STChealth

TECHNICAL PROPOSAL

VENDOR NAME:	STChealth, LLC
BUYER:	Crystal Hustead
SOLICITATION NO:	CRFP-0506-MIS2700000001
BID OPENING DATE:	August 19, 2026
BID OPENING TIME:	1:30 PM ET

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Immunization Information System (IIS) RFP
RFP # CRFP-0506-MIS2700000001

Binder Contents:

1. Technical Proposal
2. Addendum - Acknowledgement
3. Attachment B – Baseline IIS Requirements (RTM)
4. Attachment C – Service Level Agreement
5. Addendums
   a. Federal Funds
   b. Exhibit B – Required Contract Provisions for Non-Federal Entity

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www.stchealth.com
(480) 745-8500
info@stchome.com

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411 S 1st St, Phoenix, AZ 85004, United States of America

Immunization Information System (IIS) RFP
RFP# CRFP-0506-MIS2700000001

TECHNICAL PROPOSAL

State of West Virginia
Department of Health, Bureau of Public Health
Office of Epidemiology and Prevention Services (OEPS)

Bid Delivery Address
Department of Administration, Purchasing Division
2019 Washington Street, East Charleston, WV 25305-0130

Crystal G. Hustead, Bid Clerk
(304) 558-2402, (304) 558-3970 fax
crystal.g.hustead@wv.gov

STChealth, LLC.
411 South 1st Street
Phoenix, Arizona 85004
480-745-8500 phone
602-598-7712 fax
www.stchealth.com

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411 S 1st St
Phoenix, AZ 85004

info@stchome.com
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(480) 745-8500

Executive Summary

STChealth is pleased to submit this proposal to continue our long-standing partnership with the West Virginia Bureau of Public Health in support of WVSIIS. As the State's IIS provider since 1999, STChealth brings deep knowledge of West Virginia's public health priorities, operational needs, and provider workflows.

The STC|ONE® IIS solution included in this proposal represents a defining milestone in the evolution of our platform, delivering the next generation of capabilities that our jurisdictional clients and the broader market have identified as essential to meeting current and future needs. This latest version of STC|ONE® reflects a fully realized modernization of the platform, bringing enhanced workflows, improved usability, and advanced technical architecture together into a cohesive, user-friendly experience.

West Virginia already operates on the STC|ONE® SaaS platform at scale. By continuing this partnership and leveraging the platform's latest evolution to the existing WVSIIS production environment, the State can achieve meaningful advancements in capability, function, and efficiency without the cost, risk, and disruption of a system replacement. Established integrations, workflows, and institutional knowledge are preserved, while WVSIIS users benefit from a significantly enhanced platform experience.

The sections that follow respond to each specification in Section 4 of the Request for Proposal. Where a capability operates in WVSIIS today, we identify it as verifiable evidence rather than assertion.

A modernized platform

The STC|ONE® solution proposed here reflects a fully modernized platform: enhanced workflows, a more intuitive user interface, improved system performance, and an API-first architecture built for integration and scale. Development follows a model of continuous discovery and iterative improvement. For West Virginia, the result is reduced administrative burden and more staff time for critical public health work.

Independently validated interoperability

Interoperability performance is verified independently. STChealth is fully validated across all five content areas of AIRA's Aggregate Analysis Reporting Tool (AART), and West Virginia achieved and maintained validation across all five areas in both 2025 and 2026. Nationally, STChealth supports 319 active IZ Gateway connections, including 276 bidirectional IIS-to-IIS connections, and our ImmsLink® health data network supports more than 36,000 bidirectional connections across 80,000+ provider locations.

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Direct support for West Virginia's enterprise data objectives

The solution provides secure, governed access to WVSIIS data for the State's Data Bridge and Master Patient Index initiatives, as well as cross-program analytics. Integration services support enterprise data warehouses, data lakes, and downstream reporting under State-controlled access policies, addressing a stated West Virginia priority directly.

Measurable service delivery

Performance is governed by defined service levels, a transparent ticketing model, and consistent reporting. WVSIIS processes more than 20 million HL7 messages annually on infrastructure that handled 582 million messages across STChealth jurisdictions in 2025.

West Virginia-specific capability, proven in production

Certificate logic, exemption workflows, provider integrations, and State reporting are configured and operating in WVSIIS today. The School Nurse Module launched statewide in January 2026 with WVDOE roster data integrated, providing the workflow foundation for the Oral Health capability described in this response.

Selected competitively, not by default

STChealth has won six competitive procurements in the past five years. There were four new jurisdictions: South Dakota (awarded 2022, live 2023), Virginia (2024, live 2025), Michigan (2024, live 2026), and Maine (2025, scheduled to be live 2027). Two were re-procurements in which existing clients tested the market and selected STChealth again: Indiana (2025, five-year term through 2030) and Wyoming (2026, five-year term through 2031). Three of the four new jurisdictions are live today, evidence that implementation capability is current rather than historical. STChealth operates 16 IIS in production and is under contract for a seventeenth.

Delivery without re-implementation

Because WVSIIS operates on the STC|ONE® SaaS platform, the State reaches the modernized platform as an upgrade to its current production environment. Many established elements carry forward, lowering cost and schedule risk.

This proposal provides the State with

- **A modernized STC|ONE® platform** with enhanced workflows, improved usability, and an API-first architecture
- **Independently validated interoperability**, with AART certification across all five content areas in 2025 and 2026
- **Direct support for the WV Data Bridge,** MPI initiatives, and cross-program analytics
- **Defined service levels** with transparent ticketing and measurable performance accountability
- **Continued statewide operation** with a modernized experience delivered as an upgrade

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(480) 745-8500

STChealth looks forward to continuing its partnership with West Virginia to support a high-performing, reliable, and future-ready immunization information system.

Contract Assumptions or Exceptions

In accordance with Section 2.22 of the RFP, STChealth has carefully reviewed the General Terms and Conditions and Addendums included in this RFP. Our proposal is a Software-as-a-Service-based (SaaS) offering and has been developed with the understanding that the final contract will be based on substantially the same terms and conditions as provided in the RFP, except for clauses pertaining to software licensing, maintenance services, and any Contractor-owned patented or copyrighted products used to meet RFP requirements.

STChealth respectfully identifies some technical assumptions and/or exceptions to the State of West Virginia's contract clauses below that we are requesting to edit to align with a SaaS based IIS System, as well as any clarifications necessary for our proposed approach to be evaluated for contract review and/or negotiations.

Section #	Document Name	Recommended Text
11. Liquidated Damages	General Terms & Conditions	**Comment:** Specified Liquidated Damages are unclear. Vendor agrees with liquidated damages subject to mutually agreed upon and acceptable contract.
12. Acceptance	General Terms & Conditions	**Comment:** All costs and charges submitted are representative of Vendor's offering based on known requirements of this procurement. Final acceptance is subject to mutually agreed upon and acceptable contract.
20. Time	General Terms & Conditions	**Comment:** Parties will meet agreed upon timelines specified in the contract.
28. Warranty	General Terms & Conditions	**Comment:** With regard to 28(b), as a SaaS provider, STChealth warrants that our solution conforms to the specifications and requirements of this procurement, as outlined in our proposal.
36. Indemnification	General Terms & Conditions	**Comment:** Vendor notes an exception to this section for the purpose of future discussion regarding negotiation of mutually agreeable limitations of liability and indemnity.
Attachment C: Service Level Agreements (SLAs)	RFP	**Comment:** STChealth acknowledges the SLA included in this procurement. We have provided a copy of our standard SLA which is in place with a number of our jurisdictions and reflects high-quality performance. We seek to discuss this section during negotiation.

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Phoenix, AZ 85004

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(480) 745-8500

Section #	Document Name	Recommended Text
Software as a Service Addendum	RFP	**Comment:** STChealth acknowledges the SaaS Addendum and would work with the Agency to finalize it with subscription / authorized-use language provisions applicable to the STChealth solution.

4.1 BACKGROUND AND EXPERIENCE

4.1 EXCEEDS

The following goals and objectives are derived from the CDC's IIS Functional Standards and related guidance documents. While not mandatory for contract award, these capabilities reflect nationally recognized best practices and support long- term compliance, interoperability, and public health impact. The Vendor should address these items to demonstrate alignment with CDC goals and readiness for future federal initiatives.

STChealth is a Vaccine Intelligence™ company headquartered in Phoenix, Arizona, with almost four decades of experience delivering immunization information systems for public health agencies. Since 1988, STChealth has been focused on advancing immunization programs through technology, data exchange, and analytics. STChealth is a recognized leader in IIS solutions, currently supporting 16 jurisdictions across the United States and internationally through STC|ONE®, a secure, SaaS-based platform designed to meet CDC IIS Functional Standards and support high-volume, statewide immunization operations. A 17th jurisdiction is under contract and scheduled to deploy in 2027.

West Virginia has partnered with STChealth since 1999, representing 27 years of continuous collaboration on the state's immunization information system, powered today by the STC|ONE® IIS platform. This proposal advances WVSIIS to the modernized STC|ONE® architecture: enhanced functionality, streamlined workflows, improved performance, and a more intuitive user experience, delivered as an upgrade to the platform West Virginia already relies on. Enhanced interoperability, streamlined data exchange, and improved connectivity will reduce administrative burden and let immunization program staff and provider organizations spend less time on manual data management and more time on critical public health work.

STChealth's experience supporting West Virginia is backed by decades of success operating some of the nation's most established and trusted Immunization Information Systems. With client partnerships spanning more than three decades, including our longest-standing relationship dating to 1994, STChealth delivers proven, large-scale solutions that support millions of patients, providers, and public health partners nationwide. In 2025, STC|ONE® processed over 582 million HL7 messages across 16 jurisdictions. West Virginia alone processed more than 20 million HL7 messages during the same period, leveraging the same enterprise-grade infrastructure that reliably supports hundreds of millions of transactions annually. This scale demonstrates STChealth's

411 S 1st St
Phoenix, AZ 85004
info@stchome.com
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(480) 745-8500

ability to provide WV with a stable, mature platform capable of meeting both current operational needs and future public health priorities.

STChealth is part of the Harris Operating Group of Constellation Software Inc., providing the financial stability and operational continuity public-sector partners require, and supporting continued long-term investment in the platform.

WVSIIS BY THE NUMBERS

3,015,611
PATIENT RECORDS

33,762,839
IMMUNIZATION EVENTS

1,042
ORGANIZATIONS

14,837
IIS END USERS

STChealth: Statement of Technical Areas of Expertise

STChealth delivers immunization information system capabilities across interoperability, data management, analytics, and program operations, all within production-proven, highly compliant environments.

411 S 1st St
Phoenix, AZ 85004

info@stchome.com
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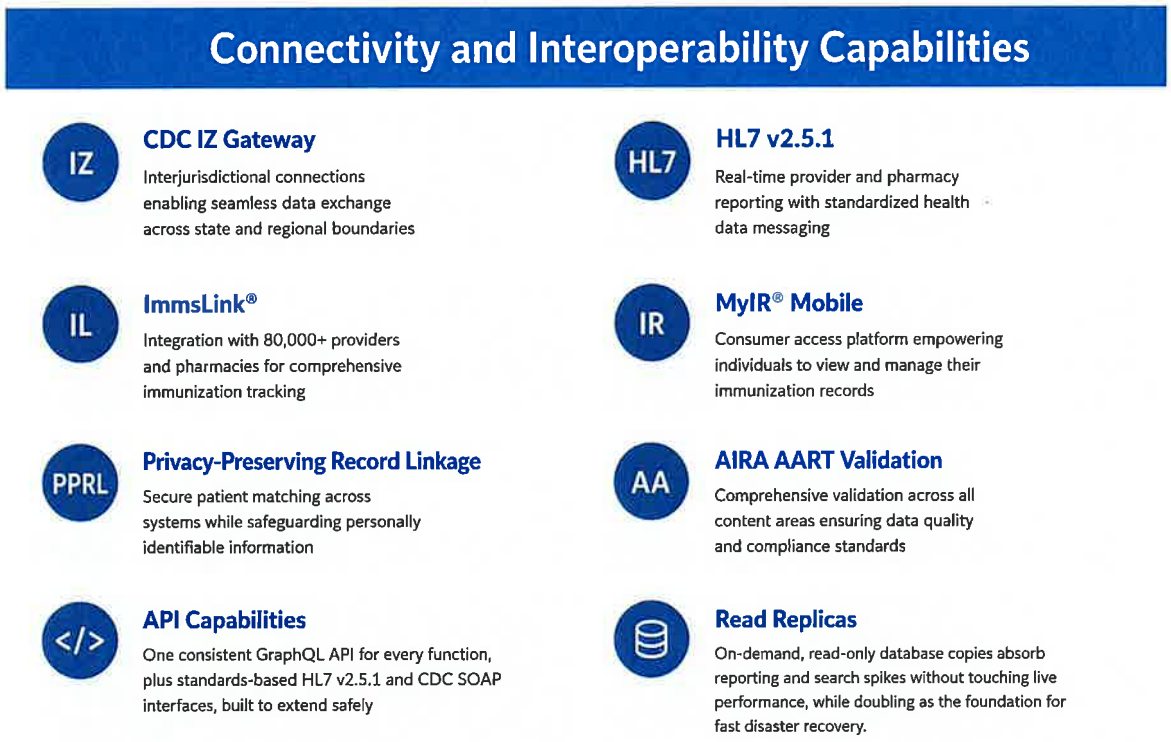
(480) 745-8500

Interoperability, Connectivity, and Data Exchange



Interoperability is a foundational capability of STC|ONE® and a defining strength of STChealth's nationwide IIS portfolio. STChealth connects public health agencies, providers, pharmacies, schools, federal partners, and consumers through secure, standards-based data exchange, one of the largest such networks in the country.

As of July 2026, STChealth supports 319 active IZ Gateway connections, including 276 active bi-directional IIS-to-IIS connections enabling secure interstate data exchange. This network continues to expand through CDC IZ Gateway initiatives and partnerships including Mayo Clinic, DaVita Physician Solutions, Fresenius, the Veterans Health Administration (VHA), and the Electronic Disease Notification (EDN) network.

On the private-sector side, ImmsLink® supports more than 36,000 bidirectional health data network connections across 80,000+ provider locations nationwide, pharmacies, schools, and EHR-integrated provider organizations, enabling real-time immunization reporting, patient history retrieval, and clinical forecasting.

MyIR® Mobile extends direct consumer access to immunization records, with more than 2.25 million individuals successfully connected. Adoption by neighboring Virginia and Maryland

411 S 1st St
Phoenix, AZ 85004
info@stchome.com
www.stchealth.com
(480) 745-8500
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positions West Virginia to participate in a familiar regional ecosystem that supports convenient, consistent access to vaccination records.

To support national reporting requirements, STChealth also provides API-based integrations and Privacy-Preserving Record Linkage (PPRL) for secure data matching, and routinely delivers data to the CDC across influenza, RSV, COVID-19, and routine immunization reporting.

STChealth is actively developing support for the two FHIR R4 resources central to immunization data exchange. The FHIR Immunization resource represents vaccine administration events and maps to the core vaccination record data that WVSIIS captures and exchanges today via HL7 v2.5.1 VXU messaging. The FHIR Immunization Recommendation resource conveys patient-specific immunization forecasting and recommends next doses, drawing on the CDSi-aligned clinical decision support engine already operational within WVSIIS. Both resources will be implemented in alignment with FHIR R4 specifications to ensure interoperability with national standards and compatibility with IIS partner systems as they adopt FHIR-based exchange.

STChealth's participation in AIRA FHIR workgroups and FHIR Bulk Query initiatives, including work on FHIR-based IIS use cases with national partners, informs our implementation approach and ensures alignment with the direction the public health community is moving.

STChealth validates this interoperability performance through the American Immunization Registry Association's (AIRA) Aggregate Analysis Reporting Tool (AART), an independent test of IIS functionality against community-driven measures aligned to CDC IIS Functional Standards. Since 2025, STChealth has been fully validated across all five AART content areas: Transport, Submission & Acknowledgement, Query & Response, Data Quality, and Clinical Decision Support. Through STChealth's consulting, configuration guidance, and structured training, West Virginia itself achieved and maintained validation across all five content areas in both 2025 and 2026, a direct measure of the partnership translating into operational results, not just technology delivery.

WV Data Bridge and Data Access Support

STChealth supports West Virginia's enterprise data-sharing and analytics objectives through secure, governed access to WVSIIS data for integration with the State's Data Bridge, reporting platforms, and downstream analytics environments. STChealth understands that West Virginia utilizes a centralized Data Bridge architecture to support public health reporting, data integration, and cross-program analytics across multiple public health systems. The STC|ONE® platform provides the capabilities necessary to support these data-sharing requirements while preserving security, performance, and operational continuity.

Architecture and Data Access Model

STC|ONE® provides secure, controlled access to immunization data through modern integration services designed to support enterprise data warehouses, data lakes, and analytics platforms. Data exchange capabilities are available for authorized State systems requiring access to WVSIIS data for reporting, interoperability, and public health operations. This architecture enables West

411 S 1st St
Phoenix, AZ 85004

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Virginia to continue leveraging its existing Data Bridge investments and established reporting ecosystem without requiring changes to day-to-day WVSIIS operations.

The platform is designed to support production-safe data access patterns that separate reporting and analytics activities from operational IIS workflows, helping ensure ongoing system stability while supporting enterprise data consumption requirements. Similar architectural approaches have been used to support external analytics and integration environments across other jurisdictions.

Data Scope

STChealth supports sharing of authorized WVSIIS data necessary to support public health reporting, business intelligence, interoperability, and population health initiatives. Available data domains include patient demographic information, immunization records, vaccination events, provider data, inventory-related information, and other approved IIS datasets required for authorized State use cases. Data access is governed through established customer-specific authorization and data-governance processes to ensure information is shared appropriately and in accordance with State requirements.

Refresh Cadence and Data Availability

The platform supports configurable data synchronization and delivery mechanisms that accommodate a variety of operational and analytical use cases. Data exchange and refresh requirements are aligned with customer business needs and documented through standard operational procedures. STChealth works closely with customer technical teams to ensure data availability supports required reporting timeliness while maintaining reliability and production performance.

Access Controls and Security

All access to WVSIIS data is protected through role-based security controls, authentication requirements, authorization management processes, and audit logging capabilities. Access is provisioned only for approved users, systems, and integration endpoints and is managed in accordance with established governance and security procedures. STChealth supports customer-specific access models that allow data availability to be aligned with programmatic responsibilities and approved data-sharing agreements.

Data is protected through industry-standard encryption controls for both data at rest and data in transit. Secure connectivity mechanisms, controlled authentication methods, and continuous monitoring practices help ensure the confidentiality, integrity, and availability of information shared between WVSIIS and authorized downstream systems.

Monitoring and Operational Ownership

STChealth maintains responsibility for the operation, monitoring, and support of platform-based data-sharing services. Operations teams continuously monitor infrastructure performance, connectivity, processing health, storage utilization, and overall platform availability through

411 S 1st St
Phoenix, AZ 85004

info@stchome.com
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automated monitoring and alerting capabilities. Any issues affecting data exchange services are managed through STChealth's standard support, incident management, and escalation processes.

Documentation describing architecture, access protocols, operational procedures, and data-delivery expectations is maintained as part of STChealth's ongoing customer support model and made available to authorized West Virginia stakeholders.

Operational Continuity

Because West Virginia already operates WVSIIS on the STC|ONE® platform, STChealth provides a uniquely low-risk approach to supporting the State's data-sharing and analytics objectives. West Virginia can continue leveraging existing WVSIIS operations, established workflows, and Data Bridge investments while utilizing platform-supported data access capabilities for enterprise reporting and analytics. This approach avoids the disruption, migration effort, and operational risk associated with replacing the IIS platform while continuing to support West Virginia's evolving data integration and public health analytics needs.

Data Quality, Compliance, and Public Health Performance

STChealth has decades of experience operating large-scale IIS environments in partnership with the CDC and state immunization programs, built to ensure accurate data capture, validation, and reporting at high volume while meeting federal, state, and industry requirements. During the COVID-19 pandemic, STChealth scaled deduplication, data matching, and quality-assurance capabilities under real-world surge conditions, the same capabilities running in WVSIIS today, supporting the state's data integrity and compliance.

Operational Stability and Incumbent Advantage

STC is currently supporting all aspects of WVSIIS, including provider workflows, school and compliance processes, data quality, and statewide public health response. Should West Virginia choose to continue with STChealth, the state gains all the benefits of a fully modernized platform without the challenges and risks associated with a full system and vendor replacement.

The platform is designed for ongoing evolution, supported by established governance and continuous improvement practices. STChealth ships modular enhancements through production-tested releases rather than proposing new development to meet requirements, so West Virginia gets ongoing improvements in interoperability, analytics, data quality, and national reporting without the instability of a ground-up rebuild. The result: West Virginia gets the benefits of modernization on the timeline of an upgrade, not a replacement, while keeping the reliability and institutional knowledge that have supported the program for decades.

Analytics, Reporting, and Program Value

WVSIIS already gives the state integrated reporting and dashboards for program oversight and operational decision-making, the same tooling behind the AART data-quality validation and HL7 volume monitoring described above. The modernized STC|ONE® extends this further with more

411 S 1st St
Phoenix, AZ 85004

info@stchome.com
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(480) 745-8500

flexible, scalable reporting tools built to support program and department-level needs as they evolve.

Modernized STC|ONE® also adds robust API-based integration for secure, scalable data exchange across the West Virginia Department of Health ecosystem, giving WVDH a flexible framework to connect STC|ONE® to current and future analytics platforms, public health systems, healthcare partners, and other approved entities — directly supporting the department's broader data integration and data lake objectives. As new partnerships, programs, and data-sharing initiatives emerge, this architecture is built to expand with them.

Previous Contractual Experience

STChealth's IIS partnerships span three decades, spanning 16 active jurisdictions with performance histories ranging from one to 32 years. West Virginia's own relationship with STChealth, now 27 years, sits well within this pattern of sustained, long-term IIS delivery.

Project – Client	Period of Performance	Synopsis of Work
Arizona State IIS (ASIIS) – Arizona Dept. of Health Services	1994 – present	IIS assessment, deployment, modules; training; interoperability; reports, maintenance, support.
CDC Contract supporting the West Virginia IIS	1999 – present	IIS deployment; data migration; modules; training; reports, maintenance, support, configuration, and modifications.
CDC Contract supporting the Louisiana IIS (LINKS)	2000–present	IIS modules for VOMS, PHC-Hub, HepB Perinatal Hepatitis B; training; interoperability; reports, maintenance, support.
Wyoming Immunization Registry (WyIR) – WY Dept. of Health	2001 – present	IIS deployment; migration; modules; training; reports, maintenance, support.
Indiana IIS (CHIRP) – Indiana Department of Health	2003 – present	IIS deployment; data migration; VOMS modules; training; interoperability; reports, maintenance, support.
Washington State IIS (WAIIS) – WA State Dept. of Health	2004 – present	IIS deployment; migration; modules; training; reports, maintenance, support, interoperability.
Alaska IIS (VacTrAK) – Alaska Dept. of Health & Social Services	2009 – present	IIS deployment; migration; modules; training; interoperability; reports, maintenance, support.
Mississippi IIS (MIIX) – Mississippi State Dept. of Health	2009 – present	IIS deployment; migration; modules; training; interoperability; reports, maintenance, support.
Montana IIS (imMTrax) – MT Dept. of Public Health & Human Svcs	2011 – present	IIS deployment; migration; modules; training; interoperability; reports, maintenance, support.

411 S 1st St
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info@stchome.com
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(480) 745-8500

Project – Client	Period of Performance	Synopsis of Work
Tennessee IIS (TennIIS) – Tennessee Department of Health	2014 – present	IIS deployment; data migration; modules; training; reports, maintenance, support, configuration and modifications.
CDC Contract supporting the State of Ohio IIS	2015 – present	IIS deployment; data migration; VOMS modules; training; interoperability; reports, maintenance, support.
CDC Contract supporting the Puerto Rico IIS	2021 – present	IIS deployment; data migration; modules; training; reports, maintenance, support, configuration, and modifications.
District of Columbia IIS (DOCIIS) – DC Dept. of Health	2021 – present	IIS deployment; data migration; modules; training; reports, maintenance, support, configuration and modifications.
South Dakota IIS (SDIIS) – South Dakota Dept. of Health	2022 – present	IIS deployment; migration; modules; training; interoperability; reports, maintenance, support.
Virginia IIS (VIIS) – Virginia Department of Health	2024 – present	IIS deployment; data migration; modules; training; interoperability; reports, maintenance, support.
Michigan IIS (MCIR) – Michigan Dept. of Health & Human Svcs	2025 – present	IIS deployment; data migration; modules; training; interoperability; reports, maintenance, support.

Custom WVSIIS Functionality

Medical Exemption Management

Medical exemption is natively supported within WVSIIS today, following a provider-request/State-Approver review workflow. STChealth provides medical exemption management within STC|ONE® as an established, supported functionality in production. This covers the secure recording, management, and visibility of medical immunization exemptions as part of routine IIS operations.

Certificates of Immunization and Compliance Logic

WVSIIS runs West Virginia–specific Certificate of Immunization functionality today, including the Green Certificate and Provisional (Yellow) Certificate. Both are generated from State-configured compliance logic aligned to West Virginia statute and CDC-endorsed CDSi standards, evaluating required doses, timing, spacing, and age appropriateness through rules that are production-tested and currently in use statewide. Temporary and permanent medical exemptions are built into the same workflow, recorded directly in the immunization record and factored into certificate generation and compliance determinations for providers, schools, and public health users.

This is exactly the kind of state-specific logic a platform replacement would put at risk: certificate rules, dose-evaluation logic, and exemption handling would all need to be rebuilt, revalidated against West Virginia statute, and retested with providers and schools before compliance determinations could be trusted again. Staying on STC|ONE® preserves this logic as it stands

411 S 1st St
Phoenix, AZ 85004
info@stchome.com
www.stchealth.com
(480) 745-8500
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today, along with the historical certificate determinations already on record and the continuity of school-entry verification, with no need to retest or reapprove compliance workflows already aligned to State policy.

RFP CERTIFICATION STATEMENT

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

STChealth, LLC
(Company)

(Signature of Authorized Representative)
Azure Spanier, Executive Vice President
(Representative Name, Title)
(480) 745-8500 / (602) 598-7712 fax
(Contact Phone/Fax Number)
August 14, 2026
(Date)

411 S 1st St
Phoenix, AZ 85004

info@stchome.com
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www.stchealth.com
(480) 745-8500

DESIGNATED CONTACT

Vendor appoints the individuals identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title)	David Mora, Director of Contracts
(Address)	411 S. 1st Street, Phoenix, AZ 85004
(Phone Number) / (Fax Number)	(480) 745-8552 / (602) 598-7712 fax
(Email Address)	rfpinfo@stchome.com

CERTIFICATION AND SIGNATURE

By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

STChealth, LLC
(Company)

Azure Spanier
(Signature of Authorized Representative)
Azure Spanier, Executive Vice President
(Printed Name and Title of Authorized Representative) (Date)
(480) 745-8500 / (602) 598-7712 fax
(Phone Number) (Fax Number)
azure_spanier@stchome.com
(Email Address)

TECHNICAL PROPOSAL

Section	Status
4.1	EXCEEDS
4.2	EXCEEDS
4.2.1	EXCEEDS
4.2.2	EXCEEDS
4.2.3	MEETS
4.3	EXCEEDS
4.3.1	EXCEEDS
4.3.2	EXCEEDS

4.2 PROJECT GOALS & MANDATORY REQUIREMENTS

4.2. EXCEEDS

The agency desires an Immunization Information System (IIS) to securely collect, store, and manage vaccination records within its jurisdiction. The goal is to improve immunization tracking, enhance vaccination coverage, and support data-driven public health decision-making. Vendor should describe its approach and methodology to providing the service or solving the problem described by meeting the goals/objectives identified below. Vendor's response should include any information about how the proposed approach is superior or inferior to other possible approaches.

STChealth Meets State of West Virginia Requirements

The STC|ONE® platform is a cloud-based, fully operational solution that currently provides the required system functionality outlined in this RFP. The system meets CDC IIS Functional Standards and supports West Virginia's operational, reporting, and public health program needs.

The requirements of this RFP establish a framework for continued operational performance, accountability, and alignment with State and federal expectations. STChealth will continue to meet these requirements via the STC|ONE® platform through structured governance, defined service delivery, and ongoing system improvements.

STChealth maintains continuous alignment with CDC and ASTP/ONC standards and actively participates in relevant federal and industry initiatives. As requirements evolve, STChealth will work with the West Virginia Department of Health (WVDH) to address updates through defined scope, timelines, and governance processes.

STChealth will continue to provide both Production and Test environments to support system stability, validation activities, and controlled deployment of enhancements. This approach ensures that all updates are validated prior to release into the production environment.

411 S 1st St
Phoenix, AZ 85004
info@stchome.com
www.stchealth.com
(480) 745-8500

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Operational Continuity and Delivery Model

WVSIIS is already operating on STChealth's SaaS IIS platform. As the incumbent IIS provider, a decision for STChealth would mean that the State will continue to receive system enhancements, performance improvements, and regulatory updates within this existing environment through governed releases and modular capability enhancements.

This approach provides the structure, accountability, visibility and advancement mandated by the RFP while eliminating the operational disruption and potential risk associated with a transition to a new vendor's system.

The State will receive:

- Continued operation on the STC|ONE® platform
- Structured governance and defined delivery processes
- Alignment to CDC and federal requirements
- Ongoing enhancements without service disruption

4.2.1 CDC-BASED GOALS AND OBJECTIVES

These goals and objectives are derived from the CDC's IIS Functional Standards and related guidance. While not mandatory for contract award, STChealth addresses each item below to demonstrate alignment with CDC goals and readiness for future federal initiatives.

4.2.1 EXCEEDS

Compliance Confirmation – Overall

STC|ONE® is a purpose-built, production IIS that meets and maintains all applicable CDC IIS Functional Standards, ASTP/ONC guidance, and relevant federal frameworks. Because WVSIIS is already operational on this platform, the State benefits from continuous compliance and no onboarding risk. The subsections below map STChealth's response to each CDC Functional Standard goal (A through I) as reflected in the RFP's numbering.

4.2.1.1 EXCEEDS

Establish and maintain a secure, confidential Immunization Information System.

STC|ONE® is built on a layered security architecture addressing physical, technical, and administrative safeguards across the infrastructure, application, and data layers, with comprehensive audit logging, authentication hardening, and session management throughout.

4.2.1.1.1 EXCEEDS

The IIS is physically and digitally secured in accordance with policies and industry standards for protected health information, security, and encryption.

WVSIIS will be hosted within a FedRAMP High-authorized, U.S.-based cloud environment, with encryption in transit (TLS 1.2+) and at rest, network segmentation, intrusion detection, and continuous security monitoring.

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WVSIIS exceeds baseline security requirements: the hosting environment maintains SOC 2 Type II audit attestation and aligns with NIST SP 800-53 controls, protected health information is safeguarded consistent with the HIPAA Security Rule, encryption uses FIPS 140-2/140-3-validated cryptographic modules with TLS 1.2 and 1.3 implemented per NIST SP 800-52, and access is enforced through multi-factor authentication and role-based access controls. STChealth performs annual independent third-party penetration testing (Section 4.2.3.12) and validates its incident response plan through annual tabletop exercises, consistent with NIST SP 800-61 (Section 4.2.3.12).

4.2.1.1.1.1 **MEETS**

The IIS establishes, documents, and updates policies and procedures to manage the collective functions, capabilities, and attributes of an IIS.

STChealth operates within a documented policy framework covering data handling, access control, incident response, breach notification, and system governance, reviewed on a defined schedule and updated as regulatory requirements or operational circumstances change. WVDH receives access to applicable policy documentation to support State audit and oversight activities. The Incident Response policy and plan are aligned with NIST SP 800-61 and are updated within six months of relevant NIST revisions or federal mandates (Section 4.2.3.12), and breach-notification procedures follow OMIS OP-30 (Attachment G, Section 4.2.3.11.3).

4.2.1.1.1.2 **MEETS**

The IIS establishes and maintains the technical infrastructure to securely capture, store, and process patient demographic and vaccination data consistent with established policies and procedures.

Authentication is managed through OIDC integration with jurisdiction- and organization-scoped JWT claims enforced via row-level scope filters; more than 80 granular permissions are organized across 13 functional categories, allowing WVDH to define precise access boundaries for every user class without granting unnecessary privileges. All patient demographic and vaccination data is captured, stored, and processed exclusively within U.S.-based data centers (Section 4.2.3.5) and is encrypted in transit and at rest, with a comprehensive audit log capturing more than 30 event types—including before/after diffs on UPDATE events—retained to support the Agency's required 6-year audit period (Section 4.2.3.11.2).

4.2.1.1.1.3 **MEETS**

The IIS provides ongoing training to ensure awareness of and to promote adherence to policies and procedures.

STChealth provides role-appropriate security and privacy training to all personnel with WVSIIS access, and maintains end-user training on data access, patient privacy obligations, and system-use requirements in the STC|ONE® Documentation

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Center and Client Hub, accessible around the clock. Personnel with WVSIIS access complete a configurable HIPAA confidentiality-agreement acceptance workflow prior to being granted access, and STChealth provides annual and on-demand refresher training aligned to new features, version upgrades, and evolving federal or jurisdictional standards (Section 4.2.3.10.3.2), consistent with the vendor personnel background-check requirements of OMIS Policy #0529 (Attachment D).

4.2.1.1.2 **MEETS**

The IIS is physically and digitally secured in accordance with industry standards for disaster avoidance, mitigation, and recovery.

The STC|ONE® hosting environment is architected for high availability with redundant application servers, replicated database clusters, and geographically distributed backup infrastructure, with automated failover and continuous health monitoring. These safeguards are governed by a documented Business Continuity and Disaster Recovery Plan maintained in alignment with NIST SP 800-34 (Section 4.2.3.5.1), with recovery time and recovery point objectives defined in the SLA and all backup, failover, and recovery operations occurring exclusively within U.S.-based infrastructure.

4.2.1.1.2.1 **MEETS**

The IIS establishes and maintains the infrastructure needed for disaster avoidance.

Capacity is monitored and scaled to accommodate peak loads including back-to-school campaigns, VFC ordering cycles, and public health emergency activations, minimizing service interruption risk from component failure, network disruption, or physical events. This capacity planning will operate within the FedRAMP High-authorized hosting environment's redundant application servers and replicated database clusters, with continuous health monitoring and intrusion detection reducing the likelihood that a disaster condition develops in the first place.

4.2.1.1.2.2 **MEETS**

The IIS establishes and tests recovery plans to mitigate system downtime.

STChealth maintains documented recovery plans for WVSIIS validated through scheduled test exercises, with recovery time and recovery point objectives defined

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Phoenix, AZ 85004
info@stchome.com
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within the SLA and reported to WVDH; see STChealth's Business Continuity and Disaster Recovery Plan, attached to this proposal, and Section 4.2.3.5.1 below. STChealth conducts annual BCP/DR testing—through tabletop or live failover exercises—and provides WVDH a summary report of results, corrective actions, and remediation timelines within 30 calendar days of test completion, together with an annual certification that BCP/DR plans remain current, tested, and compliant (Sections 4.2.3.5.1.3–4.2.3.5.1.6).

4.2.1.1.2.3 **MEETS**

The IIS defines service expectations between the program and the entities providing information technology support to ensure system availability and uninterrupted data flows.

The STC|ONE® Service Level Agreement (attached) defines measurable commitments for system uptime, ticket response and resolution by priority tier, maintenance-window notification, and escalation protocols.

4.2.1.1.3 **MEETS**

The IIS defines service expectation between the program and the entities providing information technology support to ensure system availability and uninterrupted data flows.

4.2.1.1.3.1 **MEETS**

The IIS implements service-level agreements between the program and the entities providing information technology and support.

WVDH receives defined service-level reporting, ticket transparency through the client portal, and measurable performance oversight aligned to contract requirements, as detailed in the attached SLA and in Section 4.2.3.3.

4.2.1.1.3.2 **MEETS**

The IIS implements and maintains the infrastructure to fulfill service-level agreements.

STChealth's help desk operations adhere to SLA tiers for responsiveness and transparency, including 24/7 incident response for critical production issues, ensuring timely support during peak demand periods such as back-to-school season and immunization campaign surges.

4.2.1.2. **MEETS**

Continuously Improve IIS Data Quality

STC|ONE® addresses this goal through a multi-layered approach combining automated deduplication, ML-assisted match evaluation, electronic address validation, structured provider feedback, and compliance with federal and jurisdictional data quality metrics.

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4.2.1.2.1 MEETS

The IIS validates patient demographic and vaccination data.

4.2.1.2.1.1 MEETS

The IIS supports the identification, prevention, and resolution of duplicate and fragmented patient demographic and vaccination data in accordance with policies and procedures.

STC|ONE® implements a multi-stage patient deduplication engine across all ingestion paths: search logic prevents creation of duplicate records at data entry, incoming HL7/batch records are automatically resolved for exact matches with near-matches routed to a managed review queue, and nightly scans identify and merge exact-match duplicates. An ML-assisted Semantic Deduplication Decision (SDD) client returns a confidence score and recommended disposition (MERGE, NEW, or SKIP), surfacing ambiguous pairs traditional matching might miss. Field-level survivor selection, merge reversal with full audit trail, and configurable matching thresholds give WVDH administrators direct control over match sensitivity for West Virginia's population.

4.2.1.2.1.2 MEETS

The IIS monitors data quality within the IIS in accordance with policies and procedures.

Import Profiles validate each incoming HL7 or CSV submission against provider-specific configuration, classifying data elements as warning or error. The interoperability dashboard provides key data insights into the message's data quality, and STChealth's client success team reviews these indicators with WVDH on a defined cadence.

4.2.1.2.1.3 MEETS

The IIS uses electronic tools to standardize and/or validate addresses in the IIS.

STC|ONE® integrates with SmartyStreets for electronic address validation, operating both inline at the point of patient entry and via a scheduled jurisdiction-wide batch cleanse job, with validation status stored and surfaced in data quality reporting.

4.2.1.2.1.4 MEETS

The IIS delivers feedback and training to IIS partners and providers to ensure complete, timely, and accurate patient demographic and vaccination records.

The Interoperability Hub dashboard surfaces provider-level trends in HL7 submission volume, error/warning patterns, timeliness, and completeness directly within the application, paired with role-based onboarding and ongoing self-service resources.

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4.2.1.2.1.5 MEETS

The IIS meets federal and jurisdictional data quality metrics.

STC|ONE® supports compliance with CDC, State, and AIRA data quality metrics defined in the IIS Data Quality Blueprint, including NQF-endorsed indicators for completeness, timeliness, accuracy, and coverage, and STChealth works with WVDH throughout the contract period as expectations evolve.

4.2.1.3. EXCEEDS

Promote Electronic Data Exchange Between the IIS and Its Partners and Providers

STC|ONE® provides one of the most comprehensive data exchange environments in the IIS market, supporting multiple ingestion paths, CDC-endorsed messaging standards, structured partner onboarding, and a HEDIS assessment engine.

4.2.1.3.1 MEETS

Manage interfaces for exchange and integration of data electronically between the IIS and other information systems in accordance with federal and jurisdictional standards.

4.2.1.3.1.1 MEETS

The IIS exchanges data in accordance with current interoperability standards endorsed by CDC for message content, format, and transport.

STC|ONE® supports bidirectional HL7 messaging across REST, MLLP (port 2575), and SOAP/WSDL (CDC IIS specification) ingestion paths, HL7 versions 2.3.1, 2.4, and 2.5.1 (CDC-IZ-2.5.1 profile), VXU/QBP/RSP message types, and batch envelope processing, all meeting or exceeding 2014 ONC certification requirements. STChealth also participates in FHIR ecosystem workgroups and AIRA FHIR Bulk Query initiatives (see Section 4.2.2.8 for the FHIR roadmap).

4.2.1.3.1.2 EXCEEDS

The IIS actively recruits, enrolls, and onboards IIS partners and providers for electronic data exchange.

STC|ONE® supports a structured, end-to-end EHR partner onboarding workflow spanning pending → discovery → testing → validation → approved → live stages, plus a public enrollment wizard that allows new organizations to self-register without WVDH staff initiating the process. As of August 2026, STChealth supports 319 active IZ Gateway connections, including 276 active bi-directional IIS-to-IIS connections, and continues to expand interoperability through partnerships with organizations such as Mayo Clinic, DaVita Physician Solutions, Fresenius, the Veterans Health Administration (VHA), and the CDC's Electronic Disease Notification (EDN) network. These capabilities enable efficient onboarding while

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Phoenix, AZ 85004

info@stchome.com
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supporting secure, standards-based immunization data exchange across healthcare, public health, and federal partners.

4.2.1.3.1.3 MEETS

The IIS actively monitors and evaluates data submitted via electronic data exchange.

The STC|ONE® Interoperability Hub dashboard surfaces submission volumes, error rates, and timeliness metrics by provider and facility, with configurable alerts and an HL7 Parser Evaluation tool enabling jurisdictional staff to diagnose submission issues interactively.

4.2.1.3.1.4 MEETS

The IIS investigates and resolves electronic data exchange errors and anomalies with IIS partners and providers.

Every HL7 transaction generates a structured acknowledgment or rejection referencing the specific segment/field/component that triggered a validation failure, classified by CDC-standard severity; WVDH administrators can view provider error queues, and STChealth's client success and technical teams support resolution of persistent anomalies directly with provider IT teams as needed.

4.2.1.4. MEETS

Ensure the Delivery of Immunization Services Reflects Current ACIP Recommendations

STC|ONE®'s Clinical Decision Support (CDS) engine is CDSi-compliant and continuously maintained against CDC publications.

4.2.1.4.1 EXCEEDS

The IIS supports pediatric, adolescent, and adult immunization forecasts consistent with ACIP recommendations.

