Health Information Technology Environmental Scan

PRDoH RFP 2023-PRMP-HIT006

September 13, 2023

Bridgewater CONSULTING GROUP

Version 1.0

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Cover Letter

September 13, 2023

Mrs. Elizabeth Otero Martínez
RFP Solicitation Coordinator
Puerto Rico Department of Health
P.O. Box 70184
San Juan, P.R. 00936-0184

Dear Mrs. Otero Martínez:

Bridgewater Consulting Group (BCG) is grateful for the opportunity to propose our services to perform an environmental scan (eScan) as specified in the Puerto Rico Department of Health's (PRDoH's) RFP 2023-PRMP-HIT006 published on August 22, 2023.

BCG intends to propose our services for this project and bring to bear our experience and capabilities to achieve a quality result for the eScan survey and the associated final report.

We are available as needed to address any questions regarding this proposal.

Sincerely,

Juan Pablo Semidey, PE, CISSP
President & CEO
(787) 646-8382
jpsemidey@bridgewatercg.com

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Executive Summary

In this proposal, Bridgewater Consulting Group, Inc. presents an approach to undertake an HIT/HIE Environmental Scan (eScan) to support the closeout activities of the Medicaid Promoting Interoperability Program of Puerto Rico (MPIPPR). A critical success factor for the eScan project will be to achieve the requisite provider survey response levels to meet the statistical significance threshold. To this end, BCG intends to engage and involve provider professional associations and interest groups that can complement and support the outreach and communication activities that will be performed as part of the eScan. Since these provider professional associations and interest groups will benefit from the initiatives undertaken to address HIT/HIE obstacles and gaps identified as a result of the eScan, they will be eager to promote that providers participate in the survey.

BCG's preliminary work plan under our proposed approach allows completion of the project and publication of the eScan final report by March 31, 2024, which implies a six-month project timeline. One of the main challenges in this project is to avoid delays and other situations that may cut into the proposed survey response and data gathering period of approximately 3 months.

BCG's experience as the pre-payment contractor for the MPIPPR from 2013 through program sunset in 2021, as well as our experience with multiple HIT/HIE projects has several important benefits for PRDoH:

- BCG has considerable healthcare industry and HIT/HIE subject matter expertise that can be brought to bear in the development of the provider survey that will drive the findings of the eScan. In addition, BCG is familiar with the current level of HIT/HIE adoption by different provider categories, which can be used to ensure the provider survey will gather the necessary data to meet project objectives.
- Through its participation in the MPIPPR, BCG developed significant expertise on how to communicate effectively with the different provider categories in Puerto Rico's landscape. This will help drive outreach and communication efforts related to the eScan, as well as promoting higher provider response rates.

- BCG has access to the provider contact lists from the MPIPPR (participating providers, which will contribute to jump-starting the distribution of the eScan survey and help achieve early successes in terms of the amount of survey responses.

For this project, BCG will be teaming with Impactivo, LLC, a healthcare consulting firm with significant research capabilities. Impactivo's role will focus on survey design and formulating approaches to optimize provider involvement and participation in the eScan. Impactivo will also support BCG in survey administration and analyzing survey results. Beyond its expertise in conducting surveys in Puerto Rico healthcare provider settings, the main driver for selecting Impactivo as a subcontractor is that BCG has collaborated with Impactivo in the development of the latter's SMART PCMH care management application. Therefore, BCG and Impactivo have experience working together to deliver results for clients.

Firm/Organization Information

Purpose, Mission, and Vision

Since 2009, BCG has been supporting clients in achieving results through a variety of management consulting and IT services. Our historical focus has been on the healthcare industry, the public sector, higher education, and non-governmental organizations (NGOs). Approximately 80% of our service hours have been delivered to clients in the healthcare industry, including healthcare service buyers, payers, providers, and regulators. We work with clients under a variety of business models – including staffing, project-based, outsourcing, and managed service provider (MSP).

BCG is singularly focused on achieving results for our clients through a combination of obsession with resolving our clients' issues, industry subject matter expertise, and using experienced staff in all of client projects. BCG's service portfolio includes a variety of services that allow our clients to leverage our expertise to achieve results so clients can focus on their core business.

BCG's service offerings are defined, structured, and delivered taking into consideration each organization's unique challenges and requirements.

Our mission, vision, and values are as follows"

Mission	*Vision*	*Values*
To become our client's most trusted advisor and support their achievement of superior business results.	To become our client's most trusted advisor and support their achievement of superior business results.	Dependability in supporting the client, dedication to achieve mutually agreed results, and honesty in every exchange.

Our service delivery approach is guided by the following principles:

We listen to your needs

We engage with your executive team to actively listen and gain a deep understanding of your business, operations, and technology challenges. We also identify any constraints that you may be facing in addressing your current and future challenges.

We devise a custom approach

We devise a service approach that is customized to your organization's challenges and constraints. We review the service approach with your executive team to ensure alignment with your goals and objectives.

We get your team involved

We collaborate with your project team to build trust and promote a sense of ownership of the results achieved through our services.

We deliver results

We get your team involved as part of our service delivery to promote improved outcomes and facilitate sustainment of activities that will enhance the long-term benefits your organization will reap from our services.

Relevant Qualifications and Experience

BCG's most significant experience related to the healthcare space, the Puerto Rico provider landscape, and performing data gathering and surveys among Puerto Rico providers is the Medicaid Promoting Interoperability Program of Puerto Rico (MPIPPR), which BCG led from April 2013 to program sunset in December 2021. The MPIPPR and its history are described in some detail to provide some insight into our experience and capabilities in terms of our familiarity with the Puerto Rico healthcare provider landscape and achieving results for our clients, even in the most challenging circumstances. Please Refer to Appendix B – Case Studies of Similar Projects for additional information on the MPIPPR case study and additional qualifications.

Evidence of Organizational Capacity

Leadership and Corporate Structure

BCG was founded in 2009 by Juan Pablo Semidey to offer clients in Puerto Rico and the Caribbean with a portfolio of management consulting services. His experience working for global enterprise computing companies (Oracle) and Big 4 management consulting firms (PwC) was that clients in Puerto Rico did not have access to a critical mass of management consulting services that are comparable in quality to the global firms but using Puerto Rico-based resources. Mr. Semidey is the President & CEO and participates in every client engagement to ensure services are delivered as agreed with the client, to ensure appropriate resources are brough to bear in every project, and to address any issues that require attention at an executive level.

BCG has two service divisions: **Business Consulting** and **Technology Consulting**. The **Business Consulting Division**, led by Ms. Mariela Vega López, focuses on traditional management consulting services such as:

- Project and Program Management
- Security Risk Analysis
- Business Continuity Management
- Compliance Consulting
- Business Process Outsourcing (BPO)
- Process Improvement
- Procurement Support

BCG's **Technology Consulting Division**, led by Mr. Reynaldo Rivera, delivers software development and cloud-based services (e.g., contact center, disaster recovery) in the AWS cloud. BCG is an AWS Select partner.

Please refer to Appendix D – Key Personnel Qualifications/CVs for curriculum vitae of BCG's leadership.

Key Project Staff

The key project staff for PRDoH's eScan project and their roles are as follows. Please refer to Appendix D – Key Personnel Qualifications/CVs for complete profiles.

Juan Pablo Semidey, PE, CBCP, CISSP, ITILe, ISO 31000 RM, ISO 27001 LI

Project Director and HIT/HIE SME

Mr. Semidey is a Senior Management Consultant with over 28 years' experience in management consulting and cloud services. Proficient in planning, delivery, and control of complex programs, as well as in the delivery of initiatives involving cloud services, customer contact channels, large scale project management, and strategic planning. Mr. Semidey also has significant experience with HIT/HIE technologies, standards, and implementation guides.

Mr. Semidey will serve as BCG's Project Director for the project and also as HIT/HIE subject matter expert (SME). Therefore, he will participate in eScan project planning and approach definition, survey definition, and implementation of communication channels to support increasing response rates. In addition, Mr. Semidey will also lead the development of the eScan final report.

Mariela Vega López

Project Manager

Ms. Vega is a results-oriented Program Manager with over twenty-three (23) years' experience in delivering value to clients through leadership and continuous risk management of complex business operation and administration environments, managing stakeholders effectively, and ensuring the on-time delivery of business initiatives. Ms. Vega López is adept at effectively implementing new business services and technologies to solve complex business problems and improve operational and administrative results.

Ms. Vega López will serve as Project Manager for the eScan. Thus, she will be PRDoH's point of contact (PoC) for project day-to-day operations, submit service requests, and to raise any incidents. Ms. Vega will also serve as the supervisor of all personnel dedicated to the provider-facing functions for the project.

Reynaldo Rivera

IT Operations Lead

Mr. Rivera is an experienced and multi-faceted IT professional with over 25 years' experience in the public sector, financial, and healthcare. Mr. Rivera possesses strong analytical, problem-solving, communications and leadership skills coupled with excellent hands-on technical skills in current relevant technologies. Mr. Rivera was the architect of the SMART PCHM application whose survey functionality will be used for the eScan project.

In his role as IT Operations Lead, Mr. Rivera will be responsible for standing up the cloud-based services that will underpin the provider-facing functions in the project. This includes the SMART PCMH survey tool, a cloud-based contact center, and the technologies required to extract, transform, and load data from the SMART PCMH database to the tools that will be used by project staff to analyze survey results.

Celinés Nieves Colón

Project Operations Lead

Mrs. Nieves Colón is an efficiency-oriented industrial engineer with over nineteen (19) years' experience as business analyst in teams chartered with orchestrating process-based initiatives within the public sector, financial services, and healthcare industries. Mrs. Nieves Colón has a proven track record of meeting aggressive deadlines ahead of schedule in complex multi-stakeholder situations. Mrs. Nieves Colón has consistently demonstrated professionalism, attention to detail, and a collaborative nature in all the projects she has been assigned to.

In her role as Project Operations Lead, Mrs. Nieves Colón will serve as Lead Business Analyst for the eScan, with particular focus on supporting the Project Manager in timeline and resource analysis and reporting, data gathering and analysis of survey response rates, as well as serving as data steward for survey results.

Maria Fernanda Levis-Peralta, MPH, MPA, PCMH CCE, CFRE (Impactivo, LLC)

Research and Survey Design Lead

Ms. Levis is a prominent figure in the field of health systems and professional wellbeing. Her passion is fueled by a personal health crisis, leading her to develop the Advancing Leadership in Times of Crisis program as a co-Principal Investigator under an award from the Health Resources and Services Administration. Ms. Levis's expertise extends to the interplay between organizational culture, structures, and health professional wellbeing. As an expert in health reform, Ms. Levis has designed and implemented methodologies for evidence-based practices, community health needs assessment, and leadership development during crises.

In her role as Research and Survey Design Lead, Ms. Levis will have primary responsibility for survey design. In addition, she will serve as primary liaison between the eScan project and healthcare professional associations, healthcare thought leaders, providers, and other key stakeholders in ensuring participation in the eScan project.

Maria Fiorella Casaverde, MHA, PCMH-CCE (Impactivo, LLC)

External Stakeholder Liaison Lead

Ms. Casaverde is a highly skilled and dedicated healthcare professional with 15 years of experience working with different Federally Qualified Health Centers. Throughout her career, Ms. Casaverde has demonstrated a strong commitment to improving healthcare outcomes and promoting health equity. She also has significant expertise in EHR implementation, the impact of HIT/HIE on clinical workflows, and gaps to improved utilization of EHR technologies.

In her role as External Stakeholder Liaison Lead, Ms. Casaverde will be a key contributor to survey design and administration. In addition, she will participate in the analysis of surveys responses and in the identification of recommendations to address HIT/HIE adoption in the Puerto Rico provider landscape.

Subcontractors

Impactivo, LLC

In this project, BCG will be teaming with Impactivo, LLC, with the latter as a subcontractor to BCG. Impactivo's role will focus on survey design and formulating approaches to optimize provider involvement and participation in the eScan. Impactivo will also support BCG in survey administration and analyzing survey results. **The main driver for selecting Impactivo as a subcontractor is that BCG has collaborated with Impactivo in the development of the latter's SMART PCMH care management application.** SMART PCMH is a care management tool to support care teams in Federally Qualified Health Centers (FQHCs) to manage patients with high-risk conditions such as diabetes in accordance with Patient-Centered Medical Home (PCMH). PCMH is a model of care that puts patients at the forefront of care. PCMHs build better relationships between patients and their clinical care teams. PCMH was developed by the National Committee for Quality Assurance (NCQA). SMART PCMH, as discussed earlier, has a Survey and Assessments module that was developed by BCG in collaboration with Impactivo's product manager.

BCG (as a subcontractor to Synapsis, Inc.) was contracted by Impactivo to develop SMART PCMH after the latter was awarded a National Science Foundation (NSF) Innovation Grant. One of SMART PCMH's main capabilities is the definition, distribution, and tabulation of web-based surveys. BCG plans to use SMART PCMH's capabilities to create and distribute the electronic version of the eScan survey, as well as to capture and tabulate provider responses. SMART PCMH has been successfully used to conduct multiple healthcare surveys. Therefore, BCG and Impactivo have experience collaborating in projects that are similar to the eScan.

Founded in 2010, Impactivo LLC is an impact-driven consulting firm that specializes in connecting population health, quality, organizational development, and sustainability. Its team has worked with government agencies, publicly traded health management organizations, multinational pharmaceuticals, hospitals, physician groups and community organizations in New York, Massachusetts, Washington, D.C., the U.S. Virgin Islands and Puerto Rico with outstanding results. Impactivo's experience suggests that the key to success lies at the intersection of the interests of patients, clinicians, and payers. Impactivo transforms health organizations by using data, design, and inspiration to align these interests. More specifically, Impactivo translates research and policy to action while building systemic, operational, and strategic funding capacity. Impactivo provides its clients with the most up-to-date knowledge and relevant tools to help them deliver outstanding outcomes in their programs and bottom line. Impactivo is great at what it does because it has in-depth subject matter expertise of health care and social services, skills in data and public policy analysts, greater knowledge of what truly makes an organization productive and the capacity to navigate the private/public sectors.

Impactivo cares deeply about what it does. For this reason, Impactivo does its work with the highest level of responsibility and excellence. Impactivo's staff are knowledgeable about its fields of work and go beyond the call of duty to understand its clients' individual needs and achieve transformational change. Impactivo's leadership has decades of combined experience working in health care, social services, business, and management consulting. Impactivo's "hands-on" approach to consulting is a result of its executive leaders' experience as C-level executives, as well as their understanding of what it takes to run a successful health care organization.

Health Care Systems Research

Impactivo continually examines organizational, financial, regulatory, and structural factors within markets or communities to assess the impact of interventions on populations and financial models. Such analysis provides leaders with the information they need to make decisions on product development, programs, services, policies, laws, and regulations focused on achieving the best outcomes for a targeted population. Systems research

encourages the optimal use of resources through the assessment of financial viability and sustainability.

Impactivo's expertise in health care and knowledge of the health system provide a specialized approach to clients in the health sector. Adhering to evidence-based methodologies in the field of public health systems research – an area of study that examines the financing, delivery, and make-up of public health services within communities – our team holds extensive expertise on a broad range of health-related topics that allow us to best serve clients in government, universities, payers, private practices, and federally qualified health centers.

Specifically, Impactivo offers significant experience conducting Community Health Needs Assessments that are fully compliant with federal agency statutes, allowing us to ascertain intelligence to make informed strategic decisions. Impactivo has also been consistently engaged by a health insurer to perform qualitative and quantitative research. The insights we gather promote understanding of the many factors that impact health status and health care.

Our publications include a range of research and analysis on population-level demographics and chronic disease prevalence on the island; feasibility studies for new initiatives; and systematic quality benchmarking exercises, comparing one organization to other players in the industry. Our team has also assisted health professional universities in completing comprehensive examinations of current programs, best practices and community needs that enabled them to prepare higher quality and culturally competent health professionals. Additionally, the company has refined its engagement model to fully capitalize on the market opportunity abroad.

Impactivo also works with private practices to provide in-depth data and comprehensive assessments on the chronically diseased population, service demand, and benchmarking of leading practices. Our detailed market valuations allow practices to better understand the health needs and socioeconomic profiles of prospective patients and identify strengths and weaknesses to help position them as leaders in chronic care for older

patients. These analyses include utilization and cost projections that provide improved intelligence for negotiating with payers.

Impactivo Consulting, LLC has conducted multiple comprehensive Community Health Needs Assessments (CHNAs) utilizing its SMART Patient-Centered Medical Home Technologies. This approach aims to inform strategic development by providing actionable insights into ways to enhance community health.

The methodology for these assessments comprises three core components: secondary data analysis, community surveys, and key informant interviews. Each element offers a complementary perspective on the health needs within the community, as well as additional social, cultural, and economic factors. This multi-faceted approach enables organizations to better understand their target populations and to meet community needs more efficiently and effectively.

A. Secondary Data Analysis

Initially, Impactivo conducts a secondary data analysis of the service area to create a quantitative profile of the community. This analysis draws from authoritative sources such as the U.S. Census Bureau, Centers for Disease Control and Prevention, Puerto Rico Department of Public Health, KIDS COUNT, among others. The most recent data available is used for each indicator. Whenever possible, data is collected at the municipal level and compared to state and national averages as benchmarks. The types of secondary data gathered include:

- Demographic and Socioeconomic Statistics
- Family and Household Statistics
- Education and Income Measures
- Mortality Statistics
- Maternal and Child Health Indicators
- Cancer Statistics

- Sexually Transmitted Illness and Communicable Disease Statistics
- Health Care Access Statistics

Due to limited statistical data available for Puerto Rico, interpolation techniques are employed when necessary. For instance, Behavioral Risk Factor Surveillance System (BRFSS) data is interpolated in two ways: 1) Estimates from the closest Statistical Areas for Hatimedik's four service areas are extrapolated based on age and/or gender. 2) When such data is unavailable, Commonwealth-level data for Puerto Rico is extrapolated to the municipal level and then combined as a weighted average to estimate results. This analysis adheres to the guidelines outlined in the HRSA BPHC HCP Data Resource Guide: Resource for Completion of Form 9: Need for Assistance (NFA) Worksheet, 2014.

B. Community Survey

In addition to secondary data, primary data is collected from the population in the service area through a stratified Community Survey. Health organizations contracted Impactivo, LLC to develop the survey content, as well as the sample design and selection methodology. An extensive literature review is conducted to inform the survey design, which aims to actively assess the views of healthcare consumers and community leaders to identify gaps in services and health priorities. The survey methodology takes into account the community’s socioeconomic status and access to phone, internet, and mail, and is administered in-person at health fairs and in local barrios (Census-defined county subdivisions).

The survey collects information on:

- - Demographics of respondents
- - Healthcare providers used and reasons for selection
- - Local healthcare provider usage
- - Services needed locally
- - Perception of health needs

- - Satisfaction with local healthcare

C. Key Informant Interviews

The third component involves key informant interviews, which leverage the insights of community collaborators to prioritize health problems and needs. Among the groups represented by key informants are:

- Nonprofit Organizations
- Local Social Outreach Programs
- Local Businesses
- Local Public Community Leaders

Key informants participate in phone or virtual meetings, where they are asked to evaluate the community's health needs through their unique lenses of experience and roles. They also discuss health disparities, socioeconomic factors affecting health, and additional barriers to care. The insights gathered from these interviews are instrumental in evaluating health priorities and identifying strategic opportunities within the community. Participants' comments are coded and analyzed to present comprehensive findings.

References

Please refer to Attachment B for BCG’s and Attachment C for Impactivo’s references.

