

2024-PRMP-MES-HIE-001

Puerto Rico Medicaid Program

Health Information Exchange (HIE) Operations and Technical Services
Request for Proposals (RFP)

Intervoice Communication of Puerto Rico Technical Proposal

March 13, 2024



INTERVOICE
IT Project Management and Consulting

Attachment B

B.1 Title Page

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

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

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

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

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

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

_____ / _____

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

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

By signature hereon, the vendor certifies that:

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

B.2 Vendor Information

B.2.1 Payment Address

Table 1: Payment Information

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

B.2.2 Legal Notice Address

Table 2: Legal Notice Information

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

B.3 Executive Summary

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

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

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

B.3.1 Team Intervoice Qualifications

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

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

B.3.2 Approach to Delivery of Services

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

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

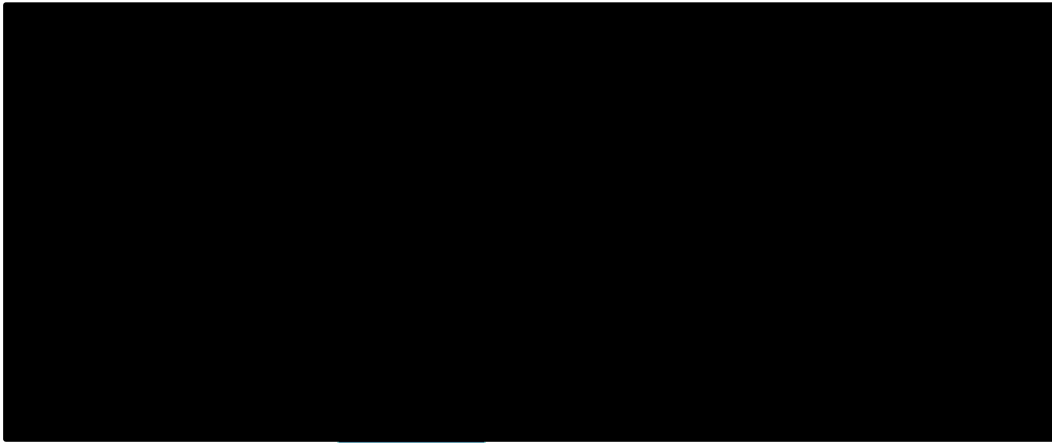
B.3.2.1 Initial Project Schedule

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

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

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

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



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

B.3.2.2 Key Advantages of Team Intervoice

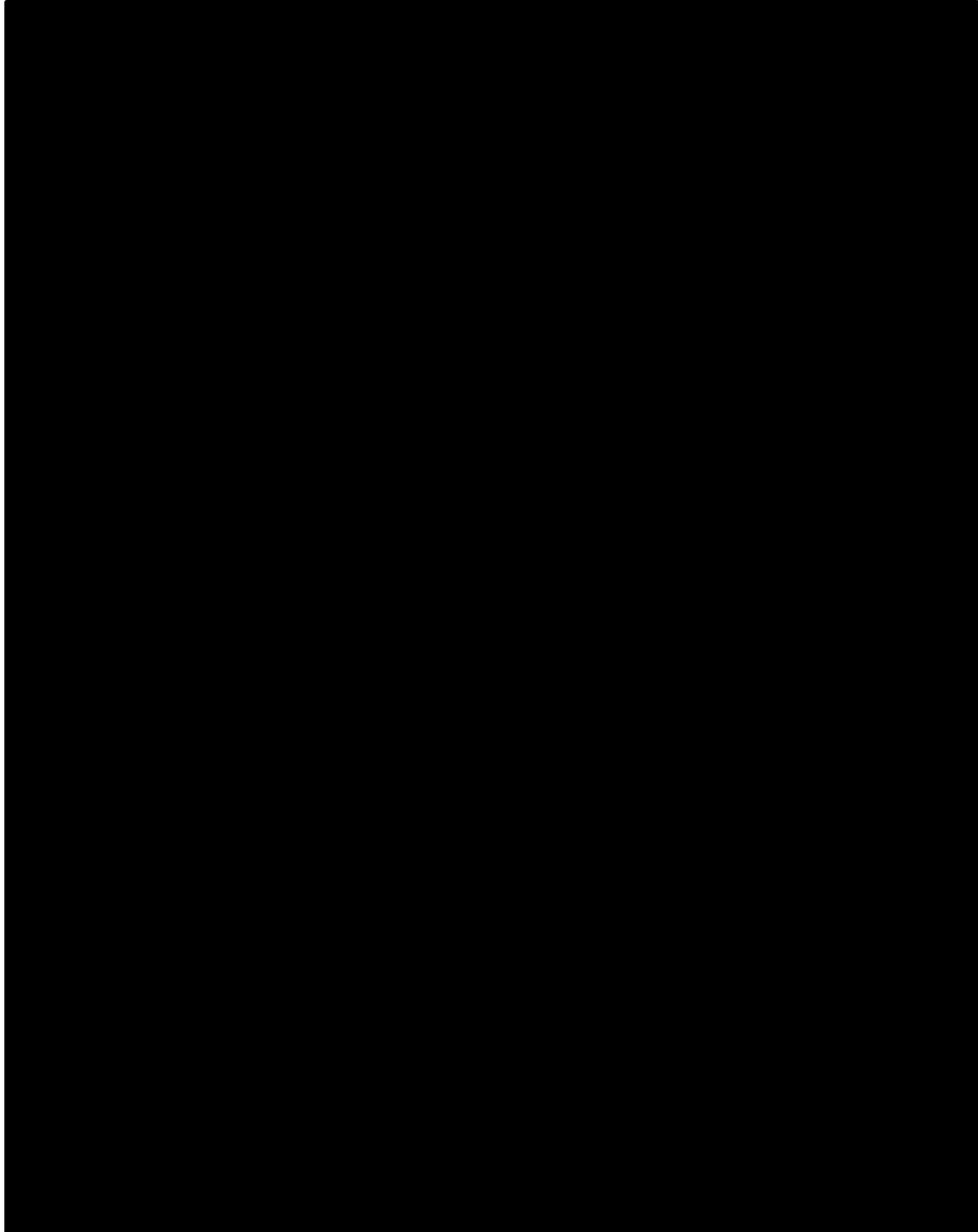
Please consider these advantages that we believe Team Intervoice offers to PRMP:

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

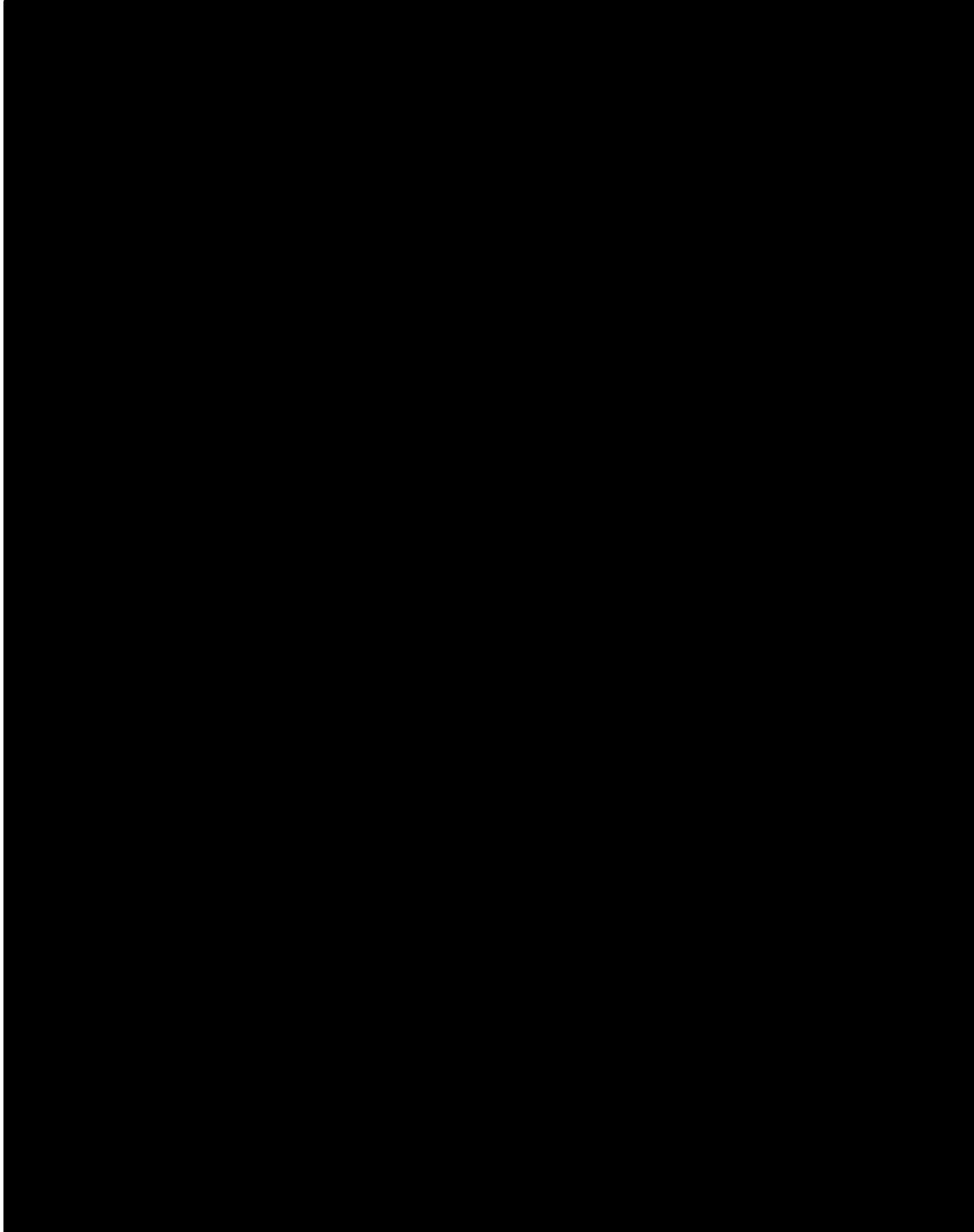
We look forward to continuing and expanding our relationship with PRMP by collaborating in the successful implementation and operation of the PRHIE.

