



DEPARTMENT OF HEALTH

Puerto Rico Medicaid Program

AWARD NOTIFICATION HEALTH INFORMATION EXCHANGE (HIE) OPERATIONS AND TECHNICAL SERVICES 2024-PRMP-MES-HIE-001

Pursuant to Administrative Order Num. OA-586¹, Act. No. 38/2017², as amended, and 45 CFR 74.327-329, the Puerto Rico Medicaid Program (PRMP) issued the Request for Proposal 2024-PRMP-MES-HIE-001 (the RFP) with the purpose of evaluating responses and selecting a vendor to manage the program's Health Information Exchange (HIE) operations and oversee its technical services.

PRMP received proposals from eleven (11) vendors. In accordance with section 5.1 of the RFP, proposals were evaluated by a Puerto Rico Department of Health (PRDoH) appointed Committee. The Committee used a weight/score methodology with a maximum overall total of 1,100 points. The first evaluation would be of the technical proposal and the second is an evaluation of the cost proposal. The committee shall recommend for the contract be awarded to the vendor who demonstrates the highest overall point score of all eligible vendors.

Based on the committee's determinations and scores given to the proposals, the Evaluation Committee recommends to the PRMP administration to award and proceed with contract negotiations with Kansas Health Information Network, Inc. dba KONZA National Network, the highest overall point score vendor, subject to the terms and conditions described in section 6. *Award of Contract* of the RFP. If PRMP cannot reach an agreement with KONZA, PRMP may negotiate with the next highest overall point score vendor. Having agreed with and accepted the Committee's recommendation, the PRMP's Executive Director notifies this Award and the commencement of contract negotiations with KONZA whose proposal scored the highest overall points.

The professional services acquired through this RFP will be based on a two (2) year contract, with two (2) optional one-year extensions. Prior to the formation of the contract, this Award Notification and the awarded vendor's proposal must be verified by CMS. Once approved, the awarded vendor shall submit all required documentation to the PRMP contract office. As notified in the Second Important Update, the awarded vendor must be registered with the Registro Unico de Proveedores de Servicios Profesionales (RUP) from the Puerto Rico General Services Administration.³ Furthermore, it is notified that no service should be provided by the awarded vendor until a copy of the contract is filed with the Puerto Rico Office of the Comptroller.

PROCEDURAL BACKGROUND

On January 9, 2024, PRMP published on several websites⁴ the RFP seeking competitive proposals from Health Information Exchange vendors to manage the program's HIE operations

¹ Issued by the Department of Health of Puerto Rico.

² Known as the Uniform Administrative Procedures Act of the Government of Puerto Rico.

³ See: Reglamento 9302E Sole Registry of Professional Service Providers, available in asg.pr.gov/publicaciones/reglamentos

⁴ Medicaid website, Puerto Rico Department of Health website, Puerto Rico General Services Administration website.

and oversee its technical services, including all technology infrastructure and related services. The RFP provided interested vendors the opportunity to partner with the existing program's technical platform provider or to offer a solution that included working with one or more new technical vendors. Through one contract, PRMP wishes to contract with a HIE operator (vendor) that will oversee business operations and the provision of HIE technical services.

Interested vendors had the opportunity to present questions and receive their correspondent answers that helped clarify instances of the RFP. PRMP received a total of 133 questions. Prior to the submittal of the proposals PRMP issued Four Important Updates with the purpose of announcing events and amendments related to the RFP.

PRMP received proposals from eleven (11) vendors. A Fifth Important Update was issued after the submittals were received. During the mandatory requirements screening, it was noticed that seven out of eleven vendors did not include information in their proposals regarding two important topics. This fifth update had the purpose of giving vendors the opportunity to provide the missing information. The rationale for the update was due to a discrepancy between two sections of the RFP.

Section 4.2.1 included two lists of topics (subcategories) that needed to be addressed in vendor's proposals. Nonetheless, Attachment G, which provided vendors with the format to submit their responses (to the Scope of Work) missed two of the subcategories included in the lists: *Business Operations* and *Medicaid Data Services*. Having concluded that the discrepancy in the RFP could have been the reason for misleading a high number of vendors to not include information regarding these two subcategories, the PRMP issued the *Fifth Important Update* considering that it provided a fair opportunity for all vendors to compete on the same level. If the situation was provoked by the RFP, reason should allow the playing field to be leveled, so proposals could be evaluated and compared by their content and not by their lack of it. The intention was not aimed to amend the RFP, but to clarify its content and accordingly those of the proposals. Additional information provided by a few vendors related to other subcategories was discarded in its entirety.

The Fifth Important Update also requested vendors to provide costs for optional years three and four that were missing from four proposals. Regardless of the opportunity, the cost proposals' evaluation process only scored values provided for base-contract (two years). This request would have no impact on the cost and overall evaluation process since all vendors did provide base-contract costs prior to the issue of the Fifth Important Update. Costs for optional years three and four will be considered for informational future budgetary purposes.

A Sixth Important Update was issued with the purpose of informing vendors that due to the high number of proposals submitted, their level of complexity, and to conflicting schedules among the members of the Evaluation Committee, the evaluation process was taking longer than previously scheduled.

The Evaluation Committee proceeded with their analysis of the technical proposals over a period of ten (10) weeks. Members of the Committee evaluated each proposal at an individual level, followed by a group session where they discussed individual's scores and reached a group score consensus. This process repeated itself for each proposal. Up to this point in the process, cost proposals remained sealed. At the end of the technical proposals analysis, the Evaluation

Committee decided which proposals were to move forward to the cost proposals analysis. The final stage of the evaluation process consisted of the opening, scoring and adding of those cost proposals to determine the overall best-ranked vendor.

The following proposals were rejected (**listed in alphabetical order**):

MedicaSoft, LLC

MedicaSoft, LLC, hereinafter referred to as “MedicaSoft”. MedicaSoft’s proposal, submitted on March 12, 2024 included Intervoice as a subcontractor for the following tasks: training, onboarding and help desk. Nevertheless, on March 13, Intervoice submitted its own proposal as a principal. Although section 3.14 of the RFP forbids vendors proposing to become the PRHIE operator from submitting “multiple responses in different forms and scopes and cannot submit separate proposals as a principal or subcontractor”, Intervoice accompanied its proposal with a letter notifying its withdrawal from MedicaSoft’s proposal.