The CDS engine evaluates each patient's complete clinical history, including administered doses, contraindications, serology results, refusals, deferrals, and exemptions, applying ACIP guidelines for minimum and maximum age, dose spacing, vaccine-specific requirements, and age-appropriate catch-up schedules. In addition to supporting standard ACIP recommendations, STChealth has the flexibility to configure and maintain jurisdiction-specific immunization schedules and business rules, enabling states to address unique program requirements and policy considerations. This configurable approach allows the platform to adapt quickly to the evolving landscape of vaccine recommendations, ensuring clinical forecasting remains accurate, current, and aligned with both national guidance and state-specific needs.

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4.2.1.4.1.1 MEETS

The IIS establishes and maintains Clinical Decision Support functionality consistent with ACIP recommendations.

Forecast status (Current/Due/Past Due) is visually highlighted for rapid provider recognition, and jurisdictional administrators may override ACIP rules for specific vaccine groups and dose numbers to reflect West Virginia policy, including a separate School Nurse CDS configuration.

4.2.1.4.1.2 MEETS

The IIS establishes and maintains Clinical Decision Support functionality in alignment with CDSi resources published on the CDC website.

STC|ONE® schedules are updated upon each CDSi logic release; STChealth's clinical informatics team validates updated logic against CDC-provided test cases prior to production deployment. STChealth releases new forecasts for antigen changes within 30 days of an MMWR recommendation or published VFC Resolution and implements confirmed ACIP-guidance changes within 45 days of final confirmation.

4.2.1.5. MEETS

Ensure Appropriate User Access to Data

STC|ONE® provides a comprehensive, policy-driven access-control architecture ensuring every user has precisely the access needed for their role, and no more. This exceeds the baseline requirement by pairing jurisdiction-configurable role permissions with automated inactivity monitoring and consent-gated data access, reducing administrative burden while strengthening protection of individual privacy beyond standard role-based access control.

4.2.1.5.1 MEETS

The IIS ensures authorized users have access to patient demographic and vaccination data based on user roles and permissions.

Access is enforced through the role-based, jurisdiction-scoped permission model detailed in the subsections below – spanning confidentiality and consent controls, account management, technical role/permission attributes, policy-based provisioning, and account inactivation – so that every authorized user's access to demographic and vaccination data is scoped to their role and purpose.

4.2.1.5.1.1 MEETS

The IIS implements confidentiality policies that protect the privacy of individuals whose data is contained in the system.

Consent architecture supports three jurisdiction-configurable gate modes (none,

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Phoenix, AZ 85004
info@stchome.com
www.stchealth.com
(480) 745-8500
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banner_only, hard_block) plus opt-in/opt-out policies, with a configurable HIPAA confidentiality-agreement acceptance workflow gating module access at login; all consent-status transitions are logged in the audit trail.

4.2.1.5.1.2 MEETS

The IIS implements comprehensive account management policies consistent with industry security standards.

Provisioning, modification, and deactivation follow documented workflows requiring authorization at each step; password policy, MFA options, SSO integration, session timeout, and lockout thresholds are jurisdiction-configurable, with rate-limited login (10 attempts/15-minute window) and full audit logging of account actions.

4.2.1.5.1.3 EXCEEDS

The IIS supports technical attributes for the set up and access of user roles and permissions.

STC|ONE® supports a comprehensive Role-Based Access Control (RBAC) framework that enables jurisdictions to securely manage user access through configurable roles, permissions, and organizational scoping. User accounts can be assigned to custom roles tailored to the needs of specific programs, organizations, and users. Permissions are managed at the role level and can be further refined based on organizational and facility assignments, ensuring users only have access to the data and functionality required to perform their responsibilities.

STC|ONE® includes a built-in administrative roles for jurisdiction administrators, while also supporting the creation of custom roles with configurable permission sets. More than 80 granular permissions across multiple functional categories can be assigned, including patient management, immunization management, inventory operations, user administration, reporting, interoperability, and system configuration.

Authorized administrators can create, modify, deactivate, and manage user accounts directly within the User Administration module. The platform supports role assignment during onboarding, role changes throughout the user lifecycle, and the creation of custom roles designed to meet jurisdiction-specific operational requirements. New users are invited through a secure email-based onboarding process and can be assigned organization and facility-level access during account setup.

The system enforces access controls through organizational and jurisdictional data scoping, ensuring users can only view and interact with records within their authorized area of responsibility. User permissions govern visibility of system functions, data elements, and administrative capabilities, supporting the principle

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Phoenix, AZ 85004
info@stchome.com
www.stchealth.com
(480) 745-8500
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of least privilege while maintaining flexibility for diverse user communities, including state immunization programs, provider organizations, schools, childcare facilities, and other authorized partners.

This configurable security architecture enables West Virginia to implement and maintain user access policies that align with program, privacy, and operational requirements while providing administrators with the tools necessary to efficiently manage roles, permissions, and account access across the IIS.

4.2.1.5.1.4 MEETS

The IIS provides user access in accordance with policies and procedures.

New accounts require authorization from organizational or jurisdictional administrators before access is granted, with automated welcome-email activation and separately managed API tokens for programmatic access.

4.2.1.5.1.5 MEETS

The IIS supports authorized IIS partners' and providers' appropriate access to data in the IIS for public and population health purposes (e.g., childcare, schools, colleges, health plans, clinics).

School-specific roles (School Nurse, District Admin, Health Assistant) are scoped to the relevant student population within FERPA-informed boundaries; health plan staff access HEDIS workflows within WVDH-authorized scope. The same organization-scoped permission model described in Section 4.2.1.5.1.3 extends this pattern to any authorized partner type registered in the system – including childcare facilities, colleges, and clinics – so that each partner's access is limited to its own registered population and authorized public health purpose.

4.2.1.5.1.6 MEETS

The IIS provides training that covers accessing patient demographic and vaccination data.

Role-specific training materials, quick-start guides, and reference documentation are maintained in the Documentation Center and Client Hub, with new-user onboarding covering data access, patient search, and privacy obligations.

4.2.1.5.1.7 MEETS

The IIS identifies and inactivates user and site accounts when they are no longer active or no longer authorized to access the system.

An inactive-users search surfaces accounts exceeding a configurable inactivity threshold (14/30/60/90 days) with bulk inactivation support; inactivated accounts are immediately denied access but retain their audit trail. Inactivation extends beyond individual users to site-level accounts: State admin users can run

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Phoenix, AZ 85004

info@stchome.com
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parameter-based reports to inactivate accounts by organization or facility, and the three-level Provider Active/Inactive Status (PAIS) model, aligned with MIROW best practice BR302, tracks status and preserves inactive-reason history at the provider/organization, county, and jurisdiction levels.

4.2.1.5.2 MEETS

The IIS supports authorized public access to official immunization records.

4.2.1.5.2.1 EXCEEDS

The IIS provides consumers with direct access to immunization records in accordance with policies and procedures.

STC|ONE® Consumer Access (MyIR Mobile) provides West Virginia residents with secure, direct access to their official immunization records through a consumer-friendly web and mobile experience that aligns with WVDH policies and procedures governing record release and consumer access. Following identity authentication and verification, consumers may view, download, print, and securely share their official immunization records without assistance from State staff. MyIR Mobile supports access to records for individuals and authorized household members and provides a standardized PDF immunization certificate suitable for school enrollment, employment verification, childcare, travel, and other official purposes. Beyond record retrieval, MyIR Mobile empowers consumers with vaccine forecasting and engagement tools, including visibility into recommended and upcoming immunizations, and identification of immunization gaps in care. The application helps residents better understand their immunization status while reducing administrative burden on providers and the State.

The MyIR Admin Portal provides authorized WVDOH personnel with administrative oversight and control of the consumer access program. Through configurable administrative settings, the State may manage consent acknowledgements, consumer access policies, and the specific records and features available to authenticated users. Administrative tools support consumer account management, record matching and troubleshooting, user verification workflows, and program monitoring, enabling WVDH to efficiently administer consumer access while maintaining compliance with State privacy, security, and operational requirements.

Together, MyIR Mobile and the MyIR Admin Portal provide a comprehensive, policy-driven consumer access solution that delivers secure public access to official immunization records while giving WVDH the flexibility and control necessary to administer the program in accordance with West Virginia's requirement. Please note that STChealth recognizes that phone-number-based verification for MyIR® Mobile may not work well for all West Virginia residents and looks forward to

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partnering with the state on an alternative verification approach suited to its population.

4.2.1.6. MEETS

Support the Generation and Use of IIS Data Through Various Channels and Formats

STC|ONE® delivers a pre-built standard report library, an ad hoc query builder, certificate generation with compliance evaluation, school immunization compliance reporting, and tools such as an API to meet the additional requirements and needs of the WVDH.

4.2.1.6.1 MEETS

The IIS supports the reporting needs of federal and jurisdictional immunization programs.

4.2.1.6.1.1 MEETS

The IIS provides standard and ad-hoc reports to meet federal and jurisdictional reporting requirements.

The standard reports library includes Registry Statistics, Coverage/IQIP, Vaccine Administered, Aggregate Wastage, Data Quality, Inventory, VFC Compliance, Mass Vaccination, School Compliance, and Address Validation reports, in addition to the ad hoc query builder described below.

4.2.1.6.2 MEETS

The IIS supports ad-hoc queries of patient demographic and vaccination data.

4.2.1.6.2.1 MEETS

The IIS supports direct access for internal authorized users to IIS databases for data extracts and queries in accordance with policies and procedures.

An ad hoc query builder enables authorized WVDH users to construct, preview, save, and share named queries across all major data domains with AND/OR filter logic and aggregation functions, without requiring vendor involvement.

4.2.1.6.2.2 MEETS

The IIS supports access to data for data visualization, presentation, and analysis.

Query results export in all standard formats, and shared queries are available to other authorized users within the same jurisdiction scope for collaborative analysis; see also Section 4.2.2.5 (Read Replica / Data Bridge) for downstream analytics access.

4.2.1.6.3 MEETS

The IIS supports investigation and reporting of vaccine adverse events.

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4.2.1.6.3.1 MEETS

The IIS supports vaccine adverse event investigation.

STC|ONE® captures structured adverse-reaction data (reported date, severity, description, onset, outcome, VAERS-reported status/ID) at the immunization-event level, alongside a compromised-vaccine flag with coded reason, within the patient's complete longitudinal immunization history.

4.2.1.6.3.2 MEETS

The IIS refers users to appropriate resources to support adverse event documentation.

The VAERS ID field creates a persistent linkage between the IIS event and the VAERS submission, with reference links and training resources maintained in the Training Center.

4.2.1.6.4 MEETS

The IIS supports the ability to generate coverage reports that users can access without assistance from IIS staff.

4.2.1.6.4.1 MEETS

The IIS provides access to data to assess vaccination coverage and identify vulnerable populations.

CDSi forecasting operates continuously across the patient population, enabling real-time coverage-rate computation stratified by geography, age cohort, vaccine group, and provider through the Coverage Reporting and Provider Performance dashboards (see also Section 4.2.2.4).

4.2.1.6.4.2 MEETS

The IIS manages patient status at provider site and jurisdiction levels.

A three-level Provider Active/Inactive Status (PAIS) model aligned with MIROW best practices (BR302) tracks status at the provider/organization, county, and jurisdiction levels, with source and inactive-reason codes preserved for history.

4.2.1.6.4.3 MEETS

The IIS provides HS-related training on accessing, generating, and interpreting reports.

Training materials on report access, generation, and interpretation are maintained in the Training Center and Client Hub, with onboarding and jurisdiction-specific sessions available on request.

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4.2.1.6.4.4 MEETS

The IIS supports compliance with immunization requirements in childcare, school, and college settings.

Dedicated School Immunization Workflows provide a jurisdictional compliance rules engine evaluating dose count, age, and interval requirements per State-mandated vaccine, with support for exemptions, titer credit, grace periods, and provisional enrollment; the same infrastructure can be configured for college-entry requirements.

4.2.1.6.5 MEETS

The IIS supports reminder/recall activities.

4.2.1.6.5.1 MEETS

The IIS supports conducting reminder/recall activities without assistance from IIS staff.

A self-service recall criteria builder supports filters (age, DOB, gender, ZIP, county, vaccine code, last dose date, facility), a population preview before batch commitment, configurable per-channel notification templates (email/SMS/letter/phone), delivery tracking, and honored opt-outs, plus vaccine lot-specific recall lists for manufacturer recalls or VAERS follow-up.

4.2.1.7. MEETS

Support Federal and Jurisdictional Vaccine Program Requirements

STC|ONE® provides comprehensive lifecycle support for federal and State vaccine programs, VFC enrollment and provider agreement management, dose-level eligibility tracking, full-lifecycle inventory management, and automated CDC VTrckS integration, satisfying CDC Functional Standards 14.0, 15.0, and 16.0 in full.

4.2.1.7.1 MEETS

The IIS supports management and quality assurance functions for federal and jurisdictional vaccine programs.

4.2.1.7.1.1 MEETS

The IIS establishes vaccine program procedures in accordance with federal and jurisdictional policies.

STChealth works with WVDH during configuration to define workflows, order sets, funding-source tracking, eligibility rules, and reporting parameters consistent with VFC and State-purchased vaccine policies. Provider Agreement management covers the full lifecycle (not_started → draft → submitted → under_review → returned

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info@stchome.com
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→ approved → expired → terminated), with configurable attestation types (federal/State compliance, eligibility screening, vaccine management, storage/handling, record keeping, waste accountability, site-visit consent) per program and jurisdiction. Ordering eligibility is enforced at both the facility and user level, preventing facilities without a current agreement from placing orders.

4.2.1.7.1.2 MEETS

The IIS supports the tracking of eligibility at the dose level for publicly purchased vaccines.

Each vaccination event records funding source (VFC, State, private, military, IHS, Section 317, other) and eligibility category (VFC_eligible, VFC_underinsured, State_eligible, private_pay, uninsured) with an override-reason field, supporting VFC compliance assessment and program-level reconciliation.

4.2.1.7.1.3 MEETS

The IIS generates a report listing patients that received a non-viable vaccine.

A parameterized report identifies patients who received doses from a non-viable lot (by lot, date range, vaccine code, facility), driven by the compromised-vaccine status flag, with affected patients directly targetable through reminder/recall for follow-up.

4.2.1.7.1.4 MEETS

The IIS generates a report listing provider sites that received vaccine lots recalled by the manufacturer.

The Recall Management module supports Class I/II/III recalls; entering a recall (lot numbers, NDC codes, class, reason, effective date) automatically flags affected inventory across all facilities and produces a provider-site report plus a PHI-gated affected-patient export.

4.2.1.7.2 MEETS

The IIS supports vaccine inventory management and reconciliation according to federal and jurisdictional vaccine program requirements.

4.2.1.7.2.1 MEETS

The IIS supports vaccine inventory management, tracking, and reconciliation at the IIS jurisdiction and provider site levels.

The Vaccine Order and Management System (VOMS) provides full-lifecycle inventory management with lot-level tracking (NDC, manufacturer, funding source, quantity, expiration, storage unit, temperature range, VFC status), structured reconciliation sessions with adjustment reasons, and complete lot transaction

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history across receipt, administration, wastage, return, transfer, adjustment, and reconciliation events.

4.2.1.7.2.2 MEETS

The IIS supports creating vaccine orders and monitoring order status.

A multi-step order wizard with data-driven quantity recommendations, reusable order sets, and a managed lifecycle (draft → submitted → approved/rejected → shipped → received → return_pending) supports real-time order status monitoring for providers and WVDH administrators, including pre-booking for seasonal campaigns.

4.2.1.7.2.3 MEETS

The IIS supports reporting vaccine returns and wastage.

Structured return and transfer request workflows and a wastage approval workflow with reason codes and cost-of-vaccine tracking feed the Aggregate Wastage standard report for program oversight.

4.2.1.7.2.4 MEETS

The IIS automatically decrements administered doses (not historical doses) from active inventory.

Administered doses are automatically decremented by lot number and funding source at the time of documentation, whether entered via UI or HL7, with a structured, audited correction workflow for decrement adjustments.

4.2.1.7.3 MEETS

The IIS supports data exchange with the national Vaccine Tracking System (VTrckS).

4.2.1.7.3.1 MEETS

The IIS establishes data exchange with VTrckS in accordance with ExIS specifications.

STC|ONE® exports order data to VTrckS in CSV and XML formats and synchronizes order status (accepted, processing, shipped, delivered, rejected) in accordance with published ExIS specifications.

4.2.1.7.3.2 MEETS

The IIS completes updates to ExIS functionality following publication of specifications.

STChealth tracks ExIS specification publications and completes corresponding platform updates on a defined implementation timeline, validated against published specifications prior to production deployment.

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4.2.1.7.3.3 MEETS

The IIS establishes automated data exchange with VTrckS. Automated Export-to-VTrckS and Sync-VTrckS operations reduce manual data-entry burden and ensure order, inventory, and distribution data flows between systems in a timely, accurate, auditable manner.

4.2.1.8. MEETS

Support the Response Efforts for Vaccine-Preventable Disease Outbreaks and Other Public Health Emergencies

STC|ONE® currently includes a dedicated Mass Immunizations and Public Health Emergency (PHE) mode that extends the platform's core capabilities to high-volume, time-critical vaccination campaigns. In parallel, STChealth is actively modernizing the existing system to enhance current capabilities, improve the user experience, and ensure the platform continues to meet the evolving operational, reporting, and response needs of public health agencies.

4.2.1.8.1 MEETS

The IIS supports partner and provider onboarding and vaccine management during vaccine-preventable disease response and/or public health emergencies.

4.2.1.8.1.1 MEETS

The IIS establishes, coordinates, and executes emergency preparedness plans and procedures in accordance with federal and jurisdictional policies.

STChealth maintains documented emergency preparedness plans governing WVSIIS operations during public health emergencies, developed with WVDH and aligned to applicable federal/jurisdictional policy; PHE Mode activates emergency-specific workflows without disrupting routine operations.

4.2.1.8.1.2 MEETS

The IIS supports expedited communication and onboarding with partners to capture patient demographic and vaccination data in an emergency.

Org/Facility Site Designation enables rapid classification and activation of temporary points of dispensing (PODs), and the unauthenticated public enrollment wizard allows non-traditional partners to self-register without WVDH staff initiating the workflow.

4.2.1.8.1.3 MEETS

The IIS provides training to onboarded partners.

Quick-start training materials, role-specific guides, and remote training sessions are available for newly onboarded emergency providers, with client-facing release

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notes accompanying every deployment.

4.2.1.8.1.4 MEETS

The IIS supports vaccine administration functionality to include offline documentation of vaccine administration.

Offline documentation capabilities capture vaccination data at temporary or remote sites with limited connectivity, importing records into WVSIIS upon connectivity restoration.

4.2.1.8.1.5 MEETS

The IIS supports integration with tools for vaccination appointment scheduling.

The Mass Immunizations Module's Patient Scheduling Interface integrates appointment scheduling with the IIS, and Patient Cohort Management / Priority Groups support complex, multi-site campaign sequencing.

4.2.1.8.1.6 MEETS

The IIS supports public health immunization reporting to federal and jurisdictional authorities.

PHE and Priority Group Reporting provides campaign-specific dashboards, Jurisdictional Vaccine Allocation enables centralized allocation management, and Record-Level De-Identified Export supports aggregate CDC reporting without exposing PHI.

4.2.1.9. MEETS

Participate in and Prioritize Emerging Technologies and Standards

STChealth pursues a continuous modernization-in-place strategy for STC|ONE®, combining a stable production platform with continuous discovery, iterative delivery, and active participation in national standards bodies.

4.2.1.9.1 MEETS

The IIS participates in modernization initiatives and emerging technologies.

As described extensively in this response, STChealth is in a continuous process of modernization and actively assesses and adopts emerging technologies as appropriate.

4.2.1.9.1.1 MEETS

The IIS coordinates modernization efforts.

STChealth's modernization approach combines a stable, production-ready platform with continuous discovery, prioritization, design, validation, and release in partnership with WVDH, advancing the platform without disrupting current

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operations.

4.2.1.9.1.2 MEETS

The IIS plans and executes efforts that align IIS initiatives with modernization priorities.

Platform investments are continuously prioritized across interoperability, analytics, usability, scalability, and operational resilience, supporting alignment with CDC Data Modernization Initiative priorities through validated release cycles.

4.2.1.9.1.3 MEETS

The IIS participates in initiatives to develop standards and/or capabilities.

STChealth participates in the HL7 Public Health Work Group, AIRA technical workgroups, ASTP/ONC guidance development, and CDC-sponsored IIS collaborative initiatives, ensuring WVDH receives standards-aligned platform updates as part of the regular release cadence at no separate development cost.

4.2.2 West Virginia Specific Goals and Objectives

4.2.2. EXCEEDS

Compliance Confirmation (overall)

Confirmed. WVSIIS already operates on the STC|ONE® platform at the scale described in Section 4.1, and the sections below describe both currently active WV-specific configuration and STChealth's approach to the additional goals and enhancements identified in this section.

4.2.2.1 EXCEEDS

System Optimization, Innovation, and Interoperability

STChealth's Consortium model and governed enhancement process allow West Virginia to benefit from system improvements developed across STChealth's broader client base at no additional cost, while continuously improving performance, data quality, and interoperability.

4.2.2.1.1 MEETS

The Vendor should describe any processes or practices in place for sharing beneficial system improvements or enhancements, developed through work with one jurisdiction, and later offered to their broader customer base at no additional costs.

As a member of the STChealth Consortium, West Virginia benefits from shared capabilities that are operationally validated and broadly tested across multiple jurisdictions prior to deployment. New capabilities identified through work with one jurisdiction are evaluated for broader applicability and, where appropriate, released to the full Consortium as part of STChealth's governed release cycle at no additional cost to member states.

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4.2.2.1.1.1 MEETS

The Vendor should describe how they evaluate and determine whether a customization or optimization may be broadly beneficial.

STChealth's product team assesses new features holistically to determine whether a jurisdiction-specific request solves a problem shared across the Consortium, evaluating user pain points, workflow inefficiencies, and cross-jurisdiction demand before scoping development. All potential configuration or workflow options are explored before initiating new development, ensuring the Change Request process is used only when desired functionality cannot be achieved through existing settings.

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STCHEALTH CONSORTIUM CALLS

4.2.2.1.1.2 MEETS

The process and timeline for releasing such enhancements to all customers.

STChealth publishes a platform release every two weeks; release notes become available a week prior to the upgrade window and describe jurisdiction-specific and Consortium-wide improvements, enhancements, bug fixes, and database changes. States may adopt each release on their own schedule, with STChealth recommending jurisdictions remain within the latest three releases.

4.2.2.1.1.3 MEETS

Any governance, release management, or communication procedures that ensure jurisdictions are informed of available improvements.

The STChealth Client Hub maintains Consortium-wide release notes and technical information; clients are notified by email of upcoming changes in advance, and Consortium leadership meetings and product-support calls occur on a regular cadence to communicate available improvements and gather feedback.

4.2.2.1.1.4 MEETS

Vendors should describe any examples of recent improvements or enhancements provided to customers at no additional cost.

Recent examples for West Virginia include the STChealth Client Success team's support in preparing for the launch of Provider Agreements (December 2025) and the School Nurse workflow (January 2026), both delivered as governed platform enhancements rather than custom, one-off development. To support data quality,

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STChealth developed custom school roster data cleanup scripts that helped identify and resolve data discrepancies, enhancing the reliability and usability of school-related immunization records.

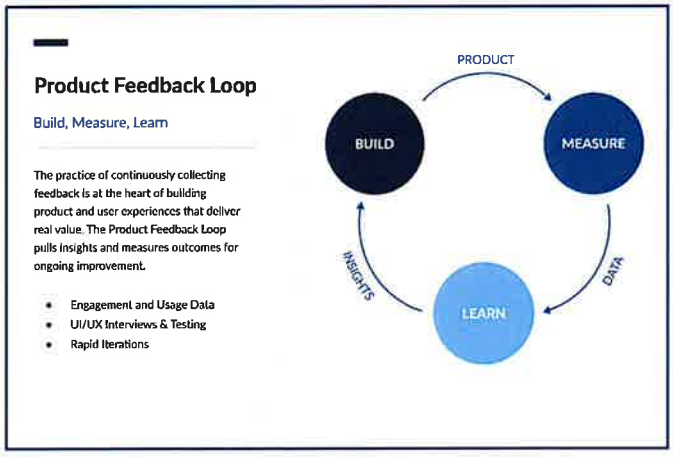
4.2.2.1.2 MEETS

The Vendor should describe their approach and methodology for achieving an error and hold queue for HL7 messages, or for providing an easy way to identify and sort rejected messages.

STC|ONE® provides jurisdictional administrators a centralized interface to review, filter, and act on all inbound HL7 messages, including those flagged with errors or warnings, filterable by validation response, error type, warning category, sending organization, or submission date. Administrators can export filtered message data and generate provider-specific error/warning reports directly from the workflow, without manual log parsing or custom extracts.

4.2.2.1.3 MEETS

The Vendor should describe their approach or methodology for automating updates and synchronization of code sets with CVX, MVX, and NDC tables.



STChealth uses a modern, API-based approach to maintain synchronization of vaccine code sets with CDC-managed data sources, enabling timely updates to CVX, MVX, and NDC mappings as changes are published, reducing manual maintenance and ensuring current vaccine coding information for interoperability, inventory, and reporting.

4.2.2.1.4 MEETS

The Vendor should describe their approach or methodology to bulk loading, activating, and deactivating providers, facilities, and users.

Organizations, facilities, and users can be bulk-loaded using the STC|ONE® Data Translation Tool (DTT); bulk activation and deactivation can be achieved through DTT or directly within the User Management UI, and State admin users can run parameter-based reports to inactivate users by organization or facility.

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4.2.2.2 EXCEEDS

Implementation Plan

Operational Continuity and Transition Plan proposed in lieu of a replacement-style implementation. Because WVSIIS is STChealth's existing, live production system for West Virginia, a traditional full-replacement implementation plan (system build, data conversion, provider re-onboarding, cutover) is not applicable and would introduce risk the State does not need to accept. STChealth instead proposes an **Operational Continuity and Transition Plan** that confirms no disruption to current operations while formally establishing governance, validation, and enhancement delivery under this new contract. This satisfies the intent of Section 4.2.2.2, a comprehensive, evaluable description of how the Vendor will transition the State onto the proposed IIS, without asking the State to accept the cost, risk, and provider-facing disruption of a system replacement.

Phase	Timeframe	STChealth Activities
Contract Start / Day 0	Upon execution	Continue WVSIIS operations without interruption; confirm no replacement cutover, data conversion, or provider re-onboarding is required.
First 30 Days	Contract kickoff	Joint planning session(s) per Section 4.2.3.7; confirm governance, SLA terms, deliverables, security artifacts, reporting cadence, and WV-specific priorities; finalize Project Plan and Schedule.
30 to 90 Days	Operational alignment	Advance Data Bridge/Read Replica planning (Section 4.2.2.5), enhancement prioritization, support-model refresh, delivery of compliance documentation, and training refresh.
Ongoing	Contract term	Deliver governed releases, roadmap alignment, service reporting, data-quality improvements, and continuous modernization per Section 4.2.2.1.

4.2.2.2.1 MEETS

Overall project management strategy and implementation timeline.

STChealth's approach is grounded in PMI principles, with a dedicated Client Partner overseeing deliverables, facilitating communication, and ensuring accountability across the phases in the table above; the finalized Project Plan and Schedule will be established during the initial planning session per Section 4.2.3.7.

STChealth's project management approach is further guided by a Human Centered Design methodology applied throughout the contract term, ensuring that WVDH's evolving priorities, provider feedback, and end-user needs continuously inform how work is clarified, designed, built, and deployed.

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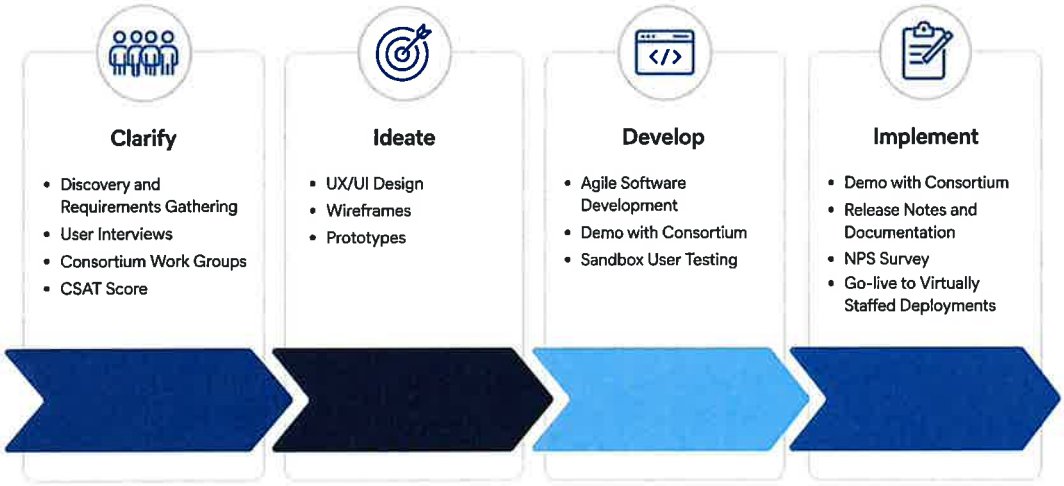
Human Centered Design Flow



4.2.2.2.2 MEETS

The environment setup, which consists of the following: Production, Test, and Development servers.

WVSIIS Production, Test, and Development environments already exist and are operational today. STChealth will validate environment configuration, licensure, and access at contract kickoff and maintain all three environments throughout the contract term.

4.2.2.2.3 MEETS

System configuration and workflow customization.

Existing WV-specific configuration (school compliance schedules, exemption workflows, certificate logic, provider agreements, cold chain settings, and role/permission structures) remains in place. Any State-requested configuration changes will be scoped, estimated, and delivered through STChealth's governed enhancement and Change Request process.

4.2.2.2.4 MEETS

Data migration strategy.

Because WVSIIS's data already resides on the STC|ONE® platform, there is no legacy-to-new-system data conversion. The sub-items below are addressed on that basis.

4.2.2.2.4.1 MEETS

Existing IIS data migration.

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No migration is required; existing patient, vaccination, inventory, and program data remain in place and continuously available.

4.2.2.2.4.2 MEETS

User and roles migration.

Existing user accounts, roles, and permission assignments remain in place; no re-provisioning or re-training on new credentials is required of WVDH staff or providers.

4.2.2.2.4.3 MEETS

Provider, Facility, and Organization migration.

Existing provider, facility, and organization records, enrollment status, and VFC/Provider Agreement history remain in place with no re-enrollment required.

4.2.2.2.4.4 MEETS

Program enrollment migration.

Existing VFC enrollment, provider agreements, and program attestations remain valid and in force; no re-attestation is required as a result of this contract transition.

4.2.2.2.4.5 MEETS

Existing Interface migration and testing.

Existing HL7 interfaces with EHRs, HIEs, pharmacies, school systems, VTrckS, and the CDC IZ Gateway remain connected and operational; STChealth will validate all interface connections at kickoff as part of the Operational Continuity and Transition Plan rather than re-testing each connection as a new build.

4.2.2.2.5 MEETS

Change request management process.

New work is scoped, estimated, and prioritized through STChealth's established Change Request process, which is used only after existing configuration and settings have been evaluated and found insufficient to meet the need, consistent with Section 4.2.2.1.1.1.

4.2.2.2.6 MEETS

Roles and responsibilities of vendor and client teams.

STChealth's POD support model (Client Partner, Client Integrator, Technical Support Analyst, Technical Support Engineer) defines vendor-side roles; WVDH's Project Manager (per Section 4.2.3.9) and designated subject-matter staff define client-side roles and responsibilities, to be documented in the Project Plan at kickoff.

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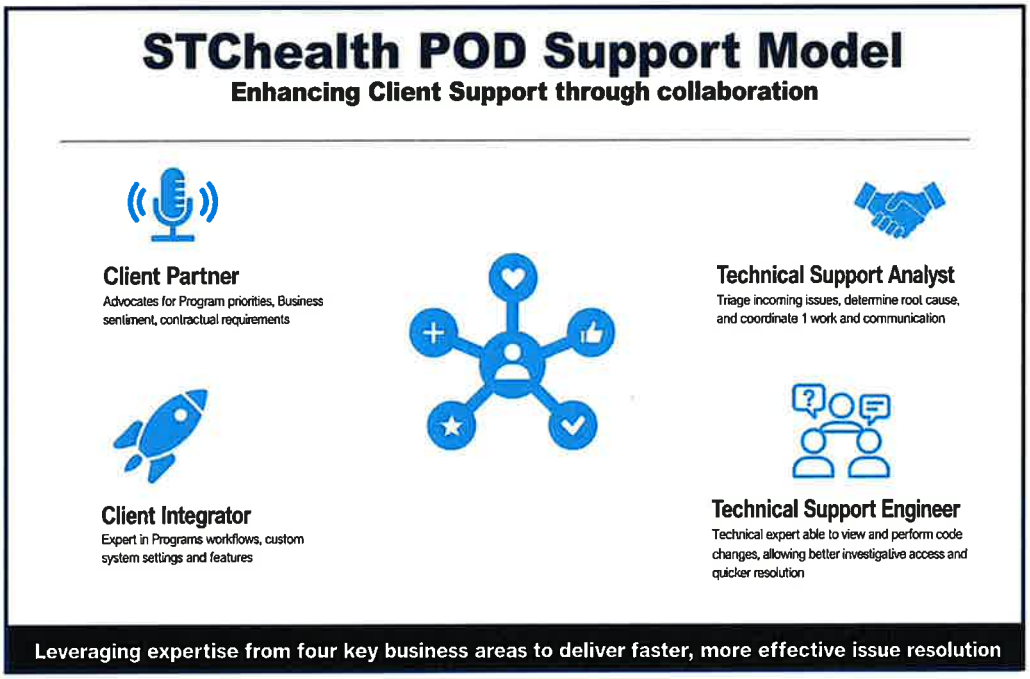

4.2.2.2.7 MEETS

Risk mitigation strategies and contingency planning.

STChealth's Risk and Issue Management Plan, embedded within the Project Management Plan, establishes procedures for risk identification, evaluation, and escalation through a structured governance framework, overseen by an Oversight Team of STChealth executives and subject-matter experts.

4.2.2.2.8 MEETS

Training, support, and knowledge transfer during implementation.

Training deliverables focus on role-based onboarding, on-demand video demonstrations, digital user guides, and embedded in-application guidance, supplemented by post-go-live reinforcement resources; see Section 4.2.3.10 for the full mandatory training plan. STChealth confirms that its finalized Project Plan and Schedule will adhere to this Implementation Plan in accordance with Section 4.2.3.7, subject to Agency review and approval, and that any deviations will be documented, justified, and approved by the Agency.

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4.2.2.3 MEETS

Vaccine Exemption Functionality

STC|ONE® provides a comprehensive, jurisdiction-configurable vaccine exemption management framework that is operational within WVSIIS today, configured specifically for West Virginia's statutory environment rather than requiring build-out.

4.2.2.3.1 MEETS

Ability to record exemptions by vaccine or disease category.

Exemptions are recorded at the vaccine or disease-category level and tied directly to the patient's immunization history, reflected consistently in CDS forecasting and certificate generation.

4.2.2.3.2 MEETS

Support for exemption types: permanent, temporary (with expiration date), and provisional (with review date).

All three exemption types are supported: permanent exemptions have no end date; temporary exemptions carry a configurable expiration date with lapsing-exemption follow-up surfacing; provisional exemptions carry a review date supporting periodic re-evaluation workflows.

4.2.2.3.3 MEETS

Support for exemption reasons: medical, religious, philosophical.

Medical and religious exemption reasons are natively supported within WVSIIS today, each following a provider-request/State-Approver review workflow. Philosophical exemption support is configurable at the jurisdictional level and can be enabled administratively if and when West Virginia policy authorizes it, without requiring a system change or vendor engagement.

4.2.2.3.4 MEETS

Linkage of exemption records to patient demographics (e.g., age, race/ethnicity, geography).

Exemption records are linked to the full patient demographic record, enabling analysis of exemption populations across age, race/ethnicity, geography, school enrollment, and provider association.

4.2.2.3.5 MEETS

Reporting capabilities by school, grade, district, exemption type, and compliance status.

Exemption reporting is filterable by school, grade, district, exemption type, and compliance status. With the School Nurse Module active statewide since January 2026 and WVDOE

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school roster data already integrated, these reports run against live enrollment data.

4.2.2.3.6 MEETS

Integration with school roster functionality and support for longitudinal tracking.

Exemption records are linked to student roster data through the School Nurse Module, associating students with schools, grades, and districts via the WVDOE roster integration and supporting longitudinal tracking of exemption status as students change schools.

4.2.2.3.7 MEETS

Configuration options for jurisdiction-specific exemption workflows and review processes, allowing administrators to review, approve, or reject submitted exemption requests for all exemption types supported by the system.

Jurisdictional administrators configure which exemption types/reasons are active, define approval workflows per type, and assign the State Approver role; all review actions are logged in the audit trail, and permissions can be updated in bulk using the system's master role update capability.

4.2.2.4 MEETS

Coverage Reporting and Population Definition

STC|ONE® provides a jurisdiction-configurable coverage reporting framework supporting accurate, flexible, and programmatically relevant immunization rate analysis, without requiring vendor involvement for routine reporting.

4.2.2.4.1 MEETS

Ability to define and document the demographic population used for rate calculations (numerator and denominator).

WVDH administrators configure both numerator (patients meeting vaccination criteria) and denominator (target population) parameters, reflecting active patients, specific provider organizations, or defined age cohorts, aligning outputs with CDC reporting, VFC oversight, or State-specific analysis.

4.2.2.4.2 MEETS

Support for jurisdictional filtering by state, county, or other geographic boundaries.

Coverage reports support multi-level geographic filtering (statewide, county, ZIP code, sub-regional) as well as provider/facility/organization scoping, in combination.

4.2.2.4.3 MEETS

Ability to generate reports reflecting:

4.2.2.4.3.1 MEETS

Complete vaccine series.

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The CDSi-aligned CDS engine identifies patients who have received all required doses within appropriate age and timing windows, supporting the standard coverage metric used for federal reporting and benchmarking.

4.2.2.4.3.2 MEETS

Initiation of series (1 or more doses).

Series-initiation reports identify patients who have received one or more doses of a series, supporting outreach for multi-dose series such as HPV where initiation and completion rates diverge.

4.2.2.4.3.3 MEETS

Final dose needed to complete a series.

Final-dose-needed reports identify patients one dose from completing a series, supporting targeted recall and school-entry compliance outreach.

4.2.2.4.4 MEETS

Configuration options for customizing report parameters and aligning with CDC and state-defined coverage metrics.

Age cohorts, vaccine groups, evaluation date ranges, and organizational scope are jurisdiction-configurable, allowing reports aligned to NIS-Child federal benchmarks alongside West Virginia-specific school-entry or VFC-eligibility views; WVDH staff can generate, save, and share reports independently.

4.2.2.5 MEETS

Support Scalable Data Exchange and Reporting via Read Replica Integration

Approach to be finalized jointly with WVDH at kickoff. STChealth understands West Virginia's goal of sharing IIS data through the State's Data Bridge (Attachment H). STChealth's approach supports secure, standards-based, scalable data exchange between WVSIIS and authorized internal or external data environments, preserving production performance while enabling flexible downstream reporting and analytics.

4.2.2.5.1 MEETS

Whether the solution includes a read-only replica or equivalent mechanism to support downstream data access.

STChealth offers a modern, API-based approach to data sharing that can operate alongside or in place of a traditional read-only database replica, depending on the jurisdiction's preferred data-sharing architecture. STChealth will confirm the specific mechanism (read replica vs. API-based extract) with WVDH during the 30-to-90-day operational alignment phase of the Operational Continuity and Transition Plan (Section 4.2.2.2), consistent with WVDH's stated interest in a data-lake-oriented approach.

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4.2.2.5.2 **MEETS**

The typical update frequency of the replica (e.g., near real-time, hourly, daily).

Update/refresh cadence will be configured to WVDH's Data Bridge requirements and confirmed during joint architecture planning; STChealth supports near-real-time to scheduled-interval refresh depending on the selected mechanism.

4.2.2.5.3 **MEETS**

How read-only access is managed to avoid performance or integrity impacts on the production environment.

Downstream access is architected to isolate reporting/analytics workloads from production transaction processing, consistent with STChealth's broader platform design for high-volume statewide operations described in Section 4.1.

4.2.2.5.4 **MEETS**

The Vendor's approach to configuring, deploying, and maintaining the replication process.

STChealth will configure, deploy, and maintain the agreed data-sharing mechanism as part of the governed enhancement process, with WVDH validation at each stage.

4.2.2.5.5 **MEETS**

Support services provided for monitoring, troubleshooting, and ensuring data consistency between environments.

STChealth's Operations team continuously monitors production systems (memory, disk, processing, network) with automated alerting and will extend equivalent monitoring practices to the agreed data-sharing mechanism, with issues managed through the standard support ticketing and escalation process described in Section 4.2.3.4.

4.2.2.5.6 **MEETS**

Availability of documentation describing the replication architecture, update cadence, and access protocols.

STChealth will provide documentation describing the finalized architecture, update cadence, and access protocols to WVDH upon configuration, maintained through the Documentation Center and Client Hub.

4.2.2.5.7 **MEETS**

Methods for enabling secure, efficient querying by authorized users.

Access will be governed by the same role-based, jurisdiction-scoped permission model described in Section 4.2.1.5, ensuring only authorized users and systems can query shared data.

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4.2.2.5.8 MEETS

Methods for quantifying volume of data interfaced inbound and outbound from primary database, whether via established interface traffic, or one time data extracts.

The Interoperability Hub dashboard (Section 4.2.1.3.1.3) already tracks submission and transaction volumes; STChealth will extend equivalent volume reporting to Data Bridge/read-replica traffic once the mechanism is finalized.

