Management staff. Team members not local to Puerto Rico have pledged to be available in person whenever needed.

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

Team Intervoice will provide a monthly invoice package to the PRMP, which will include the following:

1. An itemized description of services rendered for the invoice period, signed by an authorized representative, including a written certification stating that no officer or employee of PRMP, its subsidiaries, or affiliates, will derive or obtain any benefit or profit of any kind from this contract. We understand that invoices that do not include this certification will not be paid.
2. A summary for deliverable and services costs aligned with the HIE Service Areas in Attachment A _ Cost Proposal v1.10 of the RFP.
3. A list of all deliverables and project services completed within an invoice period, as well as evidence that the PRMP has accepted and approved the work via the Program Management Office's (PgMO) Deliverable Management Process.
4. Three physical and one electronic invoice packages in support of the PRMP's review and approval of each invoice. This will include one physical copy with an original signature.

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

Per Section 2.1: Equal Opportunity for Employment of Intervoice's Employee Handbook:

> It is Intervoice's policy to guarantee equal employment opportunity without regard to race, color, marriage, religion, national origin, physical or mental handicap, age, sex, marital status, political affiliation, social status, status or perceived status as a victim of domestic violence, genetic information, by veteran status, sexual orientation, gender identity or any other group protected by law, in strict compliance with applicable local and federal laws.

10. 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)

Per Section 6.7: Policy on a Drug-free and Alcohol-free Work Area of Intervoice's Employee Handbook:

> Intervoice has the responsibility to ensure that its employees comply with the most rigorous standards of moral and professional conduct, and to provide and maintain a work environment that promotes safety, productivity, and the highest standards of work.

Therefore, alcohol use and the use, possession, sale, or distribution of illicit or unauthorized drugs is strictly prohibited.

The safety and wellbeing of our coworkers, clients, and the general public demand that our employees perform their duties free from the effects of drugs and alcohol. For this reason, no one will report to work under the influence of, or after having ingested, taken drugs and/or alcohol or received any drugs, including prescription drugs, which could in any way adversely affect their ability to work or their physical or mental faculties, or adversely affect the safety of other people at work.

Table 27: 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	All systems are designed to integrate with participant electronic systems, support state initiatives and programs, align with federal and state policies, and meet industry standards for data exchange. We are Health Information Trust Alliance (HITRUST) and Electronic Healthcare Network Accreditation Commission (EHNAC) certified and a member of the Health Information Sharing & Analysis Center (H-ISAC).
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	The team has submitted Service-Level Agreement (SLA) exceptions and alternative language as per the RFP requirements. While we acknowledge and agree with most of the SLA terms, we have raised concerns regarding specific details in a few of the SLAs.
The vendor must perform all work associated with this contract within the continental United States (U.S.) or U.S. Territories.	Y	All data systems and environments leveraged in our infrastructure are hosted within the United States. All staff working on the environments and systems are located in the United States.
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 recognize that building relationships and trust with key leaders and PRMP staff is crucial to the success of PRHIE. We are dedicated to providing detailed information on the progress of priorities important to the PRMP and any metrics and reporting that help to convey the value the HIE brings to Puerto Rico and its participants. Our goal will be to bring value to multiple agencies and programs so we can become a trusted partner to

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
		PRMP, participants, and Puerto Ricans, which will also help ease transitions in leadership.
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	In accordance with CMS requirements, any design, development (configuration), and implementation of products using federal funds are the rights of the federal and state governments. As such, we agree that PRMP will retain ownership of all documentation, procedures, application configuration, and materials procured or developed during the contract period. As it relates to data ownership, we diligently adhere to our participation agreements, business agreements, and data use agreements, and other agreements established with participants in the handling of the data and services we offer. CSS, as a non-profit entity working with participants contributing data, considers the originators of the data the sole owners of the data and any use of the data by our entity will be according to the allowances prescribed in any data-related agreements. Additionally, some third-party, proprietary software systems are leveraged within the HIE infrastructure that are not owned by the HIE. We commit that no federal dollars will be utilized to contribute to core code changes for third-party software systems and that any funding used for configurations specific to Puerto Rico will be available to Puerto Rico as owners of the configurations.
Security: The vendor must comply with information, data, and cybersecurity requirements	Y	We adhere to all applicable federal and state law to ensure federal and state-level compliance. Our approach to privacy and security is aligned

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
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.		with industry-standard certifications, including Electronic Healthcare Network Accreditation Commission (EHNAC) accredited and Health Information Trust Alliance Common Security Framework (HITRUST CSF) certified. We therefore have strong protections against unauthorized third parties attempting to access our technology infrastructure. Our infrastructure has mostly been migrated to Microsoft Azure and resides on isolated servers. All inbound traffic to the HIE processes through an Application Programming Interface (API) Gateway which is capable of understanding traffic patterns and intelligently throttling access outside of a pattern of use. The entire infrastructure itself sits behind a firewall, with all systems protected by Transparent Data Encryption (TDE) AES256-level encryption, which requires two factor authentication for access. All HIE services require two-factor authentication for access by both administrators and end-users. All data are encrypted in transit and at rest. The infrastructure undergoes routine internal and external security audits. Weekly vulnerability scans and bi-annual penetration tests of all HIE servers (virtual and physical) are conducted to ensure that any known weaknesses or threats are mitigated immediately. The datacenters themselves (Azure) are Systems and Organizations Controls 2 (SOC 2) Type II compliant and provide proof of evidence on an annual basis. Formal procedures are defined to encrypt data in transit including use of strong cryptography protocols to safeguard covered information during transmission over less trusted / open public networks. Valid encryption

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
		processes include: 1) Transport Layer Security (TLS) 1.2 or later, 2) Internet Protocol Security (IPSec) Virtual Private Networks (VPNs), including Gateway-To-Gateway Architecture, Host-To-Gateway Architecture, Host-To-Host Architecture, and 3) TLS VPNs, including Portal VPN and Tunnel VPN. We undergo an annual SOC-2 Type 2 audits in accordance with the AICPA SSAE 18 standards. The SOC-2 audit covers the security, availability, and confidentiality trust service principles. Additionally, our infrastructure is HITRUST (v9.6.2) and EHNAC HIEAP certified.
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	Y	In accordance with NIST-80053r5 and as part of our HITRUST certification, we have audit logging policies and procedures that ensure information systems processing covered information shall create a secure audit record each time a user accesses, creates, updates or archives covered information via the system. The audit logs will include: 1. A unique user identifier 2. A unique data subject (e.g., the client/ customer) identifier 3. The function performed by the user (e.g., log-in, including failed attempts; record creation; access; update; etc.) 4. The time and date that the function was performed Additionally, logs for operators or administrators will also include: 1. The type of event that occurred (e.g., success or failure)

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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.		2. The time at which an event occurred 3. Information about the event (e.g., files handled) or failure (e.g., error occurred, and corrective action was taken) 4. The account(s) and administrator(s) or operator(s) involved 5. The process(es) involved.
Security: The vendor will provide security-related reports at defined frequencies that align to NIST 800-53a security control 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	Y	CSS undergoes annual comprehensive security audits/assessment that include, SOC-2 Type and HIPAA/HITECH attestation. Additionally, we undergo HITRUST and EHNAC certifications that addresses the NIST 800-53 controls and the listed reports. CSS will provide the security reports and letter of certifications but will not provide individual or one-off reports as described above. Please note that our security program audits and certifications conducted by independent third-party firms tests the individually listed controls. CSS will work with PRMP to ensure their

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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		questions are addressed as it relates to CSS's security posture of any of the items listed above.

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
xvi. HIE governing board security policy review		
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) 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)	Y	CSS has invested in a targeted approach to privacy and security by aligning itself with industry-standard certifications: Electronic Healthcare Network Accreditation Commission (EHNAC) HIE accreditation program (HIEAP) accreditation and HITRUST r2 certification. Further, CSS has adopted the HITRUST Common Security Framework (CSF) as its information security management system to drive continual maturity in the measurement and management of all security controls. **FISMA** specifically applies to agencies within the US federal government, state government agencies helping administer joint state-federal programs, and all organizations that possess, manage, or have access to federal information on behalf of an agency. Therefore, while FISMA does not directly apply to the services we provide, we follow all the basic tenets of FISMA. We implement policies and procedures to cost-effectively reduce IT security risks to an acceptable level through continuous monitoring, having a plan of action and milestones for documenting, tracking, and mitigating security deficiencies/weaknesses, and a documented system security plan. More broadly, we follow all the top FISMA requirements as part of our security protocols, including: 1) maintaining an inventory of information systems, 2) categorizing information and information systems according to risk level, 3) maintaining a system security plan, 4) utilizing

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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 controls, 5) conducting risk assessments, 6) obtaining certifications and accreditations, and 7) conducting continuous monitoring. Our infrastructure complies with all applicable **HIPAA/HITECH** requirements and conducts an annual HIPAA security audit by an independent audit firm that includes the following: 1) SOC-2 Type II (Security, Availability & Confidentiality), 2) Cybersecurity Testing (internal & external vulnerability scanning, web application scanning, and social engineering), and 3) HIPAA/HITECH. We adhere to all applicable federal and state law, including the **Patient Protection and Affordable Care Act.** We are routinely audited to ensure compliance with all applicable law. Related to **NSA**, we continually monitor guidance published by government agencies and reviews recommendations as it applies to the HIE infrastructure. We adhere to all applicable federal and state laws, including the **ONC Cures Act and Information Blocking Rule** and are routinely audited to ensure compliance with all applicable laws. We have updated our Participation Agreement and our policies and procedures to comply with the rule (including detailing the Content and Manner Exception, which specifically allows an actor and a data requestor to mutually agree on the terms under which the requestor will access, exchange or use electronic health information) by specifying the mutually agreed upon terms and conditions that govern the access, exchange and use of information by participants. We leverage a vendor that facilitates **patient access** to their information. Our vendor supports

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		and manages the third-party app gateway for a Personal Health Application (PHA) connection to our HIE infrastructure, including processing app applications and connecting them; providing a user interface for patients who do not wish to use a PHA to access their electronic health information; and will authenticate the identities of patients and in some circumstances their authorized caregivers. We are confident that the breadth of our privacy and security practices will meet all necessary **commonwealth regulations regarding privacy and security.** Finally, we are committed to participating in Trusted Exchange Framework and Common Agreement (**TEFCA)** through the eHealth Exchange, a non-profit cooperative network dedicated to facilitating transparent, secure, and appropriate data sharing nationwide. We would like to enable health departments to actively participate in TEFCA through the eHealth Exchange Qualified Health Information Network (QHIN). There is no cost to participate in the QHIN and no data will be shared without approval of all necessary policies and procedures.
Security – Hosting: The vendor confirms that hosting services are controlled and managed for access, information exchange, and identity authentication. **a. The vendor confirms that:**	Y	Our approach to privacy and security is aligned with industry-standard certifications, including Electronic Healthcare Network Accreditation Commission (EHNAC) accredited and Health Information Trust Alliance Common Security Framework (HITRUST CSF) certified. We therefore have strong protections against unauthorized third parties attempting to access our technology infrastructure. Our infrastructure has largely been

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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 ii. OCSP x.509 certificate revocation detection (or supported version) iii. Other methods of x.509 certification revocation detection		migrated to Microsoft Azure and resides on isolated servers. All inbound traffic to the HIE processes through an API Gateway which is capable of understanding traffic patterns and intelligently throttling access outside of a pattern of use. The entire infrastructure itself sits behind a firewall, with all systems protected by TDE AES256-level encryption, which requires two factor authentication for access. All HIE services require two-factor authentication for access by both administrators and end-users. All data are encrypted in transit and at rest. The infrastructure undergoes routine internal and external security audits. Weekly vulnerability scans and bi-annual penetration tests of all HIE servers (virtual and physical) are conducted to ensure that any known weaknesses or threats are mitigated immediately. The datacenters themselves (Azure) are SOC 2 Type II compliant and provide proof of evidence on an annual basis. Formal procedures are defined to encrypt data in transit including use of strong cryptography protocols to safeguard covered information during transmission over less trusted / open public networks. Valid encryption processes include: 1) Transport Layer Security (TLS) 1.1 or later, 2) IPSec VPNs, including Gateway-To-Gateway Architecture, Host-To-Gateway Architecture, Host-To-Host Architecture, and 3) TLS VPNs, including Portal VPN and Tunnel VPN. We support OAuth as a federated authentication capability. This is primarily done with web services, but some web-based systems are also using OAuth to sign into our portals. We can support external

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
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.		authentication via OAuth 2.0 and SAML 2.0, preferring OAuth for such interactions described here. This may be a third-party vendor providing authentication services or a trusted domain like a hospital. We can delegate authentication services provided the authentication service supports industry standards like OAuth and SAML. We manage public key certificates to support HTTPS and API-based workflows. We also maintain a process to mitigate downtimes and outages with expired certificates. Our infrastructure verifies and validates system identity leveraging public key certificates for secure transactions. This is most applicable with clients interacting with externally facing APIs. We fully support SAML 2.0 and are live using this with both eHealth Exchange and CareQuality. We also support SAML assertions from third party systems like Electronic Health Records (EHRs). We also support OAuth 2.0 workflows. In accordance with NIST-80053r5 and as part of our HITRUST certification, we have deployed security tools such as next generation Web Application Firewall (WAF), Intruder Detection & Protection System (IDPS), anti-virus/anti-malware, security information and event management (SIEM) monitoring, weekly vulnerability scanning with a dedicated vulnerability and patching management program. Additionally, a Managed Security Service Provider (MSSP) is used to provide support of Tier 1 alerts and to get threat intel feeds on Indicators of Compromise (IoC).

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
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 adhere to federal and state laws and encrypt data at rest and in transit in accordance with FIPS-validated cryptographic mechanisms. Our approach to privacy and security is aligned with industry-standard certifications, including Electronic Healthcare Network Accreditation Commission (EHNAC) accredited and Health Information Trust Alliance Common Security Framework (HITRUST CSF) certified. We therefore have strong protections against unauthorized third parties attempting to access our technology infrastructure. Our infrastructure has mostly been migrated to Microsoft Azure and resides on isolated servers. All inbound traffic to the HIE processes through an Application Programming Interface (API) Gateway which is capable of understanding traffic patterns and intelligently throttling access outside of a pattern of use. The entire infrastructure itself sits behind a firewall, with all systems protected by Transparent Data Encryption (TDE) AES256-level encryption, which requires two factor authentication for access. All HIE services require two-factor authentication for access by both administrators and end-users. All data are encrypted in transit and at rest. The infrastructure undergoes routine internal and external security audits. Weekly vulnerability scans and bi-annual penetration tests of all HIE servers (virtual and physical) are conducted to ensure that any known weaknesses or threats are mitigated immediately. The datacenters themselves (Azure) are Systems and Organizations Controls 2 (SOC 2) Type II compliant and provide proof of evidence on an annual basis. Formal procedures are defined to encrypt

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		data in transit including use of strong cryptography protocols to safeguard covered information during transmission over less trusted / open public networks. Valid encryption processes include: 1) Transport Layer Security (TLS) 1.1 or later, 2) Internet Protocol Security (IPSec) Virtual Private Networks (VPNs), including Gateway-To-Gateway Architecture, Host-To-Gateway Architecture, Host-To-Host Architecture, and 3) TLS VPNs, including Portal VPN and Tunnel VPN.
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 host the majority of our HIE systems in Microsoft Azure where Microsoft Azure runs in datacenters managed and operated by Microsoft. These geographically dispersed datacenters comply with key industry standards, such as ISO/IEC 27001:2013 and NIST SP 800-53, for security, reliability, Physical security, availability, boundaries, networking, operations, monitoring, etc. as referenced in the Azure Infrastructure criteria documentation. Our organization deploys a wide range of security tools and controls to protect against brute-force, DDoS, SQL injections and/or XSS attempts: Network firewalls, phishing training/ransomware email scanning for malicious emails and attachments, next generation Web Application Firewall (WAF), Intruder Detection & Protection System (IDPS), anti-virus/anti-malware, security information and event management (SIEM) monitoring, weekly vulnerability scanning with a dedicated vulnerability and patching management program. Additionally, a Managed Security

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		Service Provider (MSSP) is used to provide support of Tier 1 alerts and to get threat intel feeds on Indicators of Compromise (IoC) and immutable backups are in place (write once, read many). Additionally, we have deployed a network detection & response (NDR) and is currently in the deployment phase of ab endpoint detection & response (EDR) tool. We engage third-party firms to conduct annual penetration testing (black box and white box).
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 will work closely with the Puerto Rico's Chief Information Officer if any security vulnerability of our hosting infrastructure results in a security incident and if an incident results in a breach. We will communicate and report in conformance with Puerto Rico laws and in accordance with the business associate agreement.

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
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 maintain a secure hosting environment by leveraging a cloud service provider, Microsoft Azure, and adheres to the shared responsibility model to use the HIPAA, SOC-2, and HITRUST compliant environment for all HIE hosting services requirement.
Security – Security Management: The vendor must demonstrate that industry- standard security management will be implemented and administered by the vendor.	Y	CSS designs its processes and procedures to meet its objectives for its HIE and these objectives are designed based on the service commitments that CSS makes to user entities, the laws and regulations that govern the provision of HIE services, and the financial, operational, and compliance requirements that CSS has established for the services. CSS has documented policies and procedures in place to guide personnel in identifying business objective risks, assessing changes to the system, and developing risk management strategies as a part of the risk assessment process. CSS adheres to federal and state regulations in safeguarding data. In addition, CSS has adopted the HITRUST CSF model its risk-based security management program. The framework drives a continuous maturity model, which allows CSS to consistently measure the effectiveness of our controls and adjusting as needed to further enhance security and manage risk.