B.4 Subcontractor Letters

B.4.1 CRISP Shared Services



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

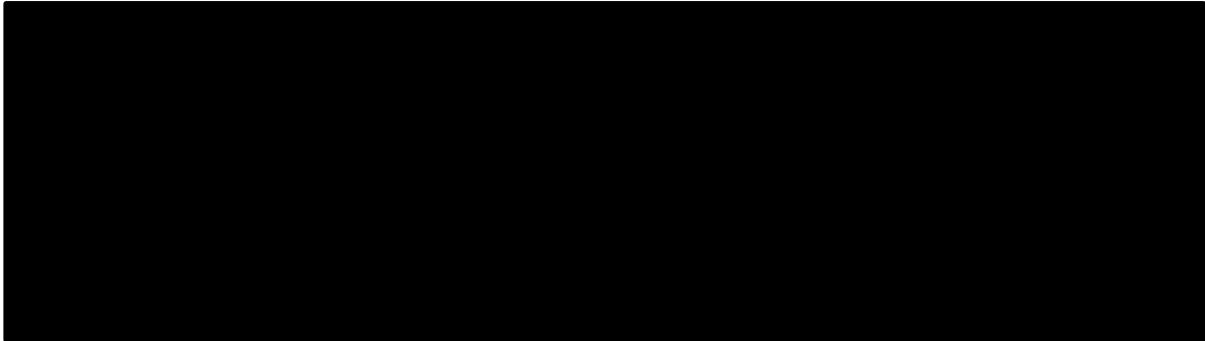


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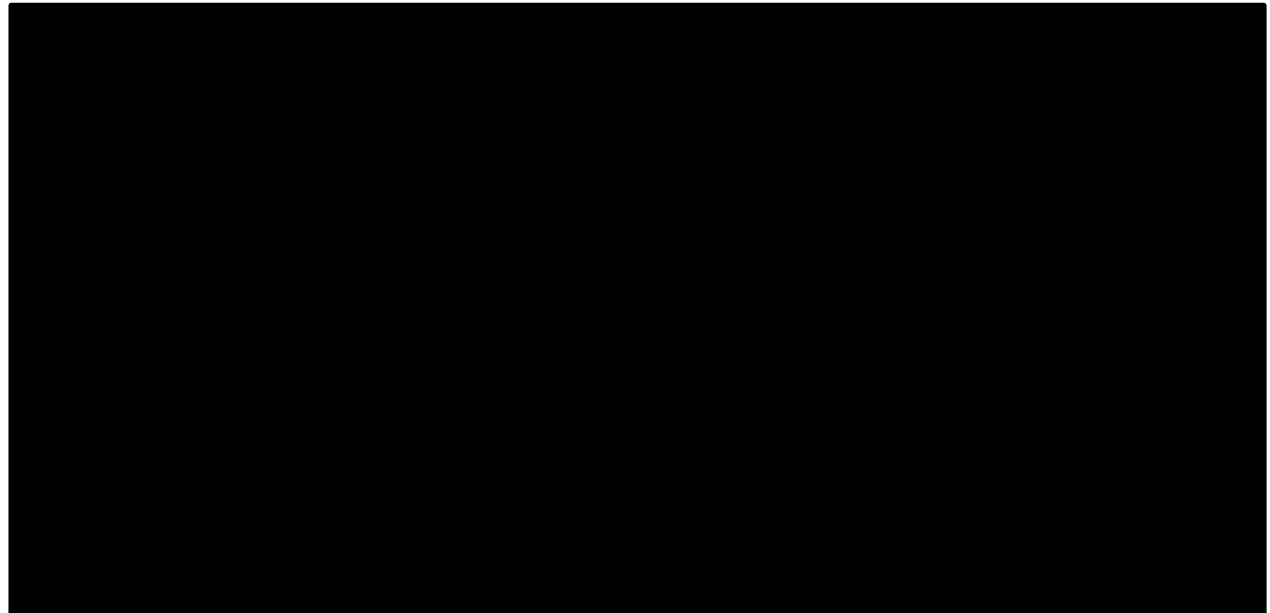


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B.6 Disclosure of Response Contents

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

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

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

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

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

Intervoice Communication of Puerto Rico, Inc. _____

(Company)

Carlos Ortiz, President _____

(Representative Name, Title)

787-302-1030 _____

(Contact Phone/Fax Number)

March 13, 2024 _____

(Date)

Attachment C

C.1 Organization Overview

Table 3: Vendor Response Framework – Partners and Subcontractors

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

C.1.1 Organization Overview

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

Vendor Overview	
Company Name	Intervoice Communication of Puerto Rico, Inc - Primary
Name of Parent Company (If Applicable)	N/A
[REDACTED]	[REDACTED]
Type of Legal Entity	Corporation
Company Ownership (e.g., Private/Public, Joint Venture)	Private
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Headquarters in the United States and its Territories	Yes, Puerto Rico
Locations in the United States and its Territories	San Juan, Puerto Rico

C.1.2 Subcontractor Overview

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

Subcontractor Overview	
Company Name	CRISP Shared Services, Inc.
Name of Parent Company (If Applicable)	Chesapeake Regional Information System for our Patients, Inc. (dba CRISP)
[REDACTED]	[REDACTED]
Type of Legal Entity	Nonprofit C – Corporation; IRS 501(c)(3)
Company Ownership (e.g., Private/Public, Joint Venture)	Private Membership corporation; members are 501(c)(3) IRS exempt organizations participating in governance. No ownership or control by individual persons
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Number of Years Vendor Has Been Providing the Type of Services Specified in the RFP	CSS as a company: 3+ Leadership Team (as a collective unit, including pre-CSS experience) 8+
[REDACTED]	[REDACTED]
Headquarters in the United States and its Territories	Yes, Columbia, Maryland
Locations in the United States and its Territories	Columbia, Maryland

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

Subcontractor Overview	
Company Name	MDFlow E.H.R., LLC dba MDFlow Systems
Name of Parent Company (If Applicable)	N/A
[REDACTED]	[REDACTED]
Type of Legal Entity	LLC
Company Ownership (e.g., Private/Public, Joint Venture)	Private
[REDACTED]	■
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Percentage of Revenue from State and Local Government Clients in the United States and its Territories	Contracts are with Private Organizations which work with Government Clients in the United States and its Territories.
[REDACTED]	■
[REDACTED]	■
[REDACTED]	■
Headquarters in the United States and its Territories	Yes, Doral, Florida
Locations in the United States and its Territories	Florida and Puerto Rico

C.2 Existing Business Relationships in Puerto Rico

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

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

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

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

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

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

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

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

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

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

C.3 Business Disputes

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

C.4 References

C.4.1 Vendor (Prime) References Form

Vendor Information		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Customer Information		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
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Vendor Information

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Vendor Information

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Vendor Information

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Key Staff

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Measurements:

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Customer Information		
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Vendor Information				
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Key Staff				
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C.4.2 Subcontractor References

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

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Subcontractor Information		
[Redacted]	[Redacted]	[Redacted]
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Customer Information		
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
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Project Information		
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Key Staff

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Subcontractor Information				
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Project Measurements:				
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Table 11: CSS Reference – WVHIN

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Customer Information		
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[REDACTED]	[REDACTED]	[REDACTED]

Subcontractor Information		
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Project Information		
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Key Staff

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Subcontractor Information

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Subcontractor Information

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Customer Information

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Subcontractor Information

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Key Staff

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Table 14: MDFlow Reference – Elevance Health

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Project Measurements:		

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Key Staff

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Project Measurements:

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Subcontractor Information				
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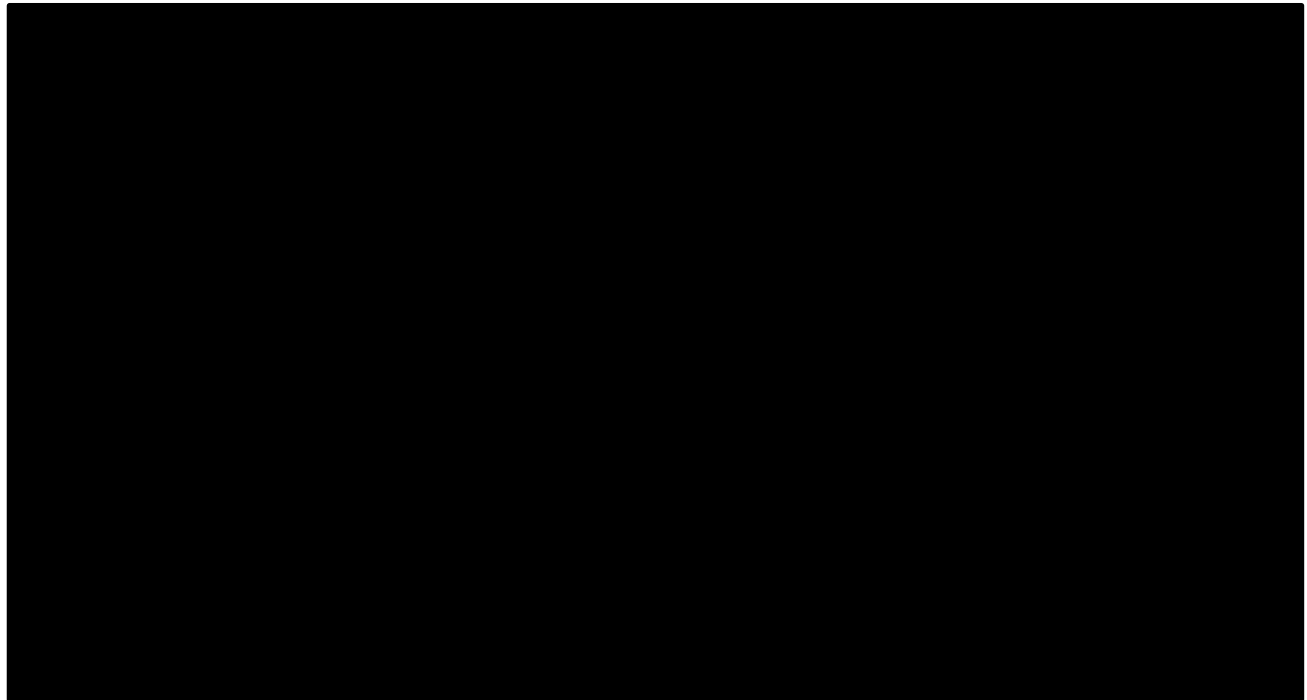
Attachment D

D.1 Initial Staffing Plan

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

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

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



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

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

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

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

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

D.1.1 Staff Management Approach

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

Figure 3: Staff Management Process



D.1.2 Staff Planning

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

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

D.1.2.1 Required Skills and Skill Gap Plan

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

Given Team Intervice’s experience in implementing HIE in several states, we are confident in our ability

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

Figure 4: Required Skills and Gap Plan

Required Skills & Skill Gap Plan						
Role: <input type="text"/>		Source: <input type="text"/>				
Resource Name: <input type="text"/>			When Needed: <input type="text"/>			
Required Skills	Skill Level Required				Actual Skill Level	Skill Gap Mitigation Plan
	1 Proficient	2 Competent	3 Learner	4 Novice		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

D.1.3 Staffing Acquisition

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

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

D.1.3.1 Identify Resource Needs and Outline Responsibilities

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

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

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

D.1.3.2 Staff Onboarding

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

but not limited to:

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

D.1.4 Staff Training

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

D.1.5 Staff Tracking

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

D.1.6 Staff Transition

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

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

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

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

D.1.6.1 Transition Management

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

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

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

D.1.7 Subcontractor Partnership

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

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

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

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

D.2 Use of PRMP Staff

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

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

D.3 Key Staff, Resumes, and References

D.3.1 Key Staff Responsibilities

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

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

greater participation.