4.2.2.6 MEETS

Database Schema and Data Dictionary

STChealth will provide a complete database schema and data dictionary for the WVSIIS solution to support WVDH's data governance, oversight, and future enhancement planning. Because proposal responses in connection with this solicitation are part of the public record, detailed technical schema artifacts are not reproduced within this Technical Proposal; STChealth will provide this documentation to WVDH upon request during evaluation or post-award, using the State's preferred secure delivery method.

4.2.2.6.1 MEETS

Entity-relationship diagrams or equivalent schema documentation.

Provided upon request per the approach described above.

4.2.2.6.2 MEETS

Field-level definitions, including data types, constraints, and allowable values.

Provided upon request per the approach described above.

4.2.2.6.3 MEETS

Definitions of key tables, such as patient records, vaccination events, inventory, exemptions, and school roster modules.

Provided upon request per the approach described above.

4.2.2.6.4 MEETS

Mapping to CDC HL7 v2.5.1 standards, where applicable.

STChealth will document the mapping between WVSIIS data structures and CDC HL7 v2.5.1 standards as part of the schema deliverable.

4.2.2.6.5 MEETS

Versioning and update protocols for schema changes over time.

Schema changes follow STChealth's biweekly, Semantic-Versioning-aligned release process (Section 4.2.2.1.1.2), with corresponding data dictionary updates communicated through release notes.

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4.2.2.7 MEETS

Oral Health Module

STChealth's Oral Health workflow is a fully built, production-ready capability within STC|ONE®, not a future development commitment. Following the successful statewide launch of the School Nurse Module in January 2026 (which the Oral Health workflow depends on for roster and workflow infrastructure), and with a WVDH/WVDOE data-sharing agreement and first school-roster integration already completed in 2025, West Virginia is positioned to implement Oral Health without the groundwork delays another vendor would face. A pilot is planned for 2026, followed by statewide school-nurse rollout and onboarding of dental health professionals.

4.2.2.7.1 MEETS

Roster Integration – students linkable to schools via rosters, enabling targeted outreach and reporting by school, grade, and county.

Students are already associated with schools, grades, and districts through the WVDOE roster integration built for the School Nurse Module, providing the foundation the Oral Health module depends on.

4.2.2.7.2 MEETS

Dual Workflows.

4.2.2.7.2.1 MEETS

Dental Professionals should be able to enter administered oral health records directly into the IIS, ensuring timely documentation of care.

The Oral Health workflow supports direct record entry for dental professionals once onboarded, as the final phase of the planned rollout.

4.2.2.7.2.2 MEETS

School Nurses should be able to enter historical records and manage rosters, supporting continuity of care and retrospective data entry.

School nurses, already trained and operating in STC|ONE® following the January 2026 launch, can enter historical oral health records and manage rosters within the same workflow used for immunization compliance.

4.2.2.7.3 MEETS

Reporting Capabilities.

4.2.2.7.3.1 MEETS

Identify students with or without oral health records.

Oral Health reporting identifies students with and without records on file, leveraging the same roster and compliance-reporting infrastructure used for immunization

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tracking.

4.2.2.7.3.2 MEETS

Filters by urgency of care, school, grade, and county to prioritize outreach and follow-up for high-need populations.

filter by urgency of care, school, grade, and county consistent with the reporting model already in production for immunization compliance and exemptions.

4.2.2.7.4 MEETS

User Access and Permissions – the Oral Health module should leverage the system's role-based access control framework as defined in the HS Base Line Requirements RTM.

4.2.2.7.4.1 MEETS

Dental Professionals should be assigned appropriate roles and included in the provider dropdown menu.

Dental Professional roles are configurable within STC|ONE®'s role-based access framework and can be included in the provider dropdown as part of onboarding.

4.2.2.7.4.2 MEETS

School Nurses must be granted access to oral health reports and health service functionality.

School Nurse role permissions include Oral Health reporting and health-service functionality as configurable permission grants.

4.2.2.7.4.3 MEETS

The permissions "Enable Oral Health Reports" and "Enable Health Service" should be assignable individually or in bulk, using the system's master role update capability.

Both permissions are assignable individually or in bulk through the master role update capability described in Section 4.2.2.3.7.

4.2.2.7.4.4 MEETS

Jurisdictional administrators must be able to configure, modify, and inactivate roles and permissions in accordance with jurisdictional policies.

Jurisdictional administrators retain full configuration control over Oral Health roles and permissions consistent with the broader role/permission framework in Section 4.2.1.5.1.3.

4.2.2.8 MEETS

Next-Generation Interoperability with FHIR Standards

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STChealth is committed to advancing immunization data exchange through HL7 FHIR as a complement to the HL7 v2.5.1 messaging that remains WVSIIS's operational backbone today. FHIR capabilities will be delivered as an addition to, and operating in parallel with, the existing mandatory HL7 v2.5.1 interfaces, ensuring continuity of current data exchange operations without disruption.

STChealth's FHIR roadmap and implementation approach are informed by the currently known and adopted immunization-related use cases, national guidance, and industry best practices available at the time of development. As HL7 FHIR adoption continues to mature across the immunization ecosystem, STChealth will continue to evaluate emerging requirements, implementation guides, jurisdictional needs, and market feedback to further enhance and expand FHIR capabilities. To support ongoing innovation and alignment with evolving standards, STChealth reserves the right to modify, refine, prioritize, or adjust its FHIR development roadmap and implementation strategy as new information, use cases, regulatory guidance, and industry direction become available.

4.2.2.8.1 MEETS

FHIR Standard Support – which FHIR Release the system supports for public health immunization data exchange.

STC|ONE® targets HL7 FHIR Release 4 (R4), the release adopted by ONC's United States Core Data for Interoperability (USCDI) framework and the appropriate baseline for immunization exchange with IIS partners, HIEs, and EHRs.

4.2.2.8.2 MEETS

Required Resources – the FHIR Immunization and Immunization Recommendation resources.

STChealth is actively developing support for the two FHIR R4 resources central to immunization data exchange. The FHIR Immunization resource represents vaccine administration events and maps to the core vaccination record data that WVSIIS captures and exchanges today via HL7 v2.5.1 VXU messaging. The FHIR Immunization Recommendation resource conveys patient-specific immunization forecasting and recommended next doses, drawing on the CDSi-aligned clinical decision support engine already operational within WVSIIS. Both resources will be implemented in alignment with FHIR R4 specifications to ensure interoperability with national standards and compatibility with IIS partner systems as they adopt FHIR-based exchange.

STChealth's participation in AIRA FHIR workgroups and FHIR Bulk Query initiatives, including work on FHIR-based IIS use cases with national partners, informs our implementation approach and ensures alignment with the direction the public health community is moving.

4.2.2.8.3 MEETS

Roadmap and Timeline.

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STChealth will deliver FHIR R4 support for both resources within 12 months of contract award, in three phases finalized with WVDH at kickoff:

- **Phase 1 – Foundation and Configuration (Months 1-4):** FHIR server configuration, and resource mapping
- **Phase 2 – Piloting and Validation (Months 5–9): State**-prioritized pilot with one or more IIS partners (e.g., HIE, EHR, or CDC IZ Gateway connection), validation of resource accuracy against WVSIIS production data, and refinement based on partner feedback.
- **Phase 3 - Production Availability and Documentation (Months 10–12):** FHIR R4 endpoints available in the production environment, Agency and partner onboarding, and delivery of comprehensive API documentation.

Any deviation will be communicated in advance with documented justification, subject to Agency approval.

4.2.2.8.4 **MEETS**

API Documentation.

STChealth will provide comprehensive, public-facing API documentation for all FHIR R4 endpoints, covering specifications, authentication/authorization, supported operations, and example requests/responses, to the Agency and IIS partners as part of Phase 3, maintained and updated as FHIR capabilities evolve.

4.2.3 Mandatory Project Requirements

4.2.3 **MEETS**

Compliance Confirmation (overall): EXCEEDS.

STChealth confirms it will comply with every mandatory requirement in this section. Failure to comply with a mandatory requirement is grounds for disqualification; STChealth has ensured a response is provided to each numbered item below, with areas of exceedance noted explicitly.

4.2.3.1 **MEETS**

IIS Baseline Requirements RTM (Attachment B)

Vendors must ensure their proposed system meets all essential requirements outlined in Attachment B – IIS Baseline Requirements RTM and must provide a response to each field under "Vendor Response," including printed, bound physical copies of the completed RTM responses covering the pages listed below.

STC|ONE® meets all Essential requirements in the RTM at the time of this submission (fewer than 1% requiring "Yes with Customization," i.e., additional configuration). STChealth will provide the required printed, bound physical copies of the completed RTM as a separate submission accompanying this Technical Proposal, organized and legible for evaluator verification, covering:

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4.2.3.1.1 MEETS

Administer System – Included in the printed RTM submission.

4.2.3.1.2 MEETS

Manage Organizations and Facilities – Included in the printed RTM submission.

4.2.3.1.3 MEETS

Manage Users – Included in the printed RTM submission.

4.2.3.1.4 MEETS

Support Interoperability – Included in the printed RTM submission.

4.2.3.1.5 MEETS

Ensure Data Quality – Included in the printed RTM submission.

4.2.3.1.6 MEETS

Evaluate and Forecast – Included in the printed RTM submission.

4.2.3.1.7 MEETS

Manage Patient and Immunization Record – Included in the printed RTM submission.

4.2.3.1.8 MEETS

Manage Vaccine Inventory – Included in the printed RTM submission.

4.2.3.1.9 MEETS

Provide Data Access – Included in the printed RTM submission.

4.2.3.1.10 MEETS

Non-functional – Vendors are responsible for ensuring that the printed version is complete, legible, and organized in a manner that allows evaluators to readily verify compliance.

STChealth will ensure the printed RTM submission is complete, legible, tabbed by RTM page, and organized for straightforward evaluator review.

4.2.3.2 MEETS

System Compatibility Requirements

The IIS must be designed to operate reliably and efficiently within a variety of standard computing environments.

4.2.3.2.1 MEETS

The IIS must be cloud-based software with hosting provided by the vendor.

STC|ONE® is a vendor-hosted, cloud-based SaaS platform; STChealth provides and manages all hosting infrastructure.

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4.2.3.2.2 **MEETS**

The IIS must be fully compatible with major, up-to-date web browsers including but not limited to Google Chrome, Mozilla Firefox, Microsoft Edge, and Safari.

STC|ONE® is a browser-based application validated against current versions of Chrome, Firefox, Edge, and Safari.

4.2.3.2.3 **MEETS**

The IIS must operate efficiently on standard desktop and laptop computers without requiring specialized hardware or software installations.

STC|ONE® requires only a supported browser and standard desktop/laptop hardware; no specialized hardware or client software is required.

4.2.3.2.4 **MEETS**

The IIS must be accessible without requiring elevated user permission or local software installation.

Access requires only a supported browser and internet connectivity; no elevated permissions or local installation are required for full functionality.

4.2.3.2.5 **MEETS**

The IIS solution must be a fully developed, market-ready and production-ready system at the time of proposal.

STC|ONE® is a fully developed, market-ready, production-ready IIS already operating at scale for West Virginia and multiple other jurisdictions. The Agency is not being asked to rely on new system development; configuration to WVDH's workflows, business rules, and data requirements is expected and is STChealth's standard practice.

4.2.3.3 **MEETS**

Service Level Agreement (Attachment C)

Service levels, response times, resolution targets, and associated penalties shall be governed by the SLA provided as Attachment C.

STChealth agrees to be governed by Attachment C's SLA terms as incorporated into the resulting contract. The attached STC|ONE® Service Level Agreement (SLA) Essentials reflects STChealth's standard service framework, including a 15-minute critical-issue acknowledgment target, a 1-hour initial-triage-plan target, 24/7 incident response for critical production issues, and defined non-critical response windows, and STChealth will align final contractual SLA terms, severity definitions, response/resolution timelines, corrective action plan (CAP) process, and monthly reporting to Attachment C's requirements.

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SLA / KPI Metric	Target	Measurement Method
System Uptime	99.9% monthly availability	Automated monitoring & reporting dashboard
Critical (P1) – outage, data loss, security breach	15 min response (24/7 alert-to-ack)	1-hour initial remediation/workaround proposed
High (P2) – major functional impairment	2 business hrs response	24-hour workaround / 48-hour full resolution proposed
Medium (P3) – limited/workflow impact	4 business hrs response	5 business days resolution proposed
Low (P4) – minor/cosmetic	24-hour response	30 calendar days resolution proposed
HL7 ACK Response Time	< 2 seconds per message	Interface engine transaction logs
Help Desk (Provider Support) – First Contact Resolution	≥ 80% of tickets	Ticketing system categorization
Help Desk (Provider Support) – Customer Satisfaction	≥ 90% satisfaction score	Post-interaction surveys

The monthly SLA Report presents actual performance against each target above, identifies any breaches, and describes remediation actions taken or planned.

Severity	Escalates to Tier 2 if...	Escalates to Tier 3 if...	Escalates to Support Lead if...
Critical (P1)	Immediately (bypasses Tier 1 triage)	No workaround identified within 30 minutes	Any Critical ticket open past its 1-hour resolution target
High (P2)	Not resolved at Tier 1 within response window	Root cause requires code/architecture change	SLA response time breached
Medium (P3)	Not resolved at Tier 1 within the 4-business-hour response window	Requires configuration/customization beyond Tier 1 scope	SLA resolution time (5 business days) breached
Low (P4)	Rarely – only on repeat occurrence	—	—

4.2.3.4 EXCEEDS

Maintenance and Support

The vendor shall provide annual maintenance and support services for all implemented system components, including a vendor-hosted ticketing system of record with Agency visibility and a tiered support structure.

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STChealth's POD (Power of Delivery) support model, combining a Client Partner, Client Integrator, Technical Support Analyst, and Technical Support Engineer, provides coordinated, cross-functional support for WVDH, described further below.

4.2.3.4.1 EXCEEDS

Help desk support must be available for at least 9 consecutive hours during standard business hours (Monday–Friday, 8:00 AM–6:00 PM local time or later), with documented escalation procedures.

STChealth Product Support is available for standard support requests Monday through Friday, 5:00 a.m. to 5:00 p.m. Pacific Time, excluding agreed holidays. For Critical (P1) incidents, STChealth maintains a 24/7 on-call process for acknowledgement, escalation, and remediation coordination outside standard hours. Escalation procedures are documented in a formal Escalation Matrix (see 4.2.3.4.1.1) with defined tier- and severity-based triggers.

4.2.3.4.1.1 MEETS

The Vendor must support a Tier 1/Tier 2/Tier 3 model consistent with industry standards, with the State and Vendor jointly defining the final responsibility split during implementation planning.

STChealth's model extends the requested Tier 1–3 structure into a five-tier framework:

Tier	Function	Owner
Tier 0 – Self Service	• Knowledge base, FAQs, community forums, chatbots • No human involvement; resolves the majority of simple issues • Goal: deflect as much volume as possible before it becomes a ticket	Training Team (LMS included in the first year)
Tier 1 —Frontline	• Handles initial contact: login issues, basic how-to questions, known issues with documented fixes • Follows scripts/runbooks; uses the Knowledge Base heavily	Provider Support (included in the first year)

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Tier	Function	Owner
	• Typically resolves 60-80% of tickets • Escalates anything requiring deeper technical knowledge or code-level investigation	
Tier 2 — Technical Support	• Handles bugs, configuration issues, integration problems, more complex troubleshooting • Staff usually have deeper product knowledge, sometimes read logs, use internal tools, or reproduce issues • Can often resolve without engineering involvement	Product Support
Tier 3 — Engineering / Product Support	• Actual developers or senior engineers who wrote/maintain the product • Handles bugs requiring code changes, architecture-level issues, data corruption, security incidents • Often works through a formal escalation process, not directly customer-facing	Product Support and Engineering
Tier 4 – Vendor/Third party, if applicable	• For issues rooted in a dependency the company doesn't control (cloud provider, third-party API, OS-level issue)	Ops/Engineering to work directly with third party

Critical-severity issues can enter directly at Tier 2 or 3, bypassing Tier 0–1 triage. The final responsibility split between State and Vendor (e.g., password resets, role provisioning, interface triage) will be jointly defined during implementation planning, consistent with this framework.

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4.2.3.4.1.2 MEETS

The Vendor must provide and maintain a vendor-hosted ticketing system of record for all support requests, with full State visibility into ticket status, history, and reporting; the solution will not integrate with the State's ticketing system.

The WVDH will have continuous, limited access to STChealth's Jira Service Management (JSM) portal, with the ability to pull all tickets related to the engagement, plus consortium-wide platform defects that may affect the Agency's solution, at any time. This includes full visibility into ticket status, history, and reporting. STChealth Product Support additionally hosts monthly ticket-review calls and is available for ad-hoc calls to support defect review, reporting, and prioritization.

4.2.3.4.2 MEETS

Bug fixes and security patches delivered within industry-standard timeframes, with critical vulnerabilities addressed promptly.

Critical issues receive immediate triage effort under the SLA; security patches and vulnerability remediation follow the timelines described in Section 4.2.3.12.3–4.2.3.12.4 below.

4.2.3.4.3 MEETS

System performance monitoring and proactive issue resolution for all hosted or managed environments.

STChealth's Operations team continuously monitors all client production instances (memory, disk, processing, network) with automated alerting, prioritizing resolution before user impact and coordinating with WVDH through Support when remediation could affect service.

4.2.3.4.4 MEETS

Version upgrades and compatibility assurance for all vendor-supplied components, ensuring continued compliance with CDC and state interoperability standards.

WVDH controls the timing of its own environment upgrades within STChealth's recommended currency window. STChealth will provide WVDH access to the Client Hub, where release notes are published, retained, and available for review. STChealth also distributes a weekly newsletter via email to members of WVDH choosing that directs clients to the Client Hub when release notes are available. Platform release notes identify, as applicable, associated ticket numbers, affected clients or jurisdictions, the issue or enhancement addressed, the solution implemented, and steps for validation or testing. For new functionality, the release notes describe the business need or operational gap the functionality is intended to address and provide instructions for accessing the functionality, including enablement steps when configuration or activation is required.

4.2.3.4.4.1 MEETS

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The Vendor must anticipate and support annual updates aligned with CDC IIS Functional Standards releases; updates outside the CDC's 90-day IZ Gateway implementation window will be evaluated and authorized through the State's standard contract governance and change-order process.

STChealth maintains continuous alignment with CDC IIS Functional Standards releases and the CDC IZ Gateway's 90-day implementation window as a matter of ordinary maintenance; any changes outside that window will be scoped, estimated, and routed through the Agency's change-order process as required.

4.2.3.4.5 MEETS

Documentation updates reflecting any changes made during the maintenance period.

Documentation in the STC|ONE® Documentation Center and Client Hub is updated with each release to reflect functional and configuration changes made during the maintenance period.

4.2.3.5 MEETS

Data Storage

The Vendor must store all IIS data, including backups, logs, and metadata, exclusively within data centers physically located in the continental United States, with no data transmitted, processed, or stored outside U.S. borders (including U.S. Territories) at any time, and must provide documentation verifying U.S.-based data residency.

All WVSIIS data, backups, logs, and metadata are stored and processed exclusively within U.S.-based data centers today and would continue to be under this proposal, including during disaster recovery, failover, and support operations. STChealth will provide documentation verifying U.S. data residency and will maintain compliance with applicable federal and state data protection laws and regulations throughout the contract term.

4.2.3.5.1 MEETS

Business Continuity and Disaster Recovery (BCP/DR).

STChealth maintains a documented Business Continuity Plan and Disaster Recovery Plan for the WVSIIS environment, attached to this proposal (STChealth Business Continuity and Disaster Recovery Plan), with recovery time and recovery point objectives defined in the SLA.

4.2.3.5.1.1 MEETS

Plan Documentation – copies of BCP and DR plans within 60 calendar days of contract execution and upon request thereafter.

STChealth will provide BCP/DR plan documentation to the Agency within 60 calendar days of contract execution and upon subsequent request.

4.2.3.5.1.2 MEETS

NIST Alignment – plans aligned with the current version of NIST SP 800-34 or

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successor publications.

STChealth's BCP/DR plans are maintained in alignment with NIST SP 800-34 and will be updated as successor publications are issued, throughout the contract term.

4.2.3.5.1.3 **MEETS**

Annual Testing – annual BCP/DR testing with a summary report of results, corrective actions, and remediation timelines provided within 30 calendar days of test completion.

STChealth conducts annual BCP/DR testing (tabletop or live failover exercises) and will provide WVDH a summary report within 30 calendar days of completion.

4.2.3.5.1.4 **MEETS**

U.S. Data Residency – all BCP/DR activities must comply with Section 4.2.3.5's U.S.-only data residency requirement.

All backup, failover, and recovery operations occur exclusively within U.S.-based infrastructure, consistent with Section 4.2.3.5.

4.2.3.5.1.5 **MEETS**

Continuous Improvement – BCP/DR plans updated within 60 calendar days of lessons learned from testing, incidents, or material environment changes.

STChealth will update BCP/DR plans within 60 calendar days of relevant lessons learned, testing outcomes, or material hosting-environment changes.

4.2.3.5.1.6 **MEETS**

Certification – annual certification that BCP/DR plans remain current, tested, and compliant.

STChealth will annually certify to the Agency that its BCP/DR plans remain current, tested, and compliant with applicable federal and state requirements.

4.2.3.6 **MEETS**

Data Ownership

4.2.3.6.1 **MEETS**

The vendor must agree that the Agency retains full ownership of all data.

STChealth agrees; the Agency retains full ownership of its State IIS data.

4.2.3.6.2 **MEETS**

The Vendor must agree that all data related to the execution of the contract is collected on behalf of, and remains the sole property of, the Agency.

STChealth agrees that the Agency retains its State data.

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4.2.3.6.3 **MEETS**

The Vendor must agree to provide privacy and security safeguards to protect all data from any use or disclosure for any purpose other than described within this solicitation.

STChealth agrees and will maintain the privacy and security safeguards described throughout Sections 4.2.1.1, 4.2.3.11, and 4.2.3.12 to protect Agency data accordingly.

4.2.3.6.4 **MEETS**

The Vendor must return the entire dataset in a specified format upon request or contract termination at no additional cost.

STChealth agrees to return the dataset, in its standard format upon request or at contract termination.

4.2.3.6.5 **MEETS**

The Vendor must cooperate with the Agency and any subsequent Vendor upon contract termination, delivering all data, documentation, and associated work products within thirty (30) working days of notice of termination.

STChealth agrees to this 30-working-day cooperative transition obligation.

4.2.3.6.6 **MEETS**

The Vendor must destroy all data in the System at the end of the contract and/or upon Agency request, in accordance with the most current version of NIST SP 800-88, with destruction beginning only upon written Agency authorization and completed within 30 days of that authorization.

STChealth agrees to destroy all data in accordance with NIST SP 800-88, only upon and following the Agency's written authorization, completed within 30 days of receipt.

4.2.3.7 **MEETS**

General Project Requirement

Vendor must host an initial planning session(s) with the Agency within 30 days after project start date, to finalize the project plan and schedule.

STChealth will conduct joint planning session(s) with the Agency within 30 days of contract start, consistent with the Operational Continuity and Transition Plan described in Section 4.2.2.2. Because the STC|ONE® IIS is already operating in production for West Virginia, these sessions will focus on governance alignment, service delivery expectations, contractual milestones, security and compliance requirements, reporting cadence, and West Virginia-specific priorities rather than a traditional new system implementation.

4.2.3.7.1 **MEETS**

The Vendor's finalized Project Plan and Schedule must adhere to the Implementation Plan proposed in Section 4.2.2.2, subject to Agency review and approval.

STChealth agrees. Consistent with the Operational Continuity and Transition Plan

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described in Section 4.2.2.2, the finalized Project Plan and Schedule will document the governance, milestone, reporting, compliance, and service delivery activities agreed upon by STChealth and the Agency.

4.2.3.7.2 MEETS

Any deviation from the proposed Implementation Plan must be documented, justified, and approved by the Agency.

STChealth agrees. Any approved changes to the activities, milestones, or schedule documented within the Operational Continuity and Transition Plan will be documented and submitted for Agency review and approval.

4.2.3.7.3 MEETS

The Vendor shall not assess, invoice, or otherwise charge the Agency for any fees during the Implementation Period; milestone payments require Agency verification, and no recurring or annual fees shall begin until formal written Acceptance.

STChealth agrees. Because WVSIIS is already operating in production and no replacement-system implementation is required, references to the Implementation Period are understood to mean the Operational Continuity and Transition activities described in Section 4.2.2.2. Any project specific deliverables or milestones established through the approved Project Plan will be subject to Agency review and acceptance, as applicable. Ongoing subscription, hosting, maintenance, and support services will continue in accordance with the resulting contract.

4.2.3.7.3.1 MEETS

Milestone Definition and Approval – milestones jointly developed at initial planning and incorporated into the Project Plan, each including deliverables description, objective acceptance criteria, documentation requirements, and proposed payment amount; milestones are not valid until formally approved in writing.

STChealth agrees. Any applicable milestones will be jointly established during the initial planning sessions and incorporated into the Project Plan and Schedule described in Section 4.2.2.2.

4.2.3.7.3.1.1 MEETS

A clear description of required deliverables.

STChealth agrees to document required deliverables for any established milestone.

4.2.3.7.3.1.2 MEETS

Objective acceptance criteria.

STChealth agrees to define objective, verifiable acceptance criteria for any established milestone.

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4.2.3.7.3.1.3 **MEETS**
Documentation requirements

STChealth agrees to define documentation requirements for any established milestone.

4.2.3.7.3.1.4 **MEETS**
A proposed payment amount tied to that milestone; milestones are not valid until formally approved in writing by the Agency.

STChealth agrees. No milestone or associated payment amount will be considered valid unless formally approved in writing by the Agency.

4.2.3.7.3.2 **MEETS**
No Unilateral Changes – the Vendor may not add, remove, modify, subdivide, or consolidate milestones without the Agency's prior written approval.

STChealth agrees. No milestone will be added, removed, modified, subdivided, or consolidated without the Agency's prior written approval.

4.2.3.7.3.3 **MEETS**
Verification Before Payments – no milestone payment is due until the Agency verifies in writing that deliverables and acceptance criteria are fully met.

STChealth agrees. No milestone payment will be due until the Agency verifies in writing that any established deliverables and acceptance criteria have been satisfied.

4.2.3.7.3.4 **MEETS**
No Partial or Conditional Payments – milestone payments are all-or-nothing.
STChealth agrees.

4.2.3.7.3.5 **MEETS**
No Recurring Fees Before Final Acceptance.

STChealth agrees that no recurring fees will begin for any established deliverable until formal written Acceptance by the Agency, consistent with the terms of the resulting contract.

4.2.3.7.3.6 **MEETS**
Milestone Failure and Remediation – the Agency may issue a Notice of Deficiency; the Vendor must remediate at no additional cost and resubmit for verification.

STChealth agrees. Should the Agency identify a deficiency in an approved milestone deliverable that does not meet the agreed-upon acceptance criteria, STChealth will, consistent with the approved scope, remediate the deficiency at no additional cost and resubmit the deliverable for Agency verification. This provision applies only to the agreed upon scope and acceptance criteria associated with the milestone.

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4.2.3.7.4 **MEETS**

Liquidated Damages for Implementation Delays – up to $500/calendar day for missed milestones and $1,000/calendar day for delayed final Acceptance, capped at 10% of total implementation costs.

STChealth agrees that the liquidated damages provisions described herein will apply, as applicable, to the initial (first 90 days) milestones, activities, and acceptance criteria established under the Operational Continuity and Transition Plan described in Section 4.2.2.2. Because WVSIIS is already operating in production and does not require a replacement-system implementation, references to the operational alignment implementation activities are understood to refer to the approved contractual milestones and transition activities established pursuant to that plan.

4.2.3.8 **MEETS**

Vendor Staffing

Vendor Staffing – the awarded Vendor will provide staffing resources for implementation tasks, and internal hiring policies must comply with WV Office of Technology Policies and Agency background-check requirements.

4.2.3.8.1 **MEETS**

WV Office of Technology Policies.

STChealth's staffing practices will comply with the WV Office of Technology policies referenced in the RFP.

4.2.3.8.2 **MEETS**

OMIS Policy #0529 (Attachment D), Vendor/Contractor Employee Background Check Policy.

STChealth will comply with Attachment D's background-check policy, including its screening, fingerprinting, re-screening, and contractor compliance requirements, for all staff assigned to this contract.

4.2.3.8.3 **MEETS**

OMIS Procedure #OP-35 (Attachment E) and Appendix A (Attachment F).

STChealth will comply with Attachment E's background-investigation, adjudication, provisional-access, and verification procedures and Attachment F's fingerprinting/onboarding procedures for all applicable staff.

4.2.3.9 **MEETS**

Project Manager

Project Manager – the awarded Vendor will provide a project manager, and the Agency will engage a project manager during implementation.

STChealth will assign a dedicated Client Partner to serve as the Agency's primary project manager and point of coordination throughout the contract term. The Client Partner will lead the initial

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planning sessions identified in Section 4.2.2.2, coordinate governance activities, facilitate reporting and status reviews, manage contractual milestones, oversee issue escalation, and ensure alignment between Agency priorities and STChealth service delivery. Because WVSIIS is already operating in production, the Client Partner's focus is enabling operational continuity, modernization adoption, stakeholder engagement, and ongoing partnership rather than managing a traditional replacement-system implementation.

4.2.3.10 MEETS

Comprehensive and Role-Specific Training Plan

The awarded Vendor must provide a comprehensive, documented training plan (not just training materials) to ensure all user groups achieve and maintain full proficiency.

4.2.3.10.1 MEETS

Role-Specific Training Strategy for, at minimum, the following primary user roles.

4.2.3.10.1.1 MEETS

OEPS/Agency Administrator – system configuration, data-quality monitoring, advanced reporting, and system maintenance.

Administrator training combines a blended learning approach that includes Interactive Online Learning (IOL) courses, instructor-led training, live and recorded demonstrations, role-specific user guides, and guided practice activities that reinforce key concepts and workflows. Training focuses on system configuration, user and organization management, data quality monitoring tools, advanced and ad hoc reporting capabilities, system maintenance functions, and ongoing system administration responsibilities.

4.2.3.10.1.2 MEETS

Provider Office Staff/End-Users – day-to-day data entry, search/query functions, clinical decision support usage, and basic troubleshooting.

End-user training consists of role-based Interactive Online Learning (IOL) courses available on demand through the Learning Management System (LMS). These self-paced courses help users become familiar with the system, key features, and common workflows before accessing live data. End users also have access to recorded webinars, Quick Reference Guides (QRGs), and supporting documentation for ongoing reinforcement and reference. Training covers day-to-day data entry, search and query functions, clinical decision support (CDS) interpretation, and basic troubleshooting.

4.2.3.10.1.3 MEETS

School Nurses/Public Health Partners – roster management, exemption tracking, and public health follow-up workflows.

School Nurse and public health partner training covers roster management, exemption tracking, and outreach/follow-up workflows, building on the training

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already delivered for the January 2026 School Nurse Module launch. Training is supported by role-specific Interactive Online Learning (IOL) courses, Quick Reference Guides (QRGs), recorded demonstrations, and supporting documentation that provide both initial onboarding and ongoing reference resources. These materials are designed to support school-based and public health workflows while reinforcing user proficiency and adoption of system features.

4.2.3.10.2 **MEETS**

Training Deliverables – current, digital, user-specific resources.

4.2.3.10.2.1 **MEETS**

On-demand video instructions or demonstrations for each user role.

STChealth provides on-demand training resources through its Learning Management System (LMS), including workflow-specific video demonstrations and Interactive Online Learning (IOL) courses. Video demonstrations provide short walkthroughs of specific processes and workflows, while IOL courses deliver role-based, self-paced training with interactive learning activities and progress tracking.

4.2.3.10.2.2 **MEETS**

Digital user guides or manuals for both functional and technical reference.

Digital reference materials include Quick Reference Guides (QRGs), participant guides, and administrator documentation. Materials are maintained and updated to reflect system enhancements, workflow changes, and new functionality..

4.2.3.10.3 **MEETS**

Post-Implementation Support and Refreshers.

4.2.3.10.3.1 **MEETS**

Post-Implementation Support – a defined period of enhanced dedicated support to resolve user-adoption issues.

STChealth will provide a defined period of enhanced, dedicated post-go-live support, to be scoped with WVDH during kickoff, focused on adoption issues and smooth transition to any newly delivered functionality.

4.2.3.10.3.2 **MEETS**

Annual Training Refreshers – annual or on-demand refresher modules and updated documentation covering new features, version upgrades, and standards changes.

STChealth provides annual/on-demand refresher training and documentation updates aligned to new features, version upgrades, and evolving federal or jurisdictional standards.

4.2.3.11 **MEETS**

Privacy

4.2.3.11.1 **MEETS**

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The Vendor must comply with all relevant State and Federal Data Privacy Laws, Regulations, and Policies.

STChealth agrees to comply with all applicable State and federal data privacy laws, regulations, and policies throughout the contract term.

4.2.3.11.2 **MEETS**

The IIS must maintain an internal audit log of all user access and activity, retained for the Agency's required 6-year period and provided upon request, with access limited to authorized Agency staff.

WVSIIS maintains a comprehensive audit log of more than 30 event types (LOGIN, LOGOUT, LOGIN_FAILED, CREATE, READ, UPDATE, DELETE, EXPORT, ACTIVATE, INACTIVATE, BULK_INACTIVATE, PASSWORD_CHANGE, and submitter credential events, among others), with before/after diffs on UPDATE events; STChealth will support the Agency's 6-year retention requirement and provide audit data to authorized Agency staff at designated time frames or upon request. Access to the audit log is limited to authorized Agency staff, and audit data may be used by the Agency for compliance monitoring or the investigation of a suspected breach.

4.2.3.11.3 **MEETS**

If a data breach is discovered or suspected, Vendor shall immediately follow the process outlined in OMIS OP-30 Incident Reporting and Response Procedures (Attachment G).

STChealth agrees to follow OMIS OP-30 procedures immediately upon discovery or suspicion of a data breach.

4.2.3.11.3.1 **MEETS**

OMIS Procedure IM-01 – Incident Management Plan (Attachment I) establishes required incident-reporting channels and timelines; all incidents must be reported through the WVOT Incident Reporting System and to the OMIS Incident mailbox, consistent with OP-30.

STChealth agrees to report incidents through the WVOT Incident Reporting System and OMIS Incident mailbox consistent with OP-30 and IM-01.

4.2.3.11.4 **MEETS**

The Vendor shall ensure that data maintained on behalf of the IIS is not used, released, or sold without specific Agency authorization, regardless of de-identification or limited-data-set status.

STChealth agrees and will not use, release, or sell data maintained on behalf of the IIS without the Agency's specific prior written authorization, regardless of whether the data has been de-identified or included within a limited data set.

4.2.3.11.5 **MEETS**

The Vendor must certify that it is not currently under investigation by any state or federal

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authority for a breach of data security.

STChealth certifies it is not currently under investigation by any state or federal authority for a breach of data security as of the date of this proposal.

4.2.3.11.6 **MEETS**

The Vendor must disclose whether it has been involved in any breach of data security in the last 10 years, with details of causes and mitigating actions.

STChealth certifies that it has not experienced any breach of data security within the preceding ten (10) years. Accordingly, there are no causes or mitigating actions to disclose under this requirement.

4.2.3.11.7 **MEETS**

The Vendor must disclose details of any previous or current privacy/security investigation by any state or federal authority within the last 10 years, including corrective action plans, resolutions, fines, or sanctions.

STChealth certifies that, because it has not experienced any breach of data security within the preceding ten (10) years, it has not been the subject of any related state or federal privacy or security investigation during that period. There is accordingly no corrective action plan, resolution, fine, or sanction to disclose under this requirement.

4.2.3.11.7.1 **MEETS**

The State reserves the right to request supporting documentation or conduct independent verification; failure to disclose may result in disqualification, termination, or other remedies.

STChealth acknowledges this reservation of rights and will cooperate fully with any requested verification.

4.2.3.11.8 **MEETS**

The Vendor must certify that it has never been convicted of, charged with, or is under investigation for violation of any criminal law, or any civil law governing health care fraud, abuse, or waste.

STChealth so certifies as of the date of this proposal.

4.2.3.11.9 **MEETS**

The Vendor must certify that it does not employ any individuals who have been excluded or debarred by the federal or any state government from participating in federal or state programs or contracts.

STChealth so certifies and maintains screening practices consistent with Attachments D–F to support this certification for staff assigned to this contract.

4.2.3.11.10 **MEETS**

The Vendor shall not use the IIS data for analytics, AI/ML training, model development, or any secondary purpose without explicit written approval from the State.

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STChealth agrees. WVSIIS data, including the platform's existing ML-assisted deduplication features described in Section 4.2.1.2.1.1, operates only on WVDH's data under WVDH's existing authorization for IIS operational purposes; any new secondary use, analytics, or AI/ML training purpose will require the State's explicit prior written approval.

4.2.3.12 MEETS

Security and Audit Compliance

4.2.3.12.1 MEETS

Federal Security Compliance Requirements.

4.2.3.12.1.1 MEETS

FedRAMP Authorization – hosting within at least a FedRAMP Moderate or higher authorized cloud environment, with proof provided prior to any data migration, onboarding, or system integration activities.

STChealth proposes to host WVSIIS in a FedRAMP High-authorized cloud environment, and will provide the required proof of hosting authorization prior to implementation. This infrastructure supports the data, user, and interface continuity described in Section 4.2.2.2.4, under which no migration of WVDH's existing data, users, or connections is required as part of this transition.

4.2.3.12.1.2 MEETS

FIPS 140-2/3 Validated Cryptography for data at rest and in transit.

WVSIIS meets the FIPS 140-2/3 validated cryptography requirement for both data at rest and in transit. Data at rest is encrypted using AWS-managed volume encryption (Amazon EBS volumes encrypted via AWS Key Management Service), and data in transit is protected via TLS as described in Section 4.2.3.12.1.3; both rely on FIPS 140-2/140-3-validated cryptographic modules under NIST's Cryptographic Module Validation Program (CMVP).

4.2.3.12.1.3 MEETS

Transport Layer Security (TLS) in accordance with NIST SP 800-52, supporting TLS 1.2 and 1.3 at contract award, with demonstrated ability to implement newer versions within 12 months of publication.

WVSIIS data exchanges, including CDC IZ Gateway connections, use TLS 1.2+ today (with TLS 1.3 support), using FIPS 140-2/140-3-validated cryptographic modules and approved cipher suites; STChealth will implement newer TLS versions/configurations within 12 months of NIST or CDC publication.

4.2.3.12.1.4 MEETS

Ongoing Compliance – maintain compliance with evolving federal cybersecurity standards and report changes to FedRAMP, FIPS, or TLS support within 30 days.

STChealth agrees to report any material changes to FedRAMP authorization, FIPS validation, or TLS support within 30 days of the change.

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4.2.3.12.2 **MEETS**
SOC 2 Type II Audit Report.

4.2.3.12.2.1 **MEETS**
Updated SOC 2 Type II audit report annually, within 30 calendar days of the contract anniversary, reflecting an audit period ending no more than 12 months prior.

STChealth will provide an updated SOC 2 Type II report annually within 30 calendar days of the contract anniversary date, and will furnish additional documentation or evidence of controls upon Agency request in the event of material changes to STChealth's hosting environment or security posture.

4.2.3.12.2.2 **MEETS**
ISO/IEC 27001 certification may be submitted as supplemental evidence but does not substitute for SOC 2 Type II or the State's U.S. data residency policy.

STChealth does not hold ISO/IEC 27001 certification. STChealth will provide the required SOC 2 Type II report to satisfy this requirement.

4.2.3.12.3 **MEETS**
Penetration Testing and Vulnerability Management – annual third-party penetration testing in compliance with NIST 800-53, with findings reported within 30 calendar days and critical/high-risk findings remediated within 30 calendar days.

STChealth performs annual third-party penetration testing of the hosted environment in compliance with NIST 800-53, provides findings reports within 30 calendar days of test completion, and maintains a documented vulnerability management program addressing critical/high-risk findings within 30 calendar days unless otherwise approved by the State.

4.2.3.12.4 **MEETS**
Secure Software Development Lifecycle (SSDLC) Practices.

4.2.3.12.4.1 **MEETS**
Documented SSDLC Process aligned with NIST SP 800-218 or equivalent.

STChealth's SDLC incorporates security review and best practices throughout the sprint-based development process described in this proposal, aligned with NIST SP 800-218 principles, and STChealth will maintain and provide documentation of this process.

4.2.3.12.4.2 **MEETS**
SAST/DAST – SAST on every commit/build and DAST at least quarterly and after major releases, with remediation plans and critical/high findings resolved within 30 calendar days.

STChealth performs SAST scans integrated into the development pipeline for code commits/builds and DAST scans at least quarterly and following major releases, with critical/high-risk findings remediated within 30 calendar days unless otherwise

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approved by the Agency.

4.2.3.12.4.3 **MEETS**
Vulnerability Management Integration – SAST/DAST findings incorporated into the vulnerability management program per Section 4.2.3.12.2 timelines.

SAST/DAST findings feed the same vulnerability management program and remediation timelines described in Section 4.2.3.12.3.

4.2.3.12.4.4 **MEETS**
Third-Party Component Security – tracking and documentation of third-party libraries/modules, updated and free of known critical vulnerabilities.

STChealth tracks and documents third-party libraries and modules used in STC|ONE®, keeping them updated and monitored for known critical vulnerabilities.

4.2.3.12.4.5 **MEETS**
Continuous Monitoring consistent with FedRAMP and NIST guidance, including automated code scanning and annual penetration testing.

STChealth implements continuous monitoring, automated code scanning, and at least annual penetration testing consistent with FedRAMP and NIST guidance.

4.2.3.12.5 **MEETS**
Cloud Provider Attestations.

4.2.3.12.5.1 **MEETS**
Documentation confirming the cloud provider maintains FedRAMP Moderate or High authorization (SOC 2 Type II only as supplemental evidence).