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
		CSS deploys a wide range of security tools and controls: Network firewalls, social engineering training, advanced threat email scanning for malicious emails and attachments, next generation Web Application Firewall (WAF), Intrusion Detection & Protection System (IDPS), next generation anti-virus, security information and event management (SIEM), a network detection & response (NDR) endpoint detection & response (EDR) tool, a vulnerability scanning with a dedicated vulnerability and patching management program. Additionally, CSS has a Managed Security Service Provider (MSSP) dedicated to providing support of Tier 1 alerts and to get threat intel feeds on Indicators of Compromise (IoC). CSS has immutable backups (write once, read many) and disaster recovery & business continuity plan. Additionally, CSS engages third party firms to conduct annual penetration testing (black box, white box, and web application testing). Lastly, CSS has an incident response plan with a retainer service which includes an annual tabletop exercise.
Public Health: The vendor must provide local code mapping to improve the level of accurate reporting of disease reporting to improve population health.	Y	CSS plays a crucial role in advancing public health reporting, facilitating the seamless transmission of data related to immunizations, electronic laboratory reports, cancer cases, and electronic reporting for reportable diseases. Our capabilities include supporting data translations as per

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
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.		programmatic requirements and reporting public health metrics to Medicaid.
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	CSS supports 49,926 active provider users across more than 2,444 organizations from six different regions (Connecticut, Maryland, District of Columbia, Virginia, West Virginia, and Alaska). Intervoice will supply the local outreach resources that will develop a relationship with all participating entities and provide a first line of contact and support. CSS will work with Intervoice to define a process in which the participant data is captured within a Customer Relationship Management tool (territory provided if available) and made available to the CSS infrastructure for access and data analytics purposes. The dedicated CSS help desk has extensively documented Standard Operating Procedures (SOP) for participant onboarding, user account provisioning, and account management and will provide support to PRHIE and its participants throughout the process. In addition to supporting onboarding efforts, the team will offer trainings for the PRMP staff members on the utilization and

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
		operation of services, extend access to internal wikis and documentation available for each service to staff members, and will work closely with the PRMP on region-specific end-user training materials. The model we follow is that participants with users that access the HIE data available within the Portals are required to provide at least one, but preferably two, points of contact as "HIE Administrators" for the technical Services. The HIE Administrators are responsible for the maintenance of user profiles (employees of their organization) through the self-service HIE Admin Tool. The HIE Admin Tool allows HIE Administrators to manage their colleagues' HIE accounts (including providing all necessary information to CSS for adding users, deleting users, and assigning or changing user roles). User account creation, HIE user verification, access to specific HIE Services, and employee turnover can all be handled via the tool. HIE Administrators are also responsible for attesting to user identity verification and checking that users have completed all necessary policy training prior to obtaining access to the CSS Services, as well as for monitoring the general use and operations of the CSS Services within their organization. The HIE Administrator is required to attest to the accuracy of the user rosters (i.e. all users are still employed at the organization) every 90 days. If the HIE Administrator fails to attest within that time period, all users will be removed from the organization and their account access disabled. This ensures that user provisioning is up- to-date and accurate to current employment status and role. The information within the HIE

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
		Admin tool will be reflected back in the Customer Relationship Management (CRM) tool such that the PRMP can understand basic statistics around user provisioning. Note that the HIE Admin tool is only used for web-based portal access. The preferred method of HIE access is integrating the SMART on FHIR app within the user workflow. When an integration such as this is in place, the entity with the integration is taking responsibility for provisioning user access to patient-level data within the HIE. No provisioning of a separate user account within the HIE is required as the only way in which patient-level data can be accessed is through a patient's chart within the EHR. Integrations typically do not allow for manual patient queries to occur. CSS receives the unique identifier for the user for auditing purposes; understanding who that individual is would require working directly with the organization to identify the user based on the organization's records. This ensures that only patients with a relationship to the organization are queried and access to the HIE can only occur if the user has access to the organization's EHR. If employment is terminated, EHR access is revoked and therefore any access to the HIE data.
User Access and Management – End-User Authentication: The vendor confirms they use Security Assertion Markup Language (SAML) Single-Sign-On (SSO) authentication whereby	Y	We support federation standards such as SAML 2.0 and OAuth 2.0. We also support web services federation protocol/WS-Federation as well. We can support SPML with external systems of participants/customers as

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
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.		needed, however, we have not encountered a situation where this approach to authenticating and authorizing users has been leveraged. We support two factor authentication via text message, email, and third-party authentication apps, such as Authy. We can choose which authentication method is preferred and which should not be made available. We could also deploy hardware tokens like YubiKeys if that is required. Our strong preference is to support 2-factor by SMS and Email by exception only. The InContext app is currently integrated with the following EHRs: Epic, Cerner, AthenaHealth, eClinical Works, and Iatric. Other types of integrations are in place with a wider range of EHRs. Team Intervoice has the relationships for facilitating the integration with local certified ambulatory EHRs such as EHRez, Medicus E.H.R., and Neomed as well as Infomedika's Evolution, Sabiamed, and Meditech, which commands a significant market presence among hospitals in Puerto Rico
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.	Y	Our infrastructure has a Master Provider Registry (MPR), which operates in a similar manner to the Master Patient Index, in which provider data from multiple sources are processed through an algorithm that matches and consolidates the data into a single record. Our infrastructure can also identify and merge close-match identities (i.e. "potential duplicates") prior to presenting the results to users. The Customer Relationship

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
b. The vendor confirms that Provider Directory Services associate providers with facilities and health systems.		Management (CRM) tool is one input into the MPR, which includes relationships between providers and facilities and other health systems, along with the MPR data as well. Direct addresses can be a data point included in the suite of services that make up a standard provider directory. Additionally, one of the affiliates uses a vendor-supplied provider directory service that includes Direct Secure Messaging emails that could be extended to Puerto Rico upon request and if incorporated into the budget.
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	Our infrastructure is designed with strong identity and access management controls. As part of the credentialing process, we capture unique user profiles, contact information, and a role-based access control process. We allow role-based access to patient data, which adheres to our approved data use policies. Credentialed users are assigned role titles (e.g. physician, nurse practitioner, nurse, administrative staff) and access is based on what is allowable according to their profession and role within the organization. For web-based users, the credentialed user is checked for access controls when attempting to access patient data and only data and services are displayed to the user according to the level of access for the user. All accesses of patient data are reliant on attestation of a relationship with the patient. CSS handles this with the Relationship Management Service (RMS). RMS is populated based on patient/provider relationships identified on inbound data to the HIE (ADTs, SIUs, panels, select claims,

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		etc.). If a provider does not have a relationship with a patient, they must attest to a relationship prior to proceeding (Break the Glass). All accesses within the system are auditable. All break the glass events trigger additional scrutiny.
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 personnel can access the HIE data through the Provider Portal assuming all proper policies and procedures are captured according to the participation agreements that govern the data access. There are many public health users that access HIE today through the provider portals in support of public health use cases and laws, which can be replicated in Puerto Rico.
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	Our Master Patient Index leverages a probabilistic matching algorithm that processes patient demographic data (name, date of birth, address, gender, social security number, phone number) from different sources and links records together to a high degree of accuracy such that when a user makes a data request, clinical content from across the state can be presented in a single view for a particular patient. The algorithm is tuned to ensure that patients matched together are in fact the same person while minimizing situations where two patients are not matched together but should be (I.e. “duplicates”). The historical demographic information is tracked by source, used in the matching algorithm, and is accessible by authorized users.

E.2 Mandatory Qualifications

Table 28: 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	CSS has grown to support six different states through providing HIE infrastructure and other one-off technical services in four additional states. We have demonstrated our ability to rapidly respond to the state's needs during emergency situations, such as when COVID-19 efforts began, and routine requests, such as supporting specific public health data needs. Our organization serves as a vital intersection point between providers and state systems (e.g., labs and public health reporting). We have the foundational infrastructure already in place to support the state with data needs and use cases, often requiring only configuration changes instead of development, and sufficient community and clinical data to provide demonstrated value. The goals of this RFP will further our ability to bring value to the state with the increased network connectivity plans. We have worked extensively with behavioral health organizations and supporting data exchange between behavioral health organizations and the state for program needs and requirements. Our participants include hospitals, primary care facilities, specialty clinics, behavioral health facilities, reference labs, state, and federal healthcare providers, as well as mandatory reporters for public health outside the normal healthcare delivery system. We also partner with subcontractors with extensive experience in data exchange services. One of our largest partners and subcontractor for HIE infrastructure and technical expertise has provided HIE services in five states for over a

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
		decade. Other subcontractors that supply specific vendor-supplied solutions are actively supporting healthcare data exchange in all 50 states, as well as internationally. Our subcontractors provide us access to a large team with extensive experience with HIE services, standards, integrations, and implementation processes that can scale up and down as priorities demand without major changes to staffing locally due to the shared resource structure. Collectively, the infrastructure, services, and support we provide to our participants cover all the services described in this proposal. Importantly, the infrastructure is specifically designed to support a statewide health information exchange and nearly every component has been certified by the Centers of Medicare and Medicaid Services (CMS) for enhanced Medicaid Enterprise System (MES) funding. All systems are designed to integrate with participant electronic systems, support state initiatives and programs, align with federal and state policies, and meet industry standards for data exchange. CSS's non-profit status encourages trust among participants. Transparency of permitted uses of data under our data exchange agreements ensures participants and patients understand how their data are being used. Our board, committee(s), and stakeholder engagement integrate the voice of the community into our services and functionality to ensure we are delivering value.
The vendor must have the ability to staff the organization and contract with subcontractors to meet PRMP's	Y	All projects will have assigned staff and resources to manage technical connections and implementation efforts. Drawing from our experienced team of experts, our staff have the appropriate project management, organizational, data management, and information technology skills needed to provide HIE services.

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
HIE program objectives and associated timelines.		We will partner with the GPR to support the PRHIE and improve the health and well-being of Puerto Ricans. We will discuss progress on projects and deliverables regularly through weekly meetings, monthly project status reports, utilization metrics, and service level agreement documentation. Our use of subcontracted staff includes technical and operational support, help desk / end-user support, communication and outreach planning, and other roles that mirror the structure of our local staff to collaboratively execute on efforts, such as clinical, training, technical, and project management staff. Subject matter experts are also available on demand should a particular topic arise that requires a specialized skillset or multi-state experience, such as HIE funding, CMS certification, and specialized legal services. Partnering with subcontractors, who have a proven track record for delivering technology for data exchange and HIE strategic advising in multiple markets, affords a depth and breadth of subject matter expertise that would be otherwise difficult or costly to obtain. An economy of scale is achieved with the technology and resources using this approach as well, as funding from multiple regions supports constant improvements to the technology and new innovations that Puerto Rico will benefit from without needing to support the full cost. This hybrid local/contractual model allows our team to engage or disengage with technical and advisory resources as needed, based on scope, prioritization, and availability of funds without requiring staffing changes.
The vendor must have demonstrated experience operating and managing	Y	Providers can view patient healthcare data for all data contributed to the HIE according to their role-based access using our web-based or SMART on FHIR

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
health system services including the direct provision of services to the provider community.		portals. If a patient opts out of the HIE, no clinical data are available for viewing. Data that the patient specifically opts into, such as 42 Code of Federal Regulation (CFR) Part 2 data, will only display to users according to the patient's consent (including who is allowed to see the data and what data are allowed to be displayed during the time period it is active). We offer a web-based provider portal for users to access with a credentialed username and password. We also offer a SMART on FHIR application that can be embedded within EHRs that support the technology (currently deployed within Epic, Cerner, AthenaHealth, eClinical Works, and Iatric) for a more streamlined user workflow. These portals display all patient data to the user. We also have APIs that external systems can interact with to pull data into their systems. All inbound traffic processes through an API Gateway capable of understanding traffic patterns and throttling access outside of a pattern of use for security purposes.
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	Y	Please see Team Intervoice's references provided in Attachment C of this RFP proposal response. References include detailed information regarding experience with building and managing health information exchange, governance, and other related HIE services.

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
operating and managing a health information exchange or related services.		
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	Our approach to staffing supports a model where we have a strong leadership presence local to Puerto Rico either through relationships with key stakeholders and/or local boots on the ground. This model enables the Intervoice team to coordinate closely with local stakeholders, board members, and HIE participants. Key members of our staff, specifically in the area of operations and outreach, are native Spanish speakers from Puerto Rico, who are also fluent in English. Our local staff understands the Puerto Rico landscape and allows for the building of relationships and trust with current and future PRHIE participants at multiple levels (leadership, technical teams, users, etc.). Our local staffing will include leadership, clinical, outreach, training, and project management staff. Team members not local to Puerto Rico have pledged to be in person whenever needed.
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	Our infrastructure is specifically designed to support a statewide health information exchange and nearly every component has been certified by the Centers of Medicare and Medicaid Services (CMS) for enhanced Medicaid Enterprise System (MES) funding. All systems are designed to integrate with participant electronic systems, support state initiatives and programs, align with

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
		federal and state policies, and meet industry standards for data exchange of private health information.

Attachment F

F.1 Outcomes Traceability Matrix

Team Intervoice has completed the Outcomes Traceability Matrix (OTM) and determined our responsiveness to the outcomes defined in the OTM. Team Intervoice has determined that it “Will Meet” all of the outcomes on the OTM. In addition, we have identified the location (Attachment, Section and Page Number) in our proposal where additional information is provided to further explain how these outcomes will be met.

As required, the Excel spreadsheet document, Attachment F: Outcomes Traceability Matrix, is included in the Intervoice proposal submission package.

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	Attachment G	G.2.3 Care Coordination Services	154
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	Attachment G	G.2.1 Enterprise Identity Services	153
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	Attachment G	G.2.1 Enterprise Identity Services	153
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	Attachment G	G.2.3 Care Coordination Services	154

Title	Puerto Rico HIE Outcome	Proposed Measures	Proposed Metrics	Target Setting	Performance Standard	Penalty Fee	Associated SLA ID	Vendor's Disposition	Attachment	Section	Page #
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	Attachment G	G.2.3 Care Coordination Services	154
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	Attachment G	G.2.9 Electronic Notification Services	159
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	Attachment G	G.2.6 Public Health Reporting	157
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	Attachment G	G.2.6 Public Health Reporting	157
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	Attachment G	G.2.8 Direct Secure Messaging	158

Attachment G

G.1 Approach to Business Operations

Team Intervoice has been providing business services to PRMP with the PRMMIS Provider Enrollment contract since 2020. Team Intervoice's services have been beneficial to PRMP as we enrolled over 20,000 providers and built an accurate and reliable provider file in the PRMMIS. Today, the Medicaid Program has over 18,971 active providers. Our successful Provider Enrollment contract is representative of the superior business operations service we provide to PRMP. Through this effort and others undertaken by Team Intervoice, we have established excellent provider relationships that will be invaluable in engaging providers to participate in the PRHIE.

This section will provide an overview and details of Team Intervoice's approach to operations in each of the following subcategories listed in Section 4.2.1 of the RFP, including: Governance, Business Operations, Data Governance, Policy, Technical Assistance, Operational Reporting and SLAs, and Technology Architecture and Vendor Partnerships.

G.1.1 Governance

Governance is crucial to ensuring that the functionality and data in PRHIE are handled appropriately and that the technology services implemented and maintained are executed effectively.

We will adhere to the following principles of our governance framework to ensure that data policies support the GPR's goals, PRMP's Medicaid Enterprise data governance activities, and align with federal and local data sharing restrictions:

- **Policy Alignment**: We will document use cases to confirm the technology and data use practices are aligned with all applicable laws and policies. We will work with PRMP to adopt policy and procedures used by other HIE organizations.
- **Roadmap Prioritization and Stakeholder Engagement**: We will develop a roadmap in partnership with the PRHIE Advisory Council to prioritize functionalities/enhancements based on identified PRHIE stakeholder needs.
- **Board and Committee Engagement**: We will engage local healthcare leaders on strategic and technology options through our board and governance committees.
- **PRMP Approvals**: We will obtain all necessary approvals from the PRMP through the Change Management process prior to executing a new project or data connection. PRHIE governance is both layered and overlapping in several ways:
    - PRMP has established the PRHIE Advisory Council as a cross sector governance body that advises PRMP and evaluates HIE activities, including use case development, operations, and provider adoption. Team Intervoice as the PRHIE vendor, will designate the Engagement Manager as its representative to the PRHIE Advisory Council.

- Team Intervoice supports project governance by the Stakeholder Board of Directors that provides input and valuable guidance from the community. The Stakeholder Board of Directors helps ensure that Team Intervoice's activities are aligned with PRMP and stakeholder key goals.
- A Physician Advisory Committee will be established to provide a clinical perspective to the PRHIE. The committee will meet quarterly and consists of external stakeholders across health systems, practices, the state, and others, supports strategic advice for advancing our technology and adoption of services based on community priorities and use of data according to all applicable policies.
- To effectively support the HIE engagement among providers, Team Intervoice will actively engage with the key stakeholder organizations to promote a Puerto Rico-based eHealth Collaborative model with the island's hospitals, primary care centers, Independent Physician Associations (IPAs) and medical groups, laboratories, pharmacies, and other providers in a collaborative multi-institutional framework to promote local engagement for HIE participation and sustainable operations. The proposed Puerto Rico-based collaborative will also include health insurance organizations, pharmacy benefits managers, and other management services organizations that provide the administrative, operational, and contractual oversight for healthcare delivery. The collaborative will also participate in the CMS-sponsored HIE Work Group for Puerto Rico and the Healthcare Information and Management Systems Society (HIMSS) Puerto Rico Chapter, where health IT vendors have continuing participation.