Description of Proposed Survey Administration, Execution, and Analysis Process

Proposed Approach and Process Model

At the outset, to define a sensible approach for the eScan, the realities of the Puerto Rico healthcare landscape must be considered, particularly with regards to the provider ecosystem that will be asked to respond to surveys and participate in data gathering activities. Some of these considerations include:

- The managed care organizations (MCOs) contracted by ASES for the island-wide health insurance system (Vital) have the most influence over providers and can potentially facilitate useful aggregate data on provider HIT capabilities, including health information exchange (HIE).
- Puerto Rico provider professional associations and interest groups (e.g., Puerto Rico Hospital Association, Primary Health Association, Puerto Rico College of Medics-Surgeons) can significantly influence provider awareness and interest in participating in the environmental scan. These professional associations and interest groups have the most to gain in participating in the eScan.
- The EPs and EHs that participated in the MPPIPR, for whom the PRDoH has reliable contact information (e.g., phone, e-mail), represent only about 35% of the overall provider population in Puerto Rico. In some cases, providers participated in the MPPIPR, but their last participation occurred several years ago.
- Response rates for electronic surveys can be low, particularly for healthcare providers, if not given sufficient time to become aware of the environmental scan and its importance.
- A variety of approaches should be employed to gather data to accommodate provider preferences, including electronic surveys, telephone surveys, on-site visits, targeted interviews, and focus groups.

- For some provider types, determining a statistically significant sample a priori may not be feasible due to the uncertainty in the amount of provides and the likelihood they will respond to the survey.

Another element in the eScan is determining the most suitable methods and supporting materials to reach the provider landscape specified in Appendix 1 of the RFP and obtain responses that represent a statistically meaningful sample. For example, an email with a link to the survey might be an effective approach for a particular provider type but might be unsuitable for other provider types. For provider types that have strong professional associations or interest groups (e.g., hospitals, FQHCs), electronic methods may be more effective, while for more fragmented provider types (e.g., radiologists), in-person surveys may be required to achieve acceptable response rate. At the same time, it is important to recognize that even within the same provider type (e.g., FQHC), there may be clusters that need to be identified as well as possible from the earliest stages of the project to achieve reasonable geographic coverage and promote validity in terms of the survey results.

Yet another consideration is that a typical survey with a fixed set of questions that is given to a subject to capture responses is most suited to quantitative data. However, given that there may be nuances that are difficult to capture through quantitative data, the eScan should strive to incorporate methods to capture qualitative data. This type of data focuses on understanding the depth and richness of survey responses through narrative information, while quantitative survey data emphasizes quantifiable aspects and uses statistical methods to analyze and draw conclusions. Therefore, the eScan project must incorporate a hybrid approach, combining both qualitative and quantitative data collection and analysis techniques to gain a comprehensive understanding of the state of health information technology (HIT) across diverse provider groups.

Based on the foregoing, our proposed research and data gathering approaches include the following:

- Electronic surveys distributed via e-mail or SMS

- Outbound telephone surveys
- Establishing a call center where providers can submit responses
- In-person surveys at provider practice locations
- Activities that bring together professional association and interest groups, as well as key providers, to actively participate in survey definition at the start of the project, identify opportunities capture qualitative data, and share the preliminary findings of the eScan to gather input before the final report issued.

The data gathering approaches that can be effectively implemented and conducted for the eScan are a function of the proposed project timeline, the target response or participation rates, as well as cost-effectiveness. Therefore, the selection of primary and secondary data gathering approaches for different provider types is a critical success factor for the eScan.

Given the foregoing, BCG's proposed approach to conduct the eScan is as follows:

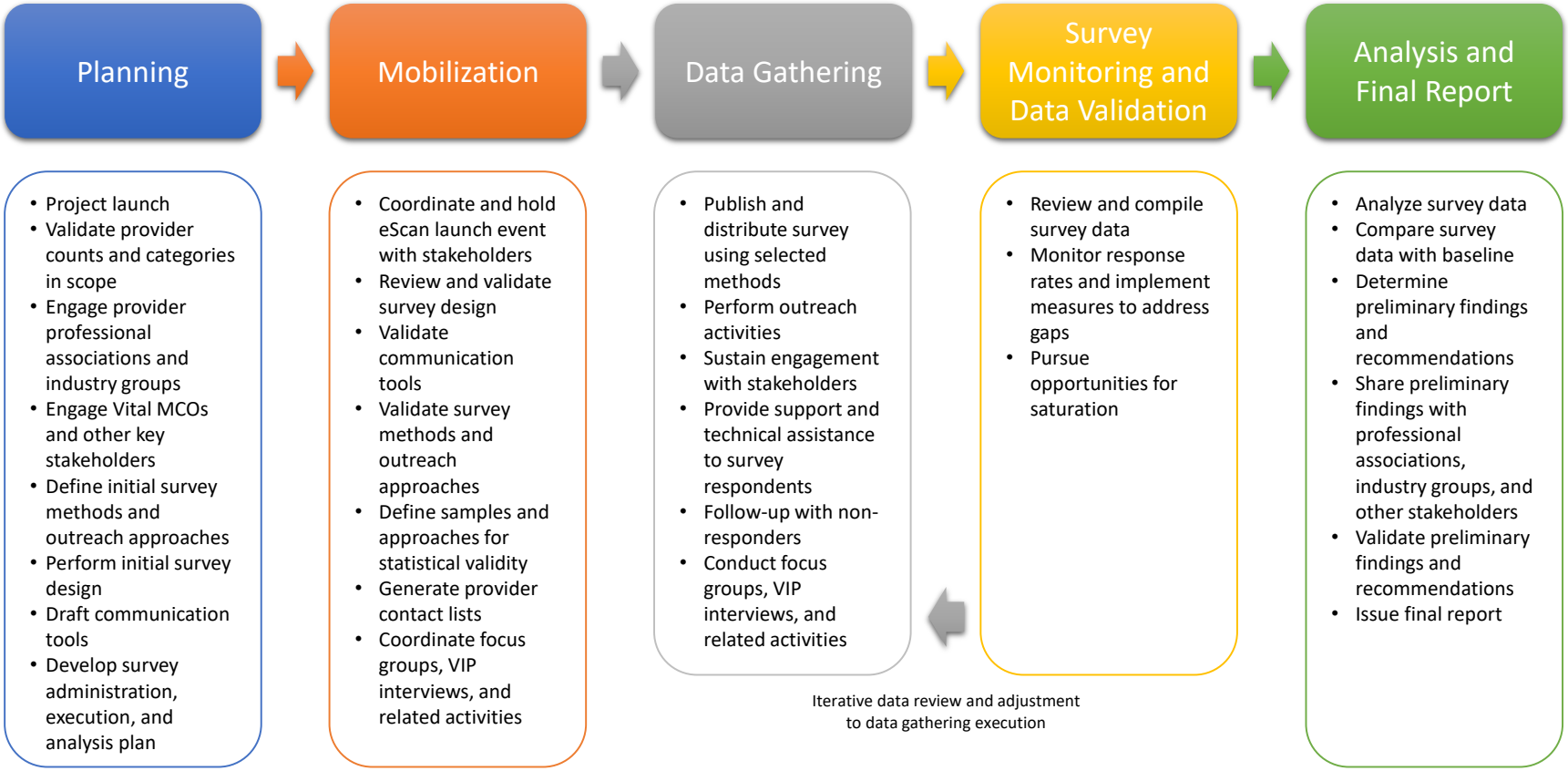

Figure 1 – BCG eScan Approach and Methodology

Description of Methodology and Approach to Survey Administration

The methodology and approach to survey administration and the associated activities are as follows:

- ***Planning*** – The initial phase will lay the groundwork for a successful eScan by reviewing and validating the provider categories and populations that will be included in data gathering activities, identifying provider clusters or cohorts within provider categories based on multiple criteria, engaging Vital MCOs and provider professional associations or interest groups. Engagement with the latter is a critical success factor for the eScan project, given that the provider professional associations and interest groups will have the most to gain from a thorough eScan with significant provider participation. Another significant element in the ***Planning*** phase will be the initial definition of the survey methods and outreach approaches to be utilized in later phases in collaboration with PRDoH project stakeholders. and In the planning phase, BCG will leverage its experience with the MPIPPR, its experience with the provider landscape in Puerto Rico, and its subject matter expertise in HIT/HIE to design an initial version of the survey, as well as drafting initial versions of the communication tools to be sued to drive outreach, technical assistance, and other stakeholder engagement activities. The preliminary decisions with regard to survey methods, outreach approaches, survey instruments, and communications tools are intended to be validated by designated eScan external stakeholders (e.g., provider professional associations) in the next phase through large meetings to be conducted at PRDoH. The design of the different elements of the eScan will be brought together, further developed, and consolidated in a survey administration, execution, and analysis plan.
- ***Mobilization*** – The main goal of the second phase is to ensure that data gathering activities can hit the ground running by ensuring that the provider landscape to be surveyed, the provider professional associations and interest groups, as well as any additional stakeholders are aware of the eScan project, the methods by which

they can participate, and have access to communications tools that will facilitate provider responses. Therefore, the first step will be to share the survey methods, outreach approaches, survey instruments, and communications tools with a large group of external stakeholders, including provider professional associations and interest groups, Vital MCOs, specific providers, as well as other external stakeholders, to obtain their feedback and make adjustments to promote higher participation levels from providers, establish a support system to follow-up with non-responding providers, and promote attainment of eScan goals. This approach was successfully used in PRDoH's State Health Innovation Plan project. As a result of the eScan launch event where information about the eScan project will be shared with external stakeholders to obtain their feedback, BCG will refine the initial decisions and artifacts defined in the Planning phase. In addition, BCG will define the samples and approaches necessary for statistical validity of the survey results, generate provider contact lists for all provider categories, including clusters and cohorts, and the samples to be surveyed. Finally, BCG will coordinate a number of activities to supplement the data gathered through the survey, including focus groups, VIP interviews, meeting with key opinion makers in the provider community, and other activities intended to glean qualitative data that will facilitate the analysis and interpretation of data gathered through the survey.

- ***Data Gathering*** – This phase represents the bulk of the eScan effort; performing the necessary activities to distribute the survey, provide assistance to providers in responding to the survey, and capturing provider responses. The first step will be to publish and distribute the survey using the methods defined in the ***Planning*** phase and validated in the ***Mobilization*** phase. The publication and distribution of the survey will be supported by outreach activities to create provider awareness about the release of the survey. These activities will be directed at provider professional associations and interest groups, Vital MCOs, as well as directly to providers to expand coverage. The intention is to sustain the engagement with external project stakeholders from the ***Planning*** and ***Mobilization*** stages to

promote a high participation rate by the different provider types. This includes providing support and technical assistance to providers that may need it in order to respond to the survey, requesting collaboration from these stakeholders in reaching out to non-responders, and having these stakeholders issue reminders about the survey to their members or affiliated providers. BCG will undertake efforts to complement these stakeholder collaborations with direct-to-provider outreach and communication efforts. In this phase, BCG will support activities to supplement the data gathered through the survey, including focus groups, VIP interviews, meeting with key opinion makers in the provider community coordinated during the ***Mobilization*** phase.

- ***Survey Monitoring and Data Validation*** – Once the data gathering processes are launched in the ***Data Gathering*** phase, one of the critical success factors for the eScan will be to monitor the response rates by the different provider types, including clusters and cohorts, and identify those where additional outreach efforts may be required or new approaches must be devised to increase response rates. As survey responses are captured and received, they will be periodically reviewed by BCG analysts for quality assurance purposes. This is intended to ensure that surveys are counted accurately and associated with the correct provider category, cluster, or cohort. Another important thrust of the quality assurance activities will be to identify opportunities to pursue saturation or the point at which no new or meaningful information emerges from additional data collection activities. Reaching the point of saturation will serve to confirm the survey findings as well as the data gathered through other means (e.g., interviews).
- ***Analysis and Final Report*** – In the last phase, the data gathered through the eScan project activities will be reviewed and analyzed with three main goals: compare the data with the eScan baseline performed in 2012, preliminarily identify findings, and draft initial recommendations to further the adoption and use of HIT/HIE in the Puerto Rico provider landscape. The preliminary findings and initial recommendations will be shared with the external stakeholders, including provider

professional associations and interest groups, Vital MCOs, specific providers, as well as other external stakeholders, in a manner similar to the eScan launch in the ***Mobilize*** phase. The purpose of the event with external stakeholders is to obtain their feedback to refine how the findings are presented and improve upon the initial set of recommendations. The next step will be to incorporate the final version of the findings and recommendations in the final project report. The process of putting together the final report will start after the data analysis and review and will conclude once the final version of the findings and recommendations is completed.

Knowledge of the Puerto Rico Health Care Landscape

Throughout its history, BCG has developed significant expertise in the healthcare industry through a variety of client projects with healthcare service buyers, payers, providers, and regulators. These projects span BCG's entire service portfolio including management consulting, outsourcing, and cloud-based IT services. Moreover, assessing and understanding the Puerto Rico healthcare landscape has been a foundational component of some of BCG's client projects, including:

- *Medicaid Promoting Interoperability Program of Puerto Rico (MPIPPR)* – The program management activities performed by BCG as part of the MPIPPR included several elements that were directly related to identifying and quantifying provider landscape as to different provider categories:
    - *Eligibility* – Only certain provider types or categories were eligible for the MPIPPR. BCG had to verify that attestations were submitted by eligible provider types. In the case of EPs, this was accomplished by verifying the provider's taxonomy codes in the National Plan and Provider Enumeration System (NPPES).
    - *EHR Utilization Patterns* – In many cases, providers used more than one EHR instance (e.g., a specialist who provides services at a hospital, but has his own solo practice may access two different EHRs on a daily basis) but could only submit an attestation associated with a single EHR instance. This

should be a consideration in developing survey questions in order to get a more accurate picture of HIT/HER adoption and utilization.

Another important consideration in the MPIPPR was the experience accumulated by BCG performing outreach activities with providers. In particular, the outreach activities included creating provider contact lists and making outbound contacts to provide orientation regarding the MPIPPR, the eligibility and meaningful use criteria associated with each program year, and how to submit an attestation, among others. This included contacting providers through multiple methods (e.g., phone, email, SMS). Therefore, BCG is familiar with the most appropriate contact methods for different provider categories.

- *MCO Data Connectivity Assessment* – As part of this project, BCG initially had to identify, categorize, and quantify the providers contracted by the MCO (e.g., physicians, clinics, laboratories, radiology, therapists), including non-medical service providers (e.g., transportation, meals, prescription drug delivery). The next step was to characterize the data connectivity processes between the contracted providers and the MCO. This included interviews with internal MCO stakeholders from business and information technology (IT) areas, as well as with all major HER, LIS, and HIT solutions providers in Puerto Rico. As a result of the project, a data connectivity strategy (equivalent to a HIT/HIE) strategy was formulated for adoption by the MCO. This project allowed BCG to gain a perspective of the current rate of adoption of HIT/HIE on the island, the capabilities that are deployed in the provider landscape, and the barriers to further adoption of HIT/HIE.
- *Centers for Medicare and Medicaid Services Health Innovation Plan (https://impactivo.com/consulting/)* - In 2016, Impactivo had the opportunity to work with the Puerto Rico Health Department in the development of its Health Innovation Plan. The aim of this plan was to transform delivery and management of health care services in Puerto Rico by testing innovative care models of prevention and management of high-cost, complex-need populations. This

process brought together stakeholders from many diverse sectors related to health care. Despite the large scope of the project The task was accomplished in record time and submitted to CMS as expected.

Impactivo supported the Puerto Rico Medicaid Office and Medical Care Advisory Committee by carrying out all grant initiation, assessments and planning activities related to the development of its State Health Innovation Plan (SHIP). This multi-stakeholder project used online web tools and support and a formal request for information process carried out through an online survey platform, engagement of multiple subject matter experts using project management tools, online webinars and ample community engagement through a public-facing web and social media campaign. Impactivo developed a unique project governance structure that included community participation and focused on analyzing policies, literature review, policy development and identifying opportunities for federal and community collaboration. The innovative project resulted in an:

  - *Inventory of current efforts and proposals to advance the health of the population*
  - *Inventory of policy levers*
  - *Description of the state health care environment*
  - *Driver Diagram*
  - *State Health Innovation Plan, including:*
    - *State Health IT Plan*
    - *Workforce Development Plan*
  - *Infographics*

- Puerto Rico Federally Qualified Health Centers Workforce Need Assessment Report – Impactivo in partnership with the HRSA Region 2 Public Health Training Center (Region 2 PHTC) conducted a formal public health workforce needs

assessment in Puerto Rico following the methodology established by the de Beaumont Foundation and the Association of State and Territorial Health Officials (ASTHO). The needs assessment replicates the one done in 2019 with the same population and which was conducted using a Spanish translated version by the Impactivo Team of The Public Health Workforce Interests and Needs Survey (PH WINS). The analysis of the data collected in this report reveals the strengths, areas of concern, and the needs of the public health workforce at the forefront of primary care in federally Qualified Health Centers (FQHC) in Puerto Rico. The development of this report was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB6HP31685, Regional Public Health Training Center Program.

Impactivo's experience and capabilities in performing research projects in the healthcare industry complements BCG's capabilities. Impactivo's staff has extensive experience carrying out planning and performance improvement processes for health organizations including multinational corporations, public health department, health insurance companies and health care providers. These performance improvement initiatives are associated with clinical and care management processes, including those associated with adoption of Patient-Centered Medical Home (PCMH) standards. Impactivo's performance improvement projects involve the optimization of HIT/HIE to achieve improved health outcomes for patients.

In addition, Impactivo led the development of the State Health Innovation Plan (SHIP) for PRDoH in 2016, which included the following assessments as part of the scope of SHIP Phase 2:

- Inventory of current efforts and policy, regulatory and legal levers for payment and delivery system reform
- Profile of health care in Puerto Rico Health Status and Baseline Population Health Status and gaps

- Inventory of the current efforts to advance the health of the entire population, including efforts to integrate public health and health care delivery
- Description of the State Health Care Environment
- Assessment of delivery reform initiatives and impact of expanding Super-Utilizers Program and Health Homes Pilot
- Recommendations on model to be selected based on analysis of initiatives under way, current capabilities of MiSalud and others

Work Plan, Activities, and Milestones

Our proposed work plan is based on other states and territories' experience with their eScan as well as the recognition that significant effort will need to be put forth to ensure adequate response rates from the different provider categories, clusters, and cohorts. Finally, the work plan recognizes the importance of provider professional associations and interest groups, Vital MCOs, and other external stakeholders The proposed high-level work plan is as follows:

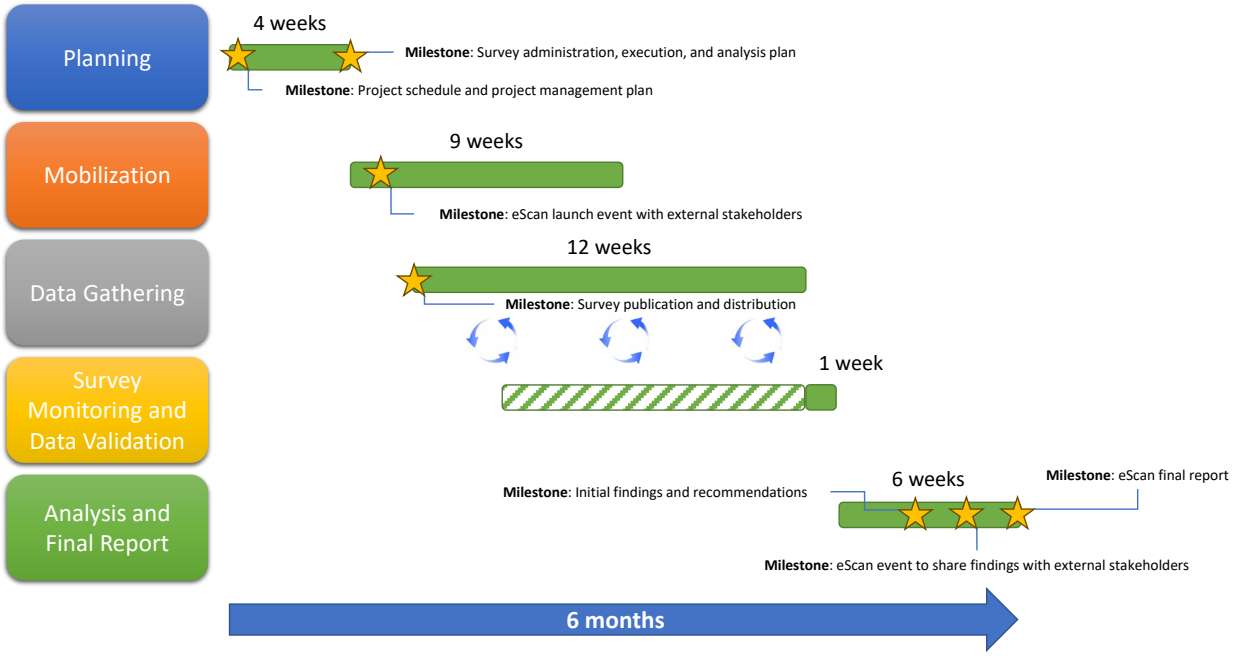

Figure 2 – BCG eScan Work Plan

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The work plan is intended to balance the need to have as long a data gathering period as possible while ensuring that the appropriate planning, stakeholder engagement and participation, and analysis is performed prior to publishing the eScan final report. The ***Planning*** phase (4 weeks) is very important from the standpoint that choices will be made regarding provider categories, clusters, and cohorts, sample sizes, as well as the outreach and survey approaches that will be employed in later stages. Given the short timeframe for the eScan project, it will only be feasible to make minor adjustments during later stages of the project. Therefore, sufficient time must be devoted to planning the eScan. The main goal of the ***Mobilization*** stage (9 weeks) is to validate the eScan planning from the previous stage with provider professional associations, interest groups, and representatives from the provider community.

The bulk of the eScan activities (12 weeks) will be conducted during the ***Data Gathering*** phase, which focuses on publishing the survey, capturing responses, and performing activities to drive provider participation such as outreach, providing technical assistance related to the survey, The ***Survey Monitoring and Data Validation*** phase (1 week) is not distinct from the previous phase but rather an extension of the ***Data Gathering*** phase. This is from the standpoint that ***Survey Monitoring and Data Validation*** activities will be conducted during the same period as the ***Data Gathering*** activities. In this sense, survey responses will be monitored and validated as they are captured from the earliest stages of the ***Data Gathering*** activities. This is the meaning of the circular arrows that bind the two stages' activities, which implies continuous iteration between the ***Data Gathering*** phase and the ***Survey Monitoring and Data Validation*** phase.

The **Analysis and Final Report** phase (6 weeks) will focus on analyzing the survey data, synthesizing initial findings and recommendations, and validating them with external stakeholders prior to publication of the eScan final report.

Detailed Timeline

In the Proposed Approach and Process Model section of this proposal, we described our approach and methodology (***Figure 1***):

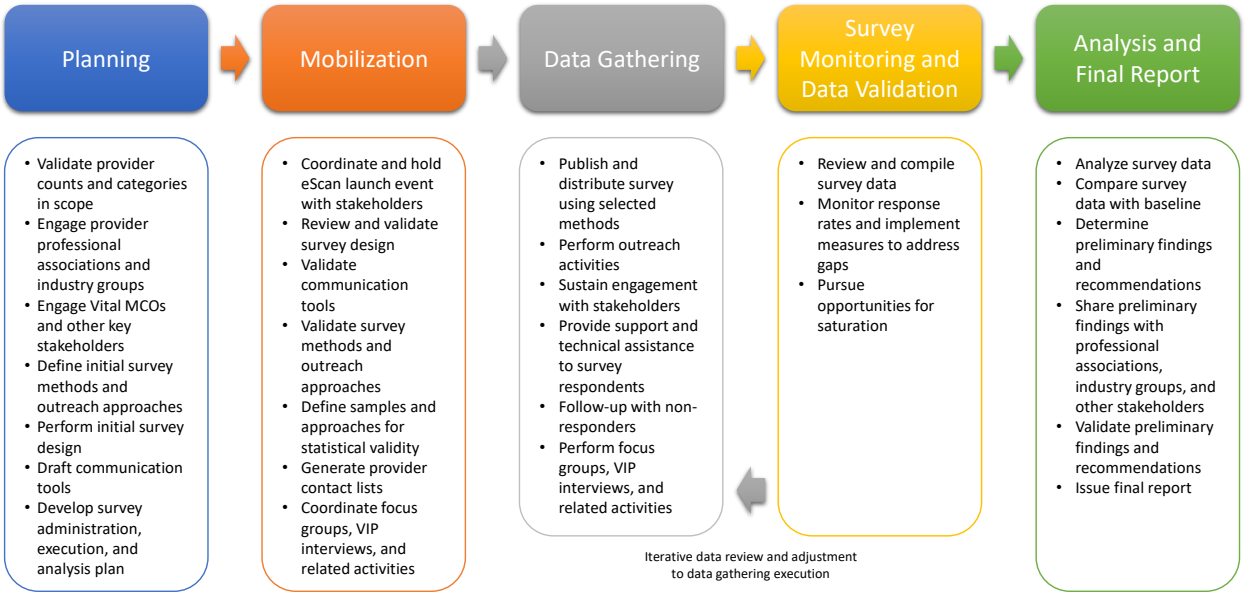

Figure 3 – BCG eScan Approach and Methodology

In this section we provide an initial project schedule by project phase according to BCG's approach and methodology according to the specifications in Section 3.5 of PRDoH's RFP. The critical path is shown in yellow shading, while the resource names correspond to the initials for each role in **Figure 4**..

WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
1	20 days	Planning	2-Oct-23	27-Oct-23	
1.1	4 days	Project Launch	2-Oct-23	6-Oct-23	
1.1.1	0.5 days	Project kickoff meeting	2-Oct-23	2-Oct-23	BCG Team,PRDoH Team
1.1.2	0.5 days	Identify key project stakeholders	2-Oct-23	2-Oct-23	PM
1.1.3	0.5 days	Validate key project assumptions	3-Oct-23	3-Oct-23	PM,PD
1.1.4	0.5 days	Perform housekeeping	3-Oct-23	3-Oct-23	PM
1.1.5	1 day	Refine project plan	4-Oct-23	4-Oct-23	PM,POL
1.1.6	2 days	Develop project management plan	4-Oct-23	5-Oct-23	POL
1.1.7	0 days	Submit project plan and project charter to PMO	6-Oct-23	6-Oct-23	PM,PRDoH Team
1.2	9 days	Validate provider counts and categories in scope	6-Oct-23	18-Oct-23	
1.2.1	1 day	Review and validate provider categories in eScan scope	6-Oct-23	6-Oct-23	RDSL,SA,DA
1.2.2	2 days	Evaluate profile of providers in each category to decide on clustering and/or cohorts within each category (if any)	9-Oct-23	10-Oct-23	RDSL,SA,DA
1.2.3	2 days	Document provider categories, clusters, cohorts, and decisions related to clustering and cohorts	10-Oct-23	11-Oct-23	RDSL,SA,DA
1.2.4	1 day	Identify managed care organizations and other groups with exchange networks	11-Oct-23	11-Oct-23	RDSL,SA,DA
1.2.5	1 day	Determine the size of each provider category, cluster, or cohort using available information	12-Oct-23	12-Oct-23	RDSL,SA,DA
1.2.6	1 day	Establish sample sizes for each provider category, cluster, or cohort	13-Oct-23	13-Oct-23	RDSL,SA,DA
1.2.7	1 day	Review sample sizes and determine feasibility of obtaining number of calculated samples	16-Oct-23	16-Oct-23	RDSL,SA,DA
1.2.8	1 day	Evaluate the possibility of using stratified sampling and other techniques	17-Oct-23	17-Oct-23	RDSL,SA,DA

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
1.2.9	1 day	Document the use of selected sampling techniques	18-Oct-23	18-Oct-23	RDSL,SA,DA
1.3	8 days	Engage provider professional associations and industry groups	12-Oct-23	23-Oct-23	
1.3.1	1 day	Identify relevant provider professional associations and industry groups for each provider category, cluster, or cohort	12-Oct-23	12-Oct-23	ESLL
1.3.2	1 day	Identify relevant contact person for each provider professional association and industry group	13-Oct-23	13-Oct-23	ESLL
1.3.3	1 day	Prepare communication to establish initial contact and transmit through selected channel	16-Oct-23	16-Oct-23	ESLL,POL
1.3.4	5 days	Follow-up with provider professional associations to inform them of relevant project activities	17-Oct-23	23-Oct-23	OS
1.3.5	5 days	Identify opportunities to set up meetings to further the engagement	17-Oct-23	23-Oct-23	PM,RSDL,ESLL
1.4	10 days	Engage Vital MCOs and other key stakeholders	16-Oct-23	27-Oct-23	
1.4.1	1 day	Identify all Medicaid/Platino MCOs/MAOs	16-Oct-23	16-Oct-23	ESLL
1.4.2	1 day	Identify relevant contact person for each Medicaid/Platino MCO/MAO	17-Oct-23	17-Oct-23	ESLL,POL
1.4.3	1 day	Prepare communication to establish initial contact and transmit through selected channel	18-Oct-23	18-Oct-23	POL
1.4.4	5 days	Follow-up with Medicaid/Platino MCOs/MAOs to inform them of relevant project activities	19-Oct-23	25-Oct-23	OS
1.4.5	5 days	Identify opportunities to set up meetings to further the engagement	19-Oct-23	25-Oct-23	PM,RSDL,ESLL
1.4.6	1 day	Identify any other key stakeholders	19-Oct-23	19-Oct-23	PM,RSDL,ESLL
1.4.7	1 day	Prepare communication to establish initial contact and transmit through selected channel	20-Oct-23	20-Oct-23	PM,RSDL,ESLL
1.4.8	5 days	Identify opportunities to set up meetings to further the engagement	23-Oct-23	27-Oct-23	

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
1.5	6 days	Define initial survey methods and outreach approaches	12-Oct-23	19-Oct-23	
1.5.1	1 day	Identify potential survey methods	12-Oct-23	12-Oct-23	RSDL
1.5.2	1 day	Evaluate survey methods and select those used in the eScan	13-Oct-23	13-Oct-23	RDSL,SA,DA
1.5.3	1 day	Associate survey methods with provider categories, clusters, and cohorts (primary/secondary)	17-Oct-23	17-Oct-23	RDSL,SA,DA
1.5.4	1 day	Identify potential outreach approaches and associated channels	16-Oct-23	16-Oct-23	RDSL,POL
1.5.5	1 day	Evaluate outreach approaches and select those used in the eScan	17-Oct-23	17-Oct-23	RDSL
1.5.6	1 day	Identify technology services requirements to support selected survey methods and outreach approaches	18-Oct-23	18-Oct-23	RDSL,PD,PM,ESLL,POL,ITOL
1.5.7	1 day	Define technology services implementation plan	19-Oct-23	19-Oct-23	PD,ITOL
1.6	8 days	Perform initial survey design	12-Oct-23	24-Oct-23	
1.6.1	1 day	Establish initial survey design structure	12-Oct-23	12-Oct-23	RSDL
1.6.2	3 days	Define questions for general section of the survey	13-Oct-23	17-Oct-23	RDSL,SA,DA,PD,PM,POL,ESLL
1.6.3	2 days	Define questions for specific provider categories, clusters, or cohorts	18-Oct-23	19-Oct-23	RDSL,SA,DA,PD,PM,POL,ESLL
1.6.4	1 day	Compile initial survey draft	20-Oct-23	20-Oct-23	RSDL,POL
1.6.5	1 day	Submit for approval by PRDoH	23-Oct-23	23-Oct-23	PM,PRDoH Team
1.6.6	0 days	Initial survey draft	24-Oct-23	24-Oct-23	
1.7	7 days	Draft communication tools	18-Oct-23	27-Oct-23	
1.7.1	2 days	Draft general content for inclusion in communication tools	18-Oct-23	19-Oct-23	
1.7.1.1	0.5 days	Awareness and initial engagement	18-Oct-23	18-Oct-23	RSDL,ESLL,POL,TW
1.7.1.2	0.5 days	Event invitations	18-Oct-23	18-Oct-23	RSDL,ESLL,POL,TW

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
1.7.1.3	0.5 days	Survey release and instructions	19-Oct-23	19-Oct-23	RSDL,ESLL,POL,TW
1.7.1.5	0.5 days	Survey FAQs	19-Oct-23	19-Oct-23	RSDL,ESLL,POL,TW
1.7.2	1 day	Refine content for each communication channel	24-Oct-23	24-Oct-23	RSDL,ESLL,POL,TW
1.7.3	1 day	Arrive at final draft of communication tools	25-Oct-23	25-Oct-23	RSDL,ESLL,POL,TW
1.7.4	1 day	Submit for approval by PRDoH	26-Oct-23	26-Oct-23	PM,PRDoH Team
1.7.5	0 days	Initial communication tools	27-Oct-23	27-Oct-23	
1.8	6 days	Develop survey administration, execution, and analysis plan	19-Oct-23	27-Oct-23	
1.8.1	1 day	Define structure for plan	19-Oct-23	19-Oct-23	PM,RSDL,PD
1.8.2	4 days	Develop plan according to elements defined earlier	23-Oct-23	26-Oct-23	POL,TW
1.8.3	1 day	Submit for PRDoH approval	26-Oct-23	26-Oct-23	PM,PRDoH Team
1.8.4	0 days	Survey administration, execution, and analysis plan	27-Oct-23	27-Oct-23	
2	45 days	Mobilization	20-Oct-23	21-Dec-23	
2.1	18 days	Coordinate and hold eScan launch event with stakeholders	27-Oct-23	21-Nov-23	
2.1.1	5 days	Coordinate meeting logistics	27-Oct-23	2-Nov-23	PM,POL.RSDL,ESLL
2.1.2	2 days	Identify invitees	27-Oct-23	30-Oct-23	PM,POL.RSDL,ESLL
2.1.3	2 days	Issue invitations	31-Oct-23	1-Nov-23	POL,OS
2.1.4	10 days	Follow up-with invitees and gather attendance list	2-Nov-23	15-Nov-23	OS
2.1.5	5 days	Prepare meeting materials	9-Nov-23	15-Nov-23	RSDL,POL
2.1.6	1 day	Hold eScan launch event	16-Nov-23	16-Nov-23	PM,RSDL,ESLL
2.1.7	3 days	Document eScan launch event feedback and recommendations	17-Nov-23	21-Nov-23	POL,TW
2.2	8 days	Review and validate survey design	22-Nov-23	1-Dec-23	
2.2.1	3 days	Review and update initial survey design based on event feedback	22-Nov-23	24-Nov-23	RSDL,ESLL,POL
2.2.2	1 day	Compile final survey draft	27-Nov-23	27-Nov-23	POL

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
2.2.3	1 day	Submit for approval by PRDoH	28-Nov-23	28-Nov-23	PM,PRDoH Team
2.2.4	0 days	Final survey draft	29-Nov-23	29-Nov-23	
2.2.5	3 days	Update survey administration, execution, and analysis plan	29-Nov-23	1-Dec-23	POL,TW
2.3	8 days	Validate communication tools	22-Nov-23	1-Dec-23	
2.3.1	5 days	Review and update initial content for each communications channel based on event feedback	22-Nov-23	28-Nov-23	RSDL,ESLL,POL
2.3.2	1 day	Compile final communication tools	29-Nov-23	29-Nov-23	POL,TW
2.3.3	1 day	Submit for approval by PRDoH	30-Nov-23	30-Nov-23	PM,PRDoH Team
2.3.4	0 days	Final communication tools	1-Dec-23	1-Dec-23	
2.3.5	1 day	Update survey administration, execution, and analysis plan	1-Dec-23	1-Dec-23	POL,TW
2.4	31 days	Validate survey methods and outreach approaches	20-Oct-23	1-Dec-23	
2.4.1	5 days	Review and update survey methods and outreach approaches	22-Nov-23	28-Nov-23	RSDL,ESLL
2.4.7	30 days	Stand up, configure, and implement the cloud necessary services and technology infrastructure	20-Oct-23	30-Nov-23	PM,PD,POL,ITOL
2.4.8	3 days	Update survey administration, execution, and analysis plan	29-Nov-23	1-Dec-23	POL,TW
2.5	8 days	Define samples and approaches for statistical validity	22-Nov-23	1-Dec-23	
2.5.1	1 day	Evaluate and select suitable statistical test or analysis methods	22-Nov-23	22-Nov-23	RSDL
2.5.2	1 day	Estimate expected effect size	27-Nov-23	27-Nov-23	RSDL
2.5.3	1 day	Choose a significance level	28-Nov-23	28-Nov-23	RSDL
2.5.4	1 day	Perform sample size calculations for all provider types, clusters, and cohorts	29-Nov-23	29-Nov-23	RSDL
2.5.5	1 day	Choose appropriate sampling methods taking into consideration all eScan factors	30-Nov-23	30-Nov-23	RSDL

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
2.5.6	1 day	Update survey administration, execution, and analysis plan	1-Dec-23	1-Dec-23	POL,TW
2.6	20 days	Generate provider contact lists	27-Oct-23	23-Nov-23	
2.6.1	5 days	Jump start contact list effort by using MPIPPR provider contact list	27-Oct-23	2-Nov-23	PM,POL,RSDL
2.6.2	2 days	Identify provider categories, cluster, and cohorts for which contact lists are required	3-Nov-23	6-Nov-23	RSDL,POL
2.6.3	8 days	Collaborate with provider professional associations and interest groups to obtain provider lists	7-Nov-23	16-Nov-23	RSDL,ESLL
2.6.4	5 days	Consolidate provider contact lists into a contact master file	17-Nov-23	23-Nov-23	POL
2.7	22 days	Coordinate focus groups, VIP interviews, and related activities	22-Nov-23	21-Dec-23	
2.7.1	3 days	Identify activities to be performed under this category	22-Nov-23	24-Nov-23	PM,PD,RSDL,ESLL
2.7.2	10 days	Coordinate activity logistics	27-Nov-23	8-Dec-23	PM,POL,OS
2.7.3	2 days	Identify invitees	27-Nov-23	28-Nov-23	RSDL,ESLL
2.7.4	2 days	Issue invitations	29-Nov-23	30-Nov-23	POL,OS,RSDL
2.7.5	10 days	Follow up-with invitees and gather attendance lists	1-Dec-23	14-Dec-23	POL,OS
2.7.6	5 days	Prepare activity materials	15-Dec-23	21-Dec-23	RSDL
3	61 days	Data Gathering	24-Nov-23	16-Feb-24	
3.1	61 days	Publish and distribute survey using selected methods	24-Nov-23	16-Feb-24	
3.1.1	5 days	Configure survey in SMART PCMH	24-Nov-23	30-Nov-23	RSDL,SA,DA
3.1.2	5 days	Upload provider contact lists	29-Nov-23	5-Dec-23	RSDL,SA,DA
3.1.3	3 days	Determine methods for tracking survey responses and matching to contact lists	1-Dec-23	5-Dec-23	RSDL,POL,PD
3.1.4	1 day	Publish survey	6-Dec-23	6-Dec-23	RSDL

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
3.1.5	3 days	Distribute survey to provider professional associations, interest groups, and MCOs/MAOs	6-Dec-23	8-Dec-23	RSDL,POL,OS
3.1.6	10 days	Perform communication activities associated with survey release	6-Dec-23	19-Dec-23	POL,OS
3.1.7	50 days	Conduct survey using selected methods	11-Dec-23	16-Feb-24	RSDL,SA,DA,POL
3.1.8	50 days	Process survey responses	11-Dec-23	16-Feb-24	POL,ITOL,RSDL,SA,DA
3.2	50 days	Perform outreach activities	7-Dec-23	14-Feb-24	
3.2.1	50 days	Execute outreach activities according to survey administration, execution, and analysis plan	7-Dec-23	14-Feb-24	PM,POL,OS
3.2.2	50 days	Maximize survey completion within the provider groups and timelines established	7-Dec-23	14-Feb-24	PM,POL,OS,RSDL
3.2.3	45 days	Conduct multiple follow-up contacts as needed to obtain sufficient responses from critical participants	14-Dec-23	14-Feb-24	PM,POL,OS
3.2.4	40 days	Evaluate survey response rates for each provider category, cluster, and cohort to prioritize outreach efforts	13-Dec-23	6-Feb-24	POL,OS,RSDL
3.2.5	40 days	Measure effectiveness of outreach activities and adjust as necessary	14-Dec-23	7-Feb-24	RSDL,SA,DA
3.3	55 days	Sustain engagement with stakeholders	24-Nov-23	8-Feb-24	
3.3.1	55 days	Deliver stakeholder communications according to survey administration, execution, and analysis plan	24-Nov-23	8-Feb-24	POL,OS
3.3.2	50 days	Evaluate communication effectiveness and make recommendations to adjust plan as necessary	1-Dec-23	8-Feb-24	PM,RSDL
3.4	55 days	Provide support and technical assistance to survey respondents	1-Dec-23	15-Feb-24	
3.4.1	55 days	Operate provider and external stakeholder contact center	1-Dec-23	15-Feb-24	PM,POL,OS
3.5	45 days	Follow-up with non-responders	13-Dec-23	13-Feb-24	

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
3.5.1	41 days	Review survey data periodically to identify non-responding provider categories, clusters, and cohorts	13-Dec-23	7-Feb-24	
3.5.1.1	1 day	Identify non-responding provider categories, clusters, and cohorts 1	13-Dec-23	13-Dec-23	RSDL,SA,DA
3.5.1.2	1 day	Identify non-responding provider categories, clusters, and cohorts 2	20-Dec-23	20-Dec-23	RSDL,SA,DA
3.5.1.3	1 day	Identify non-responding provider categories, clusters, and cohorts 3	27-Dec-23	27-Dec-23	RSDL,SA,DA
3.5.1.4	1 day	Identify non-responding provider categories, clusters, and cohorts 4	3-Jan-24	3-Jan-24	RSDL,SA,DA
3.5.1.5	1 day	Identify non-responding provider categories, clusters, and cohorts 5	10-Jan-24	10-Jan-24	RSDL,SA,DA
3.5.1.6	1 day	Identify non-responding provider categories, clusters, and cohorts 6	17-Jan-24	17-Jan-24	RSDL,SA,DA
3.5.1.7	1 day	Identify non-responding provider categories, clusters, and cohorts 7	24-Jan-24	24-Jan-24	RSDL,SA,DA
3.5.1.8	1 day	Identify non-responding provider categories, clusters, and cohorts 8	31-Jan-24	31-Jan-24	RSDL,SA,DA
3.5.1.9	1 day	Identify non-responding provider categories, clusters, and cohorts 9	7-Feb-24	7-Feb-24	RSDL,SA,DA
3.5.2	41 days	Define follow-up outreach campaigns based on survey response rates	14-Dec-23	8-Feb-24	
3.5.2.1	1 day	Define follow-up outreach campaigns based on survey response rates 1	14-Dec-23	14-Dec-23	RSDL,ESLL,PM,POL
3.5.2.2	1 day	Define follow-up outreach campaigns based on survey response rates 2	21-Dec-23	21-Dec-23	RSDL,ESLL,PM,POL
3.5.2.3	1 day	Define follow-up outreach campaigns based on survey response rates 3	28-Dec-23	28-Dec-23	RSDL,ESLL,PM,POL

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
3.5.2.4	1 day	Define follow-up outreach campaigns based on survey response rates 4	4-Jan-24	4-Jan-24	RSDL,ESLL,PM,POL
3.5.2.5	1 day	Define follow-up outreach campaigns based on survey response rates 5	11-Jan-24	11-Jan-24	RSDL,ESLL,PM,POL
3.5.2.6	1 day	Define follow-up outreach campaigns based on survey response rates 6	18-Jan-24	18-Jan-24	RSDL,ESLL,PM,POL
3.5.2.7	1 day	Define follow-up outreach campaigns based on survey response rates 7	25-Jan-24	25-Jan-24	RSDL,ESLL,PM,POL
3.5.2.8	1 day	Define follow-up outreach campaigns based on survey response rates 8	1-Feb-24	1-Feb-24	RSDL,ESLL,PM,POL
3.5.2.9	1 day	Define follow-up outreach campaigns based on survey response rates 9	8-Feb-24	8-Feb-24	RSDL,ESLL,PM,POL
3.5.3	43 days	Execute direct follow-up campaigns	15-Dec-23	13-Feb-24	
3.5.3.1	3 days	Execute direct follow-up campaigns 1	15-Dec-23	19-Dec-23	PM,POL,OS
3.5.3.2	3 days	Execute direct follow-up campaigns 2	22-Dec-23	26-Dec-23	PM,POL,OS
3.5.3.3	3 days	Execute direct follow-up campaigns 3	29-Dec-23	2-Jan-24	PM,POL,OS
3.5.3.4	3 days	Execute direct follow-up campaigns 4	5-Jan-24	9-Jan-24	PM,POL,OS
3.5.3.5	3 days	Execute direct follow-up campaigns 5	12-Jan-24	16-Jan-24	PM,POL,OS
3.5.3.6	3 days	Execute direct follow-up campaigns 6	19-Jan-24	23-Jan-24	PM,POL,OS
3.5.3.7	3 days	Execute direct follow-up campaigns 7	26-Jan-24	30-Jan-24	PM,POL,OS
3.5.3.8	3 days	Execute direct follow-up campaigns 8	2-Feb-24	6-Feb-24	PM,POL,OS
3.5.3.9	3 days	Execute direct follow-up campaigns 9	9-Feb-24	13-Feb-24	PM,POL,OS
3.5.4	40 days	Request support from provider professional associations and Vital/Platino MCOs/MAOs in reaching providers	20-Dec-23	13-Feb-24	RSDL,ESLL
3.6	40 days	Conduct focus groups, VIP interviews, and related activities	22-Dec-23	15-Feb-24	

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
3.6.1	40 days	Conduct focus groups, interviews, meetings, and other activities with external stakeholders	22-Dec-23	15-Feb-24	PM,POL,ESLL,RSDL
3.6.2	40 days	Capture quantitative and qualitative data resulting from focus groups, interviews, meetings, and other activities	22-Dec-23	15-Feb-24	RSDL,SA,DA
4	54 days	Survey Monitoring and Data Validation	11-Dec-23	22-Feb-24	
4.1	54 days	Review and compile survey data	11-Dec-23	22-Feb-24	
4.1.1	50 days	Compile survey responses and free text into a format and application for analysis	11-Dec-23	16-Feb-24	RSDL,SA,DA
4.1.2	50 days	Review compiled survey data periodically for accuracy or other data quality issues	14-Dec-23	21-Feb-24	RSDL,SA,DA
4.1.3	50 days	Address any data quality issues identified as a result of the reviews	15-Dec-23	22-Feb-24	RSDL,SA,DA
4.1.4	50 days	Clean up survey responses where needed/possible	15-Dec-23	22-Feb-24	RSDL,SA,DA
4.2	43 days	Monitor response rates and implement measures to address gaps	12-Dec-23	8-Feb-24	
4.2.1	40 days	Analyze responses and produce overall numbers and figures by provider type and other characteristics	12-Dec-23	5-Feb-24	RSDL,SA,DA
4.2.2	40 days	Review survey response data periodically to identify provider categories with low response rates	12-Dec-23	5-Feb-24	RSDL,SA,DA
4.2.3	40 days	Analyze the root causes for the low response rates and establish an action plan	14-Dec-23	7-Feb-24	RSDL,SA,DA,ESLL
4.2.4	40 days	Execute action plan to address gaps in response rates	15-Dec-23	8-Feb-24	RSDL,SA,DA,ESLL
4.3	35 days	Pursue opportunities for saturation	25-Dec-23	9-Feb-24	
4.3.1	30 days	Identify opportunities to undertake additional data gathering activities that can achieve saturation	25-Dec-23	2-Feb-24	POL,RSDL,ESLL,SA,DA

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
4.3.2	30 days	Pursue saturation opportunities according to their assessed value and their impact on project constraints	1-Jan-24	9-Feb-24	RSDL,ESLL
5	30 days	Analysis and Final Report	19-Feb-24	30-Mar-24	
5.1	13 days	Analyze survey data	19-Feb-24	6-Mar-24	
5.1.1	5 days	Identify potential data sources and repositories that may contain data that can contribute to final report	19-Feb-24	23-Feb-24	RSDL,POL,DA
5.1.2	2 days	Review, analyze, and visualize all available data	26-Feb-24	27-Feb-24	POL,DA
5.1.3	3 days	Create charts, tables, graphs, and other visuals as needed	28-Feb-24	1-Mar-24	POL,DA
5.1.4	3 days	Develop tables and graphs for final eScan document	4-Mar-24	6-Mar-24	POL,DA
5.2	4 days	Compare survey data with baseline	28-Feb-24	4-Mar-24	
5.2.1	2 days	Compare eScan data analysis with 2012 baseline	28-Feb-24	29-Feb-24	POL,TW,RSDL
5.2.3	1 day	Identify quantitative and qualitative data that can be compared longitudinally	1-Mar-24	1-Mar-24	POL,TW,RSDL
5.2.4	1 day	Develop tables and graphs for final eScan document	4-Mar-24	4-Mar-24	POL,DA
5.3	5 days	Determine preliminary findings and recommendations	7-Mar-24	13-Mar-24	
5.3.1	2 days	Review data analysis and synthesize findings	7-Mar-24	8-Mar-24	POL,DA,RSDL,TW,PD
5.3.2	2 days	Identify current gaps and barriers to continued HIT/HIE adoption by the Puerto Rico provider landscape	11-Mar-24	12-Mar-24	POL,DA,RSDL,TW,PD
5.3.3	1 day	Craft recommendations to address current gaps and barriers	13-Mar-24	13-Mar-24	POL,TW,PD
5.4	3 days	Share preliminary findings with professional associations, industry groups, and other stakeholders	14-Mar-24	18-Mar-24	
5.4.1	1 day	Present preliminary findings and recommendations to external stakeholders in an event format	14-Mar-24	14-Mar-24	RSDL,ESLL

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WBS	Duration	Task Name	Start Date	Finish Date	Resource Names
5.4.2	2 days	Gather and document stakeholder feedback to adjust preliminary findings and recommendations	15-Mar-24	18-Mar-24	RSDL,ESLL,POL
5.5	5 days	Validate preliminary findings and recommendations	19-Mar-24	25-Mar-24	
5.5.1	2 days	Review findings and recommendations based on feedback from event attendees	19-Mar-24	20-Mar-24	RSDL,ESLL,POL,TW,PD
5.5.2	1 day	Conduct any revisions/additional analyses post-review	21-Mar-24	21-Mar-24	RSDL,POL,DA
5.5.3	1 day	Update documentation related to findings and recommendations	22-Mar-24	22-Mar-24	POL,TW
5.5.4	1 day	Finalize findings	25-Mar-24	25-Mar-24	RSDL,ESLL,POL,TW,PD
5.6	24 days	Issue final report	27-Feb-24	30-Mar-24	
5.6.1	20 days	Write draft final report content covering the eScan process, comparative analysis, and findings	27-Feb-24	25-Mar-24	PD,POL,TW.RSDL
5.6.2	1 day	Review and share findings with the project team	26-Mar-24	26-Mar-24	PD,POL,TW.RSDL
5.6.3	1 day	Assist in presenting findings to PRDoH management	27-Mar-24	27-Mar-24	PD,POL,TW.RSDL
5.6.4	1 day	Refine final report based on feedback from PRDoH project team and management	28-Mar-24	28-Mar-24	PD,POL,TW.RSDL
5.6.5	1 day	Write up final report content to include survey process, methodology, lessons learned, and findings	29-Mar-24	29-Mar-24	PD,POL,TW.RSDL
5.6.6	0 days	Issue and publish final report	30-Mar-24	30-Mar-24	PD,POL,TW.RSDL

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Level of Effort Needed to Complete Each Phase Within the Timeline.

The starting point for estimating the level of effort for each phase in our proposed methodology is to define the project team that will be responsible for delivering the proposed services. This, in combination with the workplan, allows calculating the level of effort.

BCG is planning to deploy the following project team to support the eScan:

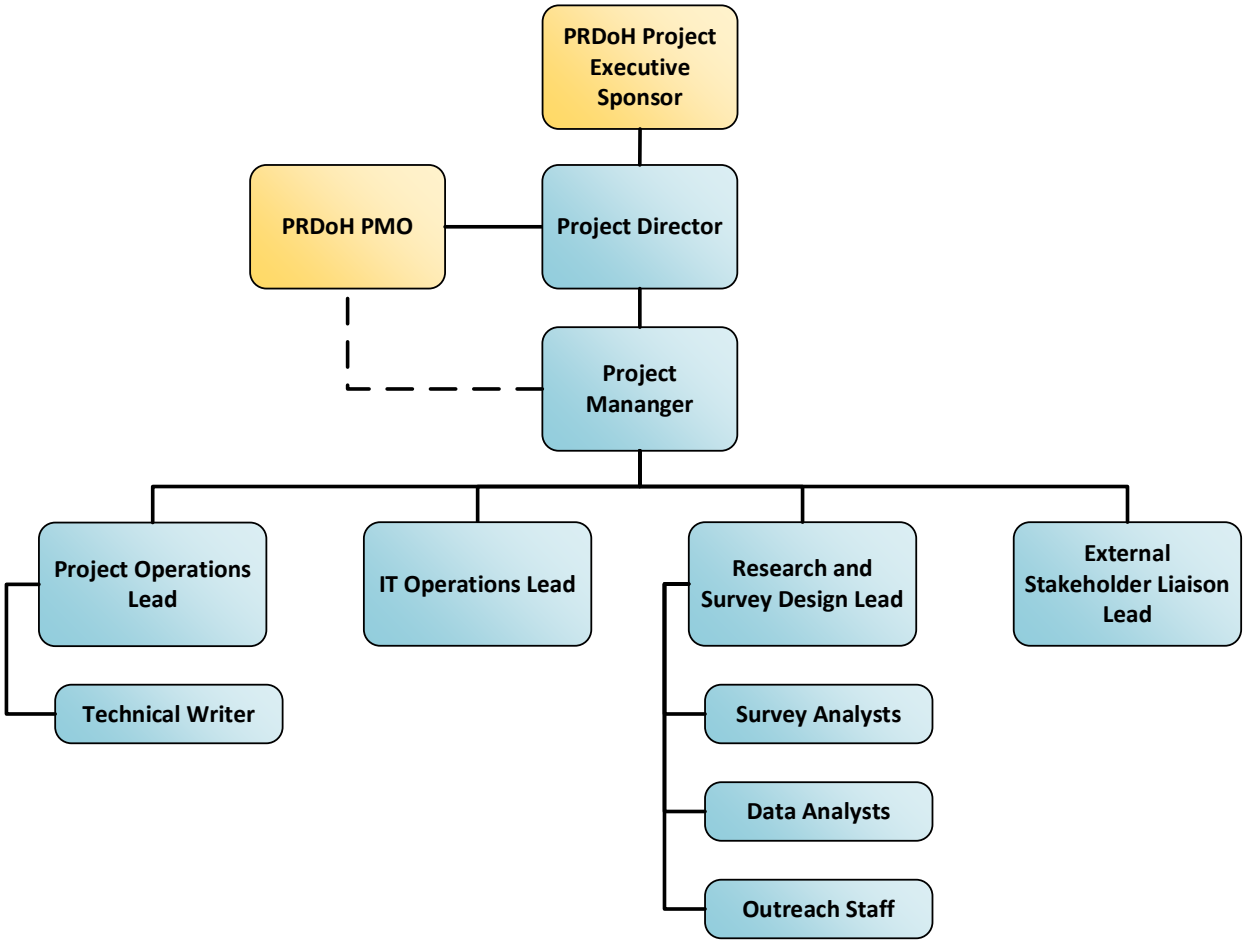

Figure 4 – BCG Project Team

The BCG Project Director (Mr. Juan Pablo Semidey) will be accountable to both the PRDoH executive Sponsor for the project and the PRDoH Project Management Office (PMO). The BCG Project Manager (Ms. Mariela Vega) will be leading and directing the resources BCG deploys for the project to support eScan project areas. The Project

Operations Lead (Mrs. Celinés Nieves) will be responsible for supporting the BCG project Manager in generating the project management deliverables, including the project schedule and project management plan, as well as any updates. In addition, the Project Operations Lead will be accountable for generating the other major deliverables for the project, namely the survey administration, execution, and analysis plan, the survey response findings, and the eScan Final Report with support from appropriate BCG SMEs from other project areas. The BCG IT Operations Lead (Mr. Reynaldo Rivera) will be responsible for standing up, configuring , and implementing the IT services that will underpin the survey methods, outreach, and communication channels, as well as data capture.

The Research and Survey Design Lead (Ms. Maria Fernanda Levis Peralta) will be responsible for defining, executing, and controlling the key elements of the survey administration, execution, and analysis plan. This includes survey definition, sample determination, performing outreach activities, and analyzing captured data. The Research and Survey Design Lead will be supported by a staff of survey analysts, data analysts, and personnel that will be responsible for outreach and technical assistance activities. Finally, the External Stakeholder Liaison Lead (Ms. María Fiorella Casaverde) will be responsible for engaging provider professional associations and interest groups, VIP interviewees, Vital MCOs, and other external stakeholders to promote their participation in the eScan.

The project workplan calls for a six (6) month project, where the level of effort associated with each phase in BCG's methodology is as follows:

Phase	Level of Effort
Planning	832 man-hours
Mobilization	968 man-hours
Data Gathering	3,326 man-hours
Survey Monitoring and Data Validation	157 man-hours
Analysis and Final Report	1,230 man-hours

In terms of the phases defined by PRDoH in Attachment A, the level of effort is as follows:

Phase	Level of Effort
Phase I – Development of Environmental Scan	4,226 man-hours
Phase II – Administration of Environmental Scan	900 man-hours
Phase III – Analysis of Environmental Scan	772 man-hours
Phase IV – Final Report	615 man-hours

Description of Work Performed During Each Phase

In this section, we describe BCG's scope of services associated to the proposed methodology and approach. In addition, we will identify how BCG's approach addresses the elements included in Section 3.1 of PRDoH's RFP (in blue).

WBS	Task	BCG Scope
1.	***Planning***	
1.1	Validate provider counts and categories in scope	• Document a plan that defines, prioritizes, and quantifies the provider types to be included in the eScan to further attainment of its goals and objectives. • Refine the plan to define/refine survey target groups and percentages for statistical validity, to include at a minimum: - All Medicaid/Vital eligible providers (EP) and eligible hospital (EH) types (as applicable), representing both urban and rural areas. - All Medicare EP and EH types (as applicable), representing urban and rural areas. - Other provider types not eligible for either program (e.g., behavioral health, long-term care [LTC], pharmacies, etc.)

WBS	Task	BCG Scope
		- Providers in areas with limited internet access. - Other non-eligible provider groups/types (e.g., public health, Veterans Administration [VA] providers). • Managed care organizations and other groups with exchange networks.
1.2	Engage provider professional associations and industry groups	• Identify professional associations or interest groups that are relevant for each provider type, cluster, or cohort as well as the appropriate contact person for each. • Contact them to create awareness of the eScan and extend invitations to the eScan launch event.
1.3	Engage Vital MCOs and other key stakeholders	• Identify Vital MCOs and other key external stakeholders well as the appropriate contact person for each. • Contact them to create awareness of the eScan and extend invitations to the eScan launch event.
1.4	Define initial survey methods and outreach approaches	• Determine all relevant survey methods to achieve maximum engagement and response rates (phone, mail, email, etc.). • Assess individual clusters or cohorts from WBS 1.1 to preliminarily establish primary and secondary survey and data gathering approaches. • Define preliminary outreach approaches for each provider type, cluster, or cohort. • Identify outreach methods and timing to contact potential participants and obtain interest in/agreement to participate and alert when survey is open/closed.

WBS	Task	BCG Scope
		• Plan for extra outreach as needed to obtain responses from under-represented and/or hard to reach provider types/locations (small/rural providers, non-automated providers, providers with no or limited broadband access).
1.5	Perform initial survey design	• Develop preliminary survey questions and final survey tools in English and Spanish, conduct survey testing: The survey must gather information to address the following questions, at a minimum, about the current state of HIT and interoperability among various provider types in Puerto Rico, and where possible, compare it to the state of HIT at MPPIPR project inception in 2012 to assess progress made over the duration. - What is the current extent of EHR adoption by practitioner and by care setting? - For those using EHRs for their practice, a. What type of system(s) are in use? b. What data services are being utilized? c. What type of providers are using EHRs and in what setting(s)? - For those who are not using electronic health records, what are the barriers to adopting such systems? For example, broadband access, location, cost. - What portion of the provider's patient population are Medicaid beneficiaries? - To what extent does broadband internet access pose a challenge to EHR use and HIE connections?

WBS	Task	BCG Scope
		- Does the Commonwealth have VA clinical facilities that are operating EHRs? Are those facilities connected to a national network? - To what extent do providers electronically share health records with those within and outside of their networks? Are providers able to rely on intra-network record sharing across disparate data systems? I.e., is there data integration and data exchange occurring within networks? - What are the greatest challenges related to gaining access to usable patient data? - In what ways would a patient portal, direct data feeds to an EHR from the HIE, or data reports add value to a provider's workflow (broken down by provider and care setting type)? - Are providers purchasing HIE services today? If yes, what type(s)?
1.6	Draft communication tools	• Draft initial versions of the communication pieces that will be used to create awareness about the eScan with providers and other stakeholders, including: - Introductory emails for stakeholder contacts - Awareness emails for providers - Instructions to providers on the available channels or methods to respond to the survey - Frequently Asked Questions (FAQs) - Reminders to submit survey responses

WBS	Task	BCG Scope
		- Invitations for focus groups, VIP interview, and opinion maker meetings
1.7	Develop survey administration, execution, and analysis plan	• Establish optimum survey administration timeline to achieve maximum engagement and response rates. • Develop survey administration, execution, and analysis plan that brings together the results of the activities in the Planning phase, to include: - Survey methodology to assure randomization, validity, and coverage. - Materials and methods for selecting and reaching participants. - Materials and text for describing the survey effort to participants. - Develop and refine survey questions, wording, and final tools in both Spanish and English. - Survey administration using multiple methods in both Spanish and English and follow up. - Process for compiling and analyzing responses. - Process for comparative analysis with baseline scan findings as needed. - Schedule for survey administration, follow up, analyses, and write ups. - Lead staff and staffing levels required for each task.
2.	***Mobilization***	

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WBS	Task	BCG Scope
2.1	Coordinate and hold eScan launch event with stakeholders	• Present survey administration, execution, and analysis plan to stakeholders participating in the event with particular focus on: - Survey methods - Outreach approaches - Survey design and instruments - Communications tools • Gather and document stakeholder feedback to adjust in the survey administration, execution, and analysis plan. • Enlist professional associations and interest groups, Vital MCOs, and other stakeholders to support awareness and outreach efforts. • Gather information related to professional association and interest group activities (e.g., conventions, marketing events) that will be conducted during the environmental scan's Data Gathering phase to promote survey participation.
2.2	Review and validate survey design	• Refine survey design and instruments based on feedback from event attendees, including determining the relevance of specific questions with regard to provider categories, clusters, or cohorts. • Update survey administration, execution, and analysis plan.
2.3	Validate communication tools	• Refine preferred communication methods and channels for each cohort based on feedback from event attendees.

WBS	Task	BCG Scope
		• Update survey administration, execution, and analysis plan.
2.4	Validate survey methods and outreach approaches	• Refine survey methods and outreach approaches for the different provider categories, clusters, and cohorts based on feedback from event attendees. • Stand up, configure, and implement the cloud services and technology infrastructure to support survey methods, outreach approaches, and technical assistance: - Contact center (phone, chat) - SMS (text messaging) - Electronic mail - Contact list management (response tracking) • Update survey administration, execution, and analysis plan.
2.5	Define samples and approaches for statistical validity	• Evaluate and select the statistical test or analysis method that is most suitable f • Estimate the expected effect size, which represents the magnitude of the expected difference or relationship between provider categories, clusters, or cohorts. • Choose a significance level (alpha) that represents the threshold for statistical significance (common values are 0.05 or 0.01). Also, determine the desired level of statistical power, which is typically set at 80% or higher. • Perform a sample size calculation based on the effect size, alpha level, and power level.

WBS	Task	BCG Scope
		• Assess the feasibility of obtaining the required sample size within the constraints of the eScan and raise any issues with PRDoH. • Choose an appropriate sampling method that algin with sample size requirements, survey methods, and available communication channels. - Random Sampling - Stratified Sampling - Convenience Sampling - Systematic Sampling - Cluster Sampling - Snowball Sampling - Purposeful Sampling - Quota Sampling • Update survey administration, execution, and analysis plan.
2.6	Generate provider contact lists	• Define, in conjunction with PRDoH, a segmentation strategy for the provider contact lists that is consistent with cohort definition and that will best support survey publication. • Determine information requirements for the contact lists (e.g., name, affiliation, position, work number, mobile number, e-mail) aligned with survey methods. • Gather information for the contact lists by leveraging the following: ○ Data gathered through the MPPIPR

WBS	Task	BCG Scope
		○ Professional association and interest group membership lists ○ Provider licensing registries • Compile current contact information for survey participants. • Aggregate provider data to generate preliminary lists. • Perform data quality reviews of the provider contact lists.
2.7	Coordinate focus groups, VIP interviews, and related activities	• Identify candidates for focus groups, VIP interviews, and opinion maker meetings. • Coordinate focus groups, interview, and meetings.
3.	***Data Gathering***	
3.1	Publish and distribute survey using selected methods	• Configure survey in SMART PCMH. • Determine methods for tracking survey responses and matching them to provider contact lists. • Perform activities in support of communications portion of survey administration, execution, and analysis plan related to survey initial publication. • Conduct survey using all relevant methods to achieve maximum response rates (phone, mail, email, etc.) (*ongoing*). • Process completed surveys promptly (daily/weekly) (*ongoing*).
3.2	Perform outreach activities	• Perform outreach activities according to survey administration, execution, and analysis plan.

WBS	Task	BCG Scope
		• •Maximize survey completion within the provider groups and timelines established (*ongoing*). • •Conduct multiple follow up contacts as needed to obtain sufficient responses from critical participants (*ongoing*). • Evaluate survey response rates for each provider category, cluster, and cohort to prioritize outreach efforts (*ongoing*). • Measure effectiveness of outreach activities and adjust as necessary (*ongoing*).
3.3	Sustain engagement with stakeholders	• Deliver stakeholder communications as per survey administration, execution, and analysis plan (*ongoing*). • Evaluate communication effectiveness and make recommendations to adjust plan as necessary (*ongoing*).
3.4	Provide support and technical assistance to survey respondents	• Operate contact center to response to provider and other stakeholder inquiries related to how to access the survey, questions regarding specific questions, service or technical assistance requests, and event, focus group, interview, or meeting coordination.
3.5	Follow-up with non-responders	• Review survey response data periodically to identify non-responding providers (*ongoing*). • Define follow-up outreach campaigns based on survey response rates, provider, cluster, or cohort profile, and preferred communication channels (*ongoing*). • Execute provider direct follow-up campaigns through available channels (e.g., telephone, e-mail, SMS) (*ongoing*).

WBS	Task	BCG Scope
		• Request support from professional associations, interest groups, and Vital MCOs in reaching non-responding providers.
3.6	Conduct focus groups, VIP interviews, and related activities	• Conduct focus groups, interviews, meetings, and other activities with external stakeholders (*ongoing*). • Capture quantitative and qualitative data resulting from focus groups, interviews, meetings, and other activities (*ongoing*).
4.	***Survey Monitoring and Data Validation***	
4.1	Review and compile survey data	• Compile survey responses and free text into a format and application for analysis. • Review compiled survey data periodically for accuracy or other data quality issues (*ongoing*). • Address any data quality issues identified as a result of the reviews (*ongoing*). • Clean up survey responses where needed/possible (*ongoing*).
4.2	Monitor response rates and implement measures to address gaps	• Analyze responses and produce overall numbers and figures by provider type and other characteristics (e.g., geography, practice size) (*ongoing*). • Review survey response data periodically to identify provider categories, clusters, or cohorts with low response rates (*ongoing*). • Analyze the root causes for the low response rates and establish an action plan (*ongoing*).

WBS	Task	BCG Scope
		• Execute action plan to address gaps in response rates (*ongoing*).
4.3	Pursue opportunities for saturation	• Identify opportunities to undertake additional data gathering activities that can achieve saturation with regards to data findings (*ongoing*). • Pursue saturation opportunities according to their assessed value and their impact on project constraints (e.g., timeline and budget) (*ongoing*).
5.	***Analysis and Final Report***	
5.1	Analyze survey data	• Identify potential data sources and repositories that may contain data or information that can contribute to enhancing the eScan final report. • Review, analyze, and visualize all available data. • Create charts, tables, graphs, and other visuals as needed. • Develop tables and graphs for final eScan document.
5.2	Compare survey data with baseline	• Compare eScan data analysis with 2012 baseline. • Identify quantitative and qualitative data that can be compared longitudinally. • Develop tables and graphs for final eScan document.
5.3	Determine preliminary findings and recommendations	• Review data analysis and synthesize findings that apply to the general provider landscape as well as those that may vary according to provider category, cluster, or cohort. • Identify current gaps and barriers to continued HIT/HIE adoption by the Puerto Rico provider landscape.

WBS	Task	BCG Scope
		• Craft recommendations to address current gaps and barriers.
5.4	Share preliminary findings with professional associations, industry groups, and other stakeholders	• Present eScan results as well as preliminary findings and recommendations to external stakeholders in an event similar to the launch event from the ***Mobilization*** phase. • Gather and document stakeholder feedback to adjust preliminary findings and recommendations.
5.5	Validate preliminary findings and recommendations	• Review findings and recommendations based on feedback from event attendees. • Conduct any revisions/additional analyses post-review. • Update documentation related to findings and recommendations. • • Finalize findings.
5.6	Issue final report	• Write draft final report content covering the eScan process, comparative analysis, and findings. • Review and share findings with the project team. • Assist in presenting findings to PRDoH management. • Refine final report based on feedback from PRDoH project team and management. • Write up final report content to include survey process, methodology, lessons learned, and findings. • Issue and publish final report.

Appendix A – Statement of Work

Scope of Work

The scope of work to be delivered by BCG is as follows:

1. Planning	
1.1	Validate provider counts and categories in scope
1.2	Engage provider professional associations and industry groups
1.3	Engage Vital MCOs and other key stakeholders
1.4	Define initial survey methods and outreach approaches
1.5	Perform initial survey design
1.6	Draft communication tools
1.7	Develop survey administration, execution, and analysis plan
2. Mobilization	
2.1	Coordinate and hold eScan launch event with stakeholders
2.2	Review and validate survey design
2.3	Validate communication tools
2.4	Validate survey methods and outreach approaches
2.5	Define samples and approaches for statistical validity
2.6	Generate provider contact lists
2.7	Coordinate focus groups, VIP interviews, and related activities
3. Data Gathering	
3.1	Publish and distribute survey using selected methods
3.2	Perform outreach activities

3.3	Sustain engagement with stakeholders
3.4	Provide support and technical assistance to survey respondents
3.5	Follow-up with non-responders
3.6	Conduct focus groups, VIP interviews, and related activities
4. Survey Monitoring and Data Validation	
4.1	Review and compile survey data
4.2	Monitor response rates and implement measures to address gaps
4.3	Pursue opportunities for saturation
5. Analysis and Final Report	
5.1	Analyze survey data
5.2	Compare survey data with baseline
5.3	Determine preliminary findings and recommendations
5.4	Share preliminary findings with professional associations, industry groups, and other stakeholders
5.5	Validate preliminary findings and recommendations
5.6	Issue final report

Location

BCG will deliver its services in multiple locations throughout the project, including the Puerto Rico Medicaid Program office, BCG's office, at locations where eScan events, meetings, interviews, focus groups and other activities are undertaken, as well as in a virtual model.

Milestones

The milestones according to BCG's proposed work plan are as follows:

- Creation and approval of project schedule and project management plan
- Creation and approval of survey administration, execution, and analysis plan
- eScan launch event with external stakeholders
- Survey publication and distribution
- Initial eScan findings and recommendations
- eScan event to share findings with external stakeholders
- eScan final report

Deliverables

The deliverables to be generated by BCG in the course of delivering the proposed scope of work are as follows:

- Project schedule an periodic updates thereof
- Project management plan
- eScan launch event
- Survey administration, execution, and analysis plan
    - Survey methodology and target group numbers
    - Outreach plan
    - Bilingual survey administrators / outreach to target participants
    - Bilingual final survey tool(s) (English and Spanish for Puerto Rico)
    - Scripts for phone contacts
- eScan survey
- Contact center with inbound and outbound capabilities
- Survey response findings
    - MS PowerPoint presentation for the PRDoH
    - Charts, graphs, tables, and text for the final SMHP report
- eScan event to share findings with external stakeholders

- eScan final report

Appendix B – Case Studies of Similar Projects

Qualification: The Medicaid Promoting Interoperability Program of Puerto Rico

MPIPPR Legal Base

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was enacted as part of the American Recovery and Reinvestment Act (ARRA) on February 17, 2009. The HITECH Act was designed to improve the United States health care delivery system through the adoption and use of health information technology. These provisions aimed to create a nationwide electronic health system that is efficient, secure, and private in an effort to improve health outcomes and lower the cost of healthcare. To accomplish these goals, the federal government allotted $19.2 billion of funding to promote the adoption and meaningful use of interoperable health information technology and electronic health records (EHRs).

To fully implement the requirements of the HITECH Act, CMS established the Medicare and Medicaid EHR Incentive Programs (now known as the Medicare and Medicaid Promoting Interoperability Program) in 2011 to encourage Eligible Providers (EPs), eligible hospitals (EHs), and Critical Access Hospitals (CAHs) to adopt, implement, upgrade, and demonstrate meaningful use of CEHRT.

Under the Medicaid Promoting Interoperability Program, EPs could receive as much as $44,000 over a five-year period through Medicare and up to $63,750 over a six-year period through Medicaid. EHs, on the other hand, could earn millions of dollars for implementing and being meaningful users of certified EHRs. In addition to outlining the payments participants may receive, CMS rulemaking also established the meaningful use objectives and associated metrics that eligible participants must meet to qualify for incentive payments.

Historically, the Promoting Interoperability Programs consisted of three stages:

- **Stage 1** set the foundation for the Promoting Interoperability Programs by establishing requirements for the electronic capture of clinical data, including providing patients with electronic copies of health information.
- **Stage 2** expanded upon the Stage 1 criteria with a focus on advancing clinical processes and ensuring that the meaningful use of EHRs supported the aims and priorities of the National Quality Strategy. Stage 2 criteria encouraged the use of CEHRT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible.
- In October 2015, CMS released a final rule that established **Stage 3** in 2017 and beyond, which focused on using CEHRT to improve health outcomes. In addition, this rule modified Stage 2 to ease reporting requirements and align with other CMS programs.

To continue its commitment to promoting and prioritizing interoperability and exchange of health care data, CMS renamed the EHR Incentive Programs to the Promoting Interoperability Programs in April 2018. This change moved the programs beyond the existing requirements of meaningful use to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information.

MPIPPR History

MPIPPR Program Design (Pre-Launch)

Prior to the launch of the MPIPPR, the Puerto Rico Medicaid enterprise lacked many of the infrastructure elements needed to support the program. As a result of an initial assessment, it was determined that necessary infrastructure and administrative components would need to be contracted. The MPIPPR organizational model was designed and implemented based on the following principles:

- MPIPPR program operations were initially deployed in the Puerto Rico Health Insurance Administration (ASES) given that it has an indirect relationship with Medicaid providers who would submit attestations for the program. Medicaid

providers are contracted by the Government Health Plan (GHP) managed care organizations (MCOs), who must report the names of the providers included in their networks to ASES on a monthly basis.

- The main operational components of the MPIPPR were contracted to specialized vendors and service providers who could supply qualified staff and proven solutions.
- The implementation and operation of a provider incentive payment system (PIPS) solution that includes the required state-level repository, eligibility, and payment processing functions based on capabilities used in other states under a software-as-a-service (SaaS) model to maximize flexibility and mitigate operational risk .

At the time the HITPIP was launched in October 2012, all responsibilities related to the PIPS, the provider call center, and attestation pre-payment verification processing were contracted to a single entity (Conduent, formerly a Xerox corporate division). The contract resulted from a competitive bidding process where ASES established the scope of services and issued an RFP. This approach was intended to bundle all functional capacity within one contractor, which would result in simplified vendor management processes and program administration. The REC was contracted to deliver an outreach and education program distinct from the one targeting primary care physicians (PCPs) for the MPIPPR. The latter was funded as a result of a competitive bidding process managed by the Office of the National Coordinator of Health Information Technology (ONC). The REC's distinct outreach and education program to support the MPIPPR focused on specialists, dentists, and EHs, which were initially excluded from Medicare EHR incentives. CSA Group, Inc. was contracted by ASES as program manager to drive MPIPPR operational and administrative activities. ASES established a coordination and oversight structure to manage the MPIPPR and maximize its effectiveness.

MPIPPR Launch and Initial Operations

The MPIPPR was launched in October 2012 under the previously described organizational model. During program startup, the MPIPPR was able to draw upon Conduent's experience with other states as well as the implementation of best practices promulgated by CMS to promote compliance with program rules and regulations. ASES's internal coordination and oversight structure was significantly bolstered in February 2013 after ASES executive management was assigned on a full-time basis to oversee HITPIP operations. At around the same time, a substantial number of attestations (approximately 1,000) had accumulated in the SLR (the system where providers submitted their attestations). This situation resulted in BCG being brought onboard by ASES as the new program manager to substitute CSA Group, Inc.

BCG was brought in at an exceedingly difficult juncture. Even in BCG's earliest days with the MPIPPR, it was evident that Conduent was ineffective in evaluating attestations, contacting providers to address any issues with their attestations, and approving cases that met program requirements. To resolve the issue with the 1,022 accumulated attestations, Conduent recommended processing a mass approval of all backlogged attestations (independent of their review status), issuing payment, and later determining whether a recoupment needed to be made during the post-payment audit. Although ASES entertained the idea, BCG's position was that given that the all the attestations had not been fully evaluated, that it would be an egregious breach of federal funds stewardship to issue incentive payments *en masse* without a conscientious verification and validation as recommended by Conduent. ASES ultimately determined that it would not be appropriate to process the mass approval and disburse public funds without proper controls considering that, in some cases, providers whose attestations had not been evaluated would ultimately be ineligible for an incentive payment. This group of 1,022 attestations, termed the Special Payment Group (SPG), was set aside for re-evaluation by BCG in May 2013. As a result of the evaluation, which was completed in 30 days, the MPIPPR determined that over 80% of the cases in the SPG were submitted by ineligible providers or did not have the required

case documentation and were therefore pended (marked for rectification by the provider). BCG established an outbound communication initiative to contact providers whose attestations had been pended and supported eligible providers in completing their case documentation. In cases where the provider was deemed to be ineligible, BCG staff collaborated with the provider to provide orientation on how to attest for the following program year.

As ASES gained experience with the MPIPPR, it realized that the organizational model where Conduent had operational responsibilities over provider attestation pre-payment verification was ineffective. The main issue with Conduent's role in pre-payment verification was its lack of experience with the idiosyncrasies and nuances of the Puerto Rico public health system and the manually intensive processes necessary to evaluate cases given the lack of a Medicaid Management Information System (MMIS). Oversight of the MPIPPR had become a burdensome proposition, as ASES had to coordinate attestation pre-payment evaluation and provider support activities between two separate teams (Conduent and BCG). Either of the teams could be contacted by providers looking to inquire about their attestation or address specific issues that caused the attestation to be pended. Based on the foregoing, ASES modified its operational model and assigned all pre-payment verification activities to BCG's program management structure starting in November 2014. This change immediately brought significant benefits to the provider community, as the MPIPPR was able to increase its attestation evaluation throughput and streamline communications with the provider community .The model implemented in late 2014 brought the MPIPPR the desired results and therefore remained in place for the rest of BCG's contractual relationship with ASES.

MPIPPR Transition to PRDoH

The PRDoH initiated activities related to promoting health information exchange (HIE) among Puerto Rico providers under HITECH funding as far back as 2009. Back then, PRDoH activities related to establishing HIE infrastructure had been structured as a program operated by the PRDoH's IT shared service, known as the Office of Informatics and Technology Advances (OIAT in Spanish). The PRDoH provided the data center

facilities and offices for the HIE initiative, performed administrative functions, procured necessary hardware and software technology, contracted necessary staff, and developed activities according to the Puerto Rico HIE Strategic and Operational Plan (HIESOP) v1.04 approved by ONC.

The HIE initiative as a separate program under OIAT ceased in 2018, at which time all HIE activities were brought under the Medicaid program and the State Health Information Technology Coordinator. One of the most important meaningful use measures for **Stage 3** of the MPIPPR, which providers had to comply with starting in 2018, was health information exchange. Therefore, PRDoH initiated conversations with ASES to transfer the MPIPPR to the PRDoH so that the efforts associated with HIE implementation, outreach, and adoption could be better harmonized under a single agency to facilitate provider efforts to demonstrate Stage 3 meaningful use. The MPIPPR was transferred to the PRDoH for the start of federal fiscal year (FFY) 2020.

The agreement to transition the MPIPPR from ASES to PRDoH was not finalized with sufficient lead time to make the necessary adjustments in CMS funding approvals and establishing the necessary administrative support structure. As a result, upon expiration of BCG's contract with ASES on September 30, 2019, a new contract for MPIPPR program management with PRDoH was not executed until December 9, 2019. Of course, this caused an interruption in the MPIPPR's activities in terms of receiving, reviewing, approving, and supporting payment processing of provider attestations. MPIPPR operations were once again impacted as a result of the COVID pandemic due to adjustments that needed to be implemented (e.g., work from home arrangements) and the self-imposed suspension of provider operations, other than EHs, through the CY 2020. The two aforementioned events significantly impacted program operations and, therefore, the MPIPPR's ability to sustain the regular cadence of provider attestation periods, the time periods to allow attestation evaluation by BCG and rectification with the provider (if necessary), and disbursement of incentive payments by the PRDoH. At the same time, the statutory deadline for all states and territories to accept attestations for all program years (through 2021) was December 31, 2021. This

forced us into a situation where the MPIPPR to open, process, and close three program years – 2019, 2020, and 2021 in calendar year 2021.

MPIPPR Provider Surveys

As part of MPIPPR operations, the BCG team conducted multiple surveys of the EH and EP populations to determine their status is terms or readiness to attest for every program year. Provider readiness survey results were used to design outreach campaigns, design technical assistance materials, and implement changes to the attestation evaluation procedures so that the MPIPPR could attain its goals and objectives, while complying with CMS regulations. The most important surveys were those conducted in conjunction with:

- The Flexibility Rule (Federal Register Vol. 79 No. 171 Thursday, September 4, 2014) which changed the meaningful use stage timeline and the definition of certified electronic health record technology (CEHRT) to allow options in the use of CEHRT for the EHR reporting period in 2014. It also set the requirements for reporting on meaningful use objectives and measures as well as clinical quality measure (CQM) reporting in 2014 for providers who use one of the CEHRT options finalized in this rule for their EHR reporting period in 2014.
- The Stage 3 and Modification Rule (Federal Register Vol. 780 No. 200 Friday, October 16, 2015) addressed multiple attestation requirements:
    - Specified the requirements that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to qualify for Medicare and Medicaid electronic health record (EHR) incentive payments and avoid downward payment adjustments under the Medicare EHR Incentive Program.
    - Changed the Medicare and Medicaid EHR Incentive Programs reporting period in 2015 to a 90-day period aligned with the calendar year.

  - Established changes to reporting based on the calendar year for eligible hospitals and CAHs beginning with an EHR reporting period in 2015 and beyond.
  - Removed Meaningful Use (MU) reporting requirements on measures that became redundant, duplicative, or topped out from the Medicare and Medicaid EHR Incentive Programs.
  - Established changes in MU requirements for program years 2015 – 2017.
  - Established the requirements for Stage 3 of the EHR incentive program as optional in 2017 and required for all participants beginning in 2018.

- Multiple CMS regulations that impacted the MPIPPR starting in 2017:
  - Stage 3 and Modifications to Meaningful Use in 2015 through 2017 (Federal Register Vol. 80 Vol. 200)
  - Merit-Based Incentive Payment System (MIPS) (Federal Register Vol. 214)
  - Hospital Outpatient Prospective Payment System (Federal Register Vol. 81 No. 219)

MPIPPR Results and Outcomes

The results and outcomes achieved by the MPIPPR are as follows:

- Disbursed $200MM in federal funding directly to Medicaid providers.
- Impacted over 3,500 Medicaid providers in the island.
- Implemented repeatable processes with adequate controls despite not having the ability to process and pay incentives through the Puerto Rico Medicaid Management Information System (MMIS).
- Fully complied with regulatory operational reporting for the program.
- Completed all major program milestones without cost overruns.
- No major findings in post-payment audits performed by external auditors.

- No denied appeals were escalated by providers to the courts system.
- Contributed to achieving a critical mass of healthcare providers in the island that are active in health information exchange.

The amounts disbursed for each MPIPPR program year for both recipient categories were as follows:

Program Year	Eligible Providers (EPs)	Eligible Hospitals (EHs)	Total
2012	$37,222,918.00	$23,179,774.40	$60,402,692.40
2013	$18,564,000.00	$17,794,568.10	$36,358,568.10
2014	$9,481,750.00	$14,004,906.13	$23,486,656.13
2015	$9,456,250.00	$14,804,428.58	$24,260,678.58
2016	$19,538,668.00	$18,112,882.57	$37,651,550.57
2017	$1,575,334.00	$2,911,145.59	$4,486,479.59
2018	$3,867,500.00	$107,095.21	$3,974,595.21
2019	$1,521,500.00	-	$1,521,500.00
2020	$2,439,500.00	-	$2,439,500.00
2021	$1,513,000.00	-	$1,513,000.00
Totals	**$105,180,420.00**	**$90,914,800.58**	**$196,095,220.58**

Table 1 – MPIPPR Incentive Payment Summary

Qualification: SMART PCMH

BCG (as a subcontractor to Synapsis, Inc.) was engaged by Impactivo to develop SMART PCMH under a Small Business Innovation Research (SBIR) from the National Science Foundation. Phase I of SMART PCMH was completed in December 2018 with Phase II scheduled for go-live in December 2023. Each phase was funded by a separate SBIR grant awarded to Impactivo.

SMART PCMH is a web-based application that bolsters organizational capabilities, supports coordination among care team members, and improves health outcomes for

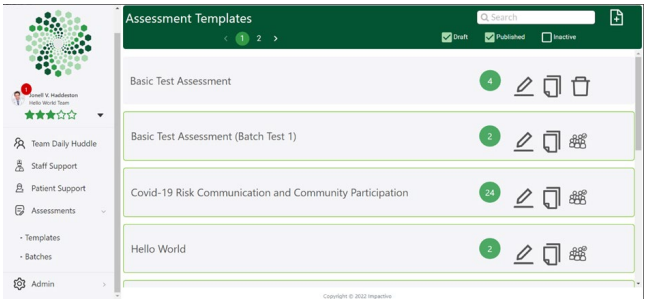
patients. SMART PCMH leverages clinical data available in an organization's electronic health record (EHR) to support the following goals:

- The main objective of SMART Patient Centered Medical Home Manager (PCMH) is to reduce and improve chronic disease management by facilitating the work of the clinical team and the monitoring of patient populations.
- Apply precision education around the competencies of the clinical team through the use of technology.
- Create situational awareness, improve communication, clearly define roles, and support leadership to improve patient outcomes.
- Employ a web-based (cloud) platform to collect clinical and socioeconomic patient data, as well as general clinical team data.

The main functional components of SMART PCMH are as follows:

1. *Profile* – This section presents tasks or eLearning courses that have been assigned to clinical team members. Care team members with appropriate privileges can assign tasks or eLearning courses to other users.
2. *Daily Huddle* – In this section, care teams can use SMART PCMH to manage the brief daily meetings that should occur among the different provider disciplines in a health facility to resolve issues prior to a clinical services shift.
3. *Dashboard* – This section presents clinical performance data related to the care team to which the user is assigned.
4. *Patient Support* – The care team uses this section to present a selected patient list to allow exploration of the detailed clinical information for every patient on the list.

5. *Survey and Assessments* – This section allows for the creation of complex surveys and assessments that can be assigned to specific SMART PCMH users or to the general public through a public URL. This is the survey electronic tool that will be used for the eScan project.



6. *Data Set* – This section will allow users to select a clinical data set from an EHR using multiple clinical or demographic criteria.

7. *Population Set* – The population set works in tandem with the Data Set section to create specific population sets to support clinical processes and clinical policy definition.

8. *Administration* – This section essentially allows configuration of SMART PCMH to address the specific requirements of each provider facility, including user creation and role assignments, creation of Dailu Huddle templates, and available eLearning courses, among others.

Impactivo has used the Survey and Assessment module to support multiple research initiatives in provider settings including Salud Integral en la Montaña (SIM) and Hospital Castañer.

Qualification: MCO Enterprise Connectivity Review

BCG (as a subcontractor to Synapsis, Inc.) was engaged by RSM Puerto Rico as a HIT/HIE subject matter expert (SME) in the definition of Enterprise Data Connectivity Strategy for one of its clients, a large Managed Care Organizations (MCOs) in the island. The goals of the project were:

- Identify and confirm all data connectivity processes between the MCO and external entities (e.g., laboratories, radiologists, clearinghouses, delegated entities, third

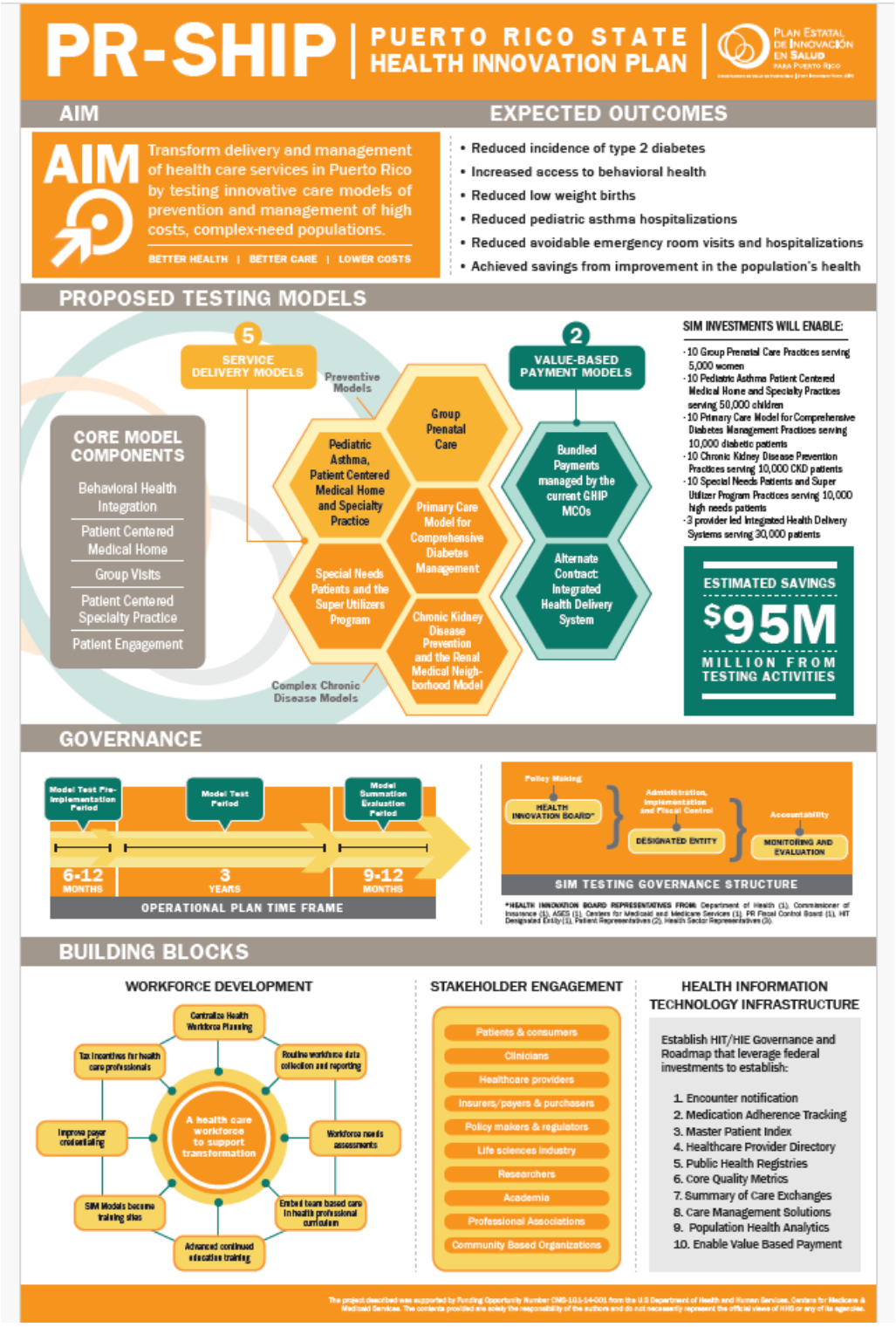
parties) in terms of sources, formats, validations, periodicity, destination, and general rules.

- Same as before but between the main MCO legal entity and related subsidiaries.
- Identify and confirm all data transformation and storage processes within the MCP to understand the existing "data map" and general data management rules.
- Identify and confirm major applications and data repositories that are part of the existing data connectivity and integration processes in the MCO.
- Perform a gap analysis of data connectivity/integration processes.
- Evaluate current data connectivity and integration systems in terms of current use, scope, capabilities, and fulfilment of requirements).

The project activities consisted primarily of conducting data gathering interviews with MCO business and technology areas, key technology suppliers (both current and prospective) and defining preliminary connectivity strategies with the client. As a result of the project, an Enterprise Data Connectivity Strategy was adopted, along with a three-year roadmap for implementation.

Qualification – State Innovation Model (Impactivo)

As described in the Knowledge of the Puerto Rico Health Care Landscape section of this proposal, Impactivo led the development of the State Health Innovation Plan (SHIP) for PRDoH in 2016, which included several assessments as part of the scope of SHIP Phase 2. Some of the graphs, charts and visuals developed for that project are as follows:



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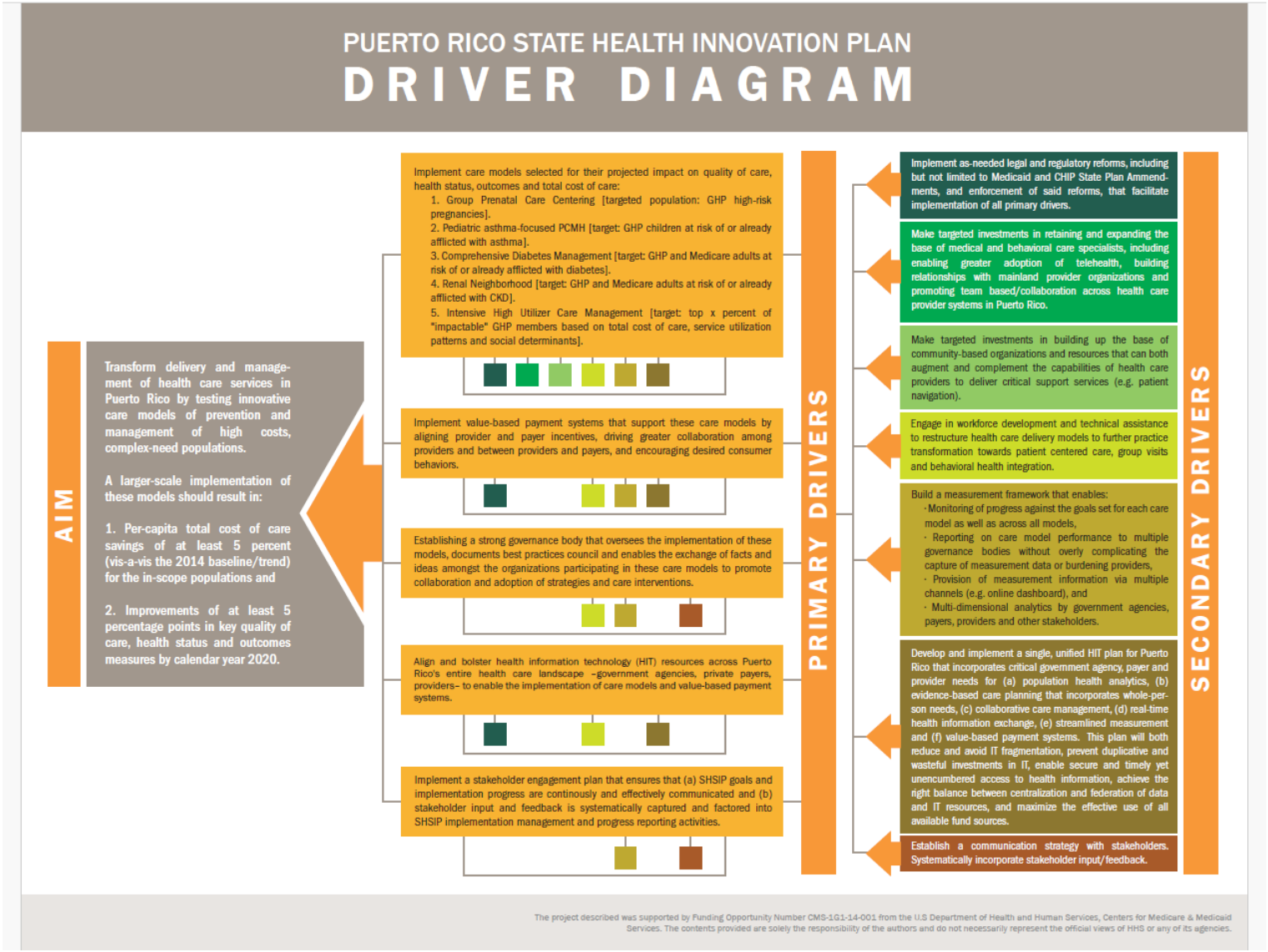

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Appendix C – BCG Organizational Chart

The following chart depicts BCG's organizational chart, as described in the Evidence of Organizational Capacity section of the proposal.

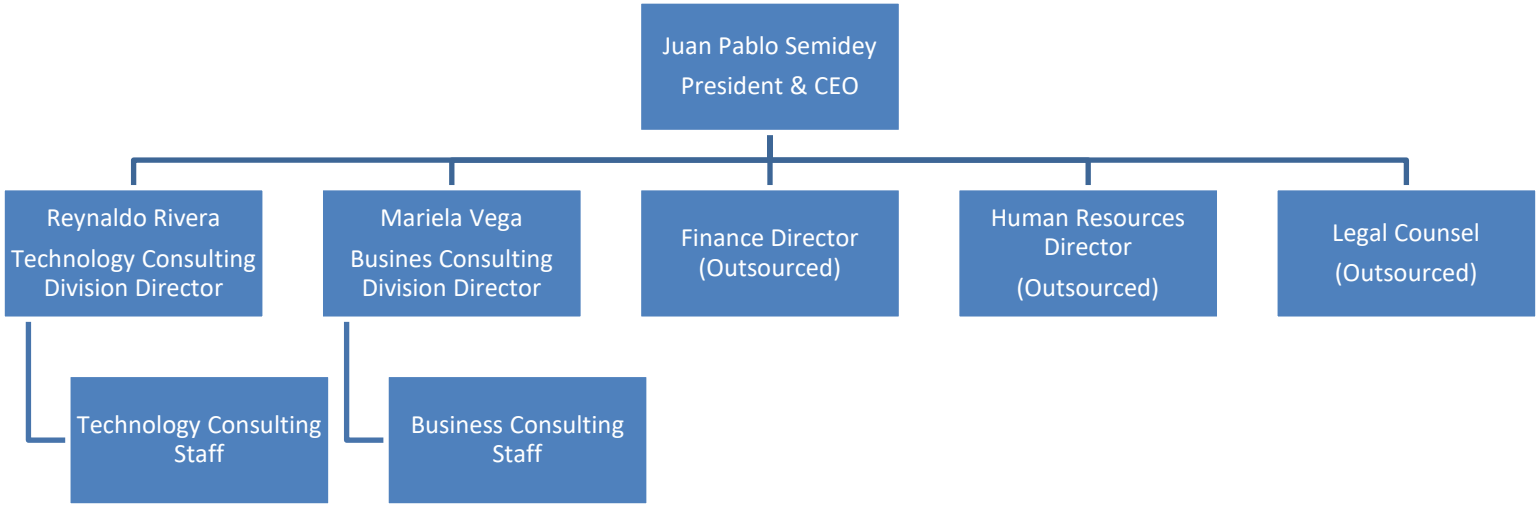

Figure 5 – BCG Organizational Chart

Appendix D – Key Personnel Qualifications/CVs

Juan Pablo Semidey, PE, CBCP, CISSP

Project Director

Program Design and Management ▪ Security and Compliance ▪ Business Continuity Planning ▪ Service Management Outsourcing Design and Implementation ▪ Cloud Services ▪ Project Management

Senior Management Consultant with over 28 years' experience in management consulting and cloud services. Proficient in planning, delivery, and control of complex programs, as well as in the delivery of initiatives involving cloud services, IT systems implementation, information security management system implementation, organizational reviews, disaster recovery planning, policies and procedures development, large scale project management, service management and strategic planning with an emphasis on strategic alignment between IT, business strategy, operations, and corporate culture.

- Provide expert advice in project/program planning and execution, targeting specific client objectives.
- Skilled at seeing the big picture and identifying risks that impact the program or project and providing solutions that add value to the client.
- Proficient at producing unique, customized approaches to project planning, analysis, and implementation to achieve desired business results.
- Contact point for customers to facilitate results in extremely critical business and technical environments.
- Ability to deliver presentations and transfer knowledge at all levels within an organization.
- Form and manage technical teams in development of technical infrastructure to support program objectives.
- Member of several professional associations: Colegio de Ingenieros y Agrimensores de Puerto Rico, Institute of Electrical and Electronics Engineers (IEEE), Sales and Marketing Executives Association, and ISC2.
- Former member of the Electronic Signature Infrastructure Commission of the Commonwealth of Puerto Rico.
- Fully Bilingual - Spanish / English with excellent written and oral communications skills.
- **Master's Degree in Engineering Management** (Polytechnic University of Puerto Rico), **Master of Science Degree in Electrical Engineering** (Princeton University), **Bachelor of Science Degree in Electrical Engineering** (Massachusetts Institute of Technology) and other technical certifications.

Professional Experience

Bridgewater Consulting Group, Inc. San Juan, PR 2009 - Present
BCG is an outsourcing and AWS cloud services provider.

President and Consulting Services Director

Establish and operate outsourcing arrangements for client programs or business functions that allow the client to focus on their core business; access BCG's administrative, operational, and IT expertise; and simplify program or business function oversight.

- Design and plan outsourcing arrangements to address client requirements and constraints.

- Oversee processes design, IT systems implementation, and organizational staffing to generate desired results.
- Lead risk management and security and compliance functions.
- Team with client executive management to achieve agreed-upon outsourcing goals and outcomes.
- Establish metrics and monitoring processes to identify improvement initiatives.

Collaborate with client business and technical management team to architect, configure, deploy, and implement AWS cloud-based solutions to support critical workloads.

- Architect AWS cloud-based solutions to address client business and technical requirements.
- Identify resilient, compliant, and cost-effective approaches to migrate, operate, maintain, and support AWS cloud workloads.
- Integrate AWS Marketplace of third-party solutions to client AWS deployments.
- Lead implementation of AWS cloud-based services.

Synapsis, Inc. San Juan, PR 2008 - Present

Synapsis is a Management Consulting and IT Advisory firm.

President and Consulting Services Director

Team with client senior management to assess, address, and support client's needs in planning, deployment, maintenance, assurance, and compliance related of its operations, processes, and IT services infrastructure.

- Perform project planning, execution, and control and administration functions.
- Design and implementation of information security programs.
- Development and implementation of IT Strategic plans.
- Development and implementation of Information Security Management Systems.
- Development and implementation of Business Continuity Plans.
- Perform third-party vendor management functions.
- Characterization, analysis, modeling, and improvement of business and IT process performance.
- Service management adoption using ITIL.
- Development of risk analysis related to IT operations, programs, and projects.
- Provide feedback to clients on improvement opportunities for their projects and initiatives.

Educational Background

Master's Degree in Engineering Management – Manufacturing (GPA 4.0/4.0)
Polytechnic University of Puerto Rico (May 1996)

Master's Degree in Electrical Engineering (GPA 3.6/4.0)
Princeton University (May 1991)

Bachelor's Degree in Science – Electrical Engineering (GPA 4.3/5.0)
Massachusetts Institute of Technology (September 1989)

Professional Certifications include:

- Professional Engineer (PE), Board Certified (Puerto Rico License #12837)
- Certified Information Systems Security Professional (CISSP), International Information Systems Security Certification Consortium a.k.a. ISC2 (Certification #76317)
- Certified Business Continuity Management Professional (Certification #37069)
- ISO 31000 Risk Manager (RMM1024300-2020-05)
- ISO/IEC 27001 Lead Implementer (ISLI1024300-2020-07)
- ITIL Certifications:
    - Foundation Certificate in IT Service Management (v2) (EXIN License # 59534)
    - Practitioner's Certificate in Release and Control (IPRC v2) (EXIN License # 59534)
    - Foundation Certificate in IT Service Management (v3) (EXIN License # 00023161)
    - Practitioner's Certificate in Service Desk, Incident and Problem Management (v2) (Loyalist Certification Services, License 00009625)
    - Intermediate Certificate in Service Offerings and Agreements (v3) (EXIN # 00052947)
    - Intermediate Certificate in Service Transition (v3) (PeopleCert, License 00043125)
    - Intermediate Certificate in Service Operation (v3) (PeopleCert, License 00040114)
    - Intermediate Certificate in Continual Service Improvement (PeopleCert, GR755013856JS)
    - ITIL Managing Across the Lifecycle Certificate (PeopleCert, GR760014581JS)
    - ITIL Expert in ITIL Service Management Certificate (PeopleCert, GR761001419JS)
- Certified Blockchain Consultant (Government Blockchain Association)
- COBIT Foundation Certificate
- AWS Certified Cloud Practitioner (CLF)
- AWS Certified Solutions Architect - Associate (SAA)
- Cloud Essentials Certification (CompTIA, License COMP001020473975)
- Kepner-Tregoe Foundation (ITpreneurs, License KTF20524)
- Certified HIPAA Professional (CHP License HIO 201-000463), Certified HIPAA Security Specialist (CHSS License HIO 301-0000224), HIPAA Academy
- Passed the Certified Information Systems Auditor (CISA) exam managed by ISACA

Mariela Vega López

Project Manager

▪ *Program Management* ▪ *Strategic Planning* ▪ *Program Operations* ▪ *Business Analysis*
▪ *Requirements Analysis* ▪ *Procurement* ▪ *Contract Management* ▪ *Vendor Relationships* ▪ *Client Relations*

Results-oriented Program Manager with over twenty-three (23) years' experience in delivering value to clients through leadership and continuous risk management of complex business and IT operations environments, managing vendors effectively, and ensuring the on-time delivery of business solutions. Adept at effectively implementing new services and technologies to solve complex business problems and improve service delivery.

- Experienced in leading effective planning, development and deployment of complex technology and business programs, including management of administrative functions such as budgeting, contract negotiation, staff recruitment and retention.
- Proven track-record of establishing and nurturing effective communications with executives at all levels.
- Skilled at successfully aligning the delivery of information technology programs with business strategic plans.
- Keen insight in recognizing an organization's opportunities related to technology and business program management and potential initiatives to seize them.
- Capable of anticipating the impact of program/project latent risks and devising ways in which to proactively address them using risk management principles.
- Intimately familiar with program/project lifecycle methodologies, state-of-the-market digital services, applications development, IT infrastructure, and quality assurance.
- Fully Bilingual - Spanish / English.
- **BA Information Systems** – Interamerican University

Professional Experience

Bridgewater Consulting Group, Inc. & Synapsis, Inc. San Juan, PR 2010 - present
BCG is an outsourcing and AWS cloud services provider.
Synapsis is a management consulting services provider.

Principal Consultant

Puerto Rico Department of Health (PRDoH) & Puerto Rico Health Insurance Administration (ASES) Medicaid Promoting Interoperability Program (MPIPPR)
San Juan, PR 2016 -2022

- Served as Program Manager in the outsourcing arrangement for the MPIPPR, which issued $200MM in incentive payments for the adoption and meaningful use of CEHRT to over 3,500 Puerto Rico Medicaid providers. As Program Manager, led an operation that was responsible for: intake and analysis of provider attestations, rectification of attestation deficiencies by contacting with the provider, issuing incentive payment recommendations, clearing cases with the Centers of Medicare and Medicaid Services (CMS) for payment, and remitting payment information to CMS to close out the attestation.
- Led execution and control of MPIPPR administration and operational processes, supervised BCG's entire staff assigned to the MPIPPR, served as primary client contact with BCG, developed an outreach and communications function, identified and implemented annual program changes to comply with CMS rulemaking regarding program eligibility and meaningful use criteria, managed appeals process, served as liaison with external contractors (e.g., Conduent – the attestation

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capture platform, BerryDunn – post-payment auditor), developed MPIPPR operational and compliance documentation. Achievements included:

- Processed $200MM in incentive payments that were paid directly to Medicaid providers
- Incentive payments impacted over 3,500 providers
- Implemented repeatable process with adequate controls despite not having the ability to pay incentives through the Puerto Rico MMIS
- Fully complied with CMS-mandated operational reporting for the program
- Completed all major program milestones without any cost overruns
- No major findings in post-payment audits performed by external auditors
- No denied appeals were escalated by providers to the courts system
- Contributed to the achieving a critical mass of healthcare providers in the island that are active in health information exchange

Department of the Family – Children and Family Administration (ADFAN)
Puerto Rico Statewide Automated Child Welfare Information System (SACWIS)
San Juan, PR 2012 -2016

- Served as Program Manager in the development, implementation, and operational support of the Puerto Rico Statewide Automated Child Welfare Information System (SACWIS), which introduced a single unified system to manage all aspects of child protection services in the island, including initial referral, social/case worker investigation to placement and maintenance in a foster home for approximately 40,000 cases a year.
- Led SACWIS program/project portfolio, including systems development and implementation, vendor/contract management, internal training, training/skills development; and child protection reporting to state and federal agencies. Achievements included:
  - Delivered program/project goals 10% under its $10MM annual budget
  - Achieved system deployment/training to 85% of the workforce
  - Reduction in delays of non-emergency case investigations from weeks to 48 hours
  - Migration of 500k cases from predecessor systems to SACWIS
  - Improvement of data quality from ~30% at system migration to under 2%
  - Initiated voluntary and statutory reporting to federal agencies after a 4+ year hiatus

Rock Solid Technologies, Inc.
San Juan, PR 2008 -2016

- Served as program/project manager to develop and implement various IT solutions to drive process improvement, IT architecture transformation, and support business operations in private and public sector clients.
- Analyze complex business and technical complex issues.
- Lead the development and implementation of IT solutions for 24/7 production environments using adequate frameworks and methodologies.
- Use leadership skills to manage large project teams comprised of staff, external consultants, and vendors to achieve goals and work with corporate leaders to bridge the gap between business performance and technical capabilities.

Independent Consultant

San Juan, PR 2002 – 2010

Family Socioeconomic Development Administration (ADSEF)

San Juan, PR 2002 -2010

- Provide guidance to top management and advise on strategic direction of all agency IT efforts.
- Plan and coordinate the planning, development, and deployment of applications portfolio.
- Manage projects and review activities performed by in-house technical staff and contracted resources.
- Prepare and manage annual budgets for the IT Division of over $12MM.
- Prepare requests for federal funding that led to a $6MM IT grant by the USDA's Farm Bill program.
- Launch and coordinate the successful delivery of the following projects:
    - SADE – Disaster Management System
    - Centinela – Fraud Prevention System
    - SACPAN – Financial Application
    - Electronic Benefits Transfer (EBT) contract renewal

Puerto Rico Legal Services and Community Law Office San Juan, PR 1996 – 2002

San Juan, PR 1996 -2002

- Developed information systems plans, defined, and implemented IT standards, prepared budgets, and monitor/control expenses.
- Led service delivery of all telecommunication and systems services.
- Collaborate with the Executive Director and other staff to maximize the operational benefits of IT investments.
- Recommend a technology plan for 19 regional offices and 4 special projects in a WAN with 350 users.
- Launch and coordinate the successful completion of the following projects: TeleAbogado - telephone call center, hardware infrastructure conversion and IT reorganization plan.

Educational Background

Bachelor's Degree in Business Administration – Information Systems
Interamerican University – San Juan, PR

Additional training in project management:

Project Management Practices and Principles
Mastering the Core Processes of the Project Management Body of Knowledge (PMBoK)
University of New Orleans

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Reynaldo Rivera Molina

IT Operations Lead

▪ *Enterprise Software Development* ▪ *Infrastructure Management* ▪ *Software Development Lifecycle*
▪ *Requirements Analysis* ▪ *Database Programming* ▪ *Technology Management*

Experienced and talented IT professional with over 25 years' experience in the financial, government and retail industries and proven ability to successfully and efficiently direct and mentor teams to design, implement and operate complex IT solution. Possesses strong analytical, problem-solving, communications and leadership skills coupled with excellent hands-on technical skills in current relevant technologies.

- Strong leadership, analytical, technical, organizational and communications skills.
- Consulting and project management experience in government, telecommunications, financial, retail and Internet.
- Experienced in complex projects where time critical results are of essence.
-
- Experienced in complex projects where time critical results are of essence.
- Hands-on approach to problem-solving issues.

Professional Experience

Bridgewater Consulting Group, Inc. & Synapsis, Inc. San Juan, PR 2010 - present
BCG is an outsourcing and AWS cloud services provider.
Synapsis is a management consulting services provider.

Development Director

Lead diverse product teams of developers and quality assurance analysts that maintain and enhance highly complex enterprise-wide technology solutions to support the achievement of client objectives. Is accountable for delivering end-to-end technology solutions, in line with strategic business objectives and priorities and provides technical insight, oversight, strategic context, direction and leadership to the teams involved.

- Provide leadership to the internal development, data and quality assurance staff and oversee development work of contracted consultants.
- Ensure sound design, process and quality practices are followed in application development projects. Develop product development processes including coding standards, technical documentation standards, QA processes, build, and configuration management.
- Work with functional consultants to identify and document business requirements for development projects to ensure development meets or exceeds customer requirements.
- Engage in hands-on, in-depth analysis, review and design of the software, including technical review and analysis of source code. Lead reviews of in-house developed code, as well as technologies provided by 3rd party vendors.
- Keep abreast of technological changes and innovations in the computer field, specifically development, web, and on-line technologies, including to but not limited to, insurance-related technologies. Monitor technology trends such as emerging standards for new technology opportunities.

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- Ensure applications are supportable, achieve business objectives and anticipated benefits, are in line with reference architecture and meet security/availability/disaster recovery standards.
- Lead diverse product development teams including managers, software & data developers, and quality assurance analysts.

Softek. San Juan, PR 2013 - 2018

Softek is an enterprise solutions provider.

Operations Director

- Direct all company operations with direct responsibility over the Project Management Office, Development, QA & Business Analysis, Daily Operations & Support, and Service Desk.
- Plan, direct, control and coordinate company operational activities to ensure continuing operations and increased productivity.
- Analyze operations to evaluate company's performance in meeting objectives.
- Determine areas of potential cost reductions, program improvement and strategic planning. Achieving over 30% of cost reduction in several areas such as communications, hosting, processes, etc.
- Adopted and implemented Agile development methodology (SCRUM) across the company, considerably decreasing time between releases.
- Directed the planning and implementation of all required changes and documentation to achieve PCI Compliance and SSAE 16 SOC1 and SOC2.
- Successfully directed the design, development, implementation, certification (Amex & GPI) and operation of a financial transactional switch and a suite of associated products including support applications, traditional terminals, virtual terminals and mobile terminals.
- Oversaw the design, development and implementation of SACWIS, a system transferred from another state for the Puerto Rico Family Department (Child Protection Services) that handles over 1,400 users and manages over 40,000 cases every year.

San Juan, PR 2005 – 2013

Independent Consultant

- Provided technical guidance to establish a technological blueprint and technology acquisition and implementation plan for the PR government agency that manages the SNAP/NAP and EBT program.
- Served as technical director and was responsible for the technical guidance and leadership in a multi-million-dollar international project involving the use of several technologies such as biometrics, private key infrastructure, massive clustering and virtual infrastructure.
- Provided project management, logistics and technical expertise for the movement, consolidation and server virtualization of various government agencies.
- Provided project management, development and implementation of an educational project affecting hundreds of thousands of students in Puerto Rico.

Softek. San Juan, PR 2002 - 2005
Softek is an enterprise solutions provider.

R&D Specialist/Network Manager

- Provided research for all departments on current technologies.
- Mentored development team in the use of new tools and best practices.
- Responsible for the entire internal infrastructure including the implementation of VOIP, biometric security systems.
- Designed infrastructure layouts for internal and external customers.
- Secured the local infrastructure eliminating spam and viruses.

Teknos Consulting Corporation/Qore Technologies. San Juan, PR 1995 - 2002
Teknos Consulting Corporation/Qore Technologies is an enterprise solutions provider.

President/Founder

- Responsible for all the company's operations including sales and administration
- Established strategic relations with local and global partners.
- Responsible for company growth to more than 50 employees and over $5MM in revenue
- Oversaw development for mobile applications to synchronize product and inventory data with headquarters and provide an agile supply chain management system for a local pharmacy chain.
- Served as technical advisor for the local elections commission providing strong and reliable infrastructure and software designs to guarantee the safety and integrity of electoral results.