STChealth will provide documentation confirming that its cloud provider, AWS maintains FedRAMP High authorization, with SOC 2 Type II provided as supplemental evidence only.

4.2.3.12.5.2 **MEETS**
Evidence that all IIS data is stored and processed exclusively within U.S.-based data centers.

As described in Section 4.2.3.5, all WVSIIS data is stored and processed exclusively within U.S.-based data centers; STChealth will provide supporting evidence.

4.2.3.12.5.3 **MEETS**
Supports compliance with applicable Executive Branch and OMIS Security Policies.

STChealth's hosting arrangement supports compliance with applicable Executive Branch and OMIS security policies.

4.2.3.12.6 **MEETS**
Vendor Attestation Form.

4.2.3.12.6.1 **MEETS**

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The awarded Vendor shall complete and submit a Vendor Attestation Form within 30 calendar days of contract execution, certifying compliance with the items below.

STChealth will complete and submit the Vendor Attestation Form within 30 calendar days of contract execution and will provide updated attestations annually or upon material operational changes, subject to verification under Section 4.2.3.12.8.

4.2.3.12.6.1.1 **MEETS**
U.S.-based data residency and transmission restrictions.

4.2.3.12.6.1.2 **MEETS**
SOC 2 Type II audit submission timelines.

4.2.3.12.6.1.3 **MEETS**
Penetration testing and vulnerability remediation protocols.

4.2.3.12.6.1.4 **MEETS**
Cloud provider compliance.

4.2.3.12.6.1.5 **MEETS**
All applicable state and federal cybersecurity policies and standards.

4.2.3.12.6.1.6 **MEETS**
All applicable state and federal information security and privacy requirements.

STChealth will attest to each of the above (4.2.3.12.6.1.1 through 4.2.3.12.6.1.6) on the Vendor Attestation Form and will provide updated attestations upon request.

4.2.3.12.7 **MEETS**
Incident Response (IR) Policy and Plan Requirements.

4.2.3.12.7.1 **MEETS**
NIST Alignment – IR policy/plan aligned with NIST SP 800-61 or successor publications.

STChealth maintains an IR policy and plan aligned with NIST SP 800-61.

4.2.3.12.7.2 **MEETS**
Ongoing Updates within 6 months of any NIST revision or federal mandate.

STChealth will update its IR policy and plan within 6 months of any relevant NIST revision or federal mandate.

4.2.3.12.7.3 **MEETS**
Integration with Agency Plan – demonstrating how STChealth's IR plan complements the Agency's procedures for coordinated detection, reporting, containment, eradication, and recovery.

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STChealth's IR plan will be aligned with and complement the Agency's OP-30/IM-01 procedures referenced in Section 4.2.3.11.3.

4.2.3.12.7.4 **MEETS**
Testing and Exercises – annual incident response exercises with summary reports provided within 30 calendar days.

STChealth conducts annual IR exercises (tabletop or simulated breach scenarios) and will provide summary reports to the Agency within 30 calendar days.

4.2.3.12.7.5 **MEETS**
Availability – IR policy and plan available to the Agency upon request, with annual compliance certification.

STChealth will make its IR policy and plan available upon request and certify compliance annually.

4.2.3.12.7.6 **MEETS**
Continuous Improvement – lessons learned incorporated within 60 calendar days of identification.

STChealth will incorporate lessons learned from incidents and exercises into its IR plan within 60 calendar days.

4.2.3.12.8 **MEETS**
Audit and Attestation Requirements.

4.2.3.12.8.1 **MEETS**
Provide Evidence at No Cost.

STChealth will supply system documentation, policies, configurations, testing results, audit reports, or other requested evidence at no additional cost.

4.2.3.12.8.2 **MEETS**
Timely Response – evidence provided within 30 calendar days of request.

STChealth agrees.

4.2.3.12.8.3 **MEETS**
Independent Verification, including site visits or technical assessments with reasonable notice.

STChealth agrees to permit independent verification by the State or its designated auditor with reasonable notice.

4.2.3.12.8.4 **MEETS**
Ongoing Attestation – updated forms annually or upon material change.

STChealth agrees.

4.2.3.12.8.5 **MEETS**

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Future Standards Alignment.

STChealth agrees to keep audits and attestations aligned with the most current applicable federal and state cybersecurity standards.

4.2.3.12.8.6 **MEETS**
Remediation Obligation – deficiencies addressed within 60 calendar days, with written confirmation.

STChealth agrees to remediate audit/attestation deficiencies within 60 calendar days (or as otherwise approved) and provide written confirmation of remediation.

4.2.3.13 **MEETS**
Acceptance Criteria

4.2.3.13.1 **MEETS**
General Acceptance Requirement – the Agency issues written Acceptance only after verifying all functional, technical, security, interoperability, and performance requirements are fully met.

STChealth agrees that no portion of the system will be considered Accepted until all Acceptance activities are completed and approved in writing by the Agency.

4.2.3.13.2 **MEETS**
Acceptance Testing – the Vendor must support and participate in Agency-led Acceptance Testing.

STChealth will support and participate fully in Agency-led Acceptance Testing and will remediate, at no additional cost, all defects identified during testing.

4.2.3.13.2.1 **MEETS**
Functional testing of all modules and workflows.

4.2.3.13.2.2 **MEETS**
Data migration validation.

Validation of existing production data and configuration, as no migration is required per Section 4.2.2.2.4.

4.2.3.13.2.3 **MEETS**
Interface and interoperability testing (HL7, FHIR, IIS-to-IIS, HIE, EHR connections).

4.2.3.13.2.4 **MEETS**
Performance and load testing.

4.2.3.13.2.5 **MEETS**
Security and access control verification.

4.2.3.13.2.6 **MEETS**
User acceptance testing (UAT) with Agency-designated staff.

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STChealth will support all six Acceptance Testing activities listed above, with all defects remediated at no additional cost to the Agency.

4.2.3.13.3 MEETS

Acceptance Criteria – the system is deemed acceptable only when all listed conditions are met.

4.2.3.13.3.1 MEETS

All system functionality fully implemented as described in the approved Implementation Plan and RFP requirements.

4.2.3.13.3.2 MEETS

All required interfaces operational, exchanging data accurately and consistently.

4.2.3.13.3.3 MEETS

All Critical/High defects resolved; no Medium/Low defects materially impact operation.

4.2.3.13.3.4 MEETS

All documentation delivered (architecture, configuration guides, user manuals, training materials, administrative procedures).

4.2.3.13.3.5 MEETS

All security controls implemented and validated (authentication, authorization, audit logging, compliance with Agency security standards).

4.2.3.13.3.6 MEETS

The system operates in production without material errors for a mutually agreed-upon stabilization period (e.g., 30 days).

4.2.3.13.3.7 MEETS

The Vendor has met all contractual deliverables, including reporting, project management, and communication requirements.

STChealth agrees to all seven Acceptance Criteria conditions above as prerequisites to formal Acceptance.

4.2.3.13.4 MEETS

Formal Acceptance – a written Notice of Acceptance is required before the Vendor may invoice for implementation-related fees, and no annual/recurring fees may begin prior to Acceptance.

STChealth agrees.

4.2.3.13.5 MEETS

Rejection and Retesting – the Agency may issue a Notice of Rejection; the Vendor must correct deficiencies at no additional cost and resubmit for Acceptance Testing.

STChealth agrees.

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4.2.3.13.6 MEETS

Prorated Annual Fees Post-Implementation – the Vendor may invoice only for the prorated portion of annual fees corresponding to the remainder of the current contract year following Acceptance.

STChealth agrees; no full annual fee will be invoiced for a partial contract year.

4.2.3.13.7 MEETS

Annual Fee Billing Limits and Advance Billing Requirements – no more than 12 months of fees invoiced per billing period, no lump-sum multi-year invoicing, and no invoicing for periods not yet commenced.

STChealth agrees to bill annual fees only in advance for the upcoming 12-month period or, at STChealth's option and subject to Agency approval, in quarterly installments billed in advance for the upcoming quarter, and will not invoice for any period beyond the next twelve months or for any period that has not yet commenced.

4.3 QUALIFICATIONS AND EXPERIENCE

4.3 EXCEEDS

Compliance Confirmation (overall): EXCEEDS.

Qualifications and Experience. Vendor should provide information and documentation regarding its qualifications and experience in providing services or solving problems similar to those requested in this RFP.

4.3.1 EXCEEDS

Qualifications and Experience Information

Vendor should describe in its proposal how it meets the desirable qualifications and experience requirements listed below.

4.3.1.1 Business. STChealth, LLC is a Phoenix, Arizona-based public health technology company founded in 1988, specializing in the design, implementation, and operation of enterprise-scale Immunization Information Systems (IIS) for government health agencies. With more than 38 years of experience in public health informatics, STChealth currently supports 16 jurisdictions with secure, SaaS-based IIS solutions delivered through the STC|ONE® platform, including statewide registry operations, high-volume interoperability, analytics and reporting, provider support services, and consumer access tools. Long-standing partnerships with states including Arizona, West Virginia, Indiana, and Louisiana demonstrate STChealth's proven ability to deliver compliant, scalable IT solutions supporting public health and human services programs nationwide.

4.3.1.2 Corporate Identity. STChealth, LLC is the legal entity responding to this RFP and is part of the Harris Operating Group of Constellation Software Inc. STChealth, LLC maintains its registration in SAM with UEI# QMGLAR89LLX3 and TIN# 86-0605013; its CAGE code is

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1GHE8 and its DUNS number is 198675084. Corporate address: 411 South 1st Street, Phoenix, Arizona 85004; phone 480-745-8500; website www.stchealth.com. *[Designated proposal contact name, direct phone, and email to be completed on the RFP Certification/Designated Contact page.]*

4.3.1.3 Organization and Structure. STChealth is organized to deliver and support enterprise-scale IIS through a structured, functionally aligned operating model integrating system operations, product development, professional services, and client engagement. Executive Leadership provides strategic oversight, financial governance, compliance assurance, and accountability for contract performance, with four primary functional groups reporting to Executive Leadership: **Maintenance** (system operations, service delivery, security/compliance, help desk, SLA performance); **Research and Development** (product roadmap, software releases, testing, continuous improvement, and CDC standards alignment); **Sales and Marketing** (client relationships and executive-level engagement); and **Professional Services** (interoperability/HL7 onboarding, IZ Gateway connectivity, trading-partner support, training, data services, and consulting). These groups operate within a coordinated governance framework with defined roles, communication pathways, and escalation procedures supporting WVDH's IIS operations.

4.3.1.4 Locations. STChealth is headquartered in Phoenix, Arizona, and supports this contract through a U.S.-based, distributed workforce. All WVSIIS hosting, system operations, backups, and disaster recovery are managed within the United States; no data is stored, processed, or accessed outside the U.S., and STChealth has no overseas locations supporting this contract.

4.3.1.5 References. STChealth provides the following three references from system implementations/operations within the last five years:

- **Reference 1 – Arizona Department of Health Services, Bureau of Immunization Services.** Contact: Valentin Sostaric, Immunization Data Systems Chief; 150 N 18th Ave, Suite 310A, Phoenix, AZ 85007; valentin.sostaric@azdhs.gov. The Arizona State Immunization Information System (ASIIS) has operated on STC|ONE® since 1994 and is fully compliant with CDC/NCIRD IIS Functional Standards v4.1. Current scale: 12,422,206 patient records; 145,686,600 documented vaccinations; 13,806 active users; 2,986 participating organizations; 57,867,144 HL7 messages processed in calendar year 2025; 341,839 MyIR™ registered users as of August 2026; Provider Support handles ~655 inquiries/month with a 100% resolution rate.
- **Reference 2 – Indiana Department of Health, Local Health Services Division.** Contact: Dave McCormick, Director; 2 North Meridian Street, Indianapolis, IN 46204; dmccormick@health.in.gov. STChealth has supported the Indiana Immunization Information System since 2002 on STC|ONE®, including Hepatitis B Case Management, School Nurse, STC|U, PHC Hub, and Tier 1 Provider Helpdesk workflows. Indiana recently completed a new IIS procurement and awarded STChealth the next five-year

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contract term (through 2030). Current scale: 11,504,240 patients; 143,992,012 vaccinations; 14,596 active users; 2,175 organizations; 841 connected pharmacies; 65,438,791 real-time HL7 transactions in 2025.

- **Reference 3 – Louisiana Department of Health, Office of Public Health Immunization Program (LDH-OPH IP).** Contact: Quan Le, Immunization Program Data Unit Manager; 1450 Poydras Street, Suite 1938, New Orleans, LA 70112; quan.le@la.gov. STChealth has operated Louisiana's LINKS IIS on STC|ONE® since 2000, fully compliant with CDC/NCIRD IIS Functional Standards v5.2, including through Hurricane Katrina and the COVID-19 pandemic. Current scale: 6,742,014 patients; 96,855,326 vaccinations; 10,664 active users; 2,211 organizations; 714 connected pharmacies; 56,499,405 real-time HL7 transactions in 2025; 363,129 MyIR™ users; School Nurse workflow serving 2,825 active users across 2,012 active schools.

4.3.2 EXCEEDS

Mandatory Qualification/Experience Requirements

Confirmation (overall): EXCEEDS.

4.3.2.1 EXCEEDS

The Vendor must demonstrate organizational experience with IIS or similar large-scale public health data systems in enterprise healthcare or public health settings, in compliance with federal and state regulations, within the five years prior to bid opening, using one or more of the references in Section 4.3.1.5.

STChealth satisfies and exceeds this requirement through its ongoing statewide IIS partnerships in Arizona, Indiana, and Louisiana (Reference 1–3 above), each demonstrating sustained, current, enterprise-scale IIS operation in full compliance with applicable federal and state regulations. Collectively, these references, together with STChealth's 27-year, ongoing operation of WVSIIS itself, demonstrate STChealth's proven ability to deliver secure, compliant, high-volume IIS operations and stakeholder-facing services in enterprise public health environments, fully satisfying this mandatory qualification requirement.

4.4 ORAL PRESENTATIONS

The Agency has the option of requiring oral presentations.

Compliance: MEETS. STChealth acknowledges this option and, if exercised, will participate in oral presentations consistent with the structured agenda below, without altering or adding to its submitted proposal beyond clarification of information already provided.

4.4.1 MEETS

Oral Presentations will follow the structured agenda below.

4.4.1.1 MEETS

Introductions (10 Minutes)

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STChealth will introduce the key personnel who will be involved in implementation and ongoing support of WVSIIS under this contract, including the assigned Client Partner, Client Integrator, and relevant technical leads, with names, roles, and relevant public health software deployment experience, along with a brief overview of STChealth's organization and approach to public sector partnerships.

4.4.1.2 MEETS

Demonstration of Solution (60 Minutes).

STChealth will provide a virtual demonstration of the STC|ONE® platform highlighting core system functionality, user interface, and workflow alignment with the goals and requirements outlined in this RFP, drawing on WVSIIS's current, live production configuration.

4.4.1.3 MEETS

Wrap-up and Questions (20 Minutes).

STChealth will conclude with a brief recap of its solution's value proposition, implementation readiness (reflecting incumbent status), and support model, and will reserve time for the State's follow-up questions on technical, operational, or compliance-related aspects of the proposal.

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Attachments

The following attachments are provided to demonstrate STChealth's standard operational practices, service frameworks, and technical capabilities in support of this proposal. Where applicable, STChealth will meet or exceed all requirements defined in this RFP and resulting contract, including any requirements that extend beyond or differ from standard documentation included herein.

- STC|ONE® Service Level Agreement (SLA) Essentials
  - This attachment reflects STChealth's standard service framework. For this procurement, STChealth exceeds the support requirements defined in the RFP, including a minimum nine-hour help desk coverage window, a tiered support structure (Tier 1–3), and State visibility into the ticketing system.

- STChealth Business Continuity and Disaster Recovery Plan
  - Detailed contact lists and operational artifacts referenced in this plan are maintained in STChealth's secure environment and will be made available to the State upon request under appropriate confidentiality controls.

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STC|ONE® Service Level Agreement (SLA) Essentials

CO-SLA-0001
Version -5.0
May 2026

Annual Review / Version Control

Version	Date	Change	By
3.1	3-13-2020	STC|ONE® Public Health IIS Essentials Package added additional sections, additional clarity on service descriptions based on client feedback	Kristina Crane and Tiffany Dent
3.2	7-22-2020	Updated to reflect update to CDC/NCIRD IIS Functional Standards **v4.1**	Dave Mora and Tiffany Dent
3.3	4-13-2023	Updated the Customer Support section to reflect updated consortium collaboration on priority tickets.	Dave Mora and Asad Tufail
3.4	8-10-2023	Added High Availability as an Additional SLA Package Option (Only Available as an upgrade)	Kristina Crane
3.5	07-2024	Updated quality language, revised examples.	Kristina Crane, Douglas Michaelson
4.0	11-2024	Updated format, updated materials.	Douglas Michaelson
5.0	05/2026	Removed references to IWEB, updated CO-PRO-00001 - Process for Application Related Issues or Questions	April Nottage, Shae-Lyn Wilkinson

STC|ONE® Service Level Agreement (SLA) Essentials

STChealth will use all reasonable efforts to maximize the availability of STChealth STC|ONE®

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("STC|ONE® --") and provide performance standards as detailed below. This Service Level Agreement ("SLA") applies to STC|ONE® -, Production Instance, deployments at level Essentials that have been transitioned to Development Operations for a minimum of 24 hours and does not apply to any other product offered by STChealth. We will provide at least 30 days' advance notice for adverse changes to this SLA.

Definitions

- "Month" as used herein refers to a calendar month.
- "Applicable Monthly Service Fees" means the total fees paid by you for a given STC|ONE® cluster during the month in which Downtime occurred.
- "Production Instance" means the application instances used to support day-to-day operations and user activities ensuring real-time patient and immunization data access.
- "Non-Production Instance": means the application instances other than Production. These instances are commonly called Test, Dev / Development, UAT, or Training.
- "Planned Maintenance" means periods of routine maintenance and updates (including ETL processing). This includes the regularly scheduled agreed upon maintenance windows and agreed upon extended windows as needed.
- "Downtime" is calculated per STC|ONE® cluster on a monthly basis and is the total number of minutes during the month that the entire cluster was unavailable. A minute is considered unavailable if all your continuous attempts to establish a connection to the STC|ONE® cluster within the minute fail. Downtime does not include partial minutes of unavailability or scheduled downtime for maintenance and upgrades.
- "Critical Issue" (incident or defect) that requires immediate effort for resolution. Any planned work is halted until the resolution of the issue has been achieved. While there are no guaranteed time frames for resolution, there is a guarantee of immediate effort to resolve. The following are some characteristics of a critical (P1) issue:
  - Complete or modular loss of function in business-critical production systems.
  - No workarounds are available to allow the business to continue.
  - The potential for data corruption or complete loss of service is time sensitive, and any delay could result in catastrophic failure.
  - STChealth reserves the right to move or change the priority of a ticket based on the above definitions.
- "Non-Critical Issue definition" A problem with the system instance that causes an operational change to service. This results in a workaround or requires an intervention to gain normal operations
- "Resolution" of an issue is defined as being resolved once a work-around, a mutually agreed upon "mitigation plan", or updated release of the software is made available to the client.
- "Availability Measurement" means the STChealth Production Service instance as reported through the STChealth Managed Monitoring Applications. A dashboard will be provided to allow continuous client monitoring of availability.
- "Monthly Uptime Percentage" is calculated per STC|ONE® cluster on a monthly basis and is

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calculated as below. Any STC|ONE® cluster deployed for only part of the month is assumed to be 100% available for the portion of the month that it is not deployed.

$$\left(\frac{\text{Total - Unplanned Outage - Planned Maintenance}}{\text{Total - Planned Maintenance}}\right) \times 100 \geq 99\%$$

Limitations

Downtime does not include, and you will not be eligible for a relief for, any performance or availability issue that results from:

- Factors outside of our reasonable control, such as natural disaster, war, acts of terrorism, riots, government action, or a network or device failure at your site or between your site and STChealth's Enterprise Cloud; or
- Loss of your password or equipment to access our network; or
- Your or any third party's (a) improper use, scaling, or configuration of STC|ONE® cluster, or (b) failure to follow appropriate security practices; or
- All monitoring activities and baseline for any relief, will be based on STChealth's Enterprise monitoring; or
- STChealth's Alpha Offerings; or
- STChealth's Beta Offerings; or
- STChealth's Demo Offerings; or
- STChealth's Non-Production Offerings.

Documents Incorporated via Attachment:

- CO-PRO-00001 - Process for Application Related Issues or Questions

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CO-PRO-00001 - Process for Application Related Issues or Questions

STChealth Support Service Standard	
Process for Application Related Issues or Questions	**Updated: 05-2026**
	Issued By: Support Services **Owner:** Support Services

Document is generally incorporated as an attachment to one of STChealth's Service Level Agreements (SLAs). Though, produced as an attachment for clarity.

Process for Application Related Issues or Questions

Clients using STC|ONE® benefit from a comprehensive, vendor-hosted self-help and issue tracking system through the STC Service Desk. This system enables authorized client-level users to submit issues or and improvement requests, track ticket status and receive updates throughout the resolution process. The Service Desk will assess critical issues immediately, and non-critical issues and questions as they come and will provide monthly client-level calls to help with prioritization of tickets. Ad-hoc calls can be scheduled regarding a specific ticket or issue.

Regarding application related issues, STC will perform due diligence to assess unintended impacts of an application change upon the business of the IIS.

STChealth utilizes a tiered support model to ensure efficient issue resolution and appropriate escalation:

- Tier 1 – manages intake, triage and routine issue handling
- Tier 2 – performs advanced functional analysis, configuration support and issue investigation
- Tier 3 – provides engineering-level escalation for complex defects and code-related issues

This structured support model ensures that issues are addressed at appropriate level of expertise, while maintaining transparency, responsiveness, and coordinated resolution across all support tiers.

Our support staff are available to address platform-related questions and non-critical issues during normal business hours, **Monday to Friday, from 5:00 A.M. to 5:00 P.M. MST. Critical production issues receive 24x7 incident response.**

You can submit your questions or feedback to our STC Service Desk.

- https://stchome.atlassian.net/servicedesk/customer/portals (requires login)
- https://stcsupport.com/

General Definitions

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- **Defects:** Defect is defined as a function within the software that is not operating as designed.
- **Incident:** A problem with the system instance that causes an unplanned interruption to service. This results in a work around or a solution by an operational fix
- **Ticket Classification or reclassification**: STC reserves the right to reclassify tickets as appropriate after initial discovery and triage. For example, a defect may be reclassified as an incident if appropriate. As part of reclassification reasoning will be provided
- **Production Instance:** means the application instances used to support day-to-day operations and user activities ensuring real-time patient and immunization data access.
- **Non-Production Instance**: means the application instances other than Production. These instances are commonly called Test, Staging, Dev / Development, UAT, or Training.

Severity Definitions:

Critical Issue definition: Issues (incident or defect) that require an immediate effort for resolution. Any planned work is halted until the resolution of the issue has been achieved. While there are no guaranteed time frames for resolution, there is a guarantee of immediate effort to resolve. The following are some characteristics of a critical (P1) issue:

- Complete or modular loss of function in business-critical production systems.
- No workarounds are available to allow the business to continue.
- The potential for data corruption or complete loss of service is time sensitive, and any delay could result in catastrophic failure.

Core System Examples of Critical Issues Include:

- Providers are unable to submit vaccine orders.
- HL7 message Exchange is down for multiple providers.
- System users cannot log in or navigate the system.
- Vaccine information cannot be entered into the system.

Non-Critical Issue definition: A problem with the system instance that causes an operational change to service. This results in a workaround or requires a modification to gain normal operations

- **The resolution:** of an issue is defined as being resolved once a work-around, a mutually agreed upon mitigation plan / resolution action plan, or updated release of the software is made available to the client.
- **Ticket Classification or reclassification:** STC reserves the right to move or change the severity of a ticket based on the above definitions.

Response Times and Process

Production Instance Support

STC Operations provides 24 hours per day, seven days per week, incident response for critical issues affecting the production instance. If an automated system alert indicates a critical issue,

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STC will acknowledge and begin triage within 15 minutes of the alert to work towards system restoration.

Critical Incidents or Defects: STC will provide the Client Program with a written summary of work completed and planned, in the STC Service Desk ticket. Initial results of the triage will be provided within one (1) hour with updates at least every two (2) hours until the issue is stabilized or a mutually agreed mitigation plan, workaround or software update is available.

SLA Metric	Target
Critical Issue Response	15 minutes (alert acknowledgment)
Critical Issue Resolution Plan	1 hour (initial plan provided to client)
Non-Critical Issue Response	4-24 business hours (ticket acknowledgment)

Non - Production Instance Support

- Non-production instance issues will be reviewed during normal STC business hours.

DATE ISSUED/DATE REVIEWED

Date Issued:	05/2026
Date Reviewed:	05/2026

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Business Continuity and Disaster Recovery Plan

S-PP-0003
Version 2.1
May 2026

Revision No.	Revision Date	Summary of Changes	Author
1.0	October 2013	Initial plan	
1.1	May 2015	First Revision - Updated personnel list and Business Continuity team graphic; Made minor changes to wording, grammar, and spelling	
1.2	November 2015	Added clarification on client notifications; Updated contact information for employees, vendors, clients and other stakeholders.	
1.3	August 2018	Revision of Nov. 2015 version	J. Calovini
1.4	May 2019	Annual Review: Minor updates and addition of contact information	J. Calovini
1.5	July 2020	Annual review: Minor updates; additional pandemic detail and updated links.	B. Altstadter
1.6	July 2021	Annual Review	J. Calovini
1.7	June 2022	Annual Review	D. Michaelson
1.8	May 2023	Annual Review	D. Michaelson
1.9	May 2024	Annual Review – Minor Grammer Revision.	D. Michaelson
2.0	May 2025	Annual Review	D. Michaelson
2.1	May 2026	Annual Review - Contact updates	S. Walker

Approvals	Date
Azure Spanier, Authorizing Official	

1. Overview

STChealth's (STC) mission is to "Build a Healthier Future" by transforming how our customers do business by designing, developing and delivering innovative technology solutions. To accomplish this mission, STC must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. In the event of a disaster that interferes with STC's ability to conduct business from its 411 S 1st Street, Phoenix, Arizona office, this plan will be used by the pre-assigned individuals to coordinate the recovery of business functions. This document provides planning and program guidance for implementing STC's Business Continuity and Disaster Recovery Plan and programs to ensure the organization can conduct its essential missions and functions under all threats and conditions.

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1.1 Scope

The Business Continuity Plan (BCP) scope is recovery and business continuance from a serious disruption due to non-availability of the 411 S 1st Street facility. For Additional information relative to client or internal backup, reconstitution, and recovery please see the Contingency Planning Policy. The BCP includes procedures for all phases of recovery. This plan includes Disaster Recovery Planning (DR) which includes recovery of technology facilities, platforms such as critical applications, databases, servers and other required infrastructure. Unless otherwise modified, this plan does not address temporary interruptions of durations less than the time frames determined to be critical to business operations.

The scope of the plan focuses on localized disasters. It is not intended to cover major regional or national disasters such as war or nuclear attack.

1.2 Planning Assumptions

This Continuity Plan is based on the following assumptions:

1. That a viable and tested IT Disaster Recovery Plan exists and will be put into operation to restore critical information systems.
2. That this plan has been properly maintained and updated as required.
3. That home-sourced operations will be the primary alternate location to support the continuation of STC's essential functions.
4. Once the Continuity Plan is activated, available communications and information systems will be available in accordance with Section 6 of this document.
5. The level of detail is based on the premise that sufficient, knowledgeable STC personnel will not be incapacitated by the interrupting event and can execute the Business Continuity Plan.
6. That equipment and supplies can be readily obtained from current vendors.
7. That corporate credit cards and existing accounts will be used for the procurement of necessary equipment and supplies.

1.3 Objectives

The objective of the BCP is to coordinate recovery of critical business functions in the event of a disruption or disaster at the 411 S 1st Street office. This can include short- or long-term disasters or disruptions such as fires, floods, earthquakes, power outages, rail accidents, explosions, terrorism, hazardous chemical spills, pandemics and other natural or man-made disasters.

STC priorities in a disaster are to:

1. Ensure the safety of all employees and visitors in the office building – Emergency Response

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team (ERT) responsibility.
2. Mitigate threats or limit damage caused by the threat if possible – ERT responsibility.
3. Declare the event and begin implementation of documented plans and procedures to restore operations in a quick and effective manner.

The STC objectives of this plan are to:

1. Reduce or mitigate disruptions to operations.
2. Ensure STC has backup facilities that can perform essential functions, as appropriate.
3. Protect essential equipment, data, and other assets, in the event of a disruption.
4. Achieve STC's timely and orderly recovery and reconstitution from an emergency.

2 Roles and Responsibilities

The Business Continuity Planning and Execution team consists of the following key roles:

Role	Planning Responsibilities	Response Responsibilities
Executive Leadership	• Review and approve Business Continuity Plan • Provide funding to ensure continuity measures are in place • Establish expenditure authorization limits for Business • Continuity Coordinator	• Provide interaction with public and stakeholders as required
Business Continuity Coordinator (BCC)	• Direct the development of the Business Continuity Plan • Assess the impact of technological or organizational changes on the Business Continuity Plan and coordinate any revisions • Coordinate routine updates to detailed information supporting the plan • Manage electronic and hard copy access and distribution of the plan • Ensure all personnel with specific Business Continuity responsibilities are prepared and trained to fulfill their duties • Ensure that the plan is tested at least annually • Conduct evacuation drills • Develop procedures for securing premises	• Ensure the safety of the staff • Activate the plan, declare the disaster • Notify executive leadership that a disaster has been declared • Monitor the progress of all Business Continuity and Disaster Recovery teams • Present daily status briefings • Authorize expenditures and allocations of funds per pre- • established guidelines • Provide on-call support for any emergency • Serve as a liaison between senior management and the Business Continuity team • Coordinate emergency response efforts between all teams • Develop a damage report and present it to management

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Role	Planning Responsibilities	Response Responsibilities
Information Technology Team Lead	• Ensure routine maintenance schedule is in place • Lead technological risk assessments • Maintain a list of vendor phone numbers and record in DR Plan online for accessibility • Ensure necessary redundancy and/or backups are in place and functioning for all critical infrastructure	• First point of contact for IT for the BCC • Inspect facility upon notification of facility habitability • Activate IT Technology recovery Plan/DR plan • Evaluate damaged assets • Secure assets • Work with investigators/local responders to determine cause of incident, if needed • Deliver usable hardware to employees, if needed • Work with Finance team to arrange deliveries to alternate site as needed • Recall backup tapes and vital records • Recover network and applications/systems • Return IT environment to operational state • Maintain information security operations to prevent • compromise or loss of data
Development/ Operations Team Lead	• Maintain a list of vendor phone numbers and record in DR Plan online for accessibility • Ensure necessary redundancy and/or backups are in place and functioning for all critical • applications	• First point of contact for Customer Applications for the BCC
Customer Support Team Lead	• Ensure procedures are in place to transfer necessary functions • Maintain a list of vendor phone numbers and record in DR Plan online for accessibility • Maintain charged battery and test mobile hotspot monthly	• Perform transfer procedures • Update voicemail with status, if necessary/appropriate • Coordinate staffing schedule changes, if necessary • Implement collaborative work tools, WebEx, Google video chat, etc.

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Role	Planning Responsibilities	Response Responsibilities
Communications Team Lead	• Develop and maintain call list for customers and record in DR Plan online for accessibility	• Coordinate all customer communication efforts related to the event • Communicate with vendors/contracts as necessary • Coordinate with the BCC regarding employee communications • Perform community outreach to victims • Work with local news media to release statement post disaster • Provide media with status updates as authorized by management • Ensure corporate website is updated to reflect any • operational changes
Human Resources Team Lead	• Develop Evacuation and Emergency Response training materials • Assist the BCC with training and tracking of employees with continuity roles • Conduct training classes to ensure all staff are trained	• Communicate status and plans to employees and families • Assist employees with worker compensation claims • Assist employees with insurance benefits • Reach out to injured persons and families of victims • Work with management to develop community outreach programs
Finance Team Lead	• Assist business units with financial assessment of potential business impact • Ensure procedures are in place to provide necessary functions if not at office • Maintain a financial institution information list and record in DR Plan online for accessibility	• Assist in procurement and ordering of new materials and supplies • Ensure that payroll continues • Work with insurance claims representatives • Ensure that accounts payable/receivable continue • Forward mail (in the event of • long-term limited access to the primary facility)
Team Member (all teams)	• Assist Team Lead in planning and preparing	• Follow the direction of the Team Lead to assist with • appropriate business continuity efforts

3 Activation, Notifications and Relocation

3.1 Activation

Based on the type and severity of the emergency, STC's Continuity Plan may be activated by:

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1. STC Business Continuity Coordinator or a designated successor may initiate the Continuity Plan activation for the entire organization, based on an emergency or threat directed at the organization.

Continuity Plan activation and relocation are scenario-driven processes that allow flexible and scalable responses to the full spectrum of all-hazards or threats that could disrupt operations with or without warning and during work or non-work hours. Continuity Plan activation will not be required for all emergencies or disruptions, since other actions may be more appropriate.

As the decision authority, the BCC will be kept informed of the threat environment using all available means, including STC's Emergency Response team, regional notification systems, local operations, and State and local reporting channels and news media. The BCC will evaluate all available information relating to:

- Direction and guidance from higher authorities.
- The health and safety of personnel.
- The ability to execute essential functions.
- Changes in threat advisories.
- The potential or actual effects on communication systems, information systems, office facilities, and other vital equipment.
- The expected duration of the emergency.

3.2 Alert and Notification Procedures

STC maintains plans and procedures for communicating and coordinating activities with personnel before, during, and after a continuity event.

Before an event, personnel at STC will monitor advisory information. In the event normal operations are interrupted or an incident appears to be imminent, STC will take the following steps to communicate the organization's operating status with all staff:

1. The BCC or designated successor will notify the ERT of the emergency requiring Continuity Plan activation

Upon the decision to activate the Continuity Plan, STC will notify all STC personnel, as well as affected and interdependent entities, with information regarding continuity activation and relocation status, operational and communications status, and the anticipated duration of relocation. These entities include:

- Continuity facilities and on-site support teams with information regarding continuity activation, relocation status, and the anticipated duration of relocation

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- All STC employees with instructions and guidance regarding the continuity activation and relocation
- Clients, including providing detailed information on how continuity of services and support will be maintained

3.3 Relocation Process

Once the Continuity Plan is activated and personnel are notified, STC will relocate continuity personnel and vital records to the continuity facilities, employees' homes. STC continuity personnel will deploy/relocate to their homes to facilitate communication and operations by performing STC's essential functions and other continuity-related tasks.

Emergency procedures during work hours with or without a warning will be implemented as follows:

- Continuity personnel, including advance team personnel, if applicable, will depart to the designated continuity facilities, employee's homes, from the primary operating facility or current location using privately owned vehicles.
- Non-continuity personnel present at the primary operating facility or another location will receive instructions from the ERT. In most scenarios, non-continuity personnel will be directed to wait for further guidance.
- At the time of notification, if available, information will be provided regarding safety precautions and routes to use when leaving the primary operating facility.

Emergency procedures during non-working hours with or without a warning will be implemented as follows:

- Advance team members, if applicable, will remain at the designated continuity facilities, employee's homes, unless deployment to the primary office location is necessary for evaluation.
- Continuity personnel will remain at home unless requested to depart to the primary facility from their current location using privately owned vehicles.
- Non-continuity personnel will remain at their residences to wait for further instructions.

Non-continuity personnel may be required to replace or augment continuity personnel during activation. These activities will be coordinated by the ERT with the replacement staff on a case-by-case basis. Non-continuity personnel will remain available to replace or augment continuity personnel, as required.

The ERT will direct STC's non-continuity personnel to remain at home until further notice.

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In the event of an activation of the Continuity Plan, STC may need to procure necessary personnel, equipment, and supplies that are not already in place for continuity operations on an emergency basis. The BCC maintains the authority for emergency procurement.

4. Business Continuity Team

4.1 Contact Lists

This section contains the contact lists for the leadership members of the Business Continuity team as well as the members of the response teams. This list is maintained on SharePoint for continuity purposes.

4.1.1 Business Continuity Planning and Response Team Contact List

This list is maintained on the SharePoint for continuity purposes:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

4.1.2 Communications Team Contact List

This list is maintained on the SharePoint for continuity purposes:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

4.1.3 Infrastructure Team Contact List

This list is maintained on the SharePoint for continuity purposes:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

4.1.4 Finance/Accounting Team Contact List

This list is maintained on the SharePoint for continuity purposes:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

4.1.5 Human Resources Team Contact List

This list is maintained on the SharePoint for continuity purposes:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

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5. Emergency Operations Center

In the event of a declared disaster affecting STC's business offices, business operations will utilize home-sourced employees using the telework policy.

Contact information for STC teams is in Section 4 of this Business Continuity Plan.

6. Business Impact Analysis

Function	Criticality	Maximum Downtime	Required Resources	Potential Impact
Accounts Payable	Medium	8 Hours	# Employees: 2 Equipment: Desktop/Laptop, Printer, Telephone Supplies: Bills, Accounting files Technology: QuickBooks, Corporate file share, internet banking, email Interdependencies: IT	Inability to pay suppliers may cause disruption of services
Accounts Receivable	Medium	4 Hours	# Employees: 2 Equipment: Desktop/Laptop, Printer, Telephone Supplies: Customer Payments, Accounting files Technology: QuickBooks, Corporate file share, internet banking, email Interdependencies: IT	Disruption of cash flow
Payroll	Medium	4 hours on payroll weeks	# Employees: 3 Equipment: Desktop, Laptop, Printer, Telephone Supplies: Technology: QuickBooks, Corporate file share, internet banking, email Interdependencies: Payroll notes from HR, IT	Inability to pay employees in a timely fashion
Human Resources	Low	48 hours	# Employees: 2 Equipment: Desktop/Laptop, Printer, Telephone Supplies: Technology: Internet (SaaS app-ADP WFN, Exact Hire), file share,	Inability to support employees in the event of a crisis.

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Function	Criticality	Maximum Downtime	Required Resources	Potential Impact
			email Interdependencies: Payroll notes to Finance	
Customer Support	High	30 minutes	# Employees: 8 Equipment: Desktop, Telephone-Telax Supplies: How-to procedures Technology: Internet (SaaS app-Jira, Zoho), email, chat (botco.ai) Interdependencies: Cloudnet for phone service	Reduced client satisfaction/confidence; inability to track and resolve critical client issues; financial impact due to degradation of service
Development	Medium	8 hours	# Employees: 24 Equipment: Desktop/laptop, telephone Supplies: Technology: Internet, remote access to cloud, Jenkins app, Maven Interdependencies: Amazon Web services and MS Azure	Late product delivery and missed deadlines
Operations	High	15 minutes	# Employees: 4 Equipment: Desktop/laptop, telephone Supplies: Technology: Internet, remote access to cloud, Jenkins app, Maven Interdependencies: Amazon Web services and MS Azure	Inability to support client applications; reduced client satisfaction
Quality Assurance	Medium	8 hours	# Employees: 8 Equipment: Desktop/laptop, telephone Supplies: Use cases, test plans Technology: Internet, remote access to cloud, Jenkins app, Maven Interdependencies: Amazon Web services and MS Azure	Late product delivery and missed deadlines
Marketing/ Sales	Medium	8 hours	# Employees: 9 Equipment: Laptop Supplies: Technology: Internet Interdependencies:	Inability to pursue new revenue opportunities

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Function	Criticality	Maximum Downtime	Required Resources	Potential Impact
Customer Applications (Private)	High	15 minutes	# Employees: 5 Equipment: Servers/Network Infrastructure Supplies: Technology: Microsoft Azure Interdependencies: Development/Operations/QA	Disruption of client services
Customer Applications (Public)	High	15 minutes	# Employees: 5 Equipment: Servers/Network Infrastructure Supplies: Technology: AWS Interdependencies: Development/Operations/QA	Disruption of client services

7. Continuity and Reconstitution

7.1 Continuity Operations

This section describes the operational procedures for the continuation of essential functions.

Upon activation of the Continuity Plan, if possible, STC will continue to operate at its primary operating facility until ordered to cease operations by the BCC. At that time, essential functions will transfer to the continuity facility. STC will ensure that the continuity plan can be operational within 30 minutes of plan activation.

A requirement of continuity personnel is to account for all STC personnel. STC will use the following processes to account for all personnel:

- Teams Communications
- Company-wide email
- Telephone tree
- Website updates

7.2 Reconstitution Operations

This section identifies and outlines a plan to return to normal operations once the BCC determines that plans for resuming normal business operations can be initiated.

Within 24 hours of an emergency relocation, the Business Continuity team will initiate and coordinate operations to salvage, restore, and recover STC's primary operating facility after receiving approval from the appropriate State and local law enforcement and emergency services.

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- Business Continuity Coordinator will serve as the Reconstitution Manager for all phases of the reconstitution process
- Each business unit will designate a reconstitution point-of-contact (POC) to work with the Reconstitution team, update office personnel on developments regarding reconstitution, and provide names of reconstitution POCs to the Business Continuity Coordinator within 24 hours of the Continuity Plan activation

During continuity operations, the IT Manager must determine the status of the primary operating facility affected by the event by inspection and/or contact with local authorities. Upon obtaining the status of the facility, STC will determine how much time is needed to repair the primary operating facility and/or acquire a new facility. This determination is made in conjunction with the Executive Management team. Should STC decide to repair the facility, the IT Manager has the responsibility of supervising the repair process and must notify the Executive Management of the status of repairs, including estimates of when the repairs will be completed.