Our long relationship with PRMP has established an active, supporting role for governance within our Project Management operations. As the ePMO contractor for PRMP on PRMMIS and MEDITI3G, we know first-hand the value of strong project governance with active participation by governance members who provide oversight and help ensure that resources are available to meet requirements.

We propose to use a Responsible, Accountable, Consulted, Informed (RACI) Chart as a useful communications planning and execution tool that is used to define and direct the flow of information within a project. The RACI, explained further in this section in Figure 4, defines who has access to what information across the project organization. It is a key element in project governance as it establishes lines of authority and decision making.

Team Intervoice's Executive Director is also our Engagement Manager, who has been designated as the lead person of the project responsible for the delivery of all services to support the PRHIE. In this role, the Engagement Manager is Team Intervoice's liaison to PRMP and representative in governance activities. The engagement manager will have the support of the Team Intervoice, including our technical,

operational, and financial resources. The Engagement Manager will direct resources to respond to events that arise as the PRHIE evolves and gains greater participation. A more detailed discussion of the PRHIE project organization can be found In Attachment D: Vendor Organization and Staffing.

Deliverables: D06: Operations Management Plan

G.1.2 Business Operations

Team Intervoice has a broad range of responsibilities that must be orchestrated in order to achieve PRHIE's goals. Team Intervoice is responsible for all business operations including HIE technical services in production, technical services development and testing, help desk, and client management (PRMP, stakeholders, and participants), including participation agreements and patient consent documents. Team Intervoice will also develop and maintain PRHIE policies and standard operating procedures, and manage subcontractor and supplier relationships, communications, the PRHIE website maintenance, and contract compliance.

Team Intervoice is a freestanding entity with a business architecture that at a corporate level supports the operational functions of several clients, offering services such as human resources, financial management, security and privacy, disaster recovery, subcontractor and vendor management, quality assurance, and performance management. Team Intervoice's organizational chart may be found in Figure 2 in Attachment D: Vendor Organization and Staffing of this proposal.

Deliverables: D06: Operations Management Plan; D08: Staffing Management Plan; D10: Training Readiness Plan; D12: Disaster Recovery and Business Continuity Plan

G.1.3 Data Governance

The scope of PRHIE's data governance program encompasses the policies, procedures, committees, and technical systems used to ensure data quality, security, and availability. This includes the data required to support PRHIE subscribers and PRMP's business processes; data shared through incoming and outgoing interfaces; internal and external reporting; and monitoring of the underlying technical processes. We understand that with the advent of a full HIE solution designed to support not only Medicaid beneficiaries, but eventually all of Puerto Rico's citizens, data governance is of utmost importance.

Intervoice has been working with PRMP since 2011 on the MES transformation, and in 2019 delivered PRMP's Data Governance Plan to support the Go-Live of Puerto Rico's first CMS-certified Medicaid Management Information System (MMIS) module and the enhancement of Transformed Medicaid Statistical Information System (T-MSIS). PRMP identified a range of key risks for data governance responses and has made significant progress over the last five years. Some of these key risks, also applicable to the PRHIE, include inconsistent data standardization across sources, unclear data integrity, inconsistent data compatibility, unclear data security, and unreliable data delivery practices across data sources.

Whereas data governance establishes the overall responsibilities, strategy and policy needed to

implement standards and measures for data quality and end-user data use, data management is the program that is executed to improve data integrity and reliability through business processes to evaluate data quality, identify and account for data anomalies, evaluate root causes and develop and implement corrective actions to help assure that the PRHIE's data is reliable and accurate. Data management also includes providing technical assistance to PRHIE subscribers so their data conforms to data quality standards that are established universally across the PRHIE operating environment

Team Intervoice will develop and implement a Data Management Plan to define the data governance strategy, data standards, local data use constraints, and data integrity standards that are implemented through data sharing agreements and business associate agreements. The Data Management Plan will define the functional, technical, and organizational structure used to execute data management. The Data Integration and Data Migration subplans will define how data is collected, processed, and distributed to end users; and will describe the strategy and processes used to migrate data from multiple unaffiliated sources. It will also describe how the PRHIE's data governance is aligned with MES data governance initiatives. The Data Management Plan will also define the business processes used by Team Intervoice to identify and handle incoming data that does not meet the PRHIE's data specifications.

Deliverables: D11: Data Management Plan; D19: Turnover and Closeout Management Plan

G.1.4 Policy

Team Intervoice understands the importance of program policy to provide clear programmatic requirements for both the HIE and providers who participate in the PRHIE. Policy must adhere to laws and regulations, provide interpretation of requirements, and serve as a basis for standard operating procedures. In addition, policy must be accessible to all who participate or manage the PRHIE. As part of Intervoice's Provider Enrollment Project, we developed an Outreach Plan and led its execution, drafting the policies and procedures necessary to enroll providers and maintain operations.

The Privacy Rule in HIPAA provides a sound foundation for development of PRHIE policy since it requires covered entities to implement safeguards to protect patient privacy, setting reasonable limits on the use and disclosure of protected health information (PHI). The Privacy Rule assures that PHI is available to those who need access to it to provide and pay for healthcare and healthcare operations.

As illustrated in the organization chart in Attachment D, Team Intervoice has designated the Engagement Manager to manage policy and standard operational procedure development and management. The Engagement Manager will work directly with PRMP to address policy needs and make policy changes as required by federal and Puerto Rico laws and regulations; and to resolve issues that arise requiring updates to PRHIE policies and supporting operational procedures.

Team Intervoice also recommends that PRHIE's policies and standard operating procedures be included in configuration management, and that they're subject to change management processes in order to preserve the alignment of policy, business processes, and technical functionality.

Deliverables: D06: Operations Management Plan

G.1.5 Technical Assistance

Intervoice understands the importance of robust technical assistance as a key element for provider engagement. The value of any network, and certainly for an HIE, is proportionate to the number of users that supply data to and receive data from the exchange. A high volume of accessible and reliable data is key to the broad adoption of HIE services by providers, hospitals, and payers.

Team Intervoice will develop and implement the HIE Participant Engagement and Technical Assistance Plan. The plan will describe the processes, procedures, and performance expectations necessary to provide technical support to providers and Managed Care Organizations (MCO) on how to enroll, connect, transition, and maintain a real-time connection to the PRHIE. In addition, Team Intervoice will assist third-party vendors who wish to integrate the PRHIE into their electronic health record systems. The following technical assistance activities illustrate our approach to technical assistance:

- **Onboarding Participants and Users:** The PRHIE onboarding process is used to manage the complete business cycle that must be performed to sustain active PRHIE utilization. The PRHIE website will be used to make ongoing details available to those in need of technical information.
- **Onboarding Data Connections:** As organizations are approved and prioritized for establishing data exchange connections, an integrations engineer will be assigned to the specific organization to assist with the technical connection. The general flow of the process includes a kick-off call, establishing a secure connection, completing end-to-end testing, deploying to production, and establishing automated monitoring.
- **Maintaining Data Connections:** Team Intervoice's applications support team ensures that the HIE infrastructure and technology is healthy. They are responsible for minimizing system downtime, deployments of new releases of applications, supporting integrations from third-party data sources into the HIE infrastructure, and monitoring data connection availability.

Technical assistance will be available directly from the help desk that serves as the first point of contact on any technical issues (Level 1). The help desk will transfer support requests to technical experts who will work directly with the provider or client vendor to complete the provider or EHR vendor's testing and administrative requirements needed to successfully on-board providers.

Technical Assistance is a core Team Intervoice process, which will be provided by dedicated staff knowledgeable about HIE requirements, standards, onboarding, and the operation of the PRHIE. Technical Assistance support is provided continuously and can be quickly expanded to meet greater needs during an emergency when training and PRHIE access must be quick and focused on mitigating the impact of the emergency. Team Intervoice will maintain a record for all Technical Assistance business processes to develop statistics for monthly reporting, trend analysis and determining compliance with

SLAs.

Deliverables: D05: HIE Participation Engagement and Technical Assistance Plan; D10: Training Readiness Plan

G.1.6 Operational Reporting and SLAs

Team Intervoice will develop and implement the Operations Management Plan (OPM) that will define the policies and processes to be provided to support participation in the PRHIE. The OMP will provide a description of core PRHIE operations support activities including technical assistance, onboarding, data management, outreach, IT operations and vendor application oversight. The OMP will also defines the routine project management activities that govern the project, including risk and issue management, schedule management, change management, document management and communications management (including operational reporting). In addition, the OMP also defines production oversight activities including monitoring and reconciliation of production processing of the PRHIE technology components, incident management, technical assistance to clients, system development and release-oriented testing and implementation in production, contract compliance and financial management, policy and procedure maintenance, and quality management.

Team Intervoice will adhere to the OMP in production. We will use automated processes in the PRHIE to produce reports that accurately account for key technology processing. We leverage a flexible Data Lake infrastructure that supports all operational reporting requirements. The Data Lake is built in Azure cloud technology using Azure native technology for data storage, processing, and performing calculations on matched data. All data transactions, utilization, and storage of data flow through the Data Lake and is linked at the patient level using the Master Patient Index (MPI). For any operational reporting that relies on data, the Data Lake will be the method to which the monthly reports and regularly reported metrics are produced, which can be in a broad range of formats. Any qualitative operational reporting, or nuances to the quantitative metrics, will be added by our team to the reports being produced as part of the project. These reports are combined with other internal reporting to produce the Monthly Status Report in a dashboard format that is comprehensible by both technology savvy and non-technical stakeholders. Monthly Reporting also documents PRHIE activities and SLAs and monitors progress towards achieving the intended outcomes related to care coordination, event notification, public health reporting, and emergency response, as well as supporting PRMP in planning for the expansion and development of future HIE services.

Team Intervoice uses a flexible Data Lake infrastructure that is described further in Section G.2.4: Data Quality and Reporting Services. For any operational reporting that relies on data, the Data Lake will be the method to which the regularly reported metrics are produced. Any qualitative operational reporting, or nuances to the quantitative metrics, will be added by our team to the reports being produced as part of the project.

Deliverables: D01: Monthly Status Report; D06: Operations Management Plan; D09: Incident Management Plan

G.1.7 Technology Architecture and Vendor Partnerships

Team Intervoice is proposing a technology architecture that can meet all of the required healthcare exchanges that have been prioritized in the RFP including care coordination, event notification, automated public health reporting, and emergency response support. CSS, Team Intervoice's technology subcontractor, is committed to providing relevant services and their products have developed to keep pace with the rapidly evolving requirements to implement ONC compliant architecture. A detailed description of the HIE's technical architecture, and a description of how the HIE's technical architecture supports the required capabilities is included in Section G.2: Approach to Technical Services of this proposal.

The HIE infrastructure will be provided by CSS. The shared HIE infrastructure consists of foundational technology that is reused across multiple regional HIE partners including Maryland (CRISP MD), West Virginia (WVHIN), the District of Columbia (CRISP DC), Connecticut (Connie), Virginia (VHI), and Alaska (healtheConnect).

CSS's shared infrastructure approaches software development from an API-first mindset and operates a "best-of-breed" infrastructure including both COTS and homegrown systems. Vendor partners include Microsoft Azure, IBM's Master Patient Index, Salesforce's CRM tool, and hMetrix's CRISP Reporting Services. The technology is comprised of modular solutions that allow for the extension of the same technology to multiple use cases with simple configuration changes. Many of CSS's APIs are exposed on the API Gateway for consumption by external parties. All API calls from internal and external systems flow through the API Gateway, which orchestrates calls to the microservices where data are stored. Modular solutions will continue to be designed to provide services that can be shared across the enterprise with other state agencies and business partners.

Our infrastructure is Electronic Healthcare Network Accreditation Commission (EHNAC) HIE Accreditation Program (HIEAP) accredited, and Health Information Trust Alliance Common Security Framework (HITRUST CSF) certified. The majority of our infrastructure is hosted in Microsoft Azure and resides on isolated servers, which are SOC 2 Type II compliant. The infrastructure sits behind a firewall, with all systems protected by encryption. All HIE services require multifactor authentication for access by both administrators and end-users. All data are encrypted in transit and at rest. The infrastructure undergoes routine internal and external security audits. Patients can opt out of HIE services (globally) or enact granular consents for specific use cases (e.g. for 42 CFR Part 2 substance use disorder data, research purposes). We also use analytic software for privacy monitoring of users' access.

We will facilitate public health reporting of immunizations, electronic laboratory reports, cancer case reports, and electronic case reporting for reportable diseases and conditions to public health. We can

report public health reporting metrics to Medicaid as needed and support public health data at the point of care to ensure Medicaid providers can monitor their populations' health status and follow-up health needs.

Deliverables: D07: Security, Privacy, and Confidentiality Plan; D16: Detailed System Design Document; D17: Independent, Third-Party Security and Privacy Controls Assessment Report

Figure 5: RACI

Table 29: PRHIE RACI Chart

Activities	Project Sponsor (PRHIE Executive Sponsor)	PRIHIE Vendor Engagement Manager	PRHIE Vendor	Stakeholder Groups (Sister Agencies, Community and NGOs, MCOs CMS)	Key Staff Committee (PRMP, PRHIE Vendor, Technology Subcontractors)
Initiate					
Elaborate the business case	A	R	R/C/I	C/I	
Develop Project Charter	A	R/C/I	I	C/I	I
Identify stakeholders	A	R/C/I	R/C/I	C/I	
Planning					
Plan scope	A	R/C/I	C	I	C/I
Plan schedule	A	R/C/I	C	I	C/I
Plan cost	A	R	I	C/I	C/I
Plan quality management		R/A/C/I	R/C/I	C/I	
Plan supplier management	I	R/I	C/I		
Plan stakeholder management	C/I	R/A/C/I	R/C/I	I	I
Establish project baseline	A	R/C/I	C	I	I
Develop Project Management Plan	A	R/C/I	R/C/I	I	C/I
Execute					
Establish project procedures and standards		R/A/C/I	C	I	C/I
Direct and manage project work	A	R/C/I	C		C/I
Perform quality assurance	A	R/C/I	C		I
Develop project team		R/A/C/I	C		I
Manage project team		R/A/C/I	C		I
Report status		R/A/C/I	C	I	I
Manage communications	A	R/C/I	C/I	I	I
Obtain project feedback from sponsor	C	R/A/C/I	C/I		
Obtain suppliers	A	R/C/I		I	
Software Development Life Cycle (Planning Only)				I	
Planning	A	C/I	R	I	
Technical Environment Specification	A	C/I	R	I	
Design, Development, and Implementation	A	C/I	R	I	
Data Conversion	A	C/I	R	I	
Testing	A	C/I	R	I	
Organization Change Management, Training, and Knowledge Transfer	A	C/I	R	I	
Roll-Out and Go-Live	A	C/I	R	I	
Transitition	A	C/I	R	I	
Monitor and control					
Monitor and control project work	A	R/C/I	C		C/I
Validate scope	A	R/C/I	R/C/I		C/I
Control scope	A	R/C/I	R/C/I		C/I
Control costs	A	R/C/I	C		C/I
Control quality	A	R/C/I	R/C/I		C/I
Close/Transition					
Close supplier arrangement	A	R	C/I		C/I
Conduct project team debrief and release resources	A	R/C/I	C	I	
Close project or phase	A	R	I	C/I	

G.2 Approach to Technical Services

The overarching HIE governance structure and operational processes serve as foundational elements for the successful implementation of technical solutions within the HIE infrastructure. The track record of Team Intervoice's technical subcontractor, CSS, demonstrates a proven ability to strike an effective balance between process and practice. Team Intervoice's technical approach underscores our proficiency in the fundamental components required to establish an integrated HIE system. Through our comprehensive approach, we ensure seamless collaboration and optimal performance across our system and team, fostering success in meeting the objectives set forth by the RFP. We're confident that during the kickoff meeting (**Deliverable D03: Kickoff Meeting**) the PRMP will find team Intervoice's approach and ability to maneuver within the technical infrastructure to meet the priorities of the GPR for implementing the HIE to be thoughtful and rightfully expedient.

G.2.1 Enterprise Identity Services

All data flows through our MPI to link identities accurately and consistently across multiple sources. The MPI is core to all our services and functions in support of our participants, enabling patient searches, matching patient data across disparate datasets, longitudinal views of patient data, bi-directional exchange of data for the right patient, integration of data into EHRs, as well as reporting and analytic use cases. CSS uses International Business Machines (IBM's) InfoSphere Master Data Management software for patient matching. Our matching algorithm is based on the default IBM system with a few changes to improve accuracy. Our team responds to production support requests and resolves remaining patient merges, record overlays, and duplicate entities. Additionally, we constantly look for patterns in the data behind these issues and have implemented tools and processes to improve data quality and matching efficacy.

CSS also has a "PatientMatch" Application Programming Interface (API), which formats and filters data requests from the MPI and provides an additional layer of security. Our MPI solution allows providers searching by demographics to locate patients even if there is a slight discrepancy in spelling. Match score is dynamic and generated on a case-by-case basis.