D.3.1.2 Technical Manager

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

D.3.1.3 Operations Lead

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

D.3.1.4 Customer Success Lead

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

D.3.1.5 Integration Engineer Lead

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

D.3.1.6 Developer Lead

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

D.3.1.7 Network and Information Systems Management Lead

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

D.3.1.8 Data Analyst / Informaticist Lead

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

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

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

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

D.3.2 Resumes

Table 16: Proposed Key Staff and Roles

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Name	Proposed Role	Experience in Proposed Role
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Education

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Community Involvement

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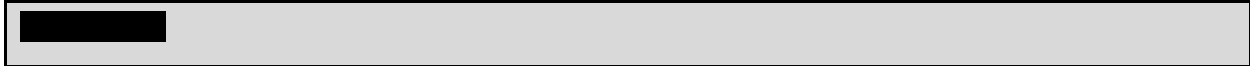
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Key Staff Reference Form

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Key Staff Reference Form

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Attachment E

E.1 Submission Requirements

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

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

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

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

a. Compliance audits

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

b. Investigations

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

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

Additionally, logs for operators or administrators will also include:

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

c. Legislative requests

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

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

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

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

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

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

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

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

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

6. The vendor staff must not have the capability to access, edit, and share personal data, with

unauthorized staff, including, but not limited to:

- a. Protected Health Information (PHI)
- b. Personally Identifiable Information (PII)
- c. Financial Transaction Information
- d. Federal Tax Information
- e. Social Security Administration (SSA) data including, but not limited to, family, friends, and acquaintance information

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

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

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

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

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

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

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

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

evidence that the PRMP has accepted and approved the work.

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

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

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

iii. Invoice Package #4 – Electronic

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

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

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

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

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

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

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

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

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

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

Table 27: Mandatory Requirements

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
The vendor must comply with current and future Puerto Rico and federal regulations as necessary to support the services outlined in this RFP.	Y	All systems are designed to integrate with participant electronic systems, support state initiatives and programs, align with federal and state policies, and meet industry standards for data exchange. We are Health Information Trust Alliance (HITRUST) and Electronic Healthcare Network Accreditation Commission (EHNAC) certified and a member of the Health Information Sharing & Analysis Center (H-ISAC).
The vendor must perform according to approved SLAs and associated metrics in the areas listed in Appendix 2: Service-Level Agreements and Performance Standards	Y	The team has submitted Service-Level Agreement (SLA) exceptions and alternative language as per the RFP requirements. While we acknowledge and agree with most of the SLA terms, we have raised concerns regarding specific details in a few of the SLAs.
The vendor must perform all work associated with this contract within the continental United States (U.S.) or U.S. Territories.	Y	All data systems and environments leveraged in our infrastructure are hosted within the United States. All staff working on the environments and systems are located in the United States.
The vendor must serve as a trusted partner to the PRMP and represent the PRMP's interests in all activities performed under the resulting contract.	Y	We recognize that building relationships and trust with key leaders and PRMP staff is crucial to the success of PRHIE. We are dedicated to providing detailed information on the progress of priorities important to the PRMP and any metrics and reporting that help to convey the value the HIE brings to Puerto Rico and its participants. Our goal will be to bring value to multiple agencies and programs so we can become a trusted partner to

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
		PRMP, participants, and Puerto Ricans, which will also help ease transitions in leadership.
<p>Data Ownership: The vendor must agree that the PRMP retains ownership of all data, procedures, applications, licenses, and materials procured or developed during the contract period.</p>	Y	<p>In accordance with CMS requirements, any design, development (configuration), and implementation of products using federal funds are the rights of the federal and state governments. As such, we agree that PRMP will retain ownership of all documentation, procedures, application configuration, and materials procured or developed during the contract period. As it relates to data ownership, we diligently adhere to our participation agreements, business agreements, and data use agreements, and other agreements established with participants in the handling of the data and services we offer. CSS, as a non-profit entity working with participants contributing data, considers the originators of the data the sole owners of the data and any use of the data by our entity will be according to the allowances prescribed in any data-related agreements. Additionally, some third-party, proprietary software systems are leveraged within the HIE infrastructure that are not owned by the HIE. We commit that no federal dollars will be utilized to contribute to core code changes for third-party software systems and that any funding used for configurations specific to Puerto Rico will be available to Puerto Rico as owners of the configurations.</p>
<p>Security: The vendor must comply with information, data, and cybersecurity requirements</p>	Y	<p>[REDACTED]</p> <p>[REDACTED]</p>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
<p>as applicable for contractors and vendors doing business with the Commonwealth. Reference agencies and laws include Puerto Rico Innovation and Technology Service (PRITS), the Office of the Chief Government Cybersecurity Officer (within PRITS), Law 75-2019; HIPAA; and Law 151 of June 22, 2004.</p>		<p>[Redacted]</p>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
<p>mapping of the proposed framework to the NIST SP 800-53A.</p> <p>b. Vendor confirms that a security assessment plan will be submitted to be included in a contract if vendor is awarded the RFP.</p> <p>c. Vendor commits to annually comply to an independent third- party security risk assessment for the HIE's third parties that transmit, process, or store data under the HIE's contract with PRMP. The vendor shall include the cost of the annual assessment within operating cost.</p>		<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>Security: The vendor will provide security-related reports at defined frequencies that align to NIST 800-53a security control requirements, MARS-E, or agreed upon security controls framework.</p> <p>a. The vendor confirms they can provide security-related reports. Report topics include:</p> <p>i. privileged account review</p>	Y	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
<ul style="list-style-type: none"> ii. audit log review iii. continuous monitoring/security metrics report iv. Plan Of Action & Milestones (POAM) review v. Vulnerability assessment vi. system access review vii. roles review for separation of duties viii. contingency plan review/test ix. incident response plan review and training x. risk assessment; awareness training xi. review system security plan and update xii. disaster recovery presentation and review xiii. system wide security assessment xiv. Internal and External Penetration test xv. static/dynamic code analysis or peer review 		<div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
<p>Security – Encryption: The vendor confirms that Encryption Services work to ensure that all health information in transit and at rest is unusable, unreadable, or indecipherable to unauthorized individuals through use of a technology or methodology specified by the Secretary of the Federal Department of Health and Human Services in the guidance issued under section 13402 (h)(2) of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5), or any update to that guidance.</p>	<p>Y</p>	<p>[Redacted]</p>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
		<div style="background-color: black; height: 100%; width: 100%;"></div>
<p>Security – Intrusion-Detection and Firewall Protection: The vendor confirms that hosting services will have aggressive intrusion-detection and firewall protection per NIST SP 800-53A Rev 5 SI-04(01) System Monitoring, System-wide intrusion detection systems.</p>	Y	<div style="background-color: black; height: 100%; width: 100%;"></div>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
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<p>Security – Legal Compliance: The vendor confirms that all HIE services will cooperate completely with the Commonwealth's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure, reporting any security breach with conformance with PR laws.</p> <p>a. The vendor confirms awareness of PR laws and PRITS (Puerto Rico Innovation & Technology Service – the central agency driving technological advancements) policies for detecting and reporting vulnerabilities, including security breaches.</p>	Y	<p>We will work closely with the Puerto Rico's Chief Information Officer if any security vulnerability of our hosting infrastructure results in a security incident and if an incident results in a breach. We will communicate and report in conformance with Puerto Rico laws and in accordance with the business associate agreement.</p>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
<p>Security – Reporting: The vendor must demonstrate that Hosting services will issue ongoing reports regarding HIE security audits and compliance activities in a format and frequency reasonably requested by the Commonwealth.</p>	<p>Y</p>	<p>We maintain a secure hosting environment by leveraging a cloud service provider, Microsoft Azure, and adheres to the shared responsibility model to use the HIPAA, SOC-2, and HITRUST compliant environment for all HIE hosting services requirement.</p>
<p>Security – Security Management: The vendor must demonstrate that industry- standard security management will be implemented and administered by the vendor.</p>	<p>Y</p>	<p>CSS designs its processes and procedures to meet its objectives for its HIE and these objectives are designed based on the service commitments that CSS makes to user entities, the laws and regulations that govern the provision of HIE services, and the financial, operational, and compliance requirements that CSS has established for the services. CSS has documented policies and procedures in place to guide personnel in identifying business objective risks, assessing changes to the system, and developing risk management strategies as a part of the risk assessment process.</p> <p>CSS adheres to federal and state regulations in safeguarding data. In addition, CSS has adopted the HITRUST CSF model its risk-based security management program. The framework drives a continuous maturity model, which allows CSS to consistently measure the effectiveness of our controls and adjusting as needed to further enhance security and manage risk.</p>

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
<p>a. The vendor confirms that when local institutions use their own codes for reporting diseases, which still need to be mapped to industry standards, the HIE will match the reported codes to national standards, improving the accuracy of reports and supporting data aggregation of public health disease reporting data.</p>		<p>programmatic requirements and reporting public health metrics to Medicaid.</p>
<p>User Access and Management – User Account Management: The vendor confirms that they provide participants with access to IT Administrative access to manage end-user accounts, submit/edit requests for end-user accounts on their behalf, to alleviate provider burden for account management outside of password requirements.</p>	<p>Y</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]. Intervoice will supply the local outreach resources that will develop a relationship with all participating entities and provide a first line of contact and support.</p> <p>CSS will work with Intervoice to define a process in which the participant data is captured within a Customer Relationship Management tool (territory provided if available) and made available to the CSS infrastructure for access and data analytics purposes. The dedicated CSS help desk has extensively documented Standard Operating Procedures (SOP) for participant onboarding, user account provisioning, and account management and will provide support to PRHIE and its participants throughout the process. In addition to supporting onboarding efforts, the team will offer trainings for the PRMP staff members on the utilization and</p>

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

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
<p>EHR users can access HIE services efficiently and securely from within their workflow environment.</p> <ul style="list-style-type: none"> a. The vendor confirms support for federated identity management. b. The vendor confirms that integration with a variety of EHR system types is in place. 		<p>needed, however, we have not encountered a situation where this approach to authenticating and authorizing users has been leveraged.</p> <p>We support two factor authentication via text message, email, and third-party authentication apps, such as Authy. We can choose which authentication method is preferred and which should not be made available. We could also deploy hardware tokens like YubiKeys if that is required. Our strong preference is to support 2-factor by SMS and Email by exception only.</p> <p>The InContext app is currently integrated with the following EHRs: Epic, Cerner, AthenaHealth, eClinical Works, and Iatric. Other types of integrations are in place with a wider range of EHRs.</p> <p>Team Intervoice has the relationships for facilitating the integration with local certified ambulatory EHRs such as EHRez, Medicus E.H.R., and Neomed as well as Infomedika’s Evolution, Sabiamed, and Meditech, which commands a significant market presence among hospitals in Puerto Rico</p>
<p>User Access and Management – Provider Directory: The vendor must support for provider directory services for individuals and facilities:</p> <ul style="list-style-type: none"> a. The vendor confirms provider Directory support for Direct Secure Messaging. 	Y	<p>Our infrastructure has a Master Provider Registry (MPR), which operates in a similar manner to the Master Patient Index, in which provider data from multiple sources are processed through an algorithm that matches and consolidates the data into a single record. Our infrastructure can also identify and merge close-match identities (i.e. “potential duplicates”) prior to presenting the results to users. The Customer Relationship</p>

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

Mandatory Requirement Item(s)	Vendor Meets Requirement? Y/N	Provide a Brief Narrative to Demonstrate Understanding and Fulfillment of Requirement *Response should note any exceptions to meeting requirement
		etc.). If a provider does not have a relationship with a patient, they must attest to a relationship prior to proceeding (Break the Glass). All accesses within the system are auditable. All break the glass events trigger additional scrutiny.
<p>User Access and Management – PRDoH Access: The vendor must confirm that PRDoH personnel will have access to the HIE through the Provider Portal.</p>	Y	PRDoH personnel can access the HIE data through the Provider Portal assuming all proper policies and procedures are captured according to the participation agreements that govern the data access. There are many public health users that access HIE today through the provider portals in support of public health use cases and laws, which can be replicated in Puerto Rico.
<p>The MPI technology solution must be an independent module of the HIE technology architecture. PRMP expects that the PRHIE employs a best-in-class MPI that is accessible to the overall solution and supports Patient Demographic Query, Patient Identifier Cross-Reference, and Cross Community Patient Discovery.</p>	Y	Our Master Patient Index leverages a probabilistic matching algorithm that processes patient demographic data (name, date of birth, address, gender, social security number, phone number) from different sources and links records together to a high degree of accuracy such that when a user makes a data request, clinical content from across the state can be presented in a single view for a particular patient. The algorithm is tuned to ensure that patients matched together are in fact the same person while minimizing situations where two patients are not matched together but should be (I.e. “duplicates”). The historical demographic information is tracked by source, used in the matching algorithm, and is accessible by authorized users.