Reconstitution will commence when the BCC or other authorized person ascertains that the emergency has ended and is unlikely to reoccur. These reconstitution plans are viable regardless of the level of disruption that originally prompted implementation of the Continuity Plan. Once the appropriate STC authority has made this determination in coordination with other State, local and/or other applicable authorities, one or a combination of the following options may be implemented, depending on the situation:

- Continue to operate from the continuity facilities
- Reconstitute STC's primary operating facility and begin an orderly return to the facility
- Begin to establish a reconstituted STC in another facility or at another designated location

Before relocating to the primary operating facility or another facility, the IT Manager will conduct appropriate security, safety, and health assessments to determine building suitability; will verify that all systems, communications, and other required capabilities are available and operational; and will confirm that STC is fully capable of accomplishing all essential functions and operations at the new or restored primary operating facility.

The Business Continuity Coordinator will provide information regarding continuity activation and relocation status; STC's continuity facility, operational and communication status; and anticipated duration of relocation.

- IT Manager will develop space allocation and facility requirements.
- The Human Resources Team Lead will notify all personnel that the emergency or threat of emergency has passed, and the actions required of personnel in the reconstitution process using a company-wide email.
- The CFO will coordinate office space for reconstitution, if the primary operating facility is uninhabitable.

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- The Human Resources Team Lead will develop procedures, as necessary, for restructuring staff.
- Upon verification that the required capabilities are available and operational and that STC is fully capable of accomplishing all essential functions and operations at the new or restored facility, the IT Manager will begin supervising a return of personnel, equipment, and documents to the primary operating facility or a move to a temporary or new permanent primary operating facility. The phase-down and return of personnel, functions, and equipment will follow the priority-based plan and schedule outlined below and STC will develop return plans based on the incident and facility within 72 hours of plan activation.

The Business Continuity team will conduct an After-Action Review (AAR) once back in the primary operating facility or in a new primary operating facility. The Business Continuity Coordinator is responsible for initiating and completing the AAR; all offices within STC will have the opportunity to provide input to the report. The AAR will address the effectiveness of the continuity plans and procedures, identify areas for improvement, document these in a corrective action program (CAP), and then develop a remedial action plan as soon as possible after the reconstitution. The Business Continuity Coordinator is responsible for documenting areas for improvement in the CAP and developing a remedial action plan. In addition, the AAR will identify which, if any, records were affected by the incident and will work with the IT Manager to ensure an effective transition or recovery of vital records and databases and other records that had not been designated as vital records.

8. Resources and Equipment

8.1 Critical Software List

Authorized individuals will have access to our Critical Software List, which can be found at this link:

https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

9. Contact Details

9.1 Staff List

Authorized individuals will have access to our internal Staff List, which can be found at this link:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

9.2 Government Sector Client List

Authorized individuals will have access to our Government Sector Client List, which can be found at this link:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

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9.3 Private Sector Client List

Authorized individuals will have access to our Private Sector Client List, which can be found at this link:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

9.4 Vendor/Supplier List

Authorized individuals will have access to our Vendor/Supplier List, which can be found at this link:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

9.5 Insurance Contact Information

Authorized individuals will have access to our Insurance and Financial Contact List, which can be found at this link:
https://stchealth.sharepoint.com/:x:/s/STCHealthLLC/EX_ucJJn2qxOtpn5-DSqHJoBJO59y3Os9ngWEt57sQskBA?e=CLtQzc

10. Plan Training and Testing

This section contains information about how STC administers the Business Continuity Plan Awareness, Training and Testing programs.

10.1 Awareness and Training

Training and awareness completion records will be maintained in each employee's personnel file.

Awareness Activity	Frequency	Responsible	Required Materials	Comments
New Employee Orientation	Once	HR	PowerPoint	
Annual Employee Plan Review	Annual	HR	Email with key points highlighted	Include when Employee Handbook and/or NDAs are updated and requires re- review by employees
National Readiness Month	Annual – September	Communications	Manager blog, posters, etc.	Highlight readiness with blog posts, contests, etc.

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10.2 Exercising/Testing the Business Continuity Plan

The Business Continuity Coordinator is responsible for conducting a minimum annual exercise of the BCP. Completion of the exercise/test will be documented by the BCC and maintained on file electronically and in hard copy with this plan. All unplanned implementation of the BCP will be included as a test and documented accordingly.

Exercise Type	Purpose	Participants	Frequency
Tabletop Exercise	Training/updating BCP	All BCP team Leads	Annual

11. Plan Maintenance, Revision History, and Approvals

11.1 Business Continuity Plan Maintenance

The BCC is responsible for the maintenance of this document. When updates are required, the BCC shall establish a timetable for updates, ensure the required updates are completed, and distribute the updated plans to the distribution list noted at the beginning of this document.

The plan is updated as needed:

- In response to major changes to the organization such as office moves, telephone number changes, new personnel, changes to BCP teams, retirements, duty changes, new product lines, and additions or deletions of critical applications or product lines;
- In response to changes in business processes revealed during updates to the Business Impact Analysis;
- After each tabletop exercise to reflect the recommendations resulting from the post-test wrap-up debriefings; and
- Based on annual plan reviews

As sections of the plan are updated, the revised sections are provided to BCP team members and any additional plan holders. All BCP participants and plan holders are notified of the changes and encouraged to review all changes and appropriately update their copy of the plan. Updates will generally be distributed electronically, and plan holders will print hard copies to insert into their plans. The plan will be stored electronically off premises from the 411 S 1st Street facility to ensure availability if the building is destroyed or becomes unreachable.

In addition, the plan will be updated in the event an actual disaster occurs. The plan will be reviewed and updated at a convenient point after the initial responses to the disaster have been completed.

11.2 Printing and Distribution Instructions

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Hard copies will be kept at the homes of the individuals listed in Section 4.2.1. When printed, the Staff Contact list referenced in Section 9.2.1 should be included in the printing and should be replaced at least quarterly.

Additionally, all individuals mentioned in sections 4.2.1 to 4.2.5 will have online access to the Disaster Recovery Plan.

Appendix A: Risk Assessment and Treatment Matrix

Hazard	Asset or Operation Risk	Opportunities for Prevention or Mitigation	Probability (L, M, H)	Impacts with Existing Mitigation			Overall Rating
				People	Property	Operations	
Severe Thunderstorms / Flood	Personnel, Ability to continue operations at Phoenix office	Telephone and computer systems that allow teleworking.	M	L	L	M	M
Air Conditioning Failure	Personnel, Ability to continue operations at Phoenix office	Inspection of HVAC system ensure filters on A/C are changed regularly.	L	L	L	L	L
Pandemic/Annual Flu	Personnel health, ability to provide staff for operations	On-site vaccinations for staff, health conscious reminders. Ability to telework. Enhanced cleaning, social distancing guidelines.	L	M	L	M	L
Sabotage	Data	Access controls. Employee background checks.	L	L	L	M	L
Riot/Civil Disturbance	Personnel, ability to continue operations at Phoenix office	Telephone and computer systems that allow teleworking.	L	L	L	L	L
Theft/Vandalism	Property	Third-party off- site hosting for critical systems.	L	L	M	L	L

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Hazard	Asset or Operation Risk	Opportunities for Prevention or Mitigation	Probability (L, M, H)	Impacts with Existing Mitigation			Overall Rating
				People	Property	Operations	
Terrorism	Personnel, Property, Ability to	Telephone and computer systems that	L	L	L	L	L
	continue operations at Phoenix office	allow teleworking.					
Workplace Violence	Personnel	Policies for disabling accounts for terminated employees. Employee satisfaction programs and monitoring. Background checks. Physical building security.	L	H	L	L	L
Unauthorized Release of Confidential Information	Data	Information security policies and procedures. Access controls.	M	L	L	H	M
Fire	Personnel, Property	Sprinkler system.	L	L	H	L	L
Disgruntled Employee	Data	Policies for disabling accounts for terminated employees. Employee satisfaction programs and monitoring. Background checks.	M	L	L	M	M
Power Fluctuations/ Outages	Ability to continue operations at the Phoenix office	UPS. Off-site hosting of critical applications. Telework policy.	M	M	L	M	M
Equipment Failure	Ability to continue operations	Regular monitoring and maintenance of critical systems.	M	M	H	H	H

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Hazard	Asset or Operation Risk	Opportunities for Prevention or Mitigation	Probability (L, M, H)	Impacts with Existing Mitigation			Overall Rating
				People	Property	Operations	
		Third party off- site hosting.					
Loss of Communications	Ability to continue operations	Maintain multiple methods of communication (e.g. phone, email)	M	M	L	M	M
Loss of Data	Ability to continue operations	Backup and recovery plans	M	L	L	M	M
Viruses, Malware, Hacker Attack	Property, Ability to continue operations	Apply regular patches. Regular monitoring and maintenance of critical systems.	M	M	M	M	M
Loss of Institutional Knowledge	Personnel, Ability to continue operations	Cross-training programs. Operational documentation.	M	M	L	M	M
Failure of third party hosting system	Ability to continue operations	Establish Service Level Agreements with vendors.	L	L	L	H	M
Rail Accidents / Hazardous Material Spills	Ability to continue operations at the Phoenix office.	Telephone and computer systems that allow teleworking.	L	M	M	M	

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	Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	**State of West Virginia** **Centralized Request for Proposals** **Info Technology**

Proc Folder:	2009980	**Reason for Modification:**
Doc Description:	IMMUNIZATION INFORMATION SYSTEM (IIS)	ADDENDUM 1 TO PROVIDE ANSWERS TO VENDOR QUESTIONS AND REVISED ATTACHMENT B
Proc Type:	Central Master Agreement	

Date Issued	Solicitation Closes	Solicitation No	Version
2026-08-04	2026-08-19 13:30	CRFP 0506 MIS2700000001	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:	000000229226				
Vendor Name :	STChealth, LLC				
Address :	411 S. 1st Street				
Street :					
City :	Phoenix				
State :	Arizona	**Country :**	USA	**Zip :**	85004
Principal Contact :	Kristal Shearin				
Vendor Contact Phone:	(480) 745-8638	**Extension:**			

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Kyre Spanier **FEIN#** 86-0605013 **DATE** 08/14/2026

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

REQUEST FOR PROPOSAL - IMMUNIZATION INFORMATION SYSTEM (IIS)

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH, BUREAU OF PUBLIC HEALTH OFFICE OF EPIDEMIOLOGY AND PREVENTION SERVICES, IS SOLICITING PROPOSALS TO ESTABLISH AN OPEN-END CONTRACT FOR AN IMMUNIZATION INFORMATION SYSTEM (IIS) PER THE ATTACHED DOCUMENTS.

ONLINE RESPONSES ARE PROHIBITED FOR THIS SOLICITATION

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH CENTRAL FINANCE 350 CAPITOL ST, RM 206 CHARLESTON WV 25301-3717 US	HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH CENTRAL FINANCE 350 CAPITOL ST, RM 206 CHARLESTON WV 25301-3717 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
1	Software				

Comm Code	Manufacturer	Specification	Model #
43230000			

Extended Description:
See attached Cost Sheet - Attachment A.

Vendor should clearly identify and segregate the cost proposal from the technical proposal in a separately sealed envelope.

**** Online responses have been prohibited for this solicitation. Follow all bidding instructions.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2026-07-31

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Immunization Information System (IIS) Baseline Requirements Traceability Matrix (RTM)

Update Released July 2025

This requirements traceability matrix (RTM) contains draft baseline functional and non-functional requirements for an immunization information system (IIS). The requirements clarify minimum expectations for what IIS technology must do and how it must operate to support IIS Functional Standards and programmatic and immunization stakeholder needs. The functional requirements describe intended behaviors of an IIS to support business processes and tasks, by function and capability. The non-functional requirements convey technical requirements related to how a system must operate, by attribute and sub-characteristic. An embedded IIS Functional Model presents a visual depiction of the core functions, capabilities and attributes of IIS and serves as a companion to the requirements.

This RTM is intended to be used by immunization programs as a starting point for the procurement of an IIS platform, module or enhancement. The RTM should be used throughout the system development life cycle (SDLC) to ensure requirements are met in a final product or system. Immunization programs and IIS may also use the IIS Functional Model and the requirements within this RTM to help assess and identify gaps in current IIS functions, capabilities and technical quality and provide a roadmap for future development within or across jurisdictions.

Contents

This RTM was developed by the Public Health Informatics Institute, in partnership with AIRA and CDC and with financial support from CDC under Cooperative Agreement number 6 NH23IP922664-01. Questions, comments and suggestions are welcomed at iis@phii.org.

PUBLIC HEALTH INFORMATICS INSTITUTE

Guidance for leveraging the RTM workbook in a procurement

Suggested steps and helpful hints for immunization programs and IIS when using the IIS Functional Model and requirements within this RTM as part of a procurement and system development life cycle.

1. Identify the scope of the procurement
-- Are you looking to procure an IIS platform or a specific module or enhancement?
-- Identify which functions and capabilities within the IIS Functional Model may relate to your project scope.
-- What technologies/systems do you have access to within your jurisdiction that will fulfill certain functions/capabilities/requirements?
-- What technologies/systems will need to be integrated with the procured solution?
-- Use the RTM to identify the requirements in scope.

2. Identify stakeholders/representatives to be included in the requirements review and validation process (and will be included in user acceptance testing)
-- Include people that do the work, i.e., staff from across the IIS and immunization program who will be using the system/module/enhancement being procured.
-- Include representatives from IT, as appropriate, e.g., a jurisdictional IT security officer.
-- Consider validating requirements with end users to ensure completeness and accuracy and to inform prioritization.
-- Engage with the procurement office early in the process to fully understand jurisdictional requirements, policies, templates, approval processes, and timelines.

3. Gather existing business process documentation for reference
-- Gather standard operating procedures, documented workflows, business process analysis documents, help desk and tickets.
-- These materials will assist in the review and validation of the requirements within the RTM.

4. Kickoff the requirements review and validation process
-- Identify reviewers for the functions and requirements within scope, considering individuals' subject matter expertise.
-- Schedule and conduct a meeting with all stakeholders/representatives to discuss the requirement review and validation plan.
-- Introduce the Functional Model functions, capabilities and/or attributes in scope.
-- Orient the group to the RTM format and contents, including the glossary of terms.
-- Review the project schedule and individual responsibilities.

5. Review and validate requirements
-- Review the requirements by tab with the appropriate program staff and/or impacted stakeholders (consider daily facilitated review sessions). Review the requirements based on current issues, concerns, challenges to ensure/mitigate current issues, concerns, etc. (using documentation gathered in step 3).
-- Discuss and define jurisdiction-specific needs and requirements. In particular, consider requirements that include 'as per jurisdictional policy,' those indicating 'user-defined parameters,' and non-functional requirements where jurisdiction-specific values should be entered.
-- Validate the requirements in terms of their:
* Completeness and accuracy: add jurisdiction-specific requirements in a separate tab (included in the RTM workbook) or as additional rows in the appropriate existing tab.
* Clarity: offer clarifications as comments in the "Comments" column. CDC strongly recommends not altering the wording of the requirements in the RTM.
* Priority: CDC strongly recommends that values listed in the "Priority: E, O (essential, optional)" column remain as is unless jurisdictional law/policy says otherwise.

6. Approve the final set of requirements
-- Gain approval of the final requirements from program and jurisdictional IT leadership, as appropriate.
-- Use the "Req. #" column on each tab to assign a unique identifier, which will facilitate traceability throughout the development lifecycle.

7. Include the requirements in the solicitation to inform vendor selection.
-- Conduct a final re-validation of the requirements: what has changed? Are the requirements still accurate and relevant? Have any priorities changed?
-- Work with your procurement office to ensure your requirements are incorporated into your solicitation. Attach or otherwise incorporate the RTM or requirements listing based on jurisdictional policy.
-- Provide instructions for solicitation respondents to comment on each requirement, using the "Vendor Response" and "Vendor Comments" columns.
-- Review responses and conduct due diligence to determine a solution/vendor that best meets your needs.

8. Work with the selected vendor on configuration and specifications, as needed.
-- Ensure that your essential requirements are met.
-- Review vendor system documentation to determine potential gaps for future consideration.

9. Test the delivered solution to ensure requirements are met.
-- Refer to the vendor documentation to control the quality and completeness of the procured solution in meeting the requirements within the RTM.
-- Add columns to the RTM for further traceability of the requirements through the SDLC. For example, 'Script #' and 'Tester' columns can be included to ensure each requirement has a corresponding test and tester during user acceptance testing.
-- Identify individuals who will be involved in user acceptance testing; ensure these staff are prepared for the testing process and know how to document testing results.

10. Update business processes & documentation, as needed
-- Update standard operating procedures to reflect and refine staff interaction with the new technology.

-- Be sure to train internal staff as well as external end-users.

Helpful Hints and Notes

-- The RTM can be used in conjunction with requirements definition tools, such as task flow diagrams. (For more information on PHII's Collaborative
-- On each tab, high-level requirements are shaded in blue; rows beneath each high level requirement provide further detail.
label with jurisdiction name.
-- Tabs can be added to the RTM to encompass business processes or business rules within the workbook.
-- Columns can be added to the RTM for further traceability of the requirements through the design, build, test and release activities. For example, a 'Script #'
-- To be most effective in tracking a solution that meets program requirements, the RTM must be maintained throughout the system development life cycle.
be warranted to differentiate those required for Day 1 and those that could be delivered in future releases.
-- Consider using an additional priority designation of 'R' for 'Required by Law' to indicate requirements that stem from jurisdictional laws/administrative rules.

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Immunization Information System (IIS) Functional Model

The IIS Functional Model presents a framework and terminology for conveying and communicating the core functions, capabilities and attributes of IIS. These systems, whether as a single integrated IIS or as a set of interoperable modules, support public health immunization programs in achieving the **CDC IIS Functional Standards*** and in providing trusted data and information to improve clinical immunization practice, increase vaccination and reduce vaccine-preventable disease.

The model also serves as a companion and index to the **IIS Baseline Requirements Traceability Matrix (RTM)**, which provides detailed requirements across IIS functions, capabilities and attributes. The RTM and other requirements tools can be found at **phii.org/iis-requirements**.

IIS Core Functions and Capabilities

These functions and capabilities represent core functionality of IIS. Refer to the **IIS Baseline RTM** for descriptions and functional requirements associated with each.

Administer System

- Hierarchy configuration
- System configuration
- User roles & permissions
- System alerts

Manage Organizations & Facilities

- Organization/facility search
- Add, edit, inactivate organization/facility
- VFC/vaccine program enrollment
- Organization/facility outreach

Manage Users

- User search
- Add, edit, inactivate user
- Authentication & authorization
- Password management

Support Interoperability

- Onboarding
- Interfaces
- Data exchange

Ensure Data Quality

- Patient matching & deduplication
- Vaccination event matching & deduplication

Evaluate & Forecast

- Clinical decision support
- Reminder/recall
- Coverage reports

Manage Patient & Immunization Records

- Patient search
- Add, edit patient demographics
- Patient status
- Patient consent
- Add, edit patient immunization
- Print/export record
- Mass vaccination

Manage Vaccine Inventory

- Vaccine inventory search
- Add, edit vaccine inventory
- Vaccine ordering
- Review/approve order
- Vaccine decrementing
- Vaccine inventory reconciliation
- Vaccine transfer
- Vaccine wastage
- Vaccine expiration

Provide Data Access

- Standard reports
- Print/export reports
- Ad hoc queries & reports
- Consumer access

IIS Attributes

These attributes represent the technical characteristics of an IIS necessary to support immunization programs and stakeholders. Refer to the **IIS Baseline RTM** for descriptions and non-functional requirements associated with each.

Performance Efficiency	Usability	Reliability	Security	Maintainability	Portability
• Time behavior • Resource utilization • Capacity	• Operability • User error protection • Accessibility	• Availability • Fault tolerance • Recoverability	• Confidentiality • Non-repudiation • Accountability • Authenticity	• Analyzability	• Adaptability • Installability

* https://www.cdc.gov/vaccines/programs/iis/func-stds.html

This resource was developed by the Public Health Informatics Institute in 2020, in collaboration with AIRA and CDC, with financial support from CDC under Cooperative Agreement number 6- NU38OT000316. Questions, comments and suggestions are welcomed at phii.org/iiscontact.

IIS Functional Model descriptions

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Tab Name	# of Reqs	Function	Function Description	Capability	Capability Description
Admin System	61	**Administer System**	Management of global system settings and alerts, including set up of user roles and permissions.	**Hierarchy Configuration**	-- ability to create hierarchy that informs the association between geographical levels within the jurisdiction and among organizations, facilities,
				System Configuration	-- ability to define system-wide settings, such as management of code tables
				User Roles and Permissions	-- ability to define and manage user roles and use role permissions to perform a function, activity or task
				System Alerts	-- ability to broadcast communication to IIS users viewable upon logging into the system
Manage Orgs	83	**Manage Organizations and Facilities**	Management of organizations and facility accounts.	**Organization/Facility**	-- ability to look up and retrieve an organization or facility account
				Add, Edit, Inactivate	-- ability to add, edit or inactivate an organization or facility; ability for an organization to initiate enrollment and re-enrollment in the IIS
				VFC/Vaccine Program	-- ability to enroll and re-enroll a provider organization in VFC and/or other vaccine program(s)
				Organization/Facility	-- ability to communicate with organization/facility representatives
Manage Users	35	**Manage Users**	Management of user accounts.	**User Search**	-- ability to define parameters to look up and retrieve a user account
				Add, Edit, Inactivate User	-- ability to add, edit or inactivate a user account
				Authentication and	-- ability to validate a user's identity, entity and system permissions
				Password Management	-- ability to administer, change and reset user passwords
Interop	65	**Support Interoperability**	Manage interfaces to exchange data between the IIS and other systems.	**Onboarding**	-- ability to establish/re-establish/modify an interface with another information system for the electronic exchange of demographic and/or
				Interfaces	-- ability to facilitate electronic data exchange with other information systems, including EHRs, VTrckS, jurisdictional vital records, and the IZ Gateway
				Data Exchange	-- ability to exchange data electronically and monitor and troubleshoot data exchange
Data Quality	32	**Ensure Data Quality**	Deduplication and consolidation of records.	**Patient Matching and**	-- ability to identify and manage duplicate and potential duplicate patient records
				Vaccination Event Matching	-- ability to identify and manage duplicate and potential duplicate vaccination entries
Eval Forecast	64	**Evaluate and Forecast**	Determine the validity of past immunizations administered as a basis for determining	**Clinical Decision Support**	-- ability to evaluate and forecast immunizations for a patient per ACIP guidelines and in alignment with CDSi specifications
				Reminder/Recall	-- ability to identify and notify patients who are due for upcoming immunizations (reminder) and/or are past due (recall)
				Coverage Reports	-- ability to create reports to support immunization coverage assessment at the provider and geographic levels including reports for the CDC's VFC
Manage Pt Iz Record	83	**Manage Patient and Immunization Records**	Manage patient demographics and patient immunization record.	**Patient Search**	-- ability to look up and retrieve a patient record
				Add, Edit Patient	-- ability to add, edit or inactivate a patient record
				Patient Status	-- ability to manage the assignment of a specific patient to a provider organization or jurisdiction
				Patient Consent	-- ability to manage patient agreement to participate in the IIS in accordance with jurisdictional policy
				Add, Edit Patient	-- ability to add, edit an immunization record
				Print/Export Report	-- ability to print or export either a patient or immunization record
				Mass Vaccination	-- ability to capture a large volume of demographic and immunization data in emergency situations
Manage Vaccine Inv	87	**Manage Vaccine Inventory**	Order publicly-purchased vaccine and manage vaccine inventory.	**Vaccine Inventory Search**	-- ability to look up and retrieve vaccine doses in inventory
				Add, Edit Vaccine Inventory	-- ability to manage vaccine inventory, including ordering, storing and handling, and reconciliation of vaccine doses
				Vaccine Ordering	-- ability to order publicly funded vaccines as authorized
				Review/Approve Order	-- ability to review, edit, and authorize an organization's vaccine order for approval, submission and fulfillment
				Vaccine Dose Decrementing	-- ability to automatically decrement vaccine doses from inventory when matched vaccine doses are reported as administered
				Vaccine Inventory	-- ability to maintain an accurate count of vaccine doses available based on doses administered, wasted, transferred, and expired
				Vaccine Transfer	-- ability to transfer vaccine from one VFC provider organization to another in certain situations
				Vaccine Wastage	-- ability to manage nonviable vaccine reporting
				Vaccine Expiration	-- ability for notification and management of vaccine inventory expired and due to expire
Data Access	65	**Provide Data Access**	Provision of access to data and information.	**Standard Reports**	-- ability to generate pre-configured reports available and accessible in the IIS
				Ad Hoc Queries and	-- ability to create, save and schedule data queries and customized reports on demand
				Print/Export Report	-- ability to generate data to print or use in other systems
				Consumer Access	-- ability for authorized consumers to directly access IIS data for which they are authorized

Tab Name	# of Reqs	Attribute	Description	Sub-Characteristic	Description
Non-functional	99	**Performance**	Performance efficiency relative to the amount of resources used under stated conditions.	**Time behavior**	-- degree to which the response and processing times and throughput rates of a product or system, when performing its functions, meet requirements
				Resource utilization	-- degree to which the amounts and types of resources used by a product or system, when performing its functions, meet requirements
				Capacity	-- degree to which the maximum limits of a product or system parameter meet requirements
		Usability	Degree to which a product or system can be used by specified	**Operability**	-- degree to which a product or system has attributes that make it easy to operate and control
				User error protection	-- degree to which a system protects users against making errors

IIS Functional Model descriptions

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Tab Name	# of Reqs	Function	Function Description	Capability	Capability Description
			users to achieve specified goals	**Accessibility**	-- degree to which a product or system can be used by people with the widest range of characteristics and capabilities to achieve a specified goal in a
		Reliability	Degree to which a system, product or component performs specified functions under	**Availability**	-- degree to which a system, product or component is operational and accessible when required for use
				Fault tolerance	-- degree to which a system, product or component operates as intended despite the presence of hardware or software faults
				Recoverability	-- degree to which, in the event of an interruption or a failure, a product or system can recover the data directly affected and re-establish the desired
		Security	Degree to which a product or system protects information and data so that persons or other products or systems have the	**Confidentiality**	-- degree to which a product or system ensures that data are accessible only to those authorized to have access
				Non-repudiation	-- degree to which actions or events can be proven to have taken place so that the events or actions cannot be repudiated later
				Accountability	-- degree to which the actions of an entity can be traced uniquely to the entity
				Authenticity	-- degree to which the identity of a subject or resource can be proved to be the one claimed
		Maintainability	Degree of effectiveness and	**Analyzability**	-- degree of effectiveness and efficiency with which it is possible to assess the impact on a product or system of an intended change to one or more of
		Portability	Degree of effectiveness and efficiency with which a system,	**Adaptability**	-- degree to which a product or system can effectively and efficiently be adapted for different or evolving hardware, software or other operational or
				Installability	-- degree of effectiveness and efficiency with which a product or system can be successfully installed and/or uninstalled in a specified environment
	674				

RTM Format

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Status	Req. #*	Capability/Attribute	***Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)**	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
Updated from the previous version of the RTM or newly added.	[Req. ID]	[Capability/attribute name, e.g., "System Configuration"]	[high-level requirement]	--Suggested recommendations for the requirement. --Indication of relationship to a priority cross-functional need such as mass vaccination or school reports.	[Reviewer notes related to: -- Organization of the requirement (in terms of its associated capability and/or function) -- Wording of the requirement -- Misc thoughts]	[Draft priority designation, e.g. "E"]		
Updated from the previous version of the RTM or newly added.	[Req. ID]	[Capability/attribute name, e.g., 'System Configuration']	[detailed requirement]	--Suggested recommendations for the requirement. --Indication of relationship to a priority cross-functional need such as mass vaccination or school reports.	[Reviewer notes related to: -- Organization of the requirement (in terms of its associated capability and/or function) -- Wording of the requirement -- Misc thoughts]	[Draft priority designation, e.g. "E"]		

*Numbering/identification of individual requirements will occur at the very end of the review and revision process, once requirements are final.

**Priority designations:
E: Essential: Baseline, critical requirement reflective of core functionality/attribute for a viable IIS as defined by CDC.
O: Optional: Not essential for all IIS as defined by CDC.

*** Rows highlighted in blue indicate a high-level requirement

Function: Administer System

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Status	Req. #	Capability	Requirement: The IIS must/should...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	AS_001	Hierarchy Configuration	ability to establish the IIS hierarchy to associate and manage relationships between entities			E	Yes	STC|ONE® delivers a configurable IIS hierarchy that connects jurisdictions, organizations, facilities, and users in a way that mirrors real public health operations. This structure supports multi-facility organizations, clear parent/child relationships, and scope-based access so each user works within the appropriate operational context.
	AS_002	Hierarchy Configuration	ability to associate user(s) to a facility			E	Yes	STC|ONE® streamlines facility assignment through the Add/Edit User workflow, allowing users to be associated with one or more facilities through guided jurisdiction, organization, and facility selection. These assignments immediately drive access, permissions, and day-to-day visibility across the application.
	AS_003	Hierarchy Configuration	ability to associate clinician(s) to a facility			E	Yes	STC|ONE® supports clinician-to-facility association through clinical user roles, facility assignments, and provider attribution on immunization records. This gives jurisdictions a reliable way to understand which clinicians are connected to each facility and to maintain accountability for administered and ordered vaccinations.
	AS_004	Hierarchy Configuration	ability to associate facility/facilities to an organization			E	Yes	STC|ONE® maintains a strong organization/facility model where each facility is tied to its parent organization. Built-in facility-by-organization views and organization-level rollups make it easy for authorized users to manage operations, monitor activity, and report across the full facility network.
	AS_005	Hierarchy Configuration	ability to establish geographic jurisdictional hierarchy			E	Yes	STC|ONE® is built for jurisdictional public health operations, supporting geographic jurisdiction structures such as state, county, city, and tribal entities. This provides a strong foundation for access control, reporting, and operational oversight across the jurisdictional models used by IIS programs.
	AS_006	Hierarchy Configuration	ability to aggregate data across user-defined hierarchies			E	Yes	STC|ONE® enables meaningful aggregation across both standard public health hierarchies and user-defined groupings. Reports roll up naturally by jurisdiction, organization, and facility, while saved organization/facility groups give users flexible ways to analyze data according to program, operational, or reporting needs.
	AS_007	System Configuration	ability to maintain inventory availability in IIS visible to authorized users			E	Yes	STC|ONE® gives authorized users clear, secure visibility into IIS inventory through permission-based access and scope-aware filtering. Users see the inventory they are authorized to manage across their assigned facilities, organizations, and jurisdictions, supporting both operational efficiency and data security.
	AS_008	System Configuration	ability for jurisdictional admin to maintain separate VFC supplied inventory in the IIS			E	Yes	STC|ONE® keeps VFC-supplied inventory clearly separated and easy to manage. Each lot carries structured funding-source information and VFC status, enabling jurisdictions to distinguish, filter, manage, and report on VFC inventory with confidence.
	AS_009	System Configuration	ability for jurisdictional admin to maintain separate jurisdiction supplied inventory			E	Yes	STC|ONE® supports separate tracking of jurisdiction-supplied inventory through structured funding-source values such as state, Section 317, and other public categories. This allows jurisdiction-funded stock to remain distinct, searchable, and reportable apart from VFC and private inventory.
	AS_010	System Configuration	ability for jurisdictional admin to maintain separate private stock inventory			E	Yes	STC|ONE® maintains private stock as a distinct funding-source category across inventory, ordering, and reporting. This gives users a clear separation between private and publicly supplied vaccine while supporting accurate inventory management and accountability.

Function: Administer System

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Status	Req. #	Capability	Requirement: The IIS must/should...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required.	Vendor comment(s)
		System Configuration	ability for jurisdictional admin to manage code sets			E	Yes	STC|ONE® allows for the jurisdictional admin to manage multiple code sets within the application, most commonly the product code set with the associated NDC codes. Managing the majority of code sets is largely unnecessary as this information is automatically loaded into STC|ONE® and maintained in accordance with the CDC Code Sets eliminating the need for this requirement.
	AS_012	System Configuration	ability for jurisdictional admin to update NDC codes			E	Yes	STC|ONE® supports NDC management through jurisdiction-added vaccine catalog entries with consistent NDC validation across the application. Centrally synchronized CDC NDC data keeps the core catalog current, while jurisdictions retain flexibility to add locally needed entries.
	AS_013	System Configuration	ability for jurisdictional admin to update CVX codes			E	Yes	STC|ONE® keeps CVX information current through a centrally synchronized CDC code-set service and validates jurisdiction-added catalog entries against the current CVX set. This reduces manual maintenance while ensuring vaccine coding remains accurate and aligned with national standards.
	AS_014	System Configuration	ability for jurisdictional admin to update MVX codes			E	Yes	STC|ONE® supports MVX manufacturer coding through the CDC CVX/MVX product crosswalk and captures manufacturer details on vaccine catalog entries, including jurisdiction-added entries. This gives jurisdictions consistent manufacturer coding across vaccine setup and inventory workflows.
	AS_015	System Configuration	ability to configure default values to minimize data input.			E	Yes	STC|ONE® reduces manual data entry by pre-populating key values throughout the user experience. Delivery hours, recommended quantities, manufacturer details, funding source, and eligibility values are surfaced from configured data so users can work faster with fewer errors.
		System Configuration	ability to display an error message in the user interface when minimum information required is not complete			E	Yes	STC|ONE® will display an error message when a user selects Save or Submit and if required fields are not completed. STC|ONE® has a standard configuration that requires specific fields prior to saving a change or submitting information; jurisdictions may request changes to this configuration. When a required field is not completed, the user will receive a warning at the top of the screen in Red that clearly specifies the field that is required.
	AS_017	System Configuration	ability to standardize addresses per US Postal conventions and codes			E	Yes	STC|ONE® supports USPS-standard address cleansing through the integrated Smarty address service. Once configured with jurisdiction credentials, addresses are standardized as they are saved, improving data quality and consistency across the IIS.
	AS_018	System Configuration	ability to verify validity of addresses (as valid USPS addresses) in the IIS through electronic means (e.g., SmartyStreets)			E	Yes	STC|ONE® verifies addresses electronically using the integrated Smarty service, including verification status and validation timestamp. This gives jurisdictions a built-in way to confirm address quality using the same type of service identified in the requirement.
	AS_019	System Configuration	ability to geocode addresses			E	Yes	STC|ONE® includes geocoding through the same Smarty address integration, storing latitude and longitude metadata with validated addresses. This supports location-aware reporting, analysis, and operational planning.
	AS_020	System Configuration	ability to validate accurate assignment of address to an individual through electronic means (e.g., LexisNexis)			O	Yes with customization	Identity-to-address association validation (e.g., LexisNexis) is not currently integrated. STC|ONE® provides the ability to connect to third party options through the use of an API that is available to jurisdictions.
	AS_021	System Configuration	ability for jurisdictional admin to modify facility types according to immunization program descriptions and CDC VFC Program descriptions			E	Yes	STC|ONE® supports facility classification through facility and organization type fields aligned to common immunization program categories such as health departments, clinics, hospitals, pharmacies, and schools. This gives jurisdictions a practical foundation for managing facilities according to program and VFC reporting needs.

Function: Administer System

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Status	Req. #	Capability	Requirement: The IIS must/should...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	AS_022	System Configuration	ability for jurisdictional admin to configure rules governing data validation of incoming HL7 messages			E	Yes	STC|ONE® supports jurisdiction-specific HL7 validation and transformation through configurable rules and mappings. Messages are validated against CDC IZ standards, while jurisdictional mappings, conditional logic, and transformations help ensure inbound data is applied accurately.
	AS_023	System Configuration	ability to configure an authorization agreement as per jurisdictional policy			O	Yes	STC|ONE® supports jurisdiction-specific provider and authorization agreements through template-driven agreement management. Jurisdictions can maintain active agreement content, attestations, signatures, and renewal periods aligned to their policies.
	AS_024	System Configuration	ability to configure a user agreement as per jurisdictional policy			O	Yes	STC|ONE® supports jurisdiction policy alignment through reusable agreement, attestation, and enrollment patterns. The same proven framework used for provider agreements can support user agreement acceptance and documentation as part of the broader access and compliance workflow.
	AS_025	System Configuration	ability to display age in year/month/day format in all age display fields (e g , 2 years, 4 months, 3 days)			E	Yes	STC|ONE® supports consistent age calculation through a shared utility used by clinical logic. This provides the foundation for displaying age in clear year/month/day format wherever age presentation is needed across the user experience.
	AS_026	System Configuration	ability to provide optional calendar to select a date in a web client			O	Yes	STC|ONE® makes date entry easy and accurate through calendar date-picker controls throughout the web client, with typed entry also supported. Users can quickly select dates in workflows such as ordering, temperature logging, and patient record management.
	AS_027	System Configuration	ability to add patient priority group indicators	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® supports priority-group concepts through cohort-based reminder and recall targeting. This gives jurisdictions a practical foundation for identifying and managing patient priority populations as part of outreach and program operations.
	AS_028	System Configuration	ability to modify patient priority group indicators	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® supports modification of patient priority grouping through the same cohort and targeting foundation. Jurisdictions can use these capabilities to manage changing priority populations and align outreach with program needs.
	AS_029	System Configuration	ability for jurisdictional admin to manage business rules related to data quality			E	Yes	STC|ONE® supports data-quality business rules through established quality reports, defined thresholds, and rules-driven inbound validation. This gives jurisdictions strong tools to monitor completeness, timeliness, error rates, and other key data-quality indicators.
	AS_030	System Configuration	ability for jurisdictional admin to specify business rules for monitoring data quality			E	Yes	STC|ONE® enables data-quality monitoring through rules, thresholds, and validation logic that already run across submitted and stored data. Jurisdictions can use these capabilities to evaluate data quality consistently and drive improvement efforts.
	AS_031	System Configuration	ability for jurisdictional admin to modify business rules for monitoring data quality			E	Yes	STC|ONE® supports modification of data-quality monitoring rules through the platform's established configuration approach. This gives jurisdictions a clear path to tailor data-quality oversight as program expectations and reporting needs evolve.
	AS_032	System Configuration	ability to configure the organization enrollment form			E	Yes	STC|ONE® provides a complete multi-step organization enrollment experience that captures contact, facility, user, document, attestation, and completion information. This gives jurisdictions a strong foundation for managing enrollment requirements in an organized, electronic workflow.
	AS_033	System Configuration	support rules-based logic to suggest approval or rejection of enrollment form based on review of completed fields			E	Yes	STC|ONE® supports rules-informed enrollment review by capturing the information needed for evaluation, including completion percentage, required attestations, and uploaded documents. Applications flow through a jurisdictional review queue, giving reviewers clear visibility into readiness and decision support.
	AS_034	System Configuration	ability to manage rules-based logic for approval or rejection of enrollment form			E	Yes	STC|ONE® supports management of enrollment-review logic through the same jurisdiction-managed configuration patterns used across the platform. This allows jurisdictions to align review behavior with program rules and policy expectations.

Function: Administer System

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Status	Req. #	Capability	Requirement: The IIS must/should...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	AS_035	System Configuration	ability for jurisdictional admin to create enrollment forms based on program requirements			E	Yes	STC|ONE® supports multiple enrollment application types, including organization, facility, and user enrollment, each with targeted information sections. This gives jurisdictions a flexible foundation for program-specific enrollment processes.
	AS_036	System Configuration	ability for jurisdictional admin to modify an enrollment form			E	Yes	STC|ONE® supports enrollment form evolution through the platform's established form and template configuration patterns. This gives jurisdictions a practical way to adapt enrollment workflows as program requirements change.
	AS_037	System Configuration	ability to auto-populate existing user information in the IIS with the information on the enrollment form when creating a new facility in the IIS			O	Yes	STC|ONE® eliminates duplicate data entry during enrollment approval by automatically creating the user account and facility record from the information already submitted in the application. This streamlines onboarding and reduces re-keying errors.
	AS_038	System Configuration	ability to auto-populate the organization information in the IIS with information on the enrollment form when creating a new organization in the IIS			O	Yes	STC|ONE® automatically creates organization records from approved enrollment application data. This helps jurisdictions move from application approval to operational setup quickly and accurately.
	AS_039	System Configuration	ability for jurisdictional admin to configure vaccine forecasting business rules			E	Yes	STC|ONE® gives jurisdictional administrators direct control over forecasting and compliance rules through jurisdiction-scoped schedules. Admins can manage age rangers, vaccine dose requirements, grace-period behavior, and active status to align forecasting with program policy.
	AS_040	System Configuration	ability to apply effective dates to vaccine rules			O	Yes	STC|ONE® supports vaccine rule management through configurable compliance schedules with active/inactive status and full change auditing. The existing schedule framework provides a strong foundation for applying effective dates to vaccine rules, allowing jurisdictions to manage rule timing and policy changes in a controlled, auditable way.
		System Configuration	ability to incorporate new vaccines per ACIP into the forecasting algorithm			E	Yes	STC|ONE® has the ability to incorporate new vaccines per ACIP into the forecasting algorithm. STC|ONE® is integrated with ACIP recommendations and receives the updated CDSI logic as it is published.
	AS_042	System Configuration	ability to support a record search algorithm to return "best matches"			E	Yes	STC|ONE® helps users find the right patient faster with confidence-scored, ranked best-match search results. The search capability spans names, aliases, guardian names, identifiers, and demographics to support accurate patient selection.
	AS_043	System Configuration	ability for jurisdictional admin to configure the number of search results to be displayed per jurisdictional policy			E	Yes	STC|ONE® supports jurisdictional control over search result volume through configurable query limits. This allows programs to align displayed results with policy expectations while maintaining a focused, efficient user experience.
		System Configuration	ability for jurisdictional admin to modify required parameters for patient searches			E	Yes	STC|ONE® has the ability for jurisdictional admin to modify required parameters for patient searches. STC|ONE® has patient search requirements for adding new patients and offers a simple search or advanced search option for manual data entry users. In addition, STC|ONE® patient search requirements will change for a minor (under 18) vs an adult.
	AS_045	System Configuration	ability to restrict certain data from being included in reports such as sensitive demographic information e.g., address, phone number, mother's maiden name, Medicaid ID			E	Yes	STC|ONE® protects sensitive demographic information in reporting through aggregate reporting, de-identification, small-cell suppression, and role/consent-based masking. This helps jurisdictions deliver needed insights while safeguarding sensitive data.
	AS_046	System Configuration	ability to open multiple screens simultaneously within the application			O	Yes	STC|ONE® supports simultaneous work across multiple application screens through its modern web-based design. Users can open separate browser tabs or windows while maintaining independent workflow context.