In a letter to PRMP’s solicitation coordinator dated March 17, MedicaSoft stated that:

On March 11, prior to submitting our bid transmittal, Intervoice informed us that they were the prime contractor on a competing bid and not, as we previously understood, a subcontractor providing essentially similar services to another prime contractor, and that this could disallow both our bids per RFP section 3.14. With this new information, we reviewed Section 3.14 and concluded that both bids were compliant and should proceed. With Intervoice’s agreement we transmitted our bid to PRMP.

Intervoice later reached the opinion that PRMP would reject the bids per Section 3.14. On March 12, the companies discussed the implications of this opinion, considering our interpretation of Section 3.14 and because no time remained to develop alternatives, MedicaSoft allowed our submitted bid to stand. While we did not share Intervoice’s interpretation of section 3.14, we agreed that Intervoice should document their decision to withdraw from our bid. Intervoice submitted a letter to PRMP to that effect on March 13, which MedicaSoft received on March 15.

Per *Table 1: RFP Schedule of Events*, proposals submission’s due date was March 13, 2024, 3:00pm. By then, MedicaSoft knew that its proposal included a subcontractor that had retracted from their joined participation.

Section 3.10 *The PRMP Right of Rejection* states in its third paragraph: “The PRMP may deem as non-responsive and reject any response that does not comply with all terms, conditions, and performance requirements of this RFP.”

Although MedicaSoft stated in its March 17 letter: “we will identify a company with experience, local resources to carry out the training, onboarding, and customer support tasks that were to be provided by Intervoice”, its proposition deprives PRMP from evaluating a still unidentified subcontractor as part of its bid. Additionally, exposes PRMP to a level of uncertainty that most certainly would have an impact on the bid’s proposed schedule and the established roadmap for

HIE operations.⁵ PRMP deems MedicaSoft's proposal as non-responsive and therefore was disqualified.

Velatura HIE, Corp. (“VHIEC-Velatura”)

The second mandatory requirement included in *Table 16: Mandatory Requirements*, states: “The vendor must perform according to approved SLAs and associated metrics in the areas listed in **Appendix 2: Service-Level Agreements and Performance Standards**”. To the question: “Vendor Meets requirement Y/N?”, Velatura provided a No answer and stated: “Based on experience, VHIEC will provide SLAs utilized with other HIEs that are affiliated with our organization.”

Section 5.4 *Failure to Meet Mandatory Specifications* states:

Vendors must pass (meet or exceed) all mandatory specifications outlined Attachment E: Mandatory Specifications for the rest of their proposal to be scored against the technical requirements of this RFP. Proposals failing to meet one or more mandatory specifications of this RFP may be disqualified and may not have the remainder of their technical or cost proposals evaluated.

Even though Velatura could have answered “yes” and express any exceptions to meeting the requirement (as it did with other items)⁶, it clearly stated a “no” answer, which accounted for its indisposition to comply with this mandatory specification.⁷ Accordingly, the vendor's proposal failed to meet one or more mandatory specifications and therefore was disqualified.

Furthermore, the first mandatory requirement included in Table 16 states: “The vendor must comply with current and future Puerto Rico and federal regulations as necessary to support the services outlined in this RFP.” Although Velatura provided a Yes answer, it was conditioned to: “VHIEC (Velatura) would require additional time with the Puerto Rico Team and external counsel to understand which local requirements may be applicable. After this analysis is complete, we can provide compliance attestation or timelines for completion.”

As in MedicaSoft's situation previously discussed, Velatura's requirement for additional uncertain time directly affects vendor's proposed schedule.⁸ PRMP considered vendor's position as non-responsive subjected to section 3.10, paragraph three, providing an additional reason to be disqualified.

Vicerion

Attachment E includes two sections of mandatory requirements. Section one requires narrative explanations for ten items, while section two includes two tables (*Table 16: Mandatory Requirements*; *Table 17: Mandatory Qualifications*) requires a yes or no answer.

⁵ The Puerto Rico Health Information Exchange (PRHIE) Roadmap 2023-2026 was included as part of the RFP Library posted in PRMP and PRDoH websites.

⁶ The Evaluation Committee considers a “yes” response accompanied by exceptions as the vendor's position to willfully comply with the mandatory requirement if PRMP rejects vendor's exception.

⁷ Note, additionally that *Attachment I: Terms and Conditions Response, item 6. Exceptions*, states in third paragraph: “Mandatory specifications and terms noted in this RFP are non-negotiable.”

⁸ Many aspects of Velatura's Initial Project Schedule (required Attachment H) are marked as “to be determined”.

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Vicerion’s proposal did not include the section related to the required narrative explanations and neither did Table 17. Accordingly, it failed to meet one or more mandatory specifications and therefore its proposal was disqualified.

SUMMARIES OF EVALUATED PROPOSALS (listed in alphabetical order)

Abartys Health, LLC

Abartys Health, LLC, hereinafter referred to as “Abartys”, founded in 2015, is a limited liability company based in Puerto Rico. The company has 15 full-time employees. It specializes in clinical laboratory results warehousing and analytics. For this project, the vendor brings two subcontractors, an individual for project management purposes, and Redox, Inc., for the exchange of data with EHRs and ancillary systems using different formats. As its proposal states: “In the cases where Abartys does not have internal know-how, such as connections to electronic health record systems (EHRs) and direct messaging service, Abartys will leverage the services of partners such as Redox.”

Abartys states in its proposal that it has integrations with two lab information systems in Puerto Rico: Mis Resultados and Labinfo Systems, processing approximately one million lab results per month. Among its clients, Abartys lists Triple-S and Humana (insurance companies), as well as pharmaceutical company Abbvie, based in Puerto Rico. Abartys also mentions collaborations with the Puerto Rico Diabetes Association, the Puerto Rico Department of Health, the University of Puerto Rico and the Puerto Rico Science and Technology Trust.

The Abartys Health Infrastructure is 100% virtual on the AWS cloud, being a member of the AWS Partner Network. Its proprietary solutions include ClinicLynk, PatientLynk, and ProviderLynk, and utilizes the Fellegi-Sunter algorithm for probabilistic record linkage. Its proposal also indicates that: “As part of this project, Abartys will develop and (sic) HIE portal where all the documentation related to the HIE’s policies and operation will be provided...”.

Their proposed staffing plan includes as key personnel; an executive director and technical and operation leads and managers. As lead roles: customer success lead, integration engineers specialized in Health Level-7 data platforms, developers, network and information systems management lead, data analyst/informaticist, security experts (CISO), and a project manager.

