Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

ANTICIPATION TO AWARD NOTIFICATION

Solicitation Number: DH-23-0018

Description: Certified Tumor Registry QA Services

Date: 09/01/2023

The Arkansas Department of Health (ADH) has completed evaluation of bids received. All bids received are shown below.

Based on the Scores and prices bid, the ADH intends to award a contract to: Westat for an initial 12-month term of $251,082.00.

Scoring and Pricing:

RFP Opening				Weighted Technical Proposal Score	Cost		Grand Total Score *Weighted Technical Proposal Score + Cost Score
Date:	7/28/2023	Read By:	J. Griffin				
Time:	2:00 PM	Recorded By:	Tara Baker				
Proposal Submitted By:				Max. Possible: 700	Cost	Cost Score Max. Possible: 300	Max. Possible: 1,000
Westat				634.67	$251,082.00	300	934.67
Myriddian				515.67	$713,504.00	105.57	621.24

Jeff Griffin, Acting Branch Chief
Procurement Support Branch
Jeffrry.h.griffin@arkansas.gov
501-534-6275

Westat

Improving Lives Through Research®

Certified Tumor Registry (CTR) Operations and Quality Assurance and Control

Technical Proposal Packet

July 28, 2023
Bid Solicitation No. DH-23-0018
WPN 23-125 | Electronic

Submitted to:
Arkansas Department of Health
4815 West Markham Street
Little Rock, Arkansas 72205-3867

Submitted by:
Westat
An Employee-Owned Research Corporation®
1600 Research Boulevard
Rockville, Maryland 20850-3129
(301) 251-1500

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Westat, Inc.				
Address:	1600 Research Boulevard				
City:	Rockville	State:	MD	Zip Code:	20850-3129
Business Designation*:*	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☒ Corporation		☐ Public Service Corp ☐ Nonprofit	
Minority and Women-Owned Designation**:*	☒ Not Applicable ☐ African American ☐ Asian American	☐ American Indian ☐ Hispanic American ☐ Pacific Islander American		☐ Service Disabled Veteran ☐ Women-Owned	
	AR Certification #: _____	* See *Minority and Women-Owned Business Policy*			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for RFP solicitation related matters.*			
Contact Person:	Rod Mohadjer	Title:	Associate Director, Contracts
Phone:	301-294-3941	Alternate Phone:	301-251-1500
Email:	westatproposals@westat.com		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.

☒ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See RFP Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *RFP Solicitation*, Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and **shall not** employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and **shall not** boycott Israel during the term of a contract awarded as a result of this RFP.

☒ Prospective Contractor does not and **shall not** boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP *Solicitation* **may cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: _____ **Title:** Vice President

Use Ink Only.

Printed/Typed Name: Jennifer Kuo **Date:** 7/26/23

2

PROPOSED SUBCONTRACTORS FORM

- ***Do not** include additional information relating to subcontractors on this form or as an attachment to this form.*
    - Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
    - Additional subcontractor information may be required or requested in following sections of this *RFP Solicitation* or in the *Information for Evaluation* section provided in the *Technical Proposal Packet*. **Do not** attach any additional information to the *Proposed Subcontractors Form*.
    - The utilization of any proposed subcontractor is subject to approval by the State agency.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- ***Do not** include additional information if not pertinent to the itemized request.*

		Maximum Raw Score Available
E.1	**Minimum Vendor Qualifications**	20
	a. Demonstrates vendor is or employs staff who have been certified by NCRA as Certified Tumor Registrar(s) (CTR) with a minimum of five (5) years of experience including two (2) years in a supervisory or leadership role. • Westat offers CTR staff members with a minimum of 8 years of experience in central cancer registry (CCR) operations, including working in the capacity of Quality Assurance (QA) Supervisor/Coordinator for various CCRs as part of CCR operations. Each staff member has worked in leadership roles focusing on data quality, auditing, and education. All CTRs employed by Westat maintain their credentials through National Cancer Registrars Association's (NCRA's) continuing education programs. • Westat is proposing Mary Mesnard as the QA Coordinator Lead. Mesnard (CTR #88089) has 35 years of experience working in hospital-based registries as well as 15 years in CCRs. Mesnard worked as the QA coordinator for 3 years with the Maryland Cancer Registry until she assumed the position of program manager. Mesnard provides subject matter expertise and leads QA activities for Westat with the National Cancer Institute's (NCI's) Surveillance, Epidemiology, and End Results (SEER) program as well as several central cancer registries. • In addition, Westat is proposing Vanessa McLean (CTR #25378), who has 12 years' experience working in a CCR to conduct QA activities. McLean currently supports the Arkansas Central Cancer Registry (ACCR) with audits, consolidation, and edit error corrections. McLean conducts case-finding and re-abstraction audits for multiple CCRs and is a subject matter expert regarding QA and quality control (QC) activities. b. Demonstrates vendor experience in population-based central cancer registry (CCR) preferred within the last 5 years. • Westat has conducted data management and QA activities for CCRs for 15 years including data management, QA/QC, quality improvement (QI), education and training, as well as assisting with creation of a state cancer control plan, incidence and mortality reporting, and other epidemiological support. • Westat has conducted consolidation, edit error corrections, and facility audits for the ACCR for the past 5 years. In addition, we currently support operations with the Delaware Cancer Registry and the Nebraska Cancer Registry. Operations include data acquisition and monitoring, consolidation, edit error corrections, deduplication,	

facility audits (case-finding and re-abstraction), QA, and Call for Data activities.

c. Demonstrates vendor experience in performing quality assurance/quality control responsibilities.

- Westat's breath of QA/QC activities include collaboration with NCI SEER and the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR). Westat supports the SEER QI/QA activities by assisting with the SEER Reliability Studies/Field Testing, updates to the Solid Tumor Rules manual, updates to the SEER Coding Manual, SEER Inquiry System, cancer PATHChart, and other various activities.
- Westat also conducts the NPCR Data Quality Evaluation (DQE) by managing the project with all CCR grantees. Westat works closely with the NPCR Contracting Officer's Representative in developing the resources for the states to efficiently conduct the activities for the DQE. Westat staff are subject matter experts regarding conducting accurate validation of text-to-code evaluation initiatives.
- Westat will assist ACCR with all NPCR DQE activities by reviewing cases identified as having discrepancies, updating those cases in the database, and communicating with the education and training coordinator for focused training needs.
- While supporting the Delaware Cancer Registry since 2018, Westat developed the overall QA plan. The plan includes the following:

QA/QC Technical Support

- Completeness studies
  - Disease index matching—Annual facility disease index comparisons to the CCR's database to ensure completeness of reporting.
  - Vital records matching—Annual vital records matching with vital records to the CCR database for updating death information within the abstract.
- Death clearance follow-back—If a vital record case does not match with the database, Westat follows back to the facility or physician who was involved with the care of the patient around the time of death.
- Pathology case-finding audits—Case-finding audits involve requesting access to a specified number of pathology reports, depending on the size of the facility, to assess completeness of reporting of malignant and benign brain tumors.
- Interstate data exchange—Participate in at least biannual (twice a year) sharing of cases with states in which an agreement exists. Westat sends and receives CCR cases when the state of residence at the time of diagnosis is the specific state.
- Other record linkage/matched studies—Through the year and in preparation for Call for Data, the CCR will conduct other linkages. These include Indian Health Service (IHS) linkage, Breast and Cervical Cancer program linkages, NHIA/NAPIIA linkage, and other state specific database linkages.
- Completeness monitoring reports—Westat creates monthly

completeness and data acquisition reports to monitor reporting across the state. Reports are shared with the CCR Director during or as part of monthly status reports.

Data quality studies—Depending on the needs of the CCR, data quality studies may include the following:

- Electronic data quality edits
- Edit overrides
- Routine visual editing
- Matching and consolidation
- Re-abstracting studies
- Data quality monitoring reports

Timeliness studies—Timeliness studies ensure facilities are current with their mandated reporting. Monitoring reporting through data acquisition reviews and comparing the 'expected' number of cases versus the actual number of cases received allows for a proactive approach for monitoring the timeliness of reporting.

- Timeliness monitoring reports—Westat will conduct data acquisition monitoring reports at least quarterly, and the results will be shared with the ACCR project director.

Communication and feedback

- Corrective action—Communication and feedback are important aspects of quality reporting. Should a facility fall behind in their reporting cycle, Westat will reach out to the facility reporter or administrator to gain insight into the source of the problem. Westat will then discuss the issues with the director of the ACCR and work with the facility to develop an action plan to remediate the source. The facility will be monitored closely to ensure the reporting issues have been resolved. It would be up to the discretion of the director of the ACCR to recommend further action should the facility fail to meet the requirements of reporting.
- Westat will create a quarterly QC/QI training newsletter to include questions and answers (Q&As) about abstracting, coding, and other important updates to Arkansas reporters. Westat staff have created a monthly 'Knowledge Friday' online survey that is shared via email with state reporters. The survey poses a question or two about difficult abstracting scenarios, which the reporters answer. The correct answers automatically pop up once the survey is complete. The Westat CTR then tallies the answers and shares the overall percentage of correct answers with all reporters. This has proven to be a positive activity for state reporters. This learning exercise may be shared with the Arkansas reporters as well, separate from other states.
- Westat will monitor submissions through WebPlus for errors within the file submissions. Should a facility fall below the 100 percent error-free standard, Westat will communicate the nature of the errors and recommendations for improvement to the reporters.
- Westat will develop and provide facility feedback reports annually to all facilities with information about case ascertainment, data quality, missing/unknown data, and follow-up information.
- To facilitate communication with the facilities, Westat will create and

	maintain a database of contact information for all reporting facilities and hospital administrators, as well as chief executive officers (CEOs). This spreadsheet/database will be maintained and updated as changes to administration occur. Westat will send an annual survey to facilities to update their contact information to ensure all changes are documented. • Westat will create a facility feedback report once every 6 months to be mailed by ACCR to all hospital CEOs comparing their reporting compliance to other facilities. Westat will collaborate with SEER*DMS support staff to design a standard report which can be generated, downloaded, and sent (email or hard copy) to hospital CEOs. All communication will originate from ACCR. Westat has also assisted in the development of the Maryland QA Plan with similar topics as outlined above. d. Demonstrates vendor references are met. • Westat has received references from three previous employers attesting to our experience and qualifications to perform the required services. Vendor reference letters are included at the end of Information for Evaluation responses.	
E.2	**CTR Operations/Services**	15
	a. Describe the methodology vendor will use in the development of CTR operations/services workplan to ensure all required CTR activities are performed pursuant to CDC NPCR standards and protocols. • Westat will collaborate with the project director of the ACCR to develop an operations workplan that adheres to the CDC NPCR standards and protocols. The plan will include elements described in Section E.1.c, noted above. The workplan will also include a timeline for required activities and reporting for quality indicators such as: o Frequency and type of edit errors by facility and aggregate o Data acquisition and monitoring o Completeness reports o Edit error corrections o Linkages o Communication with reporters o Education and training o Outcomes from visual editing report o Percent of abstracts with missing/unknown: Race, sex, county, stage o Percent of abstracts with nonspecific values: C809, histology = 8000 and 8010 o Call for data edits including inter-record edits o Ensuring all linkage activities are completed prior to Call for Data o Deduplication tasks • The SEER*DMS system offers many predefined system reports and extracts which can be utilized to conduct QA activities for the ACCR. Westat CTRs will work in SEER*DMS to conduct the following tasks:	

- Death Clearance
- Lab-only follow-back
- Tumor and patient consolidation
- Health Level Seven (HL7) reviews
- Edit error corrections
- Meaningful use reporting
- Abstracting
- Case reviews/screening
- Facility audits

- Westat will monitor changes to the reportable list released by SEER and update the corresponding ACCR documents to be shared, as needed, with reporters.
- Westat will monitor changes to the North American Association of Central Cancer Registries (NAACCR) required data items and update the corresponding ACCR documents or policy and procedure manual. Westat will also share updated information with the reporters.
- Westat will network with cancer-related entities, including Arkansas Cancer Registrars Association, The University of Arkansas for Medical Sciences (UAMS) Cancer Institute, UAMS Cancer Registry, and other Arkansas-based education institutions and medical facilities. Building collaborations with these entities will facilitate partnerships for quality reporting, research opportunities, sharing information, and providing resources for education and training programs.
- The Westat CTRs are members of the Arkansas Cancer Registrars Association (ArCRA) Facebook page and will share important information through this social media platform.
- Westat will represent the ACCR during meetings, including NPCR webinars, NCRA annual meetings, the NAACCR annual conference, CDC NPCR reverse site visits, ArCRA committee and association meetings, SEER-related meetings, ACCR Advisory Committee meetings, NCI SEER education and training meetings, and project-specific trainings and meetings.
    - Budgetary considerations include in-person attendance for the annual educational conferences for NCRA and NAACCR. In addition, Westat proposes virtual attendance for required meetings as specified by the project director of the ACCR.
- Westat will collaborate with the project director of the ACCR to create and implement a minimum of one innovative project per year, as directed and agreed-upon by ACCR. Examples of potential innovative projects include data modernization initiatives, implementation of automation programs for data processing, specialized research activities, and annual NPCR Success Stories.
- During a previous ACCR contract, Westat conducted reviews and updates to the registry manuals, including the ACCR policy and procedure manual, QA manual, administrative manual, and systems

administrative manual. While the facility reporting manual was not included in the contract, Westat will conduct reviews and updates of the manuals on an annual basis. All updates will be submitted for review and approval by the ACCR program director.

- Westat will respond to requests and provide guidance to ACCR staff, contractors, and state cancer reporters regarding cancer registry data, standards, CTR-related questions, and programmatic inquiries within 1 business day of request. All inquiries will be documented in a tracking spreadsheet to include the following:
    - Date of request;
    - Requestor;
    - Nature/description of inquiry;
    - Response/feedback;
    - Date of final resolution.
- Should more time be required for resolution of an inquiry, Westat will notify the reporter of the delay and provide a reasonable timeframe for a response. Such delays will be documented in the tracking spreadsheet.

b. Describe the methodology vendor will use to resolve the backlog cases.

- Death Clearance
    - Westat will dedicate CTRs to process Death Clearance cases for the ACCR. The CTRs will review all death certificates in the SEER*DMS software for eligibility and conduct reviews based on the match criteria output. Manual reviews will be conducted if the death certificate potentially matches with a patient in the SEER*DMS database. Consolidation will be completed on all matched cases once the initial review is complete.
    - Nonmatched cases will need follow-back conducted for creation of a Death Certificate Only (DCO). Westat will notify Arkansas of the nonmatched cases so the health program specialist can pull the listing from SEER*DMS to make phone calls or send letters to providers or facilities to get more information on each case.
    - Once follow-back has been completed, an abstract will be created in the WebPlus database as appropriate. The facilities/physicians will be asked to submit an electronic abstract utilizing WebPlus. Westat CTRs will manually abstract the DCO case into the SEER*DMS database if the facility or physician is unable to access WebPlus.
    - A timeline for completion of Death Clearance cases will be developed in collaboration with the ACCR program director. Completion of Death Clearance cases will be conducted during the summer months of each contract year, well ahead of the Call for Data activities.
    - Westat CTR staff have worked within the SEER*DMS platform since implementation at the ACCR. The CTRs are well-versed in utilizing this software for Death Clearance and other activities.

- Westat currently conducts edit error corrections for the ACCR under our current contract (Cancer Registry's CTR Services). In June 2023, Westat CTRs cleared 5,158 edit errors. Reviewing the monthly edit corrections, Westat clears an average of 3,983 edit errors per month based on the numbers from January-June 2023. With a current backlog of 22,000 cases, Westat dedicated staff should be able to clear the backlog in approximately 6-7 months from the time of award. Westat will work closely with the ACCR program director to develop a timeline for clearing and maintaining edit errors at a reasonable level.
- The backlog of cases for consolidation, abstraction, resolving patient set errors, screening, patient set edits, duplicate cases, and record errors is currently at 4,000 for ACCR. Conducting these activities are also part of the tasks under the current contract (Cancer Registry's Certified Tumor Registrar (CTR) Services) with Westat. Reviewing January-June 2023 processing numbers, Westat has completed approximately 1,253 of the described cases per month. Westat will resolve these cases and maintain an acceptable number of cases for consolidation, within approximately 4-5 months from award.
- The QA Coordinator’s role will include assigning cases to the CTR staff and contractors to process the backlog of cases, monitor the work of the contractors and CTRs regarding completion of backlogged cases, and report to the program director of the ACCR on an ongoing basis.

c. Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all CTR tasks are completed accurately and in time for submission.

- Westat will utilize SEER*DMS to manage and assign tasks to Westat CTRs and ACCR staff. The SEER*DMS system allows for assigning tasks as needed. Westat will work in collaboration with the program director of the ACCR to determine priorities and task assignments. Westat will develop a timeline/workplan to ensure tasks are completed as scheduled throughout the year to prepare for the annual Call for Data activities. Conducting deduplication, edit corrections, Death Clearance, and linkages at designated times throughout the year greatly impacts preparations for the Call for Data activities.

E.3	**Quality Assurance and Control**	20

a. Describe methodology in the development of an overall Quality Assurance and Control plan that meets NPCR and NAACCR requirements.

- As outlined in Section E.1.c above, Westat will work with the program director of the ACCR to develop an overall QA/QC plan. With inclusion of the aforementioned topics, the plan will meet and exceed the QA requirements by NPCR and NAACCR.
- The QA/QC plan will include details of the process for case-finding audits for identification and submission of reportable cases to the ACCR within 6 months of diagnosis or date of discharge. Monthly data acquisition monitoring will also assist in identifying the expected number of cases versus the actual number of cases submitted by each facility.
- Re-abstracting or re-coding audits will also be detailed in the QA/QC workplan. Westat will work with the program director of the ACCR to develop an audit cycle plan for facilities to assure that facilities are evaluated at least once every 5 years.
- As part of the audit tasks, Westat will develop an annual facility-specific audit summary report that includes details of the audit, accuracy proportions, and recommendations for enhanced quality submissions.
- Westat will continue monitoring case submissions through WebPlus to identify files submitted that are accurately coded and 100 percent error-free. Submissions that do not meet the 100 percent threshold may be rejected, and the facility will be required to make corrections to the file and re-submit.

b. Describe methodology in development and implementation of procedures to ensure the data quality requirements and data submission deadlines for NPCR and NAACCR are met.

- Westat will develop an annual timeline with the CTR staff. Specific assignments are made to ensure all tasks are completed and deadlines for data submission are met. Development of the timeline will be based on years of experience in working with CCRs to ensure that reporters meet data quality requirements and data submission deadlines. Over the years, Westat has honed our registry procedures to optimally enable successful Call for Data activities. We have identified the key tasks to complete on a daily, monthly, quarterly and annual basis as follows.
- Daily tasks
  - Ongoing data processing within the SEER*DMS system
  - Edit error corrections
- Monthly tasks
  - Budget reviews
  - QA reporting
    - Report to the program director of ACCR
    - Completeness report
    - Audits

        - Communication/troubleshooting with reporters
        - WebPlus monitoring
    - Monitor facility reporting/data acquisition
- Quarterly tasks
    - QA audits
    - Combined quality and completeness reports for hospitals
    - Lab-only follow-back
    - Death Clearance
    - Interstate data exchange
- Annual tasks
    - Call for Data preparations
    - Policy and procedure manual updates
    - Annual workplan review with the director of ACCR
    - Disease Index reviews
    - Linkages (Social Security/Disability Insurance [SSDI, National Death Index (NDI), IHS, Breast and Cervical Cancer Program)
    - Geocoding
    - QA reports for Call for Data quality indicators

c. Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all QA/QC tasks are completed accurately and in time for submission.

- Westat will utilize the SEER*DMS system to assign daily or weekly data processing tasks to the CTR staff members. We will also utilize the Reports feature in SEER*DMS to configure standardized reports to fulfill the monthly QA monitoring requirements, as applicable. If required, we will collaborate with the SEER*DMS developer to generate any customized reports needed to monitor QA/QC activities.
- Utilizing an annual timeline and participating in regular staff meetings will ensure tasks are completed accurately and in time for data submission.
- Westat will inform the project director of the ACCR of all activities and status updates on a monthly basis.

d. Describe methodology for monitoring and providing feedback to hospitals and/or facilities on their data submissions.

- ACCR QA/QC staff will meet regularly to discuss facility and statewide data utilization outcomes and related issues. Both formal and informal communication and feedback mechanisms will be in place to acknowledge outstanding performance and to address any deficiencies in performance. Management reports as described above are designed to measure and monitor facility and statewide performance and adherence to standards. These reports will be utilized to communicate formal feedback on facility performance. The QA Coordinator and staff will also meet regularly to discuss

	facility reporting issues and will communicate persistent problem areas or problem facilities to the project director of the ACCR. • Corrective action may be necessary to remediate persistent problems or individual facility or abstractor performance. Should remedial action become necessary, Westat will inform the ACCR project director as to the nature and scope of the problem identified. Westat will document a formal corrective action plan in writing, seek approval by the project director, and obtain signatures on the plan by both ACCR and the facility administration. Where corrective action may require additional review or modification to ACCR data, the corrective action plan will include input and approval by the ACCR project director prior to implementation. Monitoring adherence to any corrective action plan will be the responsibility of the QA Coordinator. Additionally, facilities with a history of poor performance may require ad hoc audits (annual or more frequent as necessary) and added to the audit schedule per ACCR or QA/QC staff requests to ensure corrective action plans are developed and adhered to once an intervention or correction plan has been initiated.	

E.4	**Professional Services and Reports**	20
	a. Describe methodology for networking and establishing contacts. • Westat is well-connected to the cancer surveillance community. Through our work with NCI SEER, CDC NPCR, and various central cancer registries, we have established contacts and are able to network with many leaders and subject matter experts. We are active members of NAACCR and participate in working groups and committees and regularly attend the NAACCR annual conference and participate in NAACCR-sponsored webinars. Our CTRs are also members of NCRA and regularly attend the NCRA annual conference. • With our range of expertise across various federal and state cancer surveillance projects, Westat has a wealth of knowledge to support this project. • Westat also maintains a social media presence and is a member of the ArCRA Facebook page. This allows for statewide communication with the reporters who are also members of this page. Westat intends to maintain our social media presence on relevant cancer surveillance platforms. b. Describe methodology for managing travel for attendance in-person and virtual. • Westat staff are available to travel for attendance at in-person meetings as needed. Our budget includes travel for one staff person to attend the following meetings in person as specified in the request for proposal instructions: o NCRA Annual Educational Conference o NAACCR Annual Educational Conference • Additionally, Westat will participate in the following meetings using a virtual platform: o CDC NPCR reverse site visit	

- ACCR Advisory Committee meeting
- ArCRA committee and association meeting
- Other meetings as required

- Westat has the capabilities and has successfully participated in virtual meetings using virtual meeting platforms such as Microsoft Teams, Zoom, Webex, and Google Meets.

c. Describe methodology for tracking and providing guidance and feedback within one (1) business day of request.