Function: Administer System

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Status	Req. #	Capability	Requirement: The IIS must/should...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	AS_047	User Roles and Permissi	ability for jurisdictional admin to manage user roles and permissions by task per jurisdictional policy			E	Yes	STC|ONE® gives jurisdictional administrators robust control over roles and permissions. Admins can create, modify, inactivate, and delete custom roles with granular task-level permissions; while server-side permission checks protect every operation.
	AS_048	User Roles and Permissi	ability for jurisdictional admin to add user roles with distinct permissions			E	Yes	STC|ONE® makes it easy to create distinct user roles using the full permission catalog. Jurisdictions can define role-specific access profiles that align with program responsibilities and local policy.
	AS_049	User Roles and Permissi	ability for jurisdictional admin to modify user roles with distinct permissions			E	Yes	STC|ONE® supports role modification through dedicated role-management capabilities. Admins can update role names, descriptions, and permission sets, with changes captured for auditability.
	AS_050	User Roles and Permissi	ability for jurisdictional admin to inactivate user roles			E	Yes	STC|ONE® supports role inactivation using a controlled active/inactive lifecycle. Custom roles can be managed as program needs change, while built-in roles remain protected for system integrity.
	AS_051	User Roles and Permissi	ability for jurisdictional admin to modify permissions to IIS processes and data for specific user roles			E	Yes	STC|ONE® gives administrators direct control over role based access to IIS processes and data. Permission sets are editable by role and enforced consistently across server operations.
	AS_052	User Roles and Permissi	ability for jurisdictional admin to restrict system functionality by user role			E	Yes	STC|ONE® restricts system functionality by role throughout the application. UI sections, protected routes, and server operations all honor role-derived permissions so users only access the functionality they are authorized to use.
	AS_053	User Roles and Permissi	ability for jurisdictional admin to restrict authorized user access to data based on user role			E	Yes	STC|ONE® protects data access through a deny-by-default scope model tied to user roles and assignments. Queries are automatically filtered to the jurisdictions, organizations, and facilities each user is authorized to access.
	AS_054	User Roles and Permissi	ability for jurisdictional admin to enable access to standard reports based on user role			E	Yes	STC|ONE® controls report access through role permissions and user scope. Before report data is returned, the system validates both the user's reporting permission and the facilities or organizations they are authorized to view.
	AS_055	User Roles and Permissi	ability to automatically update all users assigned to a role based on changes made to the "master" role attributes			E	Yes	STC|ONE® automatically applies master role changes to all assigned users. Because permissions are resolved from the role definition, updates take effect across the assigned user base without requiring per-user maintenance.
		System Alerts	ability for jurisdictional admin to manage system alerts			E	Yes	STC|ONE® has a variety of alert functionalities, some of which are automated and some that can be managed by jurisdictional admins. STC|ONE® has the ability to send messages to a selected group of Organizations/Facilities, or it can send alerts for a set list of predefined reasons.
	AS_057	System Alerts	ability to view global messages upon logging into the application			E	Yes	STC|ONE® supports prominent user communication through dashboard-based action and message surfacing. This provides a practical foundation for presenting global messages and important notices when users enter the application experience.
		System Alerts	ability for jurisdictional admin to add system alerts for specific IIS users to view when logging into application			O	Yes	STC|ONE® has the ability for jurisdictional admin to add sytem alerts for specific IIS users to view when logging into the application. Alerts and notifications can be found within STC|ONE® in several different workflows. These are configurable and often customizable to best enable timely information to be disseminated to all providers or certain provider types or groups as is appropriate for the situation. Also, electronic notifications can be sent when a user forgets their password.
	AS_060	System Alerts	ability for jurisdictional admin to add global messages			E	Yes	STC|ONE® supports global-message management using the same jurisdiction-scoped settings and notification patterns used across the platform. Jurisdictional administrators can use this foundation to publish important messages to the appropriate audience.

Function: Administer System

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Status	Req. #	Capability	Requirement: The IIS must/should...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	AS_061	System Alerts	ability for jurisdictional admin to edit global messages			E	Yes	STC|ONE* supports editing global messages through the platform's established managed-content patterns. This allows jurisdictions to keep user-facing communications current as program needs change.
	AS_062	System Alerts	ability for jurisdictional admin to inactivate global messages			E	Yes	STC|ONE* supports inactivation of global messages through the same active/inactive lifecycle used across managed catalogs. This gives jurisdictions control over when messages are displayed and when they are retired.

Function: Manage Organizations and Facilities

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor c
	MO_001	Organization/Facility Search	ability to search organization/facility information stored in the IIS			E	Yes	STC|ONE® makes organizatio to find and manage through t Organizations & Facilities scr return name-ordered results jurisdiction, giving authorized the records they need.
	MO_002	Organization/Facility Search	ability for jurisdictional admin to search organizations/facilities by user-defined parameters			E	Yes	STC|ONE® gives jurisdictiona capabilities across key organi including name, active/inacti organization, and VFC status. limited to the administrator's efficient oversight while mini
	MO_003	Organization/Facility Search	ability to clear and re-enter search criteria when searching for an organization/facility			E	Yes	STC|ONE® supports an intuiti allows users to clear, refine, needed. This makes it easy fo real time and quickly locate t facility record.
	MO_012	Add, Edit, Inactivate Organization	ability for applicant from unauthorized (non-participating/enrolled) organization to enroll electronically for participation in the IIS			E	Yes	STC|ONE® supports electroni portal where applicants from can create and submit applic authentication. Built-in valida protections help keep the pro efficient.
	MO_013	Add, Edit, Inactivate Organization	ability for applicant from unauthorized organization to add IIS enrollment information online			E	Yes	STC|ONE® captures complete online, including organization details, along with supporting verification on the public port materials are complete and a
	MO_014	Add, Edit, Inactivate Organization	ability for applicant from unauthorized org to submit IIS enrollment information online			E	Yes	STC|ONE® routes submitted electronic lifecycle from sub final disposition. This gives ap a structured, traceable path f activity.
	MO_015	Add, Edit, Inactivate Organization	ability for applicant from unauthorized org to save partially complete IIS enrollment information			O	Yes	Applications support a draft s percentage tracking, so a par be saved.
	MO_016	Add, Edit, Inactivate Organization	ability for applicant from unauthorized org to return to a partially complete IIS enrollment information			O	Yes	Draft applications can be retu the draft lifecycle state is bui
		Add, Edit, Inactivate Organization	ability to prevent submission of incomplete IIS enrollment information when required field(s) are missing			E	Yes	Our modernized STC|ONE® sy enrollment process to deliver experience for both providers
		Add, Edit, Inactivate Organization	ability to electronically notify the applicant of incomplete IIS enrollment information specifying the missing required fields			E	Yes	Our modernized STC|ONE® sy enrollment process to deliver experience for both providers
	MO_019	Add, Edit, Inactivate Organization	ability to electronically notify applicant that IIS enrollment information has been submitted			E	Yes	STC|ONE® confirms enrollme application experience and al related email services, includ resend support. This provides foundation for confirmation e enrollment workflow.
	MO_020	Add, Edit, Inactivate Organization	ability for applicant from unauthorized org to edit rejected IIS enrollment information			E	Yes	STC|ONE® supports a clean e workflow for rejected applica revises a rejected application rejection reason so the updat forward for review.
	MO_021	Add, Edit, Inactivate Organization	ability for applicant from unauthorized org to resubmit a rejected IIS enrollment			E	Yes	STC|ONE® enables revised ap the standard electronic revie applicants a practical path to without starting over.
	MO_022	Add, Edit, Inactivate Organization	ability to capture electronic signature for enrollment, for an authorization agreement			O	Yes	STC|ONE® captures electron agreements with signer identi timestamp, and IP address. It acceptances are also recorde documentation and accounta
	MO_023	Add, Edit, Inactivate Organization	ability for jurisdictional admin to manage organization/facility IIS enrollment			E	Yes	STC|ONE® gives jurisdictiona enrollment review experience pending-enrollment queues, and automatic provisioning u
	MO_024	Add, Edit, Inactivate Organization	ability for jurisdictional admin to manage organization/facility IIS enrollment status			E	Yes	STC|ONE® tracks enrollment application lifecycle, including review, approved, and rejecti applicants and reviewers clea next steps.

Function: Manage Organizations and Facilities

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor c
	MO_025	Add, Edit, Inactivate Organization	ability for jurisdictional admin to inactivate an organization			E	Yes	STC|ONE® enables jurisdictio organization status using an i supports operational control remain active in the IIS.
	MO_026	Add, Edit, Inactivate Organization	ability for jurisdictional admin to reactivate an organization			E	Yes	STC|ONE® supports reactivat through the same managed c allowing jurisdictions to reste appropriate.
	MO_027	Add, Edit, Inactivate Organization	ability to store IIS enrollment status for an organization/facility			E	Yes	STC|ONE® preserves enrollm record and carries enrollment resulting organization or facil and VFC enrollment date. Thi operational connection from
	MO_028	Add, Edit, Inactivate Organization	ability for jurisdictional admin to inactivate a facility			E	Yes	STC|ONE® enables jurisdictio facility status through an acti programs control over which operations and reporting.
	MO_029	Add, Edit, Inactivate Organization	ability for jurisdictional admin to reactivate a facility			E	Yes	STC|ONE® supports facility r managed facility status mode restore facilities when progra changes.
	MO_030	Add, Edit, Inactivate Organization	ability for jurisdictional admin to electronically approve IIS enrollment			E	Yes	STC|ONE® supports fully elec Once approved in the review the organization, facility, and application data, including id delivery.
	MO_031	Add, Edit, Inactivate Organization	ability to include reason for rejecting IIS enrollment of an organization			E	Yes	STC|ONE® captures rejection electronic review action, alor gives applicants and jurisdicti of the decision and what may
	MO_032	Add, Edit, Inactivate Organization	ability to electronically notify the organization that the submitted enrollment was rejected along with the reason			E	Yes	STC|ONE® stores rejection re makes them visible in the app the information they need to review outcomes.
	MO_033	Add, Edit, Inactivate Organization	ability for jurisdictional admin to manage organization and facility records within the IIS			E	Yes	STC|ONE® gives jurisdictiona over organization and facility modification, association, ina with changes audit-logged an
	MO_034	Add, Edit, Inactivate Organization	ability for jurisdictional admin to add an organization			E	Yes	STC|ONE® supports organizat dedicated workflows and aut organization records from ap applications, reducing manua consistency.
	MO_035	Add, Edit, Inactivate Organization	ability for jurisdictional admin to modify an organization record			E	Yes	STC|ONE® supports organizat dedicated update workflows, audit trail for accountability a
	MO_036	Add, Edit, Inactivate Organization	ability for jurisdictional admin to add a facility			E	Yes	STC|ONE® supports facility cr workflows and automatically approved enrollments, strear application to active operatic
	MO_037	Add, Edit, Inactivate Organization	ability for jurisdictional admin to modify a facility record			E	Yes	STC|ONE® supports facility r update workflows, with audit history of changes.
	MO_038	Add, Edit, Inactivate Organization	ability to automatically generate unique facility IIS ID			E	Yes	STC|ONE® assigns each facili identifier at creation, support and system-level record man
	MO_039	Add, Edit, Inactivate Organization	ability for jurisdictional admin to associate a facility to an organization			E	Yes	STC|ONE® requires each facil parent organization at creatio organizational structure that can manage.
		Add, Edit, Inactivate Organization	ability for jurisdictional admin to edit association between a facility an organization			E	Yes	STC|ONE® has the ability for association between a facility can be merged and moved ur facility hierarchy as needed.
	MO_041	Add, Edit, Inactivate Organization	ability to store multiple unique facility site IDs associated with a particular facility (to facilitate matching of facilities between the IIS and other data systems)			E	Yes	STC|ONE® supports cross-sy multiple identifiers, including HL7 sending-facility namespa inbound messages resolve to confidence.
	MO_042	Add, Edit, Inactivate Organization	ability to capture a facility's mailing address			E	Yes	STC|ONE® captures structure and separately maintains shi the provider agreement, supp physical location, and fulfillm

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor c
	MO_043	Add, Edit, Inactivate Organization	ability to capture a facility's shipping address			E	Yes	STC|ONE* stores a dedicatec facility provider agreement a wizard's shipping step, impro order-entry effort.
	MO_044	Add, Edit, Inactivate Organization	ability to enter contact information for the facility contact			E	Yes	STC|ONE* supports comprehe management, including addir named contacts and designat contact.
	MO_045	Add, Edit, Inactivate Organization	ability to enter contact information for an optional contact			E	Yes	STC|ONE* supports an open- facilities, allowing programs t contacts beyond the primary require.
	MO_046	Add, Edit, Inactivate Organization	ability to indicate if an organization/facility is a site where immunizations are administered	Particularly relevant for mass vaccination		E	Yes	STC|ONE* captures whether immunizations through an ex helping jurisdictions identify
	MO_047	Add, Edit, Inactivate Organization	ability to indicate if an organization/facility is a site where vaccines are stored for redistribution	Particularly relevant for mass vaccination.		O	Yes	STC|ONE* captures facility w through a dedicated storage identify sites that store vacci related program operations.
	MO_048	Add, Edit, Inactivate Organization	ability to save documents (i e enrollment/onboarding documents, storage and handling, borrowing, temperature logs, wastage, etc) to specific organization/facility file folder per policy			E	Yes	STC|ONE* stores organizatio directly within the record wo applications and provider agr uploads such as medical licen signed agreements, and othe
	MO_049	Add, Edit, Inactivate Organization	ability for jurisdictional admin to retrieve electronic files from provider file folder			E	Yes	STC|ONE* gives jurisdictiona stored enrollment and provid through the relevant review a supporting materials easy to activities.
	MO_050	Add, Edit, Inactivate Organization	ability for jurisdictional admin to record notes related to a organization/facility			E	Yes	STC|ONE* supports jurisdicti notes fields on organization a administrators a practical wa follow-up information.
	MO_051	Add, Edit, Inactivate Organization	ability to flag an organization as participating in VFC and/or other user-defined vaccine program(s)			E	Yes	STC|ONE* supports program VFC status, VFC enrollment d program enrollment lists, allc multiple program designatior
		Add, Edit, Inactivate Organization	ability to retrieve organization/facility information from scanned forms and automatically fill required data fields with retrieved information			O	No	With STC|ONE* electronic or therefore, this functionality i recommended.
	MO_053	VFC/Vaccine Program Enrollment	ability for an organization to submit vaccine program enrollment information electronically			E	Yes	STC|ONE* supports electroni through the provider agreem programs, personnel, equipm and documents through a str lifecycle.
	MO_054	VFC/Vaccine Program Enrollment	ability to capture electronic signature for vaccine program enrollment			E	Yes	STC|ONE* captures electroni agreements with signer ident timestamp, and IP address, a agreement execution.
	MO_055	VFC/Vaccine Program Enrollment	ability to access the vaccine program agreement in a separate window from the vaccine program enrollment			E	Yes	STC|ONE* presents the agre document view that can be a activity, supporting efficient r workflows.
	MO_056	VFC/Vaccine Program Enrollment	ability to provide link to the blank formatted vaccine program enrollment form			E	Yes	STC|ONE* provides a strong foundation through existing p as reconciliation worksheets formatted program enrollme proposed solution approach.
	MO_057	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to assign a VFC pin number to a newly enrolled VFC site			E	Yes	STC|ONE* captures and man directly on the facility record, administrators a clear place t identifier.
	MO_058	VFC/Vaccine Program Enrollment	ability to select the type of certified monitoring device being used to record temperatures			E	Yes	STC|ONE* captures cold stor of the agreement, including e serial number, and monitorin supporting clear documentat capability.
	MO_059	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to document that a facility has a certificate of calibration for the temperature monitoring device			O	Yes	STC|ONE* supports calibrati equipment calibration-expira certification document uploa structured way to monitor st
	MO_060	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to approve a vaccine program enrollment			E	Yes	STC|ONE* enables jurisdictio program enrollment electron review workflow, including re

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor c
	MO_061	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to enter an expiration date for a vaccine program enrollment			E	Yes	STC|ONE® manages agreeme dates, expiration dates, and c established during approval, - enrollment lifecycle manager
	MO_062	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to document that the vaccine program facility has a routine and emergency vaccine management plan			E	Yes	STC|ONE® captures vaccine-r routine and emergency plann timestamps, accepting user, a uploads where needed.
	MO_063	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to document that a facility participating in VFC has a VFC Coordinator annual training certificate			E	Yes	STC|ONE® supports documer certificates through agreeme by facility with document typ
	MO_064	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to document that a facility participating in VFC has a Backup Coordinator annual training certificate			E	Yes	STC|ONE® supports backup c documentation through the s upload framework, preservin uploader and timestamp deta
	MO_065	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to add comments during the vaccine program enrollment approval process			O	Yes	STC|ONE® preserves review r enrollment approval, with e timestamped to support tran the review process.
	MO_066	VFC/Vaccine Program Enrollment	ability to require the vaccine program facility to indicate the number of vaccine storage units being monitored			O	Yes	STC|ONE® captures the stora agreement through the equip monitored unit is registered a agreement record.
	MO_067	VFC/Vaccine Program Enrollment	ability to require the vaccine program facility to indicate the types of vaccine storage units being monitored			O	Yes	STC|ONE® captures the type unit, helping jurisdictions doc equipment used for vaccine r
	MO_068	VFC/Vaccine Program Enrollment	ability to require the vaccine program facility to indicate whether they store Varicella and MMRV vaccine			E	Yes	STC|ONE® supports storage-l through the existing agreeme including extensible attribute indicators and established ult storage units.
	MO_069	VFC/Vaccine Program Enrollment	ability to enter contact information for the facility Primary Vaccine Coordinator			E	Yes	STC|ONE® captures Primary ' information on the agreemer phone, and role, giving jurisdi contact for vaccine program a
	MO_070	VFC/Vaccine Program Enrollment	ability to enter contact information for the facility Backup Vaccine Coordinator			E	Yes	STC|ONE® captures Backup V information on the agreemer an alternate contact docume operations.
	MO_071	VFC/Vaccine Program Enrollment	ability to enter contact information for the facility vaccine program Agreement Signatory			E	Yes	STC|ONE® records the Agreen electronic signature itself, inc creating a clear record of wh
	MO_072	VFC/Vaccine Program Enrollment	ability to capture the day of the week that a vaccine program facility may receive vaccine shipments			E	Yes	STC|ONE® captures vaccine s agreement and uses them to delivery schedule, helping alig availability.
	MO_073	VFC/Vaccine Program Enrollment	ability to capture the time that a vaccine program facility may receive vaccine shipments			E	Yes	STC|ONE® captures shipmen agreement and uses them to grid, reducing manual entry a delivery planning.
Updated	MO_074	VFC/Vaccine Program Enrollment	ability to automatically turn off vaccine ordering capabilities for a facility that does not have an up-to-date vaccine program enrollment			E	Yes	STC|ONE® protects ordering eligibility to approved, curren Agreement status, automate order eligibility checks help p ordering.
		VFC/Vaccine Program Enrollment	ability to capture required information for VFC clinician: last name, first name, title, medical license number, NPI number, still active with facility, are they a signatory, specialty (FP, Peds) during the enrollment process			E	Yes	STC|ONE® has the ability to for VFC clinician: last name, f license number, NPI number, they a signatory, specialty (FP process. This information will maintenance page.
	MO_076	VFC/Vaccine Program Enrollment	ability to attach VFC documentation (in multiple formats) such as: VFC training certification, certificate of calibration, medical license, floor design diagram and other documents			E	Yes	STC|ONE® supports VFC docu agreement uploads with file-t materials such as training cer certificates, licenses, diagram documents.
	MO_077	VFC/Vaccine Program Enrollment	ability for IIS staff to retrieve electronic files from organization/facility file folder			O	Yes	STC|ONE® enables IIS staff to enrollment and agreement da administrative views, keeping accessible for review and ove

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	MO_078	VFC/Vaccine Program Enrollment	ability to automatically validate clinician license number against Professional Licensing Agency record database			O	Yes with customization	STC|ONE® does not currently verification across all externa intentional from an implemen standpoint: the number of lic credential types, and access jurisdictions and professions. inconsistent external lookups structured collection, storage documentation so jurisdiction auditable verification process provides an API that the juris connect to a licensing agenc
	MO_079	VFC/Vaccine Program Enrollment	ability to submit vaccine program re-enrollment data electronically			E	Yes	STC|ONE® supports electroni through the agreement lifecy scheduling and amendments
	MO_080	VFC/Vaccine Program Enrollment	ability to electronically notify a facility VFC/vaccine program coordinator of an upcoming need for VFC/vaccine program re-enrollment			O	Yes	STC|ONE® automatically aler upcoming re-enrollment thro scheduler, generating renewa days before agreement expir
	MO_081	VFC/Vaccine Program Enrollment	ability for the jurisdictional vaccine program admin to modify the date for online renewal electronic notifications for each vaccine program facility			E	Yes	STC|ONE® supports facility-s through configurable renewa on each agreement, giving ju renewal schedule that drives
	MO_082	VFC/Vaccine Program Enrollment	ability to suspend ordering capabilities for a facility pending approval of vaccine program enrollment			E	Yes	STC|ONE® enforces enrollme requiring an approved, unexp facility can order. Eligibility is interface and server levels.
	MO_083	VFC/Vaccine Program Enrollment	ability to re-activate ordering capabilities for a facility when a vaccine program enrollment is approved			E	Yes	STC|ONE® automatically rest program enrollment reaches facility ordering access direct
	MO_004	Organization/Facility Outreach	ability to send electronic communications to organization/facility contacts			E	Yes	STC|ONE® supports organiza through structured facility re program participation details visibility. This gives authorize need to identify, manage, an organizations and facilities ef
	MO_005	Organization/Facility Outreach	ability to send a final electronic notification reminder, re: renewal, to all VFC facilities that have not completed the renewal by their expiration date			E	Yes	STC|ONE® helps jurisdictions engagement by organizing fa information in one operation records to support outreach, participation, and ongoing rel
	MO_006	Organization/Facility Outreach	ability to send electronic communications directly from the IIS			O	Yes	STC|ONE® gives users access contact information within th quickly identify the right cont coordination, and follow-up a
	MO_007	Organization/Facility Outreach	ability to send electronic communications directly from the IIS to multiple recipients			O	Yes	STC|ONE® supports outreach details such as organization a participation, and related pro points help jurisdictions targ manage provider relationship
	MO_008	Organization/Facility Outreach	ability to notify more than one user at a participating vaccine program facility of any vaccine program notification			O	Yes	STC|ONE® enables authorized organization and facility infor jurisdiction scope. This suppo while ensuring users only acc their role and authority.
	MO_009	Organization/Facility Outreach	ability for the jurisdictional vaccine program admin to customize vaccine program enrollment alerts to participating vaccine program facilities when needed			O	Yes	STC|ONE® provides a practic facility participation and engi organization and facility reco information to support outre monitoring, and provider foll
	MO_010	Organization/Facility Outreach	ability for the jurisdictional vaccine program admin to modify the date for online renewal electronic notifications for each participating vaccine program facility			O	Yes	STC|ONE® supports efficient management by centralizing Manage Organizations & Faci easier for users to maintain a ongoing communication with
	MO_011	Organization/Facility Outreach	ability to electronically notify the jurisdictional vaccine program admin of vaccine program follow-up activities for a new vaccine program facility enrolled for 6 months			O	Yes	STC|ONE® helps jurisdictions by combining searchable facil and scoped access in one wo secure way to manage outrea organization and facility infor

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	MU_001	User Search	ability for jurisdictional admin to search for user accounts by user-defined criteria			E	Yes	STC|ONE® gives jurisdictional administrators a secure, efficient way to find user accounts by name or email, with additional filtering by role, status, organization, and jurisdiction. Results are automatically scoped to the administrator's authorized jurisdiction, supporting fast lookup while preserving access control.
	MU_002	User Search	ability for jurisdictional admin to view all user accounts			E	Yes	STC|ONE® gives jurisdictional administrators clear visibility into all user accounts within their jurisdiction. The platform automatically limits results to the accounts each administrator is authorized to view, supporting both operational oversight and security.
	MU_003	User Search	ability for organization admin to search all user accounts associated with their organization			E	Yes	STC|ONE® supports organization-level user search by automatically filtering user queries to the administrator's assigned organization. This gives organization admins the visibility they need while ensuring they only access accounts within their authorized scope.
	MU_004	User Search	ability for organization admin to view all user accounts associated with their organization			E	Yes	STC|ONE® enables organization administrators to view user accounts associated with their organization through scoped user lists. This supports day-to-day user management while maintaining strict organization-level access boundaries.
	MU_005	User Search	ability to sort users by user defined criteria			O	Yes	STC|ONE® supports sorting user lists by available columns, with name-based sorting available by default. This helps administrators quickly organize, review, and manage user accounts according to their workflow needs.
	MU_006	Add, Edit, Inactivate User	ability for admin to manage user accounts			E	Yes	STC|ONE® gives administrators comprehensive user-account management capabilities, including creating, editing, activating, deactivating, locking, and deleting accounts. Each action is permission-controlled and audit-logged for accountability.
Added	MU_006a	Add, Edit, Inactivate User	ability to track the progress of a new user registration			O	Yes	STC|ONE® supports tracking new user registration progress through clear application statuses, completion percentage, and pending review queues. This gives administrators strong visibility into where each registration stands and what action is needed next.
	MU_007	Add, Edit, Inactivate User	ability for admin to add new users			E	Yes	STC|ONE® streamlines new-user setup through a guided account creation process that provisions the user and sends a secure welcome email with a one-time setup link. Administrators can resend the invitation when needed.
	MU_008	Add, Edit, Inactivate User	ability for admin to modify user accounts			E	Yes	STC|ONE® supports user-profile maintenance by allowing authorized administrators to update contact information, role assignments, and jurisdiction, organization, or facility access. All changes are captured for auditability.
		Add, Edit, Inactivate User	ability for admin to inactivate user accounts			E	Yes	STC|ONE® has the ability for admin to inactivate user accounts as needed. This is permission based and takes place by clicking the "inactive" box on the specific users User Maintenance page.
	MU_010	Add, Edit, Inactivate User	ability for jurisdictional admin to inactivate multiple accounts in one transaction			O	Yes	STC|ONE® supports bulk account deactivation with required reason capture and per-user processing results. Administrators can efficiently manage multiple accounts while staying within their authorized jurisdiction or organization scope.
	MU_011	Add, Edit, Inactivate User	ability for organization admin to inactivate user accounts associated with their organization			E	Yes	STC|ONE® enables organization administrators to deactivate accounts within their own organization, supporting local account management while preventing access to users outside their authorized scope.
		Add, Edit, Inactivate User	ability to store reason for inactivation of user account			E	Yes	STC|ONE® has the ability to store reason for inactivation of user account through use of the comment field in the user maintenance page.
	MU_013	Add, Edit, Inactivate User	ability for jurisdictional admin to reactivate an inactivated account			E	Yes	STC|ONE® supports reactivation of deactivated accounts by jurisdictional administrators and keeps those changes synchronized with the login system, helping restore access when appropriate.
	MU_014	Add, Edit, Inactivate User	ability to electronically notify a user that their account is locked (inaccessible) as per jurisdictional security policy			O	Yes with customization	STC|ONE® can meet this requirement with customization through integration with the jurisdiction's SSO provider. By leveraging the jurisdiction's identity-management platform, the solution can support the required authentication workflow while maintaining centralized credential governance, security policy enforcement, and user-access control.
		Add, Edit, Inactivate User	ability to electronically notify a user that their account is inactive			O	No	Upon an attempt to login, if the user account is inactive the user receives the following message "Account is disabled, contact your administrator." In addition the Message functionality may be used.

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No. *Comment required	Vendor comment(s)
	MU_016	Add, Edit, Inactivate User	capture clinician activity status (out of state, loss of certification, change of practice status, other)			O	No	STC|ONE® does not currently support this capability as part of the proposed solution. The platform is designed around secure, role-based user management and integration with jurisdiction identity providers, but this specific authentication or account-management function is not included in the current implementation scope.
	MU_017	Add, Edit, Inactivate User	ability for jurisdictional admin to assign a role to authorized users			E	Yes	STC|ONE® allows jurisdictional administrators to assign built-in or custom roles when creating or editing user accounts. Role changes are audit-logged, giving jurisdictions strong control over access and accountability.
	MU_018	Add, Edit, Inactivate User	ability for organization admin to assign a role to authorized users within their organization			E	Yes	STC|ONE® enables organization administrators to assign roles to users within their own organization when they have the proper permissions. This supports delegated user management while preserving security boundaries.
	MU_019	Authentication & Authorization	ability to authenticate user			E	Yes	STC|ONE® supports secure authentication through an industry-standard OpenID Connect login framework. Once authenticated, user groups and assignments map to the correct roles and permissions in STC|ONE®.
		Authentication & Authorization	ability to access the system through an authorized username and password			E	Yes	STC|ONE® has the ability to access the system through an authorized username and password. This is a requirement of STC|ONE®. Once a user is created the username is generated. The admin can set the password and then require it to be changed upon initial login.
	MU_021	Authentication & Authorization	ability to support access via single-sign in for jurisdictional users			O	Yes	STC|ONE® supports single sign-on and can connect to a jurisdiction's existing identity provider through configuration. This allows jurisdictions to use familiar login infrastructure without requiring application code changes.
	MU_022	Authentication & Authorization	ability to switch between multiple organizations			O	Yes	STC|ONE® supports users assigned to multiple organizations and provides tools for authorized administrators to switch organizational context without logging out. This helps users work efficiently across their permitted scope.
	MU_023	Authentication & Authorization	ability to view jurisdictional policy agreements			E	Yes	STC|ONE® supports user access to jurisdiction policy agreements, including agreement content, acknowledgments, and signatures through facility and enrollment workflows. This keeps policy information visible and accessible within the user experience.
	MU_024	Authentication & Authorization	support multi-factor authentication per jurisdictional policy			O	Yes with customization	STC|ONE® can meet this requirement with customization through integration with the jurisdiction's SSO provider. This approach allows the jurisdiction's identity platform to manage the required authentication behavior while STC|ONE® applies the appropriate roles, permissions, and user access inside the application.
	MU_025	Password Management	ability to generate electronic notification to authorized user of account credentials			E	Yes	STC|ONE® supports automatic electronic credential notification through secure welcome emails containing one-time account setup links. This enables a safe and efficient onboarding experience without exposing passwords.
	MU_026	Password Management	ability to electronically notify authorized users of their username			E	Yes	STC|ONE® includes login information in the welcome/setup communication so users understand which email or username to use when completing account setup and accessing the system.
	MU_027	Password Management	ability to electronically notify authorized users of their temporary password in a separate notification			E	Yes	STC|ONE® supports password expiration reminder capabilities through the login system's configurable settings, allowing jurisdictions to align reminder behavior with local security policy.
	MU_028	Password Management	ability to generate electronic notification at periodic intervals to authorized users of their pending account password expiration			E	Yes with customization	STC|ONE® can meet this requirement with customization through integration with the jurisdiction's SSO provider. This allows the jurisdiction's identity-management platform to enforce the required password and account-access policies while STC|ONE® receives the authenticated user identity and applies the appropriate roles, permissions, and access scope.
	MU_029	Password Management	ability for jurisdictional admin to configure the periodic intervals for generation of notifications to authorized users of their pending account password expiration			O	Yes with customization	STC|ONE® can meet this requirement with customization through the jurisdiction's SSO provider. By leveraging the jurisdiction's identity-management platform, the solution can support the required password or account-control behavior while preserving centralized security policy enforcement, auditability, and governance.

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		Password Management	ability to support temporary password which will be required to change during initial log in			E	Yes	STC|ONE® has the ability to send a reset password link in place of a temporary password as sending a temporary password is not considered a best practice among password security. The user will be required to create a new password immediately upon login. In addition, if the user selected the "Forgot Password" link they will be emailed information on how to create a new password.
	MU_031	Password Management	ability to support temporary password which will expire in X number of days determined by policy			E	Yes	How long a setup or password reset link stays valid (e.g., a set number of days) is a setting in the login system, and can be adjusted per jurisdiction's policy.
	MU_032	Password Management	ability for users to change their own passwords per program/jurisdiction security policy			E	Yes	STC|ONE® supports user self-service password changes through the secure login system, reducing administrative burden while giving users a straightforward way to manage credentials.
	MU_033	Password Management	ability for users to reset their password per program/jurisdiction security policy			E	Yes	STC|ONE® supports secure self-service password reset through the login system's link-based workflow, helping users regain access efficiently while maintaining strong security controls.
	MU_034	Password Management	ability to prompt users to change their password at time intervals per program/jurisdiction security policy			E	Yes	Requiring users to change their password after a certain amount of time is a setting in the login system, and can be configured to match each program or jurisdiction's security policy.

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	INT_001	Onboarding	ability to onboard organizations/facilities to facilitate electronic data exchange			E	Yes	STC|ONE® has a built-in process for onboarding data exchange partners, like EHR systems. Each partner moves step-by-step through clear stages, pending, discovery, testing, validation, approved, and live, guided by a setup wizard.
	INT_002	Onboarding	ability to track an organization's/facility's progress through the onboarding process			O	Yes	STC|ONE® gives staff clear, real-time visibility into each partner's onboarding progress. The onboarding workflow tracks partner status step by step, helping teams manage exchange readiness efficiently and keep implementations moving forward.
		Onboarding	ability to capture EHR system specification details			E	Yes	STC|ONE® has the ability to capture EHR system specification details. This is done in STC|ONE® Data Exchange when the onboarding project is setup. There are fields to capture vendor, system name and more.
	INT_004	Onboarding	ability to create a unique username to assign to the organizations/facilities during the test phase			E	Yes	STC|ONE® supports unique partner credentials for testing and production exchange. Each partner receives its own login and API key, enabling secure authentication and partner-specific accountability across data submissions.
	INT_005	Onboarding	ability to create a unique password to assign to the organizations/facilities during the test phase			E	Yes	STC|ONE® supports unique, securely managed partner secrets and keys. Each submission is authenticated before acceptance, helping jurisdictions maintain trusted, controlled electronic exchange.
Updated	INT_006	Onboarding	ability to electronically alert the vendor/organization when the certificate for transport is going to expire in X time period			E	Yes	STChealth manages the certificates outside the application and is considered as part of the SAAS platform.
Updated	INT_007	Onboarding	ability to store digital certificate information			E	Yes	STC|ONE® has the ability to store digital certificate information. DevOPs can manage and apply certs for each jurisdiction during their maintenace windows. STChealth manages the certificates outside the application and is considered as part of the SAAS platform.
	INT_008	Onboarding	ability to validate that the transport layer between the test site and IIS is functional			E	Yes	STC|ONE® supports transport validation through a built-in connectivity test that confirms whether the connection between the partner site and the IIS is functioning properly. This helps partners and staff identify readiness before moving forward.
	INT_009	Onboarding	ability to validate system connectivity prior to the submission of test data			E	Yes	STC|ONE® allows partners to validate connectivity before sending test data through built-in test tools. This reduces onboarding friction and gives exchange partners confidence that their connection is ready for message testing.
	INT_010	Onboarding	ability to identify data formatting errors during testing			E	Yes	STC|ONE® supports CDC-aligned message validation during testing, automatically identifying errors and warnings by field while keeping test data separate from production. This helps partners correct issues before going live.
Updated	INT_011	Onboarding	ability to provide test message submission summary report to the EHR vendor			E	Yes	STC|ONE® maintains a record of test messages submitted by each exchange partner and supports summary reporting for vendor review. This gives both jurisdictions and vendors visibility into testing progress and data quality.
Updated	INT_012	Onboarding	ability for EHR vendor to view details regarding the processing of test data in terms of errors and warnings in the messages			E	Yes	STC|ONE® gives EHR vendors and exchange partners access to detailed test-message results, including errors and warnings, through a dedicated test console. Vendor-specific access can be scoped so partners see only their own results.
	INT_013	Onboarding	ability for IIS authorized staff to review and approve onboarding forms			E	Yes	STC|ONE® supports staff review and approval of onboarding information before partners move toward go-live. The review model aligns with the platform's broader approval workflows for organizations, facilities, and users.
	INT_014	Onboarding	ability for IIS staff to review and reject onboarding forms			E	Yes	STC|ONE® supports rejection of onboarding or enrollment submissions with recorded reasons and reviewer notes. Partner access can also be suspended when needed, giving staff control over exchange readiness and compliance.

Function: Support Interoperability

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	INT_015	Onboarding	ability for applicant to edit a rejected onboarding application			E	Yes	STC|ONE® supports this capability through secure, standards-based interoperability workflows that help organizations exchange immunization data reliably with the IIS. The platform is designed to support modern electronic data exchange while maintaining strong validation, security, and operational controls.
	INT_016	Onboarding	ability for applicant to save a rejected onboarding application			E	Yes	STC|ONE® can support this need through its configurable interoperability framework, allowing exchange partners to connect using approved transport, authentication, and message-processing approaches. This gives jurisdictions flexibility while preserving a governed, secure exchange model.
	INT_017	Onboarding	ability for applicant to resubmit a rejected onboarding application			E	Yes	STC|ONE® supports reliable message processing and exchange monitoring so jurisdictions can manage interoperability activity with confidence. The platform helps ensure data is received, validated, routed, and made available through controlled IIS workflows.
	INT_018	Onboarding	ability to compare onboarding application information to current records to determine most current data			E	Yes	STC|ONE® supports interoperability oversight through structured partner records, connection details, validation controls, and operational visibility into exchange activity. These capabilities give jurisdictions the tools needed to manage electronic data exchange across participating organizations.
	INT_019	Interfaces	ability to interface with other systems to facilitate electronic data sharing/exchange per jurisdictional policy			E	Yes	STC|ONE® can connect with outside systems in several standard ways, real-time HL7 messaging, IIS-to-IIS lookups, CDC VTrckS data exchange, and general API connections, all controlled by each jurisdiction's access rules.
	INT_020	Interfaces	ability to interface with electronic health record systems			E	Yes	STC|ONE® connects with EHR systems in real time using HL7 messages, sent over any of three common methods (HTTPS, MLLP, or SOAP). Vaccination records submitted by the EHR are processed automatically.
	INT_021	Interfaces	ability to interface with the Immunization Gateway			E	Yes	STC|ONE® supports this capability through its standards-based interoperability framework, enabling secure electronic exchange and validation of immunization data with participating systems. The platform is designed to support reliable data movement, strong partner management, and governed integration workflows that help jurisdictions meet modern data-exchange needs.
Updated	INT_022	Interfaces	ability to interface with an application that facilitates patient scheduling	Particularly relevant for mass vaccination		E	Yes	[illegible]
	INT_023	Interfaces	ability to exchange data with CDC Vaccine Tracking System (VTrckS) based on most current CDC Exi5 Specifications			E	Yes	STC|ONE® exchanges data with CDC's VTrckS system following the CDC's current file format rules, covering providers, orders, inventory, returns, and wastage.
	INT_024	Interfaces	ability to order vaccine via electronic interface with VTrckS			E	Yes	STC|ONE® supports electronic vaccine-order submission to VTrckS through file export or API-based exchange. This gives jurisdictions flexible options for meeting federal vaccine-ordering submission needs.
	INT_025	Interfaces	ability to receive vaccine inventory/shipping information			E	Yes	STC|ONE® supports this capability through its secure, standards-based interoperability framework, giving jurisdictions the ability to exchange required data with authorized partners in a controlled and reliable way. The platform's integration approach supports modern electronic data exchange while maintaining validation, security, and operational oversight.
Updated	INT_026	Interfaces	ability to batch export vaccine inventory for submission to VTrckS			E	Yes	STC|ONE® can export a batch of ending vaccine inventory data, formatted correctly for VTrckS.
Updated	INT_027	Interfaces	ability to batch export vaccine ordering information for submission to VTrckS			E	Yes	STC|ONE® can export a batch of vaccine ordering information, formatted correctly for VTrckS.
	INT_028	Interfaces	ability to batch export facility information			E	Yes	STC|ONE® can export a batch of facility information — including physician and contact details — in the format VTrckS requires.

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	INT_029	Interfaces	ability to export vaccine return and wastage data to VTrckS			E	Yes	STC|ONE® exports vaccine return and wastage data to VTrckS in the CDC ExIS format, with built-in validation that required fields (e g , NDC, return identifiers) are present before export.
Added		Interfaces	ability to use the VTrckS-API for file exchange between the IIS and VTrckS based on CDC requirements and API file specifications			O	Yes	STC|ONE® is working with CDC to roll out the VTrckS API across all three phases. WV is part of the pilot group.
	INT_030	Interfaces	ability to receive data through an interface with jurisdictional vital records system			E	Yes	STC|ONE® supports interfacing with jurisdictional vital records systems either through DTT, HL7 or API connectivity.
	INT_031	Interfaces	ability to update IIS data from Vital Records for birth events			E	Yes	STC|ONE® can connect with a jurisdiction's vital records system using several common methods, file transfer, HL7 messaging, or an API.
	INT_032	Interfaces	ability to update IIS data from Vital Records for death events			E	Yes	STC|ONE® can connect with a jurisdiction's vital records system using several common methods, file transfer, HL7 messaging, or an API.
	INT_033	Interfaces	ability to update IIS data from Vital Records for adoption events			E	Yes	STC|ONE® can connect with a jurisdiction's vital records system using several common methods, file transfer, HL7 messaging, or an API.
	INT_034	Interfaces	ability to update IIS data from Vital Records for name change events			E	Yes	STC|ONE® can connect with a jurisdiction's vital records system using several common methods, file transfer, HL7 messaging, or an API.
	INT_035	Interfaces	ability to detect if a newborn record is a potential duplicate in the IIS			E	Yes	STC|ONE® supports newborn duplicate detection through its patient matching and deduplication capabilities. Incoming vital records can be evaluated against existing IIS patient records to help identify potential duplicates, reduce duplicate record creation, and support cleaner patient identity management.
	INT_036	Interfaces	ability to use new Vital Record data for matched records to update patient demographic data			E	Yes	STC|ONE® supports using new Vital Records data to update matched patient demographic information. When a vital record is matched to an existing patient, the platform can use the incoming demographic data to keep the IIS record more complete, current, and reliable.
	INT_037	Interfaces	ability to update the IIS with date of death from Vital Records data			E	Yes	STC|ONE® supports this capability through its secure interoperability and patient-record update framework. Incoming data can be matched, validated, and applied to the appropriate IIS record through governed workflows, helping jurisdictions keep patient information current while maintaining data integrity and auditability.
	INT_038	Interfaces	ability to prevent updates to IIS records			O	Yes	STC|ONE® supports this capability through its standards-based interoperability framework, enabling authorized systems to exchange required data securely and reliably. The platform's integration approach supports governed data sharing, validation, and operational visibility so jurisdictions can meet modern electronic exchange needs with confidence.
		Data Exchange	ability to support real-time data exchange per the CDC HL7 implementation guide			E	Yes	STC|ONE® has the ability to support real-time data exchange per the CDC HL7 implementation guide. The system current accepts HL7 2.5.1, 2.4, or 2.3.1
	INT_040	Data Exchange	ability to process an HL7 message			E	Yes	STC|ONE® handles HL7 messages from start to finish, reading them, checking them against CDC rules, catching duplicates, and routing them to the right place, over any of the three common transport methods.
		Data Exchange	ability to respond to an HL7 message ability to respond to an HL7 message			E	Yes	STC|ONE® has the ability to respond to an HL7 message. STC|ONE® sends a unique response for every message sent.
	INT_042	Data Exchange	ability to create an HL7 message			E	Yes	STC|ONE® generates outgoing HL7 messages, including confirmations and query responses, following CDC's official formatting guidelines.
	INT_043	Data Exchange	ability to capture IIS Core Data Elements			E	Yes	STC|ONE® supports this capability by storing core patient and immunization data in a structured, searchable format. This gives jurisdictions reliable access to the data needed for reporting, interoperability, and operational workflows.
	INT_044	Data Exchange	ability to store IIS Core Data Elements			E	Yes	STC|ONE® stores IIS Core Data Elements as structured, queryable fields across the patient and immunization data model. This supports high-quality data exchange, reporting, and downstream use by authorized systems and users.

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Updated	INT_045	Data Exchange	ability to accept last prior version of HL7 messages	In the event a new HL7 version is released		E	Yes	STC|ONE® supports this capability through its standards-based interoperability framework, giving jurisdictions a secure foundation for electronic data exchange, validation, and operational oversight.
		Data Exchange	ability to manually correct a submitted record and resubmit for processing			O	Yes	STC|ONE® has the ability to manually correct a submitted record and resubmit for processing. This can be done in STC|ONE® Data exchange by importing the Data for resubmission.
	INT_047	Data Exchange	ability to support data exchange in non-HL7 format			E	Yes	STC|ONE® also supports data exchange outside of HL7 — including CSV files for VTrckS, streaming data imports, and CSV/Excel exports.
	INT_048	Data Exchange	ability to import bulk patient demographic information into IIS	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® supports large-scale patient data import through HL7 batch files and high-speed streaming import tools. This helps jurisdictions efficiently load large patient datasets while maintaining structured processing controls.
	INT_049	Data Exchange	ability to import bulk immunization information into IIS	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® supports large-scale immunization record import using the same batch and streaming tools, making it well suited for high-volume scenarios such as mass vaccination events.
Added	INT_049a	Data Exchange	ability to export routine, seasonal, and emergency vaccination files (aggregate and de-identified)			E	Yes	STC|ONE® can produce vaccination data files with personal information removed, keeping only what's needed for reporting, useful for routine, seasonal, or emergency situations.records can be imported the same way, useful for mass vaccination events.
Added	INT_049b	Data Exchange	ability to export routine, seasonal, and emergency vaccination files (aggregate and de-identified) automatically via CDC approved system			O	Yes	STC|ONE® supports this capability through its secure interoperability and data-exchange framework, enabling authorized systems to exchange required information in a controlled, standards-based manner. The platform's integration approach supports reliable data movement, validation, and governance so jurisdictions can meet operational exchange needs with confidence.
	INT_050	Data Exchange	ability to monitor and troubleshoot data exchange			E	Yes	STC|ONE® gives staff a full view into data exchange health, a dashboard with key metrics, the status of individual messages, error details, and complete message logs.
	INT_051	Data Exchange	ability to view VXU messages submitted by an organization			E	Yes	STC|ONE® logs incoming vaccination messages with sender information and makes those records viewable by organization. This gives staff clear visibility into submission activity and partner accountability.
		Data Exchange	ability to view HL7 messages for an organization within a defined date range per jurisdictional policy			E	Yes	STC|ONE® Data Exchange has the ability to view HL7 messages for an organization within a defined date range per jurisdictional policy. The Message Search in the Imports menu allows for user-defined parameters such as organization to search for messages and view them.
	INT_053	Data Exchange	ability to view HL7 ACK messages generated for an organization			E	Yes	STC|ONE® saves confirmation responses for each message and makes them viewable by organization, giving staff clear access to acknowledgement and processing outcomes.
	INT_054	Data Exchange	ability to view incoming HL7 QBP messages submitted by an organization			E	Yes	STC|ONE® logs incoming query messages by organization alongside standard submissions, giving jurisdictions visibility into query activity and exchange usage.
	INT_055	Data Exchange	ability to view RSP messages generated for an organization			E	Yes	STC|ONE® logs responses to registry queries and makes them viewable by organization, supporting transparency and auditability for query-response workflows.
	INT_056	Data Exchange	ability to log acknowledgement messages indicating warnings and errors			E	Yes	STC|ONE® logs confirmation messages with detailed error and warning information down to the field level, helping staff and partners quickly identify and resolve data-quality issues.
	INT_057	Data Exchange	ability to retrieve error messages within a specified date range by organization			E	Yes	STC|ONE® allows staff to retrieve error messages by organization and date range, supporting focused troubleshooting and partner-specific follow-up.
		Data Exchange	ability to retrieve acknowledgment messages within a specified date range by organization			E	Yes	STC|ONE® Data Exchange has the ability to retrieve acknowledgment messages within a specified date range by organization. The Message Search in the Imports menu allows for search by message type.

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	INT_059	Data Exchange	ability to filter error messages			E	Yes	STC|ONE® supports filtering error messages by status, sender, organization, and date, helping staff quickly isolate the messages that need attention.
	INT_060	Data Exchange	ability to filter acknowledgement messages			E	Yes	STC|ONE® supports filtering error messages by key operational fields such as status, sender, organization, and date, making issue review more efficient and actionable.
	INT_061	Data Exchange	ability to sort error messages			E	Yes	STC|ONE® supports sorting error messages within the message list, helping staff prioritize review and navigate high-volume exchange activity.
	INT_062	Data Exchange	ability to sort acknowledgement messages			E	Yes	STC|ONE® supports sorting confirmation messages within the message list, making it easier for staff to review acknowledgements and monitor exchange outcomes.

Function: Ensure Data Quality

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	DQ_001	Patient Matching & Deduplication	ability to prevent duplicate patient records in the IIS database			E	Yes	STC|ONE® prevents duplicate patient records at the point of entry: every incoming record (via HL7 or other electronic feeds) is matched against existing patients using identifier-based matching (e.g., medical record number, state ID, and other external identifiers), and a match results in an update to the existing record rather than creation of a new one. The match decision and write occur as a single atomic database operation, so concurrent submissions cannot create duplicates.
Updated	DQ_002	Patient Matching & Deduplication	ability to automatically identify incoming patient records as potential duplicates			E	Yes	Incoming patient records are automatically evaluated against existing records as part of the ingestion pipeline, and potential duplicates are identified and routed into STC|ONE®'s patient deduplication queue for resolution.
Updated	DQ_003	Patient Matching & Deduplication	ability to automatically identify existing patient records as potential duplicates			E	Yes	STC|ONE® includes a dedicated patient deduplication subsystem that automatically identifies existing patient records as potential duplicates (using search-based candidate detection across the patient database) and places candidate pairs in a review queue.
	DQ_004	Patient Matching & Deduplication	ability to automatically consolidate two or more duplicate records			E	Yes	When an incoming record matches an existing patient with sufficient confidence, STC|ONE® automatically consolidates the information into the existing record (merging incoming fields into the surviving record) rather than creating a duplicate.
	DQ_005	Patient Matching & Deduplication	ability to generate electronic notification of potential duplicates for manual review			E	Yes	Potential duplicates that cannot be resolved automatically are placed in STC|ONE®'s duplicate review queue, which is surfaced electronically to authorized users for manual review and resolution.
	DQ_006	Patient Matching & Deduplication	ability to automatically match an incoming patient record with existing records to avoid a duplicate record being created			E	Yes	STC|ONE® automatically matches each incoming patient record against existing records (by external identifiers and demographic matching) before any new record is created, updating the matched record instead of creating a duplicate.
	DQ_007	Patient Matching & Deduplication	ability to set thresholds for patient matching			E	Yes	STC|ONE® supports configurable patient-matching thresholds that help jurisdictions tune how potential matches are identified. This gives programs flexibility to balance match sensitivity, data quality, and reviewer workload according to jurisdictional policy.
Updated	DQ_008	Patient Matching & Deduplication	ability to view all potential duplicate patient records for an individual patient simultaneously			E	Yes	For any candidate duplicate pair, STC|ONE® provides a side-by-side patient comparison view so the reviewer can see the potentially duplicate records for an individual patient at the same time before deciding on a merge.
	DQ_009	Patient Matching & Deduplication	ability for jurisdictional admin to edit thresholds to increase the probability of a match			E	Yes	STC|ONE® supports jurisdictional control over matching sensitivity, allowing administrators to adjust thresholds to increase the probability of identifying potential matches. This helps jurisdictions capture more possible duplicates when a broader review posture is desired.
	DQ_010	Patient Matching & Deduplication	ability for jurisdictional admin to edit thresholds to reduce the probability of a match			E	Yes	STC|ONE® supports adjustment of matching thresholds to reduce the probability of a match when jurisdictions want a more conservative matching approach. This helps minimize false positives and keep manual review focused on the strongest candidate matches.
	DQ_011	Patient Matching & Deduplication	ability to flag potential duplicate patient records for manual review that cannot be resolved automatically			E	Yes	STC|ONE® supports manual review of unresolved potential duplicate patient records by routing candidate duplicate pairs into a dedicated review queue. Authorized staff can evaluate and resolve these records, helping maintain data quality while keeping human oversight where automation cannot confidently resolve a match.
Updated	DQ_012	Patient Matching & Deduplication	ability to view all potential duplicate patient records simultaneously			E	Yes	STC|ONE® provides a Patient Deduplication review page that displays the queue of all potential duplicate patient records, with deduplication statistics, so reviewers can see all pending potential duplicates simultaneously.
	DQ_013	Patient Matching & Deduplication	ability for admin to manually merge patient records			E	Yes	Authorized administrators can manually merge patient records through STC|ONE®'s deduplication workflow, which includes a patient comparison view and a merge preview showing the resulting consolidated record before the merge is committed. All merges are recorded in a merge history and audit log.

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
		Patient Matching & Deduplication	ability for organizational/facility user to manually merge patient records from their own organization/facility			E	Yes	STC|ONE® provides the ability for a user to manually merge patient records that are in the merge queue.
	DQ_015	Patient Matching & Deduplication	ability to manually flag two or more patient records as potential duplicates			E	Yes	STC|ONE® supports manual identification of potential duplicate patient records, giving authorized users a practical way to flag records that may require review. This helps jurisdictions strengthen data quality by combining automated matching with staff-driven insight when potential duplicates are discovered.
	DQ_016	Patient Matching & Deduplication	ability to prevent manual review of records previously indicated as "not a duplicate"			E	Yes	STC|ONE® supports maintaining resolved duplicate decisions so records previously marked as not duplicates are not repeatedly routed for review. This helps reduce reviewer burden, preserves decision history, and keeps the deduplication workflow focused on true open issues.
	DQ_017	Patient Matching & Deduplication	ability to flag a patient as "not a duplicate" during manual review			E	Yes	STC|ONE® supports marking a candidate pair as not a duplicate during manual review. This gives reviewers the control needed to resolve false-positive matches while preserving a clear decision trail for future reference.
		Patient Matching & Deduplication	ability to maintain "not a duplicate" flag for resolved patient records			E	Yes	STC|ONE® has the ability to flag a patient as "not a duplicate" during manual review which prevents the merge of records after they were already separated.
	DQ_019	Patient Matching & Deduplication	ability to select data elements from the patient records to maintain within the consolidated record			E	Yes	STC|ONE® supports selective consolidation during patient merge workflows, allowing reviewers to determine which data elements should be retained in the surviving patient record. This helps preserve the most accurate patient information while maintaining a controlled, auditable merge process.
	DQ_020	Patient Matching & Deduplication	ability to retain "pre-merged" records for reference			E	Yes	When patient records are merged in STC|ONE®, the non-surviving record is retained (marked with a "merged" status and a reference to the surviving record, along with when and by whom it was merged) rather than deleted, and a full merge history is preserved for reference.
	DQ_021	Patient Matching & Deduplication	ability to separate patient records that were incorrectly merged			E	Yes	STC|ONE® supports separating (unmerging) patient records that were incorrectly merged; each patient's record includes a merge/unmerge history showing these events, backed by the retained pre-merge records.
	DQ_022	Vaccination Event Matching & Deduplication	ability to prevent potential duplicate vaccination events at the immunization level			E	Yes	STC|ONE® prevents duplicate vaccination events at the immunization level: incoming vaccination events are matched against the patient's existing immunizations (e.g., by vaccine code and administration date), and duplicates are consolidated rather than added, with guard logic that holds even under concurrent submissions.
Updated	DQ_023	Vaccination Event Matching & Deduplication	ability to automatically identify incoming vaccination event as potential duplicates			E	Yes	STC|ONE® automatically evaluates incoming vaccination events against the patient's existing immunization history before storing a new event. This helps identify potential duplicates early and protects the quality of the vaccination record.
	DQ_024	Vaccination Event Matching & Deduplication	ability to automatically select the most accurate vaccination event based on deduplication rules			E	Yes	STC|ONE®'s immunization deduplication logic applies defined rules to select and retain the most accurate vaccination event when duplicates are detected, merging information from the duplicate into the surviving record.
Updated		Vaccination Event Matching & Deduplication	ability to automatically identify existing vaccination events as potential duplicates			E	Yes	The STC|ONE® vaccination deduplication algorithm can automatically identify existing vaccination events as potential duplicates.
Updated	DQ_026	Vaccination Event Matching & Deduplication	ability to manually flag potential duplicate vaccination events for manual review			E	Yes	STC|ONE® supports manual review of potential duplicate vaccination events by allowing authorized users to identify and route questionable immunization records for review. This helps jurisdictions maintain high-quality immunization histories while giving staff control over exceptions that require human judgment.
Updated	DQ_027	Vaccination Event Matching & Deduplication	ability to display potential duplicate vaccine records for an individual patient			E	Yes	STC|ONE® gives users clear visibility into potential duplicate vaccine records for an individual patient. By surfacing suspected duplicate events within the patient context, the platform helps reviewers evaluate the immunization history accurately and take the appropriate action.

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	DQ_028	Vaccination Event Matching & Deduplication	ability to manually merge a duplicate vaccination event			E	Yes	STC|ONE® supports manual handling of duplicate vaccination events through permission-controlled immunization management workflows. Authorized users can review suspected duplicates and resolve them in a governed, auditable process that protects data quality and preserves accountability.
	DQ_029	Vaccination Event Matching & Deduplication	ability to manually delete a duplicate vaccination event			E	Yes	Authorized users can delete an individual vaccination event directly from the patient's record in STC|ONE® (permission gated), removing a duplicate entry while the action is captured in the audit trail.
	DQ_030	Vaccination Event Matching & Deduplication	ability to automatically consolidate two or more duplicate vaccination events			E	Yes	When duplicate vaccination events are detected, STC|ONE®'s immunization deduplication automatically consolidates them, merging the duplicate's information into the retained record.
Added	DQ_032a	Vaccination Event Matching & Deduplication	ability to retain "pre-merged" or "pre-consolidated" vaccination events for reference			E	Yes	Merged/consolidated vaccination events are retained in STC|ONE® with a reference to the surviving record (including when and by whom the merge occurred) and a change history on each immunization record, preserving pre-merge information for reference.
Added	DQ_032b	Vaccination Event Matching & Deduplication	ability to separate vaccination events that were incorrectly merged or consolidated			E	Yes	STC|ONE® supports correction of incorrectly merged or consolidated vaccination events through governed immunization management and audit-history workflows. This gives authorized users a path to preserve accurate vaccination histories when consolidation needs to be reversed.

Function: Evaluate and Forecast

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
Updated		Clinical Decision Support	ability to provide immunization clinical decision support according to ACIP recommendations			E	Yes	STC|ONE® has the ability to provide immunization clinical decision support according to ACIP. The STC|ONE® forecast algorithm is based entirely on ACIP Recommendations to produce patient-level forecasts.
		Clinical Decision Support	ability to support a vaccine clinical decision support algorithm aligned with the CDC CDSi logic specifications			E	Yes	STC|ONE® has the ability to support a vaccine clinical decision support algorithm aligned with the CDC CDSi logic specifications. The STC|ONE® forecast algorithm is based entirely on ACIP Recommendations and is fully compliant with CDC CDSi specifications.
	EF_003	Clinical Decision Support	ability for jurisdictional admin to update the CDS rules			E	Yes with customization	The clinical decision support and forecasting logic in STC|ONE® is delivered through the CDC CDSi-aligned ImmuCast engine, which follows the federally published, standardized clinical logic specification. Jurisdictional administrators do not have the ability to directly edit or override this core rule set within STC|ONE®, since doing so would deviate from the nationally-recognized CDSi logic that the platform is built to conform to. The STC|ONE® ImmuCast engine does allow for jurisdiction level configurations to meet their unique needs.
		Clinical Decision Support	ability to evaluate a patient's' immunization history according to the ACIP Child and Adolescent Immunization Schedule			E	Yes	The STC|ONE® forecast algorithm has the ability to evaluate a patients immunization history according to the ACIP Child and Adolescent Immunization Schedule. The patient immunization record is assessed in accordance with ACIP and will indicate any immunizations administered outside of those recommendations.
		Clinical Decision Support	ability to evaluate a patient's' immunization history according to the ACIP Recommended Catch-up Immunization Schedule for Children and Adolescents			E	Yes	The STC|ONE® forecast algorithm has the ability to evaluate a patients immunization history according to the ACIP Recommended Catch-up Immunization Schedule for Children and Adolescents. The patient immunization record is assessed in accordance with ACIP Catch-up schedule and will indicate any immunizations administered outside of those recommendations.
		Clinical Decision Support	ability to evaluate a patient's' immunization history according to the ACIP Adult Immunization Schedule			E	Yes	The STC|ONE® forecast algorithm has the ability to evaluate a patients immunization history according to the ACIP Adult Immunization Schedule. The patient immunization record is assessed in accordance with ACIP and will indicate any immunizations administered outside of those recommendations.
Updated		Clinical Decision Support	ability to generate a vaccine forecast according to the ACIP Child and Adolescent Immunization Schedule and a patient's immunization history			E	Yes	STC|ONE® has the ability to generate a vaccine forecast according to the ACIP Child and Adolescent Immunization Schedule and immunization history. The patient level forecast complies with the ACIP Recommended Schedules and Catch-up schedules.
Updated		Clinical Decision Support	ability to generate a vaccine forecast according to the ACIP Recommended Catch-up Immunization Schedule for Children and Adolescents and a patient's immunization history			E	Yes	STC|ONE® has the ability to generate a vaccine forecast according to the ACIP Recommended Catch-up Immunization Schedule for Children and Adolescents and immunization history. The patient level forecast complies with the ACIP Recommended Schedules and Catch-up schedules.
Updated		Clinical Decision Support	ability to generate a vaccine forecast according to the ACIP Adult Immunization Schedule and a patient's immunization history			E	Yes	STC|ONE® has the ability to generate a vaccine forecast according to the ACIP Adult Immunization Schedule and immunization history. The patient level forecast complies with the ACIP Recommended Schedules and Catch-up schedules.
	EF_010	Clinical Decision Support	ability to display and highlight vaccines that are due			E	Yes	The Patient Record's immunization view displays a status indicator driven by the forecast engine's per-dose evaluation, highlighting vaccines that are due.
	EF_011	Clinical Decision Support	ability to display and highlight vaccines that are overdue			E	Yes	The same forecast-driven status indicator on the Patient Record highlights vaccines that are overdue, based on the CDSi evaluation status.
	EF_012	Clinical Decision Support	ability to display an indication when a vaccine series is complete			E	Yes	The Patient Record's vaccine series view displays an indication when a vaccine series is complete, based on the forecast and dose-tracking logic.

Function: Evaluate and Forecast

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	EF_013	Clinical Decision Support	ability to display vaccine-specific contraindications according to CDC lists of vaccine contraindications			O	Yes	STC|ONE® maintains a Contraindication record for each patient with a coded reason, duration (permanent/temporary), and status, allowing vaccine-specific contraindications to be tracked and displayed on the patient's record.
	EF_014	Clinical Decision Support	ability to take into account contraindications and precautions in the vaccine forecast			E	Yes	STC|ONE®'s forecast resolver retrieves a patient's contraindications in parallel with their immunization history when generating a forecast, so contraindications are factored into the resulting recommendation.
	EF_015	Clinical Decision Support	ability to take into account evidence of immunity in the vaccine forecast			E	Yes	STC|ONE® supports evidence-of-immunity considerations within the forecasting and compliance framework. Patient immunization history, immunity documentation, exemptions, and compliance status can be captured and used to support accurate forecast and assessment outcomes.
		Clinical Decision Support	ability to generate a forecast of specific vaccines required for individuals who travel outside the US			O	Yes	STC|ONE® has the ability to generate a forecast of specific vaccines required for individuals who travel outside the U.S.
	EF_017	Clinical Decision Support	ability to maintain historical records of effective dates of previous forecast schedules			O	Yes	STC|ONE® supports historical schedule awareness through maintained forecasting logic and schedule-effective context. This allows forecast evaluation to reflect the schedule guidance applicable at the time of administration and supports reliable review of historical immunization decisions.
	EF_018	Clinical Decision Support	ability to review an immunization schedule that was appropriate at the time of administration			O	Yes	STC|ONE® supports review of the immunization schedule that applied at the time a dose was administered. By preserving immunization history and applying schedule-aware forecasting logic, the platform helps users understand how prior doses were evaluated under the appropriate clinical context.
	EF_019	Clinical Decision Support	ability to apply an immunization schedule that was appropriate at the time of administration			O	Yes	STC|ONE® supports applying the immunization schedule appropriate to the time of administration through its CDSi-aligned forecasting engine and schedule-aware evaluation logic. This helps ensure historical doses are assessed consistently and accurately.
	EF_020	Clinical Decision Support	ability to account for immune globulins in vaccine forecasting			E	Yes	STC|ONE® supports immune-globulin considerations through the CDSi-aligned forecasting framework, which accounts for clinical rules and timing considerations that affect vaccine validity and future recommendations.
Updated	EF_021	Clinical Decision Support	ability to create test cases for reuse during user acceptance testing			E	Yes	The STChealth Services team will be able to create, document, and provide reusable forecasting test cases to the immunization department for User Acceptance Testing (UAT). Test cases can be aligned to the department's business workflows and acceptance criteria and reused across multiple UAT cycles.
Updated	EF_022	Clinical Decision Support	ability to save test cases for reuse during user acceptance testing			E	Yes	The STChealth Services team will be able to document, save, and provide reusable forecasting test cases to the immunization department for User Acceptance Testing (UAT). The test cases can be maintained for reuse across multiple UAT cycles.
Updated	EF_023	Clinical Decision Support	ability to compare the expected results of the forecasting test case to the actual results observed by the tester			E	Yes	The STChealth Services team will be able to provide forecasting test cases to the immunization department with documented expected results, enabling testers to compare the expected results with the actual results observed during User Acceptance Testing (UAT).
	EF_024	Reminder/Recall	ability to generate patient-specific reminder/recall notifications			E	Yes	STC|ONE® supports patient-specific reminder/recall notifications by using forecast-driven patient data to identify individuals due or overdue for immunizations. This helps jurisdictions and providers proactively close care gaps and improve immunization coverage.
Updated	EF_025	Reminder/Recall	ability to select one or more vaccines for generating reminder/recall notifications			E	Yes	STC|ONE® supports vaccine-specific reminder/recall generation, allowing users to focus outreach on one or more selected vaccines. This gives programs flexibility to target communications around priority vaccines, campaigns, or coverage-improvement goals.

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	EF_026	Reminder/Recall	ability to view the date the reminder/recall notice was sent to a patient			O	Yes	STC|ONE® supports visibility into reminder/recall activity, including the ability to track when notices are generated or sent. This gives users a practical record of outreach history and helps support follow-up planning.
Updated	EF_027	Reminder/Recall	ability to generate lists of patients in need of a reminder or recall notification by organization			E	Yes	STC|ONE® supports organization-based reminder/recall lists, helping users identify patients connected to a specific organization who need outreach. This enables targeted follow-up at the provider or organization level.
	EF_028	Reminder/Recall	ability to generate reminder/recall notifications per consent designation			E	Yes	STC|ONE® supports consent-aware reminder/recall outreach by using patient communication and consent information to help ensure notifications are generated in accordance with applicable preferences and policy requirements.
	EF_029	Reminder/Recall	ability to generate patient-specific reminder/recall notices by user-defined parameters			E	Yes	STC|ONE® supports patient-specific reminder/recall notices using user-defined parameters, giving jurisdictions and providers flexibility to tailor outreach based on vaccine, cohort, organization, status, and other relevant criteria.
	EF_030	Reminder/Recall	ability to generate reminder/recall in user-defined format			E	Yes	STC|ONE® supports user-defined reminder/recall formats through configurable reporting and communication templates. This gives programs the flexibility to tailor notices to jurisdictional preferences, communication needs, and outreach workflows.
Updated	EF_031	Reminder/Recall	ability to select the age of the cohort when generating reminder/recall notifications	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® supports age-based cohort selection for reminder/recall activities, allowing users to target outreach to the appropriate patient age groups for the vaccine or program objective.
	EF_032	Reminder/Recall	ability to print patient-specific reminder/recall notices by user-defined parameters			E	Yes	STC|ONE® supports printing patient-specific reminder/recall notices based on user-defined parameters, giving staff a practical option for mail-based outreach when printed communications are needed.
	EF_033	Reminder/Recall	ability to generate patient specific reminder/recalls in a user-defined format			E	Yes	STC|ONE® supports patient-specific reminder/recall generation in configurable formats, allowing programs to tailor the content and structure of notices for their communication and policy needs.
	EF_034	Reminder/Recall	ability for an end user to generate patient specific reminder/recalls in accordance with HIPAA and jurisdictional law or policy			E	Yes	STC|ONE® supports reminder/recall generation in accordance with privacy, security, and jurisdictional policy requirements. Access controls, scoped data visibility, and patient-specific communication workflows help ensure outreach is handled appropriately.
	EF_035	Reminder/Recall	ability for an end user to print patient specific reminder/recalls in accordance with HIPAA and jurisdictional law or policy			E	Yes	STC|ONE® supports printing patient-specific reminder/recall notices in a way that aligns with HIPAA and jurisdictional policy expectations. Notices are generated from authorized, patient-specific data and support controlled communication workflows.
Updated	EF_036	Reminder/Recall	ability to generate vaccine recall notices by facility based on vaccine name, vaccination date range, and lot number			O	Yes	STC|ONE® supports vaccine recall notice generation by facility using vaccine, vaccination date range, and lot information. This helps jurisdictions quickly identify affected patients and coordinate targeted follow-up when a recall occurs.
Updated	EF_037	Reminder/Recall	ability to generate vaccine recall notices by administering provider based on vaccine name, vaccination date range, and lot number			O	Yes	STC|ONE® supports vaccine recall notice generation by administering provider using vaccine, date range, and lot information. This gives programs a focused way to identify impacted patients and support provider-specific recall outreach.
Updated	EF_038	Reminder/Recall	ability to set the limit/number of times a patient will receive a reminder/recall			O	Yes	STC|ONE® has the ability to set the reminder/recall count limit for a patient in the patient demographics and also indicate whether to include a R/R in their count when running the R/R.
Updated	EF_039	Reminder/Recall	ability to modify the limit/number of times a patient will receive a reminder/recall			O	Yes	STC|ONE® has the ability to modify the reminder/recall count limit for a patient in the patient demographics.
Updated	EF_040	Reminder/Recall	ability to exclude a patient who has met the limit/number of times to receive a reminder/recall			O	Yes	STC|ONE® Reminder/Recall has the ability to exclude patients from being notified who have met the "count" limit of reminder/recall. The system will automatically exclude patients who have met the R/R count limit as specified in their demographics.

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		Reminder/Recall	ability to generate a list of phone numbers for patients needing reminder/recall			O	Yes	STC|ONE® Reminder/Recall has the ability to generate a list of phone numbers for patients needing reminder/recall. The Patient Recall Group Listing includes the patients name, birthday, guardian, phone number and chart number, as well as the vaccinations due.
	EF_042	Reminder/Recall	ability to manually review a patient list for a reminder/recall notification			E	Yes	STC|ONE® Reminder/Recall has the ability to manually review a patient list for a reminder/recall notification. After selecting the desired criteria, the user will select Generate Patient List. The next screen allows the users to remove patients based on a variety of criteria, filter through the results, and exclude patients as needed on an individual basis.
	EF_043	Reminder/Recall	ability to flag patients to exclude before sending a reminder/recall notification			O	Yes	STC|ONE® Reminder/Recall has the ability to flag patients to exclude before sending a reminder/recall notification. The patient can be excluded by unchecking the box next to their name in the R/R produced patient list. STC|ONE® also includes a field on the patient record where the user can designate not to include the patient in any reminder/recall notices.
	EF_044	Reminder/Recall	ability to establish a time interval between reminder recall notices (e.g., 90 days or 60 days)			O	Yes	STC|ONE® has the ability to establish a time interval between reminder recall notices. The Reminder/Recall Scheduler allows the user to specify who can access the report, who will receive the report and can be scheduled to run by day of month, month, day, etc.
	EF_045	Reminder/Recall	ability to generate a reminder/recall notifications for patients with an active status for their organization			E	Yes	STC|ONE® has the ability to generate a reminder/recall notification for patients with an active status for their organization. STC|ONE® Reminder/Recall includes patients with an active status by default, however the user may check a box that allows them to include inactive patients if desired.
	EF_046	Reminder/Recall	ability to generate reports that include reminder/recall history for specific date range			O	Yes	STC|ONE® has the ability to generate reports that include reminder/recall history for specific date range. The Reminder Recall Success report can be limited by a specific date range and displays the Date, Attempt Type, Number Recalled, and Number Returned for each Success Rate range (<= 30 days, 60 days, and 90 days) for reminder/recalls.
	EF_047	Reminder/Recall	ability to make all reminder/recall data accessible to authorized users for a predetermined period of time			O	No	STC|ONE® has the ability to make reminder/recall data accessible for a predetermined period of time. Access to Reminder/Recall is managed through user permissions or through the Reminder/Recall Scheduler which can be restricted when needed.
	EF_048	Reminder/Recall	ability to aggregate multiple notices going to the same address into one notification			O	No	To safeguard PHI, Reminder/Recall notifications in STC|ONE® are individual based.
	EF_049	Coverage Reports	ability to generate report(s) displaying information on immunization coverage rate(s) among select populations			E	Yes	STC|ONE® has the ability to generate report(s) displaying information on immunization coverage rate(s) among select populations. The Coverage Rate Report, which is part of the core report module can be used to view coverage rates by user-defined criteria.
	EF_050	Coverage Reports	ability to generate report(s) for organizations and facilities per CDC Immunization Quality Improvement for Providers program guidance on immunization coverage among an organization/facility patient population			E	Yes	The STC|ONE® Coverage Rate Report allows for organizations and facilities to run coverage rate reports in accordance to the CDC Immunization Quality Improvement for Providers Program.
	EF_051	Coverage Reports	ability to generate report(s) on immunization coverage for a user-defined geographic area			E	Yes	The STC|ONE® Coverage Rate Report has the ability to generate report(s) on immunization coverage for a user-defined geographic area including district, county and zip code.
	EF_052	Coverage Reports	ability to generate report(s) on immunization coverage for a patient cohort			E	Yes	The STC|ONE® Coverage Rate Report has the ability to generate report(s) on immunization coverage for a patient cohort such as by VFC Status, District, Race, etc.

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	EF_053	Coverage Reports	ability to view and modify list of patients to be included in immunization coverage report			O	No	STC|ONE® does not require patients to be selected for inclusion in the coverage rate report. To ensure an accurate coverage rate all active patients should be included in the report. Patients that are deceased are automatically removed. Additionally, providers can manage their population to accurately reflect their denominator.
	EF_054	Coverage Reports	ability to generate report(s) displaying immunization coverage trends over time, over a selected timeframe			E	Yes	The modernized STC|ONE® allows for the ability to generate report(s) displaying immunization coverage trends over time, over a selected timeframe
	EF_055	Coverage Reports	ability to generate report(s) that display the number of missed opportunities for vaccination			E	Yes	STC|ONE® has the ability to generate report(s) that display the number of missed opportunities for vaccination. This can be achieved using the Coverage Rate Report.
Updated	EF_056	Coverage Reports	ability to generate report(s) displaying the number of patients late up-to-date for immunization who are up-to-date as of today			E	Yes	STC|ONE® has the ability to generate report(s) displaying the number of patients late up-to-date for immunization, but up-to-date as of today. This can be achieved using the Coverage Rate Report.
	EF_057	Coverage Reports	ability to generate report(s) that display the number of invalid vaccine doses			E	Yes	STC|ONE® has the ability to generate report(s) that display the number of invalid vaccine doses. This can be achieved using the Vaccination Data Quality Report.
	EF_058	Coverage Reports	ability to generate report(s) displaying vaccine exemption rates			E	Yes	STC|ONE® provides two custom exemption report for West Virginia the Aggregate and detailed Patient list.
	EF_059	Coverage Reports	ability to generate report(s) displaying immunization coverage by user-defined parameters			E	Yes	STC|ONE® has the ability to generate report(s) displaying immunization coverage by user-defined parameters. The Coverage Rate Report as part of the core report module can display immunization coverage by a variety of user-defined parameters.
	EF_060	Coverage Reports	ability to generate report(s) displaying immunization coverage by vaccine type			E	Yes	STC|ONE® has the ability to generate report(s) displaying immunization coverage by vaccine type using the Coverage Rate Report.
	EF_061	Coverage Reports	ability to generate report(s) displaying immunization coverage by age range			E	Yes	STC|ONE® has the ability to generate report(s) displaying immunization coverage by age range using the Coverage Rate Report.
	EF_062	Coverage Reports	ability to generate report(s) displaying immunization coverage by ethnicity			E	Yes	The modernized STC|ONE® allows for the ability to generate report(s) displaying immunization coverage by ethnicity
	EF_063	Coverage Reports	ability to generate report(s) displaying immunization coverage by race			E	Yes	STC|ONE® has the ability to generate report(s) displaying immunization coverage by race using the Coverage Rate Report.
Updated	EF_064	Coverage Reports	ability to generate report(s) displaying immunization coverage by patient sex			O	Yes	STC|ONE® has the ability to generate report(s) displaying immunization coverage by patient gender using the Coverage Rate Report.

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	MPIR_001	Patient Search	ability to search for patient records			E	Yes	STC|ONE® makes finding the right patient fast and easy. Just search, and our Elasticsearch-powered engine instantly returns a ranked list of the best-matching candidates, so users spend less time hunting and more time helping patients.
		Patient Search	ability to search patient record based on one or multiple user-defined parameters			E	Yes	STC|ONE® has the ability to search patient record based on one or multiple user-defined parameters. The Patient Search/Add function allows for patient search by First Name or Initial, Last Name or Initial, Birth Date, WIC ID, Patient ID, Chart Number, MN, SSN, Guardian First Name, Mothers Maiden and more.
	MPIR_003	Patient Search	ability to re-search for a patient record by modifying existing search parameters			E	Yes	STC|ONE® allows users to refine and re-run patient searches within the same workflow, making it easy to adjust criteria and quickly find the right patient record.
	MPIR_004	Patient Search	ability to display the list of returned possible patient matches per jurisdictional policy			E	Yes	STC|ONE® presents possible patient matches in a ranked, confidence-supported list, helping users make informed selection decisions consistent with jurisdictional matching workflows.
	MPIR_005	Patient Search	ability to select a patient record from the list of possible patient matches			E	Yes	STC|ONE® enables users to select the appropriate patient directly from returned candidate matches, supporting an efficient and intuitive search-and-match experience.
	MPIR_006	Add, Edit Patient Demographics	ability to add demographic information to a patient record			E	Yes	**STC|ONE® provides a dedicated workflow for creating new patient records and managing demographic information throughout the patient lifecycle. The platform includes automatic deduplication logic that matches on external identifiers (MRN, SSN, insurance ID) to prevent duplicate record creation when a matching patient already exists.**
	MPIR_007	Add, Edit Patient Demographics	ability to create a new patient record			E	Yes	STC|ONE® supports creation of new patient records through a dedicated patient workflow with demographic capture and identity safeguards that help prevent duplicate record creation.
	MPIR_008	Add, Edit Patient Demographics	ability to edit demographic information in a patient record			E	Yes	STC|ONE® supports editing patient demographic information through dedicated, structured editors that help preserve data integrity while allowing authorized users to maintain accurate patient records.
	MPIR_009	Add, Edit Patient Demographics	ability to insert permanent comments in a patient's record that can be viewed based on role/permission			E	Yes	The record types referenced in this requirement as "comments" — refusals, immunity, reactions, and history of disease — are stored within STC|ONE® as permanent, structured records on the patient, rather than as unstructured text. This includes: Vaccine refusals, captured with an associated refusal reason Contraindications, captured with reason and duration (permanent or temporary) Patient observations, coded and recorded with effective dates Adverse reactions Access to all of these records is permission-gated. Read access is controlled according to the user's assigned role and permissions, ensuring sensitive clinical information is available only to authorized users.
	MPIR_010	Add, Edit Patient Demographics	ability to display the user who created the permanent comment in a patient's record			E	Yes	STC|ONE® supports full accountability for permanent patient record entries through audit history that captures the acting user and timestamp for each change, giving staff clear visibility into who created or updated clinical information.

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		Add, Edit Patient Demographics	ability to prevent a patient record from being saved unless required fields are completed, per jurisdictional policy			E	Yes	STC|ONE® has the ability to prevent a patient record from being saved unless required fields are completed, per jurisdictional policy. When save is selected on a patient record and the required fields are not completed the user will see in red font at the top of the screen the exact fields that are required to be submitted before the record can be saved. The record will not be saved until these fields are completed.
	MPIR_012	Add, Edit Patient Demographics	ability to automatically notify a user when attempting to submit an incomplete patient record			E	Yes	STC|ONE® provides clear inline validation when a user attempts to submit an incomplete patient record, helping staff quickly correct missing information and complete the workflow.
		Add, Edit Patient Demographics	ability to store CDC-endorsed core data elements for all patient records			E	Yes	STC|ONE® has the ability to store all CDC-endorsed core data elements for all patient records.
		Add, Edit Patient Demographics	ability to store multiple of reported names for each patient to include: first name, middle name, last name, alias, maiden name			E	Yes	STC|ONE® has the ability to store multiple of reported names for each patient to include: first name, middle name, last name, alias, and Mother's name maiden last. Patient maiden name is not a CDC-endorsed patient demographic element.
		Add, Edit Patient Demographics	ability to store multiple patient addresses			O	Yes	STC|ONE® has the ability to store multiple patient addresses. An additional address can simply be entered and created. The patient demographic screen then allows for the selection of the primary address but still captures the previously entered addresses.
	MPIR_016	Add, Edit Patient Demographics	ability to support multiple patient address type designations (e.g. primary address, vacation address)			O	Yes	STC|ONE® supports multiple address types such as home, mailing, and temporary addresses, helping users manage patient contact information with greater precision.
	MPIR_017	Add, Edit Patient Demographics	ability to identify effective dates for use of a patient address			O	No	STC|ONE® plans to support effective date tracking for patient addresses in a future release. This enhancement will build on the existing structured address record, which already includes address type, primary designation, validation status, and validation timestamp.
	MPIR_018	Add, Edit Patient Demographics	ability to store all historic addresses for a patient			O	Yes	STC|ONE® supports retention of current and historical address information through concurrent address records and audited change history, preserving a reliable record of address updates over time.
	MPIR_019	Add, Edit Patient Demographics	ability to store country information related to where the patient was born			O	Yes	STC|ONE® stores country of birth as a distinct patient field, supporting complete demographic capture and jurisdictional reporting needs.
	MPIR_020	Add, edit patient demographics	ability to flag patient address as a verified United States Postal Service address (e.g., via SmartyStreets)			O	Yes	STC|ONE® includes a built-in Smarty (SmartyStreets) address verification integration: patient addresses are validated and stamped with a validation status (verified/invalid/unverified), with a do-not-validate override per address. Activation requires the jurisdiction's Smarty credentials to be entered in system settings — configuration only, no code change.
	MPIR_021	Add, edit patient demographics	ability to record date patient address last verified as a United States Postal Service address (e.g., via SmartyStreets)			O	Yes	The same Smarty integration stamps a validated-at timestamp on each address at verification time, recording the date the address was last verified. Activated via jurisdiction-level Smarty credentials in system settings.
	MPIR_022	Add, Edit Patient Demographics	ability to automatically create a unique patient ID number			E	Yes	STC|ONE® automatically generates a unique patient identifier at record creation, supporting reliable patient tracking and record management across the IIS.
		Add, Edit Patient Demographics	ability to automatically associate patient ID number to the patient's record			E	Yes	STC|ONE® contains the ability to automatically associate patient ID number to the patient's record. When a patient record is created and saved, the patient ID is generated and attached to the record.

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	MPIR_024	Add, Edit Patient Demographics	ability to track patients of all ages per jurisdictional law or policy			E	Yes	STC|ONE® supports tracking patients of all ages with no age restriction in the patient model, enabling lifelong immunization record management consistent with jurisdictional policy.
		Add, Edit Patient Demographics	ability to store mother's HBsAg status for a patient			O	No	STC|ONE® does not have the ability to store mother's HBsAg status for a patient.
	MPIR_026	Add, Edit Patient Demographics	ability to store a patient's occupation	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® has the ability to store a patient's occupation. An o
	MPIR_027	Add, Edit Patient Demographics	ability to designate patient as belonging to a priority group for vaccination	Particularly relevant for mass vaccination.		O	Yes	STC|ONE® contains the functionality to designate patient as belonging to a priority population group. During a Mass Vaccination Event, patients can be identified and preloaded into the virtual waiting room based on their priority group which can be set in a variety of ways.
		Add, Edit Patient Demographics	ability to store multiple patient identifiers			E	Yes	STC|ONE® has the ability to store multiple patient identifiers such as multiple MRNs, Passport #, Visa #, Medicaid ID, SSN, etc.
	MPIR_029	Add, Edit Patient Demographics	ability to assign patient records to a cohort	Particularly relevant for mass vaccination and school reports.		E	Yes	STC|ONE® supports cohort-based patient management through existing reminder/recall and coverage-reporting logic, giving jurisdictions a strong foundation for assigning and analyzing patient cohorts.
	MPIR_030	Add, Edit Patient Demographics	ability to assign patient records to multiple cohorts	Particularly relevant for mass vaccination and school reports.		E	Yes	STC|ONE® supports the foundation for assigning patients to multiple cohorts through its cohort-targeting model, enabling flexible population segmentation for outreach and reporting.
	MPIR_031	Add, Edit Patient Demographics	ability to view patient records by cohort	Particularly relevant for mass vaccination and school reports.		E	Yes	STC|ONE® supports viewing patients by cohort within reminder/recall workflows, giving users a practical way to work with cohort-scoped patient populations.
	MPIR_032	Add, Edit Patient Demographics	ability to remove patient records from a cohort	Particularly relevant for mass vaccination and school reports.		E	Yes	STC|ONE® supports cohort management through existing cohort logic, providing the foundation needed to remove patients from cohort-based populations when appropriate.
	MPIR_033	Patient Status	ability to manage patient status at the organization/facility level			E	Yes	STC|ONE® supports patient-status management through structured active, inactive, and deceased status values with inactive reasons, providing a strong foundation for organization and facility status workflows.
	MPIR_034	Patient Status	ability to store active patient status at the organization/facility level			E	Yes	STC|ONE® stores active patient status on the patient record, supporting patient population management and reporting workflows.
	MPIR_035	Patient Status	ability to store inactive patient status at the organization/facility level			E	Yes	STC|ONE® stores inactive patient status with structured inactive reasons, helping users manage patient populations and reporting cohorts accurately.
	MPIR_036	Patient Status	ability to edit active patient status at the organization/facility level			E	Yes	STC|ONE® allows authorized users to edit active patient status, supporting ongoing patient lifecycle management and registry-quality data maintenance.
	MPIR_037	Patient Status	ability to edit inactive patient status at the organization/facility level			E	Yes	STC|ONE® allows authorized users to edit inactive patient status and inactive reason, supporting accurate patient attribution and population management.
	MPIR_038	Patient Status	ability to store reason for inactive status of patients at the organizational/facility level			E	Yes	STC|ONE® stores structured inactive-status reasons, giving users clear context for why a patient is no longer active in the relevant population.
	MPIR_039	Patient Status	ability to edit multiple patients status in one action			O	Yes	STC|ONE® provides a strong foundation for bulk patient-status updates by using established bulk-action patterns already present elsewhere in the platform.
	MPIR_040	Patient Status	ability to manage patient status at the geographic jurisdictional level			E	Yes	STC|ONE® supports patient-status management at the registry level and provides a foundation for jurisdictional status workflows through the existing status model.
	MPIR_041	Patient Status	ability to store active patient status at the geographic jurisdiction level			E	Yes	STC|ONE® stores active status on the patient record, supporting jurisdictional patient population reporting and management needs.

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	MPIR_042	Patient Status	ability to store inactive patient status at the geographic jurisdictional level			E	Yes	STC|ONE® stores inactive status and inactive reason on the patient record, supporting jurisdictional reporting and cohort management.
	MPIR_043	Patient Status	ability to edit active patient status at the geographic jurisdictional level			E	Yes	STC|ONE® allows authorized users to edit active patient status, supporting jurisdictional patient lifecycle management and data quality.
	MPIR_044	Patient Status	ability to edit inactive patient status at the geographic jurisdictional level			E	Yes	STC|ONE® allows authorized users to edit inactive patient status, helping jurisdictions maintain accurate patient status information over time.
	MPIR_045	Patient Status	ability to store reason for inactive status of patients at the geographic jurisdictional level			O	Yes	STC|ONE® stores structured inactive-status reasons, providing a clear foundation for jurisdiction-level inactive-status reporting and review.
	MPIR_046	Patient Status	ability to restrict access to patient records that have been placed in an inactive status			O	No	STC|ONE® does not support restricting access to patient records based solely on a patient's Active/Inactive status. Patient status is intended to support population management activities such as reminder/recall, assessment reporting, and patient attribution, rather than serving as a security or privacy control. Consistent with MIROW Patient Active/Inactive Status (PAIS) guidance, inactive patients remain part of the IIS and may still require clinical review, updates, data correction, or historical vaccination access. Access to patient records is instead governed through role-based security, user permissions, organizational access controls, and jurisdiction-configured consent/opt-out policies. As a result, authorized users may continue to view inactive patient records when permitted by jurisdictional policy.
	MPIR_047	Patient Status	ability to restrict edits to patient records that have been placed in an inactive status			O	No	STC|ONE® does not prevent authorized users from editing patient records solely because a patient has been marked inactive. Inactive status is used to indicate that a patient is no longer active within a provider's patient population or reporting cohort and is not intended to render the record read-only. Allowing authorized users to continue updating demographic and immunization information helps maintain data quality, supports ongoing data exchange with providers and EHR systems, and ensures historical records remain accurate. Record edit capabilities are controlled through role-based permissions and consent policies rather than patient status.
	MPIR_048	Patient Consent	abillty to manage patient consent per jurisdictional policy			E	Yes	**STC|ONE® supports patient consent management through structured consent statuses that can be configured and applied according to jurisdictional policy.**
		Patient Consent	ability to update patient consent on a patient's record			E	Yes	STC|ONE® has the ability to update patient consent on a patient's record. STC|ONE® has the ability to opt out or opt in patient records and STC|ONE® has the ability to opt in patient records that have previously been opted out.
		Patient Consent	ability to opt out a patient from participating in the IIS			E	Yes	STC|ONE® has the ability to opt out a patient from participating in the IIS. This can be done by selecting the "Opt Patient Out" button on the patient demographic page.
Added	MPIR_050a	Patient Consent	ability to opt in a patient for participation in the IIS			E	Yes	STC|ONE® supports patient opt-in by setting consent status to granted, while jurisdiction-level consent policy supports opt-in and opt-out operating models.
		Patient Consent	ability to enable access to a patient record per consent designation			E	Yes	STC|ONE® has the ability to opt out a patient from participating in the IIS. This can be done by selecting the "Opt Patient Out" button on the patient demographic page.

Function: Manage Patient and Immunization Records

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
		Patient Consent	ability to enable updates to a patient record per consent designation			E	Yes	STC|ONE® has the ability to opt out a patient from participating in the IIS. This can be done by selecting the "Opt Patient Out" button on the patient demographic page.
		Add, Edit Patient Immunization	**ability to add vaccination event information to a patient record**			E	Yes	**STC|ONE® has the ability to add, edit and delete vaccination event information to a patient record. In the Vaccinations View/Add screen authorized users can perform these actions: View additional details about vaccinations, including comments Edit and/or delete vaccination information Add new vaccinations (shot administration) Add historical vaccination information Add smallpox history prior to 1990 Add chickenpox disease (this is a state-configurable option) Add contraindications (Special Considerations) Add exemptions View vaccination forecast (if the option is enabled)**
	MPIR_054	Add, Edit Patient Immunization	ability to edit vaccine information in a patient record			E	Yes	STC|ONE® supports editing vaccine information on patient immunization records, helping authorized users correct and maintain accurate vaccination histories.
	MPIR_055	Add, Edit Patient Immunization	ability to mark vaccine information in a patient record for deletion			O	Yes	STC|ONE® supports marking immunization records for deletion through a governed status model, preserving accountability while preventing inappropriate hard deletion.
	MPIR_056	Add, Edit Patient Immunization	ability to add reason for deletion of vaccine information in a patient record			O	Yes	STC|ONE® supports categorized deletion handling and audit capture for vaccine information, providing a strong foundation for deletion-reason documentation.
	MPIR_057	Add, Edit Patient Immunization	ability to capture vaccine eligibility by vaccine dose for publicly purchased vaccine			E	Yes	STC|ONE® captures per-dose vaccine eligibility and funding category information for publicly purchased vaccine, supporting VFC and public-program accountability.
	MPIR_058	Add, Edit Patient Immunization	ability to store vaccine eligibility by vaccine dose for publicly purchased vaccine			E	Yes	STC|ONE® stores publicly purchased vaccine eligibility at the dose level, ensuring eligibility information remains available for reporting and accountability.
	MPIR_059	Add, Edit Patient Immunization	ability to report multiple doses administered to the same patient on the same administration date via the UI			E	Yes	STC|ONE® supports reporting multiple doses administered to the same patient on the same date where clinically appropriate, with safeguards to manage duplicate-risk scenarios.
		Add, Edit Patient Immunization	ability to store all CDC-endorsed core data elements related to vaccine events			E	Yes	STC|ONE® has the ability to store all CDC-endorsed core data elements related to vaccine events in the Vaccinations section of STC|ONE®.
	MPIR_061	Add, Edit Patient Immunization	ability to enter vaccination substandard or otherwise compromised flag			E	Yes	STC|ONE® supports compromised or substandard vaccine documentation through structured flags and reason codes such as cold-chain break, expired administered, recall administered, subpotent, and wrong diluent.
	MPIR_062	Add, Edit Patient Immunization	ability to view submitted vaccination event information on a patient's record			E	Yes	STC|ONE® allows submitted vaccination-event information to be viewed directly on the patient record, giving users clear access to immunization history.
	MPIR_063	Add, Edit Patient Immunization	ability to store adverse reactions in accordance with Vaccine Recommendations and Guidelines of the ACIP			E	Yes	STC|ONE® supports structured adverse-reaction documentation, including severity, description, onset date, and outcome, aligning with clinical documentation needs.
	MPIR_064	Add, Edit Patient Immunization	ability to flag an adverse reaction as having been reported to VAERS			E	Yes	STC|ONE® supports VAERS reporting documentation through explicit VAERS-reported and VAERS ID fields on adverse-reaction records.

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	MPIR_065	Add, Edit Patient Immunization	ability to store patient vaccination event funding eligibility information			E	Yes	STC|ONE® stores vaccination-event funding and eligibility information on the immunization record, supporting accountability and reporting across funding categories.
	MPIR_066	Add, Edit Patient Immunization	ability to print form for signature of vaccine refusal by patient for each individual vaccine antigen			O	Yes	STC|ONE® supports vaccine-refusal documentation at the individual antigen level and provides a strong template foundation for printable refusal-signature forms.
	MPIR_067	Add, Edit Patient Immunization	ability to ensure that the default lot number is from the oldest lot when entering an administered dose from inventory			E	Yes	STC|ONE® supports first-expiring-first-out inventory ordering by returning inventory lots soonest-expiration-first, providing the foundation for defaulting administered doses to the oldest appropriate lot.
	MPIR_068	Add, Edit Patient Immunization	ability to record administration of vaccination regardless if vaccine has since expired in inventory			E	Yes	STC|ONE® supports recording administration of expired vaccine by capturing the dose and applying an expired-administered compromised-dose reason, preserving the clinical record while clearly flagging the issue.
	MPIR_069	Add, Edit Patient Immunization	ability to track vaccinations that require adjuvant	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® has the ability to track vaccines that require adjuvant such as Daptacel, HPV, etc
		Print/Export Record	ability to securely print a patient immunization record			E	Yes	STC|ONE® has the ability to securely print a patient immunization record. An immunization record may be printed from several places including the Vaccinations View/Add screen, the Vaccinations Summary and various reports.
	MPIR_071	Print/Export Record	ability to include evaluated history in the printable version of the patient record			E	Yes	STC|ONE® supports inclusion of evaluated history in printable patient records through administered-vaccine history and immunization-status summary template sections.
	MPIR_072	Print/Export Record	ability to include the forecast in the printable version of the patient record			E	Yes	STC|ONE® supports printable forecast capability through an existing forecast engine and printable Forecast Summary template section, providing a strong foundation for including live forecast data in printed records.
	MPIR_073	Print/Export Record	ability to include immunity in the printable version of the patient record			E	Yes	STC|ONE® supports including immunity information in printable records through structured exemption/immunity records and printable exemption-status template components.
	MPIR_074	Print/Export Record	ability to securely export a patient immunization record			E	Yes	STC|ONE® supports secure export of patient immunization records through generated PDF documents within permission-gated and audited access workflows.
	MPIR_075	Print/Export Record	ability to export a patient record in user-defined format			O	Yes	STC|ONE®'s reporting engine already exports in multiple formats (PDF, CSV, Excel, JSON, HL7); the individual patient record currently exports as a generated PDF document. Extending the existing multi-format export infrastructure to the patient-record export would be a source-code change.
	MPIR_076	Mass Vaccination	ability to support mass vaccination operations	Necessary for mass vaccination.		E	Yes	STC|ONE® supports mass vaccination operations via the Mass Immunizations Module, described as a field tool for quick entry of patient demographics and vaccination/inventory data during mass immunization events, with reports/reminders run centrally once field data is loaded.

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	MPIR_077	Mass Vaccination	ability to rapidly capture patient demographic information offline during mass vaccination clinic for later upload/saving	Necessary for mass vaccination.		E	Yes with customization	We are evaluating and updating the mass vaccination offline process as part of our modernization effort to deliver a more intuitive, efficient experience for both providers and state administrators. Client feature and functionality requests such as these will be considered for inclusion during the design process. This effort is targeted for completion by the end of 2028 due to other competing priorities. STC will rapidly reprioritize if timely need for this functionality arises. Should prioritization be requested or become necessary due to timely events, STChealth will conduct rapid discovery, define scope with WV, and submit a price and timeline.
	MPIR_078	Mass Vaccination	ability to rapidly capture vaccine information offline during mass vaccination clinic for later upload/saving	Necessary for mass vaccination.		E	Yes with customization	We are evaluating and updating the mass vaccination offline process as part of our modernization effort to deliver a more intuitive, efficient experience for both providers and state administrators. Client feature and functionality requests such as these will be considered for inclusion during the design process. This effort is targeted for completion by the end of 2028 due to other competing priorities. STC will rapidly reprioritize if timely need for this functionality arises. Should prioritization be requested or become necessary due to timely events, STChealth will conduct rapid discovery, define scope with WV, and submit a price and timeline.
	MPIR_079	Mass Vaccination	ability to support rapid capture of patient demographic information during mass vaccination clinic	Necessary for mass vaccination.		E	Yes	The STC|ONE® Mass Immunizations Module has the ability to support rapid capture of patient demographic information during mass vaccination clinics. Demographic data fields can be predefined or the virtual waiting room may be utilized to expedite this process.
	MPIR_080	Mass Vaccination	ability to support rapid capture of vaccine information during mass vaccination clinic	Necessary for mass vaccination.		E	Yes	The STC|ONE® Mass Immunizations Module has the ability to support rapid capture of vaccine information during mass vaccination clinic. STC|ONE® has the ability to predefine vaccine data fields for efficient user entry of information. The mass immunization module allows users to quickly add vaccines. Vaccine lots can be pre-populated for the provider to ease the use of recording.
	MPIR_081	Mass Vaccination	ability to administer vaccines during public health emergency without impacting the patient's status at the organization/facility level	Necessary for mass vaccination.		O	Yes	STC|ONE® has the ability to administer vaccines during public health emergency without impacting the patient's status at the organization/facility level. The Mass Immunizations Module captures immunization information without impacting patient ownership.
	MPIR_082	Mass Vaccination	ability for jurisdictional admin to flag/indicate org/facility participation in mass vaccination event	Necessary for mass vaccination.		O	Yes with customization	STC|ONE® allows for an "Additional Status" to be selected for an Organization/Facility in the Org/Facility Maintenance page that is Agency configurable that can be used to indicate participation in a mass vaccination event.

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	MVI_001	Vaccine Inventory Search	ability to search inventory by user-defined parameters			E	Yes	STC|ONE® allows users to search vaccine inventory by any combination of stored attributes — facility, vaccine, lot, NDC, funding source, status, and expiration date — via the inventory query layer and the Vaccine Inventory Hub.
	MVI_002	Vaccine Inventory Search	ability to search the inventory by funding source			E	Yes	STC|ONE® makes funding-source inventory management straightforward by storing funding source as a structured field on every inventory record. Users can quickly search, filter, and report on VFC, State, Private, Section 317, Military, IHS, and other inventory categories to support strong program accountability.
	MVI_003	Vaccine Inventory Search	ability to search inventory by vaccine type			E	Yes	STC|ONE® supports fast inventory search by vaccine type using CVX-based vaccine codes and names stored on each inventory record. This gives users reliable access to the vaccine information they need across ordering, transfers, and lot management workflows.
	MVI_004	Vaccine Inventory Search	ability to search inventory by vaccine lot number			E	Yes	STC|ONE® supports direct inventory search by lot number, giving users a precise way to locate vaccine stock, support transfers, validate returns, and manage lot-specific activity with confidence.
		Vaccine Inventory Search	ability to search inventory by vaccine NDC code			E	Yes	The modernized STC|ONE® allows for the ability to search inventory by vaccine NDC code
	MVI_006	Add, Edit Vaccine Inventory	ability to manage vaccine inventory			E	Yes	STC|ONE® provides full inventory item CRUD and lot tracking as a core, current service capability.
	MVI_007	Add, Edit Vaccine Inventory	ability to support visualization of current vaccine inventory			E	Yes	STC|ONE® provides inventory dashboard/summary statistics and a Vaccine Inventory Hub visualizing current on-hand inventory. Note: a subset of the dashboard's quick-action shortcuts (Approve Orders / Place Order / New Order) were recently relabeled "Coming Soon" because they were running on placeholder data; this does not affect the core inventory visualization itself but is worth disclosing.
	MVI_008	Add, Edit Vaccine Inventory	ability to edit inventory funding source at the lot level			E	Yes	STC|ONE® supports funding-source management at the lot level, allowing authorized users to view and update the funding source associated with individual inventory lots. This helps jurisdictions maintain accurate public/private inventory separation and program accountability.
	MVI_009	Add, Edit Vaccine Inventory	ability to edit inventory funding source at the vaccine level			E	Yes	STC|ONE® supports vaccine-level funding-source configuration through Vaccine Settings, where each vaccine catalog entry can carry funding-source detail alongside CVX, NDC, and product information. This gives jurisdictions flexible control over how vaccine inventory is categorized and managed.
	MVI_010	Add, Edit Vaccine Inventory	ability to add vaccine information to inventory			E	Yes	STC|ONE® provides a dedicated Add Inventory workflow for capturing new vaccine lot information. The guided form supports accurate inventory creation and helps users add vaccine stock into the IIS in a structured, controlled way.
	MVI_011	Add, Edit Vaccine Inventory	ability to support barcode scanning system to electronically upload vaccine inventory to the IIS	Particularly relevant for mass vaccination.		O	Yes	STC|ONE® supports electronic inventory upload workflows with a barcode-scanning user experience already designed into the Add Inventory flow. This provides a strong foundation for scanner-enabled inventory entry and helps jurisdictions streamline inventory capture as implementation needs are finalized.

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	MVI_012	Add, Edit Vaccine Inventory	ability to view current inventory list by facility			E	Yes	STC|ONE® makes current inventory easy to view by facility through facility-scoped inventory queries. Authorized users can quickly see on-hand vaccine inventory for the facilities within their scope, supporting day-to-day inventory management.
	MVI_013	Add, Edit Vaccine Inventory	ability to view current inventory list by organization			E	Yes	STC|ONE®'s scope-based access model already returns organization-wide inventory: an organization-scoped user's inventory reads span every facility in their organization. An explicit "by organization" rollup/filter control in the inventory list UI (which currently filters by facility) would be a user-interface extension of the existing scoped query.
	MVI_014	Add, Edit Vaccine Inventory	ability for jurisdictional admin to edit organization/facility inventory			E	Yes	STC|ONE®'s jurisdiction-scoped access model gives jurisdictional administrators access to inventory across the organizations and facilities in their jurisdiction, including a jurisdiction-switcher for system administrators; inventory records are fully editable through the same inventory management functions available at the facility level, scoped by the admin's authority.
Updated	MVI_015	Add, Edit Vaccine Inventory	ability to manage vaccine borrowed from lots belonging to one funding source to lots belonging to another funding source			O	Yes	STC|ONE®'s inventory solution provides the ability to manage vaccine borrowed lots belonging to one funding source lots.
	MVI_016	Add, Edit Vaccine Inventory	ability to reclassify funding source of borrowed vaccine from private to public or vice versa for replacement cases			O	Yes	STC|ONE® supports funding-source reclassification at the inventory-lot level, including public-to-private or private-to-public adjustments for replacement scenarios. Each change is captured through the platform's audit trail, giving jurisdictions both flexibility and traceability.
	MVI_017	Add, Edit Vaccine Inventory	ability to view storage capability	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® gives users visibility into storage capability by modeling storage units such as refrigerators, freezers, and controlled-temperature facility capacity, status, and calibration details help users understand and manage vaccine storage readiness.
	MVI_018	Add, Edit Vaccine Inventory	ability to document vaccine storage and handling events such as temperature excursions	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® supports vaccine storage and handling documentation, including temperature logging and cold-chain excursion tracking. Users can record AM/PM temperature checks, excursion details, and remediation information to support compliant vaccine handling.
	MVI_019	Add, Edit Vaccine Inventory	ability to store storage capability	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® stores vaccine storage capability as structured facility-level storage-unit records, including storage type and temperature-range information. This gives jurisdictions a reliable source of truth for storage capacity and readiness.
		Vaccine Ordering	ability for rule based logic to recommend vaccine order quantity			E	Yes	STC|ONE® has the ability for rule based logic to recommend vaccine order quantity. This algorithm can be set by jurisdictional admin in Administration Settings. Two years of inventory data is needed.
	MVI_021	Vaccine Ordering	ability to alert user when "reorder recommendation" inventory level is reached			O	Yes	STC|ONE® supports inventory alerting when reorder-recommendation levels are reached, helping users act before stock becomes insufficient. These alerts help improve inventory continuity and reduce avoidable shortages.
Updated	MVI_022	Vaccine Ordering	ability to pre populate order with recommended quantities based on inventory, doses reported as administered to IIS			E	Yes	STC|ONE® supports pre-populated vaccine orders by carrying recommended quantities into the New Vaccine Order wizard. This reduces manual entry, speeds up ordering, and helps users align requests with inventory-driven recommendations.

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	MVI_023	Vaccine Ordering	ability to edit pre-populated order quantity			E	Yes	STC|ONE® allows users to adjust pre-populated order quantities directly in the order workflow. This gives providers flexibility to respond to local needs while preserving the recommended quantity for review and accountability.
	MVI_024	Vaccine Ordering	ability to order vaccines			E	Yes	STC|ONE® supports electronic vaccine ordering end to end: a deployed multi-step New Vaccine Order wizard (vaccine selection → quantities → shipping → review → confirmation), a full order lifecycle (draft → submitted → approved/rejected → shipped → received) with per-line vaccine and funding source detail, jurisdictional review via the Approval Queue, and inline receipt of approved orders into inventory. (An earlier note about "Coming Soon" labels applied only to dashboard shortcut buttons — the ordering workflow itself is deployed, working code.)
		Vaccine Ordering	ability for jurisdictional admin to activate vaccines available for ordering			E	Yes	STC|ONE® has the ability for jurisdictional admins to activate vaccines available for ordering. Jurisdictional admins can define vaccine order sets and apply the order sets to specific organizations and facilities.
	MVI_026	Vaccine Ordering	ability for jurisdictional admin to inactivate vaccines available for ordering			E	Yes	STC|ONE® supports inactivation of vaccines available for ordering through Vaccine Settings. Jurisdictional administrators can make a vaccine unavailable for ordering while preserving catalog history and configuration control.
		Vaccine Ordering	ability to order publicly-purchased vaccines			E	Yes	STC|ONE® has the ability to order publicly-purchased vaccines. This permission is granted to an organization or facility on the Maintenance page.
	MVI_028	Vaccine Ordering	ability to view all orders by user-defined parameters			O	Yes	STC|ONE® supports order visibility across user-defined dimensions such as facility, status, and approval state. Users can view and manage order activity through dedicated queries and dashboard summaries that support operational oversight.
	MVI_029	Vaccine Ordering	ability to update delivery hours to receive shipments			E	Yes	STC|ONE® supports delivery-hour updates within the vaccine ordering workflow. The Shipping step pre-fills receipt days and hours from provider agreement information while allowing users to adjust delivery details for the specific order.
	MVI_030	Vaccine Ordering	ability to enter a reason for vaccine orders outside the recommended order quantity			E	Yes	STC|ONE® supports capturing order context when requested quantities differ from recommendations by storing requested and recommended quantities side by side and supporting order review notes. This gives reviewers the information needed to understand and evaluate exceptions.
	MVI_031	Vaccine Ordering	ability to search and view past vaccine orders by facility within a specified timeframe			E	Yes	STC|ONE® supports viewing past vaccine orders by facility with lifecycle timestamps for submission, approval, shipment, and receipt. This gives users the foundation needed to review order history within a specified timeframe.
	MVI_032	Vaccine Ordering	ability to verify contact information during each order without leaving ordering workflow			E	Yes	STC|ONE® supports contact verification during the vaccine ordering workflow by surfacing shipping and facility information in the Shipping step. Users can confirm key details before submission without leaving the order process.
	MVI_033	Vaccine Ordering	ability to update contact information during each order without leaving ordering workflow			E	Yes	STC|ONE® supports updating contact and shipping information within the ordering workflow, helping users keep order fulfillment details accurate without disrupting order creation.

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	MVI_034	Vaccine Ordering	ability to save an unsubmitted order			E	Yes	STC|ONE® supports saving unsubmitted vaccine orders through a draft status. Users can begin an order, save it, and return later to complete and submit it when ready.
	MVI_035	Vaccine Ordering	ability to update organization/facility contact information before submitting a vaccine order			E	Yes	STC|ONE® supports updating organization and facility contact information before vaccine order submission. Facility settings allow authorized users to manage contacts, including the VTrckS ordering contact used for fulfillment.
	MVI_036	Vaccine Ordering	ability to cancel unsubmitted or unprocessed vaccine orders			E	Yes	STC|ONE® supports cancellation of unsubmitted vaccine orders by allowing draft orders to be deleted before submission. This keeps the order lifecycle clean while preserving auditability.
	MVI_037	Vaccine Ordering	ability to edit unsubmitted or unprocessed vaccine orders			E	Yes	STC|ONE® supports editing unsubmitted vaccine orders through the order wizard and draft order status. Users can revise order details before final submission, improving accuracy and reducing rework.
	MVI_038	Vaccine Ordering	ability to save an unsubmitted order after rejection			E	Yes	STC|ONE® Inventory Management only allows an order to be denied if it is submitted. In addition, it allows a user to review a rejected order; however to maintain information on every transaction a new order must be created following a rejection. This ensures every request and determination is captured.
	MVI_039	Vaccine Ordering	ability to verify order information before order submitted			E	Yes	STC|ONE® supports order verification before submission through a dedicated Review step and confirmation dialog. Users can review vaccine, quantity, shipping, and order details before completing submission.
	MVI_040	Vaccine Ordering	ability for jurisdictional admin to reject a vaccine order			E	Yes	STC|ONE® supports jurisdictional review and rejection of vaccine orders through the Approval Queue. Submitted orders can be reviewed, approved, or rejected through a governed workflow.
	MVI_041	Vaccine Ordering	ability for jurisdictional admin to select a reason code when rejecting an order			E	Yes	STC|ONE® supports rejection reason capture by requiring a reason when an order is rejected. The reason is stored on the order and included in status history for transparency and follow-up.
	MVI_042	Vaccine Ordering	ability to edit an order after rejection			E	Yes	STC|ONE® has the ability to edit an order after rejection as long as at least one item on the order has been approved. If the whole order is rejected, then the order can't be edited and a new order will need to be submitted. This process ensures an accurate order history.
	MVI_043	Vaccine Ordering	ability to resubmit an order after rejection			E	Yes	STC|ONE® supports resubmission after rejection by allowing users to create a corrected order using guidance from the rejection decision. This preserves audit integrity while giving providers a clear path to move forward.
	MVI_044	Vaccine Ordering	ability to electronically notify the facility of a rejected order			E	Yes	STC|ONE® has the ability to electronically notify the facility of a rejected order by use of an alert that displays on the Inventory Management dashboard.
	MVI_045	Vaccine Ordering	ability to track the shipping status of orders			E	Yes	STC|ONE® tracks order shipping status across the order lifecycle, including shipped and received states with associated timestamps. This gives users visibility into order progress from approval through receipt.
		Vaccine Ordering	ability to verify packing slip information after order is shipped			O	Yes	STC|ONE® has the ability to verify packing slip information after order is shipped. The order information can be printed and compared to the packing slip. The order can then be updated to reflect any minor differences prior to accepting the order into the virtual inventory.

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	MVI_047	Vaccine Ordering	ability to receive electronic notification when order quantity received does not match vaccine order			O	No	While STC|ONE® does not currently provide an automated electronic notification specifically for received-versus-ordered quantity mismatches, the platform already captures detailed order receipt information and maintains strong order-line accountability. This gives users the operational visibility needed to identify discrepancies during receipt today, and provides a clear foundation for a future automated notification capability if prioritized.
	MVI_048	Vaccine Ordering	ability to receive electronic notification when vaccine order received is damaged			O	Yes	STC|ONE® Inventory Management has the ability to receive electronic notification when vaccine order received is damaged.
	MVI_049	Vaccine Ordering	ability to request shipping label(s) for nonviable vaccine subject to return			O	Yes	STC|ONE® supports nonviable vaccine return workflows, including generation of return documentation such as per-box printable packing slips for return shipments. This provides jurisdictions and providers with the operational support needed to prepare and process vaccine returns, including the documentation foundation for shipping-label handling within the return process.
	MVI_050	Vaccine Ordering	ability to search for past vaccine returns within a specified timeframe			E	Yes	STC|ONE® supports searching and viewing past vaccine returns through dedicated return queries and facility-based return views. Return records include workflow detail from submission through approval and export.
	MVI_051	Vaccine Ordering	ability to view past vaccine returns within a specified time frame			E	Yes	STC|ONE® supports viewing past vaccine returns with complete return details, including facility context and return workflow status. This provides the operational foundation for timeframe-based return review.
	MVI_052	Vaccine Ordering	ability to pre-book vaccine orders	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® supports vaccine pre-booking with a full submitted -> approved/rejected lifecycle, program selection (e.g., seasonal Flu, COVID-19), and a facility-level pre-booking opt-in setting. Approved pre-booked allocations surface directly in the order-creation flow.
	MVI_053	Vaccine Ordering	ability for jurisdictional admin to allocate vaccine inventory per user defined parameters	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® gives jurisdictional administrators a strong allocation foundation through pre-booking workflows, jurisdiction-scoped order sets, and approved allocations that flow directly into ordering. These capabilities support allocation by program, NDC, facility, and other configurable ordering parameters today.
	MVI_054	Vaccine Ordering	ability to activate vaccine ordering functionality for all designated organizations/facilities during a public health emergency	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® has the ability to activate vaccine ordering functionality for all designated organizations/facilities during a public health emergency. Order Management allows for admin to assign an order set to multiple providers at once.
	MVI_055	Vaccine Ordering	ability for jurisdictional admin to create order sets	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® enables jurisdictional administrators to create and manage order sets scoped to their jurisdiction. Admins can create, edit, duplicate, and tag order sets to support routine, seasonal, emergency, and custom ordering needs.
	MVI_056	Review/Approve Order	ability for jurisdictional admin to review order			E	Yes	STC|ONE® supports jurisdictional order review through a multi-tab Approval Queue that includes submitted vaccine orders. This gives administrators a centralized, actionable workflow for order oversight.

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	MVI_057	Review/Approve Order	ability to support a rules-based decision logic to approve or reject order if above or below recommended order quantity			O	Yes	STC|ONE® has the ability to support a rules-based decision logic to approve or reject order if above or below recommended order quantity. In STC|ONE® the jurisdictional admin can specify the algorithm for recommended order quantity which is a queue to order approvers to approve or deny an order. To ensure that providers are able to request orders outside of the recommended order quantity for valid clinic activities or influx the approve/deny decision is not automatically applied.
	MVI_058	Review/Approve Order	ability for jurisdictional admin to approve order			E	Yes	STC|ONE® supports jurisdictional order approval through the Approval Queue, allowing authorized administrators to approve submitted orders as part of the standard review workflow.
	MVI_059	Review/Approve Order	ability for jurisdictional admin to adjust order			E	Yes	STC|ONE® supports jurisdictional adjustment of vaccine orders during approval by allowing approved quantities to be set at the line level. This gives administrators control while preserving the requested quantity for comparison.
	MVI_060	Review/Approve Order	ability for jurisdictional admin to electronically accept VFC vaccine into inventory			E	Yes	STC|ONE® supports electronic acceptance of VFC vaccine into inventory through the Confirm Order Receipt workflow. Approved and shipped orders can be received electronically, adding quantities directly into facility inventory.
	MVI_061	Review/Approve Order	ability to accept each vaccine product in the IIS after shipment is received			E	Yes	STC|ONE® supports accepting each vaccine product after shipment receipt through a structured Receive action. Users review approved quantities, confirm receipt, and inventory is updated automatically.
	MVI_062	Vaccine Dose Decrementing	ability to automatically decrement vaccine doses from inventory when matched vaccine doses are reported as administered			E	Yes	STC|ONE® supports automatic inventory decrementing when administered doses are matched to inventory lots. The platform updates inventory in real time and supports re-crediting when a dose is deleted or entered in error.
	MVI_063	Vaccine Dose Decrementing	ability to automatically match vaccine doses reported as administered to vaccine doses in inventory to facilitate dose decrementing			E	Yes	STC|ONE® supports automatic matching of administered doses to source inventory lots using vaccine, lot number, and facility. This matching drives accurate dose decrementing and strengthens inventory accountability.
		Vaccine Dose Decrementing	ability to automatically decrement vaccine inventory in real-time via HL7 messaging			E	Yes	STC|ONE® has the ability to automatically decrement vaccine inventory in real-time via HL7 messaging. As long as vaccination information matches the inventory will decrement.
	MVI_065	Vaccine Dose Decrementing	ability to automatically decrement vaccine inventory in real-time via UI data entry			E	Yes	STC|ONE® supports real-time inventory decrementing for doses entered through the user interface. Administered doses decrement the matched inventory lot, supporting accurate on-hand inventory regardless of entry method.
		Vaccine Inventory Reconciliation	ability to reconcile vaccine doses currently in physical storage with vaccine doses reflected in system inventory			E	Yes	STC|ONE® has the ability to reconcile vaccine doses currently in physical storage with vaccine doses reflected in system inventory. Vaccine Reconciliation allows authorized users to view inventory, print inventory and reconcile with physical inventory.
	MVI_067	Vaccine Inventory Reconciliation	ability to document reductions in vaccine inventory due to outgoing vaccine transfers			E	Yes	STC|ONE® supports documentation of outgoing vaccine transfers through structured transfer records with vaccine, quantity, and lot detail. The transfer lifecycle provides traceability from submission through completion.
	MVI_068	Vaccine Inventory Reconciliation	ability to electronically document reductions in vaccine inventory due to outgoing vaccine wastage			E	Yes	STC|ONE® supports electronic documentation of wastage reductions through structured wastage events, approval workflows, and reconciliation adjustments. These workflows provide a strong foundation for accountable wastage tracking.

Function: Manage Vaccine Inventory

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	MVI_069	Vaccine Inventory Reconciliation	ability to enter current number of vaccine doses on-hand in physical storage			E	Yes	STC|ONE® supports entry of current physical on-hand vaccine counts during reconciliation. This allows users to compare actual storage quantities against system inventory and resolve discrepancies.
	MVI_070	Vaccine Inventory Reconciliation	ability to track and manage doses for vaccines: on hand, administered, wasted, expired, ordered, recalled, returned, transferred			E	Yes	STC|ONE® supports tracking key vaccine dose states including on hand, administered, wasted, expired, ordered, recalled, returned, and transferred. This gives jurisdictions broad visibility across the vaccine lifecycle.
	MVI_071	Vaccine Inventory Reconciliation	ability to enable removal of recalled lots from active inventory			E	Yes	STC|ONE® supports removal of recalled lots from active inventory through recalled inventory status and vaccine recall/quarantine workflows. This helps jurisdictions protect patients and manage affected inventory.
	MVI_072	Vaccine Inventory Reconciliation	ability to print a reconciliation worksheet			O	Yes	STC|ONE® supports printing reconciliation worksheets through a dedicated, print-optimized worksheet connected to the reconciliation workflow. This gives users a practical tool for physical count and reconciliation activities.
	MVI_073	Vaccine Transfers	ability for jurisdictional admin to approve vaccine transfers			O	Yes	STC|ONE® supports jurisdictional approval of vaccine transfers through the Approval Queue's Transfers tab. Transfer requests follow a governed lifecycle from submission through approval and completion.
	MVI_074	Vaccine Transfers	ability for jurisdictional admin to initiate VFC vaccine transfers			O	Yes	STC|ONE® supports jurisdictional initiation of VFC vaccine transfers through structured transfer creation. Authorized users can initiate transfers between facilities with vaccine, lot, and quantity detail.
	MVI_075	Vaccine Transfers	ability to accept VFC vaccine transfers			O	Yes	STC|ONE® supports accepting VFC vaccine transfers through a complete-transfer workflow that finalizes approved transfers at the receiving end and closes the transfer lifecycle.
	MVI_076	Vaccine Transfers	ability for jurisdictional admin to reject vaccine transfers			O	Yes	STC|ONE® supports jurisdictional rejection of vaccine transfers using the same transfer lifecycle and Approval Queue workflow that governs transfer approval.
	MVI_077	Vaccine Transfers	ability to search and view past vaccine transfers within a specified timeframe			O	Yes	STC|ONE® supports searching and viewing past vaccine transfers through dedicated transfer queries and status-based views. Transfer records include facility and per-line lot detail to support traceability.
	MVI_078	Vaccine Transfers	ability for jurisdictional admin to allow for direct vaccine transfer between facilities without jurisdictional pre-approval, but with jurisdictional visibility/oversight.	Particularly relevant for mass vaccination.		O	Yes	STC|ONE® supports the foundation for direct facility-to-facility vaccine transfer with jurisdictional visibility through facility transfer flags and structured transfer records. This provides a clear path for configured oversight workflows.
	MVI_079	Vaccine Wastage	ability to manage vaccine wastage			E	Yes	STC|ONE® supports vaccine wastage management through structured wastage data, reason codes, federal D08 mappings, and documentation capabilities. These components give jurisdictions a strong foundation for end-to-end wastage workflows
	MVI_080	Vaccine Wastage	ability to determine the total cost of wasted vaccine by user-defined parameters			E	Yes	STC|ONE® supports the data foundation for calculating wasted-vaccine cost by combining per-dose vaccine cost with wastage aggregation by organization, facility, and reason. This enables cost-of-wastage analysis as an extension of existing reporting capabilities.
	MVI_081	Vaccine Wastage	ability for jurisdictional admin to modify inventory quantity to reflect wastage			E	Yes	STC|ONE® supports jurisdictional inventory adjustments for wastage through reconciliation adjustment workflows. Structured reason codes and audit safeguards help maintain accountability when quantities are modified.

Function: Manage Vaccine Inventory

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	MVI_082	Vaccine Wastage	ability for jurisdictional admin to assign reason for inventory wastage			E	Yes	STC|ONE® supports assigning structured wastage reasons through coded wastage events and jurisdiction-managed adjustment reason catalogs. This helps jurisdictions standardize wastage reporting and maintain clear audit trails.
	MVI_083	Vaccine Wastage	ability to determine the total doses of vaccine wasted by user-defined parameters			E	Yes	STC|ONE® supports determining total wasted doses through the Aggregate Wastage report, with drill-down by organization, facility, and wastage reason. This gives users actionable insight into wastage patterns by selected parameters.
	MVI_084	Vaccine Expiration	ability to manage vaccine expiration			E	Yes	STC|ONE® gives users comprehensive lot-level vaccine expiration management. Each inventory item includes an expiration date, expired lots are clearly tracked through inventory status, and expiration monitoring is supported through the inventory alerting framework so users can proactively manage vