

RFP 25-78600: Immunization Information System
Attachment F: Technical Proposal
Indiana Department of Health

Instructions: Request for Proposal (RFP) 25-78600 is a solicitation by the State of Indiana in which organizations are invited to compete for a Contract amongst other Respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana team members and your organization's score will be reflective of that evaluation. Please review the requirements outlined in Attachment L – Scope of Work carefully. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors' activities.

Respondents must organize their proposal in the exact order of questions provided in this document followed by their answers. While text boxes have been provided below, the Respondent may respond in the format of their choosing provided their response maintains the order proposed in this template. **A completed Technical Proposal is a requirement for proposal submission. Technical Proposals should not exceed 200 pages, excluding attachments. Failure to complete and submit this form may impact your proposal's responsiveness.**

- **Minimum Requirements (RFP, Section 1.4.1)**

For each minimum requirement listed in Section 1.4.1 of the RFP, please clearly explain how you meet the requirement. The State reserves the right to remove from consideration any Respondent that does not meet the Minimum Requirements. For each relevant project experience referenced, provide the following:

- a. The entity served and type (e.g., government agency, private organization, etc.);
- b. The scope of your services provided;
- c. Contract start/end date;
- d. Number of users;
- e. Estimated number of staff required to execute Scope of Work;
- f. Was the project completed on time and on budget? If not, please explain;
- g. Detail any complications with the project; and
- h. Explain which of the proposed staff for the IIS scope of work have worked on these projects and in what role.

STCHealth meets the Minimum Requirements and has provided the requested information below.

STCHealth has successfully implemented our IIS cloud-based solution of similar size and scope in four (4) public sector entities in the last five (5) years, listed below. In total, STCHealth has implemented our IIS solution in fourteen (14) other jurisdictions since 1994 (listed in section 3), from which we draw a great deal of knowledge and experience.

To support each of these efforts, the STCHealth team consists of Vital Positions and various members of the full STCHealth Product Development, Dev/Ops, QA/Test, Software, Public Health Specialists, Database, and Customer Support teams (detailed in section 12 - Staffing). As a SaaS solution, members of each of these teams and the Vital Positions, are required to execute the Scope of Work, and have contributed to each of these implementations. For this section, we only included the most recently implemented IIS, we currently support a total of 15 IIS in production today.

Entity and Type	Contract Start/End	Number of Users	On time / on budget?	Scope of Services
[REDACTED]			Yes/Yes	IIS deployment; data migration; modules; training; reports, maintenance, support, configuration, and modifications.
			Yes/Yes	IIS deployment; data migration; modules; training; reports, maintenance, support, configuration and modifications.
			Yes/Yes	IIS deployment; data migration; modules; training; interoperability; reports, maintenance, support.
			Yes/Yes	IIS deployment; data migration; modules; training; interoperability; reports.

- Executive Summary**

Provide a brief executive summary of your proposed approach to deliver the scope of work. Be certain to include a description of any subcontractors with whom you are partnering to fulfill the scope of the Contract and what roles these subcontractors will have during the life of the Contract.

STChealth is pleased to submit this proposal to provide the State of Indiana, through the Indiana Department of Administration (IDOA) Procurement Division, a complete, stable and reliable immunization information system for the Indiana Department of Health (IDOH). If awarded, we pledge to continue supporting, accelerating, modernizing, and enhancing the IDOH's statewide immunization information system.

The Children and Hoosier Immunization Registry Program (CHIRP) is based upon STChealth's proprietary registry software. We are confident that we meet all the requirements specified in RFP 25-78600 and will continue to provide all key system features to the State, to include excellent public health services during the entire term of this contract. STChealth's solution is fully compliant with the CDC/NCIRD's registry functional standards, and our extensive experience with CHIRP will ensure the continued support of the health services to Hoosiers.

STChealth is a global organization with a mission to support the eradication of vaccine preventable diseases through innovative technology and service solutions. For over 35 years we have worked with partners in Public Health and the private sector to improve immunization rates and increase the exchange of data across the greater healthcare ecosystem. STChealth is a pioneer in the development and deployment of Immunization Information Systems (IISs), launching the first state government immunization registry for the State of Arizona in 1994 and working with the Centers for Disease Control (CDC) and other stakeholders during the early and mid-1990's to establish the initial data standards for the creation of an IIS. The collaboration among private

and public health stakeholders during that iterative process had a profound impact on the development of state immunization registries and solutioning to better health outcomes. STChealth has continued to be a leader in this area, helping to inform policy, improve programs, and drive innovation in technology, systems, and data exchange. Today STChealth is the IIS market leader, with implementations spanning 14 jurisdictions in the U.S. and 2 internationally, having recently added Georgia as a state partner with an anticipated IIS go-live in the second quarter of 2024.

STChealth is uniquely positioned to best support attainment of the goals identified in this procurement as well as the State of Indiana's broader strategic health priorities. We share in your commitment to improving health outcomes for all Hoosiers, as well as addressing the significant impact and aftermath of the COVID-19 pandemic. As this proposal will detail, our deep understanding of vaccination programs, policies, and systems and our proven record of success in supporting state IIS implementations can provide the Indiana Department of Health (IDOH) with confidence in continuing to choose STChealth as your partner in this initiative. We have consistently maintained a high standard of quality in the rapid implementation of our solutions, both nationally and internationally, in a way that meets the needs of all stakeholders in the vaccine ecosystem.

STC|ONE® is a SaaS platform designed for immunization programs to manage a complete and comprehensive Immunization Information System (IIS) and meet programmatic outcomes. The solution is currently utilized by the Indiana Department of Health in support of the Children and Hoosier Immunization Registry Program (CHIRP), as well as 14 additional state immunization programs. The State of Indiana has contracted with STChealth since 2003 for IIS services, and in 2018 the Indiana Department of Health transitioned to the STC|ONE® platform. STC|ONE® is a comprehensive SaaS-based IIS offering that includes industry-leading infrastructure, security, and feature sets. The STC|ONE® Public Health IIS Essentials Select Package includes all the items needed to meet immunization program requirements and is compliant with CDC/NCIRD IIS Functional Standards v4.1. The core modules and systems include custom configurations and features developed specifically for Indiana to ensure Indiana can meet public health goals and desired outcomes, including those of Health First Indiana.

STC|ONE® is configurable to meet changing needs to ensure both state and local public health officials have the tools necessary to ensure every Hoosier is fully vaccinated, receives needed lead screenings, and can manage prenatal Hep B cases. STC|ONE® also offers extendable feature sets supporting additional screenings such as oral health, serology, newborn screening (scheduled for near-term development), and others as needs arise.

STChealth has carefully selected partners that construct a fully qualified team of experts across the entire scope of the requirements. As the IIS industry leader, we assure high-quality production and delivery of our proposed solution, which includes collaboration from viable partners with skills, capabilities, and experience that are complementary to our own. Provided below is an introduction to each of our subcontractors and the value they bring to our team.

1. **Briljent, LLC** - For over 25 years, Briljent has developed and delivered training, project management, change management, staffing, and professional service solutions for small to Fortune 500 companies, nonprofits, and state, local, and federal government agencies. During that time, we have delivered over 3 million hours of training to tens of thousands of learners across the nation.

Briljent has provided training and professional service solutions to clients across all 50 U.S. states and 6 territories in a variety of industry, business, and government sectors, bringing a broad spectrum of best practices to each initiative. Their training often specializes in addressing learning needs that include complex policies, detailed procedures, and varied roles. While Briljent's tailored solutions take into account the unique needs of each client, the ability to draw on this experience leads to greater efficiency without sacrificing quality in our approach.

The Briljent team includes more than 50 highly credentialed adult learning and development (L&D) professionals and is composed of lifelong learning professionals, including experts in adult and workplace learning, as well as K-12 and higher education. Every Briljent Project Manager (PM) is a certified PMP®, and many of them manage multi-year, multi-million-dollar client engagements.

Briljent is a privately held, certified Women's Business Enterprise (WBE) with office locations in Indianapolis and Fort Wayne, Indiana, as well as with remote staff across the nation. Under this Contract, Briljent will provide the following services:

- Assistance with the development and implementation of a comprehensive Organizational Change Management (OCM) plan, including activities such as communication planning, stakeholder engagement, and training programs.
- Assistance with project management to oversee the planning, execution, and monitoring of all activities related to STC|ONE® operations.

2. **Professional Management Enterprises, Inc.** - Professional Management Enterprises (PME) is a proven public sector partner who has served the State of Indiana for the past 17 years providing outstanding IT solutions, contingent staffing, business consulting, healthcare solutions, and management services to our clients across the US for over 17 years. PME consultants are highly experienced professionals committed to providing state-of-the-art services to our public sector clients. Additionally, it is both Minority Owned (MBE) and Service-Disabled Veteran Owned (VBE/DOBE), with headquarters in the State of Indiana.

PME will provide the following services as part of this Contract:

- Gathering, analyzing, and documenting the business requirements to connect to various State of Indiana interface entities.
- Setting up interfaces with various State of Indiana systems to ensure seamless data exchange leveraging HL7, MuleSoft, etc.
- Project analysis/evaluation, strategic insight and expert advice, and data quality and availability within project solutions to improve alignment of IT initiatives with business objectives and requirements. Leverage expertise to assist with newborn screening, vision and other non-immunization related programmatic needs to help build alignment between the various programs and systems to ensure what is put in place will improve program effectiveness and efficiency while setting up IDOH leadership access to metrics and data for decision and policy making.

3. **TrackMy Solutions** – Based in Lenexa, Kansas (Kansas City Metro), TrackMy is a healthcare IT company that offers a commercial-off-the-shelf (COTS) product, TrackMy VeriVax (currently implemented in the State of Indiana as the MyVISIT system, as awarded and contracted through RFP 24-75743), a SOC2

Type 2 certified, web-based platform specifically designed for local government, public health, and healthcare organizations to track health data and streamline clinical administration workflows, including immunization administration. Over the past seven (7) years, TrackMy has brought its TrackMy VeriVax application to over 70 government, public health, and healthcare organizations, streamlining health data capture and access that includes vaccines, exemptions, waivers, consents, declinations, blood lab titers, skin tests, medical questionnaires, fit tests, mask fittings, automated notifications and much more. TrackMy has a deep understanding of the needs of government, public health, and healthcare organizations, particularly those who are required to meet state and federal code requirements. Additionally, executive leaders at TrackMy draw first-hand government, public health, and healthcare experience of what is needed for these organizations, from delivering projects for and working at academic medical centers, large healthcare IT suppliers, public health entities, local health departments, consulting firms, and workforce solutions.

TrackMy will provide the following services as part of this Contract:

- Ensure ongoing readiness and maintenance of the connection of the TrackMy Indiana VISIT solution (a solution that is live across the State today and being leveraged by state and county local health departments for online scheduling, immunization administration, and more) to ensure ongoing readiness for future pandemics through/fulfilling the Mass Immunization Requirements.

- **Background and Experience**

Describe your company and proposed project staff's background and experience. Include the following information, at a minimum:

1. A list of organizations for which you have delivered your proposed IIS solution.
 - a. Include the client's name, project description and goals, the functionality included in the solution for this client (e.g. immunization registry, inventory management, data exchange), who hosted the solution, your project role, duration of the role, whether the solution has been implemented, and project results.
 - b. Describe any problems and failures that you encountered in delivering your services, how these were resolved, and what the lessons learned were.
2. Your M&O experience for similar systems, especially with respect to your proposed solution. Include the following information, at a minimum: infrastructure management, application monitoring, incident management, help desk, business continuity, and disaster recovery.
3. Any formal corrective actions that your company has experienced under previous contracts.
4. Based on your experience, detail any best practices with respect to the scope of this RFP that you would like to share for the State's consideration. Note: your proposal should be based on the requirements outlined for the IIS scope in this RFP, and not on any assumptions that the State will accept any practices that are not in alignment with the scope.
5. If you have not implemented your proposed solution in at least one US state, explain how your approach to adapt your proposed solution to reflect State requirements.

STChealth meets the necessary background and experience needed as part of this RFP, and we have provided the requested information below.

1.a and b. Implementation of IIS Systems

Through years of experience in implementing new IIS solutions for immunization programs, STChealth has developed and refined an implementation process that has proven to be successful and seamless. STChealth has implemented 4 jurisdictions over the past 3 years and went live with the State of Georgia in June 2024. Although STChealth’s implementation expertise will not be required as IDOH currently leverages STC|ONE® as CHIRP for their users, we will have the opportunity to continue working closely with IDOH staff and CHIRP end-users to promote their program and ultimately promote vaccination rates in the great State of Indiana.

The table below summarizes the list of organizations for which we have delivered our proposed cloud-based IIS solution in the STChealth production service hosted environment. In each case, STChealth works with these jurisdiction health department immunization programs to, among other services: provide needed upgrades, support, and functionalities to the State IIS; enable key operations, such as vaccine ordering and management system functionality; deliver VTrckS integration; support and update immunization forecasting systems with new CPT/CVX codes or new immunization standards released by the CDC; and of course provide software repairs, needed updates and “bug fixes” when needed.

All our clients, including IDOH, have the STC|ONE® solution currently in place, which includes the following key components:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Project name – Client	Period of Performance	Synopsis of Work
[Redacted]		IS deployment; data migration; VOMS modules; raining; interoperability; reports, maintenance, support.
		IS deployment; data migration; modules; raining; reports, maintenance, support, onfiguration, and modifications.
		IS deployment; data migration; modules; raining; reports, maintenance, support, onfiguration, and modifications.
		IS modules for Vaccine Ordering and Management, Public Health Connection Hub, HepB Perinatal Hepatitis B, modules; training; nteroperability; reports, maintenance, support.
		IS deployment; migration; modules; training; nteroperability; reports, maintenance, support.
		IS assessment, deployment, modules; training; nteroperability; reports, maintenance, support.
		IS deployment; data migration; modules; raining; reports, maintenance, support, onfiguration, and modifications.
		IS deployment; migration.
		IS deployment; migration; modules; training; nteroperability; reports, maintenance, support.
		IS deployment; migration; modules; training; nteroperability; reports, maintenance, support.
		IS deployment; migration; modules; training; nteroperability; reports, maintenance, support.
		IS deployment; data migration; modules; raining; reports, maintenance, support, onfiguration, and modifications.
		IS deployment; migration; modules; training; eports, maintenance, support, interoperability.

IIS deployment; migration; modules; training, reports, maintenance, support.

STChealth and IDOH have forged a strong partnership since 2003, briefly pausing between 2012 and 2014 when IDOH managed the CHIRP independently. Rejoining the STChealth Consortium in 2015, and then moving to STC|ONE® in 2018, IDOH has since expanded the IIS capabilities with the School Nurse Module, PHC Hub for HL7 integrations, and VOMS for advanced inventory management.

This collaboration has been pivotal, especially during the COVID-19 pandemic. IDOH, leveraging CHIRP, administered over 11 million COVID-19 vaccine doses, and implemented significant IIS enhancements like the STC|ONE® Enterprise Solution and a Read Replica database. Working closely with STChealth's Analytics team, IDOH utilized Machine Learning Technology to improve data quality and is working with the team to integrate STChealth's Vaccine Hesitancy Score.

STChealth's deep understanding of IDOH's Immunization Division developed through regular visits and evaluations, has been critical in maximizing the effectiveness of the CHIRP system. For example, our thorough CHIRP Best Practice Assessment in 2023 led to significant process optimizations, greatly reducing staff workload, and enhancing overall efficiency. Collaborative efforts in implementing Machine Learning for patient data management are a testament to our dedication to meeting IDOH's needs and expectations. Together, we have formulated a joint success strategy to continuously monitor and improve IDOH's outcomes in the coming years.

[REDACTED]

[REDACTED]

Ecosystem Collaboration and Immunization Expertise

STChealth’s dedication to Indiana extends far beyond its immediate service offerings, fostering strong relationships with vital entities in the immunization landscape. Our collaborations with organizations like the Association for Immunization Managers (AIM), the American Immunization Registry Association (AIRA), the American Academy of Pediatrics (AAP), the Association of State and Territorial Health Officers (ASTHO), the Adult Vaccine Coalition (AVAC), and more are instrumental in exploring innovative uses of IIS data to manage and mitigate a variety of preventable diseases.

An example of this is our partnership with AIRA, which has been pivotal in enhancing Indiana's School Nurse Module workflow. This collaboration enables seamless data integration and efficient reporting, significantly improving the State's ability to track and boost vaccination rates among school-aged children. In addition, our work extends to include the Indiana Immunization Coalition. Projects, such as the STChealth LMS module for training, are further advancing public health initiatives and outcomes, demonstrating our expansive commitment alongside IDOH and the Coalition. This multi-faceted approach ensures a comprehensive and effective strategy for public health enhancement in Indiana.

2. M&O Experience

Over the last six years, STChealth has moved all current clients to the STChealth SaaS-based solution and has transitioned our clients to a shared solution model to allow full Consortium participation and cost-sharing of the STChealth Public Health IIS offerings. This move allows the 15+ state and territorial departments of health to leverage an API first model. It will enable STChealth to use machine-learning, improved disaster recovery, and other best practice approaches to IIS programs. In fact, throughout the years, STChealth has been implementing best practice industry standards with our development teams to ensure our products and services can continue to allow the public health systems we support to remain focused on health outcomes. These practices include:

- [REDACTED]

The continued partnership with STChealth allows the Indiana Department of Health to take advantage of the next generation of IIS systems while leveraging over 34 years in the industry.

[REDACTED]

[REDACTED]

STChealth provides 24x7 monitoring of all client production instances which includes memory, disk, processing and network loads. STChealth is automatically notified when instance issues arise and will attempt to remediate the issue without any client-facing impact. If the steps required to remediate the issue will result in a client-facing impact, STChealth's Operations team will coordinate with the client via the Support team to outline the issue, steps to remediate, and gain client approval to execute the remediation plan.

IDOH staff will have access to a self-help and issue tracking system through the STChealth Service Desk. This access will allow client-level users to submit issues or suggested improvements and view submitted issues by other STChealth Consortium clients. The Service Desk will work on issues and questions as they come and will provide Consortium level visibility to help with the transparency of tickets. Ad-hoc calls can be scheduled regarding a specific ticket or issue. Regarding application related issues, STChealth will perform due diligence to assess unintended impacts of an application change upon the business of the IIS.

STChealth is including our comprehensive Disaster Recovery Plan as an Attachment (CS-PP-0003 - Business Continuity & Disaster Recovery Plan.pdf). The attached plan includes all the required data disaster recovery policies for Back-up and Recovery, Incident Handling, and Disaster Recovery Planning in addition to a few other standard areas within our practice.

STChealth's [REDACTED]

3. STChealth has had no formal corrective actions under previous contracts.

4. Best Practices and Approach

STChealth will ensure a seamless continuation and improvement of the existing offering that has had a successful history throughout its lifetime in Indiana. We are implementing an improved account management plan that will continue to ensure close alignment with IDOH's goals.

The following account plan will build from and improve upon the current approach. The IDOH primary point of contact will continue to be the Client Partner, who will oversee the account management and be an executive partner to the success of IDOH. The Client Partner will be responsible for sending monthly tracking reports to IDOH staff and conducting standing touch base calls. An additional Client Service role will be responsible for the health of the IDOH account, looking at leading indicators such as product usage data, support data, match rate trends, and NPS to proactively engage IDOH staff to ensure continued success. The Client Partner and Client Service roles will work closely together alongside IDOH staff.

Change Management and Program Success

A large amount of focus has been placed on joint success plans and SOPs to ensure operational success for IDOH, with the goal of achieving IDOH's programmatic outcomes. The diagram above shows the continued improvement of these practices by STChealth overall, and with the addition of key MBE and WBE partners that will provide on-the-ground support to help IDOH achieve success. Through skilled change management and project management processes, STChealth and its MBE/WBE partners will ensure there are solid best practices and communication between the Indiana Immunization Program, Office of Technology, and the State's providers.

[REDACTED]

STChealth has also shown our ability to engage with key providers within Indiana to ensure we fully understand their workflows and are creating solutions to meet their needs. In 2023, Hamilton County Health Department presented an issue to IDOH that STChealth worked in partnership to help resolve. STChealth visited the offices of Hamilton County to speak to their providers and management team directly, and worked to resolve the issue in real-time while onsite. STChealth has since continued to follow up with Hamilton County staff to ensure they continue to be able to use the system effectively and achieve success in their vaccination goals.

STChealth’s Product Strategy & Approach to Human-Centered Design

STChealth uses human-centered design to ensure the right products and features are built that deliver on the most important problems to solve and are designed in a way that deliver optimal usability and ease of use. As user, patient and market needs continuously change and evolve, so must products and the technology behind them.

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Teams Approach for Comprehensive Support

Other points of contact include the product support, professional services, and data analytics teams. The synergy among these teams is integral to the realization of positive public health outcomes and attainment of State goals in Indiana. A small but significant example of how our collaboration achieves this can be seen through the use of the childhood 7-series report, which is created by the STHealth analytics team and sent to IDOH on a regular basis. The report sheds light on high-level data points crucial for evaluating State metrics on timely childhood vaccination.

[Redacted]

[Redacted]



- **Proposed System**

1. Describe the solution you plan to use to meet the RFP's IIS requirements as described in Attachment L and Attachment N, including but not limited to the specific elements highlighted below:
 - a. Specific details about the proposed IIS solution.
 - b. If you are proposing a system with components from different sources, vendors, or projects, please describe how your solution will integrate the component pieces and the type and functionality of each component.
 - c. The latest roadmap for the proposed solution.
 - d. The software that the State will need to purchase through you as well as outside of this Contract in order to implement and maintain the proposed solution.
2. Provide a high-level architectural diagram(s) and associated details of hardware/infrastructure required for your proposed solution, including backup and disaster recovery activities.
3. Explain any capacity limitations for your proposed solution (e.g., a maximum number of records).
4. Explain how your proposed solution conforms to the Assistive Technology Standard, within the State's [Information Security Framework](#), [State Assistive Technology](#), and the State's architectural standards, and/or a proposed timeline and plan to migrate to a form that does meet State standards in an agreeable timeline.
5. Complete Attachment N to demonstrate the fit/gap of your proposed solution.
 - a. If there are Essential requirements that your solution cannot meet prior to go-live, explain the alternative solution and provide an estimated timeline for the requirement to be rolled out.
 - b. Confirm you shall modify or configure your solution to meet all Essential functional and technical requirements prior to the implementation.
6. Explain how your solution will integrate with interface partners (e.g., VTrcks) and if you have experience integrating your solution with the non-IDOH specific interface partners and platforms listed in Section 4.3 of Attachment L (e.g., MuleSoft). Note: The State strongly prefers to leverage MuleSoft; however, if the proposed solution does not support this technology, the State is willing to consider alternatives.
7. The State's standardized technologies are MuleSoft for APIs and GoAnywhere for secure file transfer. The IOT Data Exchange and IOT Security divisions recommend the use of MuleSoft/GoAnywhere (option dependent upon complexity of data and file transfer) to facilitate secure data transmission. The State strongly prefers to use these technologies; however, if the proposed solution does not support these technologies, the State is willing to consider alternatives. Elaborate on how your company's solution will accommodate the utilization of the identified technologies. If the proposed solution does not support these technologies, explain in detail why and outline the proposed alternative.
8. Mobile capabilities
 - a. Describe your experience with systems that have mobile capabilities.
 - b. Explain your approach to a mobile friendly IIS (e.g., the solution can be accessed via phone/tablet), if requested by the State
9. Hosting
 - a. Specific details about your cloud-hosted IIS solution.
 - b. The location as well as the location of the proposed data centers and who owns the data centers. If this will be subcontracted out, explain who is the subcontractor and their role).
 - c. Any remote operations for the data centers you propose to employ.

- d. Details of proposed redundancy (entire data center, application code, database, etc.). Is redundancy with a remote location?
- e. Who will have access to the State's data.
- f. How specifically does your company encrypt the States data. What is your company's data encryption strategy for data at rest and data in transit?
- g. If the servers that are proposed in this response are shared among multiple customers, or if the servers proposed are for a sole customer.
- h. Your proposed load balancing for your customers, within each datacenter as well as between primary and secondary data centers (if applicable).
- i. Details about public and private subnets in the proposed infrastructure design.

10. Consortium

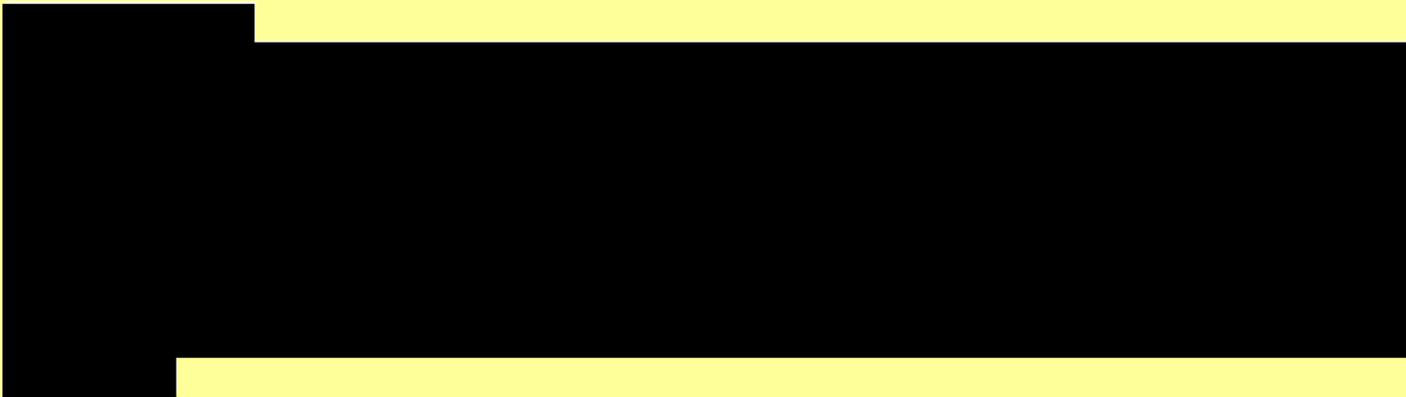
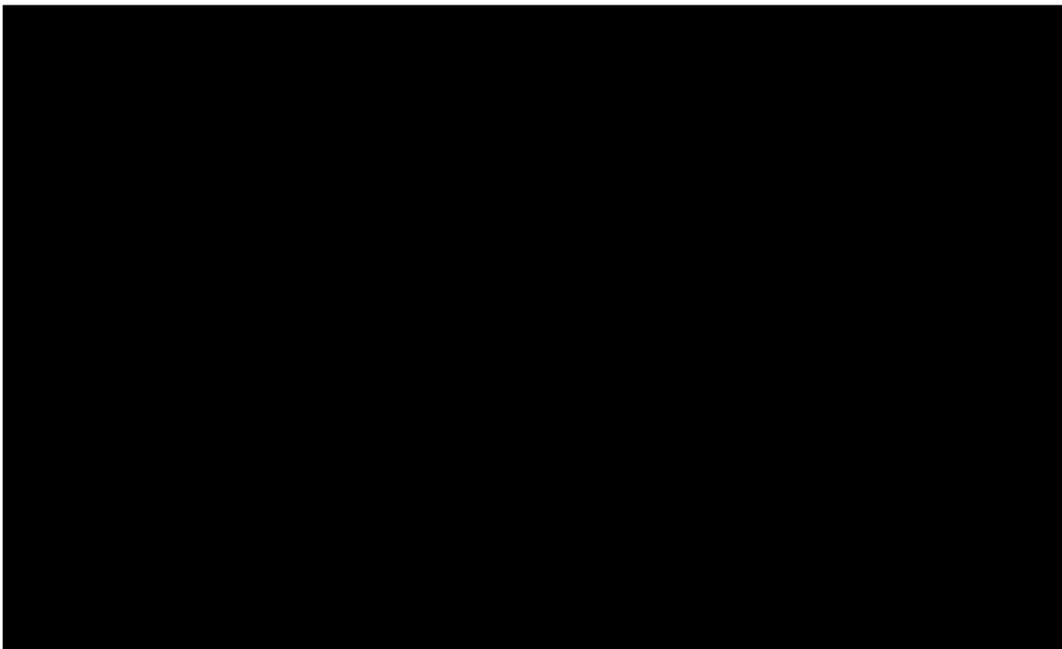
- a. Provide a high-level overview of your IIS Consortium including methods of engaging with clients, activities (e.g. monthly Consortium calls), states/entities that are members, and how joint funding supports solution improvements and client service offerings.
- b. Describe your experience engaging with clients through your IIS Consortium, and how that has led to the modernization of your proposed solution.
- c. Detail whether jurisdictions in your Consortium can exchange data.
- d. If you currently do not have an IIS Consortium, describe your plans to develop a Consortium, timing for rollout, and features of the Consortium interactions.
- e. Explain what value-added benefits the State will receive as a member of the Consortium beyond what is described in the Scope of Work?

11. Describe any additional functionality, among or beyond those listed in Sections 3 and 4 of Attachment L and Attachment N, which your solution can provide at no additional cost to the State, and which may be beneficial to helping IDOH achieve its programmatic goals.

12. Confirm you have reviewed and responded to the questions included in Attachment M, Cloud Questionnaire.

STHealth confirms that we have provided all the requested information as part of this section of Proposed System. We have reviewed the relevant references sections of attachments and responded therein.





- The ability to send messages to a selected group of Organizations/Facilities or system alerts for a set list of predefined reasons.

- STC|ONE® provides a “message of the day” feature which allows an administrative user to send messages to all users who log into the IIS.

STC|ONE® Registry provides patient immunization resource management and administration tools that work together to help perform patient immunization management tasks. Depending on the user's access (authorization) level, the following can be performed:

1. [Redacted]

[Redacted]

1. [Redacted]

1. [Redacted]

Clinical Decision Support

The STC|ONE® Clinical Decision Support engine follows the ACIP (Advisory Committee on Immunization Practices) guidelines for child, adolescent, and adult immunization. Immunization schedules used by the engine are updated upon release of documentation materials from the CDC (Centers for Disease Control) Clinical Decision Support for Immunization (CDSi) project. The logic evaluates a patient's immunization, contraindication and immunity history and forecasts future doses for vaccination as needed.

The evaluation determines if the vaccines already administered meet the ACIP criteria for minimum or maximum age, intervals between immunizations, and vaccine type to satisfy a dose in series. Patients are automatically moved into catch-up schedules if needed. The forecast will display vaccine group, dose number, recommended date, minimum allowable date, and past due date. The status may be changed in registry settings to display Current, Due, or Past Due. The status will be highlighted so it is easily recognized by a provider.

User Management supports an administrator role for the creation, modification, and deactivation of all users. STC|ONE® allows administrative users to manage their population of approved users conveniently and easily within the application. An Organization Client user with the appropriate permissions who support entire Provider Organizations (typically multiple facilities) will be able to invite any users to their organization, set up any specific permissions those users may need, as well as specific feature access. An email will be sent to the invited user allowing them secure access to the application. The admin user will be able to edit the users' permissions, inactivate, lock, or remove users at any time. When the admin user edits the user's profile, an email will be generated to notify the user of the action taken to their account. User access levels and permissions can vary depending on need and role. This allows users to have adequate access to system areas essential to their role but limit areas that may be outside their need, such as ordering.

STC|ONE® allows for a jurisdictional administrator to manage user roles by assigning a primary Access Level (e.g., School Nurse). Each access level can then be customized with various permissions that are primarily task based (e.g., Inactivate Lot Numbers).

Organizations & Facilities	<ol style="list-style-type: none"> 1. Search by specific parameters to find desired Organizations/Facilities with or without wild card characters. 2. Organization users with the correct permission to search, add and edit facilities/organizations and the users associated with them. 3. Activate or inactivate facilities/organizations, the users assigned to each, and the patients owned by them.
Patients	<ul style="list-style-type: none"> • Search for patients in the IIS - searches allow for wildcard entry with the % character. • View, Add and Update patient demographics. • Capture insurance information and VFC funding source at the patient level. • Securely Export and print patient record with immunity and vaccine forecast.
Vaccinations	<ul style="list-style-type: none"> • View, Add, Update and Delete administered & historical vaccinations. • Capture and track the vaccine funding source of the lot administered. • Ability to add multiple vaccinations at once. • Ability to capture any special consideration for the patient/vaccine (compromised, adverse reaction, exemption, contraindication, etc.).
Physicians & Vaccinators	<ul style="list-style-type: none"> • View, Add, Update and Delete physicians and vaccinators demographic information. • Capture Physician & Vaccinator status.

Application administrators can create an unlimited number of users each with unique access specific to their role from within the application. Once a user role is identified, the jurisdictional administrator can create a customer user account by determining the access level based on the user's role in an organization, facility, county or even school. After the appropriate Access Level is selected, the administrator can then select a permission appropriate to the user's specific responsibilities. The functionality allows user roles to be defined using a combination of access level and permissions therefore, for flexibility, a single user can be assigned permissions that are traditionally associated with separate roles. This has been valuable in many immunization programs whose staff fill multiple roles or with roles that may be more unique in nature.

In addition, [REDACTED]



It allows admins to search by Username, Last Name, Active Status, Organization, and Facility. The administration users are not limited in their search, although an organization or facility user with the correct

permissions will be limited within their specified entity. The administration search results to be sorted by Username, First Name, Last Name, Organization.

User management options allow for password management by both the administrator and the end user. When creating a user, the administrator can create a one-time-use password that will expire when the user uses it to log in. The user will then be prompted to create a new password. The administrator can also configure the password complexity and the interval for the user to update their password. The end user can change their password at any time or use the 'Forgot Password' functionality to reset their password.

STC|ONE® also has the ability for jurisdictional administrators to inactivate multiple accounts in one transaction. This can be achieved by using the "Inactivate Multiple Users and/or Physicians & Vaccinators" functionality under Administration Settings.

As workflows, processes and procedures are established, MDHHS can ensure that they will be supported by STC|ONE® functionality. Application administrators can set required activities, criteria, fields, and access within STC|ONE® that align with MDHHS -specific workflows.

An example of this is the vaccine ordering process. If a program requires inventory to be reconciled prior to creating a vaccine order the application administrator can set this as a requirement in STC|ONE®, forcing the user to the reconciliation screen when they attempt to create an order.

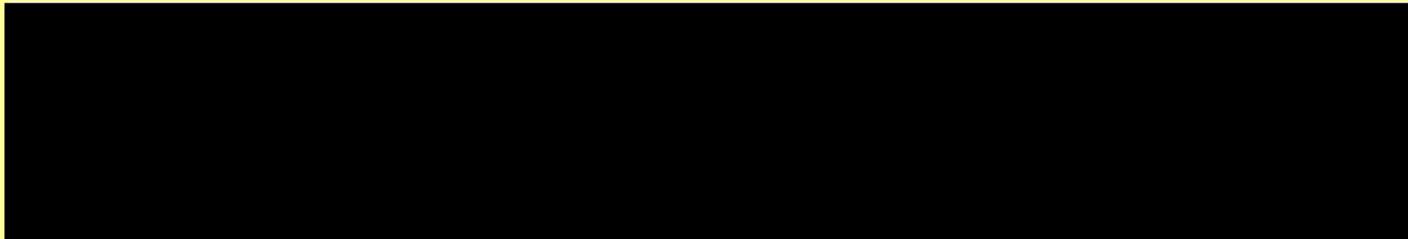
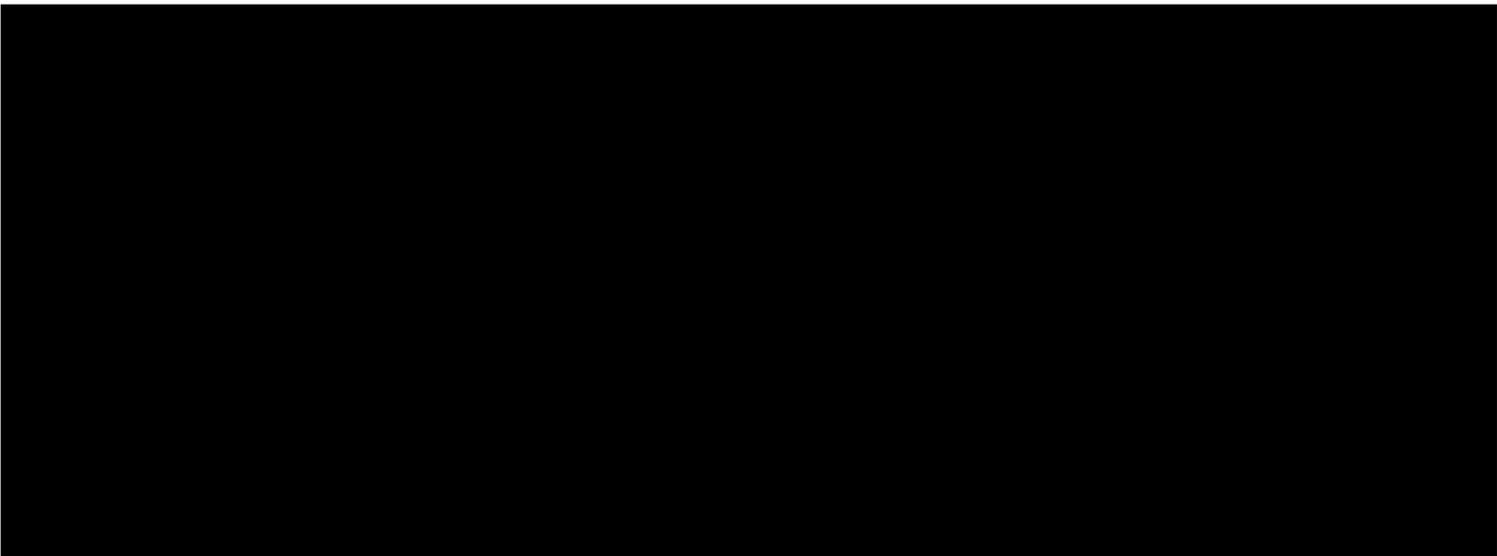
Application administrators can set criteria for order volumes, frequency, order sets and more. Additional workflow configurations are available throughout the application. The following modules included in this proposal are also available for specialized workflows. This configurable approach is available with most STC|ONE® functionality and can be used to align with a variety of workflows and roles.

As part of STC|ONE® Modernization, enhancements to User Management are on the STC|ONE® roadmap and will be made available to all STChealth jurisdictions. The improved User Management functionality will include both role management and user management separately. Admin users will have the ability to manage their population of approved users conveniently and easily within the application and can assign one or multiple roles to a single user.

Admin users who support entire Provider Organizations (typically multiple facilities) can invite users to their organization, set up any permissions those users may need, and provide specific feature access. An email will be sent to the invited user allowing them secure access to the application.

Organization & Facility Management





STC|ONE® Patient and Vaccination Management

STC|ONE® is a lifetime registry and public health solution, meaning that patients of all ages are supported. The result is a consolidated-complete immunization record for all people vaccinated within the jurisdiction. STC|ONE® allows data to be reported in multiple ways, however our deduplication algorithm and patient matching engines, which include the use of machine learning, work together match the right records to the right person and consolidate all records regardless of the incoming source. STC|ONE® immunization resource management and administration tools can be used to track patients and population demographics, as well as provide vaccination information with the ability to generate reports to monitor coverage rates and manage the population.





In STC|ONE® the Patient Demographics page maintains complete demographic data for all recipients vaccinated in Michigan. Patient Demographics contains CDC-endorsed and additional best practice data fields to capture all information needed for patient identification. These fields include, but are not limited to, basic demographic information, patient status, race, ethnicity, patient cohort information for associations such as employer, campaign, or tier as well as school, birth & death data and more. The birth and death information, typically supplied through a data exchange with Vital Records, can be saved on the record and include the birth file number, birth state and country and death file number.

Demographic fields can be configured so that they must be completed prior to saving the record. Required fields present in bold, red font. Additional configuration is available for ease of use, such as the configuration of field defaults. For example, the birth country can be configured to default to the U.S. Configuration also allows comments associated with the patient's record to be saved as confidential data, meaning only users from the documenting organization can view those comments. To ensure a complete patient demographic history multiple records can be stored for information such as the guardians/contacts, phone numbers and addresses.

Address Cleaning & SMARTY

STC|ONE® is utilizing the Smarty integration project through AIRA to validate and clean addresses. These abilities and other integration options are part of the STC|ONE® IIS modernization efforts to all state programs to provide additional options for overall data quality.

[REDACTED]

The integration with Smarty (formerly Smarty Streets) allows all addresses in the Registry to be verified and formatted in accordance with the USPS database and standards; addresses can be manually entered, and the state county and zip code will auto-populate based on the USPS standards. This is being implemented in stages; Single Address Verification for data entry users; Validation of addresses incoming through HL7 interfaces; Bulk processing.

Benefits Smarty Will Provide:

- a. Standardization of addresses to improve patient-level deduplication by eliminating variability in addresses evaluated by the match algorithm.
- b. Address cleansing and standardization of all address elements improves the quality and accuracy of reports run by various

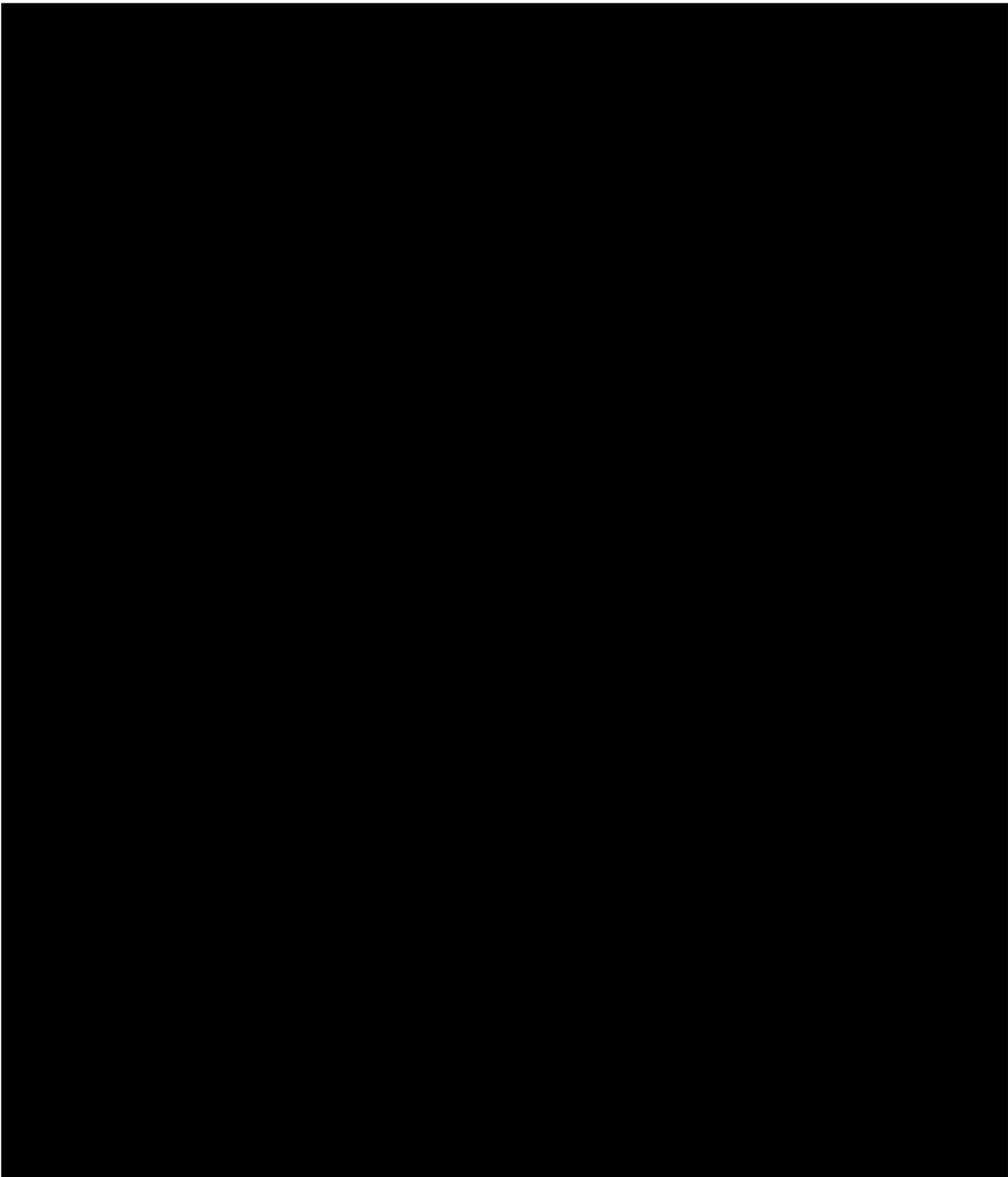
address and geographic parameters.

- c. Improved address quality may help to better reconcile the denominator of patients in the registry versus the actual census population.
- d. Geocoding improves mapping capabilities, allows programs to look at data in diverse ways, and better target intervention strategies.

For reminder/recall, address cleansing can improve mailing success by avoiding mailings to invalid addresses, decreasing the cost of unnecessary postage, and possibly increasing patient response rates for mailed reminder/recall efforts.

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED] of the records, always displaying a consolidated vaccination record to provide the best clinical decision support at the point of care.

Patient Status is maintained in STC|ONE® to ensure that no patient falls through the cracks. This has been a priority in STC|ONE® since its inception. As an active member of AIRA, our product team has played a critical role in defining the [REDACTED]

[REDACTED]

[REDACTED]

The Patient Search/Add function allows for patient search by First Name or Initial, Last Name or Initial, Birth Date, WIC ID, Patient ID, Chart Number, MRN, SSN, Guardian First Name, Mothers Maiden Name and more. Once initial search results are received a user may modify search criteria and search again as needed until the patient is located.

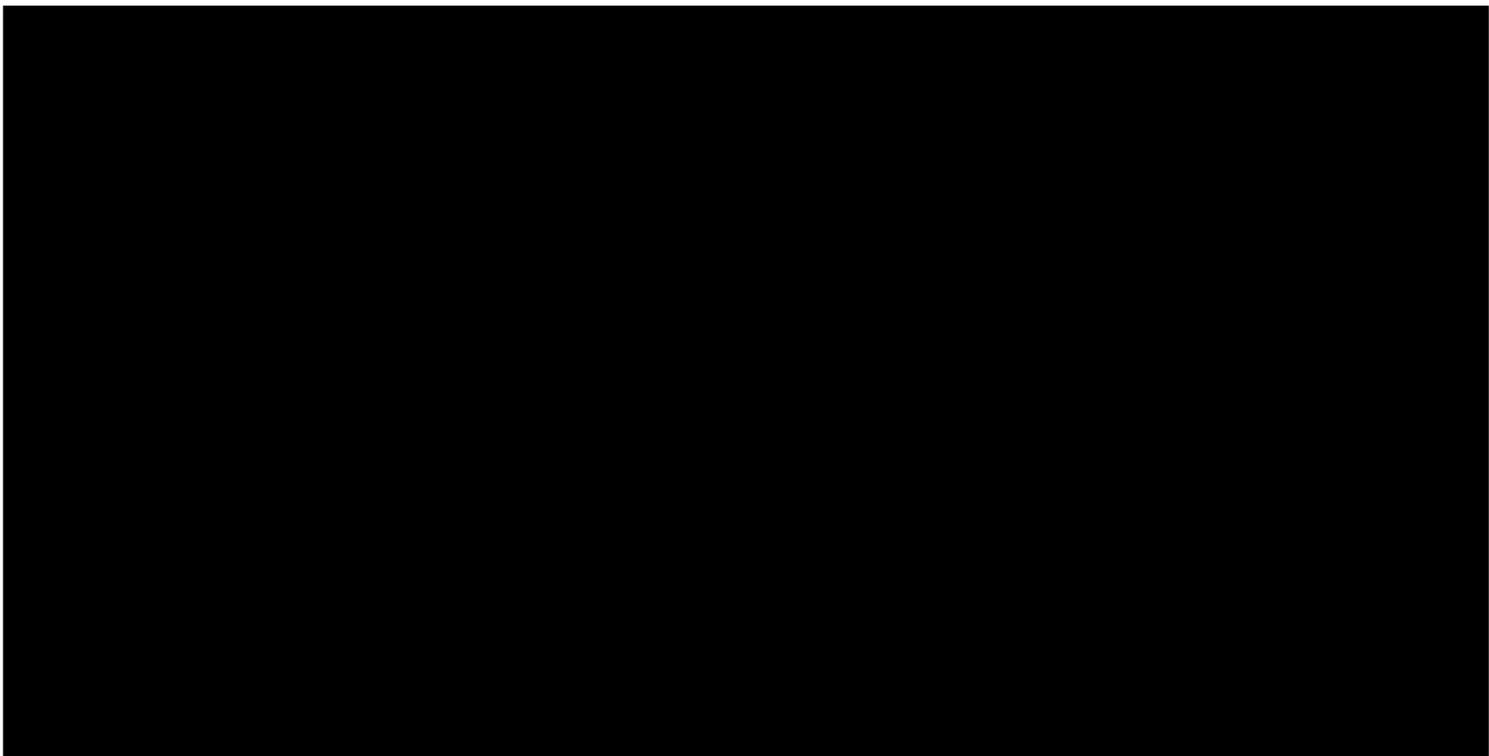
Patients can also be searched using a barcode scanner. The scanner must be installed and configured and a printed document containing the patient ID in barcode format must be available. The barcoded document can be scanned from a Patient Record Report, an Immunization Record Card, or a Reminder Recall Postcard to support a streamlined and efficient workflow.

The STC|ONE® Patient Matching and Deduplication

- o A user may flag potential duplicate records through the User Interface. These records will then be reviewed by a

For additional functionality, an administrative user may raise or lower the matching threshold in the STC|ONE® settings to refine the patient matching algorithm. A setting to merge based on the uniqueness of patient names is also available.

Maintaining accurate contact information for patients is essential to providing timely outreach and education. Contact information for patients can be updated manually through the user interface, via DTT upload or through electronic data exchange where required fields for data submission can be defined. STC|ONE® Patient Demographics includes required fields as designated by the State to ensure all pertinent contact information is captured for individuals with records in the IIS. These fields are highlighted in red and if left incomplete the user will receive specific guidance when they attempt to save the patient demographics. Multiple addresses, phone numbers and emails can be



[REDACTED] STC|ONE® can store multiple reported names for each patient to include: first name, middle name, last name, alias, and mother’s name: maiden last.

Authorized users can view vaccination event and stored demographic data elements by searching for a patient record using the Patient Search/Add function using one or multiple user-defined parameters. Once the patient is selected, the user is directed to the Patient Demographics page, allowing them to view all information recorded for them. To view vaccination events the user would simply select View/Add from the vaccinations menu and will then be directed to the selected patient’s Vaccinations page. Specific vaccinations can be selected to view Vaccination Detail and special considerations such as contraindication and exemptions are also presented. This same information can be retrieved by providers with an HL7 connection.

Documentation Center included as part of the core solution:

The STC|ONE® Document Center [REDACTED]



STC|ONE® Inventory Management



As a part of the configuration, STChealth works with the administrator to define the workflows and numerous settings within the STC|ONE® Inventory Management component that allow a user to track vaccines by funding source, NDCs, monitoring wastage by cost of vaccine as well as contract details. The administrator will define and maintain the vaccine order sets, assign order sets to providers, and restrict vaccines or entire order sets based on available and other limitations.

For management convenience, the Inventory Management Dashboard provides a centralized location for providers to view aggregate information and action items regarding their vaccine inventory.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

As a part of the configuration, the administrator works to define the workflows and numerous settings within STC|ONE® Inventory Management that allow a user to track vaccines by funding source, NDCs, monitoring wastage by cost of vaccine as well as contract details. In addition, the administrator will define and maintain the vaccine order sets, assign order sets to providers, and restrict vaccines or entire order sets based on available and other limitations.

In STC|ONE®, providers are responsible for the maintaining of accurate inventory for dose level accountability. STC|ONE® Inventory Management includes configurations to allow providers to search their inventory by parameters like funding source, vaccine type, lot number, and/or NDC code prior to adding inventory, or the adding of public lots can be completely removed so that public inventory can only be added through an approved order.

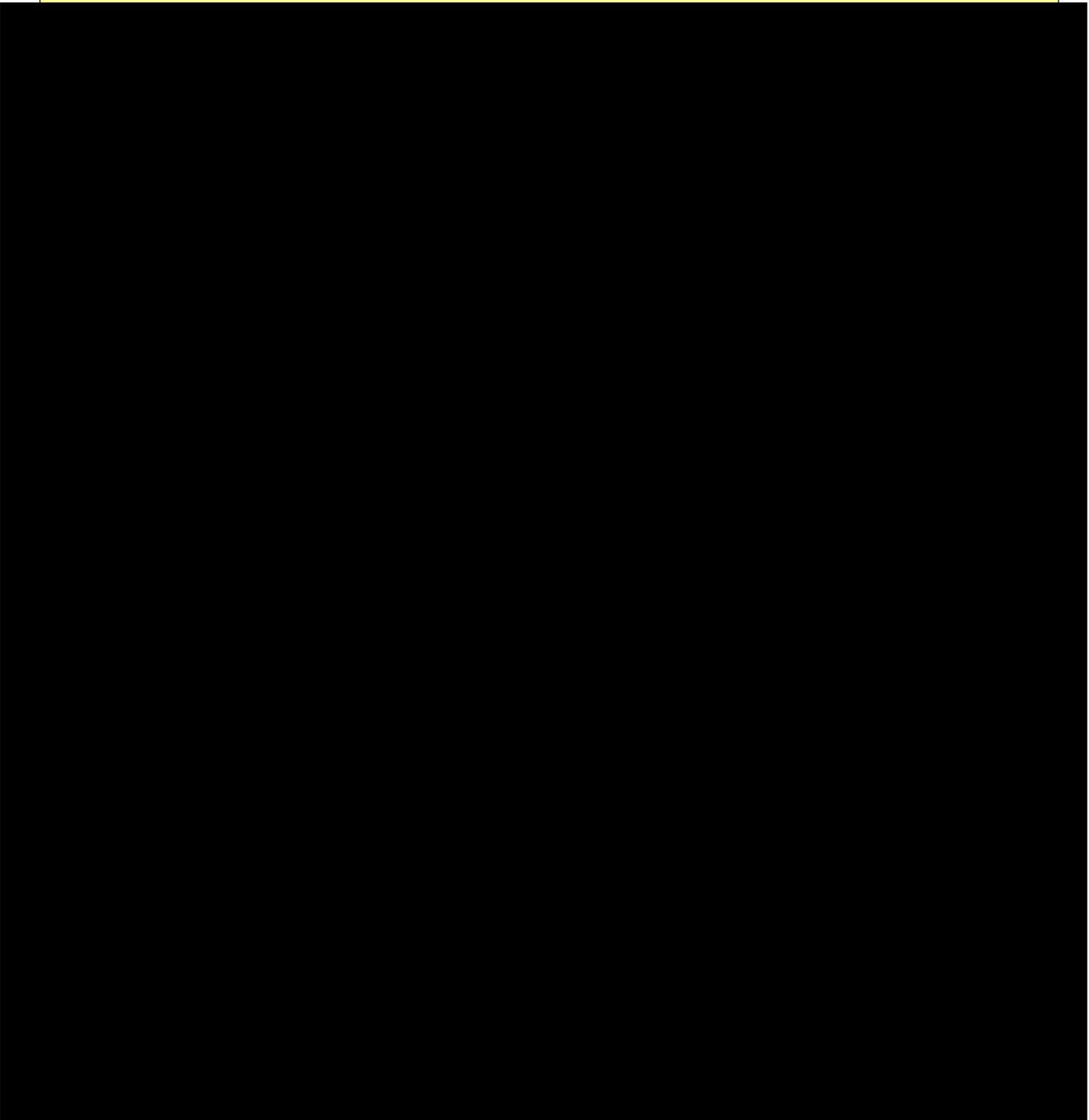
For reconciliation of the inventory, providers can adjust their vaccine supplies (both public and private) in accordance with the reasons set by the CDC. The reconciliation functionality provides the convenience of a reconciliation worksheet that is generated by the system. [REDACTED]

[REDACTED]

“New Order,” and select a pre-defined order set. All Accountability activities as defined by IDOH allow the user to enter the number of Doses Requested for each vaccine made available on the order set and click Save. The order is now ready for IDOH review, approval, [REDACTED]

[REDACTED] n authorized administrator can upload shipping files by using the Import Shipping Files functionality. Once a valid file is identified and selected, it can be imported. An error will be displayed if there are any issues with the file. In addition, an authorized user can view the import logs for more specific information.

To further support dose level accountability, STC|ONE® has Correct Lot Decrementing which is a work queue of all administered vaccines sent in via HL7 that did NOT match with existing inventory. For example, the funding source may differ or be missing. The work queue allows a user to make the correction and the administered dose to decrement appropriately from the inventory. This is best practice to have in place before reconciling inventory and placing an order. [REDACTED]



The primary purpose of STC|ONE® Data Exchange is to establish connections (interfaces) to improve public health.

STC|ONE® Data Exchange allows jurisdictional admin to configure rules governing data validation of incoming HL7 messages through the use Import Profiles to ensure that when information is recorded it is accurate and complete. Import Profiles are used to define the HL7 requirements for various facility types and allow jurisdictional admin to designate the desired response (warning, error...) for each provider. Data elements configured with a Warning response will not be rejected from the IIS. Every message submitted to the IIS is assessed in accordance with the Profile configured by the State. STC|ONE® ensures HL7 messages include all core data elements, in the CDC HL7 Implementation Guide for Immunization Messaging. These fields are specified in every Import Profile and can be configured in accordance with the HL7 Immunization Location Implementation Guide.

STC|ONE® Data Exchange supports high-quality HL7 messaging and allows for the bidirectional transport of data in a clean and easy to administer format following multiple transport methods endorsed by the CDC including the Simple Object Access Protocol (SOAP) standard Interface, Web Services Definition Language (WSDL). STC|ONE® supports

[REDACTED]

[REDACTED]

[REDACTED]

STC|ONE® Data Exchange supports HL7 inbound query requests for patient immunization history. Both HL7 versions, 2.3.1 and 2.5.1, are supported. It also supports quality reporting and extensive customization of the field level message validation process.

STC|ONE® Data Exchange is divided into the following areas:

1. [REDACTED]

5.

STC|ONE® Reporting

The STC|ONE® IIS Essentials Package contains an exceptionally robust reports library to view data, statuses, and message transaction information. As part of our ongoing modernization effort, STChealth is continuously adding flexibility to our system for end users, especially at the IDOH level, to be able to leverage data and report on it in self-determined and customizable formats. Reports include iCAT and IQIP functionality.

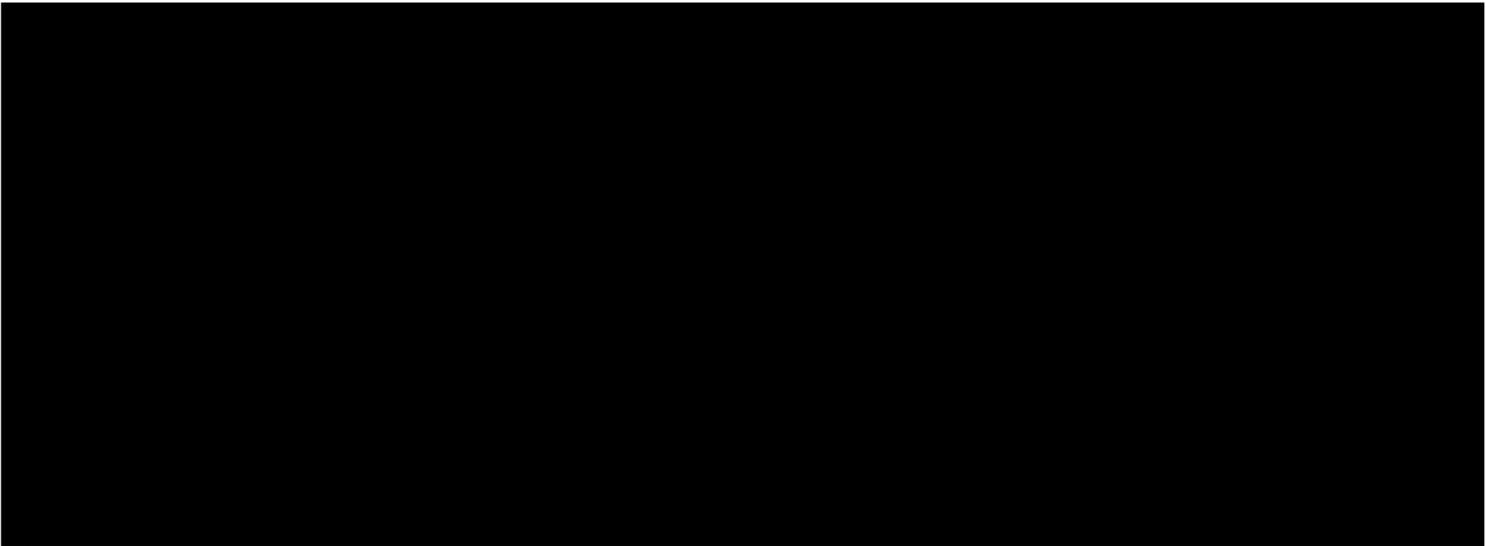
[Redacted]

[Redacted]

[Redacted]

[Redacted]

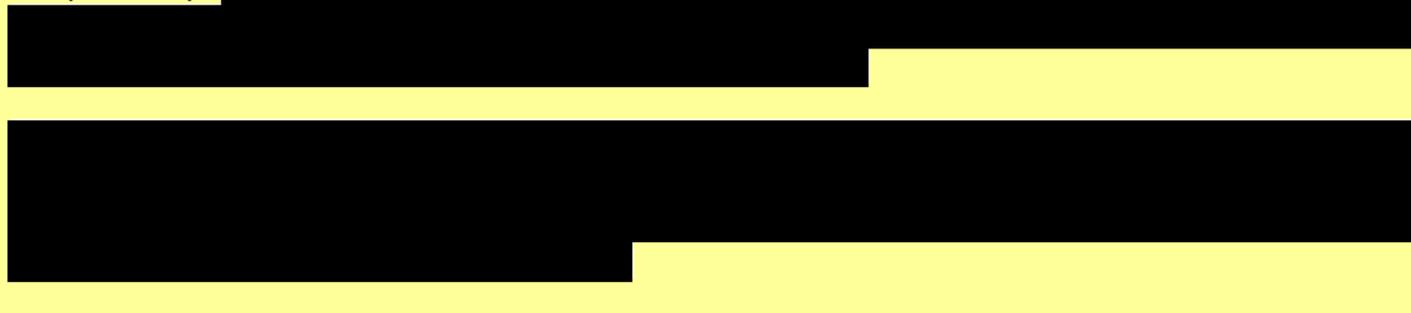
The integrated **Reminder Recall** functionality within the STC|ONE® IIS platform allows users to generate reminder and recall data by age, vaccine, vaccine series, and reference date that is patient specific. The reminder can be defined based on user parameters such as patient age and access levels (i.e., for a single facility or organization) for a single vaccine, multiple vaccines, or a full vaccine series for those due, overdue, or upcoming. This can assist in the usage of vaccines about to expire, or address under vaccinated populations. A vaccine recall list can also be generated by selecting a specific vaccine, vaccination date or vaccine lot.

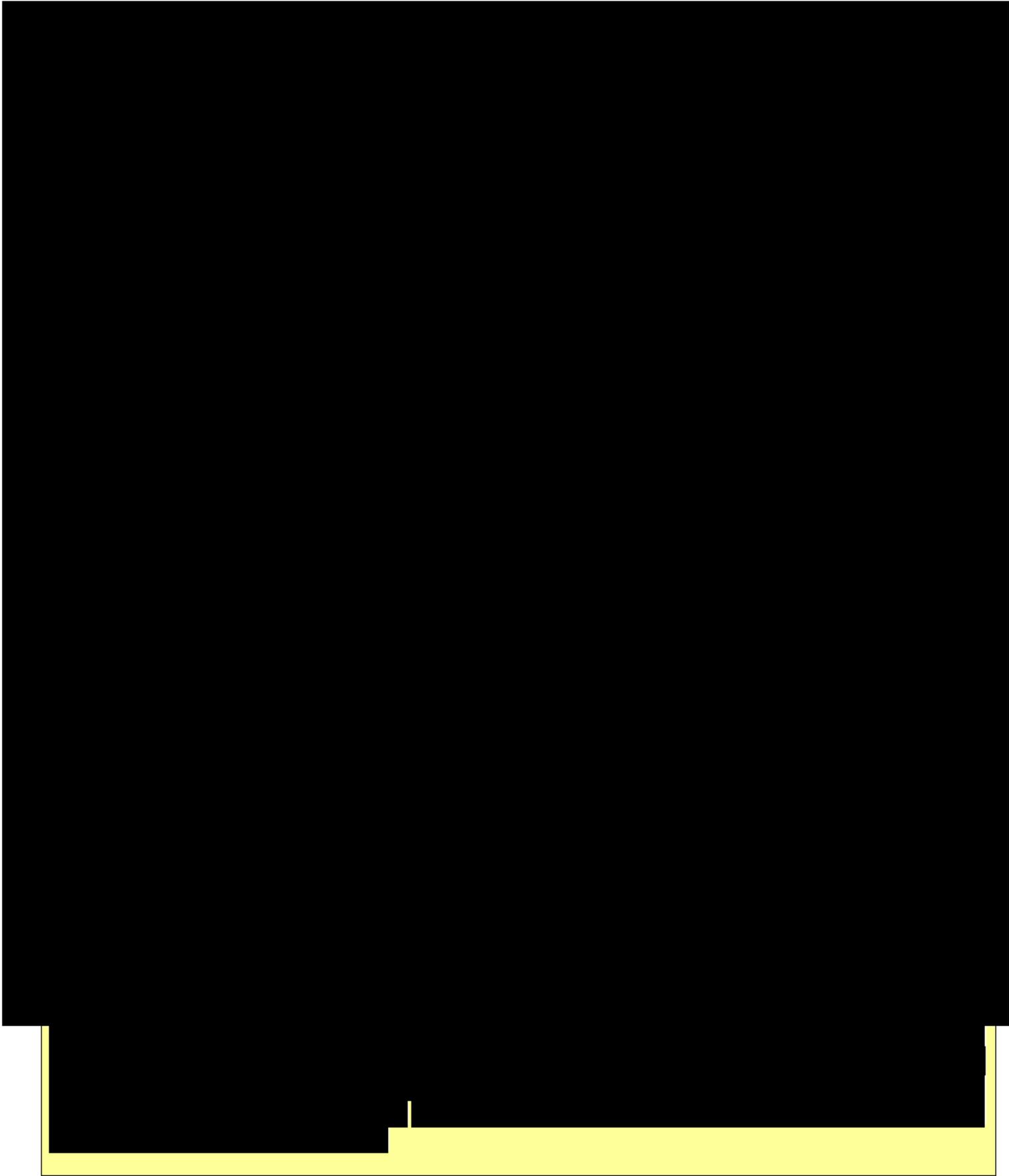


As previously mentioned, a patient who has opted out of the registry or declined reminders will be excluded



STC|ONE® provides predefined and ad hoc assessment and coverage reports that users can generate independently.





Additional patient lists are available that break down the statuses of the assessed groups to the individuals who comprise each group, allowing for ease of contact and follow-up. There are charts and graphs for this information and the data can be exported to Excel for ease of filtering and sorting.

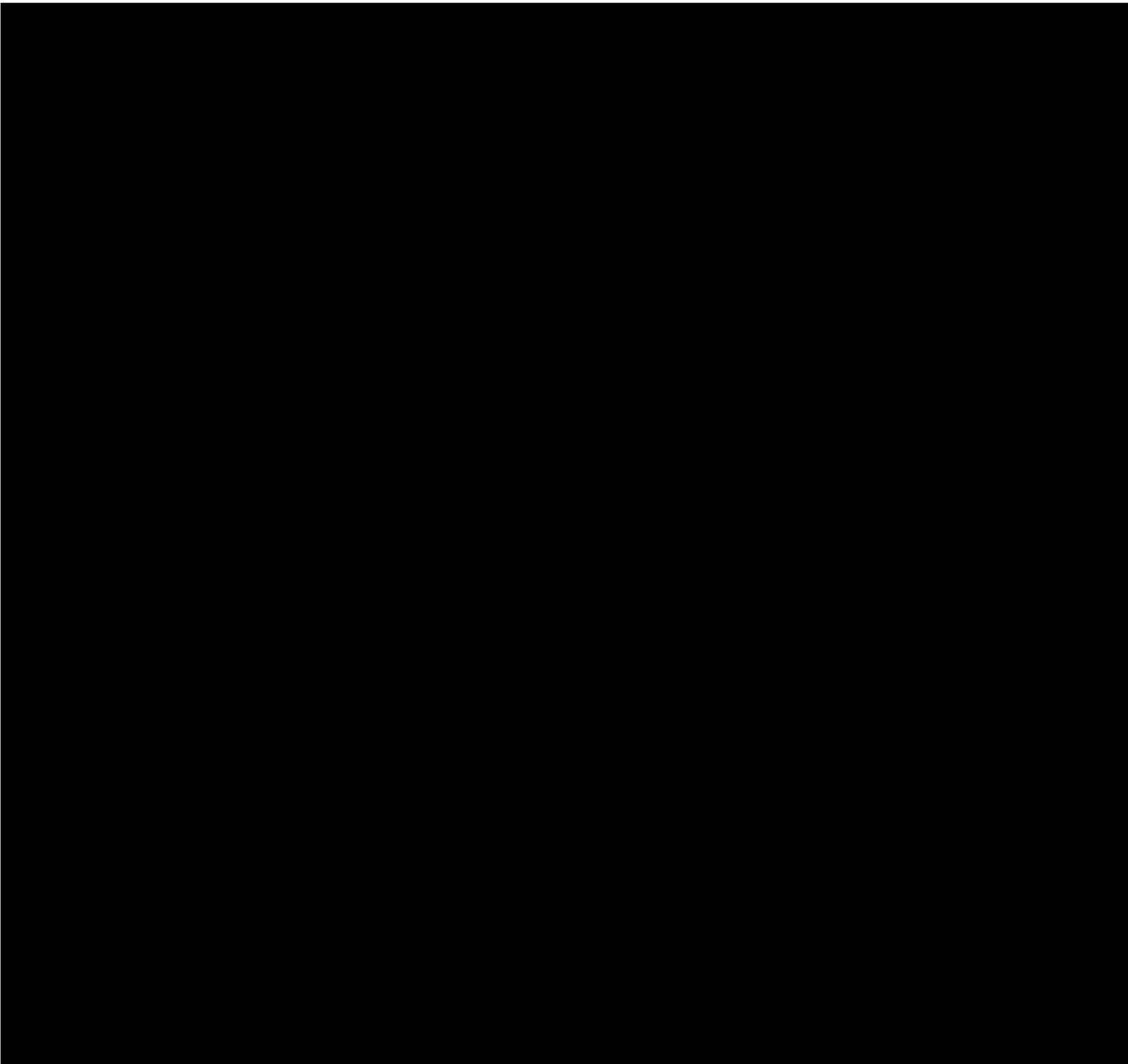
STC|ONE® can generate customizable reports that can be sent directly to the CDC that adhere to applicable

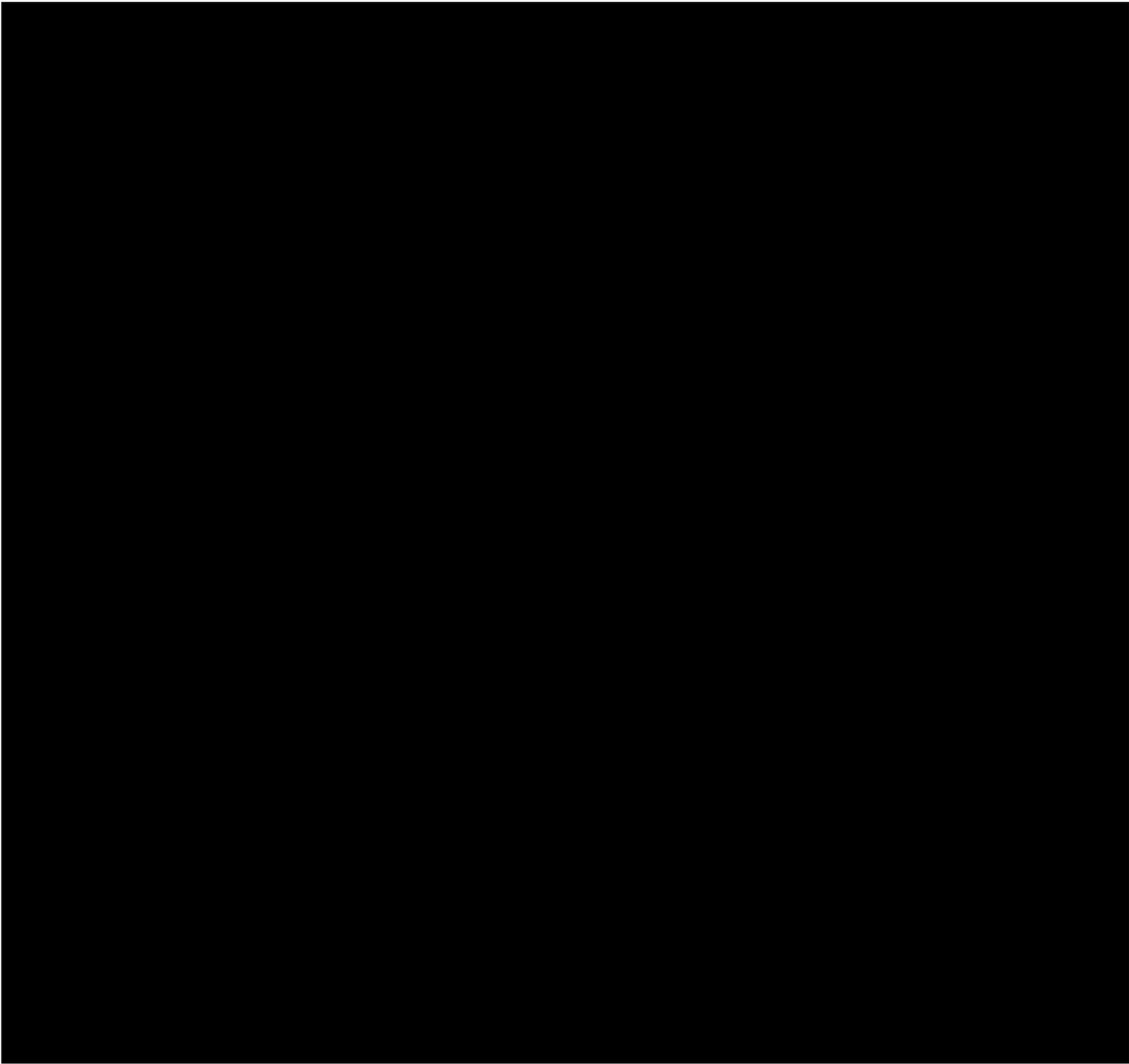
[Redacted]

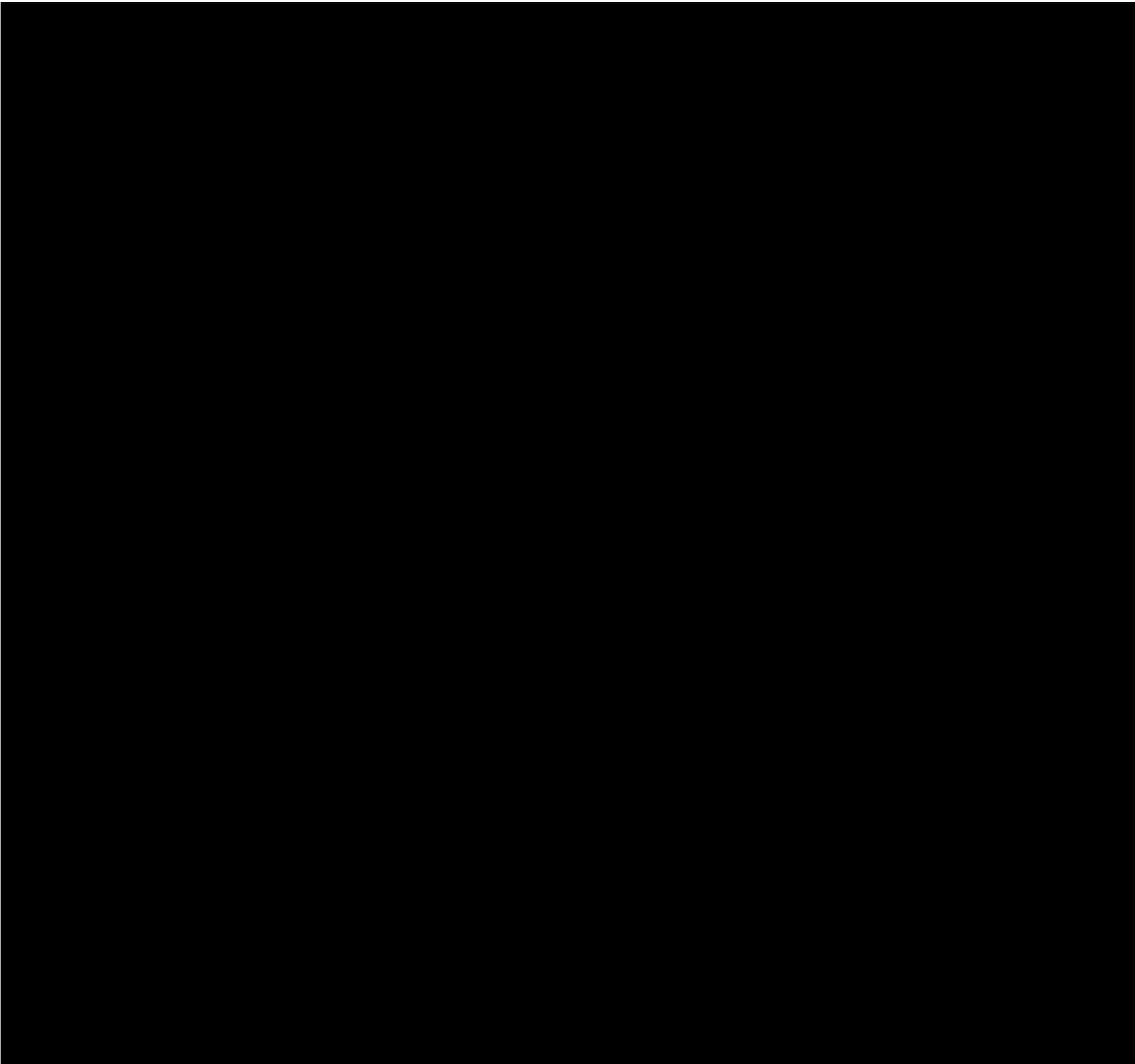
[Redacted]

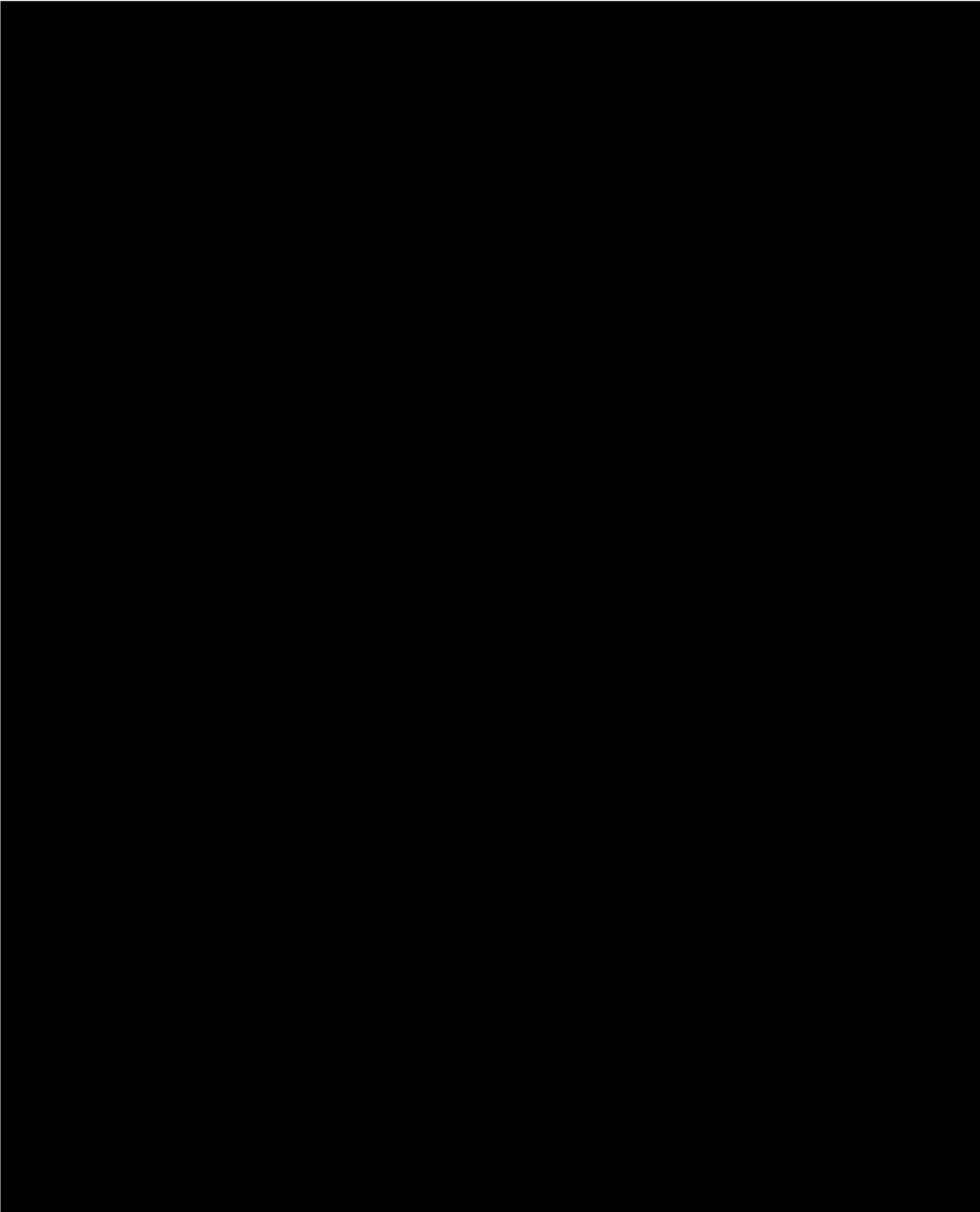
[Redacted]

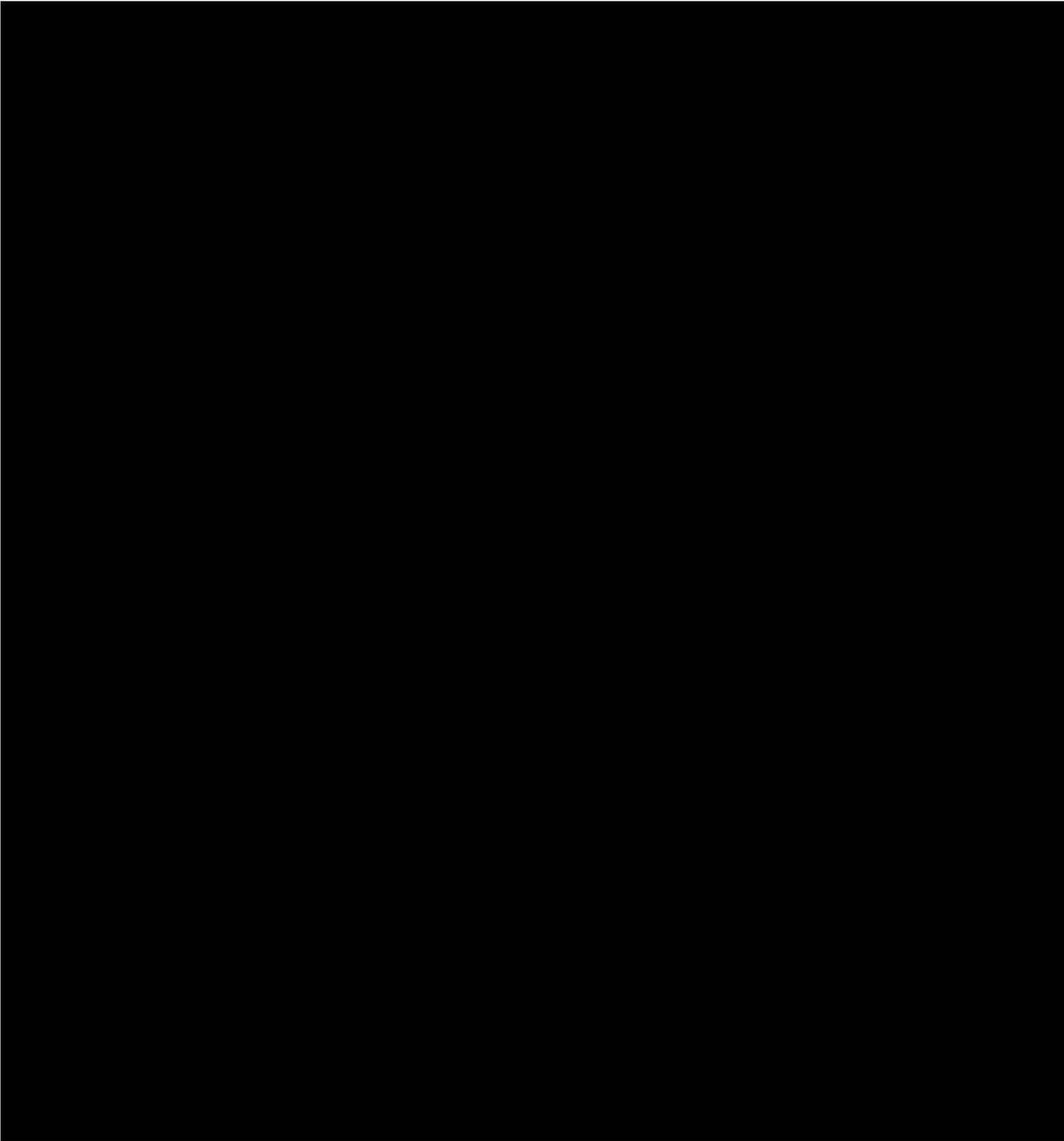
[Redacted]

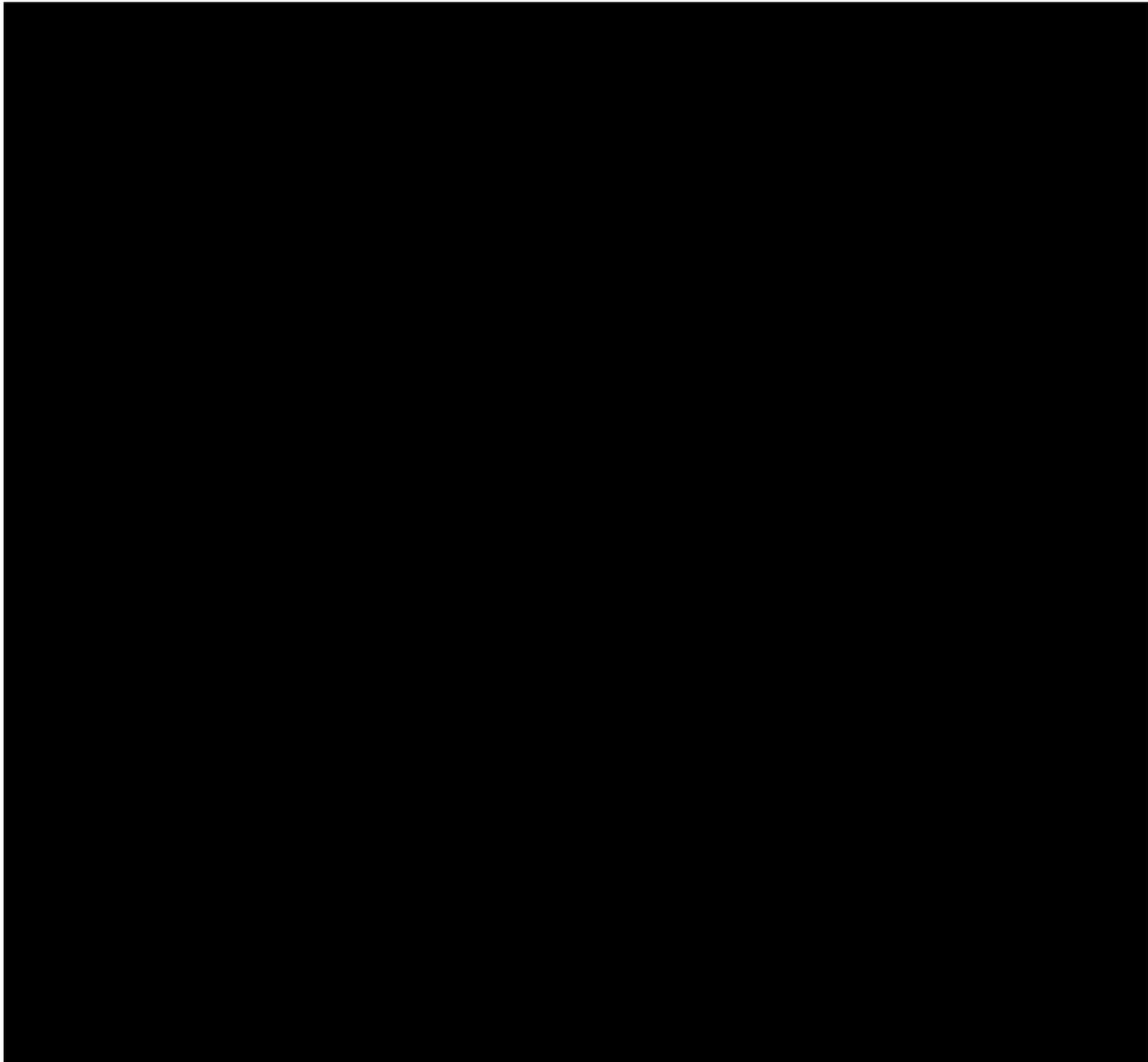


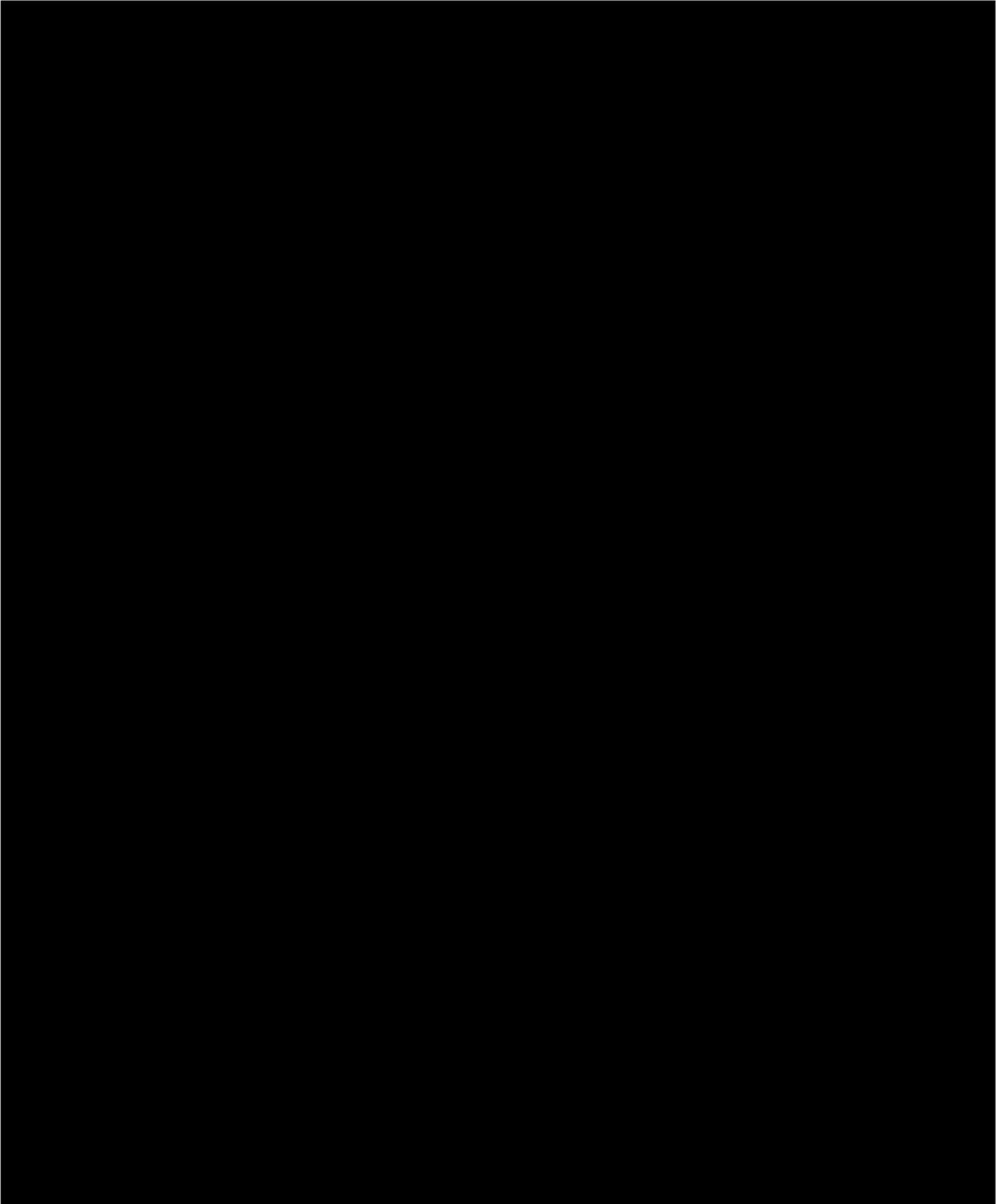


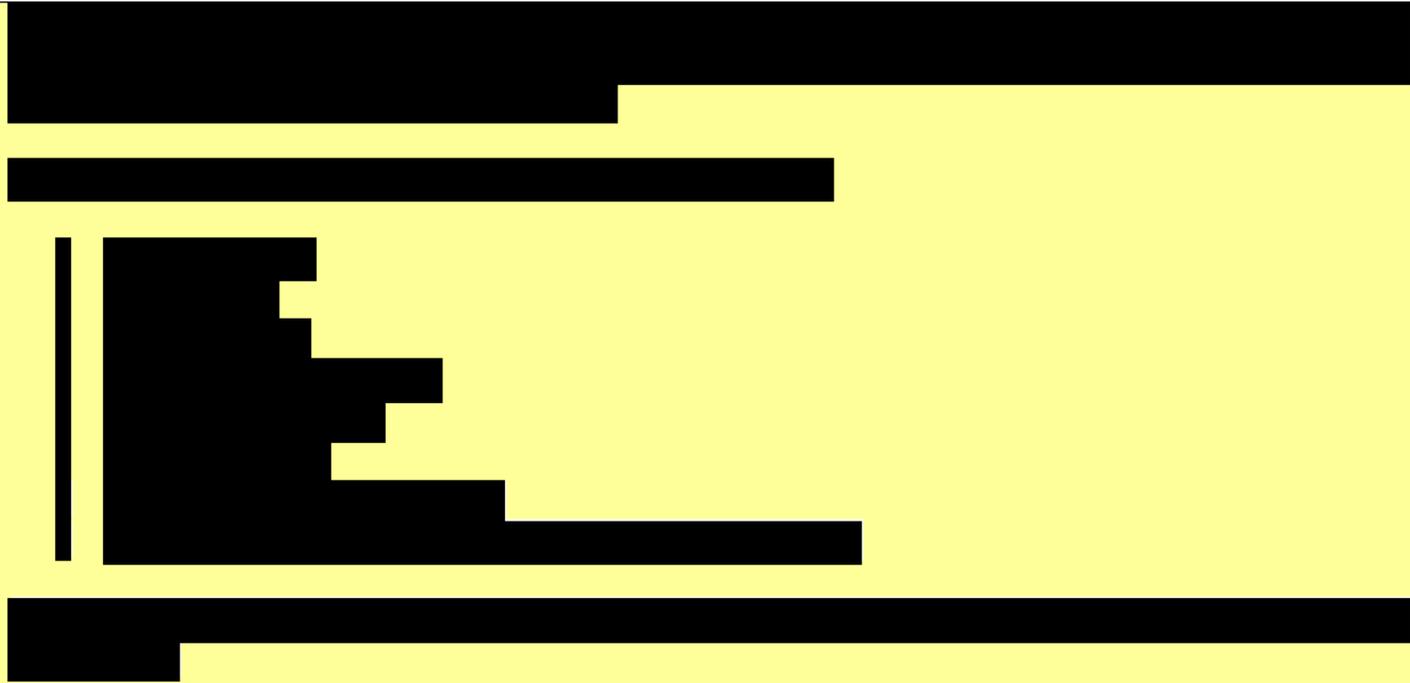






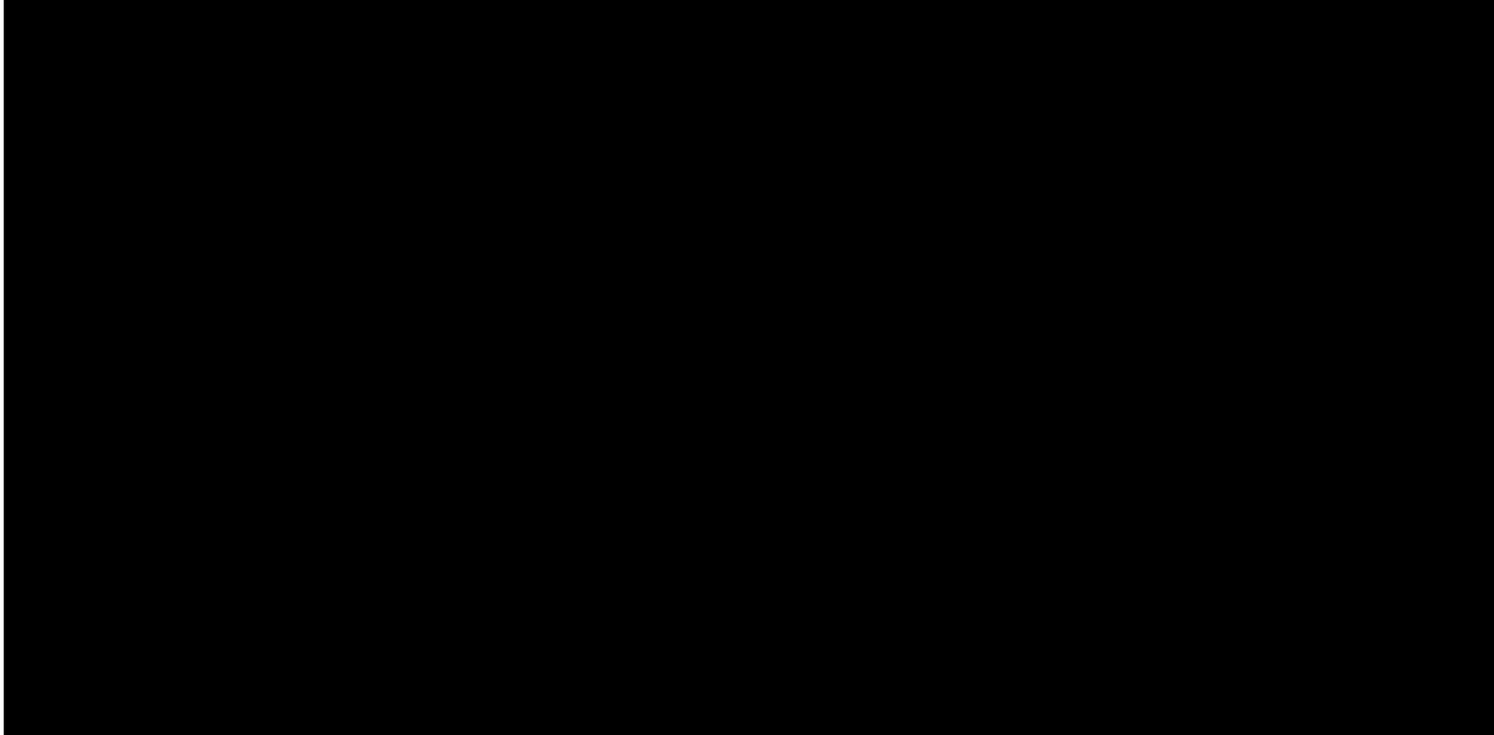


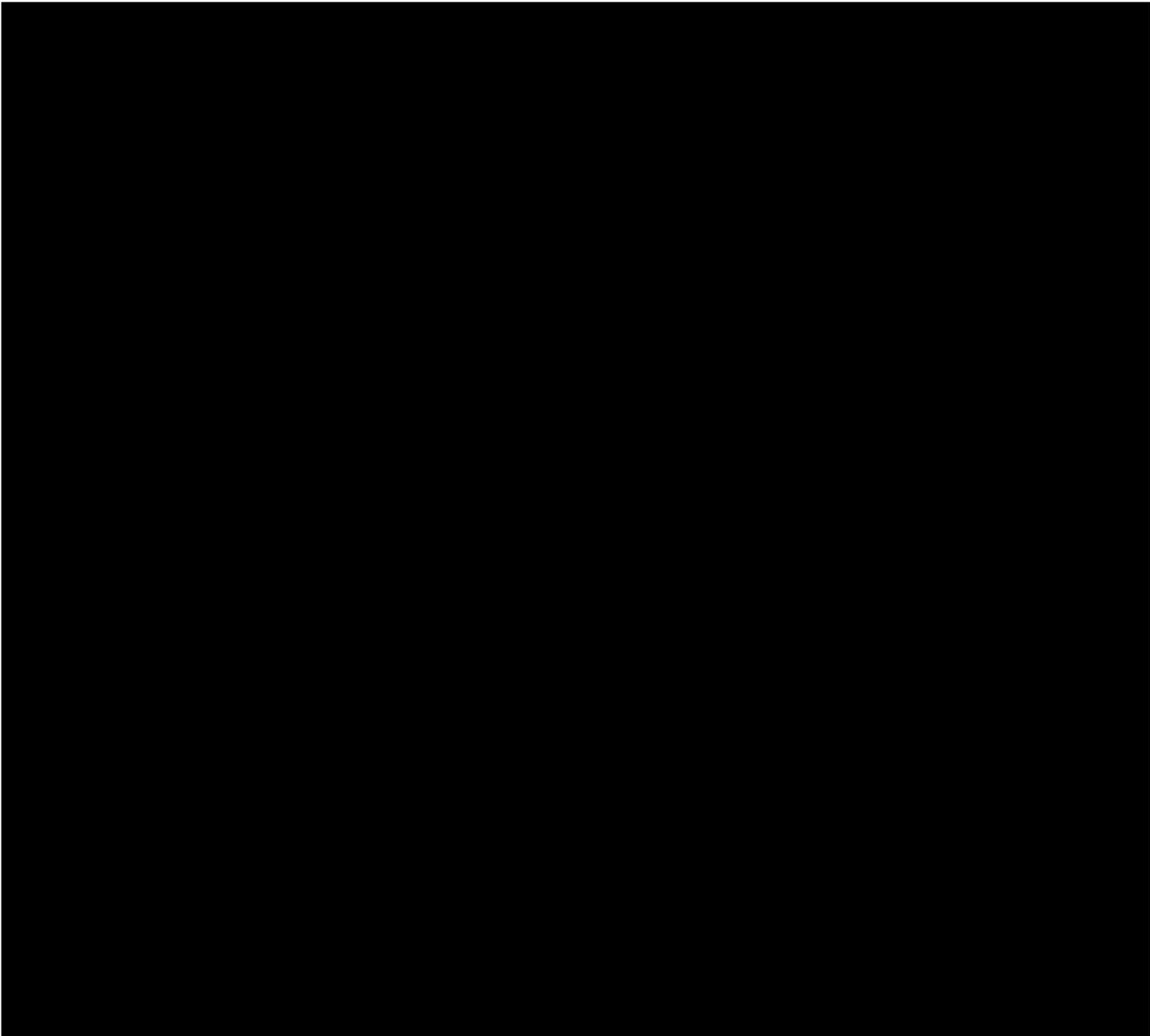




Once Serology is enabled, and the Serology Management Access is assigned, an authorized user from IDOH can configure the functionality to include all desired tests. The configure Serology page allows the program to configure new test types, inactivate tests, add shortcuts, or update serology configurations.

To view and add serology tests a user must be given permission for Serology View Access which allows them to view all serology tests entered for a patient. A user can only edit serology tests entered by their





STChealth maintains client-facing product roadmaps that are transparent and viewable, and include descriptions of future functionality and enhancements for the IIS, and the targeted timelines for delivery to client systems. New functionality includes items specific to CHIRP as well as functionality that benefits all STChealth clients within the collaborative and CDC-backed Consortium model. Any changes to the roadmap are discussed individually with IDOH staff and collectively on Consortium calls. This allows IDOH to have a clear view of upcoming functionality and the value that it brings. The current roadmap includes three specific types of enhancements:

- Indiana-specific enhancements to improve workflows within the State of Indiana.
- Enhancements initiated at the Consortium level that will benefit all clients on the STC|ONE® platform.
- Modernization efforts to ensure improved scalability and best practices in cloud-API-first technology approaches, use of data in decision-making, improved user experience and workflows based on human-centered design, and improved flexibility of the system to provide additional self-service solutions to clients without having to go through code changes.

These three categories are detailed in the below sections.

Indiana Specific Enhancements

Although development priorities are often established at the Consortium level for the benefit of all states and jurisdictions, custom enhancements are frequently requested by individual jurisdictions to meet legislative requirements, improve reporting, or enhance programmatic workflows. Four key Indiana items meant to ensure improved workflows for statutory compliance items are identified on the roadmap for completion in the next 24 months:

- [Redacted]

- [Redacted]

Enhancements Initiated at the Consortium Level

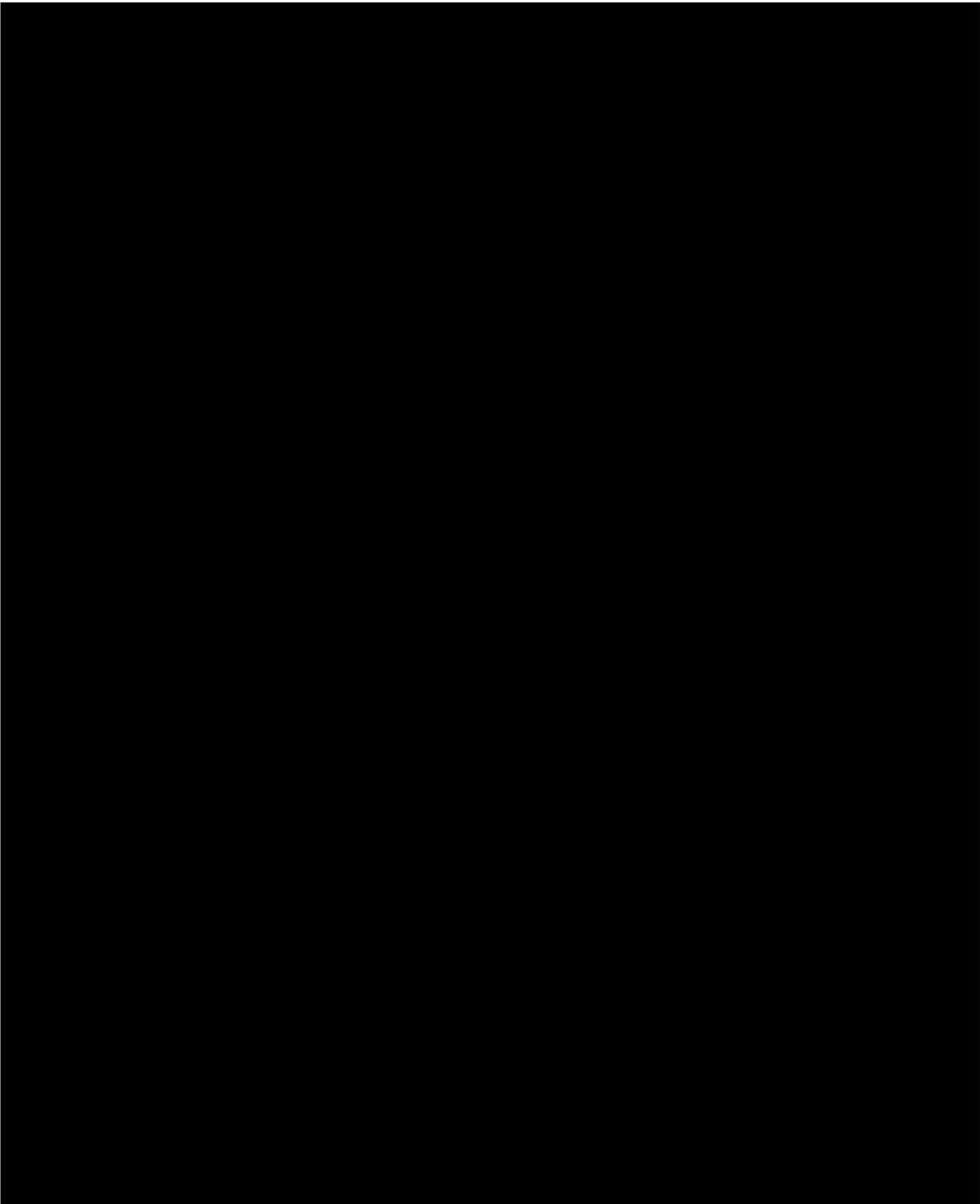
The below enhancements are also a sampling of planned features for all Consortium members over the course of the next 3 – 18 months.

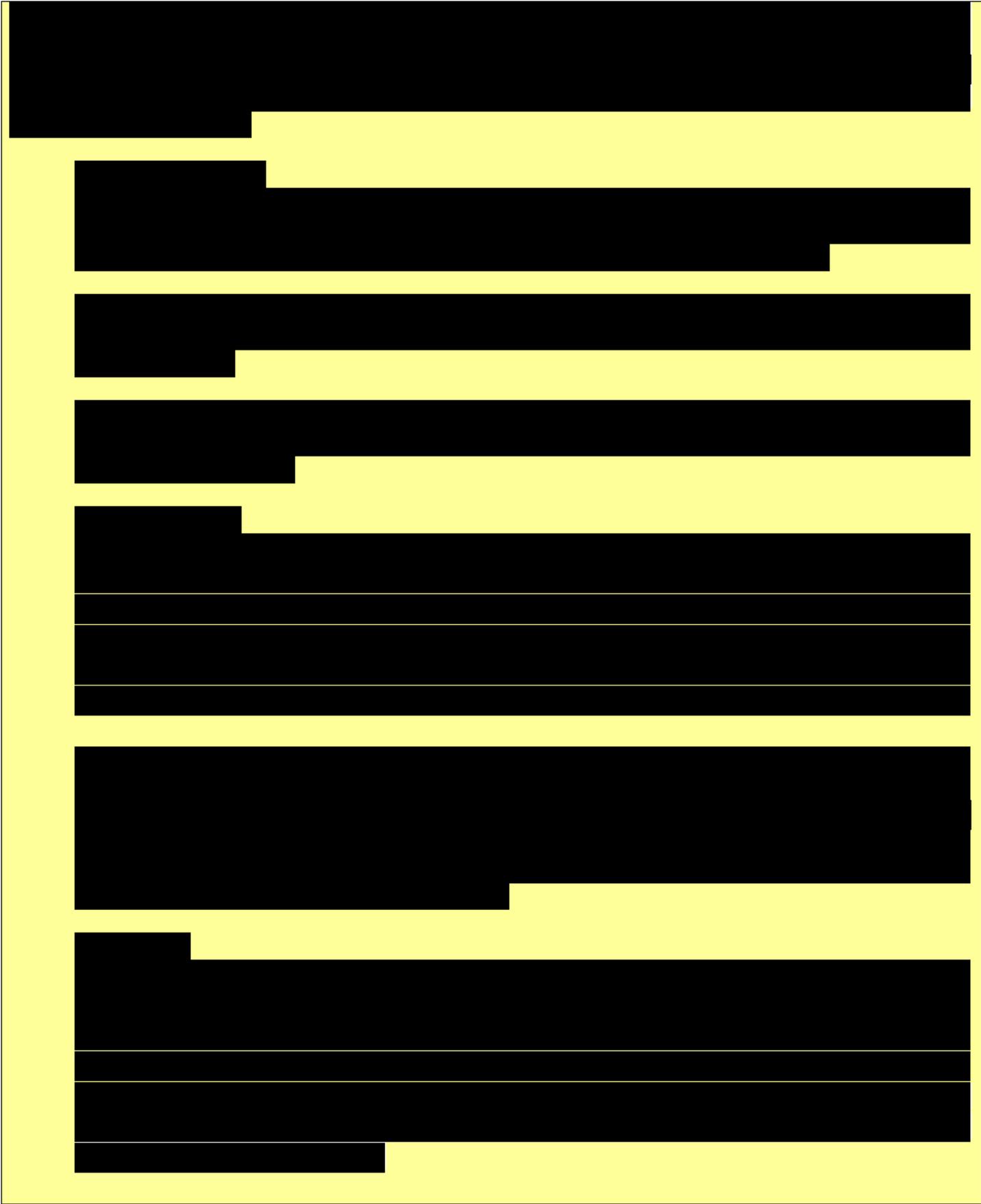
- [Redacted]

Product **Strategy:** **Modernization**

STHealth is undertaking a comprehensive modernization effort focused on scalable sustainability.

[Redacted]





[Redacted]

Self-Service Reporting is an innovative feature that enhances the way registry users access and generate reports of patient vaccine data. Developed to integrate seamlessly with IIS data, it empowers users to generate custom reports. Users have the flexibility to select specific patient groups (cohorts) and define the information (output parameters) they need in their reports. Integration of Self-Service Reporting exists within the Registry application dashboard, allowing for easy access. Features include enabling users to create and manage their own patient cohorts, and a capability for users to generate tailored reports as needed. The forthcoming development aims to further enhance these functionalities, providing users with greater versatility and comprehensive options for their reporting needs.

User Management

[Redacted]

[Redacted]

STC|ONE® Data Exchange includes message filtering capabilities that allow the user to search by medical record number, import date range, provider, user, batch and/or system message ID. Results are organized in an easy-to-navigate table. Search results can be filtered/sorted by Message ID, Submit Date, Provider ID, User ID, Patient ID, Last Name, Last Name, and Message Status. In addition, exported data or data in several of the reports can be filtered. As Message Statistics is fully built out as a part of STChealth’s Modernization efforts this feature will be evaluated and potentially included.

[Redacted]

Patient Management and Provider Immunization Workflows

This critical foundational element of an IIS is ensuring an intuitive experience for immunization providers to look up patient records, manage demographics, and add vaccination details while ensuring there is one consolidated record per patient. This foundation piece of modernization is key to the provider experience as well as being the cornerstone for vaccine data.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

In addition to the above modernization efforts, STChealth continues to work with our Consortium on novel modernization efforts to improve how the IIS captures health holistically. The need to capture Developmental Screening and Newborn Screening data within IIS is apparent, and as a forward thinker, Indiana is one of the first jurisdictions in the STChealth Consortium to express interest and participate in early discovery calls. Newborn and Developmental Screening are just a few examples of how the IIS can be innovated to improve public health outcomes for Hoosiers. We are dedicated in supporting the new opportunities that IIS present and will continue aligning with our partners, such as Indiana, in pursuing these opportunities to reality.

1.d. As this is a SaaS solution, our Cost Proposal includes all ongoing costs (SaaS fees), for the initial period of five (5) years, and the three (3) potential one-year renewal periods. There is no additional software that the State will need to purchase through STHealth as well as outside of this Contract in order to implement and maintain the proposed solution.

2. SaaS Modern Architecture Approach

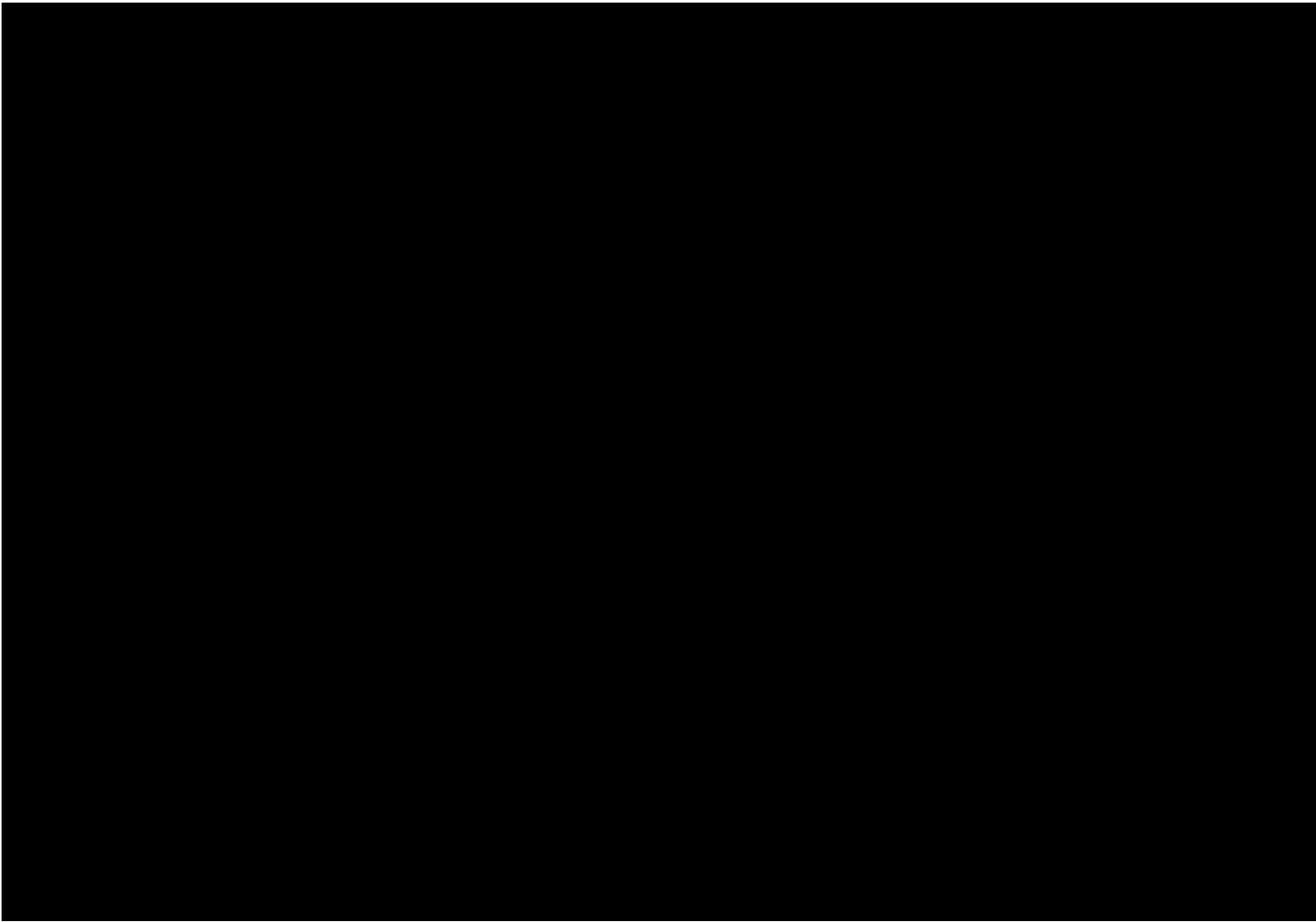
Staffed with engineers, architects, DevSecOps experts and data scientists, our technical expert team uses the best practices in architecture, and we are constantly updating as new development is based on a service mesh with a microservice approach.

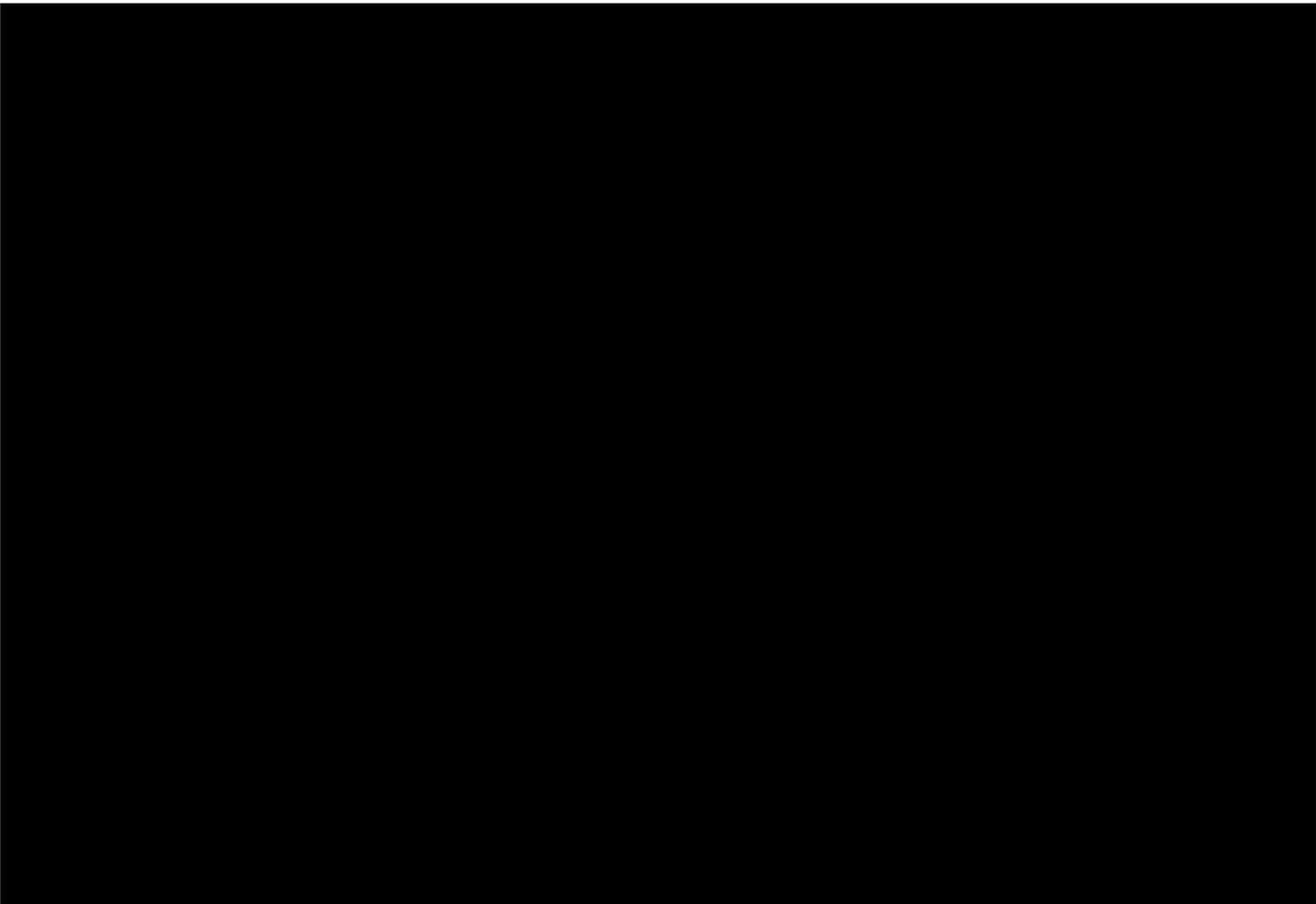
Our production systems, and the underlying architecture they are comprised of, are battle tested and have been proven to be instrumental in the Nation's response to multiple public health emergencies from H1N1 to Hurricane Katrina and most recently the COVID-19 pandemic response.

However, we believe that to do everything in our power to help advance public health, we must provide the means to not only be your record of truth but also help predict and guide the future before it happens, and our modernization path is focused on just that. We believe that providing the highest level of service to our customers means also providing the greatest technologies and capabilities available anywhere. We don't believe in good enough.

Our modernization path leverages the latest technology to advance these efforts while maintaining and advancing the reliability of current capabilities. These technologies were adopted and pioneered by organizations such as Microsoft, Amazon, Google, Netflix, LinkedIn and others to enable real-time information at high scale and maximum reliability.







[Redacted]

[Redacted]

[Redacted]

We use a variety of data stores each fine-tuned to deliver the experience intended. Rather than a one-size-fits-all approach to the data layer, we leverage the underlying data technology that provides the best performance and experience for the task the service seeks to perform.

This service mesh is monitored at a granular level by Linkerd giving our team immediate and specific insight into any issues that present themselves.

Highly distributed systems like our modern architecture are certainly complex but with the SaaS model the complexity is no longer the burden of the agency to host, maintain or manage. We employ an active and

innovative team of specialists all of which possess tailored knowledge of the technologies we use and the patterns and practices we employ to ensure our SaaS product meets and exceeds expectations.

[Redacted]

[Redacted]

[Redacted]

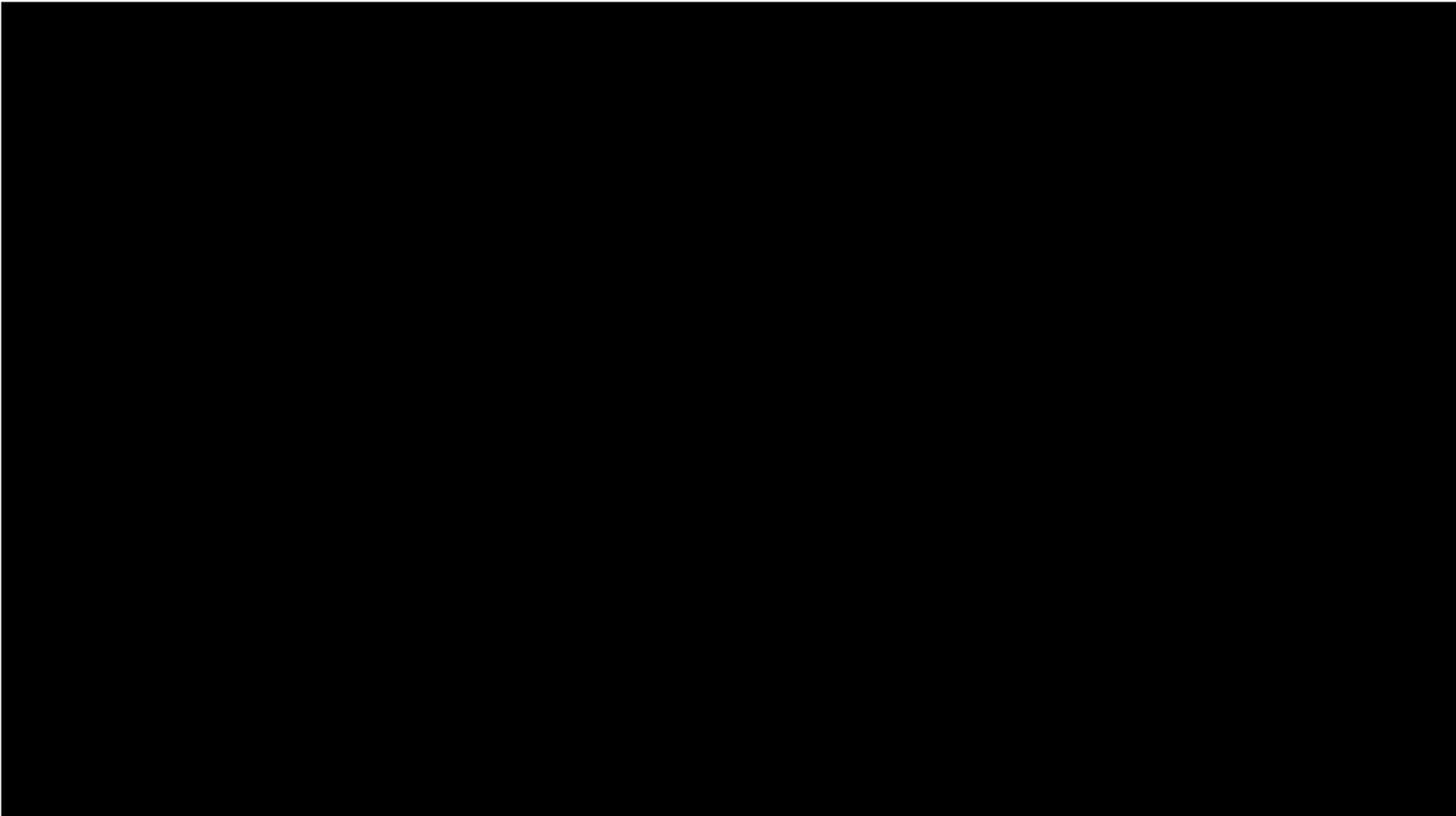
[Redacted]



Cloud Architecture

As STHealth continues its modernization journey; current infrastructure is offered in AWS & Azure commercial. All new releases will be released in AWS & Azure Government. The solution can be configured for both offering styles.

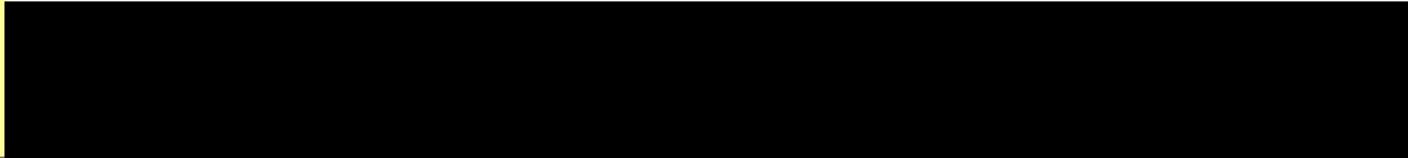




3. There are no capacity limitations in the STC|ONE® platform. Depending on the need from the State, there may be package and pricing variables to consider, but from a technical standpoint we are able to scale up and down as needed.

STChealth leverages the cloud to allow rapid scaling without needing hardware procurement. Our application layers support both horizontal and vertical scaling using virtualized cloud resources. The virtualized cloud resources allow scale adjustment using ephemeral images at the click of a button. Our co-existing modern architecture allows us to scale individual services similarly leveraging containerization and orchestration behind an API façade, preventing any disruption to end users. The front end of modern architecture is delivered by cloud based CDN, enabling automatic global scale with the highest possible availability.

Our horizontal 



Application storage volumes are regularly analyzed against data volume trends to ensure proper volume size and throughput. Automated alerts notify our teams if the storage exceeds 80% of the volume's capacity should trends change and require immediate attention. All storage scale operations are done without interrupting the application using sizing functions during run-time.

All implementations include standardized, automated alerting and escalation to appropriate support teams and dedicated environment management teams.

4. STC|ONE® strives to meet all assistive compliance where possible, including but not limited to 508, WCAG 2.2. All modernization efforts and consumer access incorporate 508 compliance as a core underlying principle and allow for greater levels of assistive technology to be reached.

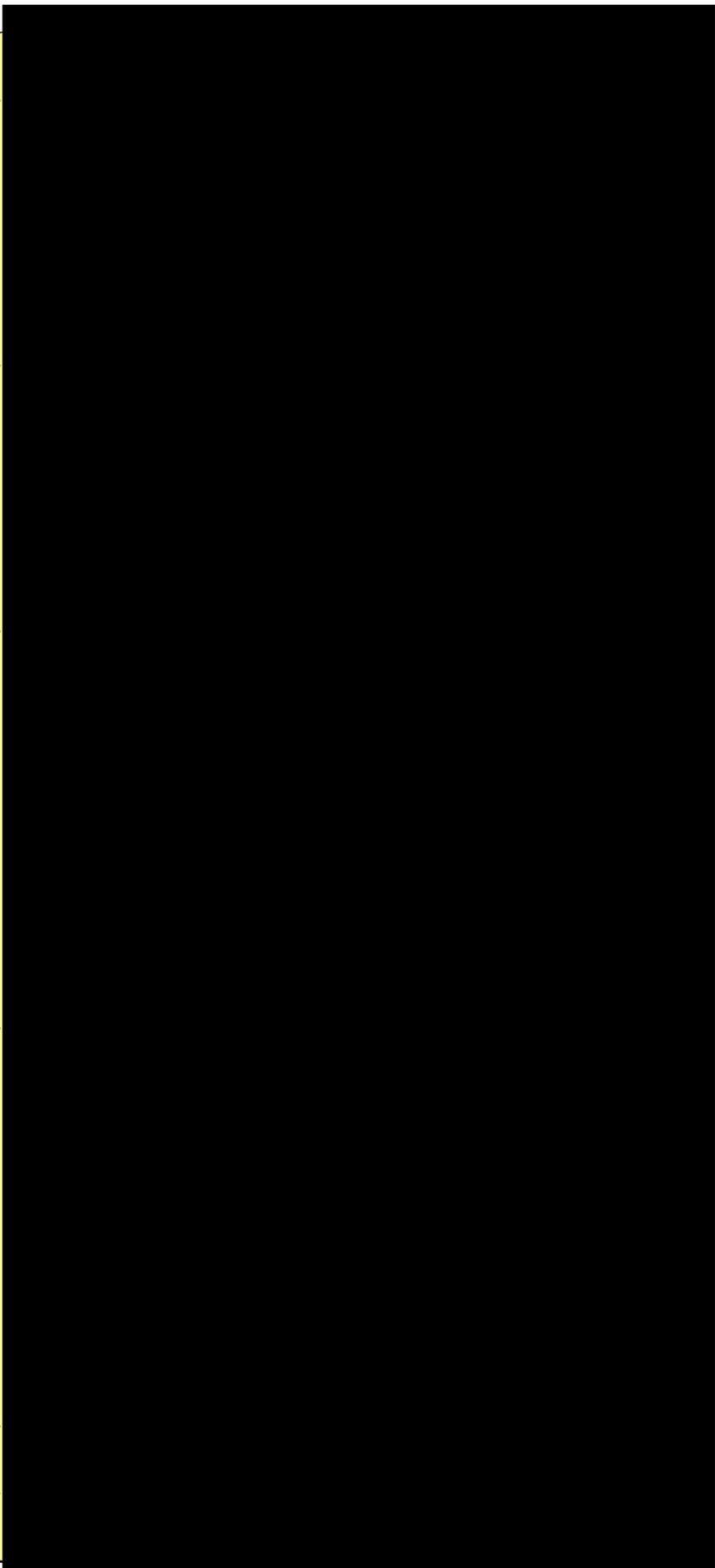
5.a-5.b. The table below shows the items that are indicated as “Planned” as part of the STChealth roadmap, in Attachment N – Requirements Traceability Matrix:

Capability	Requirement
System Configuration	Ability to validate accurate assignment of address to an individual through electronic means (e.g., LexisNexis)
User Roles and Permissions	Ability for jurisdictional admin to add user roles with distinct permissions
User Roles and Permissions	Ability for jurisdictional admin to modify user roles with distinct permissions
User Roles and Permissions	Ability for jurisdictional admin to inactivate user roles

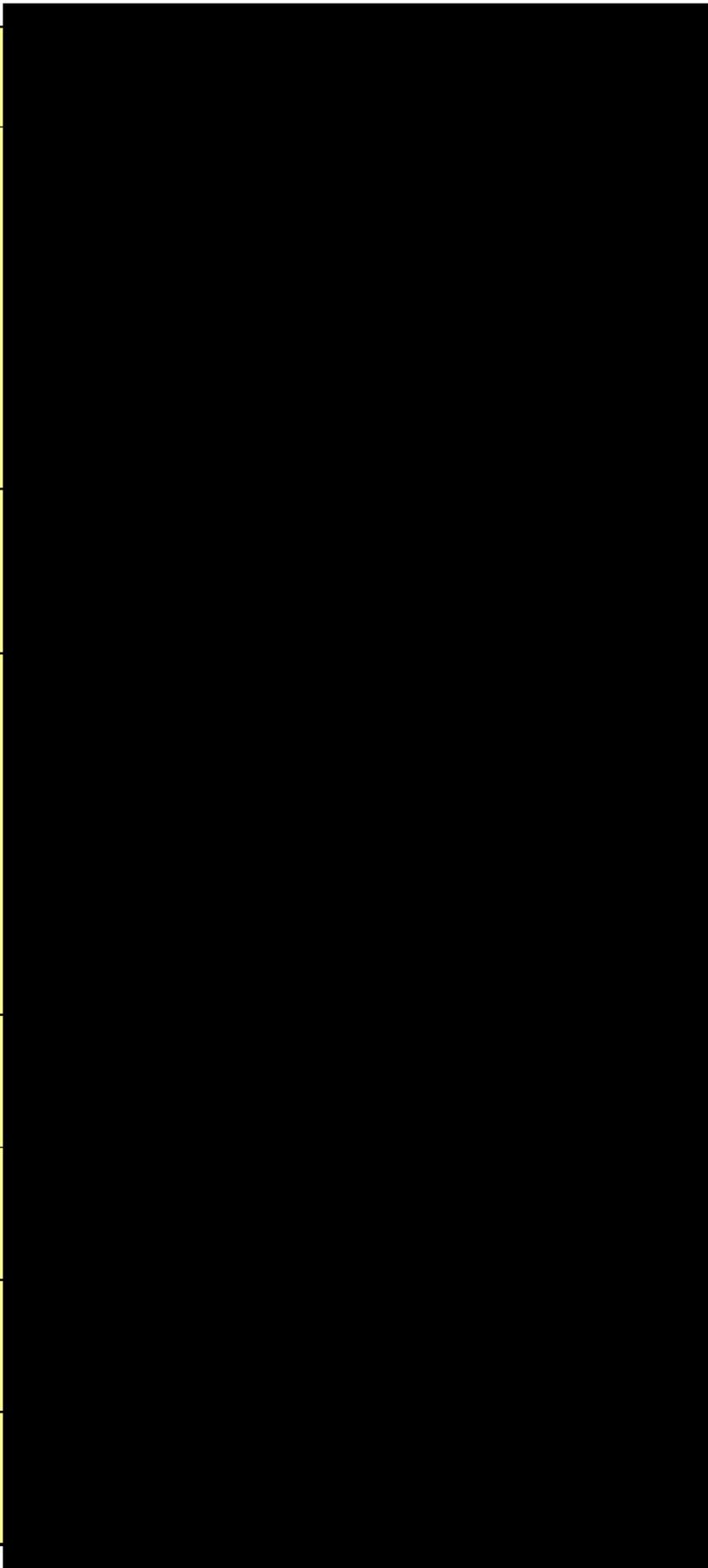
User Roles and Permissions	Ability for jurisdictional admin to modify permissions to IIS processes and data for specific user roles
User Roles and Permissions	Ability for jurisdictional admin to restrict system functionality by user role
User Roles and Permissions	Ability for jurisdictional admin to restrict authorized user access to data based on user role
User Roles and Permissions	Ability for jurisdictional admin to enable access to standard reports based on user role
User Roles and Permissions	Ability to automatically update all users assigned to a role based on changes made to the "master" role attributes
User Roles and Permissions	Ability for jurisdictional admin to manage user roles and permissions by task per jurisdictional policy
Add, Edit, Inactivate Organization	Ability to save documents (i.e., enrollment/onboarding documents, storage and

	handling, borrowing, temperature logs, wastage, etc.) to specific organization/facility file folder per policy
Add, Edit, Inactivate Organization	Ability for jurisdictional admin to retrieve electronic files from provider file folder
Add, Edit, Inactivate Organization/ Facility	Ability to move/merge data in bulk from one organization to another
VFC/Vaccine Program Enrollment	Ability to attach VFC documentation (in multiple formats) such as: VFC training certification, certificate of calibration, medical license, floor design diagram and other documents
VFC/vaccine program enrollment	The ability for IIS staff to retrieve electronic files from organization/facility file folder
Add, edit, inactivate user	The ability for jurisdictional admin to manage user access to refugee health screening module
Add, edit, inactivate user	The ability for jurisdiction to manage access to refugee health screening results and data entry
Add, edit, inactivate user	Ability for jurisdictional admin to manage user access to vision screening module

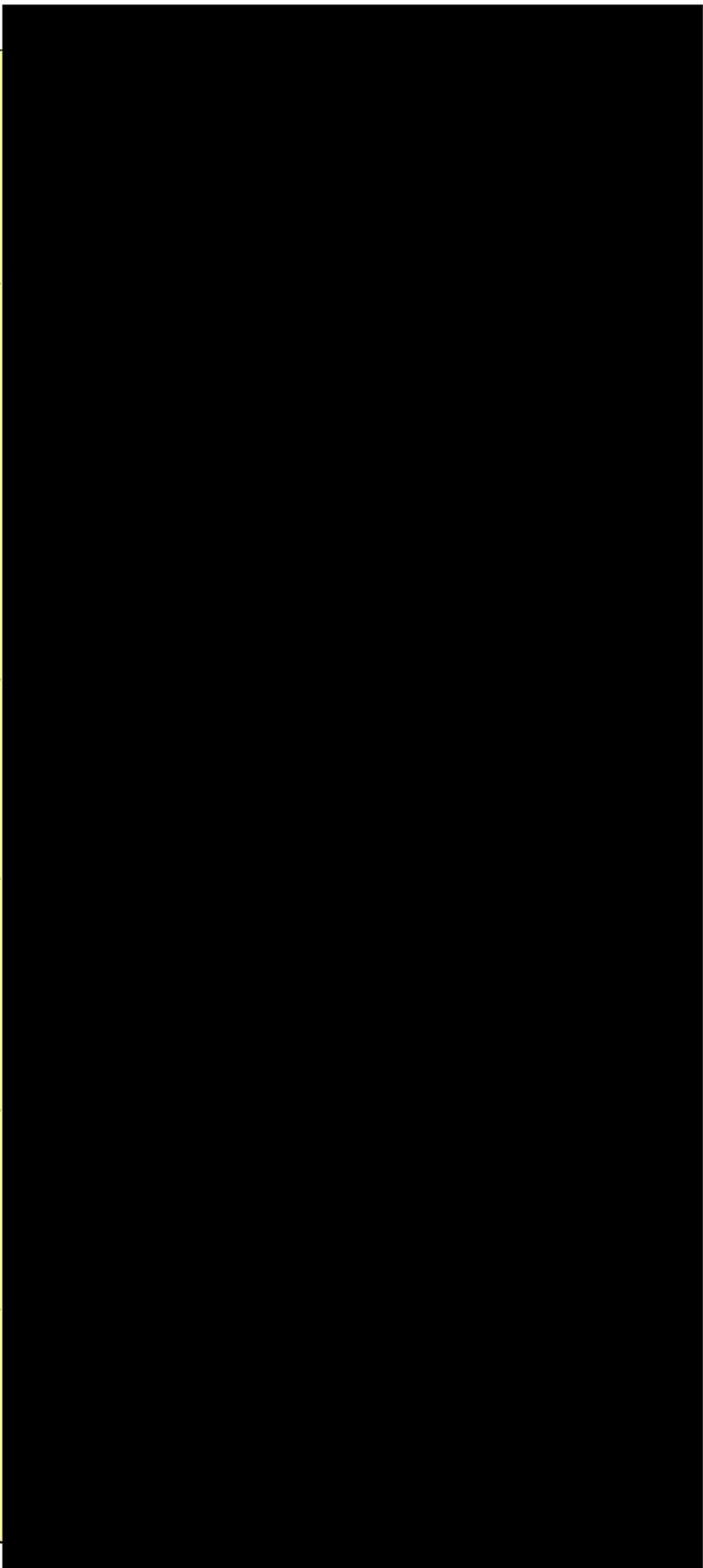
Add, edit, inactivate user	Ability for jurisdiction to manage access to vision screening results and data entry
Password management	Ability for jurisdictional admin to configure the periodic intervals for generation of notifications to authorized users of their pending account password expiration
Password management	Ability to include user password reset based upon user responses to jurisdictional established set of questions
Password management	Ability for jurisdictional admin to manage security questions for password reset functionality
Interfaces	Ability to support API to API interfacing with VISIT
Data exchange	Ability to support fhir standards



Data exchange	Ability to filter acknowledgement messages
Data exchange	Ability to retain messages in a queue when the IIS is unavailable to automatically run/accept the messages after the IIS is back up
Data exchange	Ability to sort acknowledgement messages
Data exchange	Ability to sort error messages by job id
Data exchange	Ability to sort error messages by date/time
Data exchange	Ability to sort error messages by error type
Data exchange	Ability to sort acknowledgement messages



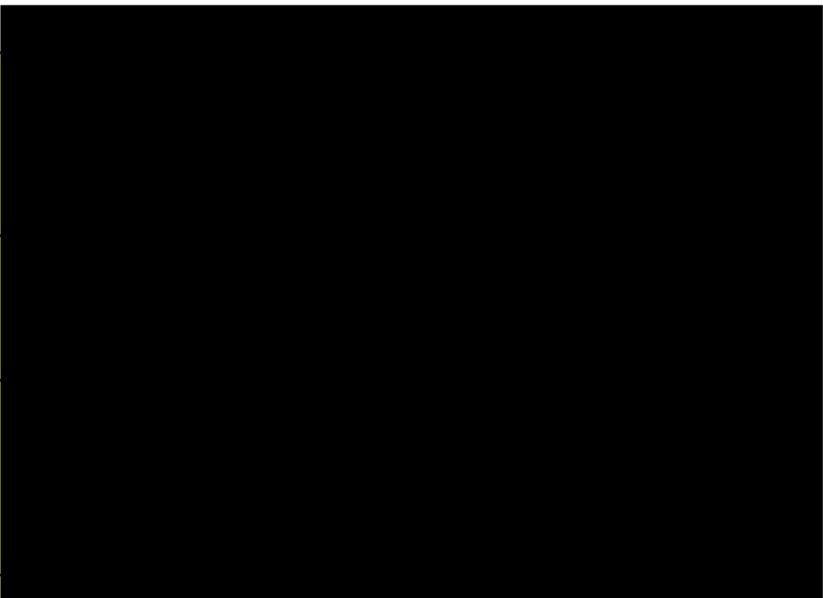
Patient matching & deduplication	Ability to support a strong deduplication engine which may include advanced patient matching algorithms such as identifying existing patient records as duplicates through name synonyms from multiple language origins (e.g., Spanish). The deduplication logic should be clearly documented and be configurable
Patient matching & deduplication	Ability to select data elements from the patient records to maintain within the consolidated record
Delimited file uploads	Ability to automatically validate delimited files to avoid large ambiguous manual deduplication queues when files are uploaded by a Medicaid agency
Coverage reports	Ability to generate report(s) on immunization coverage by city
Vision screening	Ability to support vision screening module



Vision screening	Ability to add, edit, and delete vision screening data based upon jurisdiction defined fields (e.g., screening results -pass/fail, left eye acuity, right eye acuity, referral - yes/no and screening source)
Vision screening	Ability to view history of vision screening results
Vision screening	Ability to display vision screening results in chronological order
Vision screening	Ability to print vision screening results
Refugee health	Ability to support a refugee health module
Refugee health	Ability to document refugee health screening results based upon jurisdiction defined fields (e.g., vaccines, hepatitis screening, tb screening results, sexually transmitted infections, parasite screening results, blood count, malaria, general patient information, referral information)
Refugee health	Ability to edit refugee health screening results

Refugee health	Ability to delete refugee health screening results
Standard reports	Ability to generate hl7 report for distribution to providers of vxu messages and acknowledgements (acks) for a particular date range
Ad hoc queries & reports	Ability to modify a query
Ad hoc queries & reports	Ability to delete a query
Ad hoc queries & reports	Ability to save an ad hoc query
Consumer access	Ability to support top 10 languages (based on state population)
Refugee health	Ability to generate refugee health screening reports based upon jurisdiction defined fields
Refugee health	Ability to print and export jurisdictional specific refugee health screening reports

System Alerts	Ability to alert public users of system outages via email (i.e., does not require user login to receive message)
Reliability	Ability to support a QA environment where data is updated within 24 hours of current data production
Accessibility	Ability to display system text in other languages upon user selection (Minimum requirement of English and Spanish)



6. STC|ONE® seamlessly integrates with VTrckS, more detail on this functionality is in section 1.a and b, under STC|ONE® Inventory Management.

7. STHealth has partnered with Professional Management Enterprises, Inc., a local Minority Owned (MBE) and Service-Disabled Veteran Owned (VBE/DOBE), with headquarters in Indianapolis. PME has previous hands-on expertise with integration services for ISDH and IN HIE including Health Alert Network, NEDDS, etc. They are very familiar with IDOH's data integration standards and data elements.

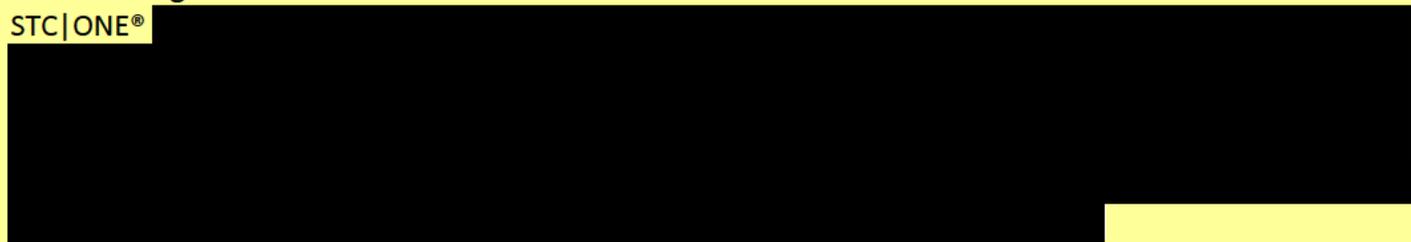


8. Mobile Capabilities

The STC|ONE® platform is mobile enabled. All consumer-facing features are enabled for mobile phones, and all platform components can work on a mobile device including tablets, and new workflows are designed to be tablet responsive.

9.a-i. Hosting

STC|ONE®



10.a-e. Consortium

STHealth works to keep STC|ONE® at the front of IIS functionality. To do so, we have engaged in a Consortium model since 2003 as part of our Human Centered Design (HCD) approach. The Consortium is a partnership

between STHealth and its clients (who use a common IIS software platform and tools) who come together to share ideas, leverage funding, and work together to meet the goals of the IIS Strategic Plan and other State and Federal initiatives.

Iterations and Cycles vs. Linear and Rigid

User needs are not static, and as such, neither are products. Traditional development services often take a linear path – define, develop, launch, maintain. Product development using HCD embraces iteration and ongoing optimization. This dynamic, discovery-based approach ensures product roadmaps are insights-driven, thus, continually delivering better outcomes.

The Consortium

[REDACTED]

[REDACTED] STHealth also applies best practice UX/UI as part of our modern development and design practices. After Ideation and Development conclude, the workgroup is brought back together for new functionality demos to ensure any development meets the needs of the Consortium and the end-user.

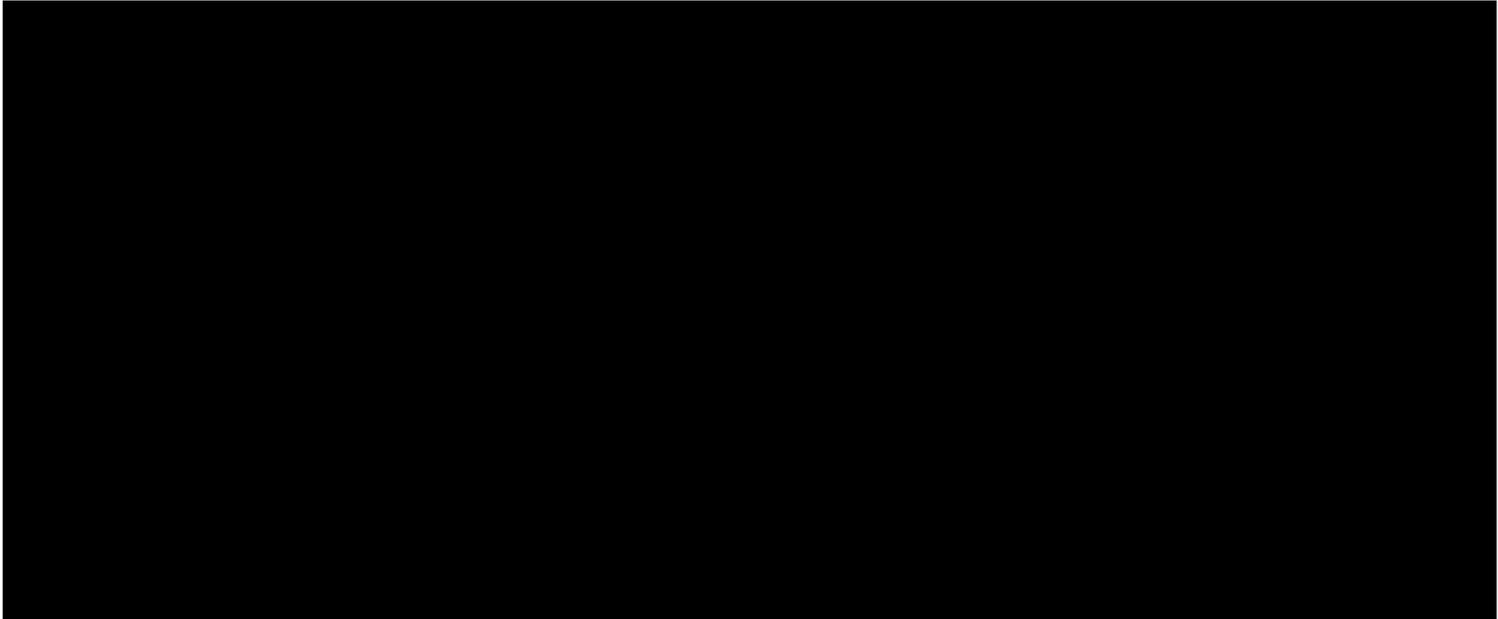
Additionally, once the product [REDACTED]

[REDACTED]

[REDACTED]

Virtual Consortium calls bring together key state stakeholders to discuss topics relevant to the IIS and public health, make Consortium-level decisions, and receive information about system version releases, upgrades, and enhancements. [REDACTED]

[REDACTED]




11. STChealth has developed specific custom functionality for Indiana, as well as enhancements to the STC|ONE® platform that benefit the whole Consortium, with the goal to help the State achieve its programmatic goals. Additionally, the ongoing work with modernization and our product strategy will further improve our ability to help the State achieve its goals.

STChealth's Consortium model allows states to cost share new enhancements and leverage new best practices across the STChealth client base. Functionality, such as provider enrollment, benefit the whole Consortium even when a subset of Consortium members contributed to the funding of the functionality.

The Consortium model, alongside STChealth's product strategy, creates a robust framework for a reduction of cost for each Consortium member when additional capabilities and modules are created. Allowing states to share the cost, and for the full Consortium to benefit from enhancements to the core STC|ONE® platform, demonstrates the power of the Consortium working together. This provides opportunities for Indiana to benefit with new functionality at no additional cost. The Consortium model and STChealth's product strategy are described in further detail in the "Proposed System" section.

STChealth has also developed monthly reports and joint success plans that help provide clarity with how the State is able to achieve its programmatic goals. Clear visibility into progress towards deliverables and programmatic goals has received positive feedback from IDOH and the Consortium. Further detail is discussed in the M&O section of this document.

12. STChealth has reviewed and responded to the questions included in [STC_25-78600_Attachment_M_-_Cloud_Questionnaire.pdf](#).

- **System Security Requirements (Attachment L, Section 4.2)**

1. Review the State’s Information Security Framework and either confirm that your company conforms to the policy or provide explanation to the areas for which your company does not conform. A link to the instructions for accessing the Information Security Framework can be found here: <https://www.in.gov/iot/iot-vendor-engagement/>.
2. Access Indiana
 1. Describe how the proposed solution can integrate with Access Indiana (<https://www.in.gov/inwp/access-indiana/>).
 2. Outline any issues your proposed solution may encounter with utilizing Access Indiana.
 3. Provide recommendations/possibilities for implementing (or not implementing) Access Indiana for the various areas of the proposed solution with explanations for each.
 4. If the proposed solution cannot currently accommodate Access Indiana, what actions and accompanying timelines would need to be completed for utilization?
3. Role-Based Security (Attachment L, Section 4.5)
 - a. Describe how the proposed solution will provide a method of adding, modifying, and removing access to the IIS using role-based security standards.
 - b. Describe how the proposed solution will:
 - i. Allow individual users to have multiple roles assigned to their permissions.
 - ii. Will have the flexibility of page and field level permissions/restrictions, the configurations of which should be flexible to allow for regulation changes in a future-state.
 - c. If the proposed solution cannot currently accommodate role-based permissions and the needed functionality, what actions and accompanying timelines would need to be completed for utilization?
4. Confirm you have reviewed and will comply with the State and Federal Requirements listed in Section 4.3 of Attachment L. Detail any experience you have had working with these requirements previously.

1. STChealth confirms we conform to the State’s Information Security Framework.

2.1. STChealth has worked collaboratively with IDOH to integrate Access Indiana into CHIRP. Currently, Access Indiana is integrated into Indiana’s QA/TEST environment, and functions correctly based on the specifications agreed upon with the State.

2.2. The STC|ONE® platform is able to successfully utilize Access Indiana, as shown by the integration in CHIRP QA/TEST.



[REDACTED]

Efficiency

A structured user role management system [REDACTED]

[REDACTED]

Greater Scalability

An effective user role [REDACTED]

[REDACTED]

Improved Security

User roles and [REDACTED]

[REDACTED]

[REDACTED]

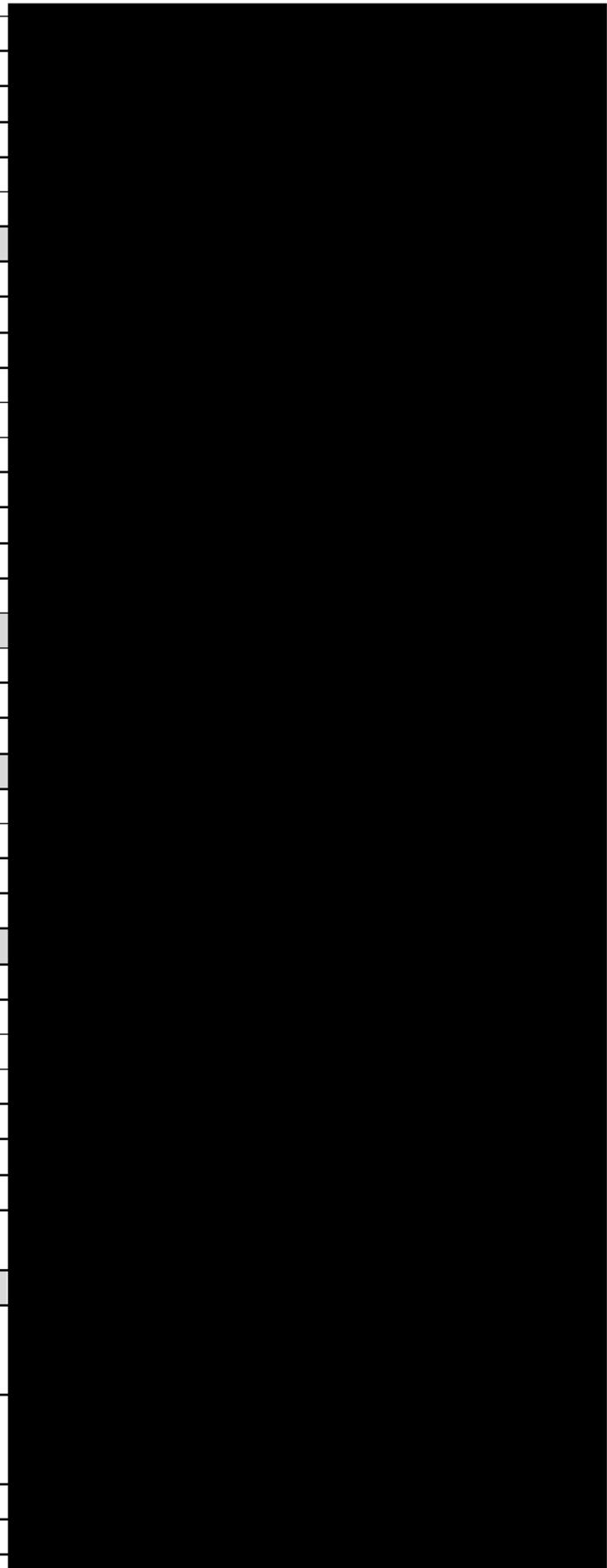
- **Reporting (Attachment L, Section 4.7)**

1. Confirm you have reviewed and will comply with the reporting requirements listed in Section 4.7 of Attachment L.
2. Provide an explanation of how the State (e.g., the Immunization team, the IDOH Data and Analytics team) can have direct access to raw IIS data to connect to and extract data through an API or other interfaces for reporting and other needs. Confirm that the proposed solution will allow the State access to all portions of the System to allow for State teams to produce ad hoc reports as necessary.
3. If the proposed solution cannot currently accommodate the State's needs for ad hoc reporting, what is your proposed alternative to develop any ad hoc reports or dashboards requested by the State?
4. Specify if your proposed solution cannot provide the standard reports currently provided in the incumbent vendor's IIS solution (see Section 4.7.1) in addition to the listed reports in Section 4.7.1 of Attachment L that were created specifically to meet Indiana's needs (e.g., Childhood 7 series)
5. Confirm that the proposed solution will allow State users with user-level based access, to independently create reports to meet query and System needs without the assistance of the Contractor.

6. Confirm that the proposed solution will allow county organizations with user-level based access, to generate reports for user-defined geographical areas.
7. If the proposed solution cannot currently accommodate the State’s needs for State Generated Reports and provide the data the State needs to run their own reports, what actions and accompanying timelines would need to be completed for utilization?
8. Complete the below table to confirm that the proposed solution can provide the IIS reports currently provided by the incumbent vendor. If not, what is the proposed alternative to deliver the data to the State or end user. For detailed descriptions of each report, see Section 4.7.1.

Report	Will the report be created within the proposed solution or will you create it outside of the proposed solution? (Indicate “Internal” or “External”. Include notes if needed)
Vaccinations	
Vaccination Totals	
Vaccination Breakdown	
Lot Number Summary	
Lot Usage and Recall Report	
Vaccine Deferrals	
Vaccine Lots to Expire	
Daily Inventory Report	
Reminder/Recall Success	
Patients	
Daily Patient Immunization List	
Patient Detail	
Patient Totals	
Recall for Inactivation	
Clinical Notes	
Contraindication Report	
Aggregate Contraindication Report	
Vaccines for Children	
VFC Vaccinations Breakdown	
Vaccine Administered	
VFC Accountability Log	
VFC Profile Report	
Site Information	
Provider Contact	
Physician/Vaccinator Detail	
Registry	
Provider Submission Detail	
Provider Submission	
Registry Statistics	
Coverage Rate Report	
Address Validation Report	
Quality	

Patient Data Quality Detail
Vaccination Data Quality
Vaccination Data Quality Detail
HL7 Certification Report
Administrator Data Quality
Pre and Post Enhancement Benchmark Report
Vaccine Management
Inventory Transaction Report
Inventory Submission Report
Monthly Inventory Reconciliation Audit Report
Cost Report by Lot Number
Cold Chain tolerance Exception Report
Order History Comparison Report
VOMS Vaccine Shipment Summary
Vaccine Return Adjustment Notification
Aggregate Wastage Report
Inventory Adjustment Report
Administrative
Patient Queries
Patient Changes
Usage Tracking
Management Reports
Pocket of Need
Total Patients by Age Group
Total Patients by Provider
Birth Statistics
School Nurse Reports
School Immunization Report
Action Report
Action Report Notice/Letter
Action Report Notice/Letter Message
Summary of Student Immunization Data
Student Detail
Official State Report of Immunization (Individual)
Official State Record of Student Immunization (Group Printing)
Indiana-Specific reports generated within CHIRP
Page 1 (Prints a PDF version of the first page of the CHIRP Record of Patient/Guardian or Receipt Signature form)
Page 2 (Prints a PDF version of the second page of the CHIRP Record of Parent/Guardian or Receipt Signature form)
Doses Administered Report
Daily Patient Immunization List



Immunization Signature Form
Shot Record Card
County Status Monthly Report
Patient Association List
Monthly Status by Race
Monthly Status by Race and Facility
Reports currently generated outside of CHIRP
Childhood 7 Series
PCV Opportunities
Shingrix Opportunities
Demographics Data Quality
Data Anomalies
Invalid Vaccination
Funding Source
Childhood 7 Series – County level
CDC Routine Vaccinations Data
CDC Flu
CDC COVID-19 Aggregate
CDC RSV
Immunization Statistics
Monkeypox Vaccine



1. STHealth confirms that we have reviewed Section 4.7 of Attachment L and will fully comply with the reporting requirements specified therein.

IDOH @and their Analytics team have direct read-only access to the comprehensive IIS database through



[REDACTED]

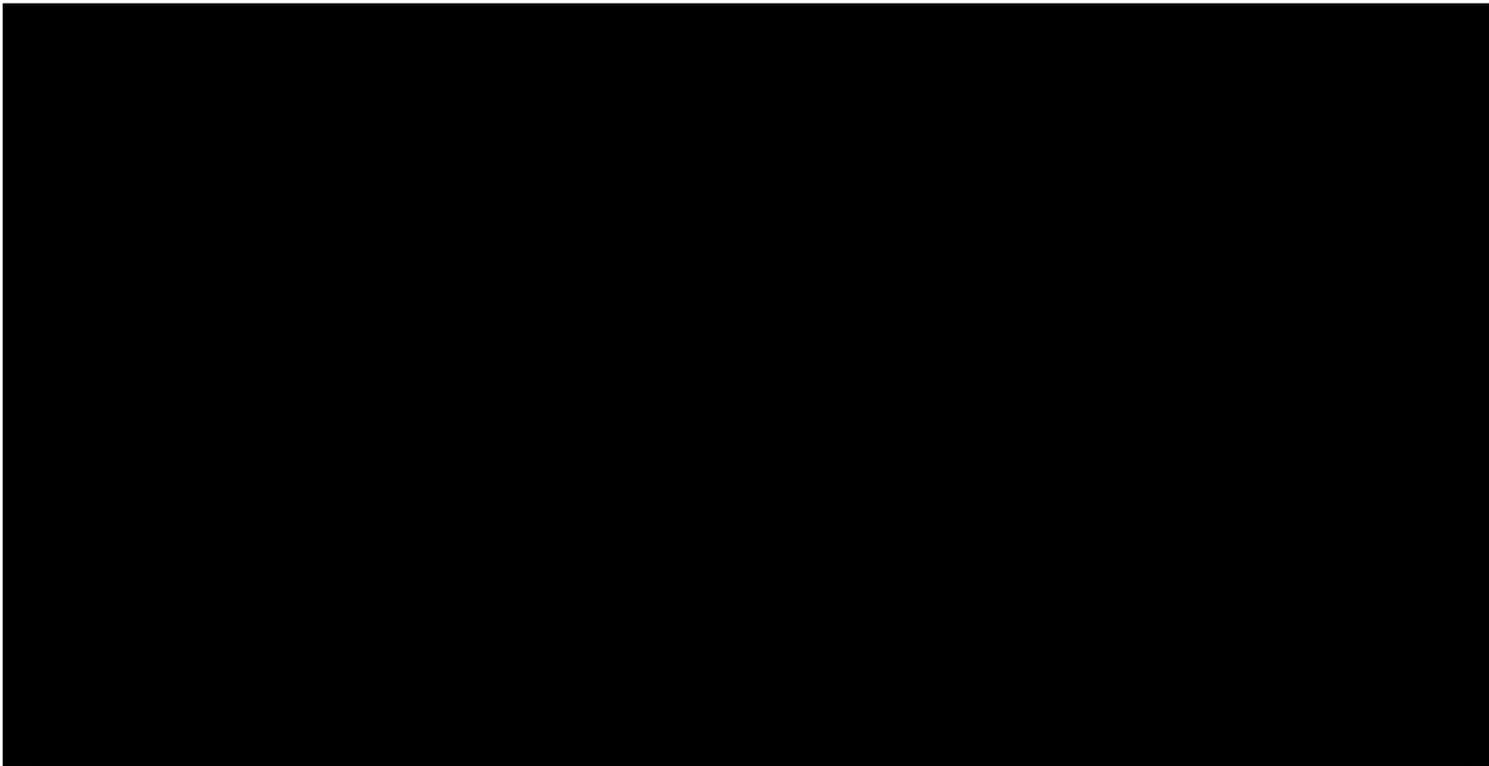
[REDACTED]

5. Independent Report Creation: Our solution includes robust self-service reporting functionality, enabling State users to independently generate and schedule custom ad hoc reports. This feature leverages all datapoints stored within the database, allowing users to create necessary reports without requiring vendor assistance or technical expertise.

6. County-Level Reporting: The proposed solution ensures that county organizations, with user-level access, can generate reports tailored to user-defined geographical areas. This capability supports localized decision-making and data analysis at the county level.

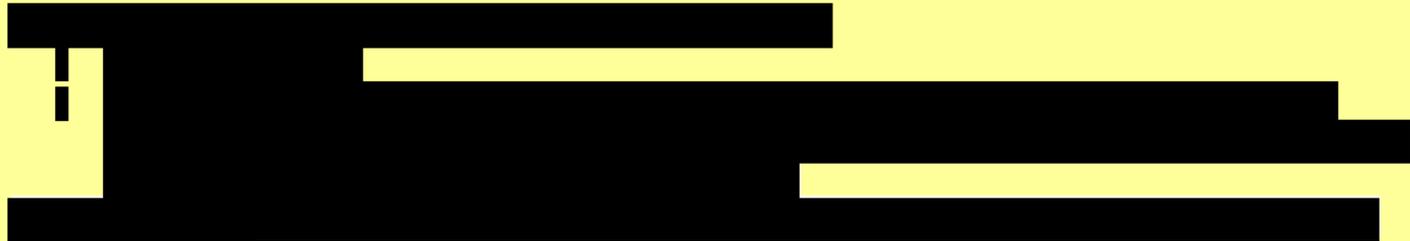
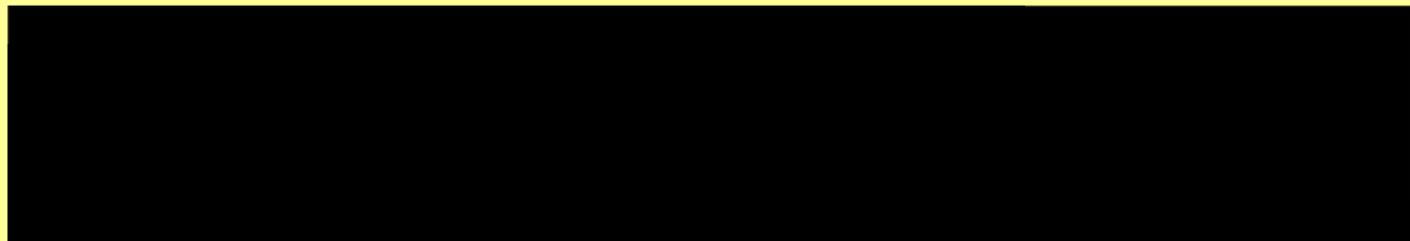
In [REDACTED]

[REDACTED]



CDC Reporting: STHealth works with Indiana on an ongoing basis to ensure CDC required reports are submitted in a timely manner.

7. STHealth is the





- **System Implementation (Attachment L, Section 5)**

Explain how you propose to execute Section 5 of Attachment L in its entirety, including but not limited to the specific elements highlighted below:

1. Your proposed Project Schedule to deliver the solution and services in Attachment L.
2. Your proposed Systems Development Life Cycle (SDLC) approach for the IIS. The State prefers an agile or hybrid agile SDLC process but is open to alternative structures being proposed.
 - a. If proposing a non-hybrid agile or non-agile SDLC process to implement the IIS solution as well as to implement any fixes and enhancements, please provide specific details about the SDLC approach.
 - b. If proposing agile processes, explain your proposed release timelines and sprint schedules.
3. Your proposed application lifecycle management approach for the IIS. The State prefers utilization of DevOps but is open to alternative tools being proposed.
 - a. If proposing a non-DevOps application lifecycle management tool, please provide specific details about the tool and your approach.
4. Requirements
 - a. How you will validate and update the requirements
 - b. Identify and describe the tool(s) used to capture, track, and manage requirements throughout the project
5. Your approach to factoring user interface (UI) and user experience (UX) considerations into the implementation work.
6. Coding
 - a. The coding strategies/standards you will employ
 - b. Your process that will ensure the most recent version of the application / code will be placed in escrow and made available to the State if needed.
7. Testing
 - a. Provide a testing approach document that among other things describes the overall testing process and the types of testing that may be in scope before application functionality is implemented.
 - b. How and the level of automated testing that will be conducted, including the proposed tool(s) for automated testing.

- c. Describe and provide process flow of the defect management process.
 - d. What roles / responsibilities do you see for your company and for the State in testing the application?
 - e. Identify and describe the testing environment(s) that your company recommends as part of the project and why.
 - f. Your experience working with a client testing team or a third-party testing team, and in what capacity.
8. Will the proposed solution have the ability to share data with other states if the other States' IIS have additional capabilities/modules that the proposed solution does not have?
9. Describe for each implementation activity what State resources are expected, for what tasks, and over what period of time. Complete Attachment O (Resource Usage Matrix) to provide the number of hours the Respondent expects to commit to the project and the number of hours estimated for the State resources.

1. A project schedule

[Redacted]

[Redacted]

[Redacted]

[Redacted]

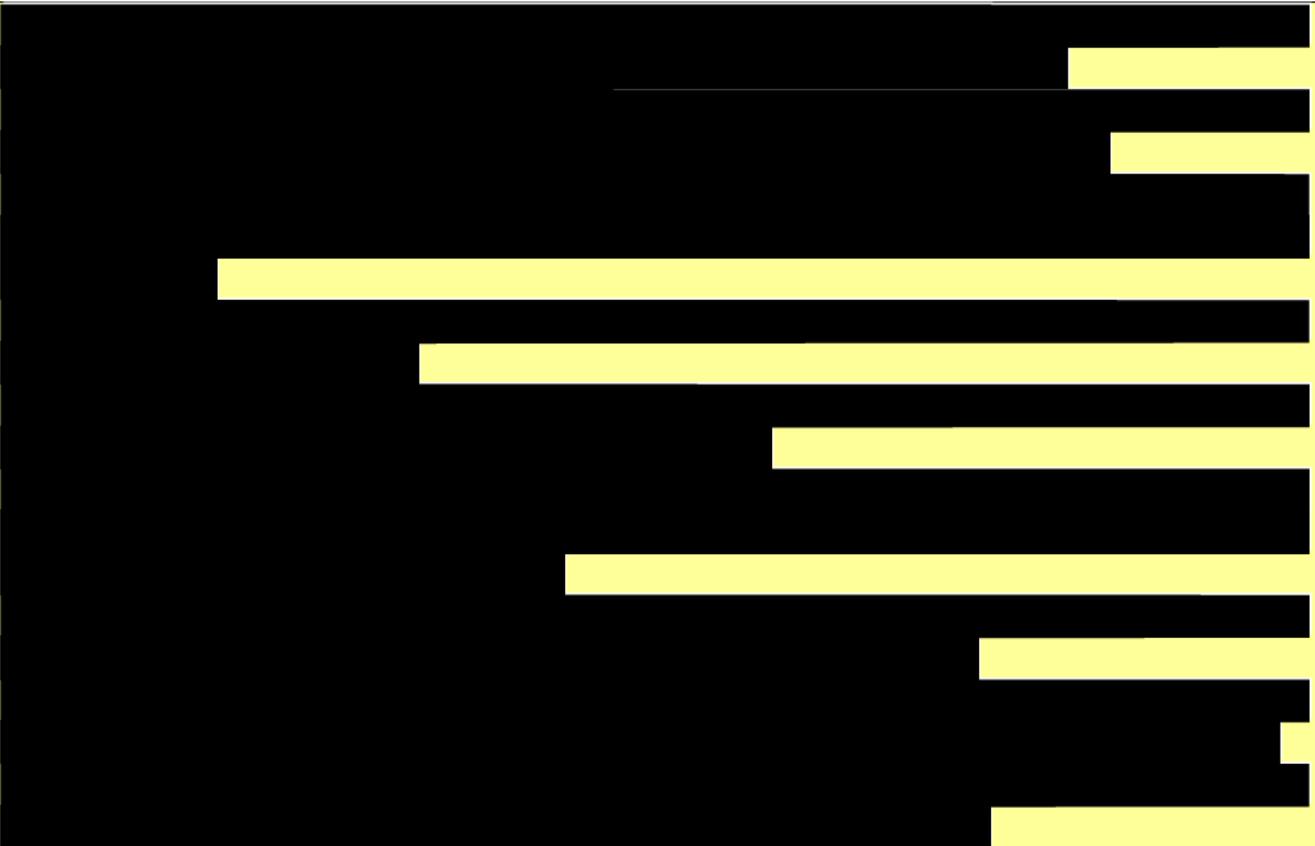
5. When factoring UI and UX considerations into the implementation work, it's essential to follow a human-centered design approach.

[Redacted]

[Redacted]

[Redacted]

-
- █
- █
- █
- █
- █
- █
- █
- █
- █
- █



These best practices are not exhaustive but provide a solid foundation for how STChealth is implementing human-centered design into our product process. STC’s goal is to create products and experiences that truly resonate with users and address their needs effectively.

6. A key component of the system development life cycle is software development. STChealth uses a modern software development approach that includes User-Centric Design, Automated Testing Dev-Ops, and Agile Methodology.

Our development team follows an Agile sprint lifecycle to drive predictability of delivery. This includes regular demos with key stakeholders regarding changes for rapid feedback and to lower risks. The software development cycle leverages Scrum for rapid development release cycles. In this process, key features, bugs, and enhancements are identified by our product management team and prioritized by the value and impact they deliver to our customers. STChealth also applies best practice UX process as part of our modern development and design practices.

Security review and best practices are part of this process and cycle. These items are documented and placed into a product backlog for each of our mission-focused teams. Our development teams then clarify and estimate each of these items and their sub-tasks to complete them biweekly. These tasks are formed into a “sprint” which defines the changes to occur in the system in the next two- week period. Once committed, our cross-functional development teams document test cases, produce the desired behavior, and review the changes against the test cases and the product managers.

Automated regression testing is performed nightly across the system to ensure no degradation of the system has occurred due to any introduced changes. At the conclusion of a sprint, a version number is assigned following Semantic Versioning Standards and release notes are generated. The release is announced to our customers and release notes sent for review and acceptance.

As a SaaS provider, STChealth will manage all upgrades of each environment. Once a request for an upgrade has been received, our operations team follows the Kanban processes and coordinates with our support team for the next available maintenance window. STChealth utilizes best-in-class containerization tools, including Docker and Kubernetes; as we continue to modernize, we are taking a services-based approach. Our operations team will include any additional OS and network-level patches scheduled for the maintenance window.

STChealth agrees to place code in escrow and make it available for a qualifying event.

7.a. As new features are released in the new modern platform, the following new quality best practices and principles are being deployed from the ground up in design to encompass a systematic and thorough process aimed at ensuring quality and reliability in software products:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

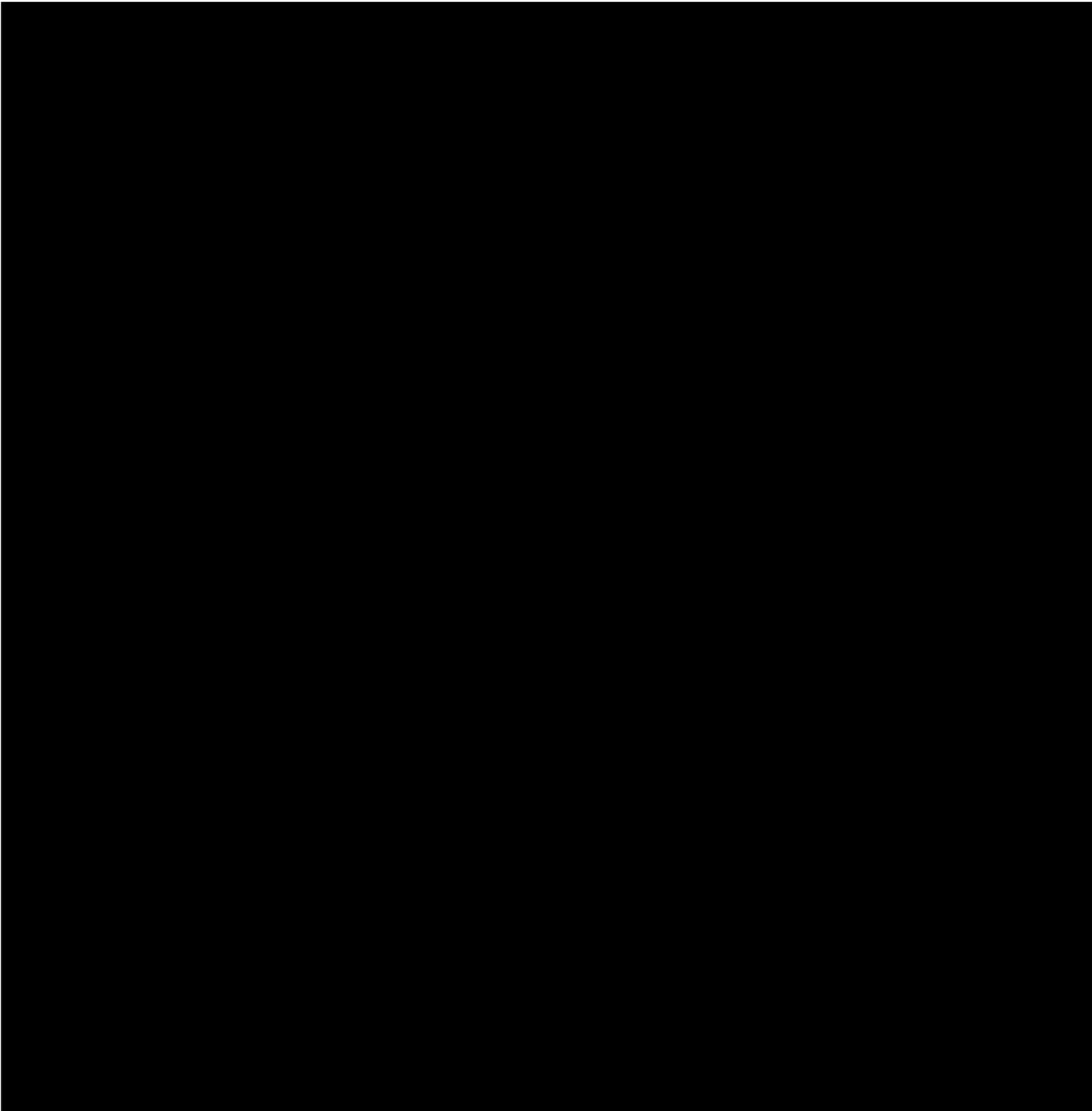
[REDACTED]

By following these best practices, teams can streamline their automation testing efforts, improve test coverage, enhance software quality, and accelerate the delivery of reliable software products.

7.b. STHealth's testing automation strategy uses a prioritization strategy that defines which tests to automate (e.g., smoke tests, regression tests) and how to maintain a balance between automated and manual testing, prioritizing tests based on criticality and frequency of execution. Automated testing operates and three levels: Unit Tests, Integration Tests, and End-to-End Tests.

7.c. The Product Support issue workflow encompasses ticket prioritization, research, and resolution processes. Beginning with ticket intake and prioritization, support analysts troubleshoot and update tickets with necessary information and adhere to the SLA. Research conducted can lead to the creation of development tickets, guiding engineering teams in their efforts. Ticket prioritization ensures urgent issues receive immediate attention, with defined processes for [REDACTED]

[REDACTED]



[REDACTED]

8. STC|ONE® has the ability to share data with other states regardless of the other state's capabilities/modules, as the STHealth Network is connected to all IIS Jurisdictions and in addition to this network availability, STC|ONE® is also a part of the IZ Gateway work with CDC.

Additionally, STHealth's Consortium model allows states to cost share new enhancements and leverage new best practices across the STHealth client base. The Consortium model, alongside STHealth's product strategy, creates a robust framework for a reduction of cost for each Consortium member when additional capabilities and modules are created. Allowing states to share the cost, and for the full Consortium to benefit from enhancements to the core STC|ONE® platform, demonstrates the power of the Consortium working together. The Consortium model and STHealth's product strategy are described in further detail in the "Proposed System" section.

9. Per the technical response, the implementation stages are focused on improving the current workflows within the department to best maximize the current application, continue to implement the new modern functionality, and finalize the best path forward to the additional modules that will allow for a more integrated, yet modular, IIS.

[REDACTED]

- **Data Migration and Conversion (Attachment L, Section 5.5)**

1. Explain your proposed approach to the data migration and conversion. Responses should include, but not be limited to, experience with data migration and conversion, the proposed methodology, and testing plans for migrated data.
2. Your approach on how you would confirm all data was migrated and how you would assure the accuracy of the records and data elements within those records.
3. Detail any proposed automation that will be employed as part of the data migration and/or conversion activities.
4. Detail the maximum length of downtime you expect for the current IIS system when migrating data to your proposed solution.
5. What roles / responsibilities will your company and the State play in data cleansing, mapping, and conversion?
6. Identify when data migration will start, and finish related to the overall project timeline and describe why.

1. Although this question is not pertinent to STHealth given our current support of CHIRP via the STC|ONE® solution, in the event that the State wants to migrate newborn screening or other ancillary systems in the future to a new module within the STC|ONE® extendable platform, versus integrating and displaying the data like what is done with the Lead Module, we are including our best practice data migration methodology. This has been used to migrate multiple IIS systems over the past years, including systems in Ohio, Montana, the District of Columbia (DC), and Puerto Rico; notably, all older systems with non-

standardized data and customized changes. Many contained data based on out-of-date or custom code sets, incomplete records, duplicate patient, and vaccination record challenges.

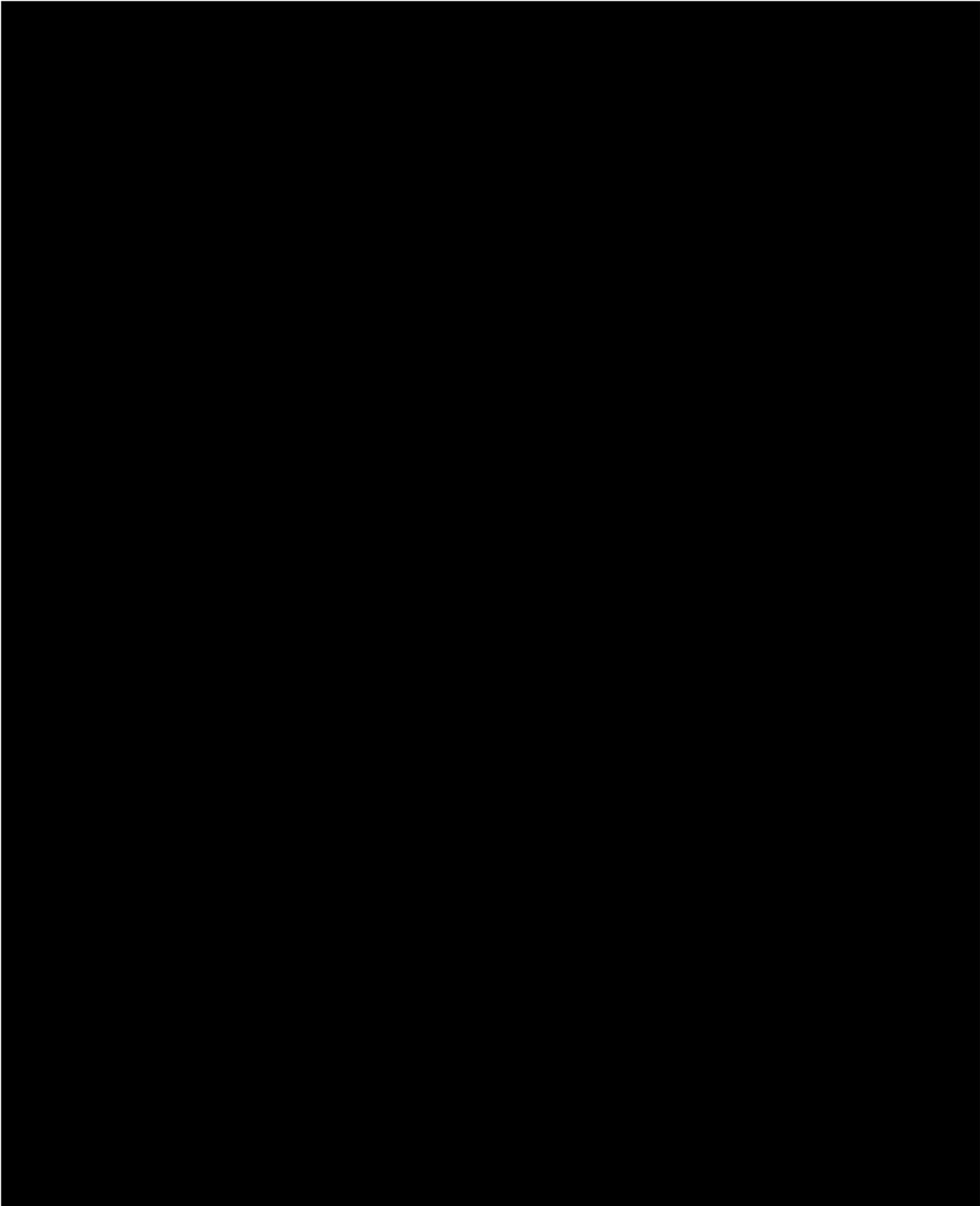
At this time, we are including this as a reference and to demonstrate our experience here as we do not anticipate the need for any traditional data migration activities. Additionally, because no Data Migration and Conversion will be required, it will eliminate significant costs, operation risks, and resource demands as compared to a system change. Although an implementation period will not occur, STChealth is committed to continuing our collaboration with IDOH in improving functionality, state and end-user workflows, training, and more to ensure the program is meeting annual goals and consistently improving vaccination rates. This approach is detailed further in the Background and Experience section of this document.

The migration process is a holistic approach. We work to extract the data and then run into a proven model focusing on business outcomes and data quality. Below is an overview of our successful approach with additional details regarding data quality and a review of results.

[REDACTED]

[REDACTED]

[REDACTED]

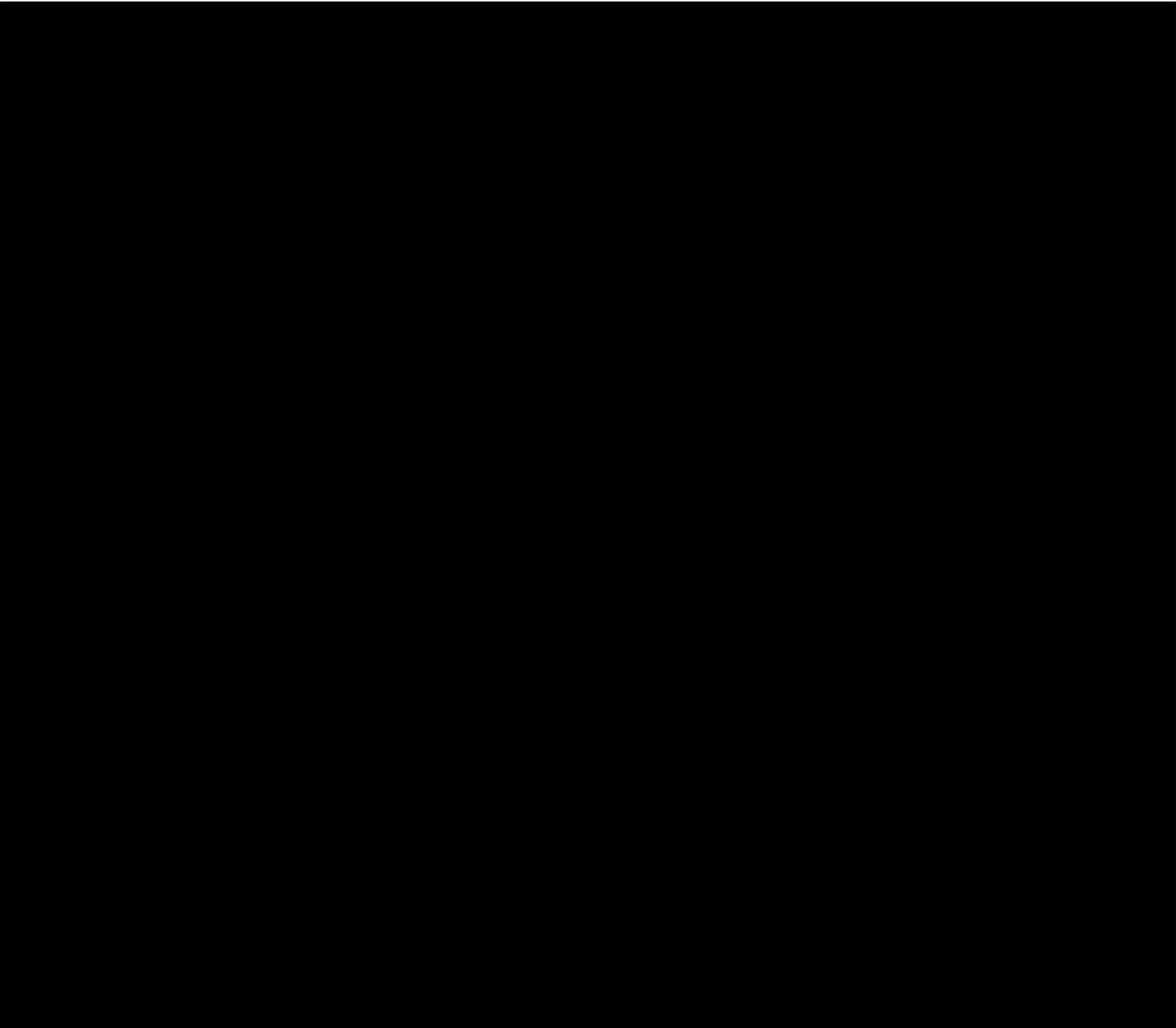


3-6. Testing, Mapping, and Conversion

As described above, testing and data quality is built into the entire workflow. A complete data migration timeline, process, and test plan will be provided. The elements of the plan are included in more detail below.

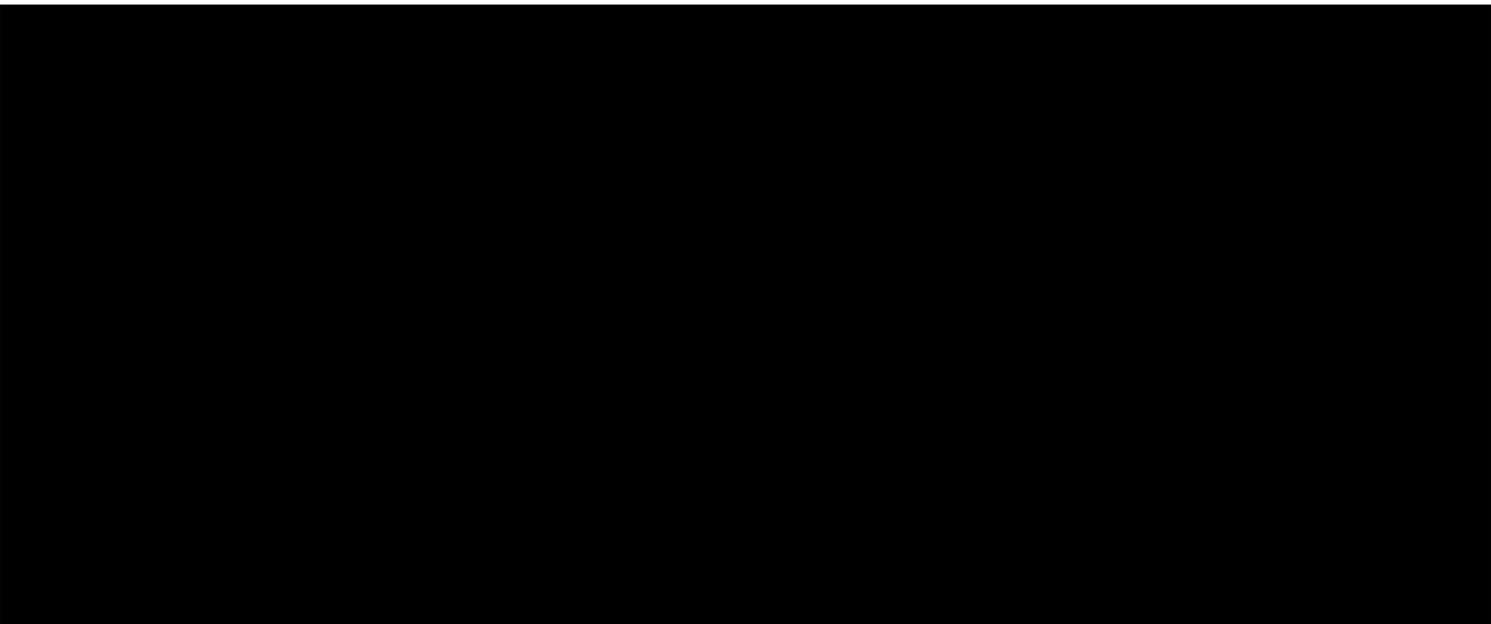
STChealth's data experts provide a detailed data migration plan that provides a continuous resource to guide and document decisions for migrating State legacy system data to STC|ONE®. The document includes details on the general approach, schedule, tools, and processes for migrating the data and the mapping of data, source/destination specifications, and validation procedures. In addition, State subject matter experts review this document, and their input will ensure the accuracy and completeness of the data migration.

Data migration is done using a phased approach to provide accurate and actionable information available immediately for review and approval. Sample data sets are migrated, reviewed, and approved before the full data sets are migrated to production in preparation for the system's "Go Live" moment. Data migration begins with the organizational structure, associated facilities, and users. Patient and vaccination data sets are migrated similarly but also leverage a state-of-the-art process in the STC|ONE® Platform to cleanse and deduplicate this source data actively. Additional supporting data is identified and converted by our team of data engineers. This final process will vary based on the design and data availability within the State legacy system.



Security of the data and data validation are vital to ensuring the trust of STC|ONE®. Security precautions are put in place to safeguard the confidentiality and integrity of the data, which is maintained throughout the entire process. A Data Quality checklist is provided as a guide to pre-migration validation. Much of the data can be validated and cleansed before migration to maintain the best possible data set. In addition, the data migration team will complete internal validation steps through the migration process and provide those validation scripts to the State to review, validate, and approve the migrated data.

STChealth has an automated deployment process and access to the initial environment will occur within the first 90 days with data migration beginning within that time frame, contingent on the correct access to State data.



- **OCM, Training, and LMS (Attachment L, Section 6.2)**

1. Include a proposed timeline for your training, OCM, and LMS related activities.
2. Your proposed training approach to ensure all end users are trained on time to meet the State’s training requirements.
3. Your proposed approach to developing system training materials and leave behind materials, including plans to update training with software updates.
4. Describe your proposed LMS for your IIS solution and its functionality. Confirm it meets the State’s requirements.
5. Describe your experience and role with building out and managing an LMS for other clients using your IIS or a similar solution. How did you incorporate UI/UX principles? What lessons learned will you incorporate into the implementation of the LMS for this proposed solution?
6. How does your proposed LMS handle allow for system notifications?
7. How does your proposed LMS handle allow for continuing education credits?
8. Describe your proposed approach to reporting metrics from the LMS to the State.
9. Describe if you propose to provide customer service for the LMS.
10. Describe how you will collaborate with IDOH to determine material development responsibilities.
11. Describe if you will support the maintenance and updates of materials on your proposed LMS, including aligning with immunization changes resulting from the ACIP.
12. Clarify whether the proposed solution has the ability to interface with the proposed Learning Management System (LMS) directly to allow for a single sign-on via Access Indiana. Confirm whether the LMS provided through the Respondent or through a third party?

1. For the past



OCM

Although STHealth would not be performing a full IIS implementation for IDOH, we do employ our change management

[Redacted]

[Redacted]

[Redacted]

[Redacted]

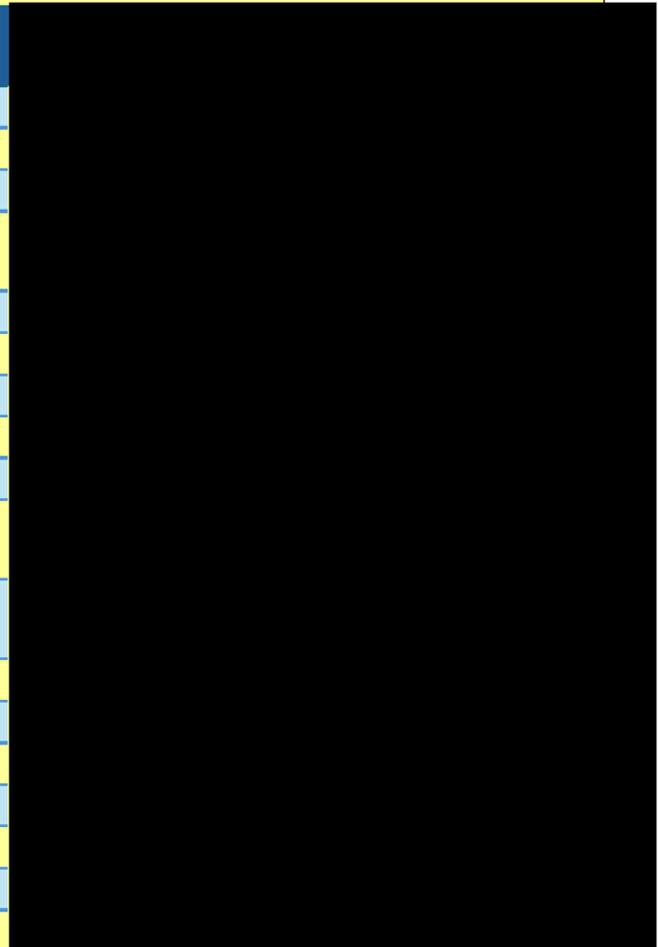
2. As mentioned above, training for the legacy system will not need to adhere to project implementation timelines. Although the LMS will not be leveraged for implementation training for CHIRP, our standard training process with a new IIS starts with a robust training plan that sets milestones and deadlines. End-user training

is facilitated through the LMS, jurisdictional train-the-trainer content for end-users, and virtual instruction facilitated by STChealth. End-user training is required through the LMS and additional virtual classes are generally available over a six-week period. Metrics are provided with each milestone to review course completion and attendance.

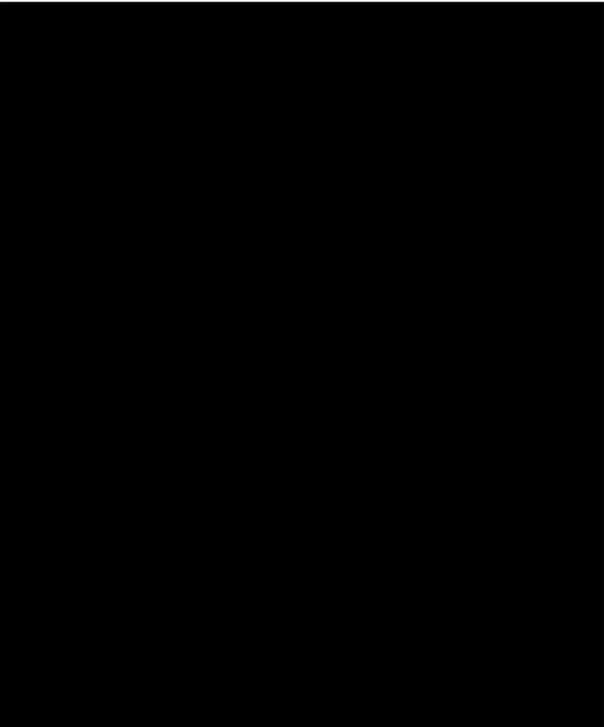
Should the State's training requirements change, we will leverage our close relationship with IDOH to understand new training timeline needs related to application changes, VFC program changes, etc. We have demonstrated this through requested trainings for A-Z modules and Coalition trainings that have been edited and uploaded to INvest in the past year.



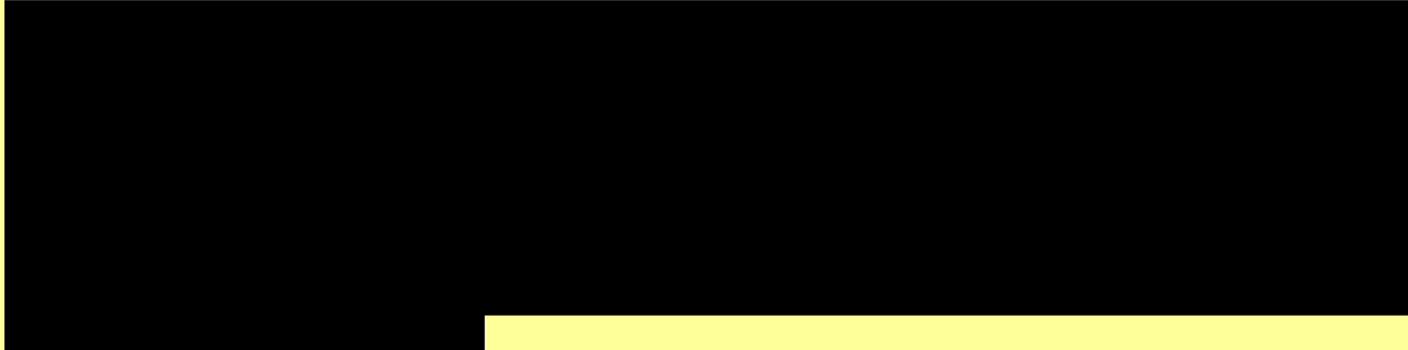
Course Name
Data Quality for Providers
Why is Health Equity Important
What is Bias in Health Equity
Addressing Race, Ethnicity, and Gender with a Patient to Achieve Health Equity
Back-to-School Readiness
STC ONE® School Nurse and Childcare Package
Collaborating to Raise HPV Vaccine Rates
Effective Intercultural Communication
Engaging With Social Media to Reach Parents
Building Vaccine Confidence and Addressing Vaccine Hesitancy
Vaccine-Related Patient Scenarios Using Motivational Interviewing
Hepatitis B and Your Healthy Baby
Immunizations From A to Z
Storage and Handling
Invalid Doses and Combination Vaccines Module
VFC Provider Annual Training
School Nurse
STC ONE® Registry Package (End Users)



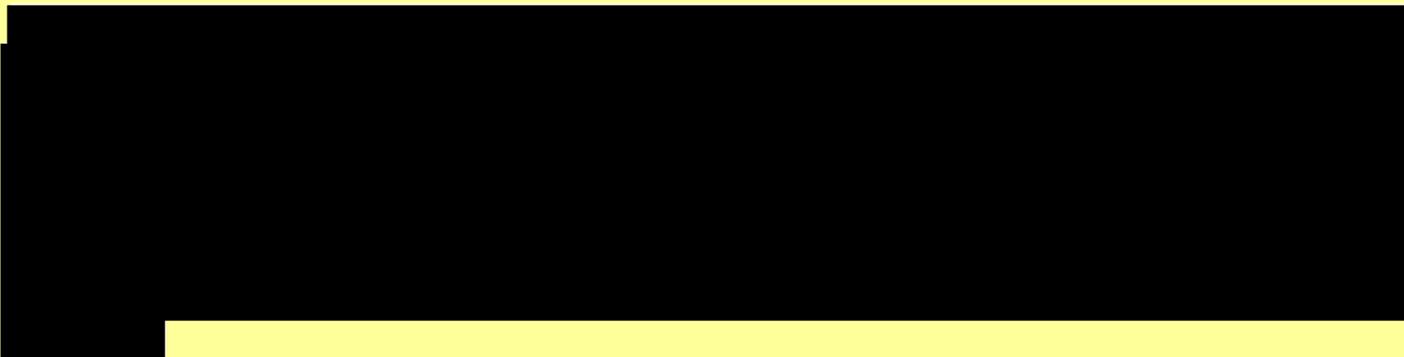
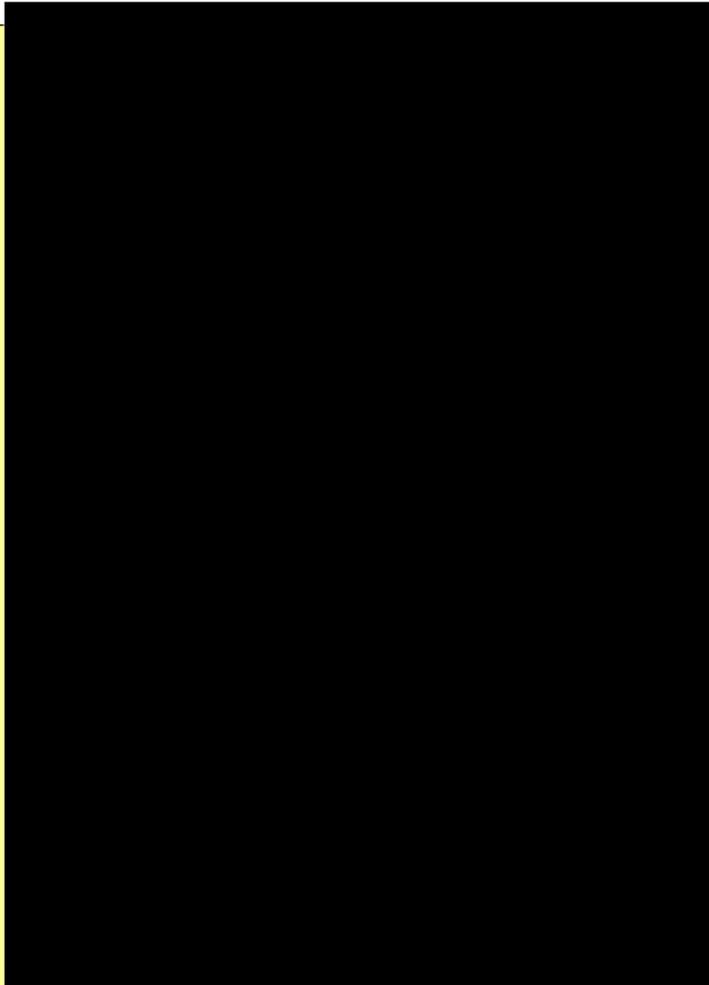
STC ONE® Registry Package (Administrators)
STC ONE® Inventory Management Package (End Users)
STC ONE® Inventory Management Package (Administrators)
STC ONE® Data Exchange (Administrators)
STC ONE® SMaRT IQIP
STC ONE® Mass Immunizations
Interoperability Foundations for Providers
Interoperability Onboarding for Immunization Professionals
Introduction to Data Analytics
Data Driven Decision Making for Epidemiologists and Health Analysts
Participating in the 317 Adult Vaccination Program
Participating in the Vaccines for Children Program
Infectious Disease Case Management
Vaccine Wastage and Reporting for Administrators
Dose Level Accountability 101
Achieving Dose Level Accountability



To meet the continuous needs of the State, STChealth’s LMS Learning and Development team has collaborated with IDOH on the design of the customer-specific site and deployment of INvest. At its inception, the LMS Learning and Development team conducted a needs analysis with the appropriate IDOH stakeholders, established site settings to ensure usability and ease, enabled the appropriate registration workflows needed to access the site and loaded existing materials currently being used by the State and its stakeholders to ensure all State needs were captured and met and users of CHIRP felt confident in using the system.



The annual subscription includes all the features and benefits listed below:



5a. As the current vendor and provider of the State’s LMS, INvest, STChealth has received over a 93% Net Promoter Score (NPS) through collected survey data. These surveys have provided valuable feedback to both building the platform and updating it as new content has been added. STChealth has received similar feedback from the other 6 jurisdictions we support who use the LMS as their training hub for end-users.

5b. The UI/UX of the platform focuses on ease of use for the learner. The site is divided into four primary areas; courses, learner dashboards, the media library, and home screen. The site provides self-service options for registration, password resets, and automated notifications.

5c. The STHealth Learning and Development Team works closely with our Provider Support team to facilitate ease of access and troubleshooting. The Learning and Development Team also maintains an additional support resource for LMS and training related questions.

5d. Over the years of onboarding and supporting the training hub and LMS for various jurisdictions, our training team has learned and adopted lessons to improve our support. We realize the need to provide timely and transparent communication to administrators and end-users, support administrators with additional tools to individually manage user questions and resolve issues and provide automated reports to support learner education and tracking.

6. System notifications can be enabled through automated notices sent externally through email as well as through pop-up notifications on the website when a user logs into the platform.

7. Following course completion, a link is generated to obtain CE credits based on the user's role (physician/pharmacist vs a nurse). This link is also added to the learner's individual dashboard to reference as needed. Additional functionality is available to redirect users to external resources such as the CDC's TRAIN platform for VFC and other related education.

8. Metrics can be automatically generated and sent on a customized schedule based on the State's request. These metrics are sent in the form of an excel document and can be accessed through the administrator dashboard.

9. Support for the LMS occurs in two different ways: through contacting Tier 1 Customer Support as well as by directly contacting the Training Team inbox. Response times will vary depending on volume however, most requests are answered within hours of the initial inquiry.

10. The vendor partners with the State to create a comprehensive training plan. This starts with an intensive needs assessment to explore existing resources, capture of best practices, and soliciting guidance for current policies. Using this information, a kick-off call on the relevant topics is conducted. With all content that is created, the State will have the opportunity to review content twice prior to being deployed for use. The training team also collaborates with other STHealth Teams to capture settings and individual use cases to further customize the training content.

11a. A review of all content takes place with every release made to our software. In addition, as ACIP guidelines change, content is further reviewed and additional content is created to remain in alignment with current forecasting models.

11b. The LMS will be promptly updated as software updates occur and communication on these changes will be made to the State as well as communicating these updates with end users through the LMS and individual contact. These updates will be made to online modules, user guides, and facilitator materials.

12. The LMS does have the ability to integrate with a Single Sign On (SSO) through Azure Active Directory (Microsoft). The LMS is provided through a third-party, Tovuti.

5. Disaster Recovery and Business Continuity (Attachment L, Section 7)

1. Describe your proposed approach to meeting the State’s disaster recovery and business continuity requirements. Clearly affirm your responsibilities, procedures, and capacities relative to Business Continuity and Disaster Recovery, as defined in Section 7 of Attachment L. Include:
2. Periodic disaster recovery testing, including frequency
3. The location of the disaster recovery site as compared to the primary site.
4. The high-level disaster recovery activities to be used to restore the application, including timelines and ownership of those activities.
5. The maximum application downtime the State can expect once disaster recovery is initiated.
6. A description of how your proposed approach will work within IOT’s framework for Disaster Recovery detailed at the following link <https://www.in.gov/iot/security/disaster-recovery/>

1. STHealth is including our comprehensive Disaster Recovery Plan as an Attachment (CS-PP-0003 - Business Continuity & Disaster Recovery Plan.pdf). The attached plan includes all the required Disaster Recovery policies for Back-up and Recovery, Incident Handling, and Disaster Recovery Planning in addition to a few other standard areas within our practice.

2. [Redacted]

As requested, the most recent failover test was performed on November 28th 2023. This test was successful.

3-6. Please see the attached Disaster Recovery Plan (CS-PP-0003 - Business Continuity & Disaster Recovery Plan.pdf), and description below.

To meet the State's disaster recovery and business continuity requirements, our approach is centered around a comprehensive plan that outlines clear roles, responsibilities, and procedures to ensure business continuity and effective disaster recovery.

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Our approach is designed to adapt to the specific requirements of the State, ensuring compliance with relevant laws and regulations. We affirm our responsibility to maintain data privacy and information security, with our office of Information Security, available to respond to any state inquiries regarding the security of the hosted services.

In summary, our proposed solution reflects a robust and adaptable approach to meeting the State's disaster recovery and business continuity requirements, with a clear affirmation of our responsibilities, procedures, and capacities.

6. Maintenance and Operations (M&O) (Attachment L, Section 8)

1. Explain how you propose to execute Section 8 of Attachment L in its entirety and describe all proposed tools to support the listed M&O activities. Include a description of your company's proposed release management monitor strategy and processes, as well expectations around frequency of new versions/patches; provide a release schedule if you are proposing regular releases.
2. Explain your assumptions around the different levels of service required for Stabilization and Steady-State M&O.
3. Explain your capacity and plan to provide surge support as needed.
4. What was the application's percent uptime during the last 12-month period? 24-month period?
5. Describe your company's overall release management strategy and processes.
6. How frequently are new versions / patches released? Is there a regular release schedule?
 - a. Will release notes be available and how far in advance before the release will release notes be disseminated?

- b. Provide an example of release notes that State can expect.
- 7. How does the State test and give feedback on existing releases?
- 8. What obligation does the State have to implement the new Release?
- 9. What is your process for the State to recommend future software changes? How does your company prioritize future changes requested by the State and other customers?
- 10. Incident Management
 - a. Describe your approach to incident management. Include how you will provide the State with transparency, communication, and clarity regarding open incidents.
 - b. Explain how you will ensure your ability to meet the associated performance standards and timelines.
 - c. Describe your proposed incident management system/tool.
- 11. Will training be updated and rolled out as needed for new versions of the software? Describe the process.
- 12. What authority will the State have to stop a production release if testing reveals an issue that the State deems critical?

1. Items listed in Section 8 of Attachment L are currently executed through an active contract with IDOH to provide, maintain, and host IIS services.

For over two decades, STHealth has been instrumental in the success of the IDOH Immunization Program, consistently meeting all agreed SLAs without interruption. As we enter a new contract phase, our M&O will seamlessly continue from day one, ensuring no gaps or changes.

Leveraging over 34 years of industry expertise, STHealth supports the CHIRP system through proven processes and procedures, delivering effective technical and functional solutions. Throughout our partnership with IDOH, we have addressed all questions and concerns promptly. Utilizing the JIRA agile project management tool, IDOH can report, track, and receive updates and resolutions on issues efficiently. STHealth performs routine maintenance to stay compliant with CDC requirements and AIRA recommendations and stay the leader in the market when it comes to IIS solutions. We communicate any necessary system outages in advance, scheduling maintenance windows after hours to minimize user impact. Our teams work closely with IDOH, providing consultative support from our Support, Client Integrators, Analytics, and Product teams to ensure optimal system use and outcomes.

Following ACIP forecasting guidelines, our STHealth forecasting tool offers updates within 30 days and

[Redacted]

- [Redacted]

- [Redacted]

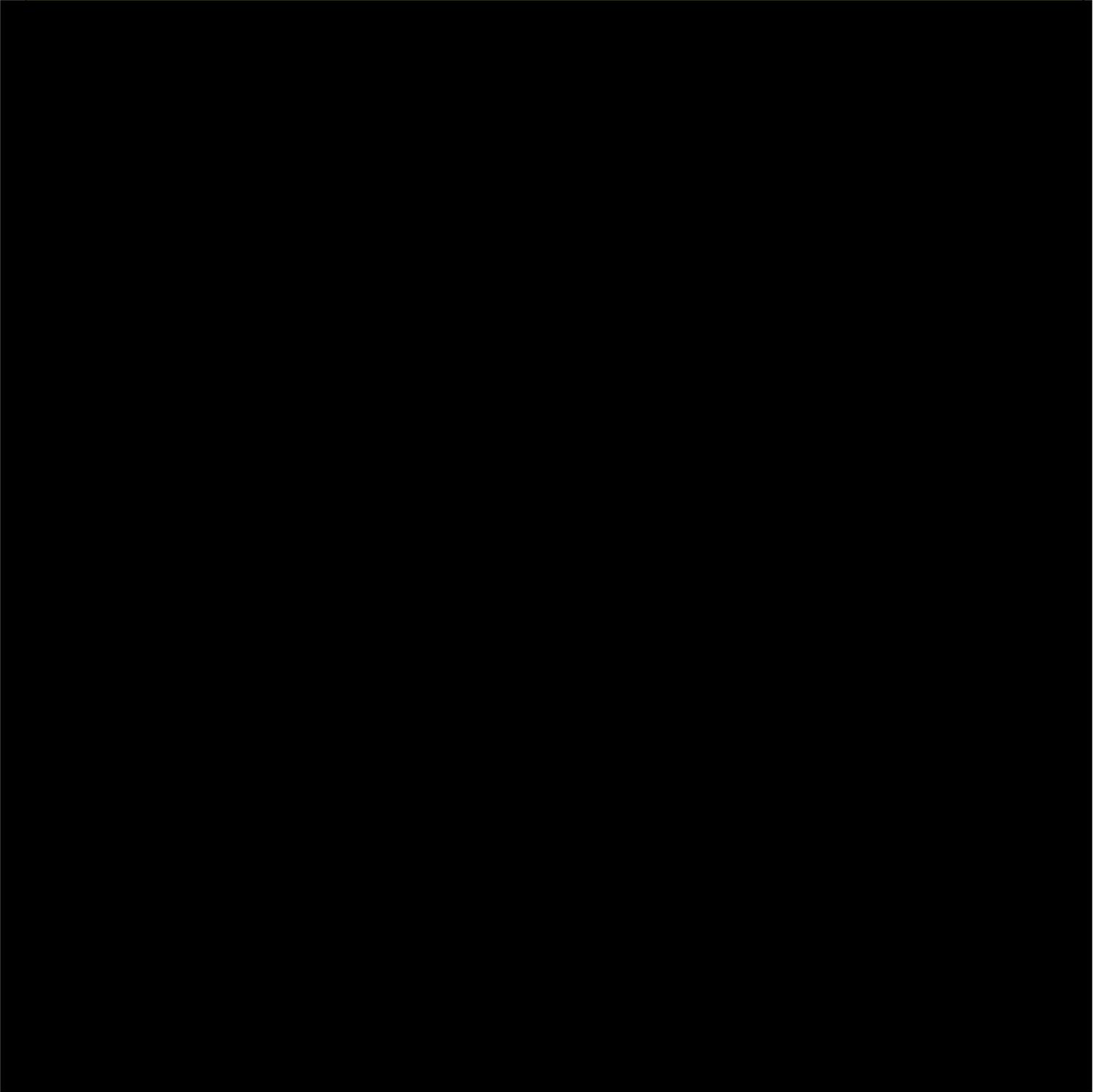
Business Continuity and Disaster Recovery

Please refer to the attached Business Continuity Plan and Disaster Recovery Plan (CS-PP-0003 - Business Continuity & Disaster Recovery Plan.pdf).

Documentation/Artifact Management

As the incumbent IIS solution provider, STChealth anticipates no significant system changes due to the RFP. However, we are dedicated to ensuring a seamless transition with our new product release and

enhancements. Comprehensive documentation and training will be provided to ensure users are proficient with the application, enabling its full potential. All user guides and training materials are conveniently available on the Client Hub, accessible 24/7. Additionally, STChealth offers Consortium-level demos to showcase new functionalities and facilitates jurisdiction-specific ad hoc demos as needed.



Incident Management Process

[Redacted]

[Redacted]

[Redacted]

Tracking and Transparency:

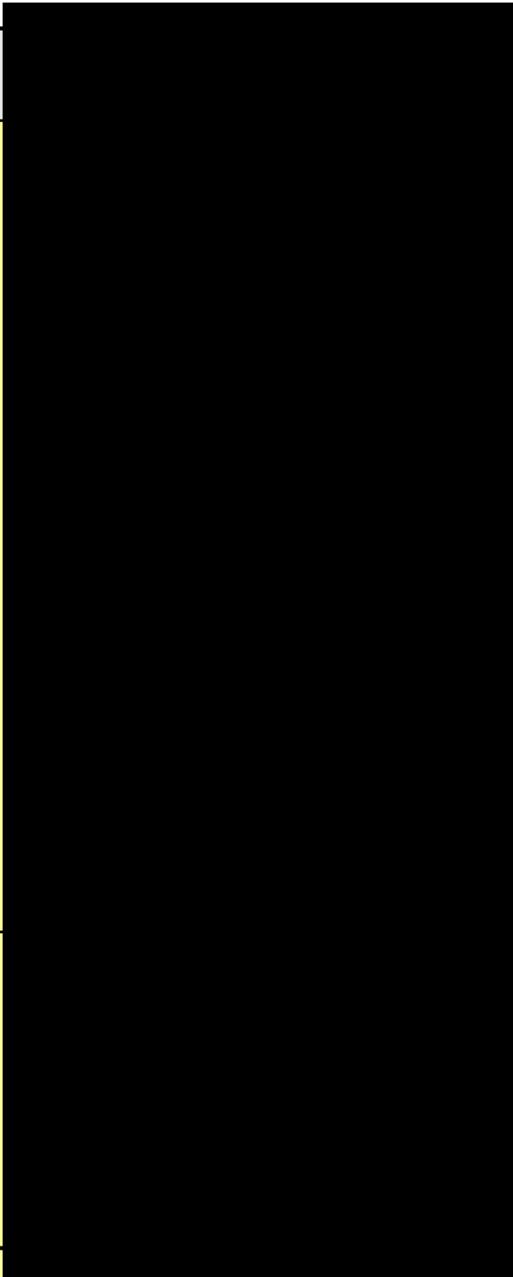
[Redacted]

Incidents and defects are defined as:

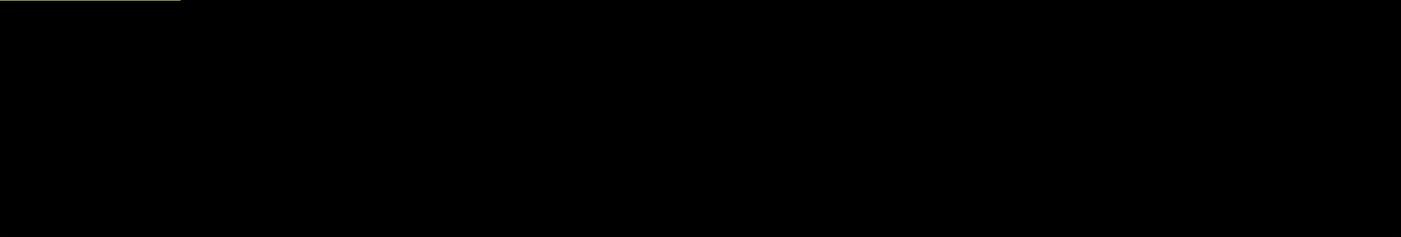
- Defects (Non-Critical) - A defect is defined as a function within the software that is not operating as designed.
- Incident (Non-Critical) - A problem with the system instance that causes an unplanned interruption to service. This results in a workaround or a solution by an operational fix

Because of the nature of the software, it is not always clear when reporting an issue, whether it is a bug, incident or feature request. STHealth reserves the right to move tickets as appropriate after initial discovery has been completed and the root cause established. For example, a bug ticket may be moved to an incident ticket or feature request if it deviates from intentional design (system as designed) once the scope has been assessed

IDOH Incident Priority Level	IDOH Incident Description
1	A critical in-scope system function is unavailable or severely degraded, causing a significant impact on the processing operations of end users.
2	A system function that is not critical to processing operations is unavailable or severely degraded, with no reasonable alternative or bypass available to a Service Recipient.
3	A system is degraded or is unable to be fully used by Service Recipient personnel.
4	A problem causes a minor inconvenience for Service Recipient personnel but does not prevent system usage.

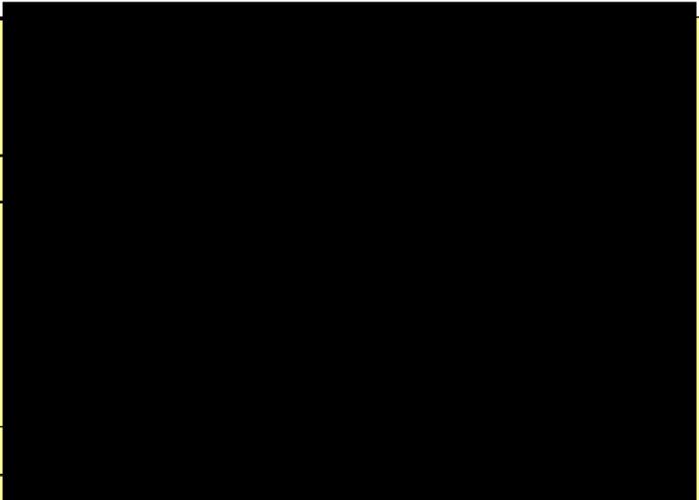


IDOH Severity Level 1 and 2 incidents, confirmed as P1 tickets per the attached SLA, are addressed with an "all hands on



IDOH Incident Priority Level	STChealth Triage Completion Timeframes	STChealth Resolution Timeframes
------------------------------	--	---------------------------------

1	Within 15 minutes
2	Within 15 minutes
3	Within two (2) hours
4	Within four (4) hours



Optional Service – Help Desk

Please see the response in section 13.2

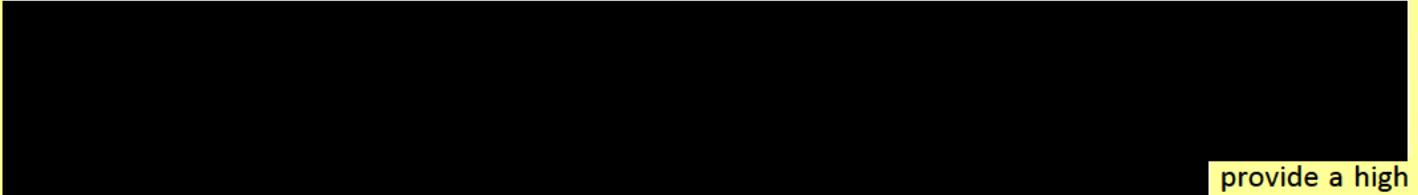
Optional Service: HL7 Onboarding of new data submitters

Please see the response in section 13.3

2. Although Indiana would not experience a transition from the stabilization of go-live phases to a Steady-State



We define the Stabilization period as 2 weeks post-go-live. Our DevOps team is prepared to actively monitor



provide a high resource allocation during the Stabilization period, including War Room sessions during kickoff and schedule various checkpoints throughout the day/week with representatives across relevant STHealth teams present. These assumptions allow us to identify and mitigate risks and issues quickly.

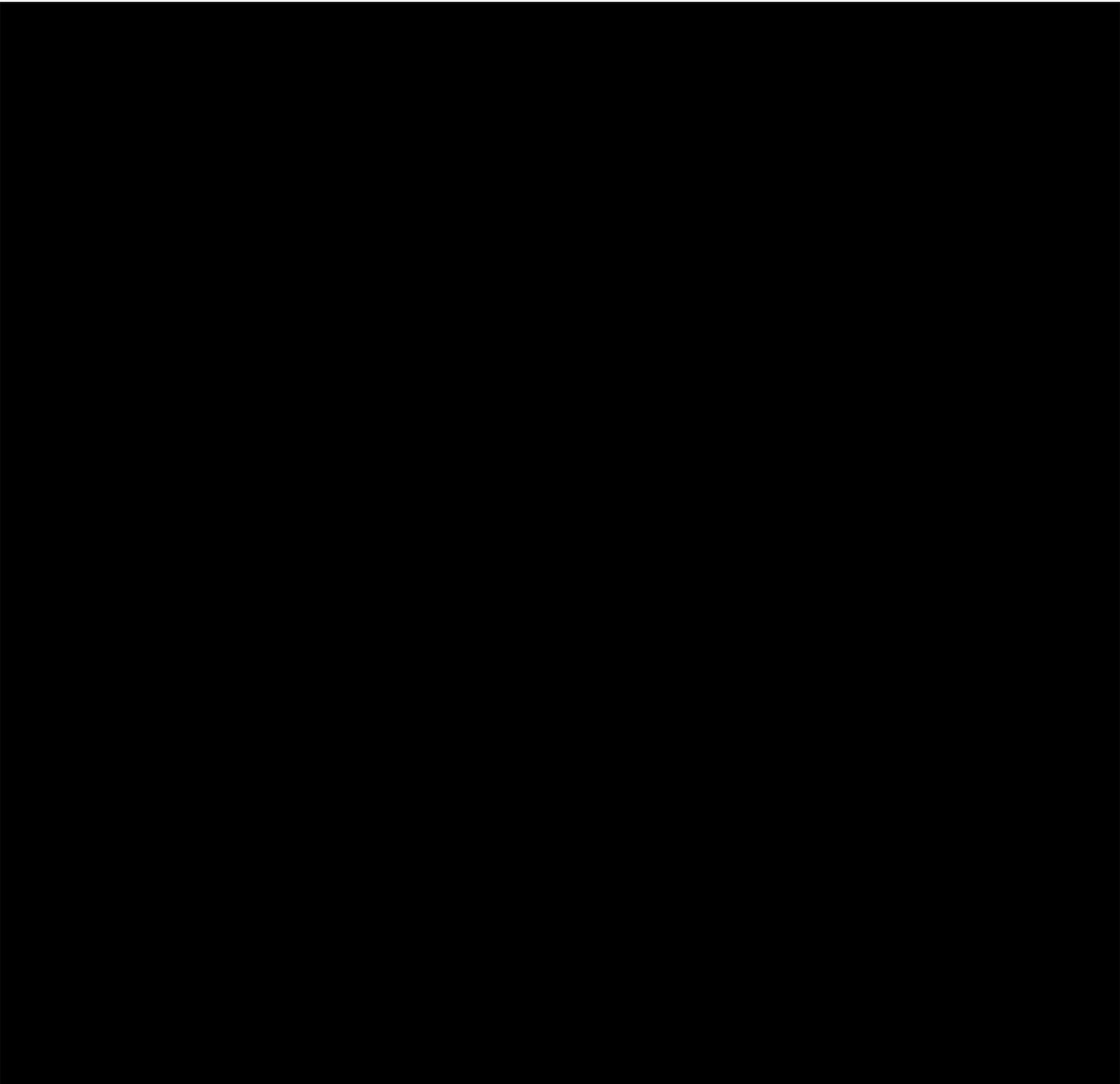
We define



3. As the incumbent vendor, go-live surge support will not be necessary. Although we remain at a steady state with Indiana, CHIRP has experienced times when surge support was critical. Since the unprecedented times of the COVID-19 pandemic, our systems experienced a significant increase in data and end-users in the system

and held strong to continue supporting our jurisdictions and their users. STHealth continues to make improvements for current IIS users as the system's data grows exponentially. We continue to add drive volumes and data files as specific thresholds occur, ensuring there is always available storage capacity.

4. As mentioned throughout our M&O approach, our DevOps team closely monitors system availability on a regular basis using dashboards and our internal alert process. Our team is alerted 24/7 should system availability be at risk and work is done immediately to rectify and avoid any state-facing impact. We do not currently have tracking capabilities for historical uptime up to 12-24 months however, our team will begin to implement a tracking process to improve our



A key component of the system development life cycle is software development. STChealth uses a modern software development approach that includes User-Centric Design, Automated Testing Dev-Ops, and Agile Methodology. The below diagram shows STChealth's developed and proprietary Agile development process while working with Consortium and client rollouts.

Our development team follows an Agile sprint lifecycle to drive predictability of delivery. This includes regular demos with key stakeholders regarding changes for rapid feedback and to lower risks. The software development cycle leverages Scrum for rapid development release cycles. In this process, key features, bugs, and enhancements are identified by our product management team and prioritized by the value and impact they deliver to our customers. STChealth also applies best practice UX process as part of our modern development and design practices.

Security review and best practices are part of this process and cycle. These items are documented and placed into a product backlog for each of our mission-focused teams. Our development teams then clarify and estimate each of these items and their sub-tasks to complete them biweekly. These tasks are formed into a "sprint" which defines the changes to occur in the system in the next two- week period. Once committed, our cross-functional development teams document test cases, produce the desired behavior, and review the changes against the test cases and the product managers.

Automated regression testing is performed nightly across the system to ensure no degradation of the system has occurred due to any introduced changes. At the conclusion of a sprint, a version number is assigned following Semantic Versioning Standards and release notes are generated. The release is announced to our customers and release notes sent for review and acceptance.

As a SaaS provider, STChealth will manage all upgrades of each environment. Once a request for an upgrade has been received, our operations team follows the Kanban processes and coordinates with our support team for the next available maintenance window. STChealth utilizes best-in-class containerization tools, including Docker and Kubernetes. Our operations team will include any additional OS and network-level patches scheduled for the maintenance window.

To apply these releases, STChealth maintains a structured change management process to ensure all clients are well informed and included in important changes that impact the solution. Clients can either opt-in to receive automatic application upgrades or submit a service request to upgrade whenever they want during

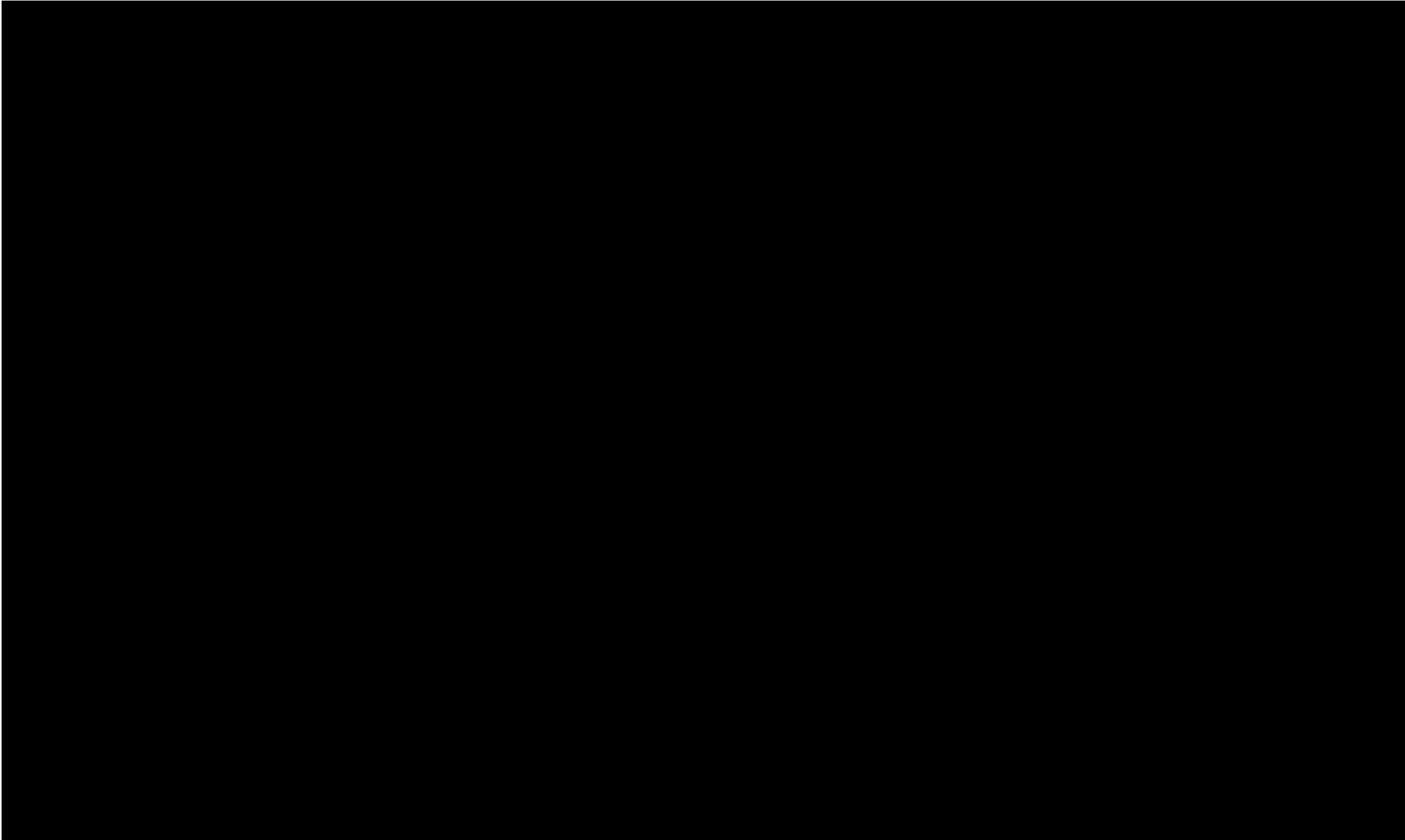
their designated maintenance window. In addition, all customers have access to a TEST environment to review and test new functionality.

STChealth maintains continuous communication with customers to ensure that any changes to software and general architecture are known in advance and their impact is well understood. Several of the communication channels we use include the Client Hub which maintains all Consortium Communication such as Release notes and technical information for the Current Platform and more. Clients are included in conversations prior to changes occurring and are always notified via email of any upcoming changes. In addition to written documentation, requirement discussions, demos, and feedback sessions happen regularly to ensure real time communication.

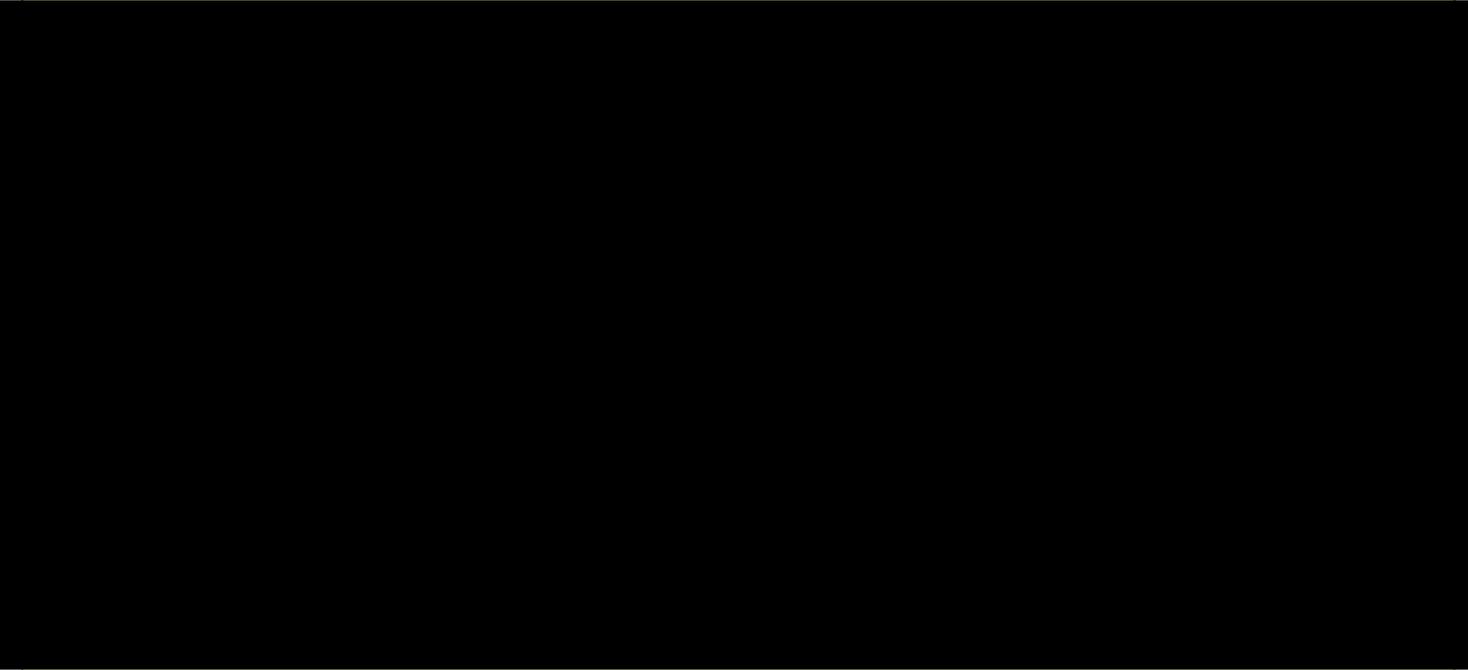
6. To ensure our Consortium has access to the latest environments and application improvements, STHealth publishes a release every 2 weeks. The release notes will become available a week prior to the available upgrade for jurisdictional review. Release notes include any jurisdiction-specific and Consortium-wide improvements, paid enhancements, bug fixes, and database changes. Once the release notes are published,

Monthly Reports

Collaborative work between STHealth and Consortium Members moves rapidly. We heard from our States there is a need to capture all work completed and any work pending, including key metrics for work accomplished, to be able to share back with IIS stakeholders and leadership quickly. STHealth developed Monthly Reports that have become a standard resource in our Maintenance and Operations to close these gaps. These reports are shared with all our jurisdictions monthly. The reports aim to provide essential details about contract specifics and contract health, deliverables, service statuses, and our shared success objectives.



to pull and share with leadership or other stakeholders easily. We continue to work and listen to recipients of the monthly reports to ensure it best meets their needs.



7. As described in Question 6, the State has the ability to test and existing releases through their Test environment. Should the State identify issues or concerns, they can report these to our Product Support Help

Desk via a Jira ticket or communicate directly with their Client Partner or the Product Support team to work through the issue.

8. As mentioned above in question 7, the State does not have an obligation to implement the latest release. We do recommend a jurisdiction to be no more than 3 versions behind at any time to ensure their application is up to date with bug fixes and system improvements.

9. New

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

10. Please see the description below and refer to the attached STC|ONE® Public Health IIS Essentials Package Service Level Agreement (Attachment_STC-ONE Essentials Package SLA HA.pdf). Further details on the incident management process can be found under question 1 of this section.

Incident management and Service Level Agreements (SLAs) are the bedrock of SaaS offerings. STChealth

[Redacted]

[Redacted]

[Redacted]

Planned Maintenance includes periods of routine maintenance and updates. This includes the regularly scheduled agreed upon maintenance windows and agreed upon extended windows as needed. Outages caused by direct access to the database, resulting in table locks are not tracked against system uptime.

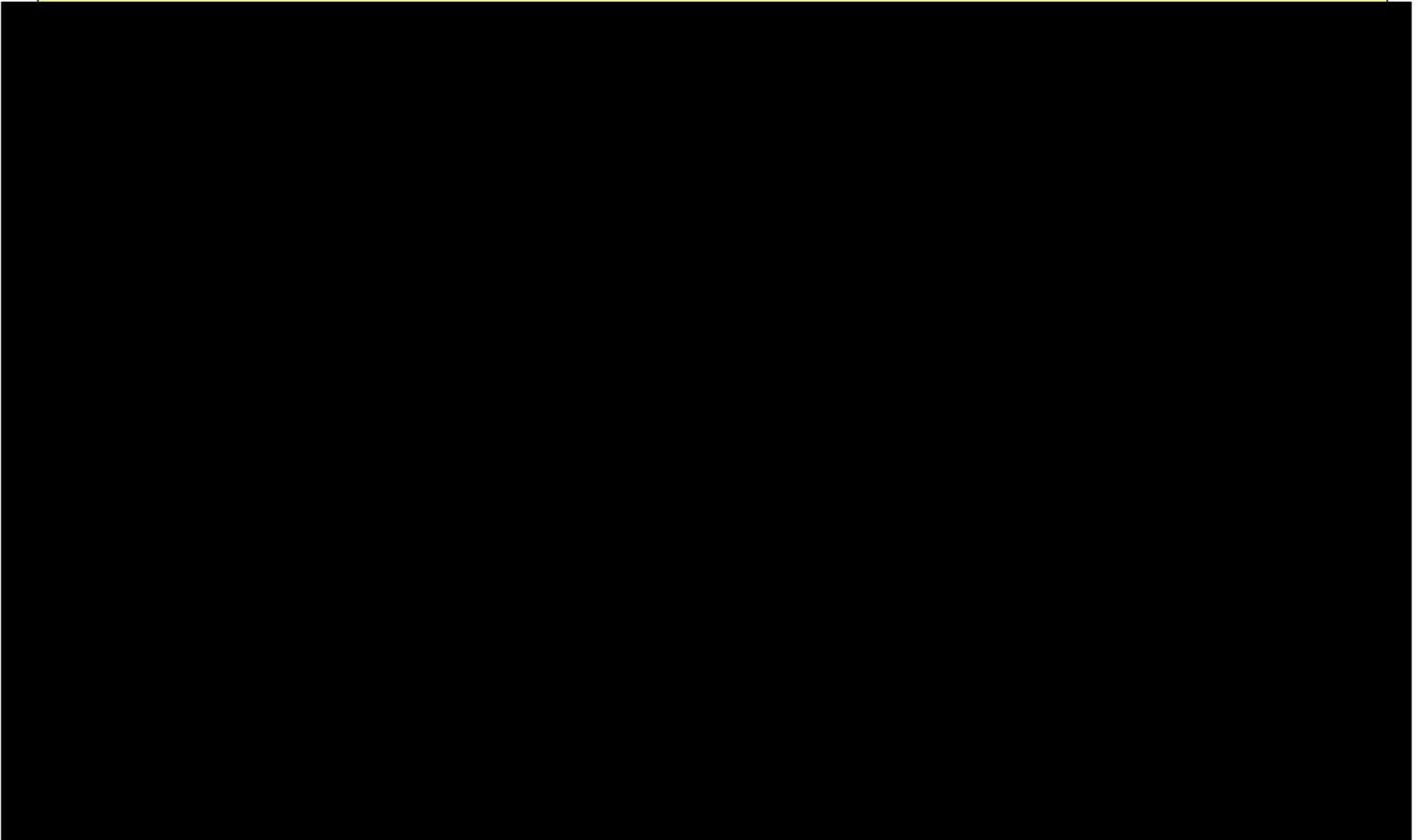
11. STHealth is dedicated to providing ongoing education that comprehensively covers all new product functionalities and workflows. This commitment guarantees that all registry users are equipped to utilize STHealth solutions to their fullest potential. Please see section OCM, Training, and LMS for more details on the process.

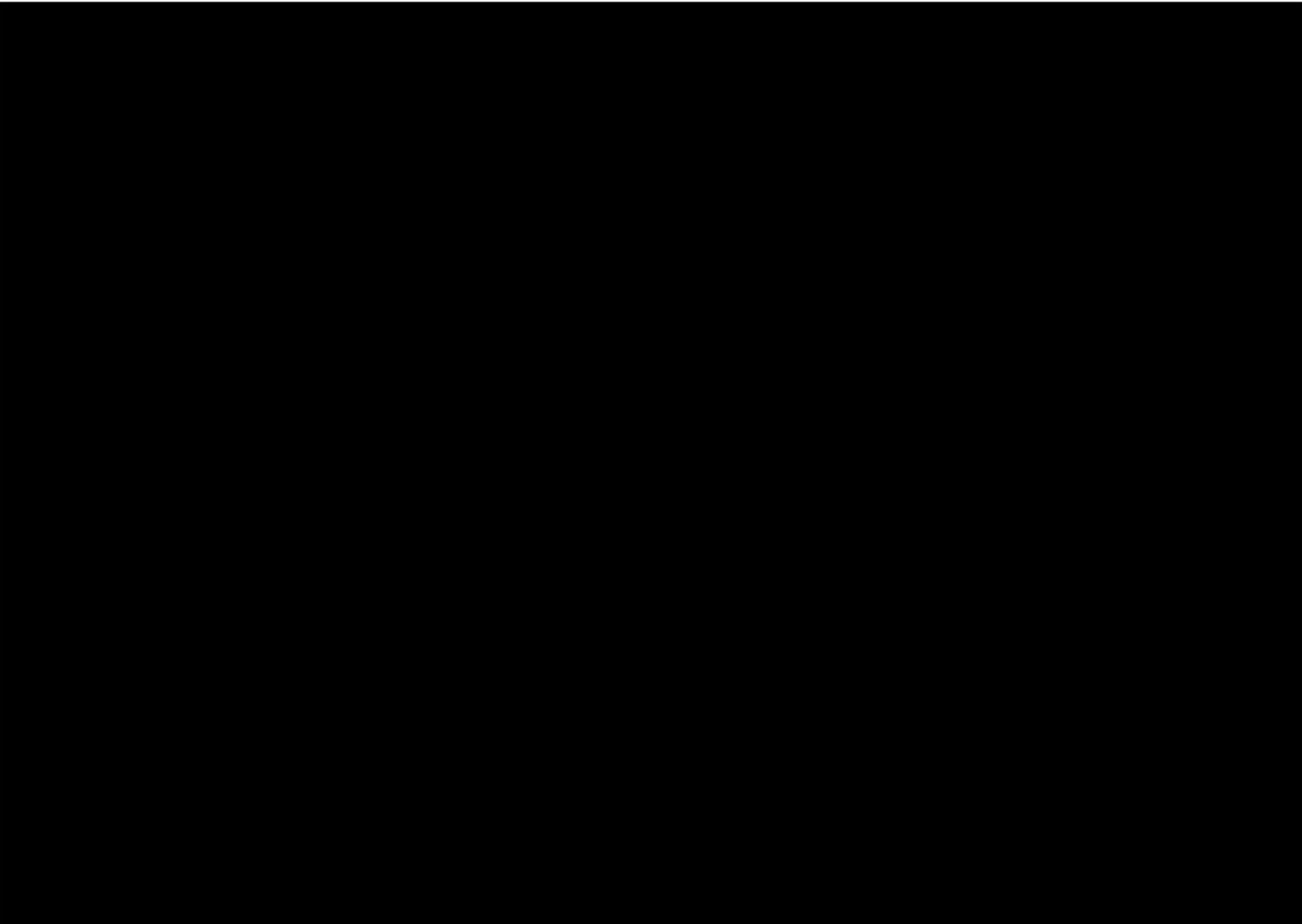
12. Should the State wish to halt a release to an environment due to an issue deemed to be critical, they may do so. If the request has already been made to upgrade the environment before the issue is found, the State has the liberty to contact STHealth through various means, whether through the Help Desk or directly with their Client Partner and discontinue the planned release until the issue is resolved.

7. Staffing (Attachment L, Section 9)

1. Describe your overall staffing plan to fulfill the needs of this project. For each position, indicate the number of individuals in those roles and the monthly time dedication of those individuals to the Contract's scope of work.
2. Include an organizational chart for the proposed project team, including the role of any subcontractors. Please make clear which are your staff, and which are subcontractor staff.
3. Confirm that all proposed staff, regardless of position, will be working from within the US.
4. Confirm that all proposed staff can meet the on-site expectations of their position, as described in Attachment L Section 9.
5. Provide resumes for all Vital Positions including clear indication that the individual proposed meets the requirements in Section 10.2 of Attachment L.
6. For each proposed team member, clarify what their prior experience is with the proposed IIS solution.
7. Subcontractors:
 - a. Describe the role of any subcontractors you will utilize for this Contract, including how/if their role changes during the life of the Contract.
 - b. Indicate your prior experience with each subcontractor.
 - c. Indicate their prior experience with your proposed IIS.
 - d. Describe their experience and expertise as it relates to supporting the Contract scope.

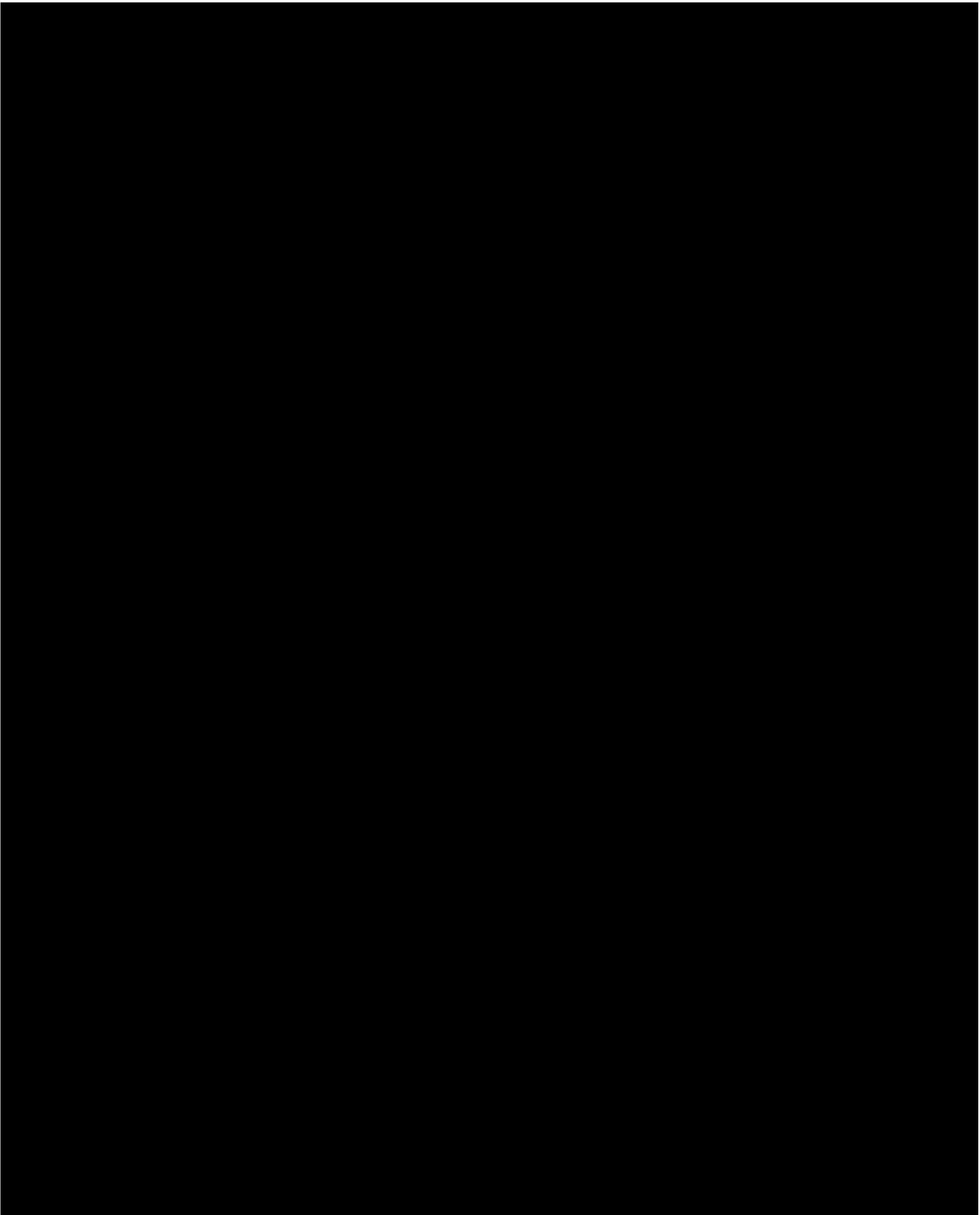
1. As a SaaS and full solution organization that ensures products and services are repeatable and with an eye towards economies of scale, our staffing approach takes a team approach as products are developed. While the vital resources will be the direct and main interface to the IDOH and CHIRP teams, they are fully supported by a complete team of IIS and technical experts. Staffed with engineers, architects, DevOps experts, and data scientists, our technical expert team, and skilled WBE and MBE partners use the best practices of service-based architecture to support both IT and program staff at IDOH. The team will also comprise of project managers, organizational change management, public health SMEs, and technical SMEs. By wrapping our strong technical, project and change management expertise with programmatic know-how and experience, IDOH will have the needed resources to meet and exceed Indiana Public Health goals. The additional team of experts will include the following skillsets, as detailed in the image below.

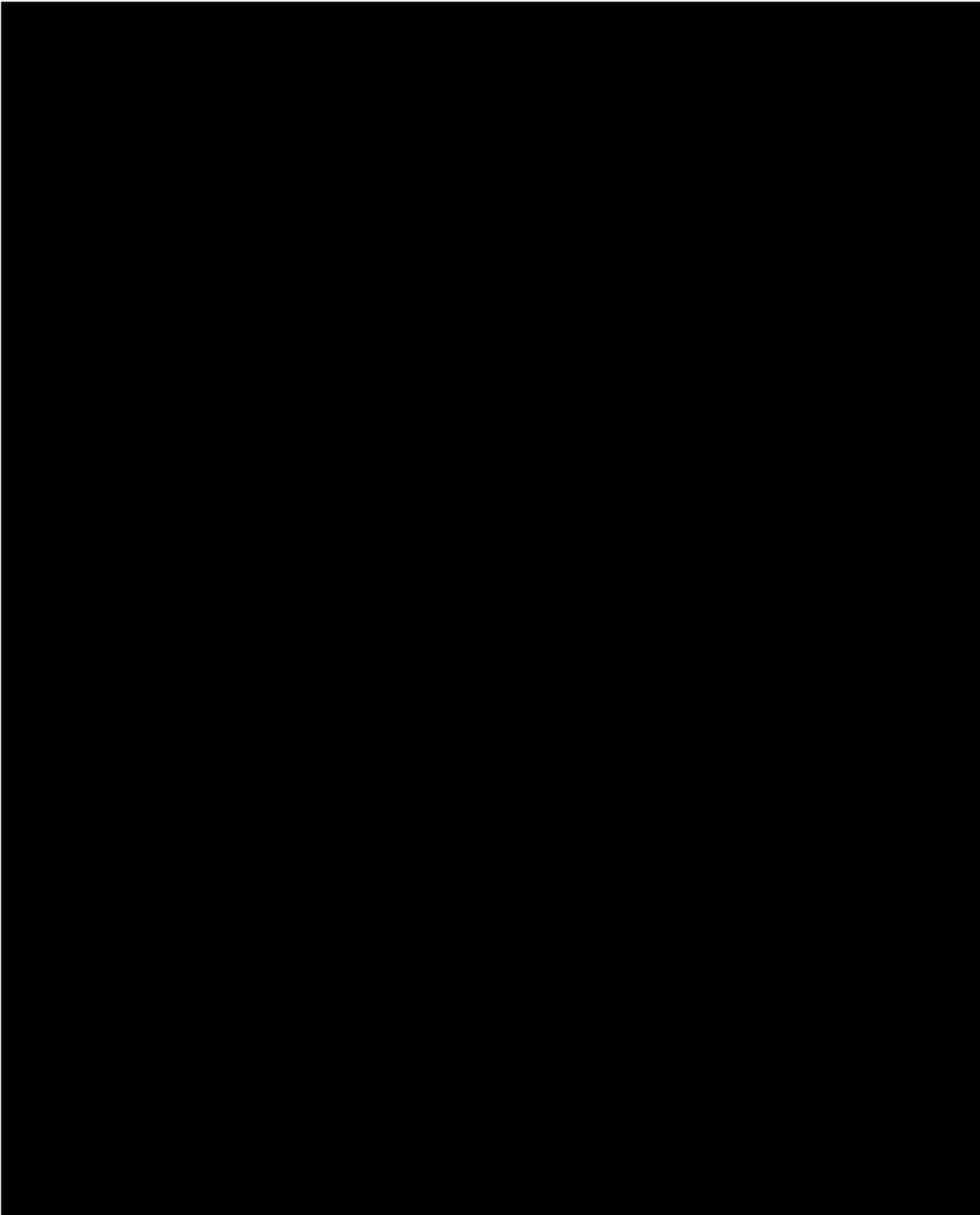




Based on the fact that the majority of the work will be done during M&O and the fact that during the implementation time frame, STChealth is proposing to best use that time to help support Indiana with additional onsite public health experts to improve the use of the current solution, we are proposing the same vital staff through implementation to M&O. Vital positions are noted with supported staff and team below.

Vital Positions along with teams- also added to **Attachment O – Resource Usage Matrix**





5. Please see the attached resumes for both Vital Positions ([Resumes-Vital Positions.pdf](#))

6. Please see the table under the question 1 that includes this information.

7. STHealth has carefully selected partners that construct a fully qualified team of experts across the entire scope of the requirements. As the IIS industry leader, we assure high-quality production and delivery of our proposed solution, which includes collaboration from viable partners with skills, capabilities, and experience

that are complementary to our own. Provided below is an introduction to each of our subcontractors and the value they bring to our team.

- e. Describe the role of any subcontractors you will utilize for this Contract, including how/if their role changes during the life of the Contract.

Briljent, LLC – Briljent will assist with the scope of work for Project Management, and OCM. Briljent will provide a part time Project Manager onsite for communication and coordination, and OCM resources for the OCM scope of work. Staffing will include an OCM Lead, OCM Analyst, and OCM Communications Specialist. Briljent will assist STCHealth with the OCM Plan and OCM Transition Plan deliverables. The level of effort will decrease each year due to implementation of the system, and as end users become more familiar with the IIS system.

Professional Management Enterprises, Inc. (PME) – PME will assist with the scope of work for interface setup with various State of Indiana systems to ensure seamless data exchange leveraging HL7, Mulesoft, etc. PME will providing staffing to gather, analyze, document the business requirements and setup interfaces. STCHealth will also leverage PME’s expertise to assist with new bork screening, vision and other non-immunization related programmatic needs to help build alignment between the various programs and systems to ensure what is put in place will improve program effectiveness and efficiency while setting up IDOH leadership access to metrics and data for decision and policy making. The level of effort will decrease each year due to implementation of the system.

TrackMy Solutions – TrackMy will assist with the scope of work for Mass Immunizations. TrackMy is partnering with STCHealth’s IIS submission to ensure ongoing readiness and maintenance of the connection of the TrackMy Indiana VISIT solution (a solution that is live across the State today, and being leveraged by state and county local health departments for online scheduling, immunization administration, and more) to ensure ongoing readiness for future pandemics through/fulfilling the Mass Immunization Requirements.

- f. Indicate your prior experience with each subcontractor.

It is noted that STCHealth has selected Briljent, PME, and TrackMy Solutions as subcontractors under the Contract for the State of Indiana's Department of Health Request for Proposal #25-78600 for the Immunization Information System, despite not having prior experience with either of them. This decision indicates a strategic approach by STCHealth to leverage the expertise and capabilities of these subcontractors to enhance the project's success.

- g. Indicate their prior experience with your proposed IIS.

Briljent - Briljent does not have experience with the proposed IIS, but has prior experience working with the State of Indiana:

- Indiana Eligibility Determination System (IEDSS)
- Medicaid Management Information System (MMIS)
- Indiana Department of Family and Social Services (FSSA)

- Case Management for Social Services (CaMSS)

PME – PME does not have experience working with the proposed IIS, but has prior experience working and interfacing with other systems within the State of Indiana:

- Vital Records and Newborn Screening
- National Electronic Disease Surveillance System (NEDSS)
- Lead Data Flow database
- IHIE
- School Information Systems – attendance data related to the Health Alert Network
- CDC direct connections

TrackMySolutions – TrackMy has in-depth experience in working with IDOH to implement and deliver the MyVISIT system, including existing integration with the current IIS system (CHIRP).

- Indiana Department of Health (Current active project, implemented the MyVISIT system successfully on 7/1/2024) - TrackMy currently integrates real-time with CHIRP upon new immunization administration.

h. Describe their experience and expertise as it relates to supporting the Contract scope.

Briljent - For over 26 years, Briljent has developed and delivered training, project management, change management, and professional service solutions for some of the largest public health agencies and health and human services programs across the country. During that time, we have delivered over 3 million hours of training to tens of thousands of learners across the nation.

Through these initiatives, Briljent has helped clients capitalize on significant lessons learned and proven best practices. This experience and unique perspective gives Briljent a deep understanding of the challenges faced by many states and territories across the country. The ability to draw on this experience leads to greater efficiency, smooth implementation, and enhances the quality of approach Briljent will take to meet the needs of this project.

Additionally, Briljent’s Training and Organizational Change Management teams have deep experience helping states with the human side of system transitions. Briljent has trained tens of thousands of system users to gain proficiency in new MMIS, eligibility, and case management systems, thereby maximizing the value of new system investments. This gives them a distinct perspective on the impact of modernizations and how State employees and partners can be affected.

Specifically, the Briljent team specializes in:

- Project management and coordination of complicated system modernization initiatives
- Effective stakeholder communication across multiple departments and divisions, and technology vendors

- Ensuring rapid user adoption through workflow and business process analysis and improvements, impact analysis, organizational change management strategies, training, and quality measurement initiatives
- Briljent's team, approach, tools, and methods will assist IDOH with advanced stakeholder collaboration and higher-performance, lower-cost, lower-risk system implementation to support each state's future-state vision. Briljent will utilize honed, real-world experience and skills obtained through their work with a broad spectrum of public health systems and collaborative partners to provide benefits from their lessons learned and proven best practices.

Projects

Below we have listed a few projects related to training, change management, and project management that Briljent has supported.

Indiana Public Retirement System (INPRS)

Indiana Retirement Fund Training and TA: Provided training, management, and TA expertise in the analysis of changes and development of a training plan for 2,700 participants at 1,300 locations.

Training Analysis and Training Plan: Performed an analysis of existing training materials and process documentation, completed a gap analysis, created an assessment report, developed a training plan, and created a timeline for plan implementation.

Indiana Department of Child Services (DCS) INvest

Supporting the implementation of an automated system for child support, addressed stakeholder communication needs, developed a business workflow model for multiple business units, responsible for overall stakeholder communications and transformation, developed evaluation tools and mechanisms for capturing feedback ensuring 2-way communication, created OCM plan that included methodology, communications, risk and impacts, as well as overview of current state and vision for future state.

Indiana Care Management for Social Services (CaMSS) Support

Briljent provided training design, development, and delivery support on the CaMSS project. We designed and developed a blended self-paced learning program to support rollout of a new case management system to be used by Indiana Family and Social Services (FSSA). The project included tutorials, QRGs, practice activities, and super user training for approximately 60 people. Approximately 2,000 users in three agencies participated.

Virginia Department of Medical Assistance Services (DMAS)

In Virginia, Briljent showcased our learning and development expertise through the successful design, development, and delivery of role-based training for the complex Virginia Medicaid Enterprise System (MES) implementation. Serving as the Training Integrator, Briljent led an integrated team of state professionals and multiple system module vendors to deliver a streamlined, targeted training solution.

Our approach began with a comprehensive analysis of training audiences, identifying 175 individual learning paths and creating an integrated curriculum map across various modules. This strategy focused on meeting the job-specific needs of the end users rather than just the system features. Briljent was instrumental in developing a robust training plan with a unified training development and delivery strategy, ensuring consistency and quality across all training materials. Our efforts were acknowledged by the Virginia MES project owners and stakeholders, who lauded our role as a true partner in ensuring a successful implementation. End user training consisted of approximately 400 state staff (administrators, clerks, hearings and appeals, managers), 110 managed care organizations, and 3,000 Fee-for-Service providers in the provider community. The feedback on the quality, timeliness, and professionalism of our training delivery was overwhelmingly positive, reaffirming Briljent's capability in handling large-scale, diverse training initiatives.

Florida Agency for Health Care Administration (AHCA)

Briljent is developing and deploying OCM and training solutions as the sole Enterprise Organizational Change Management (EOCM) Integrator for the Florida Unified Operations Center project. We are coordinating with the Agency's program-level OCM team to develop the organizational structure for the operating model and apply organizational structure best practices to enhance process efficiencies and avoid functional silos. We are providing OCM activities to be completed across the project life cycle and ensuring that Agency designated staff have the knowledge and tools to execute relevant business functions prior to Go-Live. We are also creating a training plan and approach, developing training materials, and providing training delivery across six modules. By serving as the EOCM integrator on this project, Briljent provides a unified approach to OCM and training for tens of thousands of internal and external system end users and stakeholders across several modules and vendors.

PME - Professional Management Enterprises (PME) is a proven public sector partner who has served the State of Indiana for the past 17 years providing outstanding IT solutions, contingent staffing, business consulting, healthcare solutions, and management services to our clients across the US for over 17 years. PME consultants are highly experienced professionals committed to providing state-of-the-art services to our public sector clients. Additionally, it is both Minority Owned (MBE) and Service-Disabled Veteran Owned (VBE/DOBE), with headquarters in the State of Indiana.

PME staff have prior experience working/interfacing with:

- Vital Records and Newborn Screening
- NEDSS
- Lead Data Flow database
- IHIE (PME's Director of Data Integration is the former Manager for Data Integration for IHIE since it's inception)
- School Information Systems- While we did not work with immunization information directly, we did have experience reaching out to, and integrating with, school systems for attendance data related to the Health Alert Network.
- Direct connections with the CDC

PME has also been involved in projects requiring Business Requirements Analysis, Testing and Data Conversion including:

- Implementation of the new Property Tax Management system for the State Department of Revenue in conjunction with Fast Enterprises
- Implementation and maintenance of the TENNCARE eligibility system for the State of Tennessee
- Implementation and maintenance of the DFAS DFISS3 system for DOD accounting and property management
- Implementation of the Oracle PeopleSoft GMIS implementations for the State Departments of FSSA, DOR, ISDH, and others as a partner to IBM and Crowe.

TrackMySolutions - Based in Lenexa, Kansas (Kansas City Metro), TrackMy is a healthcare IT company that offers a commercial-off-the-shelf (COTS) product, TrackMy VeriVax (currently implemented in the State of Indiana as the MyVISIT system, as awarded and contracted through RFP 24-75743), a SOC2 Type 2 certified, web-based platform specifically designed for local government, public health, and healthcare organizations to track health data and streamline clinical administration workflows, including immunization administration. Over the past seven (7) years, TrackMy has brought its TrackMy VeriVax application to over 70 government, public health, and healthcare organizations, streamlining health data capture and access that includes vaccines, exemptions, waivers, consents, declinations, blood lab titers, skin tests, medical questionnaires, fit tests, mask fittings, automated notifications and much more. TrackMy has a deep understanding of the needs of government, public health, and healthcare organizations, particularly those who are required to meet state and federal code requirements. Additionally, executive leaders at TrackMy draw first-hand government, public health, and healthcare experience of what is needed for these organizations, from delivering projects for and working at academic medical centers, large healthcare IT suppliers, public health entities, local health departments, consulting firms, and workforce solutions, including:

- Indiana Department of Health (Current active project, implemented the MyVISIT system successfully on 7/1/2024) - TrackMy currently integrates real-time with CHIRP upon new immunization administration
- Bucks County (PA) Department of Health
- OU Medicine (Oklahoma's leader in patient care, education, and research)
- University of Pittsburgh Medical Center (UPMC - world-renowned healthcare provider and insurer)
- New York State Department of Health
- Oracle Cerner (Fortune 500 Healthcare Electronic Medical Record Corp.)
- Unified Government Public Health Department - Wyandotte County and Kansas City
- DST Systems (IT Service Management Company)
- Methodist LeBonheur Healthcare (U.S. News & World Report as one of the nation's "Best Children's Hospitals")

- HCA Healthcare (One of the nation's leading providers of healthcare services with 185 hospitals and approximately 2,000 ambulatory sites of care)
- Merck (Premier research-intensive biopharmaceutical company in the world)

8. System Enhancements (Attachment L, Section 10)

1. Confirm your agreement with the requirements listed in Section 10 of Attachment L.
2. Explain your understanding, experience with, and approach to the enhancement activities described in Section 10 of Attachment L. Describe how you will prepare the State team to implement system changes independently to reduce the need to use Change Requests and incur additional costs.

1. STChealth uses human-centered design to ensure the right products and features are built that deliver on the most important problems to solve and are designed in a way that deliver optimal usability and ease of use. As user, patient and market needs continuously change and evolve, so must products and the technology behind them. As such, a key cornerstone of STChealth's product strategy and approach is the Product Feedback Loop. Understanding the voice of our customers, and the needs of the providers and patients served is critical to ensure continuous improvement and optimization of the STC|ONE® IIS platform.

[REDACTED]

[REDACTED]

All potential options are explored and analyzed to meet functionality or requirements before initiating new development efforts. By doing so, we ensure optimal budget utilization, resorting to the Change Request process and its associated costs only when the desired functionality cannot be achieved through existing customizations.

STChealth has worked with IDOH to create an Enhancements Pool of funding. As the incumbent, STChealth already has this in place.

9. Project Management (Attachment L, Section 11)

1. Explain how you propose to execute the Project management responsibilities as described in Attachment L Section 11 in its entirety, including but not limited to the specific elements highlighted below:
 - a. Confirmation of your agreement with the requirements.
 - b. Your approach to developing the components of the Project Management Plan
 - c. Your approach to the Change Management and the Change Control process
 - d. Key activities you plan to take your project onboarding and kick off to ensure project success
 - e. Your company's escalation process for any issues that may arise.

1.a. STChealth has thoroughly reviewed the Project Management requirements outlined in the RFP. Although much of the Project Management responsibilities won't apply to STChealth as the incumbent, we have included our full Project Management approach to cover the areas of M&O and enhancements where necessary.

While STChealth has its suite of industry-standard IIS Implementation documentation, no substitutions are proposed for the provided templates; however, should any deviation be deemed necessary, STChealth will promptly submit an example of the alternative document for you to consider. If any document is considered non-applicable, we will provide detailed reasons for such a determination. STChealth acknowledges and respects the State's prerogative to grant final approval for any substituted documents and those marked as non-applicable. We are dedicated to ensuring compliance and transparent communication throughout the document submission process.

1.b. The STChealth Project Management Approach

Our STChealth Project Management Office (PMO) strives to ensure efficiency and quality for all projects and implementations in the organization. STChealth has a specific toolkit of project documents, processes, and procedures specifically designed for IIS and vaccine inventory management implementations. STChealth's PMO is staffed with a team of full-time, Project Management Professional (PMP) certified project managers.

With their experience and expertise, the STChealth project team can identify and mitigate risks and take advantage of opportunities and efficiencies in the implementation process. Thus, we follow the Project

Management Institute's (PMI) Project Management Book of Knowledge (PMBOK) as the industry standard and foundation of our practice.

STHealth's wealth of recent experience with IIS implementations has allowed us many opportunities to develop a comprehensive approach to accomplishing contracted tasks and ensuring outcomes align with customer goals.

Quality Management Plan:

STCHealth follows a robust Quality Management Plan to ensure all deliverables meet the highest standards, including regular audits, reviews, and continuous improvement processes.

1.c. Change Management Plan:

STCHealth's comprehensive Change Management Plan ensures management and documentation of any changes during the project lifecycle, ensuring systematic handling of changes with minimal disruption.

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Risk/Issue Management Plan:

STCHealth's Risk/Issue Management Plan proactively identify, assess, and mitigate risks and issues, ensuring swift and effective resolution to minimize their impact on the project.

1.d-1.e. STCHealth also utilizes an Oversight Team comprised of STCHealth executives and subject matter experts who can leverage the full suite of capabilities and resources to ensure project success and alignment. STCHealth also leverages the Contractor Technical Lead / Architect, who is an expert in IIS utilization and actively finding solutions for programmatic gaps.

Once the contract is executed and the project teams have been assigned, a RACI Matrix will be provided to outline the responsibilities of STCHealth, State, and any additional suppliers involved in the implementation. The RACI Matrix will identify the following responsibilities of each of the project stakeholders:

- **Responsible:** The Person who is completing the tasks
- **Accountable:** The Person who is making decisions and taking action on the task(s)
- **Consulted:** The Person who will be communicated with regarding the decision-making process and specific tasks
- **Informed:** Person who will be updated on decisions and actions during the project

They work closely with the PMO to organize the project plan and implementation work, bringing relevant best practices from PMBOK and Agile iterative delivery frameworks that align with the project to promote more successful outcomes and address the urgency to meet CDC reporting requirements.

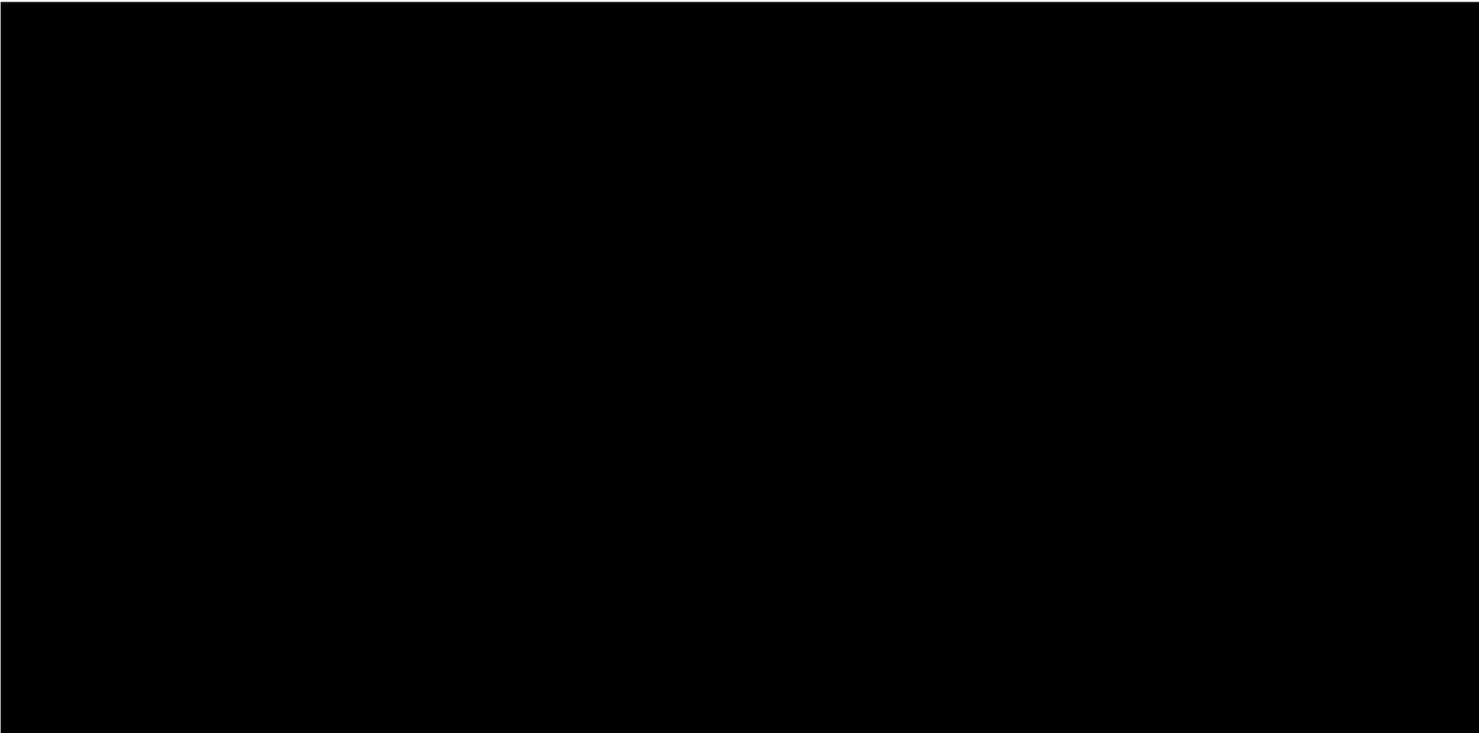
STChealth

contributing to timely and successful project completion. The accurate and up-to-date tracking and reporting features of Microsoft Project empower the project team to identify potential issues swiftly and address them proactively, ultimately safeguarding the successful execution of the project.

Additionally, incorporating project performance metrics, such as the Schedule Performance Index (SPI), provides valuable insights into the project's progress over time. This metric aids in estimating project completion dates, offering an explicit and informed perspective on task scheduling and helping the team to stay on track. Furthermore, the project schedule will track project baseline and actuals to enable STChealth to establish a comprehensive record of the original project plan and compare it with the actual progress, allowing for continuous improvement and informed decision-making throughout the project lifecycle.

Through the period of contract performance STChealth aim's to hold weekly meetings with the State to discuss the status of all contracted items, review the Status Report, and address any potential delivery blockers with a clear mitigation path.

STChealth is flexible and responsive to attending ad hoc meetings as requested by the State. With a three-business-day advance notice, we ensure our team is prepared with necessary presentation materials and support documentation for productive on-site visits.



10. Software Warranty (Attachment L, Section 12)

1. Confirm your acceptance of the software warranty as described in Section 12 of Attachment L.

1. STHealth accepts the software warranty as described in Section 12 of Attachment L.

11. Turnover (Attachment L, Section 13)

1. Confirm your acceptance of the requirements in Section 13 of Attachment L.

1. In preparation for a possible transition from STC|ONE® to a new IIS vendor, IDOH and STHealth collaborated on Turnover Language for the current contract. The agreed upon turnover plan was thoughtfully curated with IDOH's current system use, workflows, and policies in mind. It can be adapted in the future should scope and requirements change. Agency refers to STHealth and State Entity refers to Indiana.

Turnover Plan:



[REDACTED]

Project Closeout

The State shall conduct a Project Closeout planning meeting with key project staff from the Contractor, [AGENCY], and [STATE ENTITY]. The Contractor shall perform the tasks required to close out the project including updating all appropriate documentation, migrating the documentation to the State and new service provider, and providing support during the turnover if requested in accordance with the terms of this Contract.

After formal acceptance of the turnover by the State, the Contractor shall provide a project closure document that reports successful completion of all contractual obligations. All activities detailed within this Scope of Work shall be complete and/or transitioned to [AGENCY] from the Contractor at the time of submission of the closure document.

[REDACTED]

12. Performance Standards (Attachment L, Section 14)

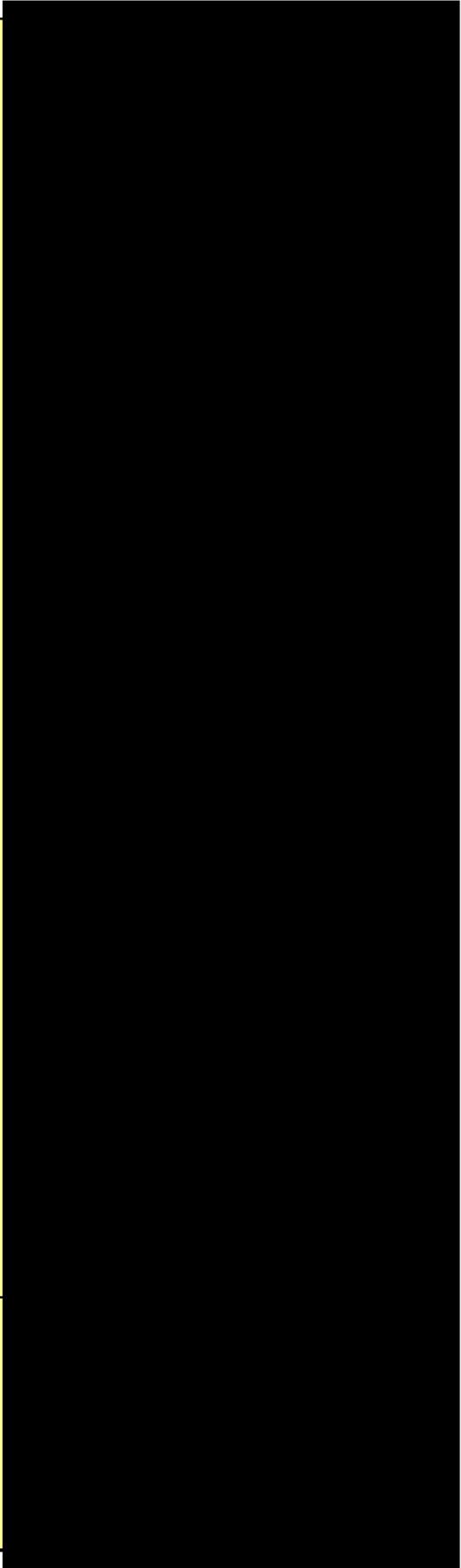
1. Confirm your agreement with the requirements and performance targets in Section 14 of Attachment L.
2. For each enumerated service level metric in Section 14.1 of Attachment L, explain how the data for the service level will be collected and reported (i.e., data sources and process) and how you propose to meet or exceed the thresholds for compliance.
3. Describe your process for identifying, prioritizing, and communicating problems that may contribute to a failure to comply with performance targets.

1. STHealth agrees with the requirements and the performance targets provided in Section 14 of Attachment L.

2. Please see the table below that includes the STHealth responses for each enumerated service level metric in Section 14.1 of Attachment L.

#	Performance Standard	Threshold for Compliance (Measured Monthly)
1	Implementation Timeliness	<p>Implementation Milestones completion completed according to the Project Schedule.</p> <ul style="list-style-type: none"> • Implementation Milestone 1: Requirements Validation Successfully Completed • Implementation Milestone 2: Design and Development Successfully Completed • Implementation Milestone 3: Testing Successfully Completed • Implementation Milestone 4: Data Conversion and Migration Successfully Completed • Implementation Milestone 5: Training, OCM, and LMS Successfully Completed • Implementation Milestone 6: Implementation Successfully Completed
2	UAT Defect Rate (Implementation)	All UAT scripts executed, 95% of UAT test scripts passed, and no open Medium, Critical, High, and Blocker defects.
3	Defect Resolution Timeliness for defects identified during UAT (in the Implementation phase). This refers to the time to correct the defect and make it available for retest.	<p>Blocker - two (2) business days from identification</p> <p>Critical - three (3) business days from identification</p> <p>High – two (2) weeks from identification</p> <p>Medium and Minor - will be determined with the State in the Master Test Plan</p>

	<p>Defect Resolution Timeliness for Code in Production Environment (M&O)</p> <p>(For any given defect for code in the production environment, these timelines apply unless otherwise approved by the State)</p>	<p>Emergency Defects - correct as soon as possible, including the Contractor staff working outside the normal hours of operations if needed</p>
4		<p>Blocker – 12 hours to fix, test to IDOH’s satisfaction, and migrate to the Production environment</p>



		Critical – two (2) calendar days to fix, test to IDOH’s satisfaction, and migrate to the Production environment
		High – five (5) business days to fix, test to IDOH’s satisfaction, and migrate to the Production environment
		Medium – 15 business days to fix, test to IDOH’s satisfaction, and migrate to the Production environment
		Minor – 25 business days to fix, test to IDOH’s satisfaction, and migrate to the Production environment
5	Incident Resolution Timeliness (M&O)	Incident Priority Level 1 – two (2) hours
	Prior to resolution incidents must also	Incident Priority Level 2 – 24 hours

	<p>be triaged according to the Initial Triage Timeframes listed in Section 8.</p>	<p>Incident Priority Level 3 – three (3) Business Days</p> <p>Incident Priority Level 4 – five (5) Business Days</p>
6	<p>Production Environment Availability (M&O)</p>	<p>99.9% availability, except during scheduled maintenance</p>
7	<p>On-line Response Times in Production Environment (M&O)</p>	<p>90% of response times are less than 2 seconds and 98% of response times are less than 10 seconds. Excludes complex reports and processes.</p>
8	<p>Security Incidents Reporting Timeliness (DDI and M&O)</p>	<p>Any security incident must be communicated to appropriate IDOH staff within one hour of discovery. A security incident is defined as an occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits or that constitutes a violation or imminent threat of violation of</p>

		security policies, security procedures, or acceptable use policies.
9	Business Continuity and Disaster Recovery Time (M&O)	System shall be recoverable according to the RTO and RPO approved by IDOH in the Disaster Recovery Plan/Business Continuity Plan
10	Help Desk Availability (M&O) (applicable if the State chooses to add help desk to the scope)	<p>Ticket resolution completion for both live phone and chat support according to the tier of the ticket.</p> <ul style="list-style-type: none"> • Tier 1 tickets must be resolved in one (1) business day. • Tier 2 tickets must be resolved within three (3) business days. • Tier 3 tickets must be resolved within seven (7) business days unless IDOH approves an extension.



3. The day-to-day needs of the program to ensure that IDOH staff and end-users can complete their work within the system are a priority to STCHealth, and ensuring escalation to executive oversight is critical in this process should any potential issues arise with meeting the above performance targets. IDOH will be paired with an experienced and committed Client Partner to ensure the program’s success in various areas, including performance targets, and will work with STCHealth teams responsible for each performance target to ensure they are being met. Should a potential issue arise, the program will be alerted of the potential issue via an agreed upon communication pathway along with a remediation plan. Once initial communication has commenced, the Client Partner will continue to work with the team(s) responsible for the performance target and keep IDOH apprised of any changes or progress to the plan.

13. Optional Elements

1. The State is open to considering providing hosting for the System.
 - a. If the State opted to host your solution, describe the impact to your proposed approach and schedule (Question 4.2 above).
 - b. Provide details as to the drivers of cost reduction the State can expect if they were to choose a State-hosted option. Do not provide any financial details, all financial details should be entered into Tab 8 of Attachment D, Cost Proposal. Provide details as to the effects the State can expect in each of these areas:
 - Implementation
 - M&O
 - Licenses / Subscriptions / Environment

2. The Contractor help desk is not in scope but the State requests proposed help desk solutions for consideration (see Section 8 of the Scope of Work for help desk requirements). Do not include costs for your help desk function in the technical proposal. All costs must be detailed in the Tab 8 of Attachment D, Cost Proposal.
 - a. Describe your help desk solution that meets the requirements described in the Scope of Work.
 - b. Describe your approach to providing the expanded levels of help desk support, as described in the Scope of Work, in the first month following implementation.
 - c. How will the help desk be staffed? Are the staff members supporting other Consortium members, other IIS clients, and/or other non-IIS clients?
 - d. Where are help desk staff physically located?
 - e. How will help desk staff be trained to understand the Indiana -specific IIS?
 - f. How will you handle unexpected short-term increase in volumes?
 - g. What is your call abandonment rate and average hold time for your proposed call center?
 - h. Describe any alternative help desk services offerings that your organization can offer, including increased or reduced support levels. Do not include costs for your alternative help desk offerings in the technical proposal. All costs must be detailed in the Tab 8 of Attachment D, Cost Proposal.
3. HL7 onboarding of new data submitters is not in scope but the State requests proposed HL7 onboarding of new data submitters during M&O for consideration (See Section 8 of the Scope of Work for HL7 onboarding of new data submitters requirements). Do not include costs for your HL7 onboarding of new data submitters during M&O in the technical proposal. All costs must be detailed in the Tab 8 of Attachment D, Cost Proposal.
 - a. Provide a list and details of the documentation you propose to develop that will be given to new data submitters, enabling them to setup organizations and establish their credentials for sending HL7 messages in test and production environments.
 - b. Describe your approach to conducting outreach to new data submitters to initiate the onboarding process as well as your approach to meeting with new data submitters throughout the onboarding process.
 - c. Provide details to the tracking tool/database that will be used to document the status of each new data submitters through the onboarding process steps, including data collected.
 - d. Describe your escalation approach should any HL7 message issues arise.
4. Development of Resident Mobile Applications (RMAs) is not in scope but the State requests proposed RMA solutions for consideration (see Section 4.4 of the Scope of Work for RMAs requirements). Do not include costs for your development of RMAs in the technical proposal. All costs must be detailed in the Tab 8 of Attachment D, Cost Proposal.
 - a. Detail whether your proposed solution has the ability include RMAs, including if they will be specific to Indiana’s IIS and if they will be provided at an additional cost to the State.
 - b. Detail the abilities of your proposed RMAs to:
 - i) Add immunizations to registry for providers
 - ii) View vaccination records for providers
 - iii) View overdue vaccinations or vaccination needs
 - c. Confirm that your RMAs can be installed through commonly used application stores such as Google Play or Apple’s App Store.

1.a. Self Hosted Option

STChealth does not currently provide a self-hosted option; all the jurisdictions we support in our Consortium are cloud hosted. STC|ONE®, the application currently used today by Indiana and the solution proposed in RFP 25-78600, is a Software as a Service (SaaS) solution. The most significant difference between SaaS and on-premises solutions is that SaaS solutions are hosted and maintained by a third-party provider, while on-premises solutions are hosted in-house. As a SaaS solution, STChealth is responsible for all elements of the offering including DevSecOps, support, and development.

1.b. There would be no change to the cost due to self-hosting not being an option within the SaaS model.

2.a. Help Desk

STHealth's Provider Support Services team, or the Help Desk, are located at STHealth headquarters in Phoenix, Arizona and works to support CHIRP end-users who are not part of IDOH. This includes healthcare providers, local health departments, schools, and any other CHIRP users. Our team has worked with Indiana to support their providers since January 2020, and last year alone the help desk resolved a total of 17,335 inquiries. These inquiries may come in via phone, email, or the chatbot function located on CHIRP's home page. Below is how STHealth meets the Scope of Work requirements listed for the Help Desk.

[Redacted]

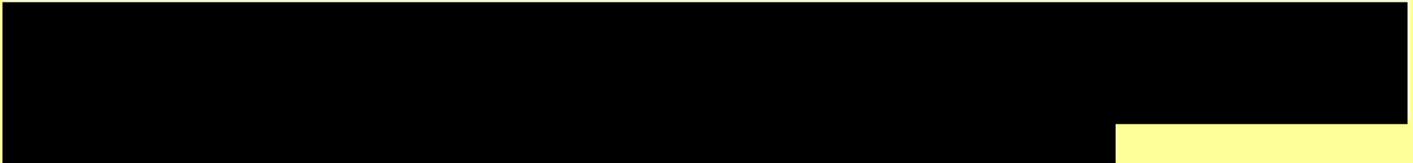
[Redacted]

[Redacted]

I

[Redacted] on CHIRP's home page for quick answers and ease of use.

grant escalation approval. Tier 3 tickets must be resolved within seven (7) business days unless IDOH approves an extension.



- **Communicate to the individual submitting the ticket any anticipated delays in meeting the SLA of any given ticket.**

We recognize the importance of clear communication with CHIRP users on ticket statuses and actionable next steps. Although providers and the IDOH program will not have access to the internal ticketing system used by STCHealth’s Provider Support team, we use industry standard technology that will alert the individual of their ticket status through the ticket cycle. They will receive an email when the ticket gets created. When the status is changed to “solved”, they will receive an automatic notification of the updated ticket status. If the ticket requires Tier 2 or Tier 3 support and requires escalation to IDOH program or STCHealth’s Provider Support team, we will send them an email letting them know of the ticket escalation and next steps.

- **Track and document all phone contacts. Whenever possible, the contact must be associated with the case number in reference and identify the following:**
 - **The caller’s first and last name**
 - **Caller phone number**
 - **Call type**
 - **Outcome of the call**
 - **Description of call and information provided**

Our robust tracking system allows for documentation of call details, including the categories above. Because our calls are recorded, we have the ability to pull calls upon request for in-depth review. Our team will also provide a summary of the above categories via the monthly Provider Support report, which is shared with IDOH and discussed on a monthly call with our Provider Support team.

- **Respond to inquiries at the time of the call or chat. In the event additional research is required to resolve the issue, the help desk ticket will be left “open.” The Contractor’s staff shall be responsible for conducting research as necessary, returning the phone call or responding to the chat, and closing the inquiry within the timelines specified above. The Contractor shall use a system that allows easy monitoring of performance standards identified by IDOH, with the ability to produce reports on these performances on demand. The Contractor shall maintain a contact management solution to capture and store service requests in a contact management/issue tracking tool throughout the lifecycle of that request, including but not limited to phone calls, chats, and written requests from all users throughout the lifecycle of that request.**

[Redacted]

[Redacted]

- [Redacted] STHealth will staff the Provider Support help desk sufficiently to ensure performance standards related [Redacted]
- [Redacted]

2.b. Because we have an identified and proven provider support process in place with Indiana today, there

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] who work to resolve end-user questions, address issues, or provide assistance in navigating the application. [REDACTED]

Once the QA document is finalized, our team training leads will provide dedicated CHIRP training to the Help Desk staff. Our training leads are also available throughout the day to answer ad hoc calls or questions should our staff need additional support. Training leads are also critical in helping to maintain and update the QA document as IDOH processes adapt.

While the QA document serves an important purpose in training our Help Desk staff on how to manage and handle inquiries, our team is also thoroughly trained on the CHIRP application. We spend weeks during their onboarding phase delivering IIS training, and our Lead agents will work on Indiana and CHIRP specific training once their IIS knowledge is satisfactory. As mentioned above, processes change, systems change; while change happens, our Lead agents take a proactive approach in training up the team and providing them with the necessary resources to support CHIRP users.

[REDACTED]

2.g. In 2023, our Help Desk experienced an abandonment average of 2.19% for all CHIRP calls. So far in 2024, we are operating at an average queue hold time of 19 seconds. These metrics indicate our dedication in supporting CHIRP users quickly and efficiently.

2.h. Our Help Desk team currently supports Indiana at our largest offered scope available. Our team is always agreeable to discussing an altered scope based on the State's adjusted needs. Should the State be interested, our team can explore weekend hours should the need arise during increased immunization activity (back to school, flu, etc).

3. Onboarding

STChealth currently plays a pivotal role in working with IDOH to onboard new HL7 connections within CHIRP. Our STChealth interoperability team feels as if they are part of the Indiana team, fostering close relationships with providers and other various CHIRP end-users, and shares a common mission to expand CHIRP connections and ensure sound data quality of those connections.

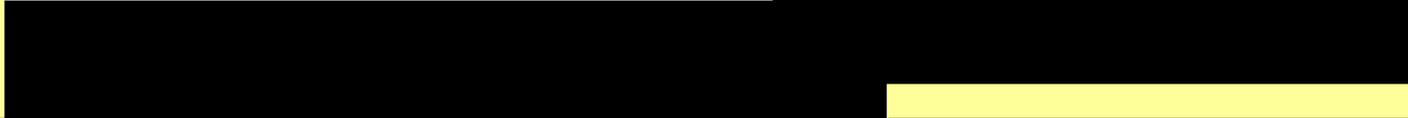
In our current process, STChealth reaches out to a provider requesting additional information about the connection they are requesting based on the target list provided by the State. The provider then completes the discovery questionnaire. Based on the information provided STChealth schedules a kick-off call. The provider and the vendor are present on the call to demonstrate the EMR functionalities. STChealth provides credentials and goes over requirements and best practices. After the call is completed, the vendor is ready to start testing.

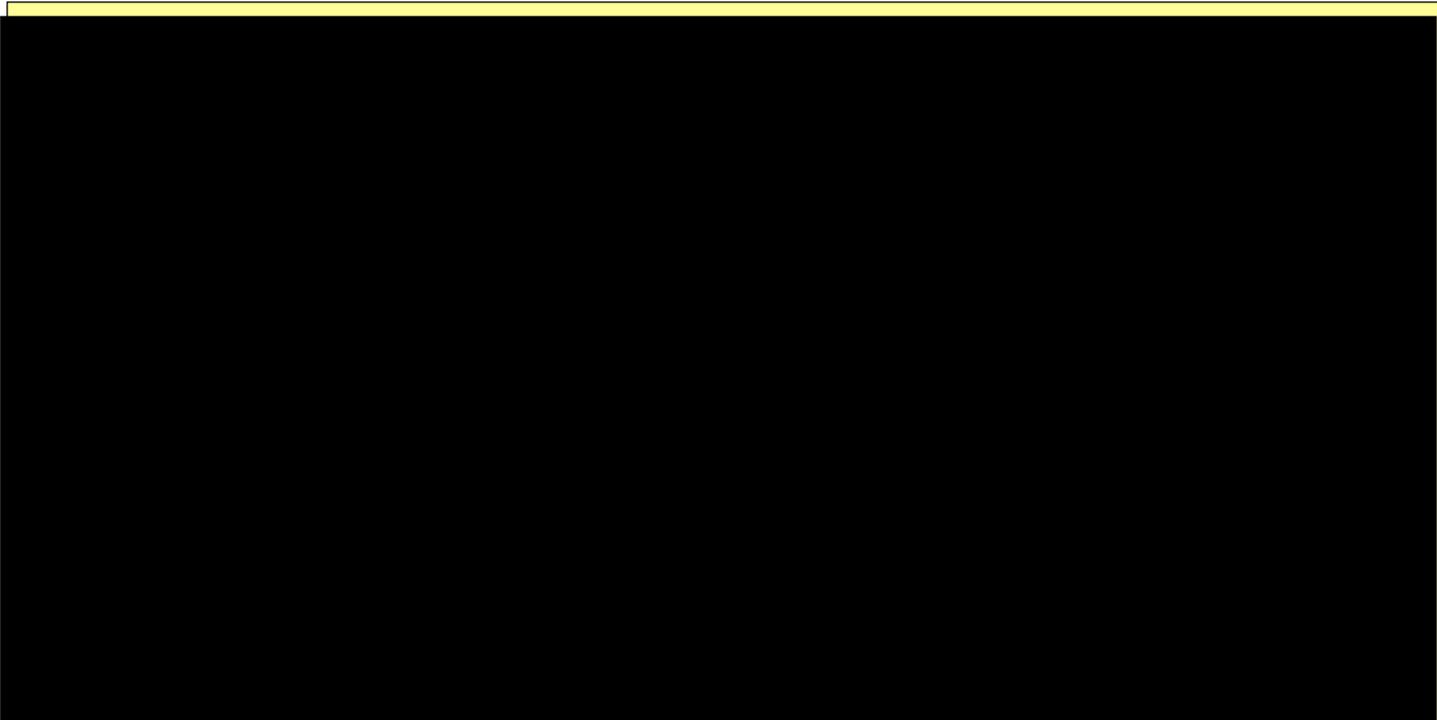


Provider	Representative Facility ID	Profile	# Messages	# unique MRN	# Errors	# Warnings	
1234	111	5555	45	11	0	45	
1234	222	5555	24	22	0	24	
1234	333	5555	66	33	0	66	
1234	444	5555	98	44	2	96	
1234	555	5555	14	55	0	14	
1234	666	5555	41	66	0	41	
1234	SIISCLIENT23458	5555	2524	77	8	2516	
		5555	639	88	441	198	
			3451	99	451	3000	
Provider	Representative Facility ID	Profile	Import Log ID	Error / Warn	Date Sent	MRN	Issue
1234	111	5555	507588246	E	6/28/2024 11:02	1588711	patient address city is missing
1234	111	5555	507588246	E	6/28/2024 11:02	1588711	patient address city is missing - Message Rejected
1234	111	5555	507588255	E	6/28/2024 11:02	1588714	patient address city is missing
1234	111	5555	507588255	E	6/28/2024 11:02	1588714	patient address city is missing - Message Rejected
1234	SIISCLIENT23458	5555	507896210	E	6/29/2024 11:11	1298830	patient address city is missing
1234	SIISCLIENT23458	5555	507896210	E	6/29/2024 11:11	1298830	patient address city is missing - Message Rejected
1234	SIISCLIENT23458	5555	507896516	E	6/29/2024 11:16	1523171	patient address city is missing
1234	SIISCLIENT23458	5555	507896516	E	6/29/2024 11:16	1523171	patient address city is missing - Message Rejected
1234	SIISCLIENT23458	5555	507896835	E	6/29/2024 11:21	1532345	patient address city is missing
1234	SIISCLIENT23458	5555	507896835	E	6/29/2024 11:21	1532345	patient address city is missing - Message Rejected
1234	SIISCLIENT23458	5555	507896840	E	6/29/2024 11:21	1532413	patient address city is missing
1234	SIISCLIENT23458	5555	507896840	E	6/29/2024 11:21	1532413	patient address city is missing - Message Rejected
1234	SIISCLIENT23458	5555	508721394	E	7/3/2024 11:04	1478712	patient address city is missing
1234	SIISCLIENT23458	5555	508721394	E	7/3/2024 11:04	1478712	patient address city is missing - Message Rejected
1234	SIISCLIENT23458	5555	508721477	E	7/3/2024 11:05	1511816	patient address city is missing
1234	SIISCLIENT23458	5555	508721477	E	7/3/2024 11:05	1511816	patient address city is missing - Message Rejected



STChealth provides a tracking tool/database for documenting the status of each data submitter through the onboarding process steps. In the Status report document





If any issues arise during the process, STChealth first conducts an internal troubleshooting using available resources and internal departments. If additional guidance is needed STChealth will reach out to IDOH.

4. Resident Mobile Applications

The STC|ONE® platform is mobile enabled. STC|ONE® supports a responsive design that renders properly on multiple devices.



that ensures STChealth is building solutions for the market as a whole that lead to a more sustainable IIS.