- Westat will respond to requests for guidance and feedback within 1 business day of the request. Westat will create a tracking log to monitor all requests and outcomes to include the date of request, requestor, nature of request and any additional information provided, and date of resolution. Westat will consult with and share the tracking log with the project director of the ACCR monthly.
- Should more time be required for resolution of an inquiry, Westat will notify the reporter of the delay and provide a reasonable timeframe for a response. Such delays will be documented in the tracking spreadsheet.

d. Describe methodology for managing annual manual updates, report requirements and budget.

- As previously noted, Westat will maintain a timeline of deliverables and provide monthly updates to the project director of the ACCR. Reporting requirements will be monitored and updated as requirements change.
- The QA Coordinator will review the budget with a Westat vice president on a monthly basis. This budget process entails annual projections of monthly spending to allow for adjustments if needed. A monthly review also ensures spending maintains an adequate level to strictly adhere to the annual spending allocations.
- Budget reviews will be held with the ACCR project director upon request or at regular intervals as needed.

Attachment A

Resumes
(RFP Section 2, Item 2.1.A.2)

Westat

Mary Mesnard

Vanessa McLean

Mary J. Mesnard

Senior Study Director

Mary Mesnard is a certified tumor registrar (CTR) and a Westat senior study director with more than 30 years of experience managing cancer registries, clinical trials, and medical record departments. She has worked on many cancer surveillance projects and applies her quality assurance (QA) skills to projects for Centers for Disease Control and Prevention (CDC), National Cancer Center (NCI), and state cancer registries. She has project management and budget oversight skills and provides guidance for Westat project tasks related to oncology and medical coding. Mesnard's responsibilities have included training, QA, oversight of day-to-day operations, consulting, management, and budgets. She served on an expert panel for reliability studies related to abstracting and staging of cancer and frequently presented information to the state association. She has worked with many computer systems and provided oversight for development of databases and forms.

Education

BS (cum laude), Western Carolina University, Health Information Management, 1985

Certifications/Licensures

Certified Tumor Registrar, Certification #880089, National Cancer Registrars Association, 1988

Employment History

Westat | 2004 – Present

HemOnc.org October 2022 to present | 2022

Frederick Memorial Health Care System, Frederick, MD | 2001 – 2008

Northwest Hospital Center, Randallstown, MD | 1999 – 2001

Mission St. Joseph's, Asheville, NC | 1996 – 1999

St. Joseph's Hospital, Asheville, NC | 1987 – 1996

Charleston County Hospital, Charleston, SC | 1985 – 1986

Relevant Experience

OPERATIONS MANAGER | Quality Assurance and Data Management of the Nebraska Cancer Registry | Nebraska

Mesnard oversees project activities and the budget to assure compliance with the guidelines of the CDC National Program of Cancer Registries and the North American Association of Central Cancer Registries' (NAACCR's) Standards for Cancer Registries. She provided oversight to QA specialists with respect to data processing, quality control and QA, and training, including preparation of monthly, quarterly, and annual reports for the Nebraska Cancer Registry (NCR). She also coordinated monthly meetings with the client to ensure that all expectations were being consistently met. The project staff include a program manager and CTR support staff to process cancer reports in the Rocky Mountain Cancer Data System for the state of Nebraska.

PROJECT MANAGER | NPCR – Data Quality Evaluation | National Program of Cancer Registries (NPCR), Centers for Disease Control and Prevention (CDC)
Mesnard oversees project activities and the budget. The project staff includes CTRs, programmers, other IT support staff, and a research assistant. When state registries submit their data, these staff reconsolidate each project and compare it to the original state data. They load discrepant data into an MS Access database and share them with the state, receive reconciled data, conduct a final review, and generate a state summary report and an MS PowerPoint presentation for the state debriefing meeting. Westat also arranges meetings with CDC and prepares minutes of each meeting.

PROJECT DIRECTOR | Quality Assurance and Data Management of the Maryland Cancer Registry (MCR) | Maryland Department of Health and Mental Hygiene (DHMH)
Mesnard oversaw the work of QA/data management staff and daily operations to assure compliance with the guidelines of the CDC National Program of Cancer Registries and the North American Association of Central Cancer Registries' (NAACCR's) Standards for Cancer Registries. She provided oversight to QA specialists with respect to data processing, QA/QC, and training, including preparation of monthly, quarterly, and annual reports for DHMH. She also coordinated monthly meetings with the client to ensure that all expectations were being consistently met. Under Mesnard's leadership, the MCR consistently maintained NAACCR Gold Certification.

Nevada Central Cancer Registry (NCCR) | State of Nevada
Mesnard provided project management skills to assess the status of the work being completed by Westat CTRs. She consulted with the client on best practices and assisted with task completion, such as disease index reviews. She also performed QA on the data abstracted by Westat staff.

TECHNICAL ADVISER, SUBJECT MATTER EXPERT, CERTIFIED TUMOR REGISTRAR, HEALTH INFORMATION AND CODING SPECIALIST, AND QUALITY ASSURANCE ADVISOR | Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial | National Cancer Institute (NCI)
Mesnard advised on study operations and medical data management. Mesnard conducted extensive QA reviews and corresponded with individual abstractors concerning data consistency and accuracy. She also reviewed death data and managed the death certificate coding process. She served in a similar role on the National Lung Screening Trial, a PLCO substudy.

Medical Coordinating Center for the Retrovirus Epidemiology Donor Study (REDS)-II | National Heart, Lung, and Blood Institute (NHLBI)
Mesnard provided support for the coding of self-reported conditions in ICD-9-CM.

TECHNICAL ADVISER, SUBJECT MATTER EXPERT, CERTIFIED TUMOR REGISTRAR, AND HEALTH INFORMATION AND CODING SPECIALIST | Clinical Genetics Branch Support Services Contract – Multidisciplinary Etiologic Study of Familial Testicular Cancer (FTC) | National Cancer Institute (NCI)
Mesnard advised on QA, study operations, and medical data management. Mesnard also managed medical coding for studies conducted under this contract and arbitrated all coding inquiries. She has been instrumental in streamlining all aspects of the medical coding process for these studies, including the development of online resources for study nurses and coders.

TECHNICAL ADVISER, SUBJECT MATTER EXPERT, CERTIFIED TUMOR REGISTRAR, AND HEALTH INFORMATION AND CODING SPECIALIST | Support Services for Radiation and Related Studies | National Cancer Institute (NCI)

Mesnard supported the Gastrointestinal Cancer Study. She advised on QA, study operations, and medical data management.

MANAGER OF ONCOLOGY RESEARCH AND INFORMATION, ONCOLOGY INFORMATION MANAGER | Frederick Memorial Health Care System, Frederick, MD

Mesnard had daily management responsibility for the Clinical Trials Department and the cancer registry. She provided regulatory oversight for all clinical studies and served as the liaison to the institutional review board. She managed a clinical research coordinator and a research assistant in conducting more than 30 pharmaceutical and cooperative group studies.

Mesnard was responsible for implementing and maintaining cancer registry and American College of Surgeons accreditation standards. She upgraded the hospital program to the status of a comprehensive cancer center, established an oncology leadership group, enhanced the cancer program annual report, and upgraded computer systems to enhance registry operations.

Medical Expenditure Panel Survey (MEPS) – Household Component | Agency for Healthcare Research and Quality (AHRQ)

Mesnard coordinated medical and procedure coding, including 11,000 strings for conditions/procedures in ICD-9-CM coding and 23,000 medication strings in Generic Product Identifier (GPI) coding.

Professional Support for Cancer Control and Population-Based Research | National Cancer Institute (NCI)

To support development of a solid tumor database, Mesnard reviewed Surveillance, Epidemiology, and End Results (SEER) resources and incorporated information into the database; researched World Health Organization Blue Book references for inclusion in the database; researched online information sources related to diagnoses; entered diagnoses with synonyms, treatment, immunohistochemical information, genetics, anatomic sites, reportability, and morphology; and coordinated with the SEER team to ensure data completeness and quality. Under a separate task, she summarized revisions to the Hematopoietic Multiple Primary and Histology Manual for posting on the SEER website. Mesnard has also overseen "Ask a SEER CTR" technical support, preparing answers for review by NCI-SEER staff before release.

In addition, Mesnard worked with other Westat staff to review and update training modules for new abstractors for posting on the SEER website. The team conducted an in-depth review of current reporting guidelines, updated various site-specific modules, and developed mock medical scenarios for knowledge testing.

Support Services for Interdisciplinary Studies in Occupational and Environmental Cancer | National Cancer Institute (NCI)

Mesnard provided support for the coding of human papillomavirus-related pathology in ICD-10.

TECHNICAL ADVISER, SUBJECT MATTER EXPERT, CERTIFIED TUMOR REGISTRAR, AND HEALTH INFORMATION AND CODING SPECIALIST | Interdisciplinary Studies of Genetic and Environmental Causes of Cancer (Support Services for Genetic Epidemiology) | National Cancer Institute (NCI)

Mesnard advised on QA, study operations, and medical data management. She worked with a team to standardize the family studies database so that it was consistent with national coding standards in ICD-10 format. She also revised forms for consistency with national guidelines. Mesnard also managed medical coding for studies conducted under this contract and arbitrated all coding inquiries. She has been instrumental in streamlining all aspects of the medical coding process for these studies, including the development of online resources for study nurses and coders.

ONCOLOGY DATA COORDINATOR | Northwest Hospital Center, Randallstown, MD

Mesnard was responsible for all leadership activities for the oncology registry, including abstracting, follow-up, reporting, studies, conference activities, and committee meetings. She successfully completed an American College of Surgeons survey within her first year of employment. Mesnard assisted in developing teleconferencing activities to expand educational opportunities for physicians, physician assistants, and hospital staff.

MANAGER OF CANCER DATA SERVICES | Mission St. Joseph's, Asheville, NC

Mesnard was responsible for all administrative and leadership activities. She managed staff development, human resources management, budgetary planning and execution, and implementation of computerized data management methodologies. She was also responsible for the implementation of the Cancer Services website.

CANCER REGISTRAR | St. Joseph's Hospital, Asheville, NC

Mesnard supervised all cancer registry operations, including hiring and interviewing, budget, abstracting, follow-up, reporting, and studies. She organized and facilitated weekly cancer conferences, organized cancer committee meetings, and developed the cancer program annual report. Mesnard was responsible for the first American College of Surgeons accreditation for the cancer program and achieved tumor registry certification. She served as facilitator for a workshop on the fundamentals of tumor registry operations.

Charleston County Hospital, Charleston, SC

Mesnard supervised nine employees in all activities of the medical record office, including clerical activities, coding, correspondence, incomplete records, filing, and transcription.

Professional Affiliations

Member, HemOnc.org Editorial Board (2022 – Present)

Tumor Registrars Association of Maryland: President Elect (2014-2015); President (2015-2016); Past President (2016-2017); Executive Committee Member (2010-2011); President (2009-2010); Publisher of Membership Resource Manual; Newsletter Reporter

North American Association of Central Cancer Registries: Physician Reporting for Stage 2 Meaningful Use (2012-present); Recruitment and Retention Committee (2011-present); Edits Work Group (2011-present); Communications Committee (2009-present)

National Program of Cancer Registries, CDC: TNM Reliability Study (2015); Solid Tumor Database Support (2011-present); Train the Trainers (2010-present); Reference Review Committee (2010)

Commission on Cancer, American College of Surgeons: CAnswer Forum, CTAP Team Member for Collaborative Stage Data Collection Systems Coding Instructions Part 1 and Lung Cancer; Cancer Program Survey Consultant (2002)

National Cancer Registrars Association: Presenter, Patient Care Evaluation Series; Speaker and Moderator 1997 National Meeting, 2000

Association of North Carolina Cancer Registrars: Cohost for Two State Meetings; Speaker, 1997 Meeting; Editor/Statistician, Biannual Salary Survey (1994 and 1996); Editor, Bimonthly Newsletter (1992-1995)

Publications/Technical Reports

Traverso-Ortiz, M., Duran, D., Mesnard, M., Ng, D., and Dailey, S. (2022). Results of year 2 data quality evaluation of CDC's National Program of Cancer Registries: Weighing the evidence, identifying research gaps, and evaluating outputs of a prevention research agenda. Journal of Registry Management, 49(2), 75-78.

Presentations

Mesnard, M., Duran, D., and Dailey, S. (2021, June). Results of year 1 data quality evaluation of CDC's National Program of Cancer Registries (panel presentation presenter). North American Association of Central Cancer Registries, virtual.

Mesnard, M., and McLean, V.R. (2016, April). Facility audits by the Maryland Cancer Registry (plenary session). Tumor Registrars Association of Maryland Meeting.

Mesnard, M., and McLean, V.R. (2016, April). Central registry facility audits: Maryland's experience (plenary session presenter). 42nd Annual Education Conference of the National Cancer Registrars Association, Las Vegas, NV.

Mesnard, M. (2015). Monitoring completeness and what's new for 2015 (lecture). Tumor Registrars Association of Maryland Meeting.

Mesnard, M. (2014). Know the flow: An overview of central cancer registry data operations (lecture). Tumor Registrars Association of Maryland Meeting.

Mesnard, M. (2013). Clarification of data items and coding practices (lecture). Quarterly Education Conference of the Tumor Registrars Association of Maryland.

Mesnard, M. (2012). Facility audits overview (lecture). Quarterly Educational Conference for the Tumor Registrars Association of Maryland.

Mesnard, M., and Ruhl, J. (2011). CAnswer forum updates on breast cancer (lecture). Quarterly Educational Conference for the Tumor Registrars Association of Maryland, MD.

Mesnard, M. (2010). Evolving role of the cancer registrar (poster). Annual Meeting of the North American Association of Cancer Registries, Quebec City, Canada.

Vanessa R. McLean

Quality Assurance Technical Specialist

Vanessa McLean is a quality assurance (QA) technical specialist and certified tumor registrar with 15 years of experience supporting cancer research. At Westat, she performs a variety of QA activities in support of several central cancer registries. In earlier work as a project assistant, she assisted with administrative duties such as file organization and maintenance, data input, project tracking, information dissemination, and study participant liaison for projects funded by National Cancer Institute (NCI). In previous work, McLean coordinated, monitored, and documented employee occupational health examinations and testing and collected medical records. Working in a laboratory setting, she gained experience with polymerase chain reaction, gel electrophoresis, and other laboratory methods. McLean is fluent in Spanish.

Education

BS, University of Maryland, Biological Sciences (with a specialization in Physiology and Neurobiology), 2005

Certifications/Licensures

Certified Tumor Registrar, Certification #2011055, National Cancer Registrars Association, 2011

Employment History

Westat | 2008 – Present

Corporate Health Resources, Rockville, MD | 2006 – 2008

Plant Genetics and Engineering, University of Maryland, College Park, MD | 2002 – 2005

Relevant Experience

AUDITS COORDINATOR, QA SPECIALIST | Quality Assurance and Data Management of the Nebraska Cancer Registry | Nebraska

McLean performs QA audits on more than 25 hospital registries to assess their case completeness and data accuracy. This includes a disease index review and cancer case re-abstraction. McLean is responsible for the production of final audit reports released to audited facilities. In addition, she extends her expertise to all hospital registry contacts to answer hospital inquiries and provide additional training upon request.

McLean is a QA specialist for the Nebraska Cancer Registry (NCR). Her tasks include processing cases into the NCR Rocky Mountain database. She routinely performs case consolidation, deduplication, and edit correction to improve registry data quality.

QA SPECIALIST, AUDITS COORDINATOR | Quality Assurance and Data Management for the Arkansas Cancer Registry | Arkansas Central Cancer Registry and the Arkansas Department of Health

Using the registry's software utility, McLean routinely processes edits and deduplicates cancer data to validate and verify data quality. In addition, she reviews cases for reportability and consolidates incoming tumors to existing patient files.

McLean performs completeness and data quality audits, which include evaluating facility disease indexes and pathology reports to locate cases that are eligible for reporting but missing from the database. By reviewing a facility electronic medical record, McLean conducts re-abstracting audits to find coding discrepancies. She performs recoding text audits to evaluate the quality of a facility's text for abstracting cancer cases.

EVALUATOR | NPCR – Data Quality Evaluation | National Program of Cancer Registries (NPCR), Centers for Disease Control and Prevention (CDC)

McLean performs consolidation and reconciliation for state tumor registries selected for audit. Using CRS Plus software, she completes the consolidation of several hundred cases sampled for review. McLean evaluates cancer cases in the NPCR Data Quality Evaluation (DQE) online tool to assist reconciliation activities.

QA SPECIALIST, AUDITS COORDINATOR | Management and Support for the Delaware Cancer Registry (DCR) | Delaware Health and Social Services

McLean performs tasks necessary to support data completeness and accuracy, using applications such as the Delaware Health Information Network, Accurint, and Rocky Mountain Cancer Data Systems software.

McLean conducts the annual Casefinding and Data Quality audit mandated by the DCR-CDC contract. The hospital selected for evaluation undergoes a disease index and pathology reports review along with a re-abstraction of tumor cases for data accuracy assessment.

QA SPECIALIST | Quality Assurance and Data Management of the Maryland Cancer Registry (MCR) | Maryland Department of Health and Mental Hygiene (DHMH)

McLean created and populated productivity spreadsheets, statistical data, and coding of cancer cases. She collected data and published monthly and quarterly statistics for reporting to DHMH's Center for Cancer Surveillance and Control. She used PrepPlus software to process and review cases submitted to the MCR, consolidated cases, extracted and fixed edit errors in CRS Plus software, and assessed and corrected duplicate cases. McLean selected and scheduled MCR's Data Completeness and Quality Audit. As lead auditor, she performed a case-finding/case completeness audit that involved the review of hospital cytology and pathology reports and a disease index review for potentially missed cases. McLean performed an on-site/remote re-abstracting audit on 24 cases for each of the 10 hospitals selected for the calendar year. She created final audit reports that were submitted to the audited hospital and DHMH.

PROJECT ASSISTANT | Quality Control/Quality Improvement Support for the Surveillance Research Program | National Cancer Institute (NCI)

For the NCI SEER Tumor, Nodes, and Metastasis (TNM) Reliability Study, McLean participated in the reconciliation process, which involved review of selected cases for discrepant TNM values among registry reviewers. She reviewed 282 cases to extract CS values and developed rationales for each corresponding CS value, which were entered into a database for the SEER CS Transition Reliability Study.

PROJECT ASSISTANT | Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial – National Lung Screening Trial (NLST) | National Cancer Institute (NCI)

McLean assisted with administrative duties related to proposal review and tracking such as form preparation, file completion and maintenance, and organization and maintenance of publication archives.

PROJECT ASSISTANT | Multi-Disciplinary Investigations of Nutrition and Cancer | Nutritional Epidemiology Branch (NEB), National Cancer Institute (NCI)

In support of the Prospective Cohort Study of Diet and Cancer in Members of AARP: The NIH-AARP Diet and Health Study, McLean monitored email, voicemail, and mail for the study and replied to participant inquiries. She evaluated American Association of Retired Persons (AARP)/NIH proposals for steering committee review and updated proposal status on the Study Tracking and Review System (STaRs) website.

PROJECT ASSISTANT | Multi-Disciplinary Investigations of Environmental Causes of Cancer/Support Services for Epidemiologic Studies | National Cancer Institute (NCI)

McLean assembled screening kits and created monthly participant reports.

NETWORK SPECIALIST | Corporate Health Resources, Rockville, MD

McLean helped identify and implement employee occupational health programs such as U.S. Department of Transportation physical examinations, random drug screening programs, pre-employment examinations, and annual physicals. She computerized occupational health records (including demographic data, employment history, and long-term and current-year testing results) and documented examination results, work restrictions, and exposure history. McLean monitored examination protocols and data collections to ensure compliance with hazard-specific standards and with employee exposure and medical record standards. In addition, she prepared and shipped forms, medical records, and laboratory supplies; scheduled appointments with clinics and hospitals; provided instructions and follow-up for scheduled examinations; collected and filed medical records; and reported medical clearance to employers.

LABORATORY ASSISTANT | Plant Genetics and Engineering, University of Maryland, College Park, MD

McLean maintained the laboratory notebook and assisted in laboratory operations. She performed DNA analysis using polymerase chain reaction and gel electrophoresis; conducted DNA extractions and bacterial cloning; performed Eppendorf pipetting and agar plating; used light and electron microscopy; and operated an autoclave in accordance with sterilization protocols.

Honors and Awards

College Park Scholar of Life Sciences, 2003

Presentations

Mesnard, M., and McLean, V.R. (2016, April). Central registry facility audits: Maryland's experience (plenary session presenter). 42nd Annual Education Conference of the National Cancer Registrars Association, Las Vegas, NV.

Mesnard, M., and Mclean, V.R. (2016, April). Facility audits by the Maryland Cancer Registry (plenary session). Tumor Registrars Association of Maryland Meeting.

Attachment B

Vendor Reference Letters
(RFP Section 2, Item 2.1.B.2.a-f)

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

July 19th, 2023

To Whom It May Concern,

I am writing this letter of recommendation on behalf of Westat, a reputable and esteemed organization in the field of Cancer Tumor Registry Services, Quality Assurance and Quality Control, and Educational and Training Services. As the Program Director of the Nebraska Cancer Registry, I can attest to Westat's qualifications and experience within the last three years, making them an ideal candidate to fulfill the requirements of various projects and initiatives.

Westat's experience with the Nebraska Cancer Registry began in January 2021. Since then, they have been a valuable partner in enhancing the efficiency and effectiveness of our cancer data management and analysis processes. Their expertise and commitment to excellence have significantly contributed to the success of our registry's mission.

In terms of qualifications, Westat has consistently demonstrated their proficiency in providing comprehensive CTR services. Their team of highly skilled professionals exhibits in-depth knowledge of cancer data collection, validation, and reporting, ensuring the accuracy and integrity of the data they handle. Their expertise in managing cancer registries aligns perfectly with the needs of our organization, allowing us to better understand cancer patterns, assess treatment outcomes, and improve overall patient care.

Westat's dedication to maintaining the highest standards of Quality Assurance and Quality Control is evident in their meticulous approach to data validation and verification. Their thorough review processes have greatly enhanced the reliability of our registry data, enabling us to make well-informed decisions for cancer prevention, treatment, and research.

Furthermore, their commitment to education and training services is commendable. Westat has designed and delivered tailored training programs for our staff and healthcare professionals across the state, equipping them with the necessary skills and knowledge to excel in their ability to effectively collaborate with our cancer registry. Their engaging and comprehensive training sessions have empowered our team to stay abreast of the latest advancements in cancer data management and analysis.

In conclusion, I wholeheartedly recommend Westat for the provision of Cancer Tumor Registry Services, Quality Assurance and Quality Control, and Educational and Training Services. Their qualifications, experience, and commitment to excellence make them a reliable partner in advancing the mission of cancer registries.

Please do not hesitate to contact me if you require any further information or have additional questions.

Sincerely,

Mark Watson
Program Director, Nebraska Cancer Registry

Mark Watson

Mark.A.Watson@Nebraska.gov
531-530-7044
PO Box 95026
301 Centennial Mall South
Lincoln, Nebraska 68509

July 17, 2023

Jeff Griffin
Arkansas Department of Health
Center for Public Health Practice, Health Statistics

RE: Letter of Reference
Bid No DH-23-0018 - Certified Tumor Registry (CTR) Operations & Quality Assurance and Control
Bid No DH-23-0020 - Certified Tumor Registrar Education and Training Services

Dear Jeff Griffin

I am pleased to provide this letter of reference attesting to Westat's qualifications to perform the activities required for both of these solicitations - Certified Tumor Registry (CTR) Operations & Quality Assurance and Control and CTR Education and Training Services for the Arkansas Department of Health, Arkansas Central Cancer Registry.

Westat has been supporting the NCI's Surveillance Research Program and specifically the Surveillance, Epidemiology and End Results (SEER) Program since 2006. They provide scientific, technical, and logistical support to NCI in support of SRP's national leadership in cancer surveillance. Westat provides recommendations and guidance for quality control/quality improvement activities as well as education and training support.

Westat provides professional services expertise for SRP's overall data quality initiatives, including coordinating resources across quality initiatives, documenting action items through completion, tracking the progress of exiting quality initiatives, and identifying new quality initiatives. Westat's CTRs collaborate with the NCI Data Quality Team to provide recommendations, guidance and technical support on various aspects of the QC/QI program. In so doing, they have worked with numerous population based central cancer registries in both the NCI SEER and CDC NPCR Programs.

Westat has been instrumental in working with NCI on the following initiatives, as examples of the highly relevant capabilities they bring to these two procurements:

- Modifications to the annual SEER Coding and Staging Manuals
- Development of responses and/or edit existing responses to questions from the registry community about coding and staging
- Assistance with development and update of the Solid Tumor Rules
- Extensive review of current histology codes and terms in WHO's Classification of Tumors books
- Development of hematopoietic-related training materials
- Design and implementation of the quality audit plan pilot projects
- Development and implementation of reliability studies
- Development of geospatial education sessions and webinars
- Evaluation of the usability of the SEER*DMS

Throughout their tenure supporting the NCI/SRP, Westat has provided critical support and services, offering expert CTR and other population-based cancer control expertise to the cancer surveillance community.

Please feel free to contact me for any clarification or need for additional information.

Sincerely,

Zaria Tatalovich Wenzel, PhD
Program Director | Geospatial Research
Contracting Officer Representative
Professional Support for Cancer Control and Population Based Research, NCI

Phone Number: 240 276 6976
Mailing Address: National Institutes of Health
National Cancer Institute
Surveillance Research Program
Division of Cancer Control and Population Sciences
9609 Medical Center Drive
Bethesda, MD 20892
Email address: tatalovichzp@mail.nih.gov

MELISSA RIDDLE, CTR

29 Shadow Oaks Drive, Vilonia, AR 72173 | mriddle@ncra-usa.org

July 19, 2023

To whom it may concern:

I am Melissa Riddle and currently employed by the National Cancer Registrars Association (NCRA) as the NPCR Cancer Surveillance CTR (subject matter expert). My current role at NCRA is to work with the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) to assist in the annual submission by central cancer registries as well as quality review of the data submitted to NPCR by central cancer registries. During my tenure at the Arkansas Central Cancer Registry (ACCR) we had two contracts with Westat, one to complete all hospital auditing and the other to perform CTR duties. These contracts began in 2017 and to my knowledge continue to this date. I oversaw the work of the contracted CTRs, and the quality of the work performed during my tenure, 2017-2022, at the ACCR as the Quality Assurance and Education Supervisor. Westat conducted themselves in a professional manner and their communication was excellent during that entire time.

The duties performed by Westat CTRs were tumor consolidation, edit resolution, and performing audits. Tumor consolidation and edit resolution was assigned by me to the contracted CTR to complete daily. I completed quality review on the tumor consolidation and edit resolution performed by Westat and it was always excellent. The audits they performed were casefinding, re-abstracting, and text audits. These audits had very strict timelines. Westat met every contracted assignment and met the timelines. After performing audits, Westat would create the hospital audit reports and recommendations on improvements. Their work always exceeded my expectations.

The Westat CTRs assigned to our contracts were very knowledgeable in cancer registry standards and manuals. They all had fantastic work ethics and excellent communication skills. These CTRs also have an extensive knowledge in central cancer registry duties and standards required to meet NPCR and/or SEER expectations. I enjoyed my time working with them while I was at ACCR.

In conclusion, I would highly recommend Westat. If their performance as the ACCR contractor is any indication, Westat will be an extremely positive addition to your organization. If you need any additional information, feel free to contact me at telephone or by email anytime.

Sincerely,

Melissa Riddle
NPCR Cancer Surveillance CTR
Phone: 501-428-0550
Email: mriddle@ncra-usa.org
29 Shadow Oaks Drive
Vilonia, AR 72173

Attachment C

Voluntary Product Accessibility Template (VPAT)
(Technical Proposal Packet, Submissions Requirement Checklist)

Westat Accessibility Conformance Report

Revised Section 508 Edition

Version 2.4 (Revised), February 2020

Name of Product/Version: Arkansas Department of Health – Center for Public Health Practice, Health Statistics, Certified Tumor Registry (CTR) Operations & Quality Assurance and Control.

Report Date: July 20, 2023

Product Description: This pertains to any/all information and communication technology (ICT), including reports/reporting, digital media and electronic delivery content for Arkansas Department of Health – Center for Public Health Practice, Health Statistics, Certified Tumor Registry (CTR) Operations & Quality Assurance and Control.

Contact Information: Scott Heemann – scottheemann@westat.com

Assumptions: The scope of this report demonstrates Westat's awareness of the latest Section 508 accessibility standards and to attain WCAG 2.1 conformance. Both current (existing) and new ICT products developed by Westat or provided by Arkansas Department of Health – Center for Public Health Practice, Health Statistics, Certified Tumor Registry (CTR) Operations & Quality Assurance and Control will be subject to review and conformance with all requirements in Section 508 of the Rehabilitation Act of 1973, as amended in 1998, as well as Priority Levels A and AA of the W3C's Web Content Accessibility Guidelines (WCAG), v2.1 outlined at https://www.w3.org/TR/WCAG21/.

Constraints: Proposed content, specifically select graphics, images or scans, that does not conform to Section 508 of the Rehabilitation Act of 1973 may not be published, unless an exception is granted by Arkansas Department of Health – Center for Public Health Practice, Health Statistics, Certified Tumor Registry (CTR) Operations & Quality Assurance and Control.

Evaluation Methods Used: 508 Accessibility Trusted Tester (US Department of Homeland Security)

Note: In the evaluation detail below, the conformance level of Supports – as defined in the VPAT template – is replaced by Will Support, indicating the future anticipated scope and bounds of 508/Accessibility for Arkansas Department of Health – Center for Public Health Practice, Health Statistics, Certified Tumor Registry (CTR) Operations & Quality Assurance and Control.

Applicable Standards/Guidelines
This report covers the degree of conformance for the following accessibility standard/guidelines:

Standard/Guideline	Included In Report
Web Content Accessibility Guidelines 2.0	Level A (Yes) Level AA (Yes) Level AAA (No)
Revised Section 508 standards published January 18, 2017 and corrected January 22, 2018	(Yes)

Terms

The terms used in the Conformance Level information are defined as follows:

- **Supports**: The functionality of the product has at least one method that meets the criterion without known defects or meets with equivalent facilitation.
- **Partially Supports**: Some functionality of the product does not meet the criterion.
- **Does Not Support**: The majority of product functionality does not meet the criterion.
- **Not Applicable**: The criterion is not relevant to the product.
- **Not Evaluated**: The product has not been evaluated against the criterion. This can be used only in WCAG 2.0 Level AAA.

WCAG 2.0 Report

Tables 1 and 2 also document conformance with Revised Section 508:

- Chapter 5 – 501.1 Scope, 504.2 Content Creation or Editing
- Chapter 6 – 602.3 Electronic Support Documentation

Note: When reporting on conformance with the WCAG 2.0 Success Criteria, they are scoped for full pages, complete processes, and accessibility-supported ways of using technology as documented in the WCAG 2.0 Conformance Requirements.

Table 1: Success Criteria, Level A

Notes:

Criteria	Conformance Level	Remarks and Explanations
1.1.1 Non-text Content (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Information about user interface elements, tables, and images (non-text content) will be conveyed using text alternatives.
1.2.1 Audio-only and Video-only (Prerecorded) (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Pre-recorded audio and pre-recorded video will provide either an alternative time-based media or an audio track that presents equivalent information.
1.2.2 Captions (Prerecorded) (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Captions will be provided for all pre-recorded audio content in synchronized media, when applicable.
1.2.3 Audio Description or Media Alternative (Prerecorded) (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	An alternative for time-based media will be provided.
1.3.1 Info and Relationships (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	All content structure will be programmatically determined or is non-essential for use.
1.3.2 Meaningful Sequence (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	All content structure will be programmatically determined or is non-essential for use or understanding.
1.3.3 Sensory Characteristics (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Instructions for content will not rely on sensory characteristics.

Criteria	Conformance Level	Remarks and Explanations
1.4.1 Use of Color (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	The contract deliverables will allow alternative methods to convey information other than color alone.
1.4.2 Audio Control (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	A mechanism will be made available on the web page to pause or stop the audio or to control the feature audio volume independently.
2.1.1 Keyboard (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	The contract deliverables will support keyboard functionality.
2.1.2 No Keyboard Trap (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Any keyboard traps during navigation will be eliminated.
2.2.1 Timing Adjustable (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Time limits set by time controls will be adjustable in at least one of the following ways: the time limits can be turned off, adjusted, extended, or a real-time exception will be explicitly provided.
2.2.2 Pause, Stop, Hide (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	A method to pause, stop or hide any moving content will be provided.
2.3.1 Three Flashes or Below Threshold (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	No component will flash more than 3 times in any 1-second period.
2.4.1 Bypass Blocks (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) – Does not apply to non-web software • 504.2 (Authoring Tool)	Will Support	A mechanism will be available to bypass blocks of repeated content present across multiple web pages.

Criteria	Conformance Level	Remarks and Explanations
• 602.3 (Support Docs) – Does not apply to non-web docs		
2.4.2 Page Titled (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	All elements on the page will be consistently identifiable.
2.4.3 Focus Order (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Focus order will follow programmatically determined logical reading order.
2.4.4 Link Purpose (In Context) (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	All links will be unique and the purpose will be determined through text alone, or from the link text together with its programmatically determined context.
3.1.1 Language of Page (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	The default language will be programmatically determined.
3.2.1 On Focus (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	On-screen indication of focus will be provided.
3.2.2 On Input (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Changing the settings or controls will not change context.
3.3.1 Error Identification (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Error messages will be semantically related to their form element.
3.3.2 Labels or Instructions (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software)	Will Support	Form elements will be labeled and/or instructions provided.

Criteria	Conformance Level	Remarks and Explanations
• 504.2 (Authoring Tool) • 602.3 (Support Docs)		
4.1.1 Parsing (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Correct structuring of elements will be supported.
4.1.2 Name, Role, Value (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	User interface controls will provide names, states, roles, and values. Any indicated change is available to users, including those using assistive technologies.

Table 2: Success Criteria, Level AA

Notes:

Criteria	Conformance Level	Remarks and Explanations
1.2.4 Captions (Live) (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Captions will be provided for all live audio content.
1.2.5 Audio Description (Prerecorded) (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Audio description will be provided for all prerecorded video content.
1.4.3 Contrast (Minimum) (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	All color and contrast selections/ratios will be supported.
1.4.4 Resize text (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Text will be able to be resized up to 200%.
1.4.5 Images of Text (Level AA) Also applies to: Revised Section 508	Will Support	Text will not be conveyed as an image and alternative text will be properly used throughout.

Criteria	Conformance Level	Remarks and Explanations
• 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)		
2.4.5 Multiple Ways (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) – Does not apply to non-web software • 504.2 (Authoring Tool) • 602.3 (Support Docs) – Does not apply to non-web docs	Will Support	More than one way will be available to locate a page within a set of web pages or documents and the web page or document will be the result of a process.
2.4.6 Headings and Labels (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	Headings and labels will describe topic or purpose.
2.4.7 Focus Visible (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	On-screen indication of focus will be available when using the keyboard.
3.1.2 Language of Parts (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	There will be no changes of language.
3.2.3 Consistent Navigation (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) – Does not apply to non-web software • 504.2 (Authoring Tool) • 602.3 (Support Docs) – Does not apply to non-web docs	Will Support	The contract deliverables will provide consistent page layouts.
3.2.4 Consistent Identification (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) – Does not apply to non-web software • 504.2 (Authoring Tool) • 602.3 (Support Docs) – Does not apply to non-web docs	Will Support	The contract deliverables will be consistent in identifying programmatic elements.
3.3.3 Error Suggestion (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software)	Will Support	User input controls will provide suggestions to correct errors.

Criteria	Conformance Level	Remarks and Explanations
• 504.2 (Authoring Tool) • 602.3 (Support Docs)		
3.3.4 Error Prevention (Legal, Financial, Data) (Level AA) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Will Support	No transactions or legally binding commitments will be present, beyond terms of use.

Table 3: Success Criteria, Level AAA

Note: Level A and AA compliance is required; therefore, Level AAA is not included in this report.

ICT Accessibility 508 Standards

Revised Section 508 Report

Chapter 3: Functional Performance Criteria (FPC)

Criteria	Conformance Level	Remarks and Explanations
302.1 Without Vision	Will Support	Assistive Technology will be supported.
302.2 With Limited Vision	Will Support	Color contrast will be supported and content can be enlarged up to 200%.
302.3 Without Perception of Color	Will Support	No content will be identified using color alone.
302.4 Without Hearing	Will Support	Support will be provided.
302.5 With Limited Hearing	Will Support	Support will be provided.
302.6 Without Speech	Will Support	Support will be provided.
302.7 With Limited Manipulation	Will Support	Keyboard functionality will be supported.
302.8 With Limited Reach and Strength	Will Support	Keyboard functionality will be supported.
302.9 With Limited Language, Cognitive, and Learning Abilities	Will Support	Support will be provided.

Chapter 4: Hardware

Notes: Contract deliverables do not include hardware.

Chapter 5: Software

Criteria	Conformance Level	Remarks and Explanations
501.1 Scope – Incorporation of WCAG 2.0 AA	See WCAG 2.0 section	See information in WCAG 2.0 section
502 Interoperability with Assistive Technology	Heading cell – no response required	Heading cell – no response required
502.2.1 User Control of Accessibility Features	Will Support	The software will provide appropriate user control for all features.
502.2.2 No Disruption of Accessibility Features	Will Support	The software will not disrupt or disable activated features of other products or systems.

Criteria	Conformance Level	Remarks and Explanations
502.3 Accessibility Services	Heading cell – no response required	Heading cell – no response required
502.3.1 Object Information	Will Support	User interface controls will provide names, states, roles, and values.
502.3.2 Modification of Object Information	Will Support	States and properties that can be set by the user will be able to be set programmatically. The AT will be able to modify attributes using the software API, and will be accessible to speech recognition programs.
502.3.3 Row, Column, and Headers	Will Support	All content structure will be programmatically determined.
502.3.4 Values	Will Support	Allowable values associated with an object, will be programmatically determinable
502.3.5 Modification of Values	Will Support	Values that can be set by the user will be able to be set programmatically by a disabled user and/or someone using assistive technology.
502.3.6 Label Relationships	Will Support	Any relationships that a component has as a label for another component, or of being labeled by another component, will be programmatically determinable by a disabled user and/or someone using assistive technology.
502.3.7 Hierarchical Relationships	Will Support	Any hierarchical (parent-child) relationship that a component has as a container for, or being contained by, another component will be programmatically determinable by a disabled user.
502.3.8 Text	Will Support	The content of text objects, text attributes, and the boundary of text rendered to the screen will be programmatically determinable.
502.3.9 Modification of Text	Will Support	Text that can be set by the user will be able to be set programmatically by a disabled user and/or someone using assistive technology.
502.3.10 List of Actions	Will Support	A list of all actions that can be executed on all objects programmatically will be determinable by a disabled user and/or someone using assistive technology. The AT user will be able to access all supported actions, having equal

Criteria	Conformance Level	Remarks and Explanations
		access to using short-cut keys, etc.
502.3.11 Actions on Objects	Will Support	The software will allow users of assistive technologies to programmatically execute available actions on objects.
502.3.12 Focus Cursor	Will Support	On-screen indication of focus will be available when using the keyboard.
502.3.13 Modification of Focus Cursor	Will Support	Focus, text insertion points, and selection attributes that can be set by the user will be able to be set programmatically by a disabled user and/or someone using assistive technology. AT users (other than keyboard users) will be able to manipulate features in the application. (i.e., someone using speech recognition software can use voice commands to set text insert points or moving the cursor.)
502.3.14 Event Notification	Will Support	All notifications of events relevant to user interactions, including but not limited to, changes in the component's state(s), value, name, description, or boundary, will be available to disabled users and/or someone using assistive technology.
502.4 Platform Accessibility Features	Will Support	The software to be developed is not "platform software."
503 Applications	Heading cell – no response required	Heading cell – no response required
503.2 User Preferences	Not applicable	
503.3 Alternative User Interfaces	Not applicable	
503.4 User Controls for Captions and Audio Description	Heading cell – no response required	Heading cell – no response required
503.4.1 Caption Controls	Not applicable	
503.4.2 Audio Description Controls	Not applicable	
504 Authoring Tools	Heading cell – no response required	Heading cell – no response required
504.2 Content Creation or Editing (if not authoring tool, enter "not applicable")	See WCAG 2.0 section	See information in WCAG 2.0 section
504.2.1 Preservation of Information Provided for Accessibility in Format Conversion	Will Support	
504.2.2 PDF Export	Will Support	
504.3 Prompts	Will Support	
504.4 Templates	Will Support	

Chapter 6: Support Documentation and Services

Notes:

Criteria	Conformance Level	Remarks and Explanations
601.1 Scope	Heading cell – no response required	Heading cell – no response required
602 Support Documentation	Heading cell – no response required	Heading cell – no response required
602.2 Accessibility and Compatibility Features	Will Support	Assistive Technologies for the blind and visually impaired will be supported. Audio information and other sound is not used. Speech is not used. Fine motor control is not required, and keyboard functionality is supported.
602.3 Electronic Support Documentation	See WCAG 2.0 section	See information in WCAG 2.0 section
602.4 Alternate Formats for Non-Electronic Support Documentation	Will Support	Alternative format of documentation for end users can be produced upon request at no additional charge.
603 Support Services	Heading cell – no response required	Heading cell – no response required
603.2 Information on Accessibility and Compatibility Features	Will Support	Alternative format of documentation for end users can be produced upon request at no additional charge.
603.3 Accommodation of Communication Needs	Will Support	The contract deliverables will provide contact information to offer support for end users who experience difficulties.

Legal Disclaimer

Westat strives to meet the Rehabilitation Act standards and we have implemented review procedures to provide prompt and equitable resolution of complaints alleging a failure to meet the standards. Our Section 508 Coordinator is our point of contact for all matters related to Section 508 compliance. Westat will not retaliate against anyone who files a complaint or cooperates in the investigation of a complaint.

Attachment D

Addendum
(RFP Section 1, Item 1.7.A.2.b)

State of Arkansas Department of Health
DH-23-0018 Certified Tumor Registry Operations & Quality Control
Addendum 1
Written Questions and answers

Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
1	Section 3.2, B.15	15. Provide facility feedback reports annually to all facilities with information about case ascertainment, data quality, missing/unknown data, and follow-up information;	What information is referred to as 'follow-up' information with the facilities? Are you referring to vital statistics or does Arkansas conduct annual follow-up on cases submitted to the ACR?	*Refers to annual follow-up cases submitted to ACCR.*
2	RFP, Section 1 – General Instructions and Information		When is the start date?	*An exact date cannot be provided. Should evaluation of responses result in issuance of a contract, as planned, the start date would be as soon as practical following completion of all reviews and approvals of the contract.*
3	1.2 Type of Contract		What is the anticipated start date for this contract?	*Refer to answer #2.*
4	3.2 C 2 Attend and represent the ACCR during meetings	2. Attend and represent the ACCR during meetings, including but not limited to, NPCR webinars, NCRA annual meeting, NAACCR annual conference, CDC-NPCR reverse site visit, ArCRA committee and association meetings, SEER-related meetings, ACCR Advisory Committee meetings, NCI education and training meetings and project-specific trainings and/or meetings. a. Travel-related events will be in-person unless otherwise specified by NCRA and NAACCR. b. Vendor shall be responsible for all travel costs to attend the events required within the scope of these services;	Can you please provide the expected in person event and frequency? Ex. NCRA once annually, NAACCR once annually, ArCRA once annually, etc.	*Only the annual NCRA and NAACCR are in-person.*
5	3.2 B 14-19		How many reporting facilities are there in Arkansas?	*Between 150 and 250*
6	3.2 C 3		Please provide details or requirements related to the required innovative project.	*Additional details do not exist. Refer to NPCR Program Standards.*
7			RFP states that the proposal needs to be submitted in hardcopy, is there an option to submit it electronically?	*No*
8			What is the Average number of XML &HL7 reports processed per year?	*Recent information: 2022 – 234,770, 2021 – 188,149, 2020 – 54,247, 2019 – 54,542, 2018 – 34,067*
9			How many full and or part-time staff currently support the project?	*Not relevent to this solicitation.*
10			Do you want us to submit an official bid price sheet for the base year and each option year separately?	*Submit a single Official Bid Price Sheet.*

Acknowledged by: _____ Date: 7/26/23
Jennifer Kuo, Vice President

TECHNICAL PROPOSAL PACKET
DH-23-0018
CERTIFIED TUMOR REGISTRAR OPERATIONS & QUALITY ASSURANCE AND CONTROL

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Myriddian, LLC				
Address:	5520 Research Park Dr., Suite 150				
City:	Baltimore	State:	MD	Zip Code:	21228
Business Designation:	☐ Individual ☐ Sole Proprietorship ☐ Public Service Corp ☒ Partnership ☐ Corporation ☐ Nonprofit				
Minority and Women-Owned Designation*:	☒ Not Applicable ☐ American Indian ☐ Service Disabled Veteran ☐ African American ☐ Hispanic American ☐ Women-Owned ☐ Asian American ☐ Pacific Islander American				
	AR Certification #: _____ * See *Minority and Women-Owned Business Policy*				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for RFP solicitation related matters.*			
Contact Person:	Jason Myers	Title:	COO
Phone:	410-913-9563	Alternate Phone:	443-285-0271
Email:	jmyers@myriddian.com		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.

☒ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See RFP Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *RFP Solicitation*, Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and **shall not** employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and **shall not** boycott Israel during the term of a contract awarded as a result of this RFP.

☒ Prospective Contractor does not and **shall not** boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP *Solicitation* **may cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: _____ **Title:** COO

Use Ink Only.

Printed/Typed Name: Jason Myers **Date:** 07/26/2023

SUBMISSION REQUIREMENTS CHECKLIST

Per the solicitation, the following items **must** be submitted with the Prospective Contractor's proposal:

- ☐ *Proposal Signature Page*
- ☐ *Proposed Subcontractors Form*
- ☐ *Information for Evaluation*
- ☐ *Exceptions Form*, if applicable
- ☐ *Official Solicitation Price Sheet*, sealed separately (See Attachment 1 of the RFP Solicitation.)

It is strongly recommended that the following items are also included with the Prospective Contractor's proposal:

- ☐ EO 98-04: *Contract and Grant Disclosure Form*
- ☐ Copy of Prospective Contractor's *Equal Opportunity Policy*
- ☐ *Voluntary Product Accessibility Template* (VPAT), if applicable
- ☐ Signed addenda, if applicable

PROPOSED SUBCONTRACTORS FORM

- ***Do not** include additional information relating to subcontractors on this form or as an attachment to this form.*
    - Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
    - Additional subcontractor information may be required or requested in following sections of this *RFP Solicitation* or in the *Information for Evaluation* section provided in the *Technical Proposal Packet*. **Do not** attach any additional information to the *Proposed Subcontractors Form*.
    - The utilization of any proposed subcontractor is subject to approval by the State agency.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- ***Do not** include additional information if not pertinent to the itemized request.*

	Myriddian's responses are provided on a separate document below following the outline of this form.	**Maximum Raw Score Available**
E.1	**Minimum Vendor Qualifications**	20
	a. Demonstrates vendor is or employs staff who have been certified by NCRA as Certified Tumor Registrar(s) (CTR) with a minimum of five (5) years of experience including two (2) years in a supervisory or leadership role. b. Demonstrates vendor experience in population-based central cancer registry (CCR) preferred within the last 5 years. c. Demonstrates vendor experience in performing quality assurance/quality control responsibilities. d. Demonstrates vendor references are met.	
E.2	**CTR Operations/Services**	15
	a. Describe the methodology vendor will use in the development of CTR operations/services workplan to ensure all required CTR activities are performed pursuant to CDC-NPCR standards and protocols. b Describe the methodology vendor will use to resolve the back-log cases. c. Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all CTR tasks are completed accurately and in time for submission.	
E.3	**Quality Assurance and Control**	20
	a. Describe methodology in the development of an overall Quality Assurance and Control plan that meets NPCR and NAACCR requirements. b. Describe methodology in development and implementation of procedures to ensure the data quality requirements and data submission deadlines for NPCR and NAACCR are met. c. Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all QA/QC tasks are completed accurately and in time for submission. d. Describe methodology for monitoring and providing feedback to hospitals and/or facilities on their data submissions.	

E.4	**Professional Services and Reports**	20
	a. Describe methodology for networking and establishing contacts. b. Describe methodology for managing travel for attendance in-person and virtual. c. Describe methodology for tracking and providing guidance and feedback within one (1) business day of request. d. Describe methodology for managing annual manual updates, report requirements and budget.	

E.1 Minimum Vendor Qualifications

E.1.a Demonstrates vendor is or employs staff who have been certified by NCRA as Certified Tumor Registrar(s) (CTR) with a minimum of five (5) years of experience including two (2) years in a supervisory or leadership role.

Myriddian recognizes that the most critical resources associated with a Central Cancer Registry program are the people we put in position to execute the work requirements. These individuals must be trained, qualified, and educated appropriately to ensure success. The credentials of Myriddian's qualified personnel are provided below:

Table 1: Dr. Vijay Medithi - CTR

Candidate Name:	**Dr. Vijay Medithi**	Proposed Position/Level:	**Program Manager**
Education			
• **Royal College of General Practitioners, Post Graduate Diploma in Emergency Medicine** • **University of Iowa, College of Public Health, Coursework for Master's in Preventive Medicine and Environmental Health** • **Christian Medical College, Bachelor of Medicine, and Bachelor of Surgery**			
Relevant Training and Certifications			
• **National Cancer Registrars Association, United States: CTR Registration Number: 2007265** • **Tamil Nādu Medical Council, India: Medical License-Registration Number: 54312** • **Advanced Cardiac Life Support Provider Certification: ACLS Provider**			
Employment History			
Myriddian LLC		**June 2019– Present**	
Maryland Cancer Registry Project Director			
• Lead team of cancer registrars in collecting critical data from patients who have completed treatments for cancer in Maryland. • Ensure strict compliance with standards of the North American Association of Central Cancer Registries (NAACCR), National Program of cancer Registries (NPCR) and The Surveillance, Epidemiology, and End Results (SEER) Program, State / federal regulations, and Myriddian policies in leading operations of the Cancer Registry Team. • Oversee the clearing of a backlog of tens of thousands of patient data. • Transform data quality analysis from a periodic, week-long process to an ongoing, daily process to stay current. • Increase Team efficiency and organization through transitioning Team from hard copy files to paperless records. • Ensure the quality of the data being produced by cancer registrars. • Oversee several onsite training courses provided to cancer registrars at various locations around the State of Maryland. • Work with members of the Maryland Department of Health to address and resolve any issues that have been identified. • Participate in strategic assessments of the status of the death certificate follow-back task and improve processes to reduce the rate to under 2%.			

Candidate Name:	**Dr. Vijay Medithi**	Proposed Position/Level:	**Program Manager**

Holy Cross Hospital — **Sep 2016 – Jul 2019**

Cancer Registry Manager

- Lead a team of cancer registrars in collecting critical data from patients who were diagnosed and/or treated for cancer at Holy Cross Hospital's Silver Spring and Germantown campuses.
- Ensured strict compliance with standards of the American College of Surgeons COC, State/federal regulations, and Holy Cross Hospital policies in leading operations of the Cancer Registry Team.
- Lead team in achieving COC accreditation through passing audit comprised of stringent standards in data collection and tracking.
- Improved productivity of team from initially handling 1,250 cases and increasing workflow to 1,600 cases annually through streamlining manual case findings to a more accurate and thorough electronic process.
- Transformed data quality analysis from a periodic, weeklong process to an ongoing, daily process to stay current.
- Increased team efficiency and organization through transitioning team from hard copy files to paperless records.
- Planned and organized weekly onsite cancer conferences with up to 35 attendees and monthly Lung nodule review.
- Coordinated Quarterly Cancer Committee meetings with 25 participants and fostered ease of attendance through offering and organizing teleconferencing options.
- Assisted in development of criteria for Patient Care evaluations and quality monitoring for the Cancer Program.

Mercy Hospital — **Feb 2013–Sep 2016**

Cancer Registrar and Cancer Registry Quality Coordinator

- Conducted case findings daily and abstractions on monthly basis, in compliance with COC of the American College of Surgeons and State Health Registry of Iowa (SHRI) Guidelines, handling up to 600 cases annually.
- Assisted physicians in leading the preparation, coordination, and presentation of Weekly Cancer conference for up to 15 attendees.
- Assisted in the development of quarterly cancer committee reports and presented relevant data and reports for clinical staff, physicians, and administrators in attendance.
- Ensured execution of the cancer program goals, including development and completion of two quality control studies and two quality improvement projects each year.
- Performed quarterly quality control on Registry operations / data and reported results annually to cancer committee.
- Prepared narrative reports and graphic presentations of data, design tables, charts and graphs for Annual Cancer Summary Report Quality Review and for marketing purposes in partnership with marketing Team and outside firm.
- Ensured data met Cancer Program Practice Profile Reports (CP3R) standards and led transition of program to Rapid Quality Reporting System reporting, a dynamic reporting tool that improved tracking of patient cases.
- Coordinated efforts with SHRI on case abstraction and monthly data submission to the State and annual data to the National Cancer Database (NCDB).
- Ensured high-quality and comprehensive data through partnering with physicians, office staff, clinics, and labs to collect and include their data.

Candidate Name:	**Dr. Vijay Medithi**	Proposed Position/Level:	**Program Manager**

University of Iowa / State Health Registry of Iowa, Central Registry - Iowa City, IA	**Jan 2005 – Jul 2010**

Cancer Registrar/ Field Representative

- Conducted cancer surveillance, case finding, abstraction, coding, and data entry.
- Assisted in research projects, mentoring new registrars, editing coding manuals,
- Perform quality control and implementation of E-Path onboarding in the state of Iowa.
- Partnered with staff from 5 hospitals in northeast Iowa for developing annual case studies.
- Assisted facilities with intensive processes for American College of Surgeons surveys and NCDB Submissions, conducted once every 3 years.

Additional Professional Experience

- 04/2011 – 06/2012, Medical Resident - Emergency Medicine, Apollo Hospitals - Chennai, India
- 07/2001 – 07/2022, Research Assistant, Iowa Birth Defects Registry, University of Iowa
- 12/1997 – 05/2001, Proctor, Distance Learning, University of Iowa
- 10/1997 - 09/1998, Radiation Technician, Health Protection Office, University of Iowa
- 03/1996 – 11/1996, Medical Officer, Ortho, and Reconstructive Surgery, SLRTC, Karigiri, India.
- 02/1994 – 02/1996, Medical officer in charge, Augustana Hospital, Bhimavaram, India.
- 02/1993 – 02/1994, Resident Intern, Christian Medical College & Hospital, Vellore, India.

Table 2: Ruth A Coleman-Maranda - CTR

Candidate Name:	Ruth A Coleman-Maranda	Proposed Position/Level:	Certified Tumor Registrar

Education

- **LICESNED PRACTICAL NURSE JEFF TECH, REYNOLDSVILLE, PA**
- **CTR, NORTHEASTERN UNIVERSITY, BOSTON, MA**

Summary of Experience and Qualifications

- Maintain CTR certification
- Process cases in WebPlus, PrepPlus and CRSPlus following the established quality review protocol to ensure the accuracy of data reported
- Resolve duplicates identified in Keep-Delete process for assigned section of cases.
- Resolve edits errors from the quarterly edit run and for the submission file on assigned sections of edits.
- Participate in all training sessions related to coding and abstracting; including those related to changes.
- Ensure that CCR staff and data reporters receive appropriate AJCC TNM training.
- Started information email to NC reports.

Employment History

Myriddian, LLC	**2020 - Present**

Case Consolidator

- Responsible for assuring that the quality, completeness and timeliness of cancer data reported to the Central Cancer Registry (CCR) meets national standards and requirements.
- The primary focus is working with assigned facilities to ensure compliance with reporting standards and requirements.
- Responsible for maintaining quality data in the registry database by performing case consolidation and visual editing of data.

Candidate Name:	Ruth A Coleman-Maranda	Proposed Position/Level:	Certified Tumor Registrar

- Perform technical and professional work to assist in the quality control of cancer data and work as a team member of the CTR.

North Carolina Central Cancer Registry	**2016 - Present**

Education and Training Coordinator, Quality Control

- Responsible for assuring that the quality, completeness and timeliness of cancer data reported to the Central Cancer Registry (CCR) meets national standards and requirements.
- The primary focus is working with assigned facilities to ensure compliance with reporting standards and requirements.
- Responsible for maintaining quality data in the registry database by performing case consolidation and visual editing of data and conducting case-finding and quality control audits.
- Perform technical and professional work to assist in the quality control of cancer data and work as a team member of the CCR.
- Responsible for training the present staff on the updates of standard setters and for overseeing the training of new staff.

Rex Hospital, INC	**2013 - 2015**

Coordinator, Cancer Registry

- Responsible for assuring that the quality, completeness and timeliness of cancer data reported to the Central Cancer Registry.

Table 2: Sharee Blaise-McConnell - CTR

Candidate Name:	Sharee Blaise-McConnell	Proposed Position/Level:	Lead Trainer

Education

- **Bachelor of Science, University of Louisiana, 2003**

Relevant Training and Certification

- **Certified Tumor Registrar- Registration Number 2012138, National Cancer Registrars Association**

Summary of Experience and Qualifications

Experienced Certified Tumor Registrar professional with 10 years of experience performing tasks such as: Cancer Registry Abstract, Cancer Registry Abstract Audit/QA Review, Cancer Registry Case finding, Cancer Registry Policy and Procedure Manual, and Cancer Registry State Reporting Submissions. Her many years of experience allows her to be an excellent leader and trainer, using her vast knowledge in the field to improve the productivity and quality in a team.

Areas of Expertise

- Cancer Registry Abstract
- Cancer Registry RQRS/RCRS
- Cancer Registry Policy and Procedure Manual
- MS Office
- Systems: Epic,Cerner, Web Plus, Meditech, OncoLog, Metriq, ERS,CNexT, Allscripts, Eclipsys, Sunrise, MOSAIQ Elekta, Aria, PowerChat.
- Communication skills

Employment History

Myriddian LLC	**09/2022 – Present**

Quality Assurance Manager / Trainer

- Work with Project Director, Contract Monitor and extended team to achieve goals.

Candidate Name:	Sharee Blaise-McConnell	Proposed Position/Level:	Lead Trainer

- Identify, abstract, and maintain records of all eligible cases of malignancy, adhering to standards and procedures.
- Perform registration and processing of reports.
- Assure timely completion of all CTR tasks and reports required by the contract.
- Lead quality assurance and case consolidation activities.
- Provide abstracting and quality support for reporting facilities.
- Assigns and reviews ICD-10 site and morphology codes.
- Coordinate and maintain follow-up in adherence with all required standards.
- Abstract assigned cases and reviews the abstracts of other registry staff to ensure appropriate quality standards are met.
- Identifies abstracting and quality issues at reporting facilities and present to Project Director.
- Initiate process to ensure resolution of any coding problems identified during audit activities.
- Update documentation for the operating manual, developing training materials and reporting requirements.
- Provide technical support to reporting facilities for edits, coding, and other reporting issues.
- Conduct and schedule working group meetings and training sessions.
- Coordinate and conduct educational opportunities for internal staff and reporters at large.
- Support timely and accurate submission of data according to regulations.
- Develop/Modify annual Maryland edit set and data dictionary for dissemination.

Omega Healthcare / Himagine solutions	**05/2018 – 09/2022**

Supervisor

- Provides overall day to day management and direction of coding and abstracting activities.
- Oversee all duties and responsibilities of the cancer registry staff, establish work schedules and monitors and approves time off requests and time worked.
- Responds to Coding/Abstracting data and report requests made by client, physicians, and other internal customers.
- Performs QA for the abstractors in training. Meets 1:1 with the trainee's and assigns abstracts by site to each.
- Utilizes database queries and reports to perform various auditing functions.
- Provides oversight for cancer registry case identification, abstracting, monitor timeliness of data collection, follow-up, state case submissions as well as provides information to the client from data requests.
- Provide summary and individual feedback to cancer registry staff for performance improvement and compliance purposes.
- Provide suggested changes to policies and procedures for the cancer registry, including Commission on Cancer Program Standards for both Himagine and the clients.
- Oversee that year end abstracting is closed out within the established client and state registry timelines.
- Prepare management reports on cancer registry productivity and quality.
- Coordinate cancer registry staff meetings keep staff informed of standard setter changes, developments and events.
- Provide expertise in the areas of coding, abstracting, state reporting, and reporting of codified and abstracted data.
- Assists with system analysis, implementation, testing, database management, maintenance, accuracy, regulatory compliance, troubleshooting, and security of coding/abstracting systems, interfaces, databases, and reporting tools for systems using coding/abstracting data.
- Oversees management of abstracting productivity and quality as well as manages staffing resources to accommodate goals within expected deadlines and financial targets.

Candidate Name:	Sharee Blaise-McConnell	Proposed Position/Level:	Lead Trainer

University of New Mexico	**08/2018 – 05/2020**

Assistant Coordinator

- Responsible for identifying and abstracting all cases of cancer diagnosed or treated at UNM of New Mexico and according to the standards using both AJCC staging scheme and SEER staging scheme.
- Collaborates with the Manager to flex and coordinate staffing, work schedule, and workflow for optimal utilization and productivity.
- Work with the manager to ensure sufficient staffing.
- Case finding
- RQRS timely reporting
- Survivorship Care Plans
- Follow-up (ensured target was met)
- Quality Control (10% of on abstractors cases)
- COC Standards
- Lead and participate in departmental team meetings/committees.
- Build and maintain relationships that are anchored in trust and shared decision making.
- Help in maintaining a 95% accuracy rate in abstracting.

CarePoint Healthcare	**08/2018 – 05/2020**

Part-Time Assistant CTR

- Responsible for identifying and abstracting all cases of cancer diagnosed or treated at one of CarePoint Health hospitals of New Jersey and according to the standards using both AJCC staging scheme and SEER staging scheme.
- Ensure timely reporting of cancer incidence data to NC Central Cancer Registry (NCCCR), RQRS and National Cancer Database.
- QC on all abstractors cases
- RQRS
- Survivorship Care Plans , monitor of COC standards

Additional Professional Experience

- 05/2017-08/2018, Certified Tumor Registrar, Long Island Jewish Medical Center
- 12/2014-08/2018, Consultant, CB Professional Abstracting
- 09/2009-05/2017, Assistant Coordinator, North Louisiana Regional Tumor Registry
- 08/2006-07/2009, Faculty Instructor, Career Technical College
- 08/2003-08/2006, Science Teacher - Secondary Level, St. Frederick High School

Table 4: Theresa SanLorenzo-Caswell - CTR

Candidate Name:	Theresa SanLorenzo-Caswell	Proposed Position/Level:	Certified Tumor Registrar

Education

- **University of Maryland University College – General Studies**
- **UMBC Computer Training Center SQL – Beginner and Intermediate Courses**
- **Ann Arundel Community College – Computer Science, Associates**

Professional Affiliations

- **Tumor Registry Association of Maryland**
- **Member-at-Large, Tumor Registry Association of MD**
- **Virginia Cancer Registry Association**
- **National Cancer Registrars Association**
- **National Paralegal Academy**

Relevant Training and Certifications

- **Certified Tumor Registrar**
- **Certified A+ CompTIA**

Areas of Expertise

WordPerfect 6.0	Microsoft Word
Microsoft Access	Meditech
Microsoft Excel	Oncology
Microsoft Power Point	IMPATH Cancer Registry Software
ERS	EPIC
MOSAIQ	SQL

Employment History

Johns Hopkins Hospital the Sidney Kimmel Comprehensive Cancer Center — **03/2004 – Present**

Data Quality Coordinator

- Coordinates and performs quality control on all Cancer Registry cases.
- Serves as liaison between ONCO Cancer Registry Services (Vendor) and OCIS.
- Assists with the development of quality control guidelines for the Cancer Registry to ensure compliance with internal and external reporting standards.
- Identifies data abstracting and coding errors and develops plans to educate, train and monitor staff.
- Assists with the analysis and preparation of statistical studies and other cancer registry data requests. Responsible for the quarterly submission to the State of Maryland and the yearly submission to NCDB.

Myriddian LLC — **Dec 2018 - Present**

Cancer Registrars/Quality Control Medical Abstractor

- Conduct Medical record abstraction and quality control activities; abstraction and medical coding of cancer cases; visual review and editing; record consolidation; case finding and re-abstracting field audits.

Westat — **Nov 2018- Dec 2018**

Cancer Registrars/ Quality Control Medical Abstractor

- Medical record abstraction and quality control activities; abstraction and medical coding of cancer cases; visual review and editing; record consolidation; case finding and re-abstracting field audits

IMPAC Medical Systems Inc — **Jan 2001 – March 2004**

Client Service Representative

- Direct client support representative for IMPAC Cancer Registry users. Client base includes DE, MD, VA, WV, DC.
- Provide on-site and telephone training for all aspects of the software, including report module and ad hoc query writer.
- Work with programming staff and new facility's staff to ensure smooth transition at time of conversion.

North Arundel Hospital — **April 1999– Dec 2001**

Cancer Registrar

- Perform case finding, abstracting, follow-up, and data retrieval functions for the collection and maintenance of malignant diseases in the cancer registry.
- Assist in studies and research projects as requested by the medical staff members, administrators, clinicians and other research.

Johns Hopkins University — **Nov 1998- April 1999**

Tumor Registry Specialist

- Function as a quality control specialist performing quality assurance (QA) and quality control (QC) on cancer cases reported from Maryland State licensed medical facilities to the Maryland Cancer registry.
- Perform quarterly sampling of abstraction, coding and data entry of case reports for QA/QC.
- Prepare and review the quarterly site-specific data quality reports with the reporting facility staff.

Marlyand General Hospital — **April 1994 – Nov 1998**

Oncology Data Coordinator

- Analyze medical records for abstracting, coding and staging.
- Prepare for Tumor Board and Cancer Committee meetings.
- Complete patient care evaluations for the American College of Surgeons.
- Conduct annual follow-up for cancer registry patients.
- Review medical records to determine case reportability.
- Prepare annual reports documenting Oncology Program activities and statistics.
- Prepared for the successful certification of the Oncology Program by the American College of Surgeons.
- Analyzed medical records for clinical pertinence reviews and present findings to the JCAHO Information Management Compliance Team.

Table 5: Martina Carolyne Price-Austin - CTR

Candidate Name:	Martina Carolyne Price - Austin	Proposed Position/Level:	Certified Tumor Registrar

Education

- **Spencerian College, Medical Office Assisting**
- **Jefferson Community College, Political Science**
- **University of Louisville, Statistics**

Professional Affiliations

- **National Cancer Registrars Association (NCRA) 1980-Present**
- **Tumor Registrars Society of Metropolitan Washington, 1980- Present**
- **North American Association of Central Cancer Registries, 1999- Present**

Relevant Training and Certifications

- **Certified Tumor Registrar #19473**
- **Certified Clinical Research Associate (Eligible)**
- **Member of NCRA (National Cancer Registrar's Association)**
- **Past member of TRAM (Tumor Registrar Association of Maryland)**
- **Past President, (LCRA) Louisville Cancer Registry 2001, 2002 and 2003**
- **Breast Cancer Program Leadership member**

Summary of Experience and Qualifications

37 years Oncology experience in various positions ranging from Oncology Clinic manager to Clinical Research Manager, Twenty-one years Cancer Registry experience, Fourteen years as Certified Cancer Registrar, Cancer Registry Manager, Management of Integrated and Teaching facility Cancer Registries, Data Quality Manager, Independent contracting and consulting with contracting agency, Mentoring and CTR training, Commission On Cancer (ACOS/COC) Surveys, National Accreditation for Breast Cancer Programs (NAPBC) application process and survey.

Employment History

Myriddian LLC — **2019 – Present**

Quality Assurance Technical Specialist

- Responsible for assuring that the quality, completeness, and timeliness of cancer data reported to the Central Cancer Registry (CCR) meets national standards and requirements.
- Work with assigned facilities to ensure compliance with reporting standards and requirements.
- Responsible for maintaining quality data in the registry database by performing case consolidation and visual editing of data.
- Perform technical and professional work to assist in the quality control of cancer data and work as a team member of the CCR.

Kforce/Himagine Solutions — **2012 - Present**

CTR, Cancer Registry Coordinator

- Remote and On-site coordination of integrated, comprehensive and teaching COC approved Cancer Programs.
- Ensured compliance with the COC standards for an approved Cancer Program as established by the American College of Surgeons (ACoC)
- Responsible for preparing and coordinating the ACoS accreditation surveys, deficiency resolutions and, reaccreditation of cancer program.
- Reported registry activities to the cancer committee as outlined in the COC standards.
- Collaborated with the Manager to flex and coordinate staffing, work schedules and workflow for optimal utilization and productivity.

Candidate Name:	Martina Carolyne Price - Austin	Proposed Position/Level:	Certified Tumor Registrar

- Participated in case findings, abstractions, coding of patients, cancer related information, treatment, staging and follow up for all cancer patients seen and/or diagnosed.
- Ensured completeness, accuracy and timeliness of case findings, abstractions and follow up activities of the Cancer.
- Preserved the confidentiality and security of patient data stored in the tumor registry database.
- Managed and analyzed registry data for the purposes of quality, education, research, outcomes, productivity and compliance with NC and CoC requirements.

Holy Cross Hospital	**2010 – 2012**

CTR, Cancer Registry Manager

- Ensure compliance with the COC standards for an approved Cancer Program as established by the American College of Surgeons (ACoC).
- Responsible for preparing and coordinating the ACoS accreditation survey.
- Reported registry activities to the cancer committee as outlined in the COC standards.
- Assisted in medical staff and administration in the planning, development, coordination and implementation of the NAPBC program.
- Conducted QA of registry data on a routine basis through manual review of abstracts, data analysis, and site-specific indicators.
- Provided feedback and education to abstractors based on results of the review.
- Supervised and aids in performing the daily Cancer Registry operations including workflow and abstracting of reportable cases within the timeframe dictated by the American College of Surgeons (ACoS).
- Monitored follow-up of all living analytic cases to ensure compliance, interfaces with various departments to ensure that cancer-related information is available for the Cancer Registry in a timely manner.
- Developed policies and procedures utilized in the Cancer Registry and cancer program.
- Monitored the computerized cancer data management system to ensure completeness and accuracy in reporting of the hospital's reportable cases

Waterbury Hospital	**2010**

CTR/ Contractor

- Supported internal cancer committees and all efforts leading to accreditation as a COC Approved Cancer Program.
- Managed and trained new hire Cancer Registry staff on daily processes, assign tasks, follow all standards (FORDS, NACCR, and State) for the collection of cancer data and follow-up.
- Conducted QA of registry data, produces reports as needed and conducts follow-ups with all analytic cases in the cancer registry.

Additional Professional Experience

- Self-trained on Boston Medical Center's Electronic Medical Records multiple data bases for utilization in abstracting cases remotely. Assisting other remote abstractors with EMR database issues and Metriq.
- Participated in the coordination of weekly and bi-weekly Cancer conferences.
- Participated in Cancer Committee meetings, Abstracting Data QA, Physician QA, assist in preparing for and participation in accreditation / survey process.
- Assisted with patient follow-up processes ensuring a 90% rate as required.

Table 6: Vilisha Medley - CTR

Candidate Name:	Vilisha Medley	Proposed Position/Level:	Certified Tumor Registrar

Education

- **University of the District of Columbia – Bachelor of Science Degree, Health Education**

Relevant Training and Certifications

- **Certified Tumor Registrar**

Summary of Experience and Qualifications

To utilize my expertise and knowledge in the Health Information Management field and to further enhance my skills.

Areas of Expertise

- Organizational
  - Increased productivity
- Leadership
- Excellent Customer Service
  - Listening
  - Aiding
- Supervisory
- Effective Communication
  - Conflict Management/Resolution
  - Motivation
  - Team Building
  - Developing Skills through training

Employment History

Walter Reed Naval Military Center — **08/2001 – Present**

Medical Records Administration Specialist

- Perform advanced Abstracting, Coding, and Analysis of Oncology Data using the FORDS, Facility Oncology Registry Data Standards and STORE, Standards for Oncology Registry Entry
- Monitor completeness of Oncology Data Collection and implement appropriate quality controls and quality assurance standards.
- Monitor the quality of Oncology Data and maintain appropriate documentation of quality control audits, problems, and resolutions.
- Assist with the maintenance of required documentation per the American College of Surgeons-Commission on Cancer (ACoS-CoC) guidelines for cancer conferences

Myriddian, LLC — **04/2019– Present**

Quality Assurance Technical Specialist

- Case-find, management of Cancer Registry data, data quality audits, and facility audits.
- Assist in the preparation of incidence data reports.
- Code and conduct data entry of hard copy abstracts from reporting facilities.
- Identify errors, appropriate edits, and correct coding.
- Identify the reporting facilities that need case ascertainment and data quality audits.
- Update documentation.
- Develop training materials.
- Perform other duties as assigned Document Information Systems, LLC (www.docisys.com) –SDLC management for specification, development, implementation, and support phases of business application.

Holy Cross Hospital — **03/2016 – 07/2019**

Certified Oncology Data Abstractor

- On a monthly basis review, medical records, pull list and ensure that the required cases are identified for retrieval.
- Assisted Physicians with case presentation at Cancer Conference.
- Prepared agenda, evaluations, roster sheet and handouts as appropriate for each conference.
- Assisted with maintaining the required documentation per the American College of Surgeons-Commission on Cancer (ACoS-CoC) guidelines for cancer conferences.
- Assisted in training of registry staff members.
- Assisted with statistical reports and data requests as needed.
- Assisted with data submission to the State of Maryland Central Caner Registry Corrects data prior to submission to the National Cancer Database.
- Performed advanced abstracting, coding, and analysis of oncology data using the FORDS, Facility Oncology Registry Data Standards and STORE, and Standards for Oncology Registry Entry.

Henry Jackson Foundation	**01/2016– 03/2016**

Certified Tumor Registrar Abstractor/Research Assistant

- Cancer Registry Performed advanced abstracting, coding, and analysis of oncology data using the FORDS. Facility Oncology Registry Data Standards and CoC (Commission on Cancer data standards).
- Supported Clinical Breast Care Project.
- Used inpatient and outpatient records, Pathology, Surgical and Radiology reports and electronic health records (EHR) to abstract demographic, diagnostic, treatment and survival information on breast cancer patients enrolled in a research protocol.
- Accurately documented patient data on Case Report Form (CRF)
- Performed follow-up activities to identify second primaries, recurrence and spread of disease in research subjects.
- Maintained updated vital status on research subjects throughout the life of the protocol by using the EHR as well as attending pre-op and other weekly conferences.

Holy Cross Hospital	**07/2015– 01/2016**

Certified Oncology Data Abstractor

- Performed advanced abstracting, coding, and analysis of oncology data using the FORDS, Facility Oncology Registry Data Standards and CoC (Commission on Cancer data standards).
- Finding and following-up on a monthly basis review, the medical records pull list and assures that the required cases are identified for retrieval.
- Assisted Physicians with case presentation at Cancer Conference.
- Prepared agendas, evaluations, roster sheet and handouts as appropriate for each conference.
- Assisted with maintaining the required documentation per the American College of Surgeons-Commission on Cancer (ACoS-CoC) guidelines for cancer conferences.
- Assisted in training of registry staff members.
- Assisted with statistical reports and data requests as needed.
- Assisted with data submission to the State of Maryland Central Caner Registry Corrects data prior to submission to the National Cancer Database.

E.1.b Demonstrates vendor experience in population-based central cancer registry (CCR) preferred within the last 5 years.

Myriddian currently supports and manages the Maryland Cancer Registry's (MCR) Cancer Registry Database, a large database containing over 2 million records (**Table 7**). To support this program, Myriddian:

- Works with Healthcare Common Procedure Coding System (HCPCS) codes to accurately code data from medical records.
- Develops, maintains, and disseminates oncology edits set to healthcare systems.
- Supports healthcare systems with implementing edits.
- Secures, upgrades and maintains databases and develops and improves dashboards to track all data.
- Incorporates Robotic Process Automation (RPA) to minimize the impact of large repetitive tasks and ensure data accountability and accuracy.
- Creates training programs for medical coders/tumor registrars and internal staff.
- Creates training guides detailing how to upload healthcare system data.
- Supports large healthcare organizations (CDC, NAACCR, NPCR, Johns Hopkins, University of Maryland Medical System, etc.) regarding any necessary procedural changes, policies affecting the registry, and data tracking.

Table 7: Maryland Cancer Registry

Maryland Cancer Registry		
Contract Activity	**Contract #**	**Contract Type**
QA and Data Management of the Maryland Cancer Registry	19-17786	Firm Fixed Price IDIQ
Period of Performance		**Total Contract Value**
11/01/2018-6/30/2024		$7.2 million
Project Officer/COR		**Epidemiology Team Manager**
Name: Kimberly Stern **Phone Number:** (410) 767-5083 **Address:** 201 W Preston St, Room 401, Baltimore, MD 21201 **Email:** kimberly.stern@maryland.gov		**Name:** Tyler Adamson **Phone Number:** (410) 786-0932 **Address:** 201 W Preston St, Room 401, Baltimore, MD 21201 **Email:** tyler.adamson@maryland.gov
Description of Work		
Summary of Effort: The Maryland Cancer Registry (MCR) collects, maintains, and reports data on cancer incidence in the State of Maryland as mandated by Annotated Code of Maryland, Health-General § 18-203-204. The law mandates the electronic submission of all incident cancer reports (reports of invasive cancers and certain in situ [pre-malignant] cancers) to the MCR by hospitals, radiation therapy centers, and freestanding diagnostic laboratories licensed in Maryland. We are the data processing/quality assurance center for the State of Maryland; as such, we receive and process all cancer reports; consolidate all reports for each cancer occurrence into an individual tumor record by patient identification; manage the MCR Internet portal, software, and master database; and perform auditing and quality assurance/quality control (QA/QC) activities. **Activity Related to Program and Project Management: Our team works very closely with the COR and various stakeholders to manage this program. It is a legislative mandated program as such this is a highly visible project that has CDC, NPCR, NAACCR, State leaderships, Cancer Registry Advisory Committees, and various hospital systems** involved in it. We hold centralized meetings monthly, provide a meeting agenda in advance, document and distribute meeting minutes, and present them at the quarterly advisory committee meetings.		

Maryland Cancer Registry

Activity Related to Quality Assurance and Quality Control: After a year of working with the MCR, The State of Maryland identified several cases where race, ethnicity, gender, patient addresses, census data, and geospatial fields had changed on established medical summaries from values at the beginning of the Contract. After careful review of internal procedures and the consolidation process in CRS Plus, Myriddian identified that these data anomalies originated from several sources:

1. The Prep Plus to CRS Plus import process follows automatic consolidation rules that will override established medical summary values with incoming values from an abstract in certain cases (e.g., ethnicity, race, gender). These must be identified manually by a CTR, often using DX notes and text from the case as a source of truth.

2. Manual consolidation presents old, new, and consolidated values in CRS Plus, and it is the CTR's responsibility to choose the proper value. Certain values such as race, ethnicity, gender, birthdate, SSN, DX address, DX Date etc., should not change in most circumstances. Any changes must be identified quickly so that the QA team can evaluate the reason for the change and approve or take corrective action.

3. During write-backs from vital statistics, death index, and other field-level adjustments obtained from the State, values may change that are inconsistent with recently consolidated records. These discrepancies must be identified so that the integrity of write-back values is preserved or changed when appropriate.

Through a combination of RPA and the Myriddian Quality Assessment Tool (MQAT), Myriddian has improved the workflow and data quality of State Cancer Registry data processing through the identification of data anomalies in real time; proactive de-duplication of cases coming through WebPlus; and a consistent approach to managing incoming HL7 and Meaningful Use data. Regular training of CTR staff reduces or eliminates many common issues identified in the quality control process and improves ROI. Future development of MQAT will permit Myriddian to proactively reduce workflow errors between submission and consolidation. These improvements will reduce the burden on CTRs, while ensuring their expertise is best applied to appropriate challenges instead of routine repetitive tasks. Due to this groundbreaking work, we were awarded the gold certification from NAACCR. Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed.

Activity Related to Registry, Requirements, Technology: Myriddian realized that addressing quality control challenges would be a multi-pronged approach. Implementing Robotic Process Automation (RPA) would be a starting point to minimize errors introduced during repetitive tasks. RPA enables data entry staff to work smarter by leveraging a software bot to handle the data collection and data entry. This frees the CTR to focus on cases where ambiguity or missing data necessitates human follow-up. Myriddian has employed RPA to scrape data from electronically received Death Certificate Only case information and input that data directly into Web Plus. Faced with a tight deadline to load cases, Myriddian was able to reduce the number of data entry personnel required to accomplish the task, while improving the accuracy of the data. In all cases, a CTR initiates and monitors an RPA process. The bot will alert the CTR when the process is complete or if a problem is encountered. Upon completion of the process, the CTR will review for accuracy.

Additional measures will need to be implemented to support real-time monitoring of the database. To support real-time monitoring efforts, we developed and deployed the Myriddian Quality Assessment Tool (MQAT pronounced M-CAT). The essence of MQAT is a combination of SQL Server trigger-based record tracking and ongoing query analysis which permits the CTR Lead to readily identify changes in specific "watch" fields. These watch fields are identified as those which are more likely to have accidental or high-impact changes in the medical summary. By evaluating the entire Patient and

Maryland Cancer Registry
Medical Summary database tables for any change, regardless of timing or purpose, and recording those changes over time, the MQAT tool allows for a comprehensive snapshot over time of how the data evolves – along with accountability of who changed the data, what data changed, and when it changed. MQAT works directly with the WebPlus SQL database and evaluates the contents of all NAACCR bundles on a line-by-line basis. Each line is compared to the critical data fields in the Registry SQL Database. If a line contains unique case data, it is exported for processing by Prep Plus. If the line contains duplicate data, it is skipped. This process has reduced the number of duplicates that traverse the Registry Plus workflow, and in turn reduced the amount of time CTRs spend voiding cases that should not have been imported. Another key MQAT benefit is reconciliation of cases that were never re-sent following rejection: Facility submitted bundles are rejected if they have even a single error. Facilities often re-submit the bundles, excluding the cases that caused errors. MQAT provides an opportunity to verify resubmission of the cases, while eliminating any duplicate submissions. During year-end review, any discrepancies in counts between the facility and central registry can be resolved by verifying the source bundles line by line against the Registry Database. Meaningful Use processing is a burden to all State Registries. The workflow necessary to collect, process, and dispatch MU data is both time consuming, and prone to losing critical data. To ensure that every HL7 and XML files received are processed, MQAT crawls through the Secure Document Server file repository looking for data that is not in the Registry Database. If a new case is identified that file is copied to a work folder where eMaRC can pick it up and process it. Crawling much like a search engine on the Internet, this process will catch files that may have been missed by human operators. We collect data from various sources via paper and electronic submission of all invasive cancers and certain in situ [pre-malignant] cancers from hospitals, radiation therapy centers, and freestanding diagnostic laboratories. We also audit these centers, provide audit reports, recommendations, and training. **Activity Related to Transition:** This transitioned from a 12-year incumbent who knew the program well. When we took over the project, we had an unreported backlog of 28k cases that we successfully managed and brought up to date within a year, on top of our caseload. We were able to successfully transition the project and knowledge transfer. We documented all transition activities with no disruption to operations. Our skilled staff were able to hit the ground running since they were very familiar with the work. **Activity Related to Training:** Certified abstractors are difficult to recruit as many are retiring and the new trainees don't have industry knowledge. Myriddian, put together a comprehensive training program and a mentor/mentee program that allowed trainees to become a Certified Tumor Registrar, increasing our capacity to support the oncology community.

E.1.c Demonstrates vendor experience in performing quality assurance/quality control responsibilities.

During the initial year of collaboration with the Maryland Cancer Registry (MCR), Myriddian identified and addressed several instances of data anomalies related to race, ethnicity, gender, patient addresses, census data, and geospatial fields in established medical summaries. After a thorough review of internal procedures and the consolidation process in CRS Plus, Myriddian traced the origin of these discrepancies to three primary sources:

1. The Prep Plus to CRS Plus Import Process: Myriddian observed that the automatic consolidation rules in this import process sometimes overrode established medical summary values with incoming values from abstracts, specifically in cases involving ethnicity, race, and gender. Identification of these instances required manual intervention by a Certified Tumor Registrar (CTR), who often referenced DX notes and case text as a source of truth.
2. Manual Consolidation: Myriddian found that manual consolidation in CRS Plus presented old, new, and consolidated values, placing the responsibility on CTRs to select the correct value. Certain fields, such as race, ethnicity, gender, birthdate, SSN, DX address, and DX date, should typically remain unchanged. Swift identification of any changes was crucial for evaluation by the Quality Assurance (QA) team, allowing for approval or corrective action.
3. Write-backs and Field-level Adjustments: Myriddian noted that discrepancies occurred during write-backs from vital statistics, death index, and other field-level adjustments provided by the State. These changes sometimes conflicted with recently consolidated records, necessitating identification and resolution to maintain the integrity of write-back values.

To enhance data quality and streamline processes, Myriddian introduced a combination of Robotic Process Automation (RPA) and the Myriddian Quality Assessment Tool (MQAT). This approach facilitated real-time identification of data anomalies, proactive de-duplication of cases through WebPlus, and consistent management of incoming HL7 and Meaningful Use data. Moreover, Myriddian's regular training of CTR staff led to a notable reduction in common issues identified during the quality control process, ultimately optimizing Return on Investment (ROI) for MCR.

Looking ahead, Myriddian's commitment to continuous improvement includes the future development of MQAT, which will proactively reduce workflow errors between submission and consolidation. These enhancements will not only alleviate the burden on CTRs but also ensure their expertise is focused on tackling more meaningful challenges rather than routine repetitive tasks.

As a testament to Myriddian's pioneering work and dedication to data quality, the MCR has consistently received NAACCR gold certification from the North American Association of Central Cancer Registries (NAACCR). Myriddian's innovative approach, comprehensive problem-solving, and adherence to industry standards have established them as a trusted partner, dedicated to providing quality assurance and quality control services that uphold the highest standards of accuracy and reliability for cancer registries.

E.1.d Demonstrates vendor references are met.

Reference 1 below was provided prior to the one-year contract extension Myriddian received on July 5th, 2023. The current contract for the Maryland Cancer Registry now runs through June 30, 2024. An official reference letter on Maryland Department of Health letterhead is currently in the approval process. Tyler Adamson, Epidemiology Team Manager, is shepherding the request

through the approval process. Mr. Adamson's can be reached at 410-767-5088 or by email at tyler.adamson@maryland.gov.

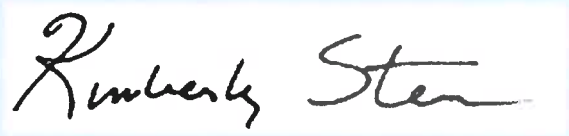
Reference 1 – Maryland Department of Health

ATTACHMENT J.P-4
PAST PERFORMANCE RATING FORM

PAST PERFORMANCE PROJECT IDENTIFICATION (*To be filled out by the Offeror*):

CONTRACTOR NAME:	**Myriddian LLC**
CONTRACT NUMBER:	19-17786
ORDER NUMBER (if applicable):	Click or tap here to enter text.
PROJECT TITLE:	Quality Assurance and Data Management of the Maryland Cancer Registry
PROJECT VALUE:	$5,367,153.98
TOTAL PERIOD OF PERFORMANCE, INCLUDING OPTIONS: (MM/YYYY - MM/YYYY or MM/YYYY – Present)	11/2018 – 06/2023

PAST PERFORMANCE REFERENCE INFORMATION (*To be filled out by the Rater*):

NAME:	**Kimberly Stern**
TITLE:	Program Manager
AGENCY / CUSTOMER:	Maaryland Department of Health
PHONE:	443-745-1139
E-MAIL	Kimberly.stern@maryland.gov
SIGNATURE OF RATER: (Rating must be provided by the Contracting Officer, Contracting Officer's Representative, Contracting Officer's Technical Representative, other Government employee or Corporate Officer/Official of the customer with cognizance over the submitted Project)	

For each of the five (5) criteria listed below, the rater must choose one (1) Adjectival Rating by checking the box, as applicable. At a minimum, for any rating that is checked Marginal or Unsatisfactory, please submit additional comments to substantiate the rating. For any rating that is checked "Not Applicable," please explain why it does not apply.

1. QUALITY OF SERVICE

Rating	Adjectival Rating	Definition
☒	**Exceptional**	Performance meets contractual requirements and exceeds many to the Government's/customer's benefit. The contractual performance of the element or subelement being evaluated was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
☐	**Very Good**	Performance meets contractual requirements and exceeds some to the Government's/customer's benefit. The contractual performance of the element or subelement being evaluated was accomplished with some minor problems for which corrective actions taken by the contractor were effective.

☐	**Satisfactory**	Performance meets contractual requirements. The contractual performance of the element or subelement contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
☐	**Marginal**	Performance does not meet some contractual requirements. The contractual performance of the element or subelement being evaluated reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.
☐	**Unsatisfactory**	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.
☐	**Not Applicable**	

ADDITIONAL COMMENTS:

Myriddian has work with the Maryland Department of Health staff on the Maryland Cancer Registry. They have used the programs provide by the CDC and have developed additional programs to aid their work.They have completed their work in such a way that the Maryland Cancer Registry has received the highest certifications.

2. SCHEDULE

Rating	Adjectival Rating	Definition
☒	**Exceptional**	Performance meets contractual requirements and exceeds many to the Government's/customer's benefit. The contractual performance of the element or subelement being evaluated was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
☐	**Very Good**	Performance meets contractual requirements and exceeds some to the Government's/customer's benefit. The contractual performance of the element or subelement being evaluated was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
☐	**Satisfactory**	Performance meets contractual requirements. The contractual performance of the element or subelement contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
☐	**Marginal**	Performance does not meet some contractual requirements. The contractual performance of the element or subelement being evaluated reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.
☐	**Unsatisfactory**	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.
☐	**Not Applicable**	

ADDITIONAL COMMENTS:

Cancer registry is a very time and step driven process. All steps must be completed to perform timely submission of the Maryland Cancer Registry data so that it can receive the certifications required. Myriddian has made sure all steps were taken to meet the deadlines required.

3. COST CONTROL

Rating	Adjectival Rating	Definition
☐	Exceptional	Performance meets contractual requirements and exceeds many to the Government's/customer's benefit. The contractual performance of the element or subelement being evaluated was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
☐	Very Good	Performance meets contractual requirements and exceeds some to the Government's/customer's benefit. The contractual performance of the element or subelement being evaluated was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
☐	Satisfactory	Performance meets contractual requirements. The contractual performance of the element or subelement contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
☐	Marginal	Performance does not meet some contractual requirements. The contractual performance of the element or subelement being evaluated reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.
☐	Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.
☒	Not Applicable	

ADDITIONAL COMMENTS:

Myriddian is paid on a deliverable schedule upon deliverable completion so they must maintain their own cost controls.

4. MANAGEMENT

Rating	Adjectival Rating	Definition
☐	Exceptional	Performance meets contractual requirements and exceeds many to the Government's/customer's benefit. The contractual performance of the element or subelement being evaluated was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
☒	Very Good	Performance meets contractual requirements and exceeds some to the Government's/customer's benefit. The contractual performance of the element or

		subelement being evaluated was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
☐	**Satisfactory**	Performance meets contractual requirements. The contractual performance of the element or subelement contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
☐	**Marginal**	Performance does not meet some contractual requirements. The contractual performance of the element or subelement being evaluated reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.
☐	**Unsatisfactory**	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.
☐	**Not Applicable**	

ADDITIONAL COMMENTS:

Myriddian Management has worked with Maryland Department of Health Management on all issues. They have made suggestions and improved processes as the contract has moved forward.

5. SMALL BUSINESS SUBCONTRACTING

Rating	Adjectival Rating	Definition
☐	**Exceptional**	Exceeded all statutory goals or goals as negotiated. Had exceptional success with initiatives to assist, promote, and utilize small business (SB), small disadvantaged business (SDB), women-owned small business (WOSB), HUBZone small business, veteran-owned small business (VOSB) and service disabled veteran owned small business(SDVOSB). Complied with FAR 52.219-8, Utilization of Small Business Concerns. Exceeded any other small business participation requirements incorporated in the contract/order, including the use of small businesses in mission critical aspects of the program. Went above and beyond the required elements of the subcontracting plan and other small business requirements of the contract/order. Completed and submitted Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate and timely manner. Did not have a history of three or more unjustified reduced or untimely payments to small business subcontractors within a 12-month period.
☐	**Very Good**	Met all of the statutory goals or goals as negotiated. Had significant success with initiatives to assist, promote and utilize SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB. Complied with FAR 52.219- 8, Utilization of Small Business Concerns. Met or exceeded any other small business participation requirements incorporated in the contract/order, including the use of small businesses in mission critical aspects of the program. Endeavored to go above and beyond the required elements of the subcontracting plan. Completed and submitted Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate and timely manner. Did not have a history of three or more unjustified reduced or untimely payments to small business subcontractors within a 12-month period.
☐	**Satisfactory**	Demonstrated a good faith effort to meet all of the negotiated subcontracting goals in the various socio-economic categories for the current period. Complied with FAR 52.219-8, Utilization of Small Business Concerns. Met any other small

		business participation requirements included in the contract/order. Fulfilled the requirements of the subcontracting plan included in the contract/order. Completed and submitted Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate and timely manner. Did not have a history of three or more unjustified reduced or untimely payments to small business subcontractors within a 12-month period.
☐	**Marginal**	Deficient in meeting key subcontracting plan elements. Deficient in complying with FAR 52.219-8, Utilization of Small Business Concerns, and any other small business participation requirements in the contract/order. Did not submit Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate or timely manner. Failed to satisfy one or more requirements of a corrective action plan currently in place; however, does show an interest in bringing performance to a satisfactory level and has demonstrated a commitment to apply the necessary resources to do so. Required a corrective action plan. Did not have a history of three or more unjustified reduced or untimely payments to small business subcontractors within a 12-month period.
☐	**Unsatisfactory**	Noncompliant with FAR 52.219-8 and 52.219-9, and any other small business participation requirements in the contract/order. Did not submit Individual Subcontract Reports and/or Summary Subcontract Reports in an accurate or timely manner. Showed little interest in bringing performance to a satisfactory level or is generally uncooperative. Required a corrective action plan. Had a history of three or more unjustified reduced or untimely payments to small business subcontractors within a 12-month period.
☒	**Not Applicable**	

ADDITIONAL COMMENTS:

There are no subcontracts.

Reference 2: CRISP

CRISP

July 24, 2023

Subject: Letter of Reference

I am writing this letter of reference to commend the exemplary collaboration between Chesapeake Regional Information System for our Patients (CRISP) and Myriddian LLC in streamlining the Death Clearance Activities for the Maryland Cancer Registry. As President and CEO at CRISP, I have had the privilege of working closely with Myriddian, and I am thrilled to offer my enthusiastic recommendation based on our fruitful partnership.

The joint efforts of CRISP and Myriddian in enhancing the Death Clearance process for the Maryland Cancer Registry have been nothing short of remarkable. Through their expertise as a Certified Tumor Registrar and QA/QC provider, Myriddian has played a pivotal role in elevating the quality and accuracy of cancer data obtained from the vital records maintained by CRISP.

Working together, we have successfully developed and implemented a seamless integration process that enables the efficient extraction and verification of relevant cancer data from CRISP's vast repository. Myriddian's team has demonstrated an exceptional understanding of the intricacies involved in death clearance procedures and has shown a remarkable ability to align their processes with CRISP's systems, ensuring a harmonious flow of information.

The dedication exhibited by Myriddian throughout the collaboration has been truly commendable. Their commitment to meeting project milestones and deadlines has been vital in driving the progress of the Death Clearance Activities for the Maryland Cancer Registry. Moreover, their attention to detail and strict adherence to data quality standards have significantly contributed to the accuracy and reliability of the cleared data.

In addition to their technical proficiency, the collaborative spirit displayed by Myriddian has been instrumental in achieving our shared goals. Their team members have consistently maintained open lines of communication and fostered a spirit of cooperation, making the partnership a truly productive and enjoyable experience.

Sincerely,

Craig Behm
President & CEO
410.207.7192
craig.behm@crisphealth.org

Reference 3: WAVE Welcome

WAVE Welcome

July 20, 2023

To Whom it May Concern:

I am writing this letter to express my utmost admiration and appreciation for the exceptional expertise and services provided by Myriddian in the field of central cancer registry operations and training program development. As the CEO of Wave Welcome, I have had the privilege of collaborating with Myriddian on multiple engagements that have greatly benefited our organization.

During our collaborations, Myriddian's team has demonstrated an unparalleled level of proficiency in streamlining central cancer registry operations and exploring automation opportunities for creating tumor abstracts. Myriddian's deep understanding of cancer registry processes has allowed them to provide invaluable insights and recommendations for optimizing workflows.

In particular, Myriddian's training programs have been nothing short of exceptional. Their expertise in designing and implementing training initiatives has greatly enhanced the skill set and knowledge base of our team members. The training sessions were thoughtfully structured and tailored to meet our organization's specific needs, ensuring that our staff acquired the necessary tools to excel in their roles.

Moreover, Myriddian's commitment to continuous improvement and receptiveness to feedback have been truly commendable. They actively sought input from our team throughout the engagements, incorporating valuable insights to refine their approach and ensure the success of the projects.

Overall, I highly recommend Myriddian for their exemplary expertise in central cancer registry operations and their ability to develop and deliver outstanding training programs. Their professionalism, dedication, and commitment to the cancer community have made them a valuable partner.

If you have any further questions or require additional information, please do not hesitate to contact me.

Best Regards,

Vennard Wright

Vennard Wright
President/CEO
Office: 301-868-3664
Cell: 301-605-2229
Email: vwright@wavewelcome.com

E.2 CTR Operations/Services

E.2.a Describe the methodology vendor will use in the development of CTR operations/services workplan to ensure all required CTR activities are performed pursuant to CDC-NPCR standards and protocols.

Myriddian's methodology for the development of the Certified Tumor Registrar (CTR) operations/services workplan is grounded in adherence to the highest standards and protocols set forth by the Centers for Disease Control and Prevention's National Program of Cancer Registries (CDC-NPCR), SEER and NAACCR. Our approach is meticulous and comprehensive, designed to ensure that all required CTR activities are performed with precision and in alignment with industry best practices. The following outlines the key elements of our methodology:

1. Needs Assessment and Process Review: We begin by conducting a thorough needs assessment and Process review in collaboration with the relevant stakeholders, including the Arkansas Cancer Registry (ACCR) team, ACCR Advisory committee members and other partners. This assessment helps us identify the specific CTR activities required to meet the CDC-NPCR standards and the unique needs of the ACCR.

2. Review of Existing ACCR Operations Manuals: As part of the needs assessment, Myriddian's team conducts a comprehensive review of the existing ACCR operations manuals. This includes the ACCR policy and procedure manual, facility reporting manual, quality assurance manual, administrative manual, and systems administrative manual. By reviewing these manuals, we ensure that our workplan integrates and aligns with the existing processes and protocols established by the ACCR.

3. Comprehensive Review of CDC-NPCR Standards: Myriddian's team of experts reviews the latest CDC-NPCR standards and protocols in detail. We closely examine the requirements for cancer case reporting, data collection, data quality, and other essential CTR activities to ensure that our workplan encompasses all necessary elements.

4. Tailored Workplan Development: Building on the insights gained from the needs assessment and the review of both the existing ACCR operations manuals and CDC-NPCR standards, we develop a tailored workplan that outlines the specific CTR activities to be performed. The workplan will be customized to suit the ACCR's requirements and resources while ensuring compliance with national standards.

5. Timeline and Milestone Setting: Myriddian establishes a clear timeline and sets milestones for the execution of each CTR activity outlined in the workplan. This ensures a structured and organized approach, facilitating effective tracking and monitoring of progress.

6. Resource Allocation and Capacity Planning: We conduct a thorough analysis of the resources required to execute the workplan successfully. This includes assessing the number of certified tumor registrars needed, their expertise, and any additional tools or technology necessary to support efficient operations.

7. Training and Skill Development: As part of the workplan development, Myriddian emphasizes the importance of ongoing training and skill development for the CTRs. We provide

specialized training sessions to enhance their knowledge of the latest CDC-NPCR standards and to ensure their proficiency in performing required activities.

8. Quality Control and Assurance: Quality control and assurance are paramount to our methodology. Myriddian implements rigorous quality control processes throughout the workplan's execution to verify the accuracy and completeness of the data, as well as adherence to CDC-NPCR standards.

9. Continuous Improvement: Our methodology includes mechanisms for continuous improvement, where we gather feedback, assess the workplan's effectiveness, and make adjustments as needed to optimize performance and outcomes.

By following this methodology, Myriddian ensures that the CTR operations/services workplan is comprehensive, in line with both the existing ACCR operations manuals and CDC-NPCR standards, and capable of delivering high-quality cancer registry services for the ACCR. Our commitment to excellence and adherence to industry best practices, coupled with the integration of existing ACCR protocols, contribute to the successful implementation of the workplan and support the ACCR's mission of providing accurate and reliable cancer data for public health initiatives in Arkansas.

Transitioning to a contractor can be daunting, but with open communication and transparency the process can be seamless and bring fresh ideas. Myriddian brings with it perspectives from private sector, state, and local health departments in the oncology and registry space. In advance of the project start date, Myriddian would begin detailed transition planning and preparation to ensure operational readiness. We will work collaboratively with the ACCR and other stakeholders to affect an orderly and efficient transition thirty days prior to the Proposed Project Start Date. To initiate the transition plan, Myriddian will define project objectives, document assumptions, establish milestones, and define resource requirements, risks, and impacts. Our plan also documents policies, procedures, standards, instructions, forms/templates, and checklists to ensure a seamless transition from the incumbent. A sample transition workplan can be found in **Table 8**

Table 8: Sample Transition Plan

TASK DESCRIPTION	Days from Estimated Project Start Date
Transition & Start-Up	Start Date minus 30 days
Assign fully qualified staff	Start Date minus 30 days
Kick-Off Meeting	Start Date minus 30 days
Submit weekly Transition Status Report	Weekly
Participate in Orientation provided by ACCR	Start Date minus 30 days
Obtain the existing ACCR Operations Manual	Start Date minus 30 days
Obtain the existing System Administration Manual	Start Date minus 30 days

TASK DESCRIPTION	Days from Estimated Project Start Date
Set-up computer hardware for assigned staff	Start Date minus 20 days
Establish secure internet connectivity to the ACCR	Start Date minus 20 days
Obtain copies of manual logs of facility contacts and technical assistance between CTRs and reporters	Start Date minus 15 days
Obtain hard copy and electronic logs of abstracts submitted to the ACCR	Start Date minus 15 days
Obtain hard copy materials, paper abstracts, and logs from incumbent	Start Date minus 15 days
Obtain computerized log of reporting facilities and personnel who report data to the ACCR	Start Date minus 15 days
Develop Work Plan	Start Date minus 10 days
Implement procedures to ensure that: (1) access is restricted to authorized persons, and (2) control is maintained	Start Date minus 10 days
Go Live	TBD

Upon kick-off of the contract, Myriddian's Registry Manager (RM) will submit a workplan and schedule outlining all tasks for the project, resources assigned to each task, and each tasks respective delivery date. A sample workplan and schedule can be found in **Table 9** below.

Table 9: Arkansas Cancer Registry Sample Workplan and Schedule

TASK DESCRIPTION	ASSIGNED TO	DELIVERY
Develop & Implement quality assurance and monitoring policies and procedures, ensuring completeness and accuracy	RM QA Lead	Within 45 Days
Develop & Implement policies and procedures to reduce abstracting errors	QA Lead	Within 45 Days
Investigate incidents of non-compliance	RM Facilities Liaison (CTR)	On-going
Provide technical assistance	Facilities Liaison (CTR)	On-going
Review and evaluate medical record reports for completeness and conformity with standards	QA Lead	On-going
Process data submissions from all reporters	QA Lead	Weekly

TASK DESCRIPTION	ASSIGNED TO	DELIVERY
Conduct weekly review of physician, lab, and surgical center paper reporting. Implement plan to reduce paper reporters to electronic reporting with a target of 80%	Data Lead	Weekly
Complete Death Clearance activities and incorporate data into ACCR database	RM Data Lead	July 31st annually
Check-ins with facility reporters to review procedures and offer technical assistance	Facilities Liaison	Monthly
Provide completeness/timeliness reports to hospitals	Data Lead/Facilities Liaison	Quarterly
Provide completeness/timeliness reports to non-hospitals	Data Lead/Facilities Liaison	As needed
Create and share remediation plans with reporting facilities	RM	within 60 days of identification
Conduct quarterly interstate data exchange with States	Data Lead	Quarterly
Interim Management reports	RM	Monthly
Maintain and update operations manual at least 2 times per year based on updated workflows or NPCR guidelines	QA Lead	On-going
Support requests from hospital cancer registry partners	QA Lead	On-going
Provide reporting reminders via email and phone to ensure timely data submission	Facilities Liaison	On-going
Ensure hospital reporters achieve NPCR target of 100% submissions	Data Lead	On-going
Ensure lab submissions of HL7s increases 3% annually	Data Lead	On-going
Monthly Management Report	RM	10th day of the following month
Review patient address at diagnosis data and geocode maintaining 98% geocoded data	Data Lead	Quarterly
Perform QA review of hospital submissions using historical error rates and staff experience to determine the review set required	RM QA Lead	On-going
Maintain facilities reporters log	Facilities Liaison	On-going
Resolve duplicates in the Registry database	QA Lead	Quarterly

TASK DESCRIPTION	ASSIGNED TO	DELIVERY
Test software updates	QA Leads	Annually
Process non-hospital electronic cases and HL7 CDA files using CDC software ensuring quality and completeness	Data Lead	On-going
Coordinate and support state registry association meetings/trainings	RM	Quarterly
Facility Audit Reports (Case Finding & Re-abstraction)	RM QA Lead	Annually
Attend NCRA and NAACCR meetings	RM QA Lead	Annually
Coordinate annual educational conference for ACCR	RM	Annually
Implement ACCR 2023-2026 NPCR Workplan	RM	On-going
Participate in CDC/NPCR workgroups	RM QA Lead	On-going
Prepare NPCR interim and annual progress report submissions	RM QA Lead	Monthly
Ensure implementation of record retention guidelines established by the State	RM	January 15 annually
Prepare and submit finalized dataset to NAACCR for the 24-month data and the 12-month data	RM	December 1st annually
Prepare and submit finalized dataset to NPCR/SEER for the 24-month data and the 12-month data	RM	Nov 30th annually
Support epidemiology and geospatial analytic projects	Data Lead	On-going
Coordinate and support ACCR Advisory Committee meetings	RM	Quarterly
Produce Usage Report (Attachment 7)	RM	Monthly by 10th day after month end

E.2.b Describe the methodology vendor will use to resolve the back-log cases.

At Myriddian, we have a proven track record of successfully addressing significant backlogs in cancer registry data processing, as demonstrated by our experience in eliminating a 28,000-case backlog when we took over the MCR. In addition, Myriddian processed and integrated a backlog of over 150,000 Meaningful Use data files from the prior contractor. Our approach involves a

systematic and efficient process to clear backlogs and implement measures to prevent its recurrence in the future.

1. Backlog Elimination Process:

a. Prioritization: We prioritize the backlog cases based on various factors, such as Diagnosis year, reporting/submission deadlines, deduplication, data completeness, and clinical significance, to ensure a strategic and organized approach to processing.

b. Dedicated Resources: Myriddian allocates a skilled team of CTRs and data specialists to focus solely on clearing the backlog. These dedicated resources work diligently to ensure timely and accurate data abstraction and entry.

c. Streamlined Workflows: We implement streamlined workflows and utilize technology to expedite the processing of cases. Automated tools and validation checks are employed to enhance data accuracy and reduce manual errors.

d. Quality Assurance: Rigorous quality assurance processes are established to verify the accuracy and completeness of the data. This step ensures that the backlog is cleared without compromising on data integrity.

e. Regular Monitoring: Throughout the backlog elimination process, Myriddian maintains regular communication with the ACCR to provide progress updates and address any challenges that may arise.

2. Prevention Strategies:

a. Improved Data Submission Timelines: We collaborate closely with reporting facilities to establish clear data submission timelines, ensuring a steady flow of cases into the registry, thus preventing future backlogs. Our team leads have experience managing hospital registries and assisted the hospitals with creating remedial plans that put delinquent facilities on path to success.

b. Continuous Education: Myriddian provides ongoing training and education sessions for CTRs and facility staff, reinforcing the importance of timely and accurate data submission to maintain a current and efficient registry.

c. Process Optimization: We conduct regular reviews of data processing workflows to identify potential bottlenecks and inefficiencies. By continuously optimizing our processes, we aim to enhance productivity and reduce the likelihood of backlogs.

d. Proactive Monitoring: Myriddian implements proactive monitoring and alerts to promptly identify any emerging backlogs. Myriddian monitors 24 month and 12-month data submissions closely for all facilities with annual caseload fifty or greater. This includes all facilities including labs and physician offices. This enables timely intervention to address issues before they escalate.

e. Performance Metrics: We establish performance metrics and benchmarks to track the efficiency and effectiveness of our data processing operations. Regular performance reviews help us identify opportunities for improvement and ensure a proactive approach to maintaining a backlog-free registry.