The MPI technology and HIE infrastructure tracks sources of data, and therefore organization-to-patient relationships, serving as a record locator service. All data are stored at the source (e.g. a hospital) and Medical Record Number (MRN) level, with the MPI being the key to connecting all the disparate facility data together at a patient level. This inherent architecture directly supports the Record Locator Service (RLS) outcome requested in the Outcomes Traceability Matrix (OTM) of this RFP, **"**Improve Medicaid providers' ability to effectively treat and coordinate care through one, centralized health record." The MPI can also be used when exchanging data with other regions in a way that can connect disparate data together, in support of the "Improve Puerto Rico Medicaid beneficiaries' quality and experience of care when they receive care outside of Puerto Rico" RLS outcome in the OTM. The RLS functions can be built

out more formally as requirements are needed and defined.

Deliverables: D04: Implementation Plan

G.2.2 Interface Specifications

We leverage national healthcare data standards wherever possible. These include transport standards, exchange standards, vocabulary standards, privacy and security standards, and APIs. We support interoperability using industry standards Health Level Seven (HL7) v2.3 or higher, all Fast Healthcare Interoperability Resources (FHIR) versions, Substitutable Medical Applications and Reusable Technologies (SMART) on FHIR, and all Integrating the Healthcare Enterprise (IHE) protocols. If systems cannot support industry standards, we support different approaches to integration, collection and dissemination of data, and transformation of data into industry-accepted standards. When exchanging data from domains new to the healthcare landscape, the most common data exchange standard for that domain is leveraged to ensure scalability across different regions, for example the National EMS Information System (NEMSIS) standard for Emergency Medical Services (EMS) data.

CSS is a standards-based organization and supports HL7v2, HL7v3, FHIR DSTU2, FHIR STU3, FHIR R4, NEMSIS, National Council for Prescription Drug Programs (NCPDP), and Prescription Monitoring Information exchange (PMIX) standards -- among others. CSS participates on standards bodies and participates in national networks. HL7 2.5.x and Consolidated Clinical Document Architecture (CCDA) standards have been leveraged for the bulk of exchanging clinical data with participants. Participants are encouraged to exchange the United States Core Data for Interoperability (USCDI) when sending data via CCDA. As FHIR emerged within the industry, the shared infrastructure was an early adopter of the standard and leverages FHIR-based databases and FHIR APIs for most of the clinical data being stored. Data are made available by routing the data in its native form to downstream systems or through APIs, including FHIR-based APIs or other common healthcare data exchange standards such as the NCPDP. Vocabulary standards are also adopted where applicable, such as International Classification of Diseases (ICD-10) for diagnosis, Current Procedural Terminology (CPT) for procedures, Logical Observation Identifiers Names and Codes (LOINC) for labs, and National Drug Codes (NDC).

Deliverables: D14: Pilot Implementation Plans

G.2.3 Care Coordination Services

CSS has a wide range of HIE technology that supports care coordination. When providers query for patient data within one of our provider portals, they can view longitudinal health data according to patient consent. We also support behavioral health, substance use disorder, and other sensitive health data exchange according to patient consent. Improving patient safety and patient privacy while safeguarding sensitive data is a priority for our team and our technical infrastructure is built with appropriate cautions and considerations, meeting the Sensitive Data Management outcome, “Improve patient safety and privacy by safeguarding "sensitive" data in HIE health records,” in the RFP’s OTM. Consent is checked

any time patient data are accessed. Our consent tools support global opt-out and granular patient consent options, as needed for the Consent Management outcome “Increase Medicaid beneficiaries’ ability to control their own health data by using consent preferences to guide access to health records on the PRHIE,” in the OTM. Examples of granular consent options include but are not limited to: 1) opting out of certain specific use cases (e.g. research), while clinical data exchange continues, and 2) opting into specific use cases, (e.g., sharing 42 CFR Part 2 covered data). We track relationships between patients and providers from multiple data sources (e.g., patient rosters from participants, encounter data) and display the information to providers for care coordination. The shared infrastructure we use has Social Determinants of Health (SDOH) technology that can collect and display screenings, support closed-loop referrals with community-based organizations, and display SDOH data within the provider portal.

Other examples of care coordination functionality and/or services available include: 1) capturing the relationship between patients and their treating organization and provider for display within the HIE portals to coordinate care across care team members; 2) triggering event notifications to treating providers when a patient has a hospital encounter, improving coordination across care team members and follow-up care post discharge (more detail is provided in the Electronic Notification Services (ENS) section); 3) delivering data for ingestion and via APIs directly into the EHR for certain participants, as their technology allows; and 4) recent contact information can be found in the HIE given the wide range of data sources, leading to a greater opportunity to connect with patients when necessary. The collection of the care coordination services offered by CSS directly supports the Care Coordination – Longitudinal health Record outcome “Improve clinical decision making across care teams by providing access to real-time integrated health records through the PRHIE” within the OTM. Each of these use cases can lead to improved care coordination across providers and case management. PRMP will be able to provide the services discussed in Table 31: Care Coordination Information Services at the end of this section.

G.2.4 Data Quality and Reporting Services

We use a flexible cloud-based Data Lake infrastructure for data storage, processing (data normalization, standardization, mastering, translations), and calculations. CSS uses a Data Lake platform built in Azure cloud technology using Data Lake 2 for data storage, Azure Data Factory for processing incoming data, and Databricks for performing calculations on matched data. Data is ingested into the platform from incoming data dumps, Azure database tables, the MPI, the MPR, and incoming files. The Data Lake links all patient-level data using the MPI (adhering to patient consent), provider-level data using the MPR, and can curate datasets in any format for direct use based on state specifications and priorities. The Data Lake can run reports without negatively impacting system performance. We follow strict data governance protocols to ensure data are only used according to data-use agreements. The Data Lake creates curated datasets for direct use by stakeholders (such as Medicaid, PRDoH, and other participants) and for producing dashboards via the Reporting Services team. It is also responsible for supporting all metrics related to utilization of services and other descriptive statistics. We also offer a reporting service that

provides secure access to healthcare data and related analytics tools to assist healthcare organizations in improving patient care throughout Puerto Rico. Currently, a portal and Tableau server are utilized to distribute reports and dashboards, including geographic representations of data. Participants such as state partners, hospitals, practices, and public health programs can access the reporting services through the portal according to their role. The full suite of services and functions includes ingesting all data contributed to the HIE into the Data Lake for use in analytics, reporting, and producing metrics and further, normalizing and standardizing any new datasets introduced to the Data Lake, as necessary. The Data Lake is also used to link all datasets together using the MPI, allowing for person-level analysis up to population-based datasets. Data as a service will include both one-time and recurrent data file extracts that can be delivered to any secure endpoint, in any format according to standard industry accepted norms such as HL7/interface format workflows, Extensible Markup Language (XML), delimited files, and using Secure File Transfer Protocol (SFTP) workflows. Data will be made available to HIE participants and the GPR to incorporate into their own information and analytic systems. Extracts can be made available by data fields, data categories, specified date ranges, and specified attribution, among others.

CSS has not received data in Spanish via HL7, which will be factored into the budget and will require additional time and analyses to ensure data integrity.

Deliverables: D02: PRHIE Work Plan; D04: Implementation Plan

G.2.5 Application Programming Interface (API) Services

CSS infrastructure largely exchanges data via APIs (with external systems and internal HIE tools, such as the HIE Portals), which inherently supports translation capabilities by allowing data to be exchanged in a common standard (e.g. FHIR) after being ingested through multiple formats (e.g. flat files, HL7 2.X feeds, Continuity of Care Document [CCD], etc.). Most API-based exchange occurs after data has processed through the interface engine and/or Data Lake where translations may occur.

The CSS infrastructure has multiple services with published APIs that systems can connect with, including; Prescription Drug Monitoring Program (PDMP) (by patient enterprise ID [EID], patient demographics, patient Medical Record Number [MRN]); Patient Match (lookup, create or update, merge/unmerge); Consent; CCDA Federator (Cross-Community Patient Discovery [XCPD] passthrough, list by patient EID, list by patient MRN, document request); Flags (PDMP advisories, flags by patient EID); Alerts (by patient EID, overdose by patient MRN, alerts by type); Immunizations (by patient demographics, FHIR API); Advance Directives (search, response, create or update); Diagnostic Report (get diagnostic report, post diagnostic report, get observation, get specimen); Program Directory (by list); Claims (by patient MRN); Encounters; Encounter notifications (conditions by patient MRN, subscriptions by patient EID, Care Management events by patient MRN). The CSS interoperability layer supports bi-directional FHIR communication using the latest FHIR standards. The infrastructure can both post data to and consume data from FHIR APIs.

G.2.6 Public Health Reporting

CSS believes supporting public health is critical for HIE success. CSS is connected to the Maryland, West Virginia, and the DC Departments of Health for the following efforts: Electronic Lab Reporting (since 2010); Immunizations (since 2010); Syndromic Surveillance (since 2010); Newborn screening (since 2014); Overdose notifications (since 2019); and COVID notifications and use cases (since March 2020). The above use cases are dependent on Admissions, Discharge, Transfer (ADT) and Observation Result (ORU) feeds from participants to properly implement. CSS has also developed a Reportable Events SMART on FHIR app. The app was initially an implementation of the Vital Records Death Reporting FHIR implementation guide and is actively being extended to support an array of reportable events such as COVID. The application relies on a set of trigger codes (or can be triggered by an end user) to query the HIE for the required dataset. The application packages up the information, requests sign-off or some additional information from the end user and delivers the payload to FHIR endpoints or other supported methods used at the public health agency. CSS believes this is a significant improvement in efficiency of public health reporting compared to the paper forms used today. Outside of public health reporting, CSS: 1) provides health departments access to a suite of public health dashboards; 2) provides epidemiologists, case investigators, and medical examiners access to the HIE Portal for more efficient access to information on cases; 3) maintains public health panels to route data and events as necessary; 4) curates and maintains a registry of overdose events; 5) supports contact tracing efforts; and 6) supports capacity reporting across acute care facilities and post-acute facilities. All of these services are in direct support of the Public Outcomes, “Reduce provider burden by automating capture and exchange of public health data through the PRHIE” and “Improve public health by automating capture and exchange of public health data through the PRHIE” in the RFP’s OTM.

Deliverables: D13: Public Health Systems Plan

G.2.7 Medicaid Data Services

In capturing Medicaid beneficiary attribution, we employ multiple methods. Beneficiary data undergo processing through the MPI, allowing for the capture of beneficiary identifiers for analysis purposes. Additionally, we integrate the most recent beneficiary data into our Data Lake, facilitating analyses based on the most appropriate timeframe. For example, our system can identify patients enrolled at any point over the past year or those currently benefiting from Medicaid, based on the latest file. This capability is crucial as the MPI retains a comprehensive history of Medicaid beneficiary data, enabling analysis of past beneficiary statuses. In addition to the already described Data Lake functions, our system identifies care gaps for display at the point of care, ensuring proactive healthcare interventions. Through quality data exchange, care coordination services are vastly improved for the Medicaid population via up-to-date and accurate care team information, emergency department (ED) and inpatient notifications to support discharge planning and member follow-up post-discharge, care team alerts to MCOs for members transitioning between MCOs, including risk indicators, and through engagement with payers and their

partners, including vendors who provide care management and quality support.

As with all HIE data that passes through and is stored within our infrastructure, including Medicaid beneficiary data, stringent data governance protocols are implemented to safeguard data usage in accordance with data use agreements, ensuring compliance and maintaining confidentiality. Moreover, our platform hosts technical products that have obtained MES certification via the CMS OBC process.

G.2.8 Medicaid Services

The CSS solution extends comprehensive support to its affiliate MCOs through a range of initiatives aimed at enhancing care coordination and management. This includes updating member demographics such as phone numbers and email addresses, conducting thorough reviews of new member clinical histories including CCDAs and labs, and providing access to vital care team information for seamless communication. Additionally, CSS facilitates efficient discharge planning and post-discharge follow-up through real-time ED and inpatient notifications via CSS tools and event notification delivery methods. Notably, CSS also offers insights into member utilization patterns with high-utilization notifications and alerts for care team changes, ensuring continuity of care even during transitions between MCOs. Daily census reports further aid in care management efforts. Moreover, CSS supports quality improvement and Healthcare Effectiveness Data and Information Set (HEDIS) compliance by delivering bulk lab results and immunizations, alongside individual member searches within the HIE Portal. Program-specific initiatives encompass various areas such as identifying potential Diabetes Prevention Program (DPP) candidates and facilitating outreach programs for conditions like asthma and maternal health. Interoperability efforts include providing CMS Interoperability Patient Access and routing CCDAs directly into clinical systems. Moreover, CSS engages with payers and their partners to support care management and quality initiatives effectively. As part of the COVID-19 pandemic priorities, CSS incorporated COVID testing and immunization data into its offerings, alongside demographic data push to aid outreach efforts. Finally, in collaboration with Maryland Medicaid and the Health Services Cost Review Commission (HSCRC), CSS enhances data access for providers by integrating Medicaid and Medicare claims into the HIE Portal, along with pertinent care management program details.

Deliverables: D18: Outcomes Based Certification (OBC) Support Planning and Reporting

G.2.9 Direct Secure Messaging

Direct Secure Messaging (DSM) is available to support provider-to-provider communication, transmitting protected health information with the HIE, and territory initiatives (e.g., assisted living homes sending billing information to the PRMP). Our DSM service provides many useful features, including the ability to easily sync to other devices and programs (e.g. Outlook, smartphone, iPad, etc.), a directory that includes verified Direct addresses for hundreds of thousands of other Direct users, and the ability to securely deliver messages to recipients not on our network. The DSM offering will therefore be in direct support of the Direct Secure Messaging outcome, “Improve coordination of care between Medicaid providers and

their patients by facilitating communications through a DSM service," in the RFP's OTM, allowing providers to securely communicate PHI with one another in support of care of a shared patient.

G.2.10 Electronic Notification Services

CSS offers an event notification service to participants and care management teams to improve transitions of care as patient move across care settings. Our infrastructure supports proactive notifications leveraging ADT and other data (such as labs and CCDs) from any connected participant (such as EDs, hospital inpatient, ambulatory, long-term care). The notifications service enables healthcare providers to receive real-time alerts when an active patient has an encounter with one of the organizations sharing encounter information. The notification service is highly configurable, allowing each organization to select which types of alerts (e.g. ED visits, inpatient admissions, discharges, outpatient visits) they would like to receive and how they receive them (secure email, provider portal, within their EHR).

Some of the benefits of the event notifications include: coordinating HIE participant patients' care and scheduling any necessary follow up treatments or visits, facilitating additional Medicare reimbursement by allowing Transitional Care Management (TCM) codes to be billed, providing the ability for users to easily navigate to the CSS provider portal to review longitudinal health records for patients, and understanding hospital readmission patterns for patients or alert specifically to readmissions.

The notification system triggers alerts and flags patients who present to the hospital, allowing for improved outreach and care coordination across care team members aimed at reducing future ED visits and hospital readmissions. Therefore, one of the core use cases for the service is to address the Electronic Notification Services outcome, "Increase care coordination services at transitions of care to reduce adverse outcomes such as hospital readmissions," in the RFP's OTM.

Organizations participating with the HIE to receive alerts and notifications must submit a panel of patients actively treated by the providers within the organizations. The patient panel is processed through the MPI under the HIE-assigned source code specific to the participant. Any patient information contributed by the organization (via patient panel or data feed) is processed through the MPI under that source with the source's local MRN, or other unique patient identifier generated by the organization. The relationship between the patient and the organization is then displayed back to users within the HIE portals for care coordination purposes. If the organization supplies the specific provider information (such as the patient's primary care provider) with the HIE, that detailed information is displayed at the point of care, which can be enriched by the MPR. See Figures 6 and 7 below to better understand the work and data flow that supports the CRISP Encounter Notification Delivery (CEND) service.

Deliverables: D14: Pilot Implementation Plans

G.2.11 Emergency Response Services

Our organization has a robust set of services and experiences in supporting EMS systems, including tracking of the real-time status of ED capacity crucial for managing patient flow and ensuring that

resources are allocated efficiently; public-facing diversion status used to redirect ambulances from one ED to another when the first one is at capacity; systems designed for tracking and responding to opioid overdoses, including notifying EMS personnel, hospitals, and public health authorities; EMS notifications that enable continuity of care and ensures relevant information is available to healthcare providers when the patient arrives at the hospital; and streamlined processes that integrate EMS run sheets into EHRs, ensuring the information captured in the field is readily accessible to hospital staff when EMS transports individuals to the ED. Additionally, our system preparation for catastrophic events is embodied in our Family Reunification process which, during large-scale emergencies such as natural disasters or mass casualty incidents, ensures that resources are available to support affected individuals and families. Finally, we are connected to eHealth Exchange as an initiator and responder. Authorized users can receive data via this connection through our portals or pre-defined logic that will push data to participants based on trigger events and patient panels.

Deliverables: D13: Public Health Systems Plan

G.2.12 Interoperability Compliance

CSS exchanges and integrates data leveraging common and cutting-edge industry standards, including HL7 v2.3 or higher, all FHIR versions, SMART on FHIR, all IHE protocols, NEMSIS, NCPDP, and others. If systems cannot support industry standards, we support different approaches to integration, collection, and dissemination of data, and the transformation of data into industry-accepted standards. CSS has long supported interoperability across multiple systems, partners, and domains. The distinctive CSS cloud-based shared infrastructure is specifically crafted for HIE services, currently catering to multiple states. Leveraging scalable cloud environments, our infrastructure allows dynamic scaling to meet demand while remaining highly responsive. Application health and utilization are continually monitored, informing scaling decisions and aiding in troubleshooting performance issues. Following a best-of-breed model, our technology combines internally developed components with contributions from trusted vendor partners. This modular, scalable design facilitates seamless adaptation to new use cases and transitions between vendor solutions, all accessible through APIs.