E.2 Mandatory Qualifications

Table 28: Mandatory Qualifications

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
<p>The technology services described in Section 4.2.2 must be provided by vendor(s) that have experience in health information exchange(s) of similar size and scope as described in this RFP.</p>	<p>Y</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] We have the foundational infrastructure already in place to support the state with data needs and use cases, often requiring only configuration changes instead of development, and sufficient community and clinical data to provide demonstrated value. The goals of this RFP will further our ability to bring value to the state with the increased network connectivity plans. We have worked extensively with behavioral health organizations and supporting data exchange between behavioral health organizations and the state for program needs and requirements. Our participants include hospitals, primary care facilities, specialty clinics, behavioral health facilities, reference labs, state, and federal healthcare providers, as well as mandatory reporters for public health outside the normal healthcare delivery system.</p> <p>We also partner with subcontractors with extensive experience in data exchange services. One of our largest partners and subcontractor for HIE infrastructure and technical expertise has provided HIE services in five states for over a</p>

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
		<p>decade. Other subcontractors that supply specific vendor-supplied solutions are actively [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>CSS's non-profit status encourages trust among participants. Transparency of permitted uses of data under our data exchange agreements ensures participants and patients understand how their data are being used. Our board, committee(s), and stakeholder engagement integrate the voice of the community into our services and functionality to ensure we are delivering value.</p>
The vendor must have the ability to staff the organization and contract with subcontractors to meet PRMP's	Y	All projects will have assigned staff and resources to manage technical connections and implementation efforts. Drawing from our experienced team of experts, our staff have the appropriate project management, organizational, data management, and information technology skills needed to provide HIE services.

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

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

Mandatory Qualification Item(s)	Vendor Meets Qualification? Y/N	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
operating and managing a health information exchange or related services.		
The vendor must commit to staff and operate a place of business in the Commonwealth during any contract resulting from this procurement process and help ensure local support for outreach and onboarding, HIE participant education, representation on governance bodies, and help desk functions. Operations in Spanish and English are a part of meeting this requirement.	Y	<p>Our approach to staffing supports a model where we have a strong leadership presence local to Puerto Rico either through relationships with key stakeholders and/or local boots on the ground. This model enables the Intervice team to coordinate closely with local stakeholders, board members, and HIE participants. Key members of our staff, specifically in the area of operations and outreach, are native Spanish speakers from Puerto Rico, who are also fluent in English.</p> <p>Our local staff understands the Puerto Rico landscape and allows for the building of relationships and trust with current and future PRHIE participants at multiple levels (leadership, technical teams, users, etc.). Our local staffing will include leadership, clinical, outreach, training, and project management staff. Team members not local to Puerto Rico have pledged to be in person whenever needed.</p>
The vendor must agree to meet all federal and local requirements related to the operation of a Medicaid Enterprise system and the management and distribution of private health information.	Y	Our infrastructure is specifically designed to support a statewide health information exchange and nearly every component has been certified by the Centers of Medicare and Medicaid Services (CMS) for enhanced Medicaid Enterprise System (MES) funding. All systems are designed to integrate with participant electronic systems, support state initiatives and programs, align with

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

Attachment F

F.1 Outcomes Traceability Matrix

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

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

Title	Puerto Rico HIE Outcome	Proposed Measures	Proposed Metrics	Target Setting	Performance Standard	Penalty Fee	Associated SLA ID	Vendor's Disposition	Attachment	Section	Page #
Care Coordination - Longitudinal Health Record	Improve clinical decision making across care teams by providing access to real-time integrated health records through the PRHIE.	Healthcare providers use/have access to an integrated HIE health record service supported by the HIE operator and the EHR vendor. Providers use/have access to an external HIE health record service.	The number of EHR vendors live with an integrated service. The number of facilities with available service in production. The number of facilities without service in production. The ratio/percentage of facilities with service in production. The number of unique patient access sessions per facility with the available service. The number of unique active user accounts (active to be defined once live) by facility location, by user role (measures access potential). The number of unique patient access sessions of the provider portal (unique patient accesses are measured in this way) (measures usage). The number of facilities accessing the provider portal over the number of potential facilities (measures percent utilization for tracking over time).	For 100% of participants with this service available, the connection aligns with SLA 002 uptime standards. Utilization metrics increase over time until a baseline is established, and then, an annual growth rate will be determined. Minimally, by the end of year one, 100% of hospitals should be transmitting ADTs to the HIE.	Monthly reporting of HIE operational statistics.	Refer to SLA 003	SLA 003	Will Meet	Attachment G	G.2.3 Care Coordination Services	154
Record Locator Services	Improve Puerto Rico Medicaid beneficiaries' quality and experience of care when they receive care outside of Puerto Rico.	The number of regional and national HIE networks that the HIE product is connected with, and the volume of data shared between the HIE and the network.	Report on the number of regional and national HIE networks, that the HIE product is connected with, and include the volume of data shared between the PR HIE and each network (per network).	Connection with a minimum of the eHealth Exchange in alignment with SLA 002 uptime standards.	Include metrics in monthly HIE operational reporting, including current period data and cumulative data for the Fiscal Year. (D01: Monthly Status Report)	Refer to SLA 003	SLA 003	Will Meet	Attachment G	G.2.1 Enterprise Identity Services	153
Record Locator Services	Improve Medicaid providers' ability to effectively treat and coordinate care through one, centralized health record.	Matching rate for all incoming health record data.	The number of unique individuals/records in the MPI. The number/rate of unlinked incoming records in the MPI monthly by incoming source, with rolling cumulative total. The number of merge operations per reporting period of MPI records with addresses in Puerto Rico; MPI records by: State Address, Source Facility, rate of overlap of patient care per facility (where one patient is seen across more than one facility). The number of death indicators reversed by time period.	Matching rate for all incoming health record data is above 95%.	Include metrics in monthly HIE operational reporting, D01: Monthly Status Report, including current period and cumulative for the Fiscal Year.	Refer to SLA 006	SLA 006	Will Meet	Attachment G	G.2.1 Enterprise Identity Services	152
Consent Management	Increase Medicaid beneficiaries ability to control their own health data by using consent preferences to guide access to health records on the PRHIE.	Percent of the MPI dataset that is flagged as an opt-out record, by opt-out choices made by the patient.	The number of unique patients that choose to opt-out, the unique total number of patients, and the percentage of those that have opted-out.	100% of patients who have opted out do not have records available to users in the database.	Include metrics in monthly HIE operational reporting, including current period and cumulative for the Fiscal Year.	Refer to SLA 006	SLA 006	Will Meet	Attachment G	G.2.3 Care Coordination Services	153

Title	Puerto Rico HIE Outcome	Proposed Measures	Proposed Metrics	Target Setting	Performance Standard	Penalty Fee	Associated SLA ID	Vendor's Disposition	Attachment	Section	Page #
Sensitive Data Management	Improve patient safety and privacy by safeguarding "sensitive" data in HIE health records.	Sensitive data is flagged at the appropriate level - by patient, or facility, or facility location, or provider NPI number, or by code (diagnosis, LOINC, etc.).	Number of facilities and/or providers that provide sensitive data (demonstrates that users use this feature). The aggregate number of data sets/types by facility provider categorized as sensitive (demonstrates that required flagging is occurring).	N/A	Sensitive Data Audit report showing the number of unique users accessing sensitive data by unique patient, by facility, with confirmation of consent noted; monthly.	Refer to SLA 004	SLA 004	Will Meet	Attachment G	G.2.3 Care Coordination Services	153
Electronic Notification Services	Increase care coordination services at transitions of care to reduce adverse outcomes such as hospital readmissions.	End-users receive real-time Admission, Discharge, Transfer Notifications (ADT). Volumes of event notifications are reported on a regular basis.	Number of end users/facilities subscribed to receive notifications. Number of ADT messages received by the HIE per facility and in aggregate. Number of ADT notifications delivered to recipients subscribed. Number of rejected messages per facility and in aggregate.	100% of the notifications that are delivered are received; source is notified of 100% of rejected messages.	Include metric in monthly HIE operational reporting, current month and cumulative metrics.	Refer to SLA 003	SLA 003	Will Meet	Attachment G	G.2.9 Electronic Notification Services	157
Public Health	Reduce provider burden by automating capture and exchange of public health data through the PRHIE.	Public health entities receive immunization information as designed and intended.	Number of Immunization messages (VXU) provided by the HIE to the Immunization Registry.	100% of VXU messages from providers capable of sending are provided to the Commonwealth.	Include metric in monthly HIE operational reporting, current month and cumulative metrics.	Refer to SLA 003	SLA 003	Will Meet	Attachment G	G.2.6 Public Health Reporting	155
Public Health	Improve public health by automating capture and exchange of public health data through the PRHIE.	Public health entities receive lab reports and surveillance information as designed and intended.	Number of electronic lab reporting (ELR standard) messages captured in the HIE and transmitted to Public Health. Number of syndromic surveillance (Syndromic Surveillance Standard) messages captured in the HIE and transmitted to Public Health.	100% of ELR/syndromic surveillance messages from providers capable of sending are provided to the Commonwealth.	Include metric in monthly HIE operational reporting, current month and cumulative metrics.	Refer to SLA 003	SLA 003	Will Meet	Attachment G	G.2.6 Public Health Reporting	155
Direct Secure Messaging	Improve coordination of care between Medicaid providers and their patients by facilitating communications through a Direct Secure Messaging (DSM) service.	Availability of the DSM Service to any DSM participant.	Total number of DSM accounts by provider and facility. Number of DSM messages sent, received, and opened.	100% of DSM messages are successfully sent to and received by assigned users.	Include DSM metrics in monthly HIE operational reporting.	Refer to SLA 003	SLA 003	Will Meet	Attachment G	G.2.8 Direct Secure Messaging	157

Attachment G

G.1 Approach to Business Operations

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

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

G.1.1 Governance

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

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

- **Policy Alignment:** We will document use cases to confirm the technology and data use practices are aligned with all applicable laws and policies. We will work with PRMP to adopt policy and procedures used by other HIE organizations.
- **Roadmap Prioritization and Stakeholder Engagement:** We will develop a roadmap in partnership with the PRHIE Advisory Council to prioritize functionalities/enhancements based on identified PRHIE stakeholder needs.
- **Board and Committee Engagement:** We will engage local healthcare leaders on strategic and technology options through our board and governance committees.

■ [REDACTED]

[REDACTED]

[REDACTED]

◆ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

◆ [Redacted text block]

◆ [Redacted text block]

◆ [Redacted text block]

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

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

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

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

Deliverables: D06: Operations Management Plan

G.1.2 Business Operations

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

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

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

G.1.3 Data Governance

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

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

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

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

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

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

G.1.4 Policy

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

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

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

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

Deliverables: D06: Operations Management Plan

G.1.5 Technical Assistance

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

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

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

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

Technical Assistance is a core Team Intervoice process, which will be provided by dedicated staff knowledgeable about HIE requirements, standards, onboarding, and the operation of the PRHIE.

Technical Assistance support is provided continuously and can be quickly expanded to meet greater needs during an emergency when training and PRHIE access must be quick and focused on mitigating the impact of the emergency. Team Intervoice will maintain a record for all Technical Assistance business processes to develop statistics for monthly reporting, trend analysis and determining compliance with

SLAs.

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

G.1.6 Operational Reporting and SLAs

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

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

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

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

G.1.7 Technology Architecture and Vendor Partnerships

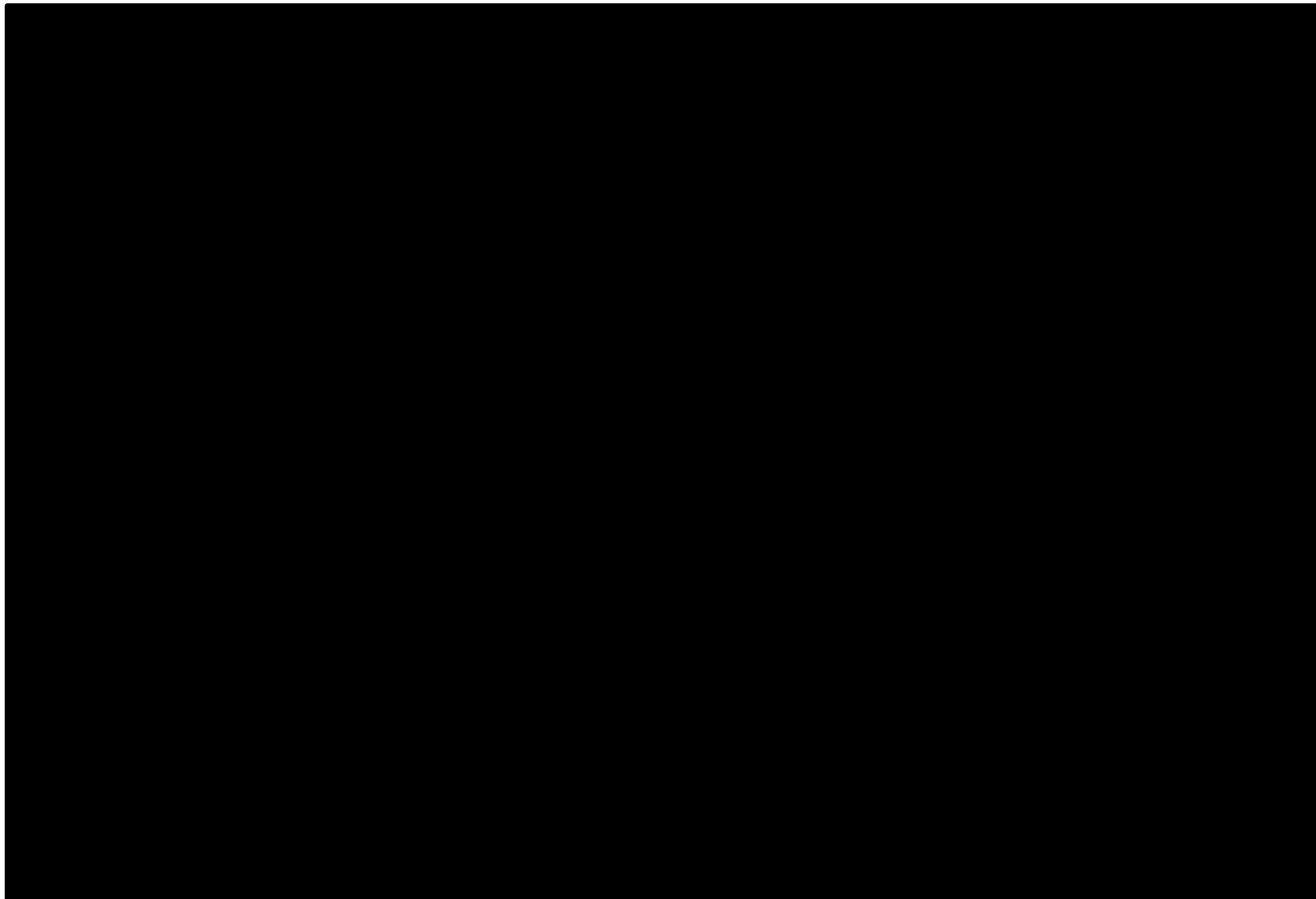
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Deliverables: D07: Security, Privacy, and Confidentiality Plan; D16: Detailed System Design Document; D17: Independent, Third-Party Security and Privacy Controls Assessment Report

Figure 5: RACI

R	A	C	I
Responsible	Accountable	Consulted	Informed
Who is responsible for the execution of the task? Who is assigned to work on the task?	Who is accountable for the tasks and signs off the work? Who has the authority to take decisions?	Who are the subject matter experts who are to be consulted? Who can help on the particular task?	Who are the stakeholders who need to be updated of the progress? Are there stakeholders whose work depends on this task?



G.2 Approach to Technical Services

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

G.2.1 Enterprise Identity Services

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

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

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

out more formally as requirements are needed and defined.

Deliverables: D04: Implementation Plan

G.2.2 Interface Specifications

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

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

Deliverables: D14: Pilot Implementation Plans

G.2.3 Care Coordination Services

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

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

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

G.2.4 Data Quality and Reporting Services

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

provides secure access to healthcare data and related analytics tools to assist healthcare organizations in improving patient care throughout Puerto Rico. Currently, a portal and Tableau server are utilized to distribute reports and dashboards, including geographic representations of data. Participants such as state partners, hospitals, practices, and public health programs can access the reporting services through the portal according to their role. The full suite of services and functions includes ingesting all data contributed to the HIE into the Data Lake for use in analytics, reporting, and producing metrics and further, normalizing and standardizing any new datasets introduced to the Data Lake, as necessary. The Data Lake is also used to link all datasets together using the MPI, allowing for person-level analysis up to population-based datasets. Data as a service will include both one-time and recurrent data file extracts that can be delivered to any secure endpoint, in any format according to standard industry accepted norms such as HL7/interface format workflows, Extensible Markup Language (XML), delimited files, and using Secure File Transfer Protocol (SFTP) workflows. Data will be made available to HIE participants and the GPR to incorporate into their own information and analytic systems. Extracts can be made available by data fields, data categories, specified date ranges, and specified attribution, among others. CSS has not received data in Spanish via HL7, which will be factored into the budget and will require additional time and analyses to ensure data integrity.

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

G.2.5 Application Programming Interface (API) Services

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

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

G.2.6 Public Health Reporting

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

Deliverables: D13: Public Health Systems Plan

G.2.7 Medicaid Services

We are committed to supporting Puerto Rico’s public health and Medicaid priorities by establishing and maintaining a robust network of participants, along with providing comprehensive data reporting and analytic capabilities for population health management. Our approach to building an inclusive and comprehensive network revolves around three key strategies: positioning the HIE as a neutral data utility, prioritizing stakeholder engagement focused on delivering value, and ensuring inclusivity for healthy and equitable communities.

In capturing Medicaid beneficiary attribution, we employ multiple methods. Beneficiary data undergo processing through the MPI, allowing for the capture of beneficiary identifiers for analysis purposes. Additionally, we integrate the most recent beneficiary data into our Data Lake, facilitating analyses based on the most appropriate timeframe. For example, our system can identify patients enrolled at any point over the past year or those currently benefiting from Medicaid, based on the latest file. This capability is

crucial as the MPI retains a comprehensive history of Medicaid beneficiary data, enabling analysis of past beneficiary statuses. In addition to the already described Data Lake functions, our system identifies care gaps for display at the point of care, ensuring proactive healthcare interventions. Through quality data exchange, care coordination services are vastly improved for the Medicaid population via up-to-date and accurate care team information, emergency department (ED), and inpatient notifications to support discharge planning and member follow-up post-discharge, care team alerts to MCOs for members transitioning between MCOs, including risk indicators, and through engagement with payers and their partners, including vendors who provide care management and quality support. As with all HIE data that passes through and stores within our infrastructure, including Medicaid beneficiary data, stringent data governance protocols are implemented to safeguard data usage in accordance with data use agreements, ensuring compliance and maintaining confidentiality. Moreover, our platform hosts technical products that have obtained Medicaid Enterprise Services (MES) certification via the Centers for Medicare and Medicaid (CMS) Outcomes Based Certification (OBC) process. The Intervoice team brings forth a well-structured plan and process for OBC completion, tailored to regional requirements, demonstrating success and expertise.

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

G.2.8 Direct Secure Messaging

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

G.2.9 Electronic Notification Services

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

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

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

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

Deliverables: D14: Pilot Implementation Plans

G.2.10 Emergency Response Services

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

based on trigger events and patient panels.

