2025-PRMP-MES-HIE-001
Vendor Questions and Answers

ID	Questions	Answers
1.	Section 4.2.2: The RFP notes" there are over 1 million solo records that require an MDM resolution" (page 26, Technology Services #1), what is the estimated unique person count that those 1 million solo records represent."	PRMP estimates that over five million records will need to be supported by the MPI in the initial two-year period of performance.
2.	Section 4.2.2: What is the estimated count of data sources that would be feeds to the MPI/MDM solution?	See "PRHIE Integrations Summary" in the Procurement Library (https://www.medicaid.pr.gov/HOME/HIE_001_Procurement_Library/). [1]
3.	Section 4.2.2: How many unique identities (person count) will be managed in the MDM? Vendor defines identities as equal to a person, an identity can have multiple linked source records under it. If the unique identities are not known, please provide an estimate.	See ID 1.
4.	What specific data migration expectations exist for transitioning from the current Health Gorilla implementation? Will the current vendor be contractually obligated to support this transition?	The current vendor, Health Gorilla, is contractually obligated to support a vendor transition and data migration. Data migration requires a collaborative approach that will include a mutually agreed-upon project schedule, tasks, and processes that will be facilitated and documented by the PRMP.
5.	The RFP mentions "1 million solo records that require an MDM resolution." Could PRMP provide more details about these records and the specific matching challenges encountered with Puerto Rico's patient population?	It is anticipated that the PRMP will require expertise and guidance on how to manage solo records with the selected vendor. The new vendor should be prepared to analyze, store, and manage the current data. One common driver of solo records is missing demographic information. See ID 35.
6.	Will the vendor have access to existing participation agreements, or will new agreements need to be established with all participating entities?	The PRMP will provide all participant agreements it has to the new vendor. The PRMP does not require a new participant agreement for the new vendor to begin work. The new vendor will collaborate with PRMP on the ongoing management of participant agreements.
7.	Can PRMP clarify the specific emergency response capabilities expected, particularly in relation to natural disasters that have historically affected Puerto Rico?	Section 4.2.2, number 11 clearly states the scope of these services. To elaborate further, the PRHIE will supply real-time outbound Admission, Discharge, and Transfer (ADT) messages to another vendor as a part of this service.
8.	Are there any Puerto Rico-specific data exchange standards or requirements beyond the national standards (HL7, FHIR, etc.) mentioned in the RFP?	See data specifications in the Procurement Library (https://www.medicaid.pr.gov/HOME/HIE_001_Procurement_Library/).
9.	The RFP requires bilingual capabilities, but what is the expected proportion of Spanish vs. English for different stakeholder interactions? Are there specific components that must be available in both languages?	Some staff in healthcare facilities might speak and work in English, while others do not. The PRMP expects that end-user communications, training, help-desk resources, project management resources, and technical resources, will be made available in Spanish. The product user interfaces should also be available in both English and Spanish.
10.	Could PRMP provide more detailed technical specifications for the existing public health interfaces that must be maintained in the transition?	Day-one services for public health include: Electronic Lab Reporting (ELR) data for reportable conditions automated to the NBS system, which is provided by Inductive Health; this is currently limited to one health system in production—Sistema de Salud Menonita. Other participants are ready to be onboarded.

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[1] Please see the procurement library for the updated information.

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		Other current services that the new vendor is expected to maintain include custom reports delivered via email on a daily or weekly basis for specific disease results. The email process is a work-around that will likely change over time. ELR services are limited due to a lack of LOINC coding adoption across the Commonwealth. This is why data mapping, translation, and harmonization services are required by the new vendor.
11.	Beyond the four core service areas identified, how should vendors prioritize implementation activities if resource constraints arise?	It is expected that establishing core HIE functionality (MPI, etc.) for Puerto Rico will be the vendor's initial focus. Beyond that, the introduction to section 4 states, "In this section references to 'short-term' indicate priority items for PRMP and should be so reflected in the vendor's proposed implementation schedule. The references to "mid-term" can be interpreted as referring to later in the initial year, spanning into the second year. A "long-term" item can be interpreted as a second year or later goal that requires collaboration on specifying requirements."
12.	The RFP mentions that "PRHIE vendor will only be permitted to charge for services that are deemed to not conflict with state and federal investments." Could PRMP provide examples of acceptable fee-based services?	Fees should not be charged for services that rely upon the Commonwealth's investment in HIE services to generate revenue for the vendor's exclusive benefit.
13.	What specific expectations exist regarding local staff presence in Puerto Rico versus remote support capabilities?	The Deliverable D08: Staffing Management Plan outlines the expectations for the staffing plan. The proposal should include a staffing plan that accounts for the most successful PRHIE possible. It is anticipated that some project management, training/workflow/quality support, and engagement management must be provided in Puerto Rico.
14.	What are the specific expectations regarding interoperability with mainland U.S. healthcare systems, particularly for patients who receive care both in Puerto Rico and the mainland?	It is expected that patient information from mainland healthcare systems is accessible to PRHIE participants via national network connections, and the RFP requires, but does not limit, participation in the eHealth exchange.
15.	Beyond the SLAs mentioned in Appendix 2, are there specific KPIs or metrics that will be used to evaluate the success of the HIE implementation?	See the Outcomes Traceability Matrix (https://www.medicaid.pr.gov/Home/NotificacionServiciosProfesionales/) for proposed performance measures. The vendor will have the opportunity to discuss the measures and supporting metrics with PRMP to determine the best ways to demonstrate the value provided by HIE services.
16.	With regard to Streamlined Modular Certification, is there a requirement to follow the MES Functional and Acceptance testing requirements? Testing does not otherwise appear to be specified in the RFP. Should testing activities be included in the Initial Project Schedule? See: https://www.medicaid.gov/medicaid/data-and-systems/downloads/mes-testing-guidance-framework.pdf	CMS Streamlined Modular Certification guidance is included in the RFP, and the MES Testing Guidance Framework is incorporated into the SMC guidance. CMS may determine that HIE systems are not required to fulfill all components of the certification process but has not yet done so. In some cases, CMS has waived some certification requirements if they are not applicable to an already-in-production service or software. Some proposed systems may have been previously certified in other implementations and may be able to apply that experience in Puerto Rico.
17.	See Second bullet: The Work Breakdown Structure (WBS) to support the identification and establishment of the critical path. Does this bullet mean that the Initial Project Schedule must include the tasks on the critical path and must describe or illustrate the critical path?	The Initial Project Schedule should provide a milestone-level view of the critical path to illustrate when major focus areas will be rolled out.
18.	Could you please expand on how the decision provided in the Procurement Library (PL-009) affects the provision of references for the proposal? Should personal references from our	The provided decision clarifies that the experience of a company or corporation is not separate from the experience of the people who work for or are engaged by the company. If vendors propose key personnel

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	resources be provided as corporate references or does this refer more to the way the references will be scored and weighed?	that have been recently hired, for instance, if those key personnel have the appropriate length and breadth of experience, then that should be acceptable. Vendors may leverage their key personnel experience as company experience as long as it meets the terms required by the RFP for references and experience. It will not affect how references are scored or their weight.
19.	Could you please expand on how you wish for responses to the deliverables' requirement be provided, given that both the process and their descriptions are provided in the RFP?	The question acknowledges that the process and descriptions related to responses are provided in the RFP. There are other locations in the RFP where responses include opportunities for comments. Responders are directed to Attachment E: Mandatory Specifications for a section on submission requirements, which notes that multiple sections specify proposal submission requirements. In Attachment E, Table 16 (Mandatory Requirements) and Table 17 (Mandatory Qualifications) accommodate brief narratives for each requirement listed.
20.	At first glance the second and third Mandatory Qualifications appear to request the same qualification regarding references. Could you please clarify the differences between both items?	The second item in Table 17 of Attachment E requests references related to projects performed that demonstrate a vendor's ability to meet the SOW in the RFP. The third item in Table 17 is more specific to experience implementing and operating an HIE. A key distinction in the third item is "implementing and operating a HIE solution."
21.	Considering the low participation rate with Puerto Rico's EHR incentive program, is PRDoH considering implementing mandatory participation for Medicaid providers and recipients and incentives for non-Medicaid providers and recipients?	PRMP hopes to require all recipients of Medicaid funding to participate in the PRHIE according to minimum data sets. At this time, PRMP does not have plans to financially incentivize the adoption of EHR systems.
22.	What is expected annual transaction volume of incoming clinical data including all HL7 and CCDA transactions?	The vendor should use its experience to estimate annual transaction volume based on the population and the information available to them in this RFP and in the supporting Procurement Library.
23.	What is expected volume of data to be migrated from existing HIE system to the new HIE system?	The total number of CCDs (from all sources) is 7.5 million documents, with an aggregate data volume of 4.5 TB. The total number of HL7 v2 messages includes: - 26 million ADT messages, representing 800GB of data - 37 million ORU messages, representing approximately 1 TB of data
24.	The first paragraph in this section notes that resumes should be less than two (2) pages but on page 63 it indicates that there is a three-page limit. Please confirm the page limit for key staff resumes.	Each key staff resume should be fewer than two (2) pages.
25.	Are there any specific markings or labelling requirements for sealed envelopes?	PRMP requires the envelopes to be labeled with the contents of each envelope.
26.	Do redacted copies need to be submitted in a separate envelope?	Redacted copies should be in separate envelopes. The redacted cost and redacted technical proposals can be in the same envelope.
27.	What are the volumes by Transaction Type: HL7 ADT, ORU, DFT, ORM, MDM, C/CDA, XML, TXT, CSV, JSON, etc. and source, Individual Provider, Hospitals, Agencies, EHR Vendors, Trading Partners, Exchanges, HIE to HIE, etc.	See ID 23. See "Integrations Overview_PRHIE2023" in the Procurement Library for information regarding source and participant information.
28.	What is the current Data-warehouse size in Megabytes (MB)?	See ID 23. Health Gorilla has a Medical History database, which is made up of the data parsed from all the CCDs, ORUs, and ADTs. This represents about 146 million records, representing another 4.5 TB of data. This data is stored in an HG proprietary JSON format but can easily be converted to FHIR STU3 or R4.

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29.	How many unique MPI / EMPI (Master Patient Index) are residing within the existing data warehouse?	See ID 1.
30.	Will Health Gorilla assist with the transfer of current connections to the new vendor?	The new vendor is responsible for onboarding, testing, and validating all incoming data.
31.	The Procurement Library provides specifications for HL7 v2 messages and for the immunization message connectivity. Can The Commonwealth please also provide documentation of Health Gorilla's current HL7 v2 connection methodology for other message types (e.g., post, SOAP, etc.)?	All participants are connected via SFTP or VPN.
32.	The links for these are to AvisosPublicos or NA. Should they link to: https://www.medicaid.pr.gov/HOME/HIE_001_Procurement_Library/	Yes, in the Appendix 5: Procurement Library table, items PL-014 through PL-018 should link to https://www.medicaid.pr.gov/HOME/HIE_001_Procurement_Library/.[2]
33.	How will Medicaid current and historical claims and Member data be shared with the HIE vendor to meet the requirements of CMS-9115-F?	It is not a requirement of CMS-9115-F for Medicaid to share claims and member data with HIEs. The RFP does not require the HIE to meet payer requirements of this rule. Instead, the RFP references the provider requirements of this rule.
34.	Does the Commonwealth require the vendor to provide support directly to individual patients? Does the Commonwealth require the vendor to provide support directly to provider staff who use portals available in the vendor system?	Yes. Direct support to end users will be required in the form of training, technical assistance, etc. End-user support must occur in partnership with end users IT/support staff. The PRMP anticipates that direct patient support will be minimal and focused on supporting participants in communicating about the HIE to their patients.
35.	Will the HIE support and accept data for all the population of PR or just the Medicaid population?	Incoming data will be for all populations. Data access may need to be managed by populations as defined between the PRMP and the new vendor.
36.	Can the Commonwealth please clarify what is meant by "solo records"?	A solo record is a unique record that cannot be linked with another record in the PRHIE.
37.	Can the Commonwealth please specify which federal interoperability rules they have in mind as mandating Direct Secure Messaging?	Federal interoperability rules do not mandate the use of Direct Secure Messaging (DSM). Standards for Certified Electronic Health Record Technology (CEHRT) require that EHR vendors implement DSM within its platforms. HIPAA is one regulation that applies to all exchange technologies and use cases. Respondents are required to include DSM services in its responses.
38.	Is it correct to assume that the years associated to DDI will be included in years 1 and 2?	Yes. The PRMP anticipates that a two-year period may be needed to implement the solution, transition data from the current solution, and onboard HIE participants while maintaining continuity of service. PRMP recognizes that respondent proposals will further inform a realistic timeline.
39.	Is the offeror allowed to propose a DDI timeline shorter than 2 years? If so, the correct approach will be to include DDI price only in the assumed years for DDI?	Yes. The offeror should propose a timeline appropriate for its project needs and resource constraints. DDI pricing should include the period of transition from implementation to operations.
40.	Can you please confirm that in the event of a shorter DDI term, the O&M should be included in the following year?	Full year O&M costs should be included in the year following the completion of DDI. If DDI completes mid-year, then costs for that year should include DDI and O&M components.
41.	Can you please confirm evaluated price will be only base term plus one 2 years options? Formula does not seem to map to the entire contract term described in the RFP.	As stated in Attachment A: Cost Proposal Instructions, the Evaluation Committee will evaluate cost proposal scores based on the total price for the full contract term of 6 years (2 base years plus 2 optional 2-year terms). Item 3 in Table 7: Cost Proposal Worksheet Tabs also states "...The offeror should provide costs for base years 1 and 2 plus 4 optional years (two additional 2-year terms)." Formulae in the Cost Proposal Spreadsheet sum the subtotals for all six years.

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42.	Can you please confirm that DDI total cost will be billed through milestones that are detailed in the project plan instead of costing per function listed in pricing sheets?	Yes, for DDI, identified deliverables, once accepted by PRMP, represent payment milestones and may be invoiced by the vendor. For a full description, refer to the Payment Methodology described in Attachment A: Cost Proposal Instructions.
43.	Please confirm whether RUP registration is required at time of proposal submission or can be completed prior to contract signing.	RUP registration is not required for participation; however, it is required prior to contract signing.
44.	Would the Commonwealth please extend the due date of proposals to allow the most robust and competitive proposal to be submitted and to be able to fully address any changes needed after Q&A response. If possible, a three-week extension to May 16 would be appreciated.	No extensions will be given.
45.	Is the client expecting a monthly privacy audit or privacy control related testing or a yearly audit?	Deliverable D07 should include the offeror's audit management plan, audit controls, and associated processes. Mandatory requirements specify NIST SP 800-53A as a framework, or a framework that can be mapped to the NIST framework. Additionally, per Mandatory Requirement 1, the vendor must provide the right of access to systems, facilities, data, and documentation to PRMP or its designee to conduct audits and inspections as necessary.
46.	How long before the first class begins will the Client require to review the training material?	Please propose an approach to training that is represented in the project schedule that allows for the PRMP to review and provide feedback.
47.	Is there a difference between the termination of a contract vs. expiration date of contract? If so, please clarify the difference.	The expiration date is the final day the contract is in effect. Termination can occur at expiration or can occur prior based on the conditions outlined in Appendix 4A: Proforma Contract Draft.
48.	What staff resources need to be on the Island?	See ID 13.
49.	Is it expected that the PRMP contract will cover the EMR vendor interface costs to the provider or are the providers expected to cover their own EMR vendor costs of integration?	Providers are expected to cover their own costs related to integration with the PRHIE.
50.	What are the PRMP Expectations regarding legacy data (Volume, how far back in history should be available to query)?	See ID 27 for volumes. Regarding queries for history, a minimum of two years of history should be readily accessible.
51.	Attachment G: Please clarify total number of pages. It looks like there are 2 sections. Is each section allowed to be 14 pages with 2 pages of charts? Or is the total for both sections 14 pages with 2 pages of charts.	As noted in the question, there are two sections in Attachment G. The page and chart constraints apply to each of these two sections. Each section can have up to 14 pages of text with two pages of charts and diagrams.