DRC Corporation. San Juan, PR 1993 - 1995
DRC is an enterprise solutions provider.

Systems Engineer/Development Manager

- Performed field support duties and custom development for customers.
- Provided Netware CNE training at the DRC Training Center.
- Led all company development efforts.
- Served as a technical advisor for the local Treasury Department (Hacienda) in which several applications were developed including tax preparation and filing software, and bankruptcy rules engine to assist in collections.
- Managed the development and implementation of the aforementioned efforts.

A&R Microsystems. San Juan, PR 1991 - 1993
A&RMircosystems is an enterprise solutions provider.

Vice-President Operations

- Supervised all technical operations for an international bank with over 40 branches in the region.
- Performed custom development and provided internal pre-sales support
- Performed research and development for the creation of new products.

- Led all of the company's operations including the management of infrastructure and development teams.

Skills and Expertise Areas

Amazon Web Services (AWS), Microsoft Azure, VMWare
PostgreSQL, MySQL, Oracle, MSSQL, Cassandra
Hadoop, Hashicorp's Consul, Vault and Nomad
Java, J2EE, Spring, Hibernate, .NET including C#, VB.NET and ASP.NET
Credit Card Processing including PCI Compliance
Python, R, HTML 5, JavaScript, Angular, jQuery, Bootstrap
Project Management (PMP Candidate)
Major application servers (jBoss, Tomcat, etc.)
Unix/Linux Shell Scripting
Fingerprint and face recognition biometrics
Smart-Card Technologies include

Educational Background

Completed 4.5 year of 5-year program for bachelor's degree in Electrical Engineering
University of Puerto Rico, Mayagüez campus
GPA 3.2/4.0

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Celinés Nieves Colón

Project Operations Lead

▪ *Business Analysis* ▪ *Project Life Cycle Management* ▪ *Requirements Analysis* ▪ *Test Planning & Integration* ▪ *Data Quality* ▪ *Procurement* ▪ *Vendor Relationships* ▪ *Test Procedures*

Efficiency-oriented Industrial Engineer with over nineteen (19) years' experience as project leader and business analyst as part of teams chartered with orchestrating reengineering initiatives within the public sector, financial services, and healthcare industries. Proven track record of meeting aggressive deadlines ahead of schedule. Skillful at establishing effective productive relationships with clients, vendors, developers, and other industry professionals.

- Experience in a variety of roles including project management, business analysis, and technical writing, in complex multi-stakeholder situations; consistently demonstrated professionalism, attention to detail, and collaborative nature.
- Effective in training and mentoring client resources in the effective use of tools, adoption of new business processes, and implementation of policies and procedures.
- Adept at coordinating collaboration among cross-functional teams to achieve business goals and objectives.
- Computer proficiency: MS Office, MS Project, MS Access, Test Director, IMPACT, ARGIS, BETA, and other capital markets / insurance solutions programs.
- Fully Bilingual - Spanish / English
- **MBA International Business** - UPR / **BS Industrial Engineering** - RUM

Professional Experience

Bridgewater Consulting Group, Inc. & Synapsis, Inc. San Juan, PR 2010 - present

BCG is an outsourcing and AWS cloud services provider.
Synapsis is a management consulting services provider.

Consulting Manager

Project management and functional lead for key initiatives in the following clients:

Department of the Family – Children and Family Administration (ADFAN)

- Act as Project Manager and Lead Functional Consultant in the development, implementation, and operational support of the Puerto Rico Statewide Automated Child Welfare Information System (SACWIS), which introduced a single unified system to manage all aspects of child protection services in the island, including initial referral, social/case worker investigation to placement and maintenance in a foster home for approximately 40,000 cases a year.
- Led the business analysis related to operational processes and system functions in the four (4) SACWIS predecessor systems, which was used by the system developer as a primary input in defining functional requirements for SACWIS.
- Led functional testing as part of User Acceptance Testing (UAT) prior to system transition into production of the original version and subsequent upgrades.
- Led SACWIS data quality efforts intended to address inconsistencies and issues in case data (100,000 cases) from predecessor systems through collaboration with ADFAN Regional Office supervisors and case workers.
- Served as expert trainer for SACWIS in a multi-tiered train-the-trainer program to allow ADFAN regional offices to staff super users to operate and maintain the system with minimal support from the central office.

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- Supported fulfillment of ad hoc reporting requests from ADFAN senior administrators.
- Supported generation of program administration statistical reporting to the National Child Abuse and Neglect Data System (NCANDS) and Title IV-E statutory reporting to Adoption and Foster Care Analysis and Reporting System (AFCARS).

Department of the Family – Family Socioeconomic Development Administration (ADSEF)

- Function as Project Manager and Lead Functional Consultant in the TeleFamilia project, an application intended to support a one-stop-shop concept for all public assistance programs within the Department of the Family.
- Participate in all project phases, including conceptualization, procurement, development, and implementation.
- Manage key vendor relationships such as the call center services provider, and oversight of services provided by all suppliers and third parties.
- Served as primary business contact for all procurement processes associated with TeleFamilia.
- Developed business and technical requirement documentation for Request-for-Proposal (RFP) and Request-for-Quotation (RFQ) events associated with the project.

Health Insurance Administration (ASES)

- Act as Lead Functional/Technical Consultant chartered with managing client relationships on a day-to-day basis and accountable for project results.
- Lead software development project planning, requirements analysis, functional testing, and implementation for several applications and/or solutions in the client's IT portfolio.
- Led implementation of data exchanges with multiple state and federal agencies to drive fraud and abuse investigations in the Puerto Rico Medicaid program.

Trinexus, Inc. San Juan, PR 2006 - 2008

Trinexus is an IT solutions provider.

Consulting Manager

Business and technology consultant responsible for development of strategic operational, process and organizational improvements, development projects, and information management programs for clients.

- Function as Lead Functional/Technical Consultant and manage client relationships and projects.
- Deliver client projects to drive adoption of frameworks such as ITIL, CMMI and COBIT.
- Develop performance metrics to support client management of their IT function.
- Led software development project planning, requirements analysis, testing and implementation activities for client applications and IT services.
- Perform project control and administration functions.
- Provide feedback to clients on improvement opportunities for their projects and initiatives.

Accenture New York, NY 2000 – 2005

Accenture is a global management consulting, technology assets, and outsourcing company.

Solutions Engineer Manager

Manage business & systems integration consulting teams that were assigned to large-scale projects to assess current operations, recommend business process improvements, and provide industry-specific knowledge and skills. Agree on business requirements and the degree of functional change needed to enable high performance. Develop, test, and deploy people and processes to drive implementation of business solutions.

- Estimate, plan, and execute testing efforts to ensure completion.
- annuities systems, credit card systems, securities and banking transactions systems, and group benefits insurance applications.
- Supervise consultant teams deployed in client projects, understand the applications to collect requirements, and create functional specifications or approve designs.
- Create, review, and approve deliverables according to the project timelines as it relates to testing.
- Provide input, establish metrics, and monitor project performance consistently to adapt, or modify project approach if needed.
- Meet with clients (entry level to VP level) to discuss requirements, testing efforts, status, issues, and project approach.

Educational Background

Master's Degree in Business Administration Degree – International Business (GPA 4.0/4.0)
University of Puerto Rico – Rio Piedras, PR

Bachelor's Degree in Science – Industrial Engineering (GPA 3.80/4.0)
University of Puerto Rico – Mayagüez, PR

Extensive training and continuing education in money markets, ethics and compliance, client/server, ITIL, and leadership.

Professional Certifications include:

- Engineer in Training (EIT), Board Certified (License #16296)
- Certified HIPAA Professional (CHP), HIPAA Academy
- Certified in ITIL Foundations (EXIN)

Ana María Rigau

Data Analyst

▪ Business Analysis ▪ Outreach and Education ▪ Customer Care
▪ Stakeholder Engagement ▪ Ecosystem Development ▪ Sales and Marketing

Highly effective service professional with over nineteen (19) years' professional experience in a variety of positions associated with outreach, customer care, community development, ecosystem development, and stakeholder management. Possesses acute analytical skills that can be applied in multiple scenarios requiring verification and validation against established requirements.

- Capable of leading work teams towards desired results.
- Adept at developing work plans and seeing them to completion.
- Highly efficient and committed to meeting productivity goals.
- Fully bilingual English/Spanish.

Professional Experience

Bridgewater Consulting Group, Inc. San Juan, PR 2021 - 2022
BCG is an outsourcing and AWS cloud services provider.

Staff Consultant – MPIPPR Eligible Provider Analyst

- Evaluate attestations to verify provider eligibility and review meaningful use demonstration to recommend the case for payment.
- Communicate with providers whose attestation requires rectification of meaningful use demonstration evidence.
- Document all activities associated with reviewing attestations, interacting with providers, and case payment recommendation.
- Participate in provider outreach and education campaigns regarding the requirements for each MPIPPR program year.
- Interact with other MPIPPR areas to address specific situations regarding provider service requests.
- Participate in the requirements definition, functional design, test case development and actual testing of any IT application or component that supports the MPIPPR.

Powell Strategies Cayey, PR 2020
Powell Strategies delivers analytic, management, and communications solutions.

Community Outreach Specialist

- Coordinate initiatives designed to promote community outreach, such as training and workshops, through virtual platforms.
- Develop relationships with community leaders and liaise in hurricane season preparedness.
- Collaborate with various client departments and their projects to improve disaster preparedness for and during a disaster.

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Mental Health Services and Addiction Administrator Bayamón, PR 2017 - 2019
ASSMCA is a PR central government agency chartered with delivering mental health services and programs.

Mental Health Services Facilitator/Mental Health Helpline

- Crisis Intervention for survivors of Hurricane María 2017 in FEMA Disaster Recovery Centers.
- Visit communities, schools, centers, agencies, and organizations to provide emotional support and foster the recovery capacity of their residents.
- Provide guidance on PAS (mental health helpline) and make service referrals.
- Design and create workshops and activities for children, youths, and adults on managing emotions, resilience, decision making, values, stress management.
- Complete daily forms on visits and activities.

Open Mobile Guaynabo, PR 2012 - 2017
Open Mobile is a Puerto Rico mobile network operator.

Community Relations Representative/Lifeline Program

- Identify communities and deliver presentations to invite participants to the Referral Program.
- Create and coordinate social, community, and sales activities.
- Daily follow-up with Sales Representatives in external sales activities. Assist in solving external sales problems related to the Lifeline Program.
- Prepare weekly and monthly reports on sales and activities.
- Offer support and training to vendors and/or Authorized Agents related to the Lifeline Program.
- Establish and maintain contact with the current and potential customer base.
- Create collaborative alliances through Government of Puerto Rico agencies, with private companies, and community organizations.

Office of the General Coordination for Socioeconomic Financing Guayanilla, PR 2003 - 2010
The ODSEC implements public policy for community development pursuant to Law 10-2017 of the PR legislature (formerly known as the Special Communities Trust).

Community Development Organizer

- Coordinate and hold community assemblies and meetings.
- Prepare work plans and train stakeholders.
- Monitor Community Work Plans and offer advice.
- Coordinate and follow up activities.
- Prepare statistics and reports.

Educational Background

Bachelor's Degree in Psychology and Mental Health
University of Puerto Rico – Cayey, PR

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Learsi Cotto

Contact Center Agent

▪ Business Analysis ▪ Customer Care ▪ Language Translation ▪ Medical Terminology

Highly organized and structured professional with over seventeen (17) years' professional experience in healthcare provider settings. Possesses strong analytical skills that can be applied in multiple scenarios requiring verification and validation against established requirements.

- Demonstrated ability to work under pressure and tight timelines.
- Highly efficient and committed to meeting productivity goals.
- Excellent soft skills provide the opportunity for deployment in multiple roles.
- Fully bilingual English/Spanish.

Professional Experience

Bridgewater Consulting Group, Inc. San Juan, PR 2021 - 2022

BCG is an outsourcing and AWS cloud services provider.

Staff Consultant – MPIPPR Eligible Provider Analyst

- Evaluate attestations to verify provider eligibility and review meaningful use demonstration to recommend the case for payment.
- Communicate with providers whose attestation requires rectification of meaningful use demonstration evidence.
- Document all activities associated with reviewing attestations, interacting with providers, and case payment recommendation.
- Participate in provider outreach and education campaigns regarding the requirements for each MPIPPR program year.
- Interact with other MPIPPR areas to address specific situations regarding provider service requests.
- Participate in the requirements definition, functional design, test case development and actual testing of any IT application or component that supports the MPIPPR.

Martti San Juan, PR 2020 - 2021

Martti is a global builder of solutions that address healthcare disparities impacting patients.

Medical Interpreter (Spanish)

- Provide cultural information to healthcare providers to ensure appropriate service provision.
- Translate procedural information to facilitate understanding between doctors and patients.
- Ensure that correct concept and context is provided by ensuring that no omissions or additions are present.
- Streamline patient and provider interaction by providing a channel of effective communication.
- Positive impact on quality of care and quality of patient outcomes.

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Serrão Rejuvenation Center Orlando, FL 2019

Serrão Rejuvenation Center is an advanced gynecology and cosmetic surgery facility.

Surgical Technologist / Medical Assistant

- Update and maintain all digital client records and assist in transitioning hard copy records to digital format.
- Record patient information such as vital signs, weight, and changes in medical history prior to each appointment.
- Work in the front office taking care of tasks such as answering phone calls and greeting patients as they enter the facility.
- Assist the nurse and office manager in maintaining the medical inventory and placing orders for new materials as needed.
- Demonstrate working knowledge of medical and surgical terminology.

Florida Hospital DeLand, FL 2018

Today Florida Hospital is part of Advent Health, a multi-state hospital and emergency department operator.

Surgical Technologist

- Assist in scrubbing surgical procedures.
- Accurately and quickly setup instruments and supplies while maintaining a sterile field in accordance with sterile technique.
- Demonstrate working knowledge of medical and surgical terminology.
- Assisted in GI, Orthopedic, General, Cardiovascular, OBGYN, GU, and ENT surgeries.

MMM Holdings, LLC San Juan, PR 2005 - 2010

MMM Holdings has a portfolio of companies in the healthcare field, including their Medicare Advantage offerings MMM, PMC Medicare Choice and FIRST+PLUS

Customer Service Representative

- Assisted patients with medical appointment scheduling and medical equipment delivery.
- Provided information about medical billing and payments to insurance customers.
- Verified and assessed customer on best insurance coverage type for their needs.
- Facilitate communication between provider and patient, while ensuring to maintain a professional interaction between parties.

Educational Background

Associate in Surgical Technology
City College-Altamonte Springs – Altamonte Springs, FL (2018)

Associate in Nursing
Universidad Metropolitana – Bayamón, PR (2015)

Bachelor's Degree in Forensic Science
Universidad Interamericana de PR – Rio Piedras, PR (2010)

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Leticia Franky

Contact Center Agent

▪ *Project Coordination* ▪ *Compliance* ▪ *Customer Care*

Multi-faceted and goal oriented individual with over fifteen (15) years' professional experience in the IT industry. Proven experience in the implementation of standards, procedures, and processes based on the PMI methodology.

- Solid ability to prepare project and general documentation.
- Personable and highly capable of providing service and support.
- "Get things done" attitude and an asset towards creating effective teams.
- Fully bilingual English/Spanish.

Professional Experience

Bridgewater Consulting Group, Inc. San Juan, PR 2013 - 2022

BCG is an outsourcing and AWS cloud services provider.

Staff Consultant - MPIPPR Fiscal Coordinator

- Review State Pay Forms (SPFs) to ensure they comply with established procedures and guidelines, including validation of incentive amounts to be paid.
- Interact with other MPIPPR to address specific situations regarding provider or hospital payment processing status.
- Provide support to the MPIPPR audit program in furnishing information as required and investigating audit findings related to specific cases.
- Participate in the requirements definition, functional design, test case development and actual testing of any IT application or component that supports the MPIPPR.

Softek, Inc. San Juan, PR 2007 - 2013

Softek, Inc. is a provider of software, design, development, and implementation services.

Project Coordinator

Direct, organize and control project activities, under the direction of the Project Manager for the following mayor projects:

- IVU LOTO –- Department of Treasury of Puerto Rico. Consulting Services and Technical Support.
- SRH – San Sebastián – Municipio de San Sebastián, Human Resources and Time and Attendance Consulting Services.
- E-Roster – Corporación del Fondo del Seguro de Estado de Puerto Rico. Human Resources Consulting Services.
- SICStA – Administración de Familias y Niños, Administración de Cuidado Sustituto y Adopción, Case Management System for Children and Foster Care and Adoption Process.
- DTOP – Departamento de Transportación y Obras Públicas "Sistema Integrado de Servicios al Conductor" DAVID+
- PARISSI – Departamento de Educación – Payroll Reconciliation Hosting

- AEE – Sistema de Control y Manejo de Tarjetas de Combustibles (SCMTC)
- MTAX – Solución en Línea para la Administración del IVU Municipal
- AMA – Autoridad Metropolitana de Autobuses, Consulting Services and Technical Support.

Diabéticos del Caribe Corp. San Juan, PR 2007 - 2008

Diabéticos del Caribe is a local provider of medical equipment and medical supplies.

Administration Department / Executive Assistant

- Process invoices, contracts and general office documents filing, performance of administrative duties.
- In charge of receiving incoming calls, assisting visitors and public in general.

E-World Technology Guaynabo, PR 2006 - 2007

E-World Technology is a local provider of web development and information technology consulting.

Administration Department / Executive Assistant

- Contact potential customers, process invoices, contracts and general office documents filing, performance of administrative duties as required.

Cutler-Hammer Eaton Cabo Rojo, PR 2004 - 2006

Cutler-Hammer Eaton is a multi-national power management company providing energy-efficient solutions.

Project Coordinator

- In charge of reception area, receiving external telephone calls, filing, reports and other relates duties.

Interamerican University of Puerto Rico San Germán, PR 2002 - 2003

The Interamerican University of Puerto Rico is one of the largest private universities in Puerto Rico.

Music Professor

- Taught music theory to students.

Educational Background

Bachelor of Arts – Major in Music Applications, Minor in Psychology
Inter American University, San Germán, Puerto Rico (2002)

Preparatory Course of “Project Management Professional” / February 2010

MS Project 2010 Course / February 2012

Appendix E – Vendor Eligibility

BCG is duly registered in the Puerto Rico General Services Administration's Registro Único de Proveedores (RUP).

Gobierno de Puerto Rico
Administración de Servicios Generales
Registro Único de Proveedores de

Servicios Profesionales

CERTIFICADO ÚNICO DE PROVEEDORES

FECHA DE EXPEDICIÓN	NÚMERO DE CERTIFICACIÓN	FECHA DE VENCIMIENTO
31 de octubre de 2022	202219373	31 de octubre de 2023

Nombre del Proveedor: Bridgewater Consulting Group, Inc.

Número de Proveedor: 13539

Dirección Postal: 585 Ave. F.D. Roosevelt #366698 San Juan, PR 00936

Teléfono: (787) 646-8382

Correo Electrónico: jpsemidey@bridgewatercg.com

PERSONAS AUTORIZADAS A FIRMAR	
NOMBRE Y APELLIDOS	TÍTULO QUE OSTENTA
Juan Pablo Semidey Capriles	Presidente

Será responsabilidad de cada Agencia Ejecutiva, Corporación Pública o Municipio validar la elegibilidad del proveedor antes de otorgar cualquier contrato. Así como el de garantizar que el proveedor pueda ofrecer los servicios profesionales conforme a las normas que lo regulan.

ADVERTENCIA: Cualquier alteración anula este certificado y podría ser sancionado criminalmente conforme a las disposiciones aplicables del Código Penal de Puerto Rico.

Validación: https://validacion.pr.gov/, debe usar el número de certificado como código de validación