The vendor’s project schedule is divided in three phases: Pre-contract, Contract Kick-Off and Migration, and Post-Implementation, which encompasses the following stages: Project Orientation and Planning, Data Migration Coordination, Team Training and Onboarding, Pilot Data Access and Reporting Services, data Collection for CMS Certification, HIE Operations Certification, and OAPD Document submission.

In general, as understood by the Committee, Abartys is a laboratory information and delivery service with a substantial technical architecture and data warehouse. It is clear, however, that the company does not currently offer an all-encompassing HIE operational service at the scale that PRMP desires. For HIE purposes, the company would rely on subcontractor Redox, for which Abartys did not include references as instructed by Table 13 of the RFP Subcontractor References⁹ (neither for the individual subcontractor suggested for the role of project manager). Abartys is familiar with health record linkage processes, but arguably not with HIE, for which it will receive the assistance of a subcontractor for whom the vendor provided close to no information.

Centralis Health

Previously known as HIE Networks LLC from 2011-2021, Centralis Health, hereinafter referred to as “Centralis”, is a Florida based Limited Liability Company with a proprietary provider portal serving over 200 active participants. According to its proposal, the portal “ensures seamless, auditable record sharing, featuring secure messaging, HIPAA-compliant fax services, downtime readiness packages, and cutting-edge Event Notification System (ENS) tools”. Centralis identifies Zen Healthcare IT as a subcontractor, though its participation is not discussed in the expected topic areas: *Technology Architecture and Vendor Partnerships*, and *Enterprise Identity Services*. Most about Zen is presented as part of the subcontractor’s overview and references, and the proposal executive summary, where it is portrayed as having a major role during the transition process.

Centralis utilizes a Microsoft stack hosted with Microsoft Azure Cloud Services. It uses a Master Patient Index database (MPI), with each participant/organization having its unique SQL database. A core central database houses a Record Locator Service (RLS) and MPI. The matching algorithm for the MPI runs as an Azure function on a timer but can also be manually invoked. The architecture allows for the dynamic creation of a longitudinal health record. User portals are run via Azure web hosting using the SQL Server backbend, as FHIR APIs would deploy. Nonetheless, Centralis recognize in its proposal: “Although Centralis Health does not have a FHIR API in production, our team has experience integrating the consumption of them into an HIE. Our plan is to create a FHIR API using FHIR v.4.0.1.”; “Our intent is to develop an API that directly caters to the requirements and suggestions of the Final Rule (CMS advancing Interoperability and Improving Prior Authorization Processes Final Rule (CMS-0057-F).”

The vendor provided a sound staffing plan distributing their employees to the various tasks. Regarding assistance from PRMP staff, Centralis states in its proposal: “Centralis Health will require assistance from PRMP staff with relevant experience in provider engagement, technical integration, and certification processes. The qualifications of PRMP staff will be crucial to ensuring the successful execution of project tasks.” “While Centralis Health aims to minimize reliance on PRMP staff, we acknowledge that certain aspects of the project necessitate their experience. We understand that the PRMP may have constraints and may not be able or willing to provide additional support of these constraints, and we remain flexible in our approach to collaboratively achieving project goals.” Although these statements portray a realistic attitude,

⁹ The RFP reads: “If the vendor’s proposal includes the use of subcontractor(s), provide three references for each subcontractor.” See RFP page 54.

it appears that Centralis is among the few vendors who expressed such a high dependency on PRMP staff during key aspects of the project.

Centralis offers a three phased schedule plan which is as follows: Phase 1: Post Award and Development. This initial phase focuses on post-award activities and development process; Phase 2: Historical Data/Interface Transition, MCO Pilot, and MES; and Phase 3: Expand and Launch. The third and final phase is dedicated to expansion and the launch of the project.

In general, the vendor appears competent and committed, however, the scale of their operation may be too limited for this project. Based on references and self-descriptions, it appears that the vendor is more experienced providing HIE services on a smaller scale than what is required in Puerto Rico. One reference describes providing HIE services for the Florida Agency for Healthcare Administration during the years 2018 to 2021. A second reference describes current services to the Tallahassee Memorial Healthcare. Although costs were not provided, it seems that this is a small scale HIE service. Additionally, many of the services requested in the RFP are services that the vendor does not yet have experience providing and are not currently offered. At some point, the development of tools that could be beneficial but unavailable, might jeopardize the project schedule and roadmap for the project.

Conduent Business Solutions of Puerto Rico, Inc.

Conduent Business Solutions of Puerto Rico, Inc., hereinafter referred to as “Conduent”, a publicly traded corporation headquartered in New Jersey, has been providing program administration’s solutions for government-funded health and human services (HHS) programs with a “primary emphasis on state-administered Medicaid programs.” They are the parent company of Conduent, founded in 2011 and is based in Guaynabo, Puerto Rico. Conduent counts with over 700 full-time employees in Puerto Rico. This proposal does not include any subcontractors Conduent has worked with Puerto Rico electronic health record through their contracts with ASES, where in 2018 and 2021 provided services to operate and maintain the Conduent-developed state Level Registry solution for the Puerto Rico Provider Incentive Payment Program.

Conduent has extensive experience working in Puerto Rico although this experience is not with PRMP. Conduent has worked with ASES as mentioned above, and they have worked providing HIE solutions and related services in other states such as Wyoming and Missouri. The vendor’s references reflect this experience. The focus of their references is working with HIE data, from onboarding to monitoring. They also have experience with MMIS, E&E, and with CMS compliance.

Conduent’s solution consists of a proprietary infrastructure model that includes a partnership with Microsoft Azure for cloud data storage. Conduent has developed a proprietary HIE solution called “interoperability exchange” which is part of their CMdS infrastructure.

The vendors staffing plan identifies the following roles: Executive Director, Technical Manager, Chief Information Security Officer, Project Manager, Technical Project Manager, Technical Writer, Customer Success Lead, Certification Manager, Quality and Training Manager, Client Manager, Engagement Manager, Office Administrator, Customer Support, Developer Lead, Data Analyst/Informatics, Architects, DBA, Developers, Quality Lead, QA/Testers, Network,

and Information Sys. Lead, Infrastructure Lead, Integration Lead, Integration Engineer, A/SME, Technical Project Manager, Technical Writer. Their staffing of these roles is divided into several phases. The Phases move around the employees and teams in what the vendor considers to be the most efficient way, some phases eliminate lead positions and teams as the vendor considers them not needed. In some cases, the teams are moved under different leaderships, or the scope of the team changes.

The vendor provided a three phased schedule that spans a two-year period. Phase 1- foundational HIE transition and transfer services high priority providers. Phase 2- expand HIE services. The first phases involve the transfer of data and implementation of the vendors infrastructure. Phase 3- Achieve CMS streamlined modular certification services, this phase involves only CMS certification processes.

Ellkay, LLC

Ellkay, LLC, hereinafter referred to as “Ellkay”, established in 2002, is a limited liability company based in New Jersey. The company has over 750 full-time employees. Ellkay specializes in healthcare connectivity. The vendor’s proposal does not include any subcontractors, and they own a proprietary solution for the PRHIE.

Ellkay’s references focus on being a technical service provider and data management provider for their customers. Ellkay’s references consist of clients that are healthcare networks, healthcare payers and healthcare systems. Recently the vendor begun supporting CommonWell which is a national network.

Ellkay’s infrastructure is based on the LKopera platform. LKopera is a proprietary platform developed by Ellkay. The vendor leverages this platform as their interoperability and data exchange solution, which utilizes both probabilistic and deterministic matching algorithms.

Staffing plan:

The vendor’s initial staffing plan is divided into phases which are the following:

1. First phase (prior to going live): The key areas that require staffing will be around product management, data migration and development. The vendor has existing teams that have experience in such projects and will not require any additional hiring. ELLKAY will assign interim product management resources from their internal team to align with PRMP’s team and fill these positions by looking for full-time personnel dedicated to working with PRMP’s team.
2. Second phase (six months after signing the agreement): Moving resources from the implementation team and from the support team to begin building the PRMP implementation and support team. Simultaneously, ELLKAY will begin staffing additional resources to fill these teams. With training bring provided to new resources.
3. Manager hiring (six months after signing the agreement): The vendor will begin the process of hiring managers for the implementation and support teams.

4. Developer hiring (six months after signing the agreement): ELLKAY will add additional developers to staff the dedicated development team.

Project schedule:

ELLKAY provided a two phased project schedule with detailed parts and their respective tasks. The timeline provided with the project schedule proposes a two-year timeframe. The phases and their parts are as follows:

Phase 1	Phase 2
Platform migration EMPI rest API POC Interface connections Application Programming interfaces	Direct secure messaging Longitudinal view for care coordination Emergency response services

Ellkay is a technical service provider with experience in data migrations for HER upgrades, and familiarity with data integration. The vendor supports payers with their expertise, and they have recently begun supporting a national network. However, these experiences do not represent experience in HIE operation. Moreover, the vendor's proposal calls for PRMP to perform essential PRHIE operation tasks, tasks which PRMP does not have the operational capacity to perform. PRMP requested an operator for the PRHIE for this very reason. This vendor had also requested 14 exceptions be made, which might be onerous on PRMP's side.

Intervoice Communication of Puerto Rico, Inc.

Intervoice Communication of Puerto Rico, Inc., hereinafter referred to as "Intervoice", is a corporation established in 2009, and it has one of its headquarters in Puerto Rico. The vendor has 60 full-time employees of which 15 employees would work on the HIE solution for Puerto Rico. Intervoice specializes in management services and providing subject matter expertise, while leveraging subcontractors for the technical portion of the projects. The vendor proposes 2 subcontractors. Each subcontractor brought their references. The owner of the proposed PRHIE solution is CRISP, one of the subcontractors.

Intervoice has prior experience working with PRMP, with the Provider Enrollment Program and the MMIS. All the references provided by Intervoice were related to work in Puerto Rico. Their references focus on their management expertise and support brought to their customers. CRISP provided references, working in the HIE of three jurisdictions.

The infrastructure proposed by the vendor is both homegrown and commercial-off-the-shelf technologies. The COTS include Microsoft Azure, IBM's MPI, Salesforce CRM tool, and hMetrix's Crisp reporting services. The MPI system utilizes a probabilistic matching algorithm.

The vendor identifies key staff such as executive director, technology lead and project director. The vendor does not identify the project manager. The vendor divides the staffing plan into five parts, staff planning, staff acquisition, staff training, staff tacking, and staff transition. The vendor divides the staffing responsibilities between Intervoice, who will staff management positions except for the technical lead, and CRISP shared services who will staff the technical roles.

The proposed initial staffing plan divides the staffing roles between Intervoice and CRISP.

Intervoice will provide the following staff:

Executive director/engagement manager/governance and policy lead	Project manager
Customer success manager	Operations lead
Engagement and outboarding marketing, assessment trainers	Outreach and call center
Contract management and SLA liaison	HIE governance and integration manager

CRISP would staff the following positions:

Technical lead	Technical manager
Integration engineer lead	Data analysis/informaticist
Security expert/assigned CISO	Developer lead
Network and information systems management lead	

The project schedule is divided into 10 tasks which are as follows:

1. HIE scope of work: Enterprise service
2. HIE scope of work: Provider Portal service
3. HIE scope of work: CEND notifications and alert services
4. HIE scope of work: data quality and reporting services
5. HIE scope of work: care coordination information services
6. HIE scope of work: Public health reporting services
7. HIE scope of work: Medicaid services
8. HIE scope of work: DSM services
9. HIE scope of work: Emergency response services
10. HIE scope of work: Interoperability compliance

Kansas Health Information Network, Inc. dba KONZA National Network

Kansas Health Information Network, Inc. dba KONZA National Network, hereinafter referred to as “KONZA”, created in 2010, is governed by an 11-member Board of Directors, comprised of the providers and stakeholders that use KONZA’s services. According to its proposal it operates nine wholly owned and functional HIEs in the states of Connecticut, New Jersey, Georgia, South Carolina, Mississippi, Louisiana, Texas, Missouri, and Kansas. It also provides technology and management services to northern California and Oregon exchanges. In 2020 KONZA became certified by the National Council on Quality Assurance (NCQA) and achieved the NCQA Data Aggregator Validation (DAV) accreditation. Also, it was recently designated as a Qualified Health Information Networks (QHINs) under the Federal Trusted Exchange Framework and Common Agreement (TEFCA). According to its proposal, 92% of KONZA members (306 contracted entities) joined the KONZA QHIN soon after.

KONZA utilizes Corepoint Integration Engine, powered by Rhapsody (InterOperability Bidco, Inc., dba Rhapsody), which serves as the central connection for inbound interfaces (HL7 and XCA). The data is fed into Availity Clinical Solutions, for the creation of longitudinal

Consolidated-Clinical Document Architecture. Availity serves as KONZA'S Certified Data Partner under the NCQA Data Aggregator Validation (DAV) program and is regularly audited by NCQA. Finally, data is displayed in CareAlign (Provider Portal), powered by the SSI Group, for access to real-time vitals, lab results and medication details from connected HERs, HIEs and clinical systems. Data mapping and management in Microsoft Azure Cloud and the display layer of Dimensional Insights, contracted for perpetual licenses, power preconfigured dashboards in HQ Insights. KONZA's Master Patient Index uses a deterministic matching algorithm based on a set of patient demographic data. According to its proposal, KONZA is upgrading its MPI algorithms and matching logic to further expand upon patient matching accuracy, although, it does not describe if the upgrade consists of the integration of probabilistic or referential matching logic.

KONZA employs a team of 35 professionals with diverse backgrounds and expertise in both HIE technology and HIE operations with experience in working with state government, medical societies, and hospital associations. Among those, four staff members would be dedicated to supporting Puerto Rico HIE implementation. Two of the key staff described are former Health Gorilla employees. KONZA is the only not-for-profit competitor among all vendors.

KONZA's project schedule proposes twelve phases in the two-year period of the contract that encompasses: planning, assessment, pre-build, operational build, data ingest, care coordination, rapid alerts (ENS), data quality and reporting services, public health onboarding, Medicaid data services, emergency response services, and API services. The first four phases have a proposed duration of 95 days.

KONZA does not propose the use of any subcontractors.

Secure Health Information Technology Corp.

Secure Health Information Technology Corp., hereinafter referred to as "Secure HIT", is a for-profit local corporation created in 2018. As a Health Information Service Provider company is accredited by Direct Trust. Secure Hit brought three subcontractors in the proposal, including InterOperability Bidco, Inc. dba Rhapsody. Noticeably, SecureHIT did not include the subcontractor letters, as mandated by section 4 of Attachment B, so PRMP does not have letters of the subcontractors attesting to vendor's response to the RFP. As per its proposal, the vendor currently offers a secure email information network (DSM), which is one of the services requested in the RFP.

SecureHIT is proposing the creation of a central data repository to be transformed into the longitudinal HER requested. Using Rhapsody Enterprise Master Patient Index technology, SecureHIT will match, link and aggregate records across disparate sources to ensure a record for each person. The technology will run or reside in the Amazon Web Services infrastructure which is an Infrastructure-as-a-Service for data storage, master data management, security, interface engine, machine learning, and analytics. Vendor's Direct Secure Messaging will provide the compliance for send and receive referrals, event notification services and provider directory service.

SecureHIT proposed team includes a project director responsible for the completion of the project, a project coordinator with the responsibility to ensure that all projects are completed on

time and on budget, a tech project coordinator overseeing the planning, execution and delivery of IT projects, and an information system security officer assigned to audit events, policies and procedures related to security. Below this team of key players, there will be areas of customer service, technical support, development and infrastructure, and the work related to subcontractors Scientia and RMComm.

SecureHIT suggests a two-phase implementation of the project. The first year (phase one) would consist of the creation of the master patient index (MPI) and the enabling of the longitudinal HER and interoperability capabilities, the outreach and adoption of patient and providers, and certification process. The second year (phase two) would comprise mostly of the legacy databases migration and conversion. Members of the Committee complained that this order would put the migration of data late in the process, requiring the PRMP to extend the current vendor's contract for a period longer than expected.

In general, it seems clear that this project would be SecureHIT's first implementation of a fully functional HIE. Vendor's reported 2023 revenue and net income highlights the lack of penetration in the market and the level of use of its Direct Secure Messaging (DSM) platform. Although proposed key personnel have in-depth knowledge of the local health care industry and the cyber security sector, the vendor's operational experience is limited- as it relates to their proposed approach. SecureHIT understands that they would need to develop new services beyond what they offer today. Another fact that caught the committee's attention was the overlapping full-time jobs listed in the vendor's CEO's resume (SecureHIT's President/CEO and Chief Information Officer for the University of Puerto Rico Comprehensive Cancer Center). Additionally, other lead roles listed SecureHIT as a reference.

Last, but not least, SecureHIT's price of over \$83 million for two years, puts vendor way outside of serious consideration.

3500 SQUARE, LLC

3500 Square, LLC, hereinafter referred to as "3500 Square", is a Limited Liability Company established in early 2023. The vendor is based in Puerto Rico with 5 employees and some other remote personnel in Denver, Co. According to its sole reference, it has experience working with the US Department of Veterans Affairs NTP Nextgen PACS. Its proposal comes with J2 Interactive as a partner, a software development and IT consulting firm, which for its part has 23 years of experience; it is based in Massachusetts and has over 280 employees. J2's clients include the two largest health information exchanges in the US (Healthix in New York and Manifest MedEx in California – based on population); the statewide exchanges for Michigan, Missouri, Montana, North Carolina, and Rhode Island; large provider networks such as Cedar-Sinai and Northwell Health; and government agencies such as the Indian Health Service, the Social Security Administration, and the Department of Veterans Affairs.

3500 Square proposed solution is built on the InterSystems HealthShare technology platform, specifically, three of its components, all managed by J2:

- InterSystems HealthShare Unified Care Record – an interoperability platform and clinical data repository that provides a shared, comprehensive, and normalized longitudinal record for every patient in a community.

- InterSystems HealthShare Patient Index – a standalone enterprise master person index (EMPI) solution for identity and demographic information.
- InterSystems HealthShare Insight – an analytics solution that provides real-time, actionable insights for care as well as in-depth retrospective analysis for clinical, business, and population management.

As stated in its proposal, “3500 Square will provide the executive leadership for the PRHIE as well as a growing team of local resources... J2, meanwhile, will provide the technical team responsible for implementing the full HIE solution.” The vendors approach to PRMP staff is to minimize the use of said staff while recognizing the importance of PRMP oversight.

The vendor proposes a 2-year timeline divided into two phases; the phases are as follows:

- Phase-1 this phase covers the portion of the work required to bring in the new team 3500 solution. This includes the faithful transition from the legacy platform.
- Phase-2 this phase focuses on functional enhancements and includes the onboarding of additional participants and new data types destined to increase the value of PRHIE to its stake holders.

In general, 3500 Square proposes a partnership with J2, a well-regarded technical partner, who is a longstanding implementation partner for the software solution, InterSystems. Nevertheless, the committee expressed concerns with 3500 Square recent creation and apparent lack of actual presence as a business enterprise in the HIE industry. According to its proposal it employs only five people and last year’s revenues were very limited, which could highlight the lack of penetration in the market. Apparently, a recruitment program would be employed as the project goes along. Members of the Committee also got somewhat confused with the “governance” proposition of a PRHIE Advisory Board and the structure of operational committees. As stated in the RFP, the Advisory Board already exists, and the proposed structure seems to fall outside the scope of the RFP. Most of the duties proposed to rely in the committees should fall within the responsibilities of the vendor as required in the RFP.

PROPOSAL EVALUATION

A - METHODOLOGY AND ANALYSIS OF TECHNICAL PROPOSALS

The purpose of this *request for proposals* was to seek competitive bids from health information exchange operations and technical services vendors to operate the PRHIE and oversee technical services. The selected vendor is expected to become a state designated HIE operator (SDE) with the responsibility to oversee and support the provision of PRHIE.

According to OA-586 proposals were scored by an Evaluation Committee appointed by the Secretary of the Puerto Rico Department of Health.¹⁰ Section 3.11.5 of the RFP instructed

¹⁰ For the technical proposals analysis, members of the Committee were assisted by a technical committee composed of subject matter experts who had access to the vendor’s technical proposals and presented to the Evaluation Committee feedback reports. The technical committee were not allowed to score the technical proposals and had no access to the vendor’s cost proposals. Scores and decision making were the sole responsibility of the Evaluation Committee.

vendors to submit proposals in two distinct parts sealed in separate envelopes: technical proposal and cost proposal. Prior to the opening of the cost proposals, technical proposals were evaluated by each member of the Committee at an individual level, followed by a group session where members discussed their personal analysis and reached a consensus score. Members of the Evaluation Committee had no access to cost proposals until all proposals were group-scored.

Members were to assign a value from a scale of 1 through 5 to each item -described throughout the RFP- of the evaluation categories according to the following rubric:

- 5: Excellent – exceeds the requirements
- 4: Good – fully addresses the requirements
- 3: Acceptable – addresses the requirements, but has some minor deficiencies
- 2: Marginal – Partially addresses the requirements or is very limited
- 1: Unacceptable – Fails to address the requirements

The following evaluation criteria was stated in the RFP:

Evaluation Category	Points Allocated
Criterion 1: Vendor Qualifications and Experience	100 points possible
Criterion 2: Vendor Organization and Staffing	100 points possible
Criterion 3: Approach to Statement of Work	550 points possible
Criterion 4: Initial Project Schedule	100 points possible
Criterion 5: Oral Presentations (if held)	50 points possible
Criterion 6: Cost Proposal	200 points possible
Total Points Possible	1,100 points

Since oral presentations were not held, the maximum number of points available was **1,050**.

To come up with the *Points Allocated* in the RFP, a **weight/score formula** was implemented. With regards to each evaluation category, throughout the RFP vendors were solicited specific information. Proposals were evaluated based on their submitted responses. Each item had an assigned weight, which had to be multiplied by the consensus score given by the committee. The weights assigned to each *technical* criterion multiplied by a score of 5 would give 850, the maximum available points for technical proposals.

The following table portrays the Evaluation Committee consensus score for each vendor's *technical* category item and their respected allotted points:

Evaluation Category	weight	KONZA		ELLKAY		CENTRALIS	
		score	points	Score	points	score	points
Vendor Qualifications and Experience	---	---	---	---	---	---	---
Overview	4	4	16	3	12	3	12
Existing Business Relationship w/PR	4	2	8	2	8	2	8
Business Disputes	4	4	16	4	16	4	16
References	8	2	16	3	24	4	32
Sub total	---	---	56	---	60	---	68

Evaluation Category	weight	KONZA		ELLKAY		CENTRALIS	
		score	points	Score	points	score	points
Vendor Organization and Staffing	---	---	---	---	---	---	---
Initial Staff Plan	6	4	24	2	12	3	18
Use of PRMP Staff	8	3	24	2	16	4	32
Key Staff Res, Refs	6	4	24	2	12	4	24
Sub total	---	---	72	---	40	---	74
Evaluation Category	weight	KONZA		ELLKAY		CENTRALIS	
		score	Points	Score	points	score	points
Approach to Business Specifications	---	---	---	---	---	---	---
Governance	8	3	24	2	16	3	24
Business Operations	6	3	18	1	6	1	6
Data Governance	8	3	24	2	16	3	24
Policy	8	4	32	2	16	4	32
Tech Assistance	8	4	32	2	16	3	24
Operational Reporting and SLAs	8	3	24	2	16	3	24
Tech Architecture and Partnerships	8	4	32	2	16	2	16
Approach to Tech Specifications	---	---	---	---	---	---	---
Enterprise Identity Services	4	3	12	3	12	3	12
Interface Specs and Configurations	4	4	16	2	8	2	8
Care Coordination Services	4	4	16	3	12	2	8
Data Quality and Reporting Services	4	5	20	3	12	3	12
API Services	4	4	16	3	12	2	8
Public Health Reporting	4	4	16	2	8	2	8
Medicaid Data Services	4	4	16	3	12	3	12
Medicaid Services	4	4	16	1	4	3	12
Direct Secure Messaging	4	4	16	2	8	3	12
Electronic Notification Services	4	4	16	2	8	2	8
Emergency Response Services	4	4	16	3	12	3	12
Interoperability Compliance	4	2	8	3	12	2	8
Outcomes Traceability Matrix	4	4	16	4	16	4	16
Approach To Required Deliverables	4	3	12	2	8	3	12
Sub total	---	---	398	---	246	---	298
Evaluation Category	weight	KONZA		ELLKAY		CENTRALIS	
		score	points	Score	points	score	points
Initial Project Schedule	20	5	100	2	40	4	80
Technical total	---	---	626	---	386	---	520
Evaluation Category	weight	CONDUENT		3500 SQUARE		ABARTYS	
		score	points	Score	points	score	points
Vendor Qualifications and Experience	---	---	---	---	---	---	---
Overview	4	4	16	3	12	2	8
Existing Business Relationship w/PR	4	4	16	2	8	3	12
Business Disputes	4	4	16	4	16	4	16
References	8	4	32	2	8	2	16
Sub total	---	---	80	---	44	---	52
Evaluation Category	weight	CONDUENT		3500 SQUARE		ABARTYS	
		score	points	Score	points	score	points
Vendor Organization and Staffing	---	---	---	---	---	---	---
Initial Staff Plan	6	4	24	3	18	4	24
Use of PRMP Staff	8	4	32	3	24	3	24
Key Staff Res, Refs	6	3	18	4	24	2	12
Sub total	---	---	74	---	66	---	60

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Evaluation Category	weight	CONDUENT		3500 SQUARE		ABARTYS	
		score	points	Score	points	score	points
Approach to Business Specifications	---	---	---	---	---	---	---
Governance	8	3	24	3	24	3	24
Business Operations	6	4	24	4	24	4	24
Data Governance	8	4	32	3	24	2	16
Policy	8	4	32	3	24	3	24
Tech Assistance	8	4	32	2	16	3	24
Operational Reporting and SLAs	8	4	32	2	16	3	24
Tech Architecture and Partnerships	8	4	32	2	16	3	24
Approach to Tech Specifications	---	---	---	---	---	---	---
Enterprise Identity Services	4	3	12	4	16	3	12
Interface Specs and Configurations	4	4	16	2	8	4	16
Care Coordination Services	4	2	8	3	12	3	12
Data Quality and Reporting Services	4	4	16	4	16	4	16
API Services	4	4	16	3	12	3	12
Public Health Serv	4	3	12	2	8	3	12
Medicaid Data Serv	4	4	16	3	12	4	16
Medicaid Services	4	4	16	4	16	3	12
Direct Secure Messaging	4	4	16	4	16	3	12
Electronic Notification Services	4	3	12	3	12	2	8
Emergency Response Services	4	3	12	4	16	2	8
Interoperability Compliance	4	4	16	3	12	2	8
Outcomes Traceability Matrix	4	4	16	4	16	4	16
Approach To Required Deliverables	4	3	12	3	12	1	4
Sub total	---	---	402	---	328	---	324
Evaluation Category	weight	CONDUENT		3500 SQUARE		ABARTYS	
		score	points	Score	points	score	points
Initial Project Schedule	20	4	80	2	40	5	100
Technical total	---	---	402	---	478	---	536
Evaluation Category	weight	INTERVOICE		SECURE HIT			
		score	points	score	points		
Vendor Qualifications and Experience	---	---	---	---	---		
Overview	4	4	16	3	12		
Existing Business Relationship w/PR	4	4	16	2	8		
Business Disputes	4	4	16	4	16		
References	8	4	32	2	16		
Sub total	---	---	80	---	52		
Evaluation Category	weight	INTERVOICE		SECURE HIT			
		score	points	score	points		
Vendor Organization and Staffing	---	---	---	---	---		
Initial Staff Plan	6	3	18	4	24		
Use of PRMP Staff	8	3	24	2	16		
Key Staff Res, Refs	6	4	24	2	12		
Sub total	---	---	66	---	52		
Evaluation Category	weight	INTERVOICE		SECURE HIT			
		score	points	score	points		
Approach to Business Specifications	---	---	---	---	---		
Governance	8	4	32	3	24		
Business Operations	6	3	18	3	18		
Data Governance	8	3	24	3	24		
Policy	8	3	24	4	32		
Tech Assistance	8	4	32	3	24		
Operational Reporting and SLAs	8	4	32	4	32		
Tech Architecture and Partnerships	8	4	32	3	24		

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Approach to Tech Specifications	---	---	---	---	---
Enterprise Identity Services	4	4	16	4	16
Interface Specs and Configurations	4	4	16	3	12
Care Coordination Services	4	4	16	3	12
Data Quality and Reporting Services	4	3	12	4	16
API Services	4	3	12	4	16
Public Health Serv	4	4	16	3	12
Medicaid Data Serv	4	2	8	3	12
Medicaid Services	4	2	8	2	8
Direct Secure Messaging	4	3	12	4	16
Electronic Notification Services	4	4	16	3	12
Emergency Response Services	4	3	12	3	12
Interoperability Compliance	4	2	8	2	8
Outcomes Traceability Matrix	4	4	16	4	16
Approach To Required Deliverables	4	2	8	2	8
Sub total	---	---	370	---	354
Evaluation Category	weight	INTERVOICE		SECURE HIT	
		score	points	score	points
Initial Project Schedule	20	5	100	2	40
Technical total	---	---	616	---	498

B – PROPOSALS MOVING FORWARD TO COST EVALUATION AND RECOMMENDATION

As stated in Section 5.1 Evaluation Process of the RFP, once the evaluation of technical proposals is complete, the Evaluation Committee “will identify those proposals with the highest technical scores and will move these proposals forward to the second part of the RFP evaluation, the cost proposal”.

The Evaluation Committee decided that the minimum achievable points to move forward was the equivalent of 70% out of 850 points. That is, a proposal must achieve a score of **595 points** or more in the technical evaluation process to move to the cost analysis.

The following proposals moved to the second part of the RFP evaluation process:

Vendor	Technical Proposal Points
Conduent	636
KONZA	626
Intervoice	616

After the technical evaluation exercise ended, the Committee proceeded to add the cost proposal criteria to the equation. The highest possible score, 200 points, was automatically given to the proposal with the lowest cost among those selected to advance to the second part of the evaluation process. The scores provided to the other cost proposals were assigned with the following formula:

$$\frac{\text{lowest offeror's cost}}{\text{the offeror's cost being scored}} \times \text{the maximum number of cost points available}$$

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According to the vendors cost proposals, scores are as follows (results rounded to the nearest whole number):

$$\text{KONZA} \\ (\$7,400,076/\$7,400,746) \times 200 = 200$$

$$\text{Conduent} \\ (\$7,400,076/\$19,574,422) \times 200 = 76$$

$$\text{Intervoice} \\ (\$7,400,076/\$12,879,733) \times 200 = 114$$

The following table portrays the Evaluation Committee overall final points (in descending order):

Vendor	Technical	Cost	Total
<i>Maximum Response Points</i>	850	200	1050
KONZA	626	200	826
Intervoice	616	114	730
Conduent	636	76	712

As scores show, the Committee sympathized highly with Conduent proposal. Its longstanding footprint in the public health environment, HIE's related experience, resources and proposed timeline, provided a positive feeling about their capability to comply with PRMP's needs. Likewise, PRMP's familiarity with Intervoice and this vendor's relation with a seasoned HIE provider also attested to the Committee's complacency with its technical proposal. For its part, KONZA's presence in nine states providing HIE solutions, its many accomplishments and recognitions, and approach to the RFP's technical specifications, also provided a sense that the vendor can deliver.

Yet, with a percentual technical score difference of just 3% among the highest scored technical proposal and the lowest—Conduent and Intervoice with KONZA in the middle—, the members of the Evaluation Committee concluded that KONZA provides the best overall value to PRMP when the price tag of each solution is considered. KONZA's cost is about 40% of Conduent's cost and 60% of that of Intervoice's. In fact, Conduent's tag price of \$19,574,422 represents a major hurdle that arguably puts this vendor outside of any contractual consideration.

Furthermore, among the three competitors, KONZA is the only vendor who took zero exceptions to the terms and conditions of the RFP. Although section 6. *Exceptions* of the *Attachment I: Terms and Conditions Response* allowed for exceptions and alternate languages; those could become a proposal's cause for rejection during the contract negotiations. Conduent took 17 exceptions, while Intervoice took 8 exceptions.

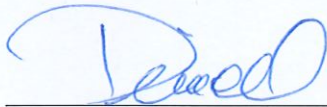
Given KONZA's competitive technical score, its reasonable cost among all proposals¹¹, and presence in nine jurisdictions, the Evaluation Committee feel confident that the vendor's proposal is the most advantageous to the PRMP, all factors considered.¹² Accordingly, the Evaluation Committee recommends the PRMP Executive Director to commence contract negotiations with KONZA, subject to terms and conditions of section 6. *Award of Contract* of the RFP. Should the PRMP administration determine that it is unable to successfully negotiate terms and conditions of a contract with KONZA, then the PRMP administration may bypass the vendor and proceed with a negotiation process with the second highest overall point score vendor as determined through this analysis.

PRMP DETERMINATION

Hereby it is notified that the Puerto Rico Medicaid Program Executive Director accepts the Evaluation Committee's recommendation to award and commence a contract negotiation process with **KONZA** the highest overall scored vendor, subject to the terms and conditions described in section 6. *Award of Contract* of the RFP. If the PRMP administration determines that it is unable to successfully negotiate terms and conditions of a contract with **KONZA**, then the PRMP administration will bypass the vendor and proceed with a negotiation process with the vendor with the next highest overall scored vendor, as determined by the Evaluation Committee.

Be advised, as mentioned before, that the awarded vendor must be registered with the Registro Unico de Proveedores de Servicios Profesionales (RUP) from the Puerto Rico General Services Administration. Furthermore, no service should be provided by the awarded vendor until a copy of the contract is filed with the Puerto Rico Office of the Comptroller.

On July 1, 2024 in San Juan, Puerto Rico.



Dinorah Collazo-Ortiz, Esq.
Executive Director
Puerto Rico Medicaid Program

¹¹ Cost proposals for disqualified vendors and proposals not selected to move forward (in alphabetical order):

Abartys - \$3,039,850
Centralis - \$6,9712,866
Ellkay - \$21,120,000
MedicaSoft - \$11,089,482
SecureHit - \$83,970,918
Team 3500 - \$8,822,007
Velatura - \$26,830,030
Vicerion - \$40,459,350

¹² See 45 CFR 75.329(d)(4).

ADMINISTRATIVE REVISION/JUDICIAL REVIEW – TERMS

Any person or party adversely affected or aggrieved by this intention of award may, according to 3 LPRA §9659, file a motion for reconsideration with the secretary of the Puerto Rico Department of Health (PRDoH) within a term of **ten (10) days** from the date of the notification of the award. The PRDoH must consider the motion for reconsideration within **ten (10) business days** of being filed. If any determination is made in its consideration, the term to request the appeal for judicial review will begin from the date on which a copy of the notification of the decision of the PRDoH is filed on record, according to the case, resolving the motion for consideration. If the filing date of the copy of the notification of the decision is different from that of the deposit in the ordinary mail or the sending by electronic means of said notification, the term will be calculated from the date of the deposit in the ordinary mail or sending by electronic means, as appropriate. If the PRDoH fails to take any action in relation to the motion for reconsideration within **ten (10) days** of its filing, it shall be understood that the motion was denied outright, and the time to request judicial review shall start to run from said date.

If the PRDoH accepts the reconsideration request within the term provided, it must issue the reconsideration decision or resolution within **thirty (30) days** following the filing of the motion for reconsideration. If the PRDoH accepts the motion for reconsideration but fails to take any action in relation to the motion within **thirty (30) days** of its filing, it will lose its jurisdiction and the term to request the judicial review will begin from the expiration of said term of **thirty (30) days**. The PRDoH may extend said term only once, for an additional period of **fifteen (15) days**.

Any person or party adversely affected by a final reconsideration or decision may file a petition for review with the Puerto Rico Court of Appeals within a term of **twenty (20) business days** of such final decision or determination being filed. See 3 LPRA § 9672.

The mere presentation of a motion for reconsideration does not have the effect of preventing the PRMP from continuing with the procurement process within this request for Proposal.

PC

I hereby certify that on July 1, 2024, copy of this Award Notification has been sent via electronic mail to all vendors to the addresses provided for legal notices in the submitted proposals:

Laura McCrary
President and CEO
Kansas Health Information Network, Inc.
623 SW 10th Avenue
Topeka, KS 66612
lmccrary@KONZA.org

Bharat Gandhi
Chief Legal Counsel
Velatura HIE, Corp.
120 N. Washington Square, Suite 316
Lansing, MI 49866
Bharat.gandhi@velatura.org

Ajay Kapare
President and CSO
200 Riverfront Blvd.
Elmwood Park, NJ 07407
Ajay.Kapare@ELLKAY.com

Michael O'Neill
Chief Executive Officer
2300 Clarendon Blvd.
Suite 300
Arlington, VA 22201
mike.oneill@medicasoftllc.com

Katie Bradley
Chief Operating Officer
1126 Lee Av., Suite B
Tallahassee, FL 32303
Katie.Bradley@centralishealth.com

Michael Genchi
Senior Counsel
750 First Street, NE
Washington, DC 20002
Michael.genchi@conduent.com

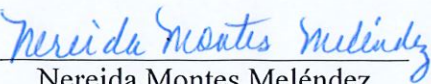
Francisco C. Dominicci
Presidente and CEO
PO Box 309
Utuado, PR 00641
Contracts@3500square.com

Shawna Koch Mishael
CEO Founder
108 West 13th Street
Wilmington, DL 19801
shawna@vicerion.com

Florian Gaa
General Manager
1250 Ave. Ponce de León
Suite 900
San Juan, PR 00907
rgonzalez@abartyshealth.com

Carlos Ortiz
Presidente
1250 Ave. Ponce de León
San Juan, PR 00907
COrtiz@intervoicelPR.com

Félix Medina Román
Executive Sales
Secure Health Information Tech Corp.
PO B1666
Sabana Seca, PR 00952
fmedina@securehitpr.com


Nereida Montes Meléndez
Solicitation Coordinator
nmontes.melendez@salud.pr.gov