Support for diverse data formats such as XML, JavaScript Object Notation (JSON), Comma-Separated Values (CSV), pipe-delimited, and fixed-width datasets is a testament to CSS's flexibility. In instances where systems may not align with industry standards, we embrace diverse approaches to integration by meeting a participant where they are within the interoperability spectrum, transforming the data into widely accepted standards where it is needed. This approach supports an inclusive approach to interoperability, pushing data exchange forward in domains where standards are still being formed, such as social services and public health. CSS facilitates seamless integration of HIE data into clinical workflows to enhance provider efficiency.

CSS’s technical staff is experienced in integrating with a wide range of EHR vendors and state systems

and consistently updates the technology to incorporate innovative industry standards and tools. To deliver excellent HIE technical assistance, CSS developed, implemented, and continuously refines efficient technical management and operational processes. These processes prioritize patient privacy and security, accurate patient identification, streamlined user workflows, and a scalable, responsive, and robust infrastructure. The established practices cover a spectrum of participant scenarios, including onboarding new participants, supporting existing ones, and providing advanced services training. With a commitment to excellence, we align our infrastructure, adherence to standards, and extensive experience to fulfill the services and requirements outlined in this RFP.

Deliverables: D15: Data Transition Plan

Table 30: Services Included in the Care Coordination Information Services Category

Service	Detail
CCD services	Collection and storage of CCDs
	Parsing of CCD data elements for display to users and use within analytic reports
Longitudinal health record	Storage of all HL7 data into content-specific databases (e.g. labs, encounters, radiology reports, clinical notes) are pulled together into single display upon user query
Consent Management	Global opt-out workflows
	Granular consents (e.g. 42 CFR Part 2)
Care Team Identification	Relationships between patients and providers/organizations are displayed within the provider portals
Closed Loop Referral Service	Electronic referrals able to be sent from an EHR as an order and routed to a downstream system for resulting (with result flowing back to originating EHR) in support of clinical workflows
	Electronic workflows for community-based organizations and SDOH workflows
Social Determinants of Health Integration	Ability to complete screenings
	Ability to collect and display screenings completed in other electronic systems
	Closed-loop referrals for SDOH workflows
	Provide resource directory to users

Table 31: Care Coordination Information Services

Care Coordination Information Services Include:	
CCD services	Exchange and integration of continuity of care documents (CCDs) in compliance with current Office of the National Coordinator for Health Information Technology (ONC)-endorsed interoperability standards.
Longitudinal health record	Establishing and maintaining unique patient records that are accessed, transmitted, or delivered, between healthcare providers and authorized users
Closed Loop Referral Service	Providing referral workflows between primary care and specialists, community services, etc. We will comply with participation agreements and business associate agreements, and as applicable with community agencies and commercial payers to enable the exchange of information in a manner that will support coordination of care (e.g., eligibility systems, provider networks, calling/claims, payment systems, physician registries and referrals, social services, and homeless services).
Consent Management	Provide and manage ongoing individual consent choices and tracking of individuals regarding the collection, use, or disclosure of their PHI or PII. Solutions must ensure compliance with State and federal laws related to HIE consent and behavioral health such as 42 CFR Part 2. Our consent management tool provides the capabilities required to

Care Coordination Information Services Include:	
	implement and maintain consent policies consistent with federal and State statutes. It also maintains a history of all patient consent elections and patient authorizations for information access, as well as other patient/consumer preferences as applicable to the services provided by the HIE and in accordance with state statute.
SDOH Integration	Linking and sharing high-value disparate data sources that link unique individual's information for HIE participants, the State, and third-party partners. This service will adopt best practices led by the ONC and The Gravity Project
Care Team Identification	Identify critical care team members that support the direct care and intervention of an individual.

Figure 6: Alerts and Notifications System Architecture

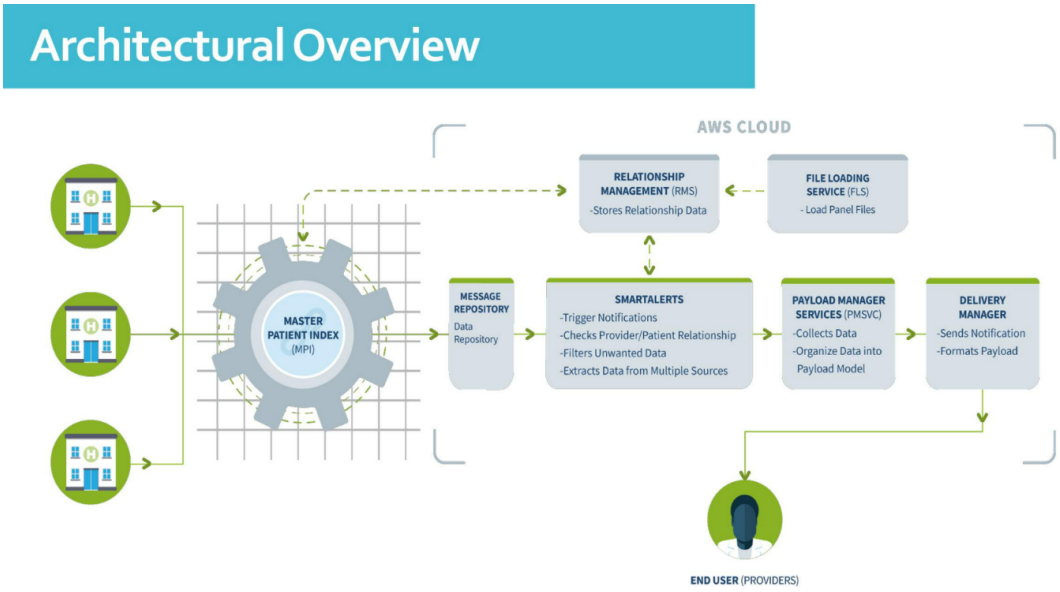
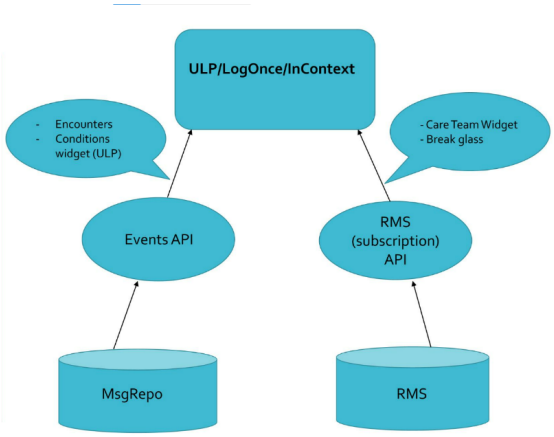


Figure 7: CRISP Shared Services Architecture Interacting with the Vendor-Supplied Technology



Attachment H

H.1 Initial Project Schedule

Team Intervoice has long embraced an incremental and pragmatic approach to execution, while reducing time to value-add for participants and driving innovation. This approach, ingrained since our inception in 2009 and continuing through our sustained growth into 2024, remains central to our operational ethos. Over the past year, we have experienced significant expansion and remain committed to delivering on commitments and enhancing the quality of our existing services, processes, and security measures. Our pursuit is to not only expedite progress but also to bolster our capacity for meaningful impact.

Aligned with the principles of Agile software development, our approach entails breaking down tasks into manageable components, measuring velocity and its determinants, and prioritizing predictability and adaptability. The hallmark of our Agile process lies in its inherent flexibility, evident in our regular retrospectives aimed at assessing past performance and iteratively refining our approach. In proposing a partnership with the PRMP, CSS advocates for the application of Agile methodology throughout the implementation phase and any subsequent development endeavors. This entails adherence to traditional Agile ceremonies such as grooming, sprint planning, sprint review, retrospectives, and systems demos. Team Intervoice places a strong emphasis on quality assurance and the proactive identification and resolution of data model gaps or feed issues.

Team Intervoice invites PRMP staff participation and aims to foster a collaborative partnership across stakeholders. Routine engagement, including daily standups, weekly reviews, and leadership involvement, ensures alignment with project objectives and facilitates timely decision making. Additionally, we anticipate the continuation of the close collaboration we have enjoyed with the PRMP throughout our many years of collaboration, to provide insights into current processes, infrastructure, and desired future-state functionality, tailoring our approach to each of the nineteen deliverables to achieve optimal outcomes and improve care for all Puerto Ricans.

The following work plan delineates the timing and overarching steps required to achieve the deliverables and deploy the requisite infrastructure, while subsequent sections offer a glimpse into potential enhancement projects for the PRMP to consider in option years of the contract. We provide an electronic version in Microsoft Project, in the Technical Proposal USBs.

It's crucial to bear in mind that while the work plan lays out the general steps necessary for the success of each project, small victories will have a significant impact throughout the various stages of implementation. As the RFP suggests, focusing on small wins along the way is crucial for maintaining momentum and ensuring progress in project implementations.

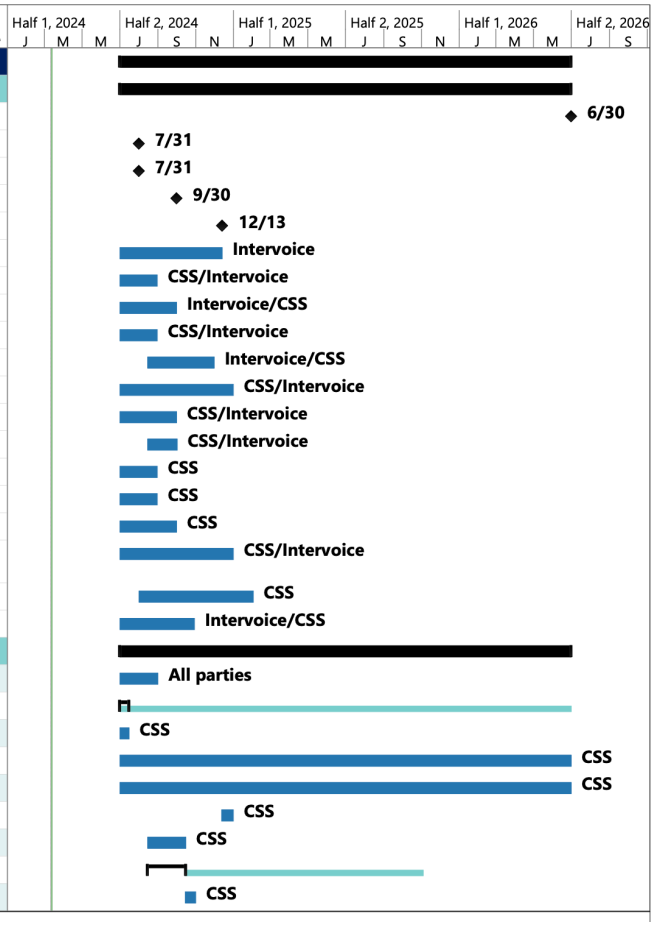
For instance, the receipt of quality ADT messages is a significant milestone that can have ripple effects across various aspects of healthcare data management. The availability of accurate race and ethnicity data derived from these messages can serve multiple purposes. First, it can enhance public health reporting by providing more comprehensive demographic insights, which is essential for identifying health disparities and crafting targeted interventions. Additionally, this data can enrich various datasets, such as

those related to population immunization status, enabling more informed decision-making and policy formulation.

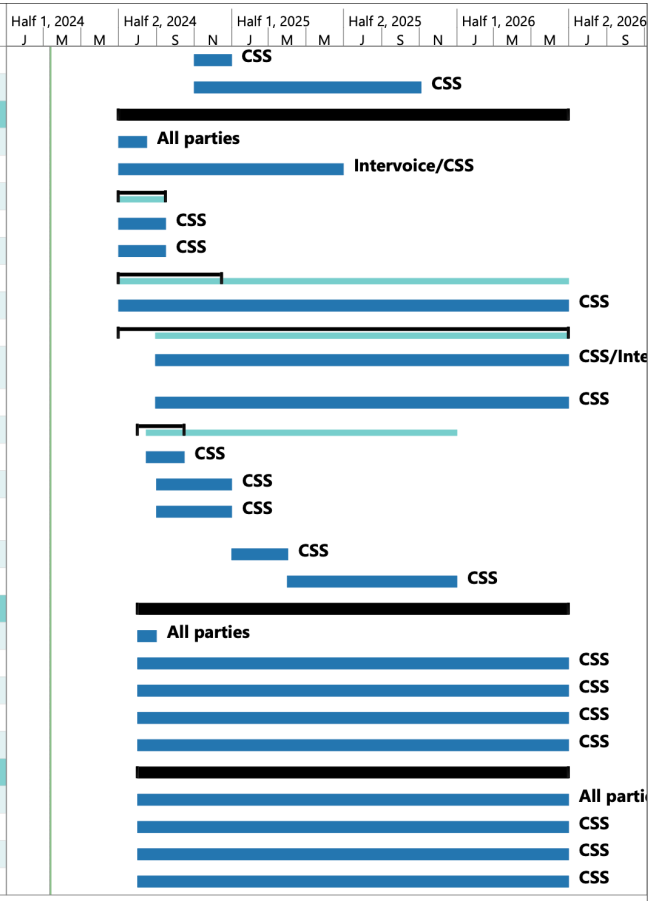
Furthermore, as standard HL7 data begins to flow through the HIE, the linking and matching of data and demographics across patients will result in a more robust patient profile. This comprehensive patient history, enriched by accurate demographic information, will not only improve the quality-of-care delivery but also contribute to better health outcomes by facilitating more personalized and effective treatment plans.

Table 32: HIE Work Plan Draft

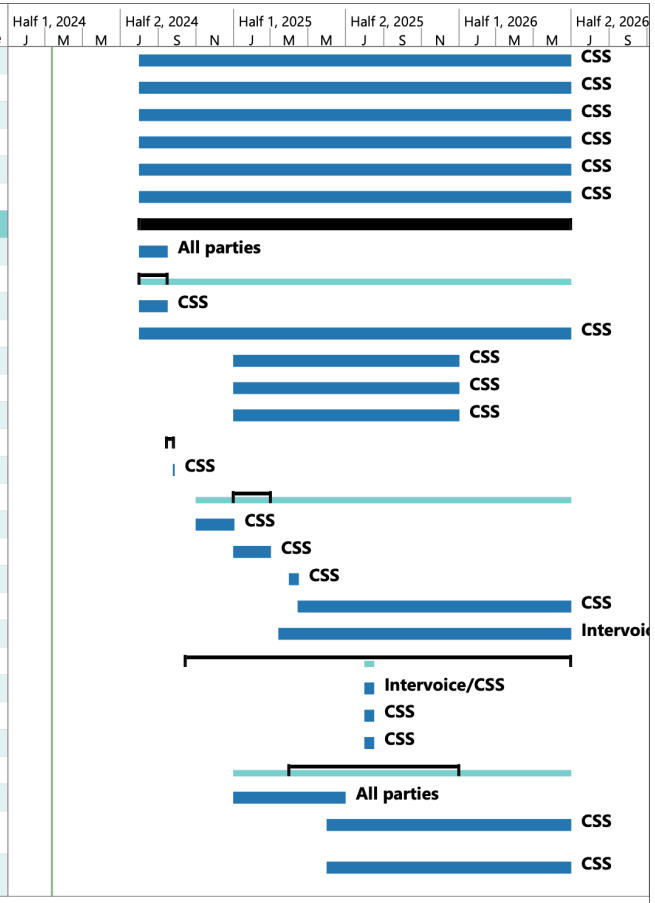
ID	Task Name	Duration	Start	Finish	Key Milestone
1	**HIE Work Plan Draft**	**522 days**	**Mon 7/1/24**	**Tue 6/30/26**	**No**
2	**Deliverable Documents**	**522 days**	**Mon 7/1/24**	**Tue 6/30/26**	**Yes**
3	**D01 Monthly Status Report**	**522 days**	Mon 7/1/24	Tue 6/30/26	No
4	**D02 PRHIE Work Plan**	**23 days**	Mon 7/1/24	Wed 7/31/24	Yes
5	**D03 Kickoff Meeting**	**23 days**	Mon 7/1/24	Wed 7/31/24	Yes
6	**D04 Implementation Plan**	**66 days**	Mon 7/1/24	Mon 9/30/24	Yes
7	**D05 HIE Participation Engagement and Technical Assistance Plan**	**120 days**	Mon 7/1/24	Fri 12/13/24	No
8	**D06 Operations Management Plan**	**120 days**	Mon 7/1/24	Fri 12/13/24	No
9	**D07 Security, Privacy, and Confidentiality Plan**	**45 days**	Mon 7/1/24	Fri 8/30/24	No
10	**D08 Staffing Management Plan**	**66 days**	Mon 7/1/24	Mon 9/30/24	No
11	**D09 Incident Management Plan**	**45 days**	Mon 7/1/24	Fri 8/30/24	No
12	**D10 Training Readiness Plan**	**78 days**	Thu 8/15/24	Sat 11/30/24	No
13	**D11 Data Management Plan**	**132 days**	Mon 7/1/24	Tue 12/31/24	No
14	**D12 Disaster Recovery and Business Continuity Plan**	**66 days**	Mon 7/1/24	Mon 9/30/24	No
15	**D13 Public Health Systems Plan**	**34 days**	Thu 8/15/24	Tue 10/1/24	No
16	**D14 Pilot Implementation Plans**	**45 days**	Mon 7/1/24	Fri 8/30/24	No
17	**D15 Data Transition Plan**	**45 days**	Mon 7/1/24	Fri 8/30/24	No
18	**D16 Detailed System Design Document**	**66 days**	Mon 7/1/24	Mon 9/30/24	No
19	**D17 Independent, Third-Party Security, and Privacy Controls Assessment Report**	**132 days**	Mon 7/1/24	Tue 12/31/24	No
20	**D18 Outcomes Based Certification (OBC) Support Plan and Reportin**	**133 days**	Thu 8/1/24	Sat 2/1/25	No
21	**D19 Turnover and Closeout Management Plan**	**87 days**	Mon 7/1/24	Tue 10/29/24	No
22	**1. HIE Scope of Work: Enterprise Identity Services**	**522 days**	**Mon 7/1/24**	**Tue 6/30/26**	**No**
23	**1.1 Establish Reporting Metrics**	**46 days**	**Mon 7/1/24**	**Sat 8/31/24**	**No**
24	**1.2 Master Patient Index (MPI)**	**11 days**	**Mon 7/1/24**	**Mon 7/15/24**	**No**
25	**1.2.1 Deploy MPI**	**11 days**	**Mon 7/1/24**	**Mon 7/15/24**	**No**
26	**1.2.2 Add new participant source codes and feeds to MPI**	**522 days**	**Mon 7/1/24**	**Tue 6/30/26**	**No**
27	**1.2.3 Update referential data sources**	**522 days**	**Mon 7/1/24**	**Tue 6/30/26**	**No**
28	**1.2.4 Perform data quality analysis to improve matching**	**13 days**	**Fri 12/13/24**	**Tue 12/31/24**	**No**
29	**1.2.5 Integrate any existing ADT data**	**44 days**	**Thu 8/15/24**	**Tue 10/15/24**	**No**
30	**1.3 Master Provider Registry (MPR)**	**44 days**	**Thu 8/15/24**	**Tue 10/15/24**	**No**
31	**1.3.1 Deploy MPR**	**13 days**	**Tue 10/15/24**	**Thu 10/31/24**	**No**



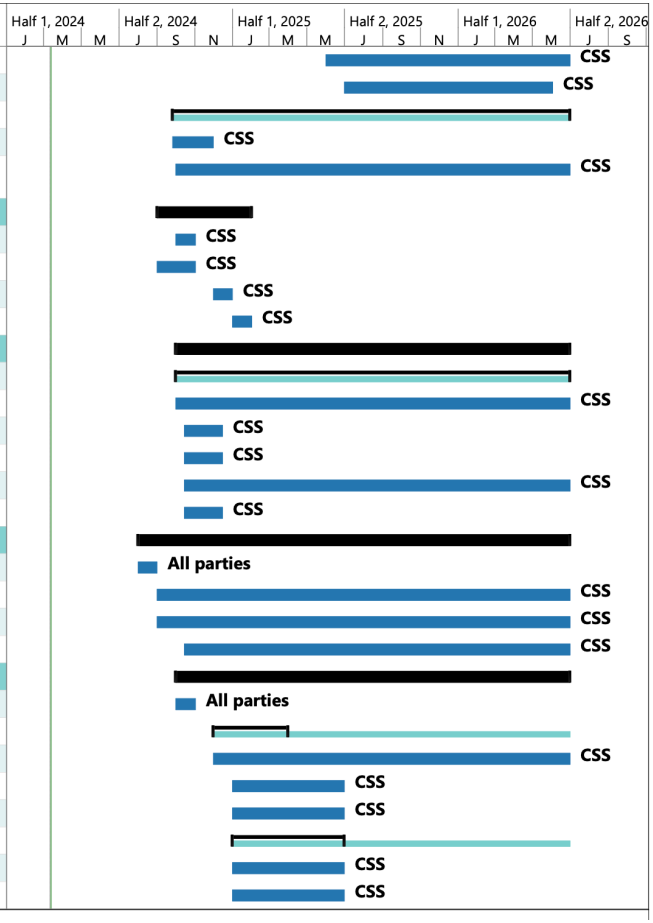
ID	Task Name	Duration	Start	Finish	Key Milestone
32	1.3.2 Add PR sources of provider information to improve matching	43 days	Fri 11/1/24	Tue 12/31/24	No
33	1.3.3 Perform data quality analysis to improve matching	262 days	Fri 11/1/24	Mon 11/3/25	No
34	2. HIE Scope of Work: Provider Portal Service	522 days	Mon 7/1/24	Tue 6/30/26	No
35	2.1 Establish Reporting Metrics	34 days	Mon 7/1/24	Thu 8/15/24	No
36	2.2 Onboard new HIE participants	261 days	Mon 7/1/24	Mon 6/30/25	No
37	2.3 Web-Based Provider Portal	56 days	Mon 7/1/24	Sun 9/15/24	No
38	2.3.1 Deploy web-based portal	56 days	Mon 7/1/24	Sun 9/15/24	No
39	2.3.2 Provide role-based access to users for new HIE participants	56 days	Mon 7/1/24	Sun 9/15/24	No
40	2.4 SMART on FHIR Provider Portal	121 days	Mon 7/1/24	Sun 12/15/24	No
41	2.4.1 Deploy SMART on FHIR app to EHRs capable of technology	522 days	Mon 7/1/24	Tue 6/30/26	No
42	2.4.2 Identify EHRs for integration of HIE data into workflow	522 days	Mon 7/1/24	Tue 6/30/26	No
43	2.4.2.1 Work with participants to download SMART on FHIR integrations within native EHR	478 days	Fri 8/30/24	Tue 6/30/26	No
44	2.4.2.2 Deploy SMART on FHIR app via other integration methoc	478 days	Fri 8/30/24	Tue 6/30/26	No
45	2.5 Update provider portal functionality and alerts	54 days	Thu 8/1/24	Tue 10/15/24	No
46	2.5.1.Display CCDs in portal (via participants)	44 days	Thu 8/15/24	Tue 10/15/24	No
47	2.5.2 Identify USCDI data elements needing discrete portal display	88 days	Sun 9/1/24	Tue 12/31/24	No
48	2.5.3 Update portal to display discrete USCDI data elements (via CCDs or FHIR) as needed	88 days	Sun 9/1/24	Tue 12/31/24	No
49	2.5.4 Identify gaps in care use cases for display within portal	65 days	Wed 1/1/25	Tue 4/1/25	No
50	2.5.5 Configure gaps in care alerts to display within portal	197 days	Tue 4/1/25	Wed 12/31/25	No
51	3. HIE Scope of Work: CEND Notification and Alert Services	499 days	Thu 8/1/24	Tue 6/30/26	No
52	3.1 Establish Reporting Metrics	23 days	Thu 8/1/24	Sat 8/31/24	No
53	3.2 Onboard new participants	499 days	Thu 8/1/24	Tue 6/30/26	No
54	3.3 Configure new rules logic for specific notification use cases	499 days	Thu 8/1/24	Tue 6/30/26	No
55	3.4 Route and map new data sources into Notification Service	499 days	Thu 8/1/24	Tue 6/30/26	No
56	3.5 Add alerts to alert database for display at point of care	499 days	Thu 8/1/24	Tue 6/30/26	No
57	4. HIE Scope of Work: Data Quality and Reporting Services	499 days	Thu 8/1/24	Tue 6/30/26	No
58	4.1 Establish data lake architecture	499 days	Thu 8/1/24	Tue 6/30/26	No
59	4.2 Establish remaining reporting metrics and automate output	499 days	Thu 8/1/24	Tue 6/30/26	No
60	4.3 Parse CCDs, store discrete elements within respective database	499 days	Thu 8/1/24	Tue 6/30/26	No
61	4.4 Identify data as a service needs	499 days	Thu 8/1/24	Tue 6/30/26	No



ID	Task Name	Duration	Start	Finish	Key Milestone
62	4.5 Bring in new datasets	499 days	Thu 8/1/24	Tue 6/30/26	No
63	4.6 Establish connections to new databases or reference datasets	499 days	Thu 8/1/24	Tue 6/30/26	No
64	4.7 Normalize, standardize, master, translate data	499 days	Thu 8/1/24	Tue 6/30/26	No
65	4.8 Create new analytic reports for delivery	499 days	Thu 8/1/24	Tue 6/30/26	No
66	4.9 Configure rules for delivery	499 days	Thu 8/1/24	Tue 6/30/26	No
67	4.10 Create new dashboards	499 days	Thu 8/1/24	Tue 6/30/26	No
68	5. HIE Scope of Work: Care Coordination Information Services	499 days	Thu 8/1/24	Tue 6/30/26	No
69	5.1 Establish Reporting Metrics	33 days	Thu 8/1/24	Sun 9/15/24	Yes
70	5.2 CCD Services	33 days	Thu 8/1/24	Sun 9/15/24	Yes
71	5.2.1 CCD Services Onboard new CCD feeds and complete validat	33 days	Thu 8/1/24	Sun 9/15/24	No
72	5.2.2 Complete any specific CCD translations or configurations	499 days	Thu 8/1/24	Tue 6/30/26	No
73	5.2.3 Establish additional national network connectivity	261 days	Wed 1/1/25	Wed 12/31/25	No
74	5.2.4 Perform data quality analysis on CCD	261 days	Wed 1/1/25	Wed 12/31/25	No
75	5.2.5 Support participants w/ CCD data quality improvement effort	261 days	Wed 1/1/25	Wed 12/31/25	No
76	5.3 Longitudinal Health Record	9 days	Sun 9/15/24	Wed 9/25/24	Yes
77	5.3.1 Display longitudinal health record at the point of care	2 days	Wed 9/25/24	Thu 9/26/24	No
78	5.4 Closed Loop Referral Service	44 days	Wed 1/1/25	Sat 3/1/25	Yes
79	5.4.1 Identify referral tool use cases, integration needs, participant	44 days	Fri 11/1/24	Wed 1/1/25	No
80	5.4.2 Configure referral tool for use case(s)	44 days	Wed 1/1/25	Sat 3/1/25	No
81	5.4.3 Deploy referral tool in PR	11 days	Tue 4/1/25	Tue 4/15/25	No
82	5.4.4 Perform any integrations with participants	316 days	Tue 4/15/25	Tue 6/30/26	No
83	5.4.5 Onboard participants to use referral tool	338 days	Sat 3/15/25	Tue 6/30/26	No
84	5.5 Consent Management	446 days	Tue 10/15/24	Tue 6/30/26	Yes
85	5.5.1 Establish global opt-out consent management	11 days	Fri 8/1/25	Fri 8/15/25	No
86	5.5.2 Establish granular consent management	11 days	Fri 8/1/25	Fri 8/15/25	No
87	5.5.3 Configure additional granular consents	11 days	Fri 8/1/25	Fri 8/15/25	No
88	5.6 Social Determinants of Health Integration	197 days	Tue 4/1/25	Wed 12/31/25	Yes
89	5.6.1 Identify SDOH use cases, integration needs, and participants	129 days	Wed 1/1/25	Mon 6/30/25	No
90	5.6.2 Establish connections for SDOH data (e.g. HMIS, CBOs, resource directories)	283 days	Sun 6/1/25	Tue 6/30/26	No
91	5.6.3 Complete SDOH data configurations (e.g. screening normalizations, z-codes)	283 days	Sun 6/1/25	Tue 6/30/26	No



ID	Task Name	Duration	Start	Finish	Key Milestone
92	5.6.4 Perform any integrations with participants	283 days	Sun 6/1/25	Tue 6/30/26	No
93	5.6.5 Update users to view SDOH data and infrastructure	241 days	Tue 7/1/25	Tue 6/2/26	No
94	5.7 Care Team Identification	459 days	Thu 9/26/24	Tue 6/30/26	Yes
95	5.7.1 Deploy care team information in provider portal	48 days	Thu 9/26/24	Sat 11/30/24	No
96	5.7.2 Add additional sources of patient/participant or patient/provider attribution to Relationship Management Service	456 days	Tue 10/1/24	Tue 6/30/26	No
97	6. HIE Scope of Work: Public Health Reporting Service	110 days	Sun 9/1/24	Fri 1/31/25	No
98	6.1 Establish Reporting Metrics	24 days	Tue 10/1/24	Fri 11/1/24	Yes
99	6.2 Identify new public health feeds that will flow through HIE	46 days	Sun 9/1/24	Fri 11/1/24	Yes
100	6.3 Establish public health feeds to flow through HIE	23 days	Sun 12/1/24	Tue 12/31/24	Yes
101	6.4 Establish automated monitoring of public health feeds	23 days	Wed 1/1/25	Fri 1/31/25	Yes
102	7. HIE Scope of Work: Medicaid Services	456 days	Tue 10/1/24	Tue 6/30/26	No
103	7.2 CCD Services	456 days	Tue 10/1/24	Tue 6/30/26	Yes
104	7.2.1 CCD Services Onboard new CCD feeds and complete validati	456 days	Tue 10/1/24	Tue 6/30/26	No
105	7.2.2 Complete any specific CCD translations or configurations	45 days	Tue 10/15/24	Sun 12/15/24	No
106	7.2.4 Perform data quality analysis on CCD	45 days	Tue 10/15/24	Sun 12/15/24	No
107	7.2.5 Support participants w/ CCD data quality improvement effort	446 days	Tue 10/15/24	Tue 6/30/26	No
108	7.2.6 Connect MCO pilot (testing data access)	45 days	Tue 10/15/24	Sun 12/15/24	No
109	8. HIE Scope of Work: DSM Service	499 days	Thu 8/1/24	Tue 6/30/26	No
110	8.1 Establish Reporting Metrics	23 days	Thu 8/1/24	Sat 8/31/24	Yes
111	8.2 Create new accounts	478 days	Sun 9/1/24	Tue 6/30/26	Yes
112	8.3 Discontinue unused accounts	478 days	Sun 9/1/24	Tue 6/30/26	Yes
113	8.4 Route CCDs to DSM service	446 days	Tue 10/15/24	Tue 6/30/26	Yes
114	9. HIE Scope of Work: Emergency Response Services	456 days	Tue 10/1/24	Tue 6/30/26	No
115	9.1 Establish Reporting Metrics	24 days	Tue 10/1/24	Fri 11/1/24	Yes
116	9.2 EMS Integration	87 days	Sun 12/1/24	Mon 3/31/25	Yes
117	9.2.1 Identify EMS participants willing to share data	413 days	Sun 12/1/24	Tue 6/30/26	No
118	9.2.3 Establish connectivity including data translation as needed	129 days	Wed 1/1/25	Mon 6/30/25	No
119	9.2.4 Deploy logic needed to support encounter notification servic	129 days	Wed 1/1/25	Mon 6/30/25	No
120	9.3 Create connectivity with local health departments as needed	129 days	Wed 1/1/25	Mon 6/30/25	Yes
121	9.3.1 Enable EMS based overdose alerts for care team members	129 days	Wed 1/1/25	Mon 6/30/25	No
122	9.3.3 Integrate EMS run sheets into participating EMRs	129 days	Wed 1/1/25	Mon 6/30/25	No



ID	Task Name	Duration	Start	Finish	Key Milestone
123	9.3.4 Perform data quality analysis on data received	390 days	Wed 1/1/25	Tue 6/30/26	No
124	10. HIE Scope of Work: Interoperability Compliance	132 days	Mon 7/1/24	Tue 12/31/24	No
125	10.1 Establish Reporting Metrics	46 days	Mon 7/1/24	Sat 8/31/24	Yes
126	10.2 Identify EHR integrations and type of integration (HIE data within EHR, exchange of data via feeds, etc.)	66 days	Mon 7/1/24	Mon 9/30/24	Yes
127	10.3.Establish feed connections with EHRs	132 days	Mon 7/1/24	Tue 12/31/24	Yes
128	10.4.Establish integrations with EHRs	132 days	Mon 7/1/24	Tue 12/31/24	Yes
129	10.5 Establish data exchange processes with other HIT systems	132 days	Mon 7/1/24	Tue 12/31/24	Yes
130	10.6 Establish integrations with other HIT systems (e.g. public health, state systems, CBOs)	132 days	Mon 7/1/24	Tue 12/31/24	Yes
131	10.7 Establish automated monitoring of any data connections	132 days	Mon 7/1/24	Tue 12/31/24	Yes
132	10.8 Establish SSO into any additional systems (e.g. state eligibility system)	132 days	Mon 7/1/24	Tue 12/31/24	Yes

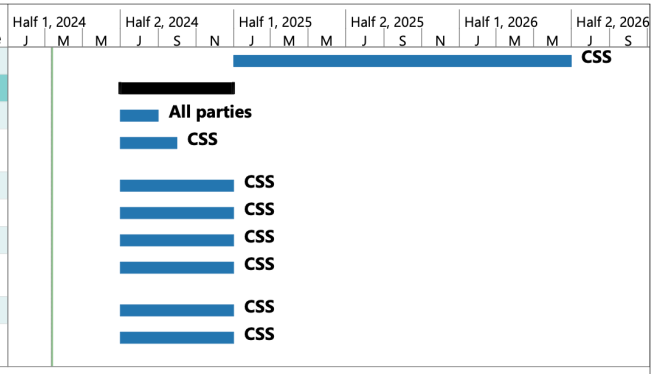


Figure 8: HIE Work Breakdown Structure

Attachment I

I.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.