E.2.c Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all CTR tasks are completed accurately and in time for submission.

To effectively manage and track the completion of tasks related to quality assurance and controls in Central Cancer Registry operations, a comprehensive Work Management Plan is essential. Myriddian will leverage JIRA, a powerful task tracking tool, to enable the efficient assignment, monitoring, and reporting of work performed by ACCR staff and contractors. This plan ensures that all necessary quality assurance activities are completed in a timely and systematic manner, thereby upholding the high standard of data quality expected from the registry. Myriddian's methodology would begin with:

1. Task Identification and Categorization:

The first step in the Work Management Plan is to identify and categorize the various tasks related to data collection, data processing, quality assurance and controls. These may include data validation, audits, staff training, process improvement initiatives, technology integration, and collaborative partnership management. Each task should be clearly defined and assigned a specific category in JIRA.

2. Task Assignment and Priority Setting:

Using JIRA, tasks will be assigned by Myriddian to respective ACCR staff members or contractors based on their expertise and workload capacity. The responsible parties will be notified of new assignments and their respective priorities. Urgent tasks or those requiring immediate attention will be appropriately flagged to ensure prompt action.

3. Deadline Setting and Tracking:

For each task, realistic deadlines will be set in consultation with the assigned personnel. JIRA will facilitate the tracking of task progress and provide real-time visibility into upcoming deadlines. Regular reminders and notifications will be issued to ensure that tasks are completed within the defined timeframes. Weekly team status meetings will keep the team tasks on target.

4. Documentation and Evidence Collection:

As tasks are completed, relevant documentation and evidence of the work performed will be recorded and stored within JIRA. This documentation will include data validation reports, audit findings, training materials, process improvement proposals, and collaboration status updates. Maintaining a centralized repository of this information will support transparency and facilitate reporting.

5. Reporting and Performance Metrics:

JIRA will generate regular reports on task completion and performance metrics. These reports will be shared with relevant stakeholders, including management, quality assurance teams, and partnering entities. The reports will provide insights into progress, identify areas for improvement, and support evidence-based decision-making to enhance data quality.

6. Review and Feedback Loop:

To continually improve the Work Management Plan, regular reviews and feedback sessions will be conducted with the ACCR staff and contractors. Feedback from end-users of JIRA will also be

sought to identify any challenges or areas for enhancement. This iterative process will ensure that the plan remains adaptable and aligned with the evolving needs of the registry.

E.3 Quality Assurance and Control

E.3.a Describe methodology in the development of an overall Quality Assurance and Control plan that meets NPCR and NAACCR requirements.

To ensure data quality requirements set forth by the National Program of Cancer Registries (NPCR) and North American Association of Central Cancer Registries (NAACCR) are met, Myriddian will implement the following procedures as part of their Central Cancer Registry operations:

1. Comprehensive Data Validation and Auditing:

Myriddian will conduct regular data validation and auditing procedures to verify the accuracy, completeness, and consistency of the cancer data collected and submitted to the Central Cancer Registry. This includes ensuring all data submitted to ACCR passes minimum required edits before it is accepted, reviewing data from various sources, such as healthcare facilities, pathology laboratories, and physician offices. The auditing process will include NAACCR and NPCR edit sets to help identify data discrepancies and inconsistencies, which will be promptly addressed and corrected.

2. Staff Training and Education:

Myriddian will invest in continuous training and education for their CTRs and other registry staff. This training will ensure that all personnel are well-versed in the latest NPCR, SEER and NAACCR data standards, coding guidelines, and reporting requirements. Regular updates and workshops will be provided to keep the team informed about industry changes and best practices.

3. Collaborative Data Exchange with Reporting Facilities:

Myriddian will establish collaborative partnerships with healthcare facilities, laboratories, and other reporting entities. These partnerships will facilitate seamless data exchange, ensuring that all relevant cancer data are captured and submitted to the Central Cancer Registry. Clear communication channels will be established to address data discrepancies and resolve issues efficiently.

4. Technology Integration and Automation:

Myriddian will leverage advanced technological solutions and automation tools to streamline data collection, processing, and reporting. This will minimize the risk of human errors and enhance the efficiency of data management processes. Integration with Electronic Health Records (EHRs) and other healthcare systems will ensure timely and accurate data submissions.

5. Adherence to NPCR and NAACCR Data Standards:

Myriddian will strictly adhere to the data standards and guidelines set forth by NPCR and NAACCR. This includes following standardized codes for cancer diagnoses, treatment modalities, and other data elements. Myriddian will conduct regular internal audits to assess compliance with these standards and promptly address any non-compliance issues.

6. Continuous Process Improvement:

Myriddian will continuously assess and improve its data management processes to align with the evolving requirements of NPCR and NAACCR. This includes identifying areas for enhancement, streamlining workflows, and implementing innovative approaches to data collection and reporting. Feedback from staff, reporting facilities, and registry stakeholders will be actively sought to inform process improvement initiatives.

7. Performance Monitoring and Reporting:

Myriddian will establish performance metrics to monitor the quality and efficiency of data management activities. Regular reports will be generated to measure progress towards meeting NPCR and NAACCR data quality requirements. These reports will be shared with stakeholders to ensure transparency and accountability.

E.3.b Describe methodology in development and implementation of procedures to ensure the data quality requirements and data submission deadlines for NPCR and NAACCR are met.

Myriddian will prepare data for completeness for NAACCR registries and NPCR submission. Our certified staff understand NAACCR and NPCR standards and prepare data by:

- Actively monitoring completeness status for all reporting facilities. Any facilities found deficient are contacted and a remediation plan is developed to meet the completeness requirement.
- Continuous monitoring helps with tracking completeness.
- Utilize CDC XML Exchange Plus to review edits and correct them in bulk as needed.
- Our staff have consistently exceeded NAACCR and NPCR standards of 95% of expected incidence in the current central registry work we are performing.
- Myriddian will perform death linkages and data writebacks as data becomes available to us. We follow a process of writing to the test database, performing validation checks against the writeback, and once approved, performing the writebacks to the production database. This ensures the writebacks are performed as expected and no errors occur during the process.
- Myriddian has automated the geocoding of data with our MQAT tool daily and only records that failed the high standards need to be reviewed manually for address verification and correction. This manual process is done quarterly to ensure all data is geocoded as required by the ACCR.
- We track incidence vs expected cases and percentage of completion monthly with COR for greater visibility and track progress to completion percentage.
- Myriddian Team performs quarterly edit resolution and review of unknown field values to ensure that the data meets the high standards of NAACCR and NPCR.
- This ensures that quality current data is available to researchers and public health officials.
- This also reduces the burden on the team during the submission window and enables them to process any relevant submissions during the last two weeks before the submission.
- Example of our tracking is provided below in **Figure 1**.

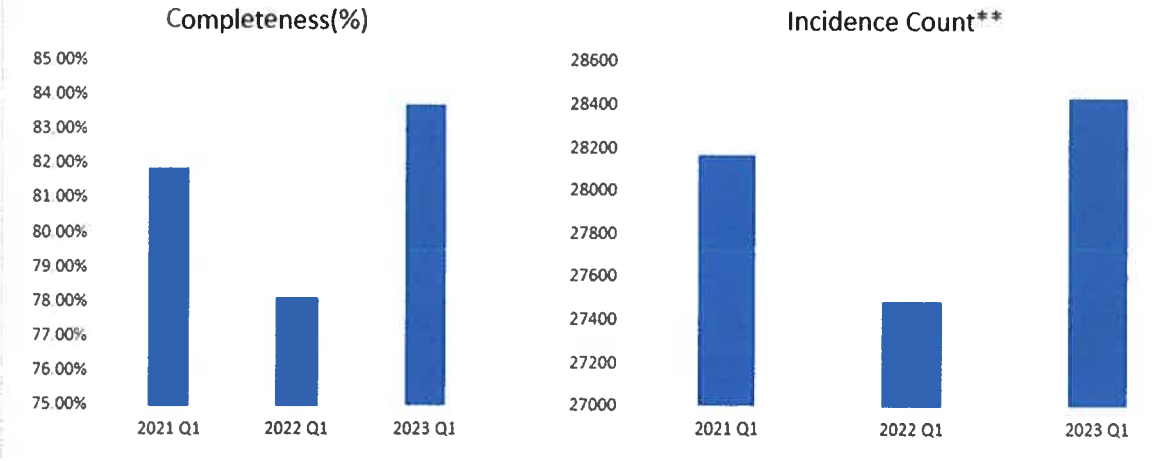
Myriddian reduces the burden during data submission by performing quarterly deduplication and performing a quarterly edit run and data review.

Figure 1: Myriddian's Sample Incidence Tracking Log

Quarter	Diagnosis Year	Incidence Count**	Expected Cases*	Completeness(%)	Cases Needed for 90%	Cases Needed for 95%	Cases Needed for 99%
2019 Q1	2017	19455	25,048	77.67%	3088	4341	5343
2020 Q1	2018	20972	26,545	79.01%	2919	4246	5308
2021 Q1	2019	22,796	28,010	81.39%	2413	3814	4934
2022 Q1	2020	23,803	30,321	78.50%	3486	5002	6215
2023 Q1	2021	26,375	32,456	81.26%	2835	4458	5756
2023 Q1	2022	9237	33,430	27.63%	20850	22521	23858
4/4/2023	2021	26,375	32,456	81.26%	2835	4458	5756

Note: Information extracted from CRS Plus utilizing the Extract for Incidence by Date or County.
* Estimation from Data Evaluation Report (DER) from NPCR for State Incidence.
** Incidence includes all cancer sites. *** Incidence year based in date of diagnosis.

Date	Dx Year	Current Incidence	Exptd Count for 90%	Exptd Count for 95%	Exptd Count for 99%	3% of Incident count	Current DCO count
4/4/2023	2021	26,375	29210	30833	32131	791	0
4/4/2023	2022	9,237	30087	31758	33095	277	0



- Myriddian's Cancer Registry Team also developed an Annual Submission Plan to track activities to be performed by the Myriddian team as well as any other tasks to be performed by the Department of Health to ensure timely completion of all activities.
- NPCR has requested that Myriddian's template be adopted as a best practice.
- The plan and progress are reviewed with the COR monthly or biweekly if warranted.

Figure 2: Data Submission Activities

Submission Task	Task Lead	Duration	Start Date	Timeline Goal
Complete 2021 CRS consolidation	QA Manager	1 Month	07/01/23	08/31/23
Continue with any remaining 2021 Cases	QA Manager	2 Months	09/01/23	10/31/23
Provide dB copy to MDH	Technical Lead	1 Week	09/06/23	09/09/23
Enter/Process DCO Cases	Registry Team	6 Weeks	06/01/23	09/16/23
Review and Enter DCO Follow back Cases	Registry Team	4 Weeks	08/01/23	09/30/23
Continue with entering remaining Lab Follow back Cases	Data Lead	2 Month	07/01/23	08/31/23
Process any late submitted 2021 MU/XML cases	Data Lead	2 Month	07/01/23	07/31/23
Create Initial CFD Extract File	Registry Manager	3 Days	09/14/23	09/16/23
Deduplication	Data Lead	2 Weeks	08/15/23	08/31/23
Run NAACCR PREP	Registry Manager	1 Week	09/26/23	10/03/23
NPCR/NAACCR Edit Run and Review-Initial	Registry Manager	1 Week	09/28/23	10/05/23
NPCR/NAACCR Weekly Edit Run and Review	Registry Manager	12 Weeks	08/15/23	10/31/23
SSDI write back	DOH Epi Team	2 Weeks	09/19/23	09/30/23
Vital statistics Write back (3 Weeks)	DOH Epi Team	3 Weeks	09/12/23	09/30/23
NDI linkage - Myriddian	Registry Manager	1 Week	09/06/23	09/09/23
NDI linkage - MDH	DOH Epi Team	1 Week	10/24/23	10/28/23
IHS Linkage	DOH Epi Team	1 Week	10/17/23	10/21/23
Geo coding	DOH Epi Team	5 Weeks	09/12/23	10/14/23
Race Unknown	DOH Epi Team	1 Week	09/26/23	09/30/23
BCCP Write back	DOH Epi Team	1 Week	10/17/23	10/21/23
MCR Write Back of SSDI/Race/BCCP/Vital Statistics	Technical Lead	1 Week	10/31/23	11/04/23
Final Write backs of Data	Technical Lead	1 Week	10/31/23	11/04/23
MCR final data extract and Edit Process	Registry Manager	1 Week	11/07/23	11/11/23
Deduplication Final Run	Technical Lead	1 Week	10/24/23	10/28/23
NAACCR PREP	Registry Manager	1 Week	11/07/23	11/11/23
NPCR/NAACCR Edit Run and Review	Registry Manager	1 Week	11/07/23	11/11/23
MCR Final Review	Registry Manager	1 Week	11/14/23	11/18/23
2021 Data Submission Window NAACCR + NPCR	Registry Manager	3 Days	11/21/23	11/23/23
2022 NAACCR Data Submission	Registry Manager	1 Week	11/28/23	12/02/23
FALL BACK SUBMISSION WINDOW NAACCR + NPCR	Registry Manager	3 Days	11/28/23	11/30/23
12-Month Data Processing				
Process 2022 Hospital Facility Cases	QA Manager	3 Months	08/15/23	11/16/23
Process Remaining 2022 Lab facility cases	Data Lead	2 Months	09/01/23	10/31/23
Process Remaining 2022 paper/path abstracts	Registry Team	3 Months	08/01/23	10/31/23
Continue 2022 Case Processing	QA Manager	3 Weeks	11/01/23	11/18/23
2022 Data Edit checks/Cleanup	Registry Manager	1 Month	11/01/23	11/30/23
2022 NPCR Data Submission Fallback Window	Registry Manager	1 Month	12/01/23	12/30/23
Legend:				
Myriddian/MCR Task				
MDH Task				
Final Tasks				
FALL BACK WINDOW				

E.3.c Describe the methodology the vendor will utilize to manage and assign work to CTR contractors and ACCR staff to ensure all QA/QC tasks are completed accurately and in time for submission.

Myriddian's Quality Assurance (QA) team will implement a systematic and robust methodology to ensure all required Central Cancer Registry (CCR) activities are performed accurately and in compliance with the data quality requirements set forth by NPCR and NAACCR.

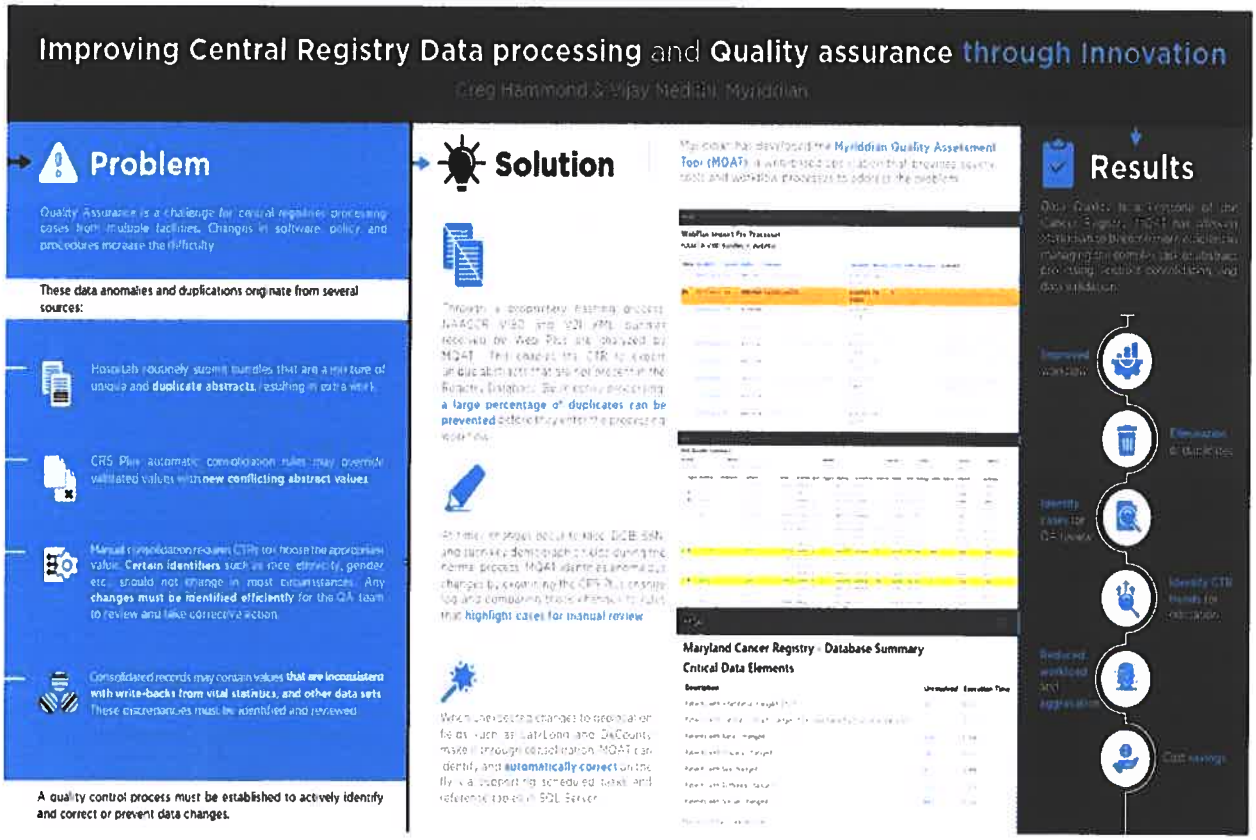
All Program activities are identified and assigned to team members with schedules and targets. The QA team will utilize JIRA, a powerful task management tool, to assign and manage tasks efficiently. This will enable Myriddian to track the real-time status of all tasks, ensuring timely completion and transparency in the workflow. Through JIRA's reporting capabilities, Myriddian will have access to comprehensive reports that provide insights into task progress, potential bottlenecks, and overall efficiency. JIRA also improves the quality of help desk calls, ticket resolution, and procedural inquiries by serving as a central repository for past work done to address trouble tickets.

By incorporating JIRA into the methodology, Myriddian can enhance collaboration, streamline communication, and proactively address any challenges to meet NPCR and NAACCR data quality requirements effectively. Myriddian also developed an internal Myriddian Quality Assessment Tool (MQAT) which preemptively identifies duplicate submissions and conducts routine quality monitoring. The results are then reviewed by the QA Team and resolved quickly.

MQAT was developed as a web-based application to automatically detect data anomalies and prevent duplicate records from entering the Cancer Registry workflow. A sample of the MQAT infographic presented at the NPCR and NAACCR Conferences can be found in **Figure 3** below. Myriddian also deploys Power Bi in tracking and workflow, which improves monitoring and identifies any issues in real-time. The Power BI infographic in **Figure 4** below was presented at NCRA and submitted as a success story by the state of Maryland.

This cohesive approach will solidify Myriddian's position as a trusted partner in providing top-notch central cancer registry operations and services, further reinforcing their commitment to delivering high-quality data and exceptional results.

Figure 3: Quality Control and Innovation with MQAT



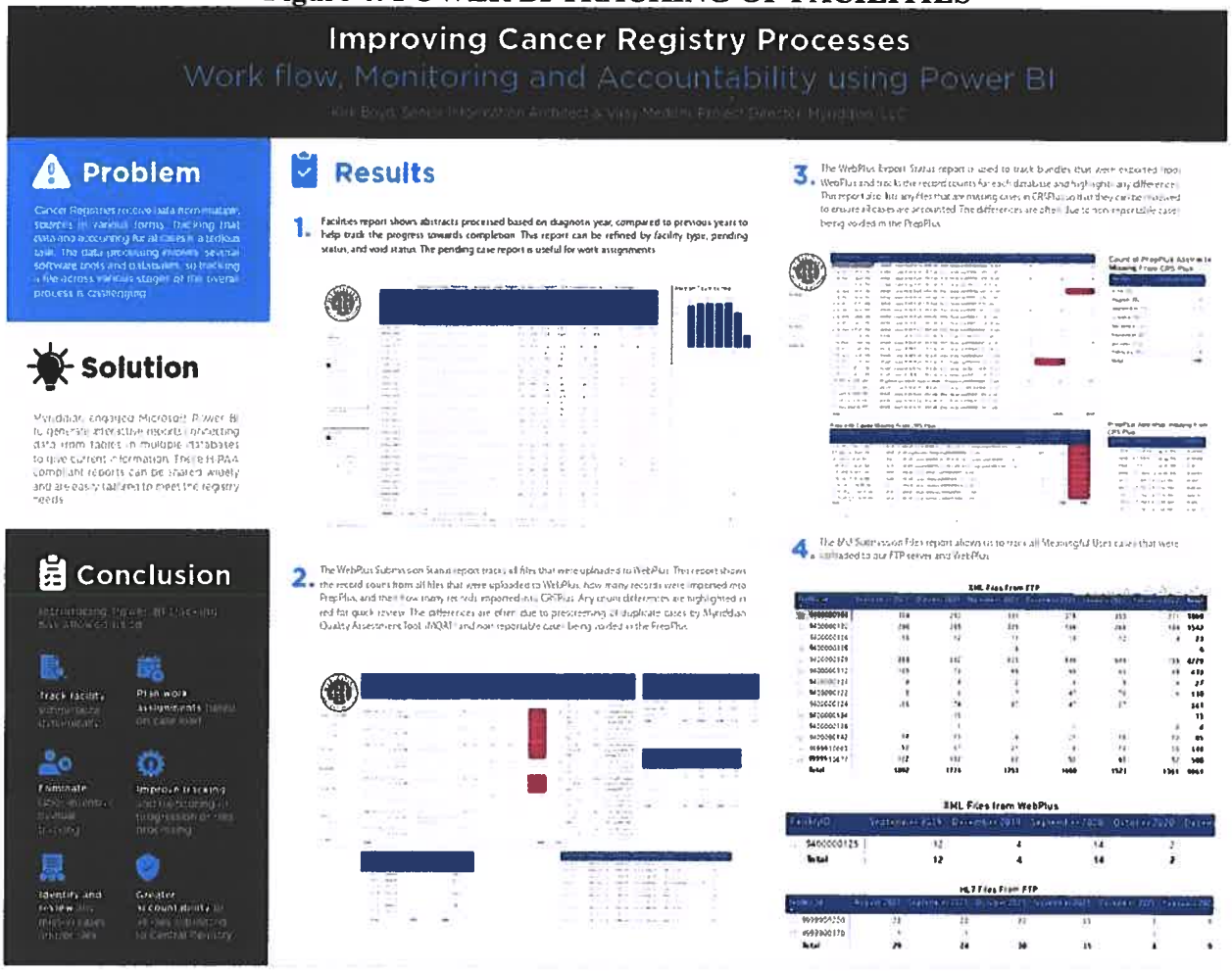
E.3.d Describe methodology for monitoring and providing feedback to hospitals and/or facilities on their data submissions.

At Myriddian, we are fully committed to data quality, timeliness, and accountability, and as such, we will provide feedback to reporting facilities and reporters on submission activities.

- Myriddian utilizes Power BI for tracking facility submissions by diagnosis year and by quarter. This ensures that we can identify any reporting issues early and address them with the facilities. A sample of Myriddian's Power BI dashboard is provided in **Figure 4** below.
- All facilities submissions must pass ACCR edits to ensure that data meets established requirements. All case bundles with edit errors above a specific threshold will be rejected and the submitter will receive notification of rejection and a detailed error report for review.
- A percentage (20% or established by COR) of all facilities abstracts will undergo manual QA review by the team and any issues identified will be shared and reviewed with the facility and facility management.
- All new facilities and new abstractor cases are 100% reviewed until the QA team is satisfied that the error rate consistently falls below the established threshold.
- Any data quality issues identified will be communicated to the facility management and a remedial plan will be established, if necessary.

- All hospitals, radiation centers and outpatient surgical facilities will have a Myriddian facility liaison who will build rapport with the facility reporters and ensure that a clear channel of communication is established.
- Frequency of communication from Myriddian's facility liaison is based on the caseload and submission status.

Figure 4: POWER BI TRACKING OF FACILITIES



Establishing a state-wide registrar Listserv is another effective strategy for providing regular formal feedback to cancer registrars on abstracting, coding, histology, staging, and other coding issues. This Listserv will serve as a centralized platform for disseminating valuable information, submission deadlines, sharing best practices, and addressing common challenges faced by registrars across the state. Myriddian currently utilizes its MQAT Facilities and Reporters Log feature to maintain these lists. Myriddian conducts annual surveys to update the information on facilities and reporters. Myriddian will spearhead the creation and management of this Listserv, facilitating open and collaborative communication among registrars.

1. Regular Updates and Educational Content: Myriddian will regularly post updates and educational content on the Listserv, focusing on the latest coding guidelines, staging rules, and reporting requirements issued by standard setters, including NPCR and NAACCR. These updates will ensure that registrars stay informed about changes and best practices, supporting data accuracy and consistency.
2. Q&A Sessions and Case Studies: Myriddian will host periodic Q&A sessions on the Listserv, encouraging registrars to ask questions and seek expert advice on challenging coding scenarios and abstracting complexities. Additionally, we will share de-identified case studies that highlight real-life examples, demonstrating correct abstraction and coding practices.
3. Peer-to-Peer Support and Collaboration: The Listserv will foster a sense of community and peer-to-peer support among registrars. Registrars can share experiences, exchange insights, and seek advice from their fellow professionals, creating a collaborative learning environment.
4. Feedback and Clarification: Myriddian will actively engage with registrars on the Listserv, providing timely feedback and clarification on abstracting and coding issues raised by the registrars. We will ensure that responses are accurate, comprehensive, and supported by the latest coding guidelines and data standards.
5. Monthly Newsletters: Myriddian will produce monthly newsletters for the Listserv, highlighting key updates, success stories, and relevant industry news. The newsletter will also include a section addressing common coding issues and solutions, further enhancing registrar knowledge and performance.
6. Polls and Surveys: Regular polls and surveys will be conducted to gather feedback from registrars on the effectiveness of the Listserv and identify areas for improvement. These valuable insights will shape the content and focus of future communications.
7. Quality Improvement Initiatives: The Listserv will serve as a platform to announce quality improvement initiatives aimed at enhancing data accuracy and completeness. Registrars will be encouraged to actively participate in these initiatives to collectively raise data quality standards.

By implementing this strategy, Myriddian will foster a supportive learning community for cancer registrars across the state, providing regular formal feedback and empowering them with the knowledge and resources necessary to excel in their critical roles. This collaborative approach will strengthen data integrity, supporting accurate cancer surveillance and research initiatives in Arkansas.

At Myriddian, we believe in transparent and constructive communication with facilities that have submitted files not meeting the 100% error-free standard. Our approach to reporting errors and areas of improvement is based on collaboration and mutual understanding, with the ultimate goal of enhancing data quality and promoting a culture of continuous improvement.

1. Prompt Error Notification: As soon as data validation reveals errors in a facility's submission, we will promptly notify the facility of the identified issues. We understand the importance of timely feedback, and our communication will be clear, concise, and focused on the specific areas that require attention.

2. Detailed Error Reports: Myriddian will provide detailed error reports to the facility, outlining the specific errors found in their data submission. These reports will be organized in a structured manner, making it easier for the facility to understand the root causes of the errors.
3. Collaborative Solutions: Instead of merely pointing out errors, we will work collaboratively with the facility to find solutions. Our experienced team will provide guidance on how to address the errors and offer best practices for data abstraction, coding, and reporting to prevent similar issues in the future.
4. Training and Education: We recognize the value of continuous education in improving data quality. Myriddian will offer training sessions and workshops to facility staff, covering relevant topics such as coding guidelines, staging rules, and reporting requirements. These sessions will be tailored to address the specific areas of improvement identified in the error reports.
5. Progress Tracking: Myriddian will track the facility's progress in resolving errors and implementing improvements. Regular follow-ups will ensure that corrective actions are taken in a timely manner.
6. Feedback Loop: Myriddian will maintain an open feedback loop with the facility, encouraging them to share their challenges, concerns, and suggestions. This two-way communication will foster a positive working relationship and help us tailor our support to the facility's unique needs.
7. Recognizing Improvements: When the facility makes significant improvements or achieves error-free data submissions, we will acknowledge their efforts and celebrate their success. Positive reinforcement is essential in motivating ongoing commitment to data quality.

By adopting this approach, Myriddian aims to create a supportive environment where facilities feel empowered to address errors and work collaboratively towards achieving the highest data quality standards. Our commitment to reporting errors and areas of improvement is rooted in our dedication to supporting the Arkansas Central Cancer Registry's mission of maintaining accurate and reliable cancer data for public health initiatives and research.

Annual facility feedback reports are another vital tool in improving the quality of data received by reporting facilities. Myriddian's process for providing annual feedback reports is outlined as follows:

1. Data Compilation: Myriddian will compile and analyze data from each facility's cancer registry submissions for the specified reporting period. This will include case ascertainment rates, data quality metrics, rates of missing or unknown data, and follow-up information.
2. Data Analysis: Our experienced team of data analysts and CTRs will conduct a comprehensive analysis of the data to assess its quality and completeness. This analysis will identify areas of strength and areas for improvement in the facility's cancer registry data.

3. Report Generation: Based on the data analysis, Myriddian will generate a facility-specific feedback report. This report will be tailored to the unique data challenges and patterns observed at the facility.
4. Interpretation and Insights: The feedback report will provide clear and meaningful interpretations of the data findings. It will highlight the facility's performance in case ascertainment, data quality indicators, missing/unknown data rates, and follow-up information. Insights and trends will be presented in a user-friendly format for easy understanding.
5. Recommendations: The report will include actionable recommendations to address any identified issues and enhance data quality. These recommendations may include targeted training, process improvements, or technology enhancements.
6. Communication: Myriddian will communicate the findings and recommendations to the facility's designated point of contact. We will arrange for a meeting or conference call to discuss the report in detail and answer any questions or concerns.
7. Support and Follow-up: Myriddian will provide ongoing support to the facility as they implement the recommended improvements. We will offer guidance, training, and assistance as needed to facilitate progress.

A sample Annual Facility Feedback Report is provided in **Figure 5**, below.

Figure 54: Sample Annual Facility Feedback Report

Sample Annual Facility Feedback Report:

[Facility Name] [Address] [City, State, Zip Code] [Date]

Dear [Facility Contact Name],

Subject: Annual Facility Feedback Report - [Reporting Period]

We are pleased to present you with the Annual Facility Feedback Report for the [Reporting Period], providing valuable insights into the performance of your cancer registry data.

1. **Case Ascertainment:**

- Total number of cases captured: [Number]
- Case ascertainment rate: [Percentage]
- National benchmark: [Percentage]
- Your facility's case ascertainment rate is commendable and aligns well with the national benchmark.

2. **Data Quality Metrics:**

- Accuracy rate: [Percentage]
- Completeness rate: [Percentage]
- Consistency rate: [Percentage]
- Your facility's data quality metrics demonstrate a strong commitment to accuracy and completeness.

3. **Missing/Unknown Data:**

- Percentage of missing/unknown data: [Percentage]
- Focus areas for improvement: [e.g., histology, stage]
- Addressing the identified focus areas will enhance the completeness and reliability of your data.

4. **Follow-up Information:**

- Percentage of complete follow-up information: [Percentage]
- Notable improvements in follow-up data completeness were observed during the reporting period.

Based on the data analysis, we recommend the following actions to further enhance your cancer registry data quality:

- Conduct targeted training sessions on [specific topics] to reinforce data abstraction and coding best practices.
- Implement regular internal audits to identify and correct any data discrepancies.
- Explore technology solutions to streamline data entry and improve data accuracy.

We appreciate your commitment to data quality and public health initiatives. Myriddian is here to support you on your journey towards achieving the highest standards of data accuracy and completeness.

Please do not hesitate to reach out to our team if you have any questions or require further assistance. We look forward to collaborating with you to continually improve your cancer registry data quality.

Sincerely,

[Your Name] Director of Data Quality Myriddian LLC

[Contact Information]

E.4 Professional Services and Reports

E.4.a Describe methodology for networking and establishing contacts.

Myriddian recognizes the significance of establishing strong partnerships and networking with cancer-related entities in Arkansas to foster collaboration, knowledge exchange, and support for the Arkansas Cancer Registry (ACCR). Our approach involves proactive engagement with key stakeholders, including the Arkansas Cancer Registrars Association, University of Arkansas for Medical Sciences (UAMS) Cancer Institute, UAMS Cancer Registry, and other Arkansas-based education institutions and medical facilities.

1. Establishing Collaborative Relationships: Myriddian will initiate dialogue and build collaborative relationships with cancer-related entities. We will participate in relevant conferences, seminars, and workshops organized by these entities to exchange ideas and best practices in cancer registry operations.
2. Participation in Professional Conferences and Meetings: Myriddian will actively participate in events hosted by the Arkansas Cancer Registrars Association and other relevant organizations. By attending conferences, symposiums, and networking events, we will interact with professionals in the cancer registry field, fostering a mutual exchange of knowledge and expertise.
3. Hosting Educational Workshops and Webinars: Myriddian will organize educational workshops and webinars in collaboration with cancer-related entities to share insights on data quality, coding practices, and new developments in cancer surveillance. These platforms will facilitate discussions, address challenges, and promote continuous learning among ACCR staff, contractors, and stakeholders.
4. Facilitating Training Partnerships: We will explore opportunities to collaborate with education institutions and medical facilities in Arkansas to facilitate training partnerships. Myriddian may offer internships, on-the-job training, and educational resources to enhance the skills of aspiring cancer registrars and contribute to workforce development.
5. Knowledge Sharing and Research Support: Myriddian will support research initiatives undertaken by cancer-related entities by providing de-identified data, collaborating on research projects, and sharing insights that contribute to cancer prevention and treatment efforts.
6. Involvement in Cancer Registry Advisory Committees: Myriddian will actively engage in relevant cancer registry committees and advisory groups, contributing our expertise and best practices to enhance data quality and streamline cancer registry processes.
7. Collaboration on Quality Improvement Initiatives: We will collaborate with cancer-related entities on quality improvement initiatives to strengthen cancer data reporting, validation, and analysis, ensuring the delivery of accurate and comprehensive data to support public health decision-making.

E.4.b Describe methodology for managing travel for attendance in-person and virtual.

- Myriddian annually attends the NCRA and NAACCR annual conferences and is actively working with the State of Idaho to assist in planning the NAACCR Conference for 2024. All travel related costs to attend the events will be the responsibility of Myriddian.
- Myriddian team will participate and present as necessary at the Arkansas Cancer Registrars Association.
- Myriddian Cancer Registry Team routinely conducts team and reporter meetings on Teams and zoom platforms.
- Myriddian currently conducts quarterly educational webinars for reporters using Web Plus and holds a Q&A panel for all reporters.
- Myriddian technical team is responsible for organizing large virtual events.
- Myriddian office manager with guidance from HR team will be responsible for organizing and managing the team travel needs for in person meetings. As a federal and state contractor, Myriddian follows all federal and state guidelines for expenses and reimbursements.

E.4.c Describe methodology for tracking and providing guidance and feedback within one (1) business day of request.

To ensure prompt and efficient response to requests, Myriddian will establish a streamlined process using JIRA, along with leveraging the expertise of their CTRs to provide expert advice on cancer registry coding and address edit errors and corrections. The outlined steps include:

1. Request Submission and Tracking in JIRA: When a request is received, whether from the ACCR or other stakeholders, Myriddian has a process that automatically enters all the details of the request into JIRA, creating a dedicated ticket for each task. The ticket will include relevant information such as the nature of the request, priority level, and any associated documentation. This centralization of requests will facilitate effective tracking and assignment.
2. Immediate Triage and Assignment: Upon receipt of a request, Myriddian will conduct an immediate triage to determine the urgency and complexity of the task. Urgent requests will be given top priority. The ticket will then be assigned to the appropriate CTR based on their expertise and workload capacity. Using JIRA, CTRs will be notified of new assignments.
3. Expert Advice and Resolution: Myriddian's experienced CTRs will thoroughly analyze each request, offering expert advice and guidance on cancer registry coding, data correction, or edit error resolution. The CTRs will leverage their extensive knowledge of cancer registry standards and coding guidelines to provide accurate and comprehensive solutions.
4. Collaboration and Communication: In cases where additional information or clarification is required, Myriddian's team will collaborate closely with the ACCR or relevant stakeholders to obtain the necessary details. Transparent communication channels will be established to address any queries promptly.
5. Timely Response: Myriddian commits to responding to each request within one business day. The agile workflow in JIRA will enable CTRs to track the status of their assignments

and ensure timely completion. If any unforeseen delays occur, the requester will be promptly notified, providing updates on the progress.

6. Quality Assurance and Review: Before finalizing their response on major guidelines, Myriddian's team will review response internally and with COR, if necessary, to ensure the accuracy and completeness of their advice and solutions. This process will uphold the highest standards of data integrity.
7. Closing the Ticket: Once the request has been addressed to the satisfaction of the requester, the JIRA ticket will be closed. A comprehensive record of each completed task, along with all pertinent details, will be stored within JIRA for future reference and reporting purposes.

E.4.d Describe methodology for managing annual manual updates, report requirements and budget.

At Myriddian, we prioritize the maintenance of high-quality cancer registry operations by committing to an annual review and update of all relevant registry manuals.

This comprehensive review process includes, but is not limited to:

- the ACCR Policy and Procedure Manual
- ACCR Facility Reporting Manual
- ACCR Quality Assurance Manual
- ACCR Administrative Manual
- ACCR Systems Administrative Manual
- ACCR Reportable List (ICD-10 Casefinding list)
- ACCR Required Data
- ACCR Guidelines for Lab Reporting
- ACCR Guidelines for Physician Reporting

Our dedicated team of experts, including CTRs, data analysts, and policy specialists, collaborate diligently to ensure that each manual aligns with the latest industry standards, regulatory guidelines, and best practices. By conducting these annual updates, we guarantee that our manuals remain current, accurate, and responsive to the evolving needs of cancer registry operations, thereby supporting accurate data collection, reporting, and public health initiatives in Arkansas. Our commitment to continuous improvement reflects our dedication to maintaining the highest standards of data integrity for the benefit of the Arkansas Central Cancer Registry and its stakeholders.

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the RFP Solicitation and terms in the "Standard Commodities Contract or Standard Services Contract" and "Solicitation Terms and Conditions" located on the OSP website. See Section 1.8 and 1.9 of the RFP Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.		N/A	
2.			
3.			

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ Yes ☑ No **SUBCONTRACTOR NAME:**

TAXPAYER ID NAME: Myriddian, LLC **IS THIS FOR:** ☐ Goods? ☑ Services? ☐ Both?

YOUR LAST NAME: Myers **FIRST NAME:** Jason **M.I.:** K

ADDRESS: 5520 Research Park Drive, Suite 150, Baltimore, MD 21228 **COUNTRY:** UNITED STATES

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☑ **None of the above applies**

FOR AN ENTITY (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☑ **None of the above applies**

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title COO Date 07/26/2023

Vendor Contact Person Jason Myers Title COO Phone No 410-913-9563

Agency use only

Agency Number 0645 Agency Name Department of Health Agency Contact Person Nichole Brewer (501) 280-4603 Contract or Grant No. _____

Myriddian, LLC

Office: 443-285-0271
Fax: (202) 204-1631
Web: www.Myriddian.com

Equal Employment Opportunity Policy

At Myriddian LLC, we are committed to providing equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, national origin, age, disability, genetic information, veteran status, gender identity or expression, sexual orientation, or any other characteristic protected by applicable law. This policy applies to all aspects of employment, including but not limited to recruitment, hiring, training, promotion, compensation, benefits, and termination.

We value diversity and believe that a diverse workforce enriches our company culture, fosters creativity and innovation, and enables us to better serve our clients and the community. Our commitment to equal employment opportunity extends to all employees, from the executive leadership team to entry-level positions.

Myriddian LLC will not tolerate any form of discrimination, harassment, or retaliation against employees or applicants based on any protected characteristic. This includes, but is not limited to, offensive verbal comments, physical or written conduct, or any behavior that creates a hostile or intimidating work environment.

We are dedicated to providing reasonable accommodations to qualified individuals with disabilities and complying with all applicable laws related to disability accommodation.

Responsibilities:

1. Managers and supervisors are responsible for upholding this Equal Employment Opportunity Policy and ensuring that it is communicated to all employees under their supervision.
2. All employees are expected to treat each other with respect and dignity and to maintain a work environment that is free from discrimination and harassment.
3. Employees should report any concerns or complaints of discrimination, harassment, or retaliation through the appropriate channels, as outlined in our company's reporting procedures.

Compliance: Myriddian LLC will comply with all applicable federal, state, and local laws and regulations governing equal employment opportunity. Our commitment to equal employment opportunity extends to all employment-related decisions and practices.

Investigation and Enforcement: Any allegations of discrimination, harassment, or retaliation will be promptly and thoroughly investigated. Myriddian LLC will take appropriate action against any employee found to have violated this policy, up to and including termination of employment.

Non-Retaliation: Myriddian LLC prohibits any form of retaliation against individuals who make good faith reports of discrimination, harassment, or other violations of this policy. Retaliation is a serious violation of this policy and will be subject to disciplinary action.

Myriddian, LLC

Office: 443-285-0271
Fax: (202) 204-1631
Web: www.Myriddian.com

Training and Communication: We will conduct regular training sessions for all employees and managers to promote awareness and understanding of this Equal Employment Opportunity Policy and the importance of maintaining a diverse and inclusive workplace.

Review and Update: This policy will be periodically reviewed to ensure its continued effectiveness and compliance with applicable laws and regulations. Any necessary updates will be made and communicated to all employees accordingly.

If you have any questions or concerns regarding this Equal Employment Opportunity Policy, please contact Kira Colon at kcolon@myriddian.com or at 321-326-5212.

By adhering to this policy, Myriddian LLC affirms its commitment to fostering a workplace that is diverse, inclusive, and free from discrimination, harassment, and retaliation.

Jason Myers
COO
Myriddian, LLC

State of Arkansas Department of Health
DH-23-0018 Certified Tumor Registry Operations & Quality Control
Addendum 1
Written Questions and answers

Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
1	Section 3.2, B.15	15. Provide facility feedback reports annually to all facilities with information about case ascertainment, data quality, missing/unknown data, and follow-up information;	What information is referred to as 'follow-up' information with the facilities? Are you referring to vital statistics or does Arkansas conduct annual follow-up on cases submitted to the ACR?	*Refers to annual follow-up cases submitted to ACCR.*
2	RFP, Section 1 – General Instructions and Information		When is the start date?	*An exact date cannot be provided. Should evaluation of responses result in issuance of a contract, as planned, the start date would be as soon as practical following completion of all reviews and approvals of the contract.*
3	1.2 Type of Contract		What is the anticipated start date for this contract?	*Refer to answer #2.*
4	3.2 C 2 Attend and represent the ACCR during meetings	2. Attend and represent the ACCR during meetings, including but not limited to, NPCR webinars, NCRA annual meeting, NAACCR annual conference, CDC-NPCR reverse site visit, ArCRA committee and association meetings, SEER-related meetings, ACCR Advisory Committee meetings, NCI education and training meetings and project-specific trainings and/or meetings. a. Travel-related events will be in-person unless otherwise specified by NCRA and NAACCR. b. Vendor shall be responsible for all travel costs to attend the events required within the scope of these services;	Can you please provide the expected in person event and frequency? Ex. NCRA once annually, NAACCR once annually, ArCRA once annually, etc.	*Only the annual NCRA and NAACCR are in-person.*
5	3.2 B 14-19		How many reporting facilities are there in Arkansas?	*Between 150 and 250*
6	3.2 C 3		Please provide details or requirements related to the required innovative project.	*Additional details do not exist. Refer to NPCR Program Standards.*
7			RFP states that the proposal needs to be submitted in hardcopy, is there an option to submit it electronically?	*No*
8			What is the Average number of XML &HL7 reports processed per year?	*Recent information: 2022 – 234,770, 2021 – 188,149, 2020 – 54,247, 2019 – 54,542, 2018 – 34,067*
9			How many full and or part-time staff currently support the project?	*Not relevent to this solicitation.*
10			Do you want us to submit an official bid price sheet for the base year and each option year separately?	*Submit a single Official Bid Price Sheet.*

COO
Myriddian LLC
7/26/2023