Deliverables: D13: Public Health Systems Plan

G.2.11 Interoperability Compliance

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

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

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

Deliverables: D15: Data Transition Plan

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

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

Table 31: Care Coordination Information Services

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

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

Figure 6: Alerts and Notifications System Architecture

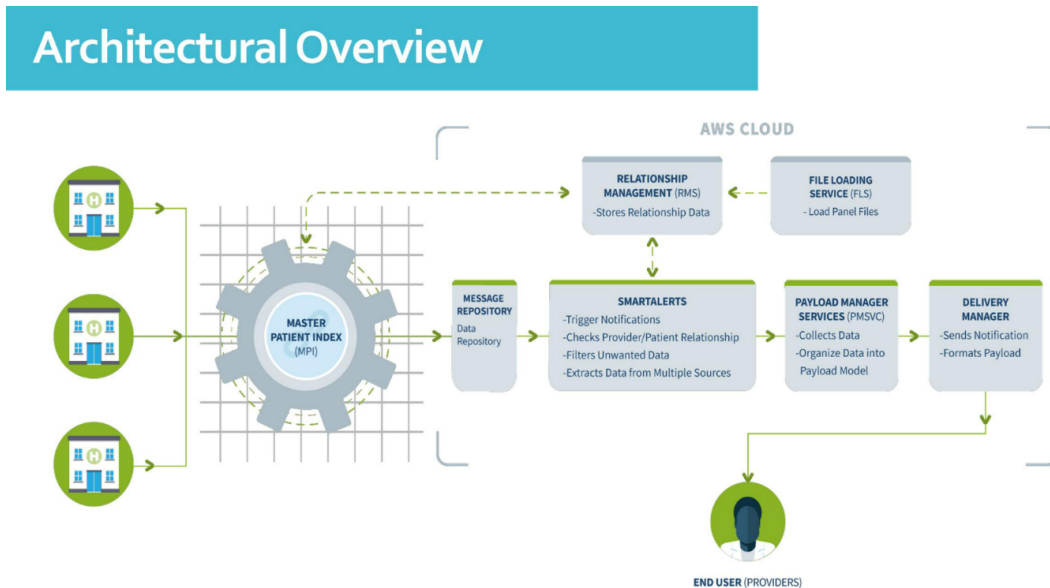
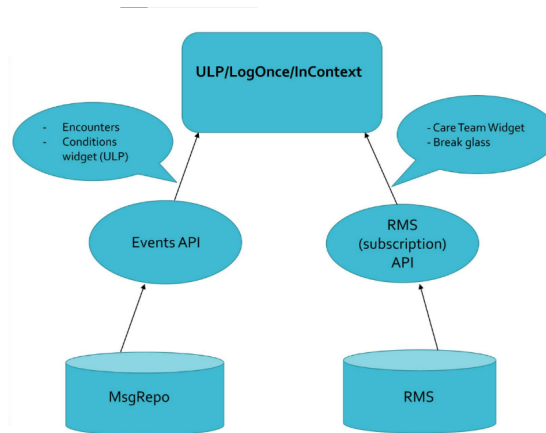


Figure 7: CRISP Shared Services Architecture Interacting with the Vendor-Supplied Technology



Attachment H

H.1 Initial Project Schedule

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

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

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

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

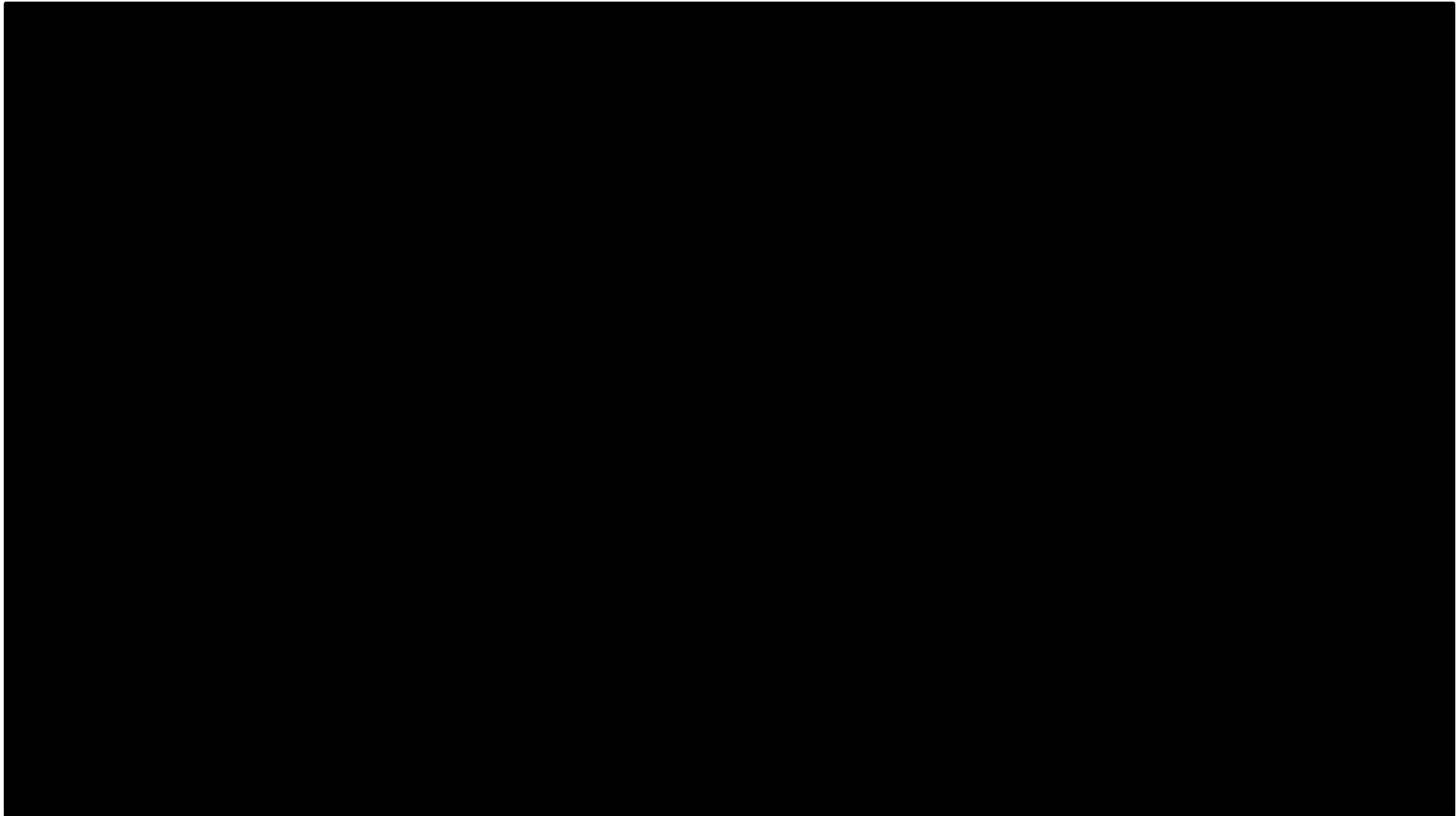
It's crucial to bear in mind that while the work plan lays out the general steps necessary for the success of each project, small victories will have a significant impact throughout the various stages of implementation. As the RFP suggests, focusing on small wins along the way is crucial for maintaining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

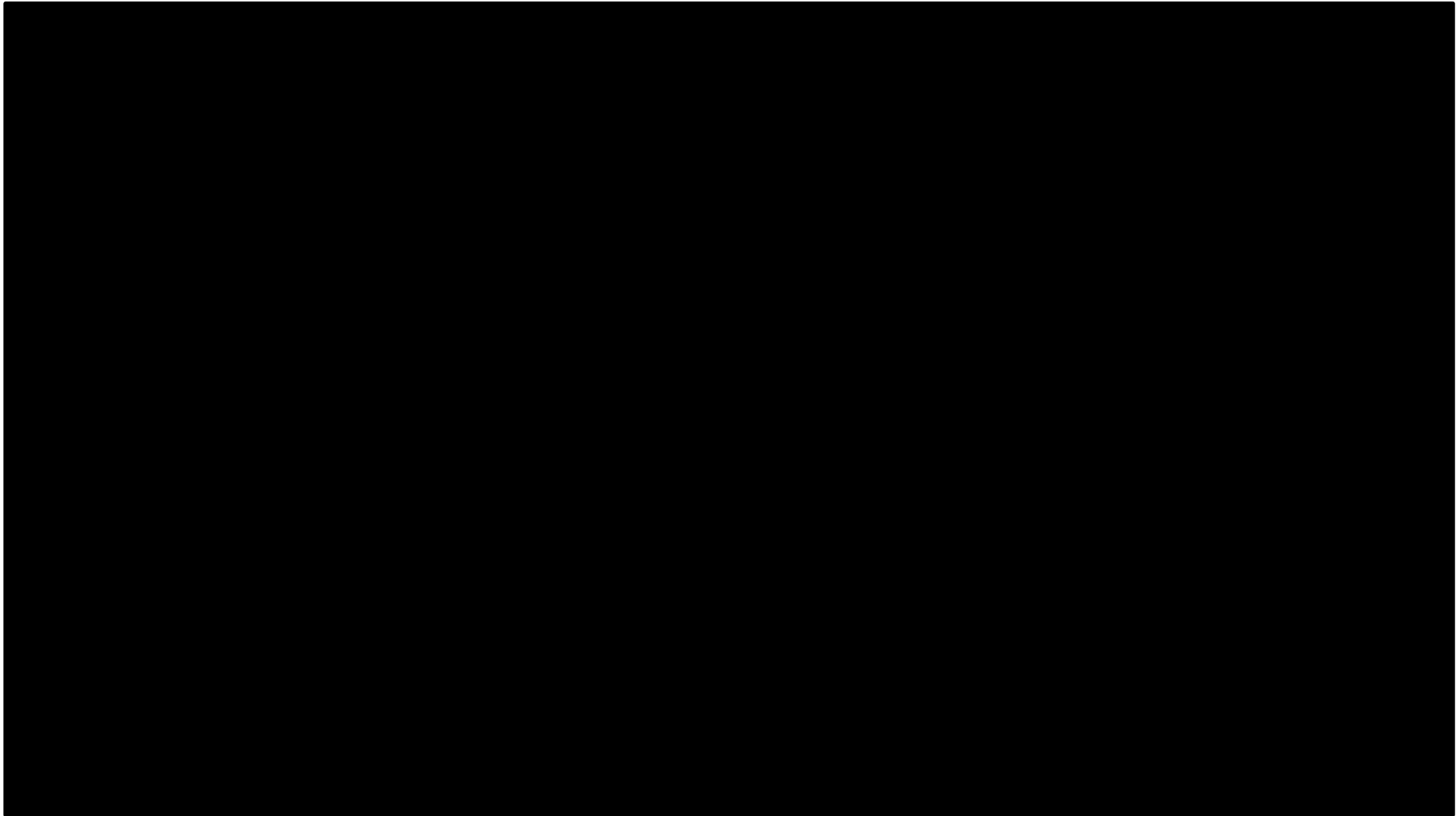
For instance, the receipt of quality ADT messages is a significant milestone that can have ripple effects across various aspects of healthcare data management. The availability of accurate race and ethnicity data derived from these messages can serve multiple purposes. First, it can enhance public health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

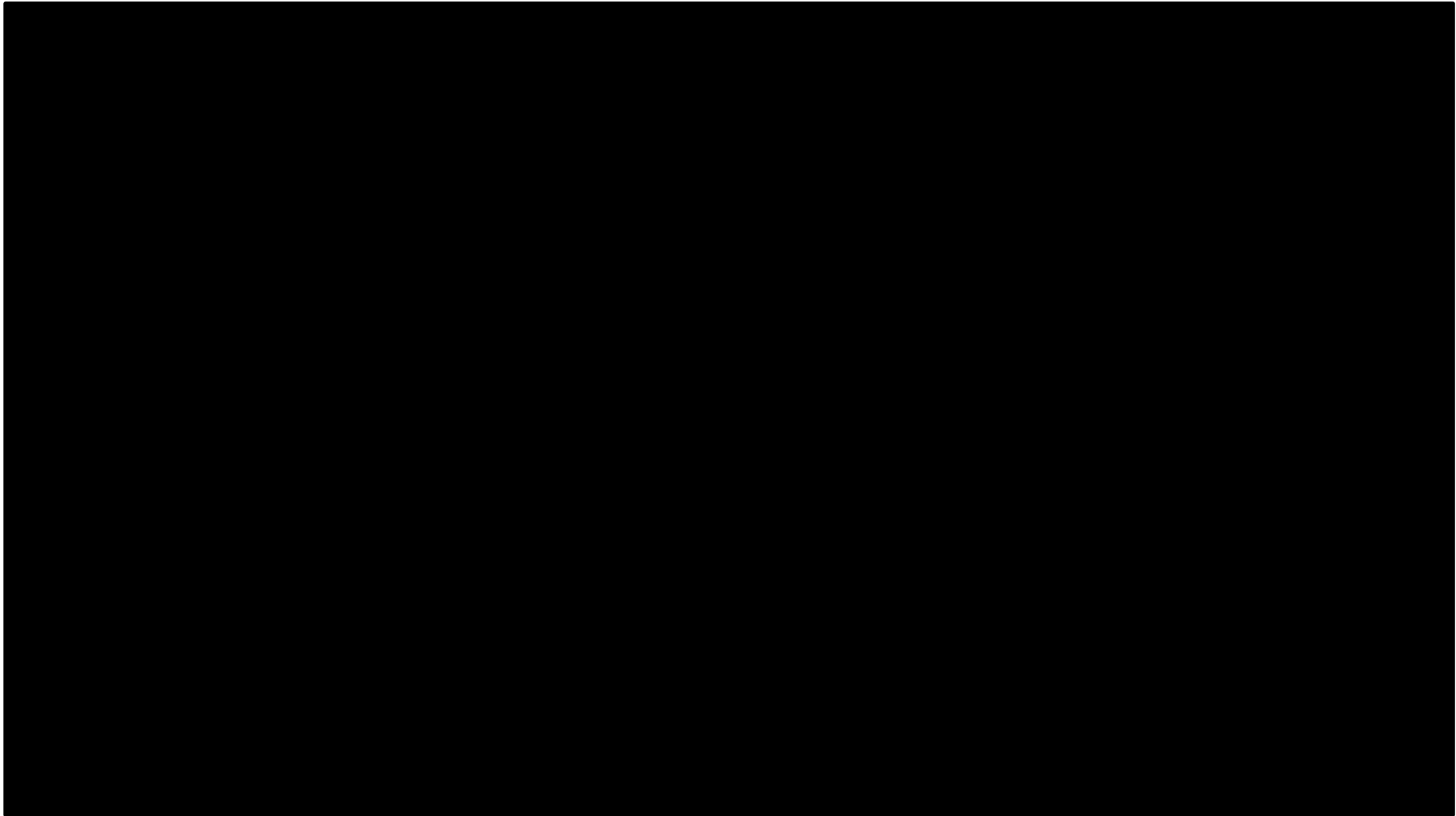
those related to population immunization status, enabling more informed decision-making and policy formulation.

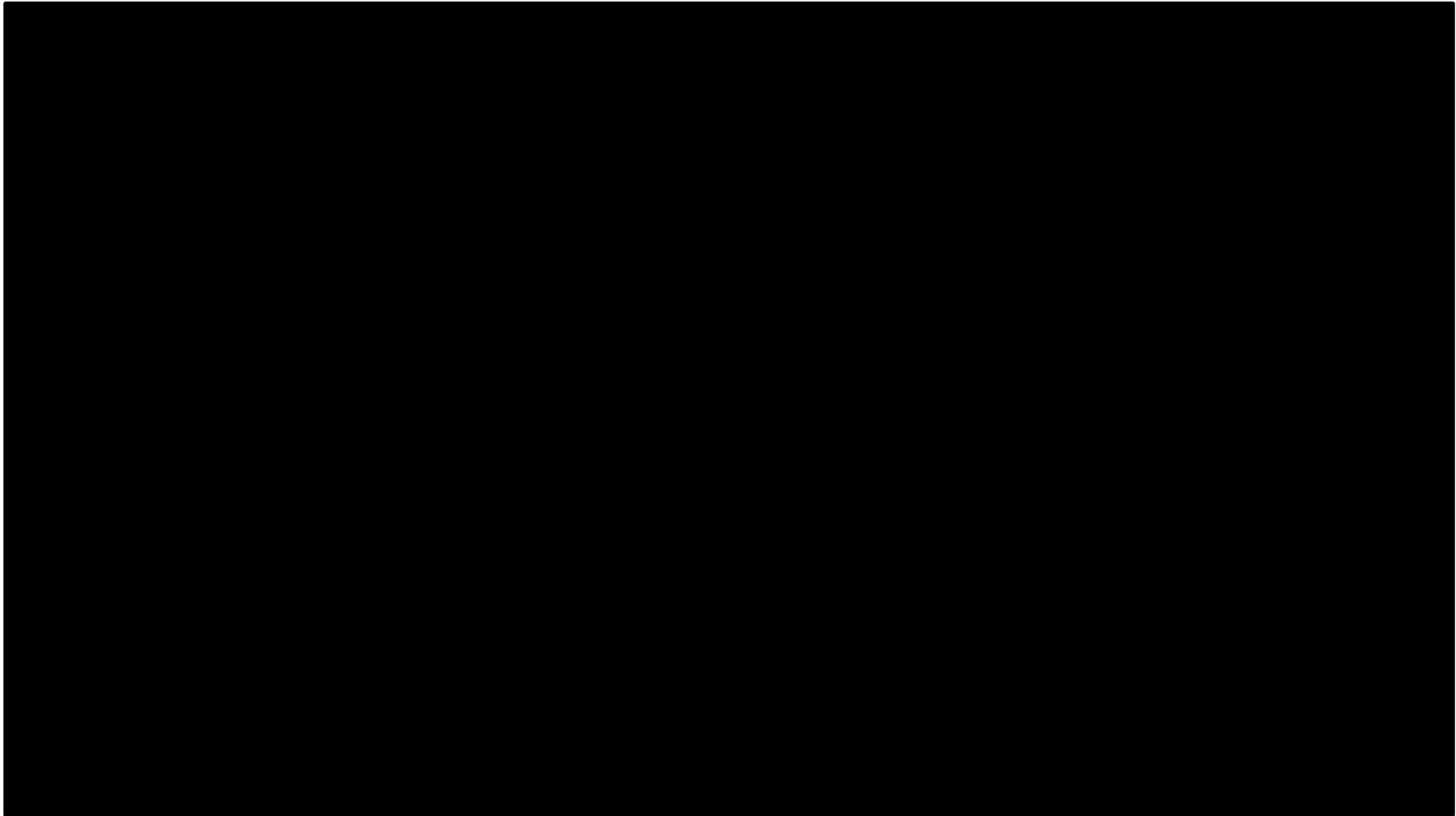
Furthermore, as standard HL7 data begins to flow through the HIE, the linking and matching of data and demographics across patients will result in a more robust patient profile. This comprehensive patient history, enriched by accurate demographic information, will not only improve the quality-of-care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

Table 32: HIE Work Plan Draft









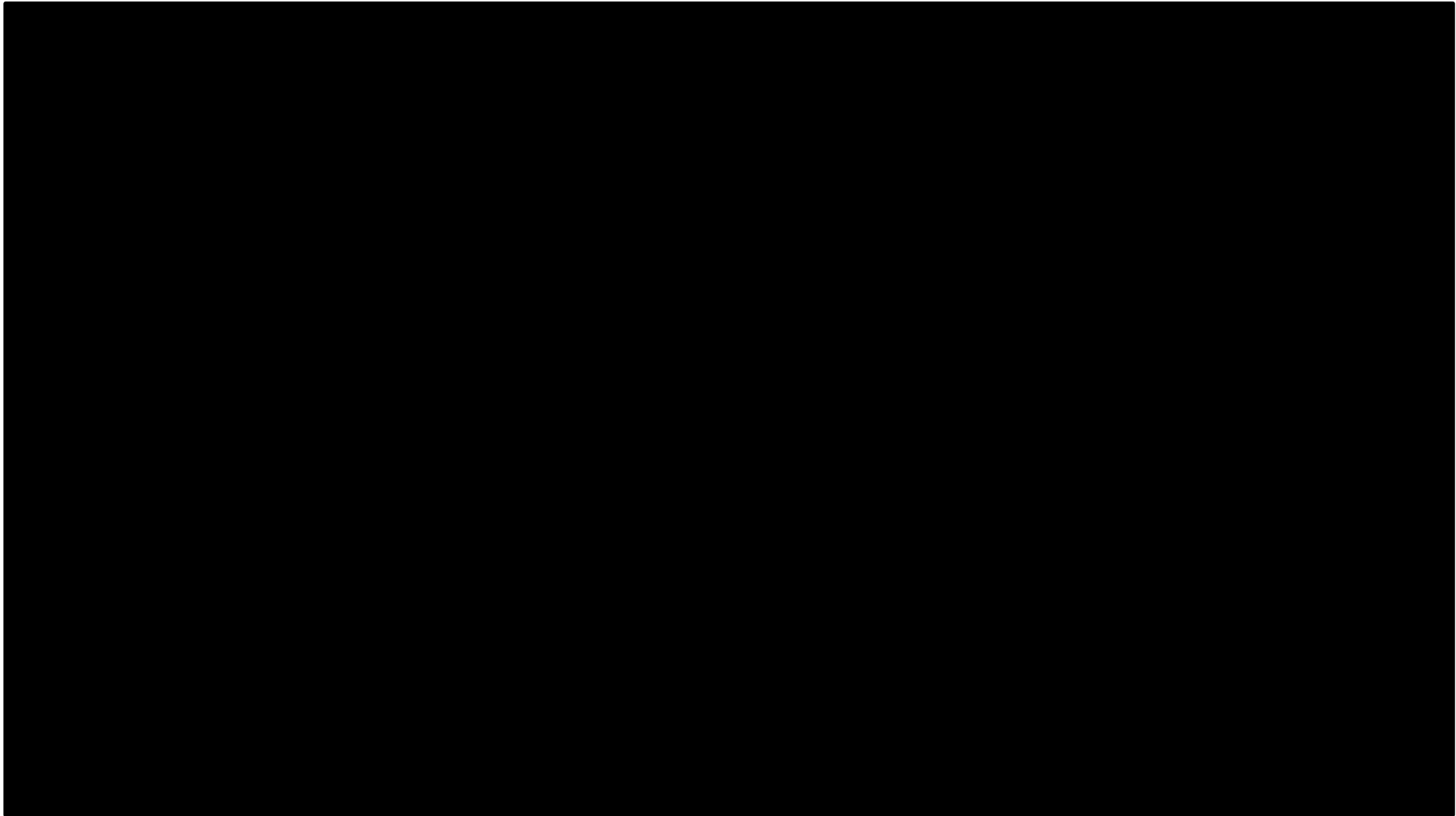
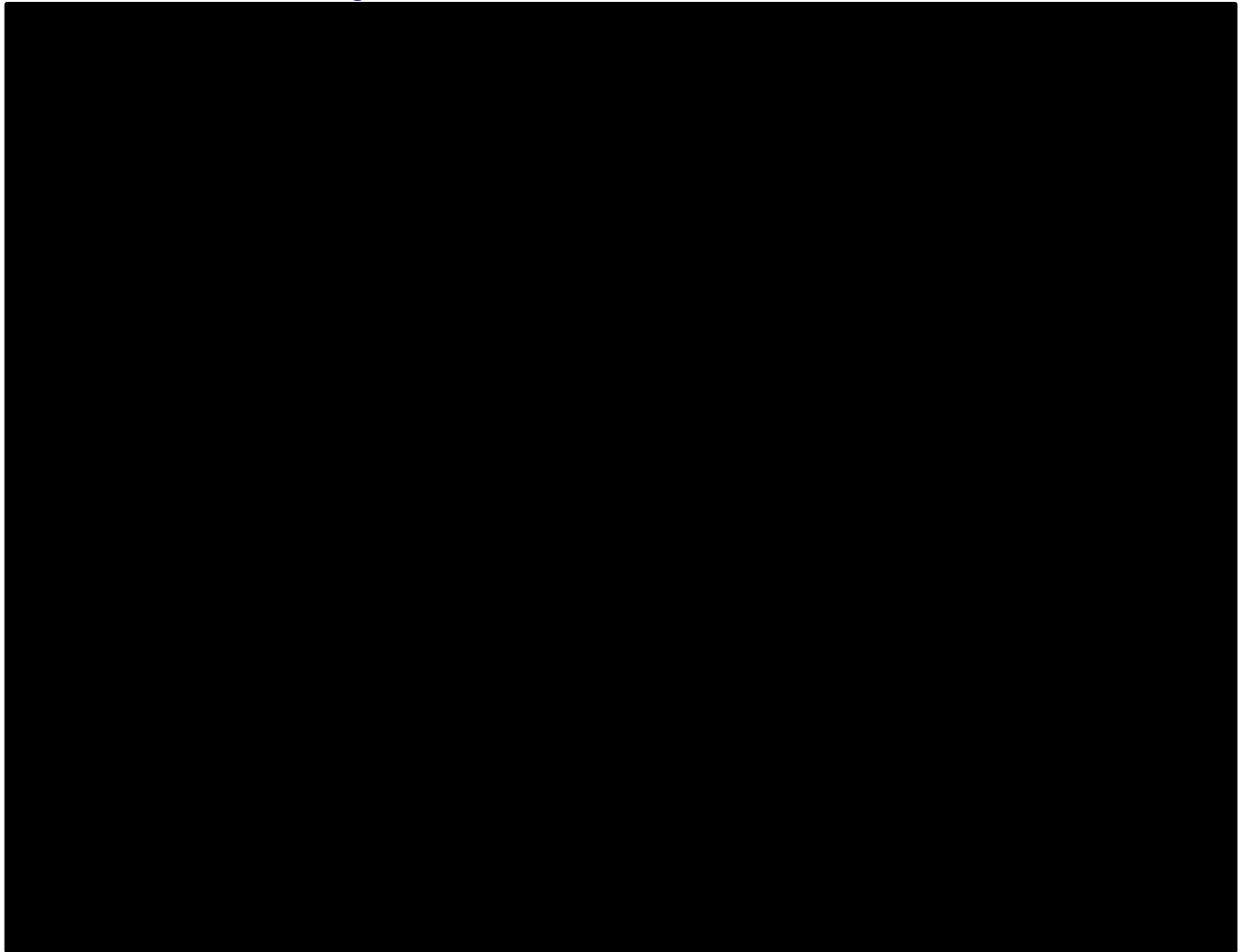


Figure 8: HIE Work Breakdown Structure



Attachment I

I.1 Title Page

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

I.2 RFP Terms and Conditions

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

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

Printed Name / Signature of Authorized Personnel

Date

I.3 Customary Terms and Conditions

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

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

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

Printed Name / Signature of Authorized Personnel

Date

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

Attachment I: Terms and Conditions Response, Section 6: Exceptions.

Printed Name / Signature of Authorized Personnel

Date

I.4 Mandatory Requirements and Terms

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

- **Attachment E: Mandatory Specifications**
- **Prior to the vendor submission of its proposal, the vendor must be registered with the “Registro Único de Proveedores de Servicios Profesionales” (RUP) from the Puerto Rico General Services Administration (ASG) and with the Puerto Rico Treasury Department (Hacienda) for the collection of sales and use tax (IVU) as a provider (if applicable) in the Sistema Unificado de Rentas Internas (SURI). The PRMP shall not award a contract, unless the vendor provides proof of such registration or provides documentation from the Puerto Rico Treasury Department that the vendor is exempt from this registration requirement in the SURI system. The foregoing is a mandatory requirement of an award of a contract pursuant to this solicitation. For more information, please refer to the PR Treasury Department’s web site <http://www.hacienda.pr.gov>.**
- **Prior to the contract resulting from this RFP being signed, the successful vendor must provide a Certificate of Insurance issued by an insurance company licensed or authorized to provide insurance in Puerto Rico. Each Certificate of Insurance shall indicate current insurance coverage meeting minimum requirements as specified by this RFP. A failure to provide a current Certificate of Insurance will be considered a material breach and grounds for contract termination. A list of the insurance policies that may be included in this contract are provided in Appendix 5: Proforma Contract Draft.**
- **A performance bond may be required for the contract resulting from this RFP.**
- **Appendix 2: Service-Level Agreements (SLA) and Performance Standards**
- **Appendix 5: Proforma Contract Draft inclusive of HIPAA BAA**

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

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

Printed Name / Signature of Authorized Personnel

Date

I.5 Commercial Materials

Team Intervoice will be using the following commercially available software:

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

I.6 Exceptions

Table 33: Exception #1

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor’s Explanation (Required for Any Rejection/Exception)	Vendor’s Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor’s Terms, If Any Provided as Part of the RFP Response
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
[REDACTED]	[REDACTED]	[REDACTED]

Table 34: Exception #2

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
[REDACTED]	[REDACTED]	[REDACTED]

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
[REDACTED]		
[REDACTED]		

Table 35: Exception #3

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
[REDACTED]		

Table 36: Exception #4

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
	<p>[REDACTED]</p> <p>[REDACTED]</p>	
<p>[REDACTED]</p>		

Table 37: Exception #5

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p>		

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
		<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
[REDACTED]		

Table 39: Exception #7

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
[REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
[REDACTED]		
[REDACTED]		

Table 40: Exception #8

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
[REDACTED]	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference to Specific Section of Vendor's Terms, If Any Provided as Part of the RFP Response
	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
<p>[REDACTED]</p>		

I.7 Assumptions

- [Redacted]
- ◆ [Redacted]
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Appendix

Appendix A Acronyms and Terms

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

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

Acronym/Term	Definition
ED	Emergency Department
EDR	Endpoint Detection & Response
EHNAC	Electronic Healthcare Network Accreditation Commission
EHR	Electronic Health Records
EID	Enterprise ID
EMS	Emergency Medical Services
ENS	Electronic Notification Services
ePMO	Enterprise Project Management Office
FAR	Federal Acquisition Regulations
FFP	Federal Financial Participation
FHIR	Fast Healthcare Interoperability Resources
FIPS	Federal Information Processing Standard
FISMA	Federal Information Security Management Act
FNS	Food and Nutrition Services
FOIA	Freedom of Information Act
FP	Fixed Price
GPR	Government of Puerto Rico
HealthConnect	CRISP Alaska
HIE	Health Information Exchange
HIEAP	Health Information Exchange Accreditation Program
HIMSS	Healthcare Information and Management Systems Society
HIPAA	Health Insurance Portability and Accountability Act of 1996
H-ISAC	Health Information Sharing & Analysis Center
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
HITRUST	Health Information Trust Alliance
HITRUST CSF	Health Information Trust Alliance Common Security Framework
HL7	Health Level Seven

Acronym/Term	Definition
IAPD	Implementation Advance Planning Document
IBM	International Business Machines Corp.
ICD	International Classification of Diseases
IDPS	Intruder Detection & Protection System
IEEE	Institute of Electrical and Electronics Engineers
IHE	Integrating the Healthcare Enterprise
IMS	Integrated Master Schedule
IoC	Indicators of Compromise
IPA	Independent Physician Association
IPSec	Internet Protocol Security
IT	Information Technology
KPI	Key Performance Indicator
LEIE	List of Excluded Individuals / Entities
LMS	Learning Management System
JSON	JavaScript Object Notation
LOINC	Logical Observation Identifiers Names and Codes
MARS-E	Minimum Acceptable Risk Standards for Exchanges
MCO	Managed Care Organizations
MCSIS	Medicaid and Children's Health Insurance Program State Information Sharing System
MEDITI3G	Medicaid Information Technology Initiative, Third Generation
MES	Medicaid Enterprise System
MMIS	Medicaid Management Information System
MPI	Master Patient Index
MPR	Master Provider Registry
MRN	Medical Record Number
MSSP	Managed Security Service Provider
NAP	Puerto Rico Nutrition Assistance Program

Acronym/Term	Definition
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Codes
NDR	Network Detection & Response
NEMIS	National EMS Information System
NIST	National Institute of Standards and Technology
NPPES	National Plan and Provider Enumeration System
NSA	National Security Agency
OBC	Outcomes Based Certification
ONC	Office of the National Coordinator for Health Information Technology
OPM	Operations Management Plan
ORU	Observation Result
OTM	Outcomes Traceability Matrix
PAPD	Planning Advance Planning Document
PDMP	Prescription Drug Monitoring Program
PECOS	Provider Enrollment Chain and Ownership System
PEP	Provider Enrollment Portal
PgMO	Program Management Office
PHA	Personal Health Application
PHI	Protected Health Information
PII	Personally Identifiable Information
PIU	Program Integrity Unit
PMBOK®	Project Management Body of Knowledge
PMI	Project Management Institute
PMIX	Prescription Monitoring Information Exchange
PMO	Project Management Office
POAM	Plan of Action & Milestones
PRDoH	Puerto Rico Department of Health
PRHIE	Puerto Rico Health Information Exchange

Acronym/Term	Definition
PRITS	Puerto Rico Innovation and Technical Services
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
PSC	Provider Secure Communications
PRTD	Puerto Rico Treasury Department
QA	Quality Assurance
QHIN	Qualified Health Information Network
RACI	Responsible, Accountable, Consulted, Informed
RAID	Risk, Action Item, Issue, and Decision
RAM	Responsibility Assignment Matrix
RBAC	Role-based Access Control
RFP	Request for Proposal
RLS	Record Locator Service
RMS	Relationship Management Service
SAM	System for Award Management
SAML	Security Assertion Markup Language
SDOH	Social Determinants of Health
SFTP	Secure File Transfer Protocol
SIEM	Security Information and Event Management
SLA	Service-Level Agreement
SMART	Substitutable Medical Applications and Reusable Technologies
SME	Subject Matter Expert
SMHP	State Medicaid Health Information Technology Plan
SNAP	Supplemental Nutrition Assistance Program
SOC 2	Systems and Organizations Controls 2
SOP	Standard Operating Procedures
SOW	Scope of Work
SSA	Social Security Administration

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

Appendix B CSS Example SLAs