I.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

I.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

I.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**
- **Prior to the vendor submission of its proposal, the 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

I.5 Commercial Materials

Team Intervoice will be using the following commercially available software:

- SharePoint – Used to host project documentation, deliverables, and project management utilities
- Power BI – Used to host the project management dashboard, deliverables tracking, and risk and issue management
- Power Automate – Used to automate tasks used to gather data, create notifications, and/or enforce processes used in support of Dashboard, Monitoring/Reporting, and/or administrative process enforcement.
- Project Pro – Used to create and host project plans.
- Outlook/Exchange – Used to provide communication with PRMP and Partners
- Teams – Used for all real-time chat and meetings with PRMP and Partners
- SalesForce – Customer Relationship Management tool
- JIRA – internal project ticketing system for new and existing work
- Microsoft Azure
- IBM's Master Patient Index
- Log Once – Provider user portal
- Tableau – Reporting portal
- Databricks

I.6 Exceptions

Table 33: 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
SLA-001 **Deliverable Service Level**	For over half a decade, CSS has maintained a Master Services Agreement with each of the six regions it serves, encompassing robust and effective SLAs, see attached Appendix B: CSS Example SLAs. Throughout this period, there has been no instance necessitating an SLA specifically tailored to hold CSS, as the technology platform provider, accountable to third party entity participation and/or capability. Instead, SLAs have primarily relied on the active engagement, capabilities, and resource availability of the HIE participants involved in the collaboration. This approach has consistently proven successful in meeting the diverse needs and expectations of our regional partners. Given the trajectory at a national level, there is no justification for CSS to be subjected to an SLA primarily reliant on the involvement of Puerto Rico entities, including participant technology or legal personnel and resources as it could be considered taxing or onerous on CSS.	The Deliverable Service Level measures the submission of the deliverables assigned specific completion dates after contract execution when achieved on time and approved by the Commonwealth as defined in Section 8, Appendices – Appendix 1, Deliverables Dictionary. The Commonwealth and the vendor will establish a PRHIE Work Plan at the beginning of the contract, which the vendor will uphold throughout the life of the implementation and within their control. In order to comply, the vendor may consider external PR participant resource availability. The parties reserve the right to renegotiate or re-baseline the Work Plan as needed. Any potential penalties are subject to negotiations in the contracting phase.

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
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 34: 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
SLA-002 **Solution Availability**	For over half a decade, CSS has maintained a Master Services Agreement with each of the six regions it serves, encompassing robust and effective SLAs, see attached Appendix B: CSS Example SLAs. Throughout this period, there has been no instance necessitating an SLA specifically tailored to hold CSS, as the technology platform provider, accountable to stage/testing environment uptime as defined in this RFP. Instead, SLAs have primarily relied on stage/testing environment availability during pre-scheduled testing and training periods. This approach has consistently proven successful in meeting the diverse needs and expectations of our six regional partners. Given the trajectory at a national level, there is no justification for CSS to be subjected to an SLA that	Any potential penalties are subject to negotiations in the contracting phase. The HIE Service Solution Availability Service Level is defined as the percentage of possible uptime in a month that the HIE services are available to authorized users or to perform in a backup capacity, including all weekends and holidays. These environments are required to be accessible solely during testing and training periods that are pre-determined and as scheduled. The vendor should report any performance standard failure it encounters to the Commonwealth as specified in SLA-004.

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
	requires constant testing/staging environment uptime as there are alternatives which would be less onerous and taxing on CSS.	
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 35: 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
SLA-003 **Solution Performance**	For over half a decade, CSS has maintained a Master Services Agreement with each of the six regions it serves, encompassing robust and effective SLAs, see attached Appendix B: CSS Example SLAs. Throughout this period, there has been no instance necessitating an SLA specifically tailored to hold CSS, as the technology platform provider, accountable to creating net new data restoration /failover components for this effort. According to our experience in other jurisdictions, 30-minute processing times, not 10 minutes as referenced in number one and two of this SLA, is an appropriate time. Instead, SLAs have primarily relied on CSS' existing data restoration plan and as further defined in CSS'	The HIE Service Solution Performance Service Level is defined as how the core HIE services meet the needs of authorized solution users. Critical incidents will be addressed according to the terms outlined in the technology platforms Service Level Agreement (SLA). Any potential penalties are subject to negotiations in the contracting phase.

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
	standard SLA document, see Appendix B: CSS Example SLAs. This approach has consistently proven successful in meeting the diverse needs and expectations of our regional partners.	
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 36: 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
SLA-004 Operations Incident Management	For over half a decade, CSS has maintained a Master Services Agreement with each of the six regions it serves, encompassing robust and effective SLAs, see attached Appendix B: CSS Example SLAs. Throughout this period, there has been no instance necessitating an SLA specifically tailored to hold CSS, as the technology platform provider, accountable to creating net new data restoration /failover components for this effort. Instead, SLAs have primarily relied on CSS' existing data restoration plan and as further defined in CSS' standard SLA document, see Appendix B: CSS Example SLAs. This approach	Critical incidents will be addressed according to the terms outlined in the technology platforms Service Level Agreement (SLA). All potential penalties are subject to negotiations in the contracting phase.

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
	has consistently proven successful in meeting the diverse needs and expectations of our six regional partners.	
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 37: 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
SLA-006 Data Quality and Management	For over half a decade, CSS has maintained a Master Services Agreement with each of the six regions it serves, encompassing robust and effective SLAs, see attached Appendix B: CSS Example SLAs. Throughout this period, there has been no instance necessitating an SLA specifically tailored to hold CSS, as the technology platform provider, accountable to third party entity participation and/or capability. Instead, SLAs have primarily relied on the active engagement, capabilities, and	The HIE establishes Data Governance, Data Management, and Data Quality capabilities to ensure the highest possible data standards available to the Commonwealth. As data enters the HIE, several quality measures including adherence to data formatting, required data verification, data quality rules, and data quality normalization occurs. The HIE produces quality reporting will highlight when there is an issue or concern with the data being submitted to the HIE. Intervoice will work with the Department to determine how the HIE should handle common data errors including missing required data, data which does not adhere to formatting requirements, and / or data which violates reference data expectations. Intervoice will report based on these

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
	resource availability of the HIE participants involved in the collaboration. This approach has consistently proven successful in meeting the diverse needs and expectations of our regional partners. Given the trajectory at a national level, there is no justification for CSS to be subjected to an SLA primarily reliant on the capabilities of Puerto Rico entities, including participant technology or legal personnel and resources as it could be considered taxing or onerous on CSS.	agreements to ensure the department is aware of the quality of data being distributed. Intervoice, and our subcontractors, cannot be held responsible for poor data quality or failure of the source system to provide the needed data in the format and within the expected time. Our platform can prevent any data from entering the HIE which does not meet the data quality requirements established by the state, but we cannot be held financially responsible for data that is not within our sphere of control. Intervoice will work with the source system to correct data in alignment with the expectations of the Commonwealth and the criticalities established within SLA-004. Intervoice agrees to the contract remedies outlined by the state for any violation of the SLA where Intervoice, or our subcontractor, is responsible, either through platform or operational error.
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 38: 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
SLA-010 Security and Privacy Incident Notification	The language as documented makes Intervoice responsible and liable for Security Breaches which are beyond the system, contract, and monitoring boundaries of the HIE System. Intervoice cannot take on liability for actions, systems, and data which is not in our ability monitor and protect.	Intervoice has always considered security and privacy to be central to our core offerings. Our approach to security follows NIST 800-53 r5. Additionally, we follow all federal, state, and local standards with a core understanding of certification standards such as CMS Minimum Acceptable Risk Standards for Exchanges (MARS-E) version 2.2, as well as its upcoming replacement Acceptable Risk Controls for Affordable Care Act of 2010 (ACA), Medicaid, and Partner Entities (ARC-AMPE). Intervoice and our partners work closely with the department to ensure both the HIE platform and our operations always adhere to these principles. However, we understand that even with the best intentions and highest commitment to these principles, there is risk of security incidents or breaches occurring. In the unlikely event that such an incident occurs, Intervoice will notify the department as soon as the incident is discovered. Our incident response plan outlines our approach to minimizing the impact of the incident while maintaining evidence and systems which may be needed to conduct an investigation. All incidents are recorded in our incident management system that tracks the incident through all phases of incident management, including Reporting, Investigation, Impact Determination, Remediation, and Postmortem. Intervoice will ensure the department is aware of statuses, activities, corrective actions, and reporting needed to manage the incident. Incidents may lead to Fines and Penalties imposed on the department. Intervoice will compensate the Commonwealth for these fines and penalties in the event that Intervoice, its subcontractors, or systems/platforms operated by Intervoice are the root cause of the incident. Intervoice cannot assume responsibility for incidents caused by individuals or partners in which Intervoice and its

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
		Policies, Standards, and Procedures do not directly cover. While we cannot take responsibility for incidents outside of our direct control, Intervoice will work with the department to support any investigation or audit required so the Commonwealth can hold the responsible party liable.
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 39: Exception #7

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
SLA-011 Security Breach	The language as documented makes Intervoice responsible and liable for Security Breaches which are beyond the system, contract, and monitoring boundaries of the HIE System. Intervoice cannot take	As outlined in SLA-010, Intervoice and our subcontractors work diligently to ensure platforms and operations are in full compliance with HIPAA and NIST 800-53 r5 moderate baseline control recommendations. In the event of a Security Breach, Intervoice will notify the Department within the time windows outlined by the state and in compliance with CMS MARS-E and HIPAA reporting guidelines. We understand that a security breach may result in additional penalties and fines for failure to comply with or notify the department within the timelines agreed to. Intervoice provides a System Security Plan which outlines the security posture and platform capabilities used to secure the HIE system. We assume penalties outlined within this SLA in the event that the controls implemented and agreed to by the Commonwealth results in a Security Breach

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
	on liability for actions, systems, and data which are not in our ability monitor and protect.	or in the event the breach is caused by an Intervoice, our subcontractor, or employee who willfully violates our security controls and/or procedures. Intervoice cannot be held liable for purposeful misuse of the system through business processes and procedures which violate the security recommendations made by Intervoice and/or our subcontractors. In the event that an individual is granted Administrator or Super User role-based access which may be used by that individual to bypass normal operations, that individual's company shall be held liable for the penalties described.
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

Table 40: Exception #8

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
SLA-018 HIE Turnover	For over half a decade, CSS has maintained a Master Services Agreement with each of the six regions it serves, encompassing robust and effective Service Level Agreements (SLAs), see attached Appendix B: CSS Example SLAs. Throughout this period, there has been no instance necessitating an SLA specifically tailored to hold CSS, as the technology platform provider,	CSS will not provide any documentation not contractually allowable by our vendor partners, specifically source code of non-owned products.

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
	accountable for providing source code of non-owned products as referenced in Section I.6: Exceptions . Instead, SLAs have primarily relied on providing appropriate contracts, data connectivity, services, and solution documentation in compliance with industry standards. This approach has consistently proven successful in meeting the diverse needs and expectations of our regional partners.	
NOTES/COMMENTS: <FOR THE PRMP USE ONLY>		

I.7 Assumptions

- Pricing Assumptions:
  - The current population of Puerto Rico in 2024 is approximately 3,300,000.
  - Onboarding will span contract years 1 & 2 and continue into option years 1 & 2.
  - Projected onboarding and associated services costs will follow a bell curve across initial contract years 1 & 2 and option years 1 & 2. The draft approach, in Attachment A – Cost Proposals shows 360,000 onboarding in year 1, 1,480,000 in year 2, 876,000 in option year 1, and 584,000 in option year 2. While new participant onboarding ramps down over option years 1& 2, the number of lives using the HIE increases year over year. COLA is included year over year.
  - Enhancements (yet defined) to further mature PRHIE into a robust Health Data Utility will be implemented in option years 1 & 2.
- Team Intervoice will leverage the incumbent solution as much as possible and the incumbent HIE solution vendor will be available throughout the transition period and until all feeds are successfully connected to the satisfaction of all parties.
- Start date is July 1, 2024, according to the schedule in the RFP.
- PRMP will approve Deliverable Expectation Document (DED) creation for the deliverables without an existing approved DED within 1 day.
- Final sign off will include PRMP signature on a Deliverable Acceptance Forms (DAF).
- The PRMP vendors will provide data sources to capture/monitor/report any required performance or quality metric requested by PRMP/PgMO regardless of contract status between PRMP and the vendor.
- Spanish deliverables will be defined during contract negotiation; adhoc requests for Spanish deliverables will be controlled via the change management process.
- All Team Intervoice work products and deliverables will be subject to one review cycle, consisting of one draft review period of 10 business days and one final review period of 3 business days, after which time acceptance of the work product will be assumed, unless otherwise agreed to in writing by both Intervoice and PRMP.
- Intervoice proposes to perform these services on a Firm-Fixed Price (FFP) basis inclusive of travel. Any deviations from the scope of work and/or revisions outside of the aforementioned review process will require a change order to be reviewed and agreed to between Team Intervoice and PRMP.

- This proposal assumes project holidays of two days at Thanksgiving, two days at Christmas, two days at New Year's, the week before Easter and other US & Puerto Rico government holidays. No weekly status reports will be developed for the week of the Thanksgiving holiday, the last week of December, the first week of January, or the week before Easter.
- All changes or additional work requested of Team Intervoice, but not specifically stated as deliverables, that impact the cost of performance or time required to accomplish the tasks and work products, may require an equitable adjustment in hours and price.
- Team Intervoice provides the following documentation for any government audit of our billings, in accordance with the Federal Acquisition Regulations (FAR) for Fixed Price (FP) contracts whereby payments are associated with contractor deliverables. Intervoice will provide a notice of acceptance of the deliverable or a copy of the deliverable progress made to verify payment in accordance with the contractor's FP and HIE Services payment schedule.
- Consistent with the payment options available under FFP contracts, Team Intervoice will invoice monthly, requiring payment terms of net 30 days from the date of the invoice.
- If there is a delay in the project start date, Team Intervoice reserves the right to adjust staff as needed, with prior notification to PRMP. Any new team members would have similar or better qualifications.
- After commencement of the project, and in instances where the project is halted for 30 days or more, Team Intervoice reserves the right to adjust its Statement of Work (SOW), cost, and staffing with prior notification to PRMP. Any new team members would have similar or better qualifications.
- Intervoice and MedicaSoft were in communications regarding the possibility of Intervoice being a subcontractor for part of MedicaSoft’s proposal. In order to not incur in a possible violation of Section 3.14 of the RFP, on March 11, 2024, Intervoice informed MedicaSoft that they will not be participating as a subcontractor in MedicaSoft’s proposal regarding this RFP. Any statement not consistent with the abovementioned statement should be disregarded and seen as a misrepresentation of the present relationship between MedicaSoft and Intervoice.
- The exceptions in Attachment I will be agreed to or negotiated during contract negotiation.
- Team Intervoice will assess future PR and federal regulations if and when to propose a course of action.
- Under Data Ownership - CSS can ensure only that PRMPs data will be managed in accordance with the agreements that will be signed and PRMP can request for their data to be deleted/purges if they terminate contract or something to that effect. CSS will retain data and access logs in accordance with federal and state regulations.

- In order to comply with "Reference agencies and laws include PRITS, the Office of the Chief Government Cybersecurity Officer (within PRITS), Law 75-2019;" CCC requests a reasonable time to fully analyze and understand the requirements and to form a plan to implement over the course of 16-18 months. If these requirements have controls that are significantly different from existing CSS controls, it may require system changes which could require specific guidance before committing to them.
- CSS will provide an independent security assessment plan along with security audit reports while working with PRMP to address any outstanding questions.
- In order to protect the integrity and privacy of the reports, CSS will work with PRMP to answer questions related to the listed items, but will not make vulnerability management report, system access reviews, risk assessment documents, etc. available to outside parties.
- CSS's encryption policy adheres to FIPS 140-2 cryptographic controls and ensures data is encrypted at rest and in transit. At this time, an analysis needs to be done regarding Security Encryption, "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."
- In order to protect the integrity of the system and its users, the HIE portal will be limited only to user management, as well as verifying and removing users. Outside parties will not be granted to participants with IT or admin rights.
- In order to adhere to a uniform definition of breach, security incident, reporting requirements, etc., CSS will follow the definitions from the BAA/agreements which may slightly vary from those provided within the RFP.

Appendixes

Appendix A Acronyms and Terms

The below table provides definitions of acronyms and/or terms used in this document.

Acronym/Term	Definition
ACA	Affordable Care Act of 2010
ADA	Americans with Disabilities Act
ADSEF	Administración de Desarrollo Socioeconómico de la Familia
ADT	Admissions, Discharge, Transfer
API	Application Programming Interfaces
ARC-AMPE	Acceptable Risk Controls for ACA, Medicaid and Partner Entities
ASG	Administración de Servicios Generales
CCDA	Consolidated Clinical Document Architecture
CCMI	Capability Maturity Model Integration
CEND	CRISP Encounter Notification Delivery
CFR	Code of Federal Regulation
CISO	Chief Information Security Officer
CLIA	Clinical Laboratory Improvements Act
CMS	Centers for Medicare and Medicaid Services
CONNIE	CRISP Connecticut
COTS	Commercial-off-the-shelf
CPT	Current Procedural Terminology
CRISP DC	CRISP District of Columbia
CRISP MD	CRISP Maryland
CRM	Customer Relationship Management
CSF	Common Security Framework
CSS	CRISP Shared Services, Inc.
CSV	Comma-Separated Values
DAF	Deliverable Acceptance Forms
DEA	Drug Enforcement Agency
DED	Deliverable Expectations Document

Acronym/Term	Definition
DPP	Diabetes Prevention Program
DSM	Direct Secure Messaging
ED	Emergency Department
EDR	Endpoint Detection & Response
EHNAC	Electronic Healthcare Network Accreditation Commission
EHR	Electronic Health Records
EID	Enterprise ID
EMS	Emergency Medical Services
ENS	Electronic Notification Services
ePMO	Enterprise Project Management Office
FAR	Federal Acquisition Regulations
FFP	Federal Financial Participation
FHIR	Fast Healthcare Interoperability Resources
FIPS	Federal Information Processing Standard
FISMA	Federal Information Security Management Act
FNS	Food and Nutrition Services
FOIA	Freedom of Information Act
FP	Fixed Price
GPR	Government of Puerto Rico
HealtheConnect	CRISP Alaska
HEDIS	Healthcare Effectiveness Data and Information Set
HIE	Health Information Exchange
HIEAP	Health Information Exchange Accreditation Program
HIMSS	Healthcare Information and Management Systems Society
HIPAA	Health Insurance Portability and Accountability Act of 1996
H-ISAC	Health Information Sharing & Analysis Center
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act

Acronym/Term	Definition
HITRUST	Health Information Trust Alliance
HITRUST CSF	Health Information Trust Alliance Common Security Framework
HL7	Health Level Seven
HSCRC	Health Services Cost Review Commission
IAPD	Implementation Advance Planning Document
IBM	International Business Machines Corp.
ICD	International Classification of Diseases
IDPS	Intruder Detection & Protection System
IEEE	Institute of Electrical and Electronics Engineers
IHE	Integrating the Healthcare Enterprise
IMS	Integrated Master Schedule
IoC	Indicators of Compromise
IPA	Independent Physician Association
IPSec	Internet Protocol Security
IT	Information Technology
KPI	Key Performance Indicator
LEIE	List of Excluded Individuals / Entities
LMS	Learning Management System
JSON	JavaScript Object Notation
LOINC	Logical Observation Identifiers Names and Codes
MARS-E	Minimum Acceptable Risk Standards for Exchanges
MCO	Managed Care Organizations
MCSIS	Medicaid and Children's Health Insurance Program State Information Sharing System
MEDITI3G	Medicaid Information Technology Initiative, Third Generation
MES	Medicaid Enterprise System
MMIS	Medicaid Management Information System
MPI	Master Patient Index

Acronym/Term	Definition
MPR	Master Provider Registry
MRN	Medical Record Number
MSSP	Managed Security Service Provider
NAP	Puerto Rico Nutrition Assistance Program
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Codes
NDR	Network Detection & Response
NEMSIS	National EMS Information System
NIST	National Institute of Standards and Technology
NPPES	National Plan and Provider Enumeration System
NSA	National Security Agency
OBC	Outcomes Based Certification
ONC	Office of the National Coordinator for Health Information Technology
OPM	Operations Management Plan
ORU	Observation Result
OTM	Outcomes Traceability Matrix
PAPD	Planning Advance Planning Document
PDMP	Prescription Drug Monitoring Program
PECOS	Provider Enrollment Chain and Ownership System
PEP	Provider Enrollment Portal
PgMO	Program Management Office
PHA	Personal Health Application
PHI	Protected Health Information
PII	Personally Identifiable Information
PIU	Program Integrity Unit
PMBOK®	Project Management Body of Knowledge
PMI	Project Management Institute
PMIX	Prescription Monitoring Information Exchange

Acronym/Term	Definition
PMO	Project Management Office
POAM	Plan of Action & Milestones
PRDoH	Puerto Rico Department of Health
PRHIE	Puerto Rico Health Information Exchange
PRITS	Puerto Rico Innovation and Technical Services
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
PSC	Provider Secure Communications
PRTD	Puerto Rico Treasury Department
QA	Quality Assurance
QHIN	Qualified Health Information Network
RACI	Responsible, Accountable, Consulted, Informed
RAID	Risk, Action Item, Issue, and Decision
RAM	Responsibility Assignment Matrix
RBAC	Role-based Access Control
RFP	Request for Proposal
RLS	Record Locator Service
RMS	Relationship Management Service
SAM	System for Award Management
SAML	Security Assertion Markup Language
SDOH	Social Determinants of Health
SFTP	Secure File Transfer Protocol
SIEM	Security Information and Event Management
SLA	Service-Level Agreement
SMART	Substitutable Medical Applications and Reusable Technologies
SME	Subject Matter Expert
SMHP	State Medicaid Health Information Technology Plan
SNAP	Supplemental Nutrition Assistance Program

Acronym/Term	Definition
SOC 2	Systems and Organizations Controls 2
SOP	Standard Operating Procedures
SOW	Scope of Work
SSA	Social Security Administration
SSO	Single-Sign-On
TCM	Transitional Care Management
TDE	Transparent Data Encryption
TEFCA	Trusted Exchange Framework and Common Agreement
TLS	Transport Layer Security
T-MSIS	Transformed Medicaid Statistical Information System
UAT	User Acceptance Test
U.S.	United States
USCDI	United States Core Data for Interoperability
USDA	United State Department of Agriculture
VHI	CRISP Virginia
VPN	Virtual Private Networks
WAF	Web Application Firewall
WBS	Work Breakdown Structures
WVHIN	West Virginia Health Information Network
XCPD	Cross-Community Patient Discovery
XML	Extensible Markup Language

Appendix B CSS Example SLAs

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Exhibit X – Example CSS Service Level Agreement

Service Level Agreement

During the Term of this Agreement, CSS will provide Services set forth under the Agreement as follows.

1 Definitions

1.1 General. Capitalized terms not defined in this SLA have their meaning set forth in the Agreement.

1.2 Defined Terms.

Downtime means the time that Supported Organization or its Participants cannot access the Systems during scheduled hours of operation.

Emergency Maintenance means Excused Downtime where any maintenance performed outside of Scheduled Maintenance without advance notice where such maintenance is reasonably and urgently required to protect the integrity, availability, or security of the Systems.

Excused Downtime shall be planned outside of Standard Business Hours and shall exclude Friday and Saturday nights during peak emergency room hours. Planned maintenance windows will be published in advance. Excused means any of the following:

(i) Monthly Scheduled Application Maintenance;

(ii) Scheduled Application Maintenance;

(iii) Emergency Maintenance to support critical security patches and hot fixes that cannot be delayed until Scheduled Application Maintenance; or

(iv) Downtime due to a Force Majeure Event.

Excused Downtime does not include:

(i) A time when the Services are inoperative and unavailable for fifteen or more consecutive minutes;

(ii) Restart of applications, Services, or hardware;

(iii) Internal network outages;

(iv) Breach and security events;

(v) Application roll-back;

(vi) CSS's third-party hosting environments;

(vii) All other unplanned disruption of the Services not agreed to in writing by Supported Organization;

Force Majeure Event has its meaning set forth in Section 25 of the Agreement.

Functionality has its meaning set forth in Appendix 1 of the Agreement.

1

CRISP SHARED SERVICES

Help Desk Functions refer to the full range of customer service and technical support activities provided by CSS to Supported Organization and its Participants, including but not limited to the following:

1. Providing first-level contact and conveying resolutions to user issues.
2. Properly escalating unresolved queries or issues to the next level of support personnel.
3. Tracking, routing, and redirecting problems to correct resources.
4. Assisting users through problem-solving processes until the user has verified resolution or the issue(s) is escalated to the next level.
5. Providing technical support and problem resolution for application issues, including the prioritization and resolution of high, medium, and low priority issues within specified time frames.
6. Facilitating the onboarding of new Supported Organization Participants,
7. Responding to Services-related incidents and/or requests submitted within the agreed-upon time frames based on the priority level of the incident or request.
8. Collaborating with the Supported Organization to develop and execute corrective action plans when necessary.

Help Desk Functions are designed to ensure the successful use of CSS's Systems by Supported Organization and its Participants, enabling efficient problem resolution and promoting optimal system performance and user satisfaction.

Scheduled Application Maintenance means Excused Downtime during which routinely scheduled maintenance of the Systems may be performed which may cause the Services to be unavailable. Maintenance schedules will be published as far in advance as possible but no less than one week in advance.

Services has its meaning set forth in Section 3 of the Agreement.

Service Availability means the following calculation:

$$\text{Service Availability} = \left[\frac{\text{(total minutes of Uptime)}}{\text{(total minutes in the month)} - \text{Excused Downtime}}\right] \times 100$$

Service Availability Target has its meaning set forth in Section 2.2 below.

SLA means this Service Level Agreement, attached to the Agreement as this Exhibit G.

Standard Business Hours means the time between 8:00 a.m. to 5:00 p.m., Eastern Standard Time (EST), Monday through Friday, excluding major U.S. holidays as set forth in the policies of CSS and Supported Organization.

Systems has its meaning set forth in Section 2.2 below.

System Performance Measures has its meaning set forth in Section 2.1 below.

Uptime shall mean the total time during which the Systems have full Functionality and accessible for use by Supported Organization or its Participants, excluding periods of Excused Downtime. Uptime is defined as the period when all key components of the

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Systems, including but not limited to its interfaces, data transfer, computation, and storage capabilities, are operating correctly, without any performance issues, and are available for normal business operation. Uptime does not include periods of degraded performance or periods when only non-critical components or functions of the Systems are available. Uptime will be measured in minutes, from the start to the end of the given calculation period.

Third-Party Systems means components of the Systems which incorporate and/or rely upon third-party hardware, software, and/or related services. CSS warrants that it has the power and authority to enter into the Agreement and to grant and convey the license, sublicense, if any, and other rights granted and conveyed to Supported Organization hereunder. CSS represents that this Agreement and CSS's Services and technical infrastructure do not and will not knowingly violate the rights of any third party or breach or interfere with any other agreement to which CSS is a party or by which CSS is bound. This SLA shall apply to all Services provided by CSS regardless of any other SLA utilized by CSS.

Updates means version and maintenance releases to the Systems (i) for Functionality that Supported Organization has ordered and for which Supported Organization is current on payments; (ii) for which CSS is not charged an additional fee from its licensors; (iii) that are not identified as separate Services; and (iv) that do not require activation services from CSS.

2. System Performance

2.1 General. The HIE performance data described herein will be used to measure performance of the Systems ("System Performance Measures"). The System Performance Measures shall be reported to Supported Organization monthly. The report for the previous month will be presented to Supported Organization) by the fifteenth working day of the following month. The performance report will include availability and response time values as well as details on any unplanned outages.

2.2 Production Environment Availability. CSS will provide Supported Organization and its Participants with an HIE solution designed for high-availability to obtain Service Availability of 99.7% ("Service Availability Target"). The Systems, inclusive of the CORE Services and technical infrastructure, will not experience more than twenty-six hours of cumulative Downtime in a single calendar year.

The CSS production environment consists of the network connectivity with Supported Organization's Participants and the following systems and [technology stack] (the "Systems"):

- InContext App / Clinical Information
- HIE Portal
- API Availability
- Notification Availability (notifications for events)
- Interface Availability
- Database Availability

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- Any other components affecting the customer facing applications.

2.3 Query Response Time. All CSS Services are designed for fast response times. Query response time will be no more than five seconds unless Supported Organization approves a search time be extended for additional performance or access to third party connections. Ex: National Network query.

2.5 Master Patient Index Matching Rate. CSS will eliminate false positives in the MPI throughout the term of the Agreement, using a continuous improvement process. Supported Organization may ask for a briefing, and CSS must provide at least once a year, on the continuous improvement process.

3. Help Desk Services and Problem Resolution

3.1 General. CSS recognizes that it is in its best interest to resolve issues and problems with the Systems and to promptly respond to issues and problems that Supported Organization or its Participants bring to CSS's attention.

3.2 Help Desk Services

3.2.1 Help Desk Hours. CSS Help Desk is available via telephone or email 24/7/365.

3.2.2 Help Desk Ticketing System. All user calls and emails will be documented electronically using the Help Desk ticketing system.

3.2.2 Help Desk Speed of Answer. CSS support staff will answer 85% of all calls from Supported Organization and its Participants and customers within 60 seconds. CSS will report to Supported Organization monthly all calls that exceed the sixty second threshold and will include time and date of call and ticket number.

3.2.3 Help Desk Speed of Response to Email. All requests for support to Support@crisphealth.org will be acknowledged, reviewed, logged into the service desk system, and resolved or assigned within one business day of the receipt.

3.2.4 Help Desk Root-Cause Analysis. recognizes that frequently reported common issues must be escalated and investigated to identify root-cause. Once root-cause is identified, the problem resolution process can begin. Help Desk will report to Supported Organization monthly, issues that have been routed for root cause analysis.

3.2.5 Customer Satisfaction Surveys. CSS will distribute Customer Satisfaction Surveys for resolved Help Desk tickets to Supported Organization's Participants and customers. The results of the surveys will be provided to Supported Organization. CSS will notify Supported Organization immediately if any survey response is either "Dissatisfied or Very Dissatisfied". Supported Organization will coordinate with CSS Help Desk to respond to the customer. The Help Desk will report survey response rate to Supported Organization monthly.

3.3 Operational and Technical Support, Ticketing and Problem Resolution.

3.3.1 In addition to the measures defined under the Help Desk section above, the following response times are provided:

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(i) *High Priority* – Within four hours. High priority issues include but are not limited to:

a. The production application or any component thereof is unavailable for more than five minutes. Measure: resolution.

b. Any Privacy or Security event known by CSS affecting data supplied by Supported Organization Participants. Measure: notification to the Supported Organization Executive Director and Privacy or Security Officer.

(ii) *Medium Priority* – Within three business days. Medium priority issues and services:

a. The serious degradation of application performance or Functionality as reported by Supported Organization or its Participants. Measure: resolution or determination that source of degradation is not on the CSS side

b. Credentialing Requests. Supported Organization and its Participant users who fully complete all required registration tasks will be credentialed within three business days of task completion. CSS will notify Supported Organization if credentialing tasks are unmet or incorrect that will cause any delay of credentialing. Measure: credentialed or notification made to user that more information is needed to complete the registration.

c. Ticket response. All tickets entered by Supported Organization staff or by CSS staff on behalf of the Supported Organization will be acknowledged, reviewed, and assigned to a technical resource or discussed and clarified with appropriate Supported Organization staff. Automated email acknowledgement responses are excluded from meeting this measure. Measure: time of ticket entry to ticket update with action steps.

d. Incorrect patient merge. Any identified incorrect patient merges will be unmerged. Measure: records separated.

(iii) *Low Priority* – Within five business days. Low priority issues:

a. Participant ENS Onboarding to Supported Organization Portal and Health Notification Services. After a Supported Organization Participant has complied with all CSS onboarding requirements including (1) signing the Participation Agreement; (2) using the Supported Organization specific Notice of Privacy Practices (NPP); (3) verifying Participant users and roles; and (4) generating a Patient Panel. CSS will Facilitate ENS alerts. Measure: Alerts enabled.

b. Removal of incorrect data as reported by patient, their representative, or the reporting entity and validated by the reporting entity. Measure: data removed.

c. Accounting of Disclosures (AOD): Valid Accounting of Disclosures requests will be completed and returned to the requestor. Measure: AOD report delivered

3.3.2 Escalation. Supported Organization may escalate the priority level of a support request if required to meet immediate Participant need. The Supported Organization may escalate to CSS management if the problem is not resolved by CSS in accordance with the metrics described in Section 3.3.1 above or when more than one Participant or user is significantly affected.

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SHARED SERVICES

3.3.3 Reporting. CSS will provide Supported Organization with monthly detailed reports on Help Desk, and Operational and Technical support. The report will include call and ticket volume, and details of any events that fall outside the defined timeframes.

3.3.4 Corrective Action Plans. If any issues remain unresolved for production issues, including availability of the Services based on the Service Availability guarantee, Help Desk, or Operational and Technical Support continue to occur, Supported Organization can request that CSS complete corrective action plans that provide root-cause analysis, remediation, and mitigation strategies to correct and address the identified issues. CSS must complete and present a corrective action plan within ten days of a request from Supported Organization.

4. Central Data Services

4.1 Annual Audit. CSS shall retain a qualified independent third-party auditing firm to perform an annual audit of the CSS environment and will provide an SOC 2 Type 2 report, or a successor audit of a similar nature that is generally accepted in the in the industry. This audit summary report shall be conducted by a Certified Public Account (CPA) and provided to Supported Organization.

4.2 Disaster Recovery. Should a Force Majeure Event instigate a scheduled or unscheduled disaster recovery system failover or failback, CSS shall strive, to the best of its ability considering the circumstances of the Force Majeure Event, to restore Supported Organization's HIE Functionality and Service Availability consistent with its business and disaster recovery plan(s), which may be made available for limited viewing by the Supported Organization Executive Director or her delegate.

4.3 Updates. CSS will ensure technical Updates from vendors will be applied to the Systems during scheduled maintenance windows. Critical security patches, releases, or hot fixes will be deployed as soon as practical through CSS Emergency Maintenance procedures.

4.4 Hosting Support. Hosting Services provided by CSS shall include the following: change control, backup and recovery, production environment, development/build environment, hardware performance, software performance, and test and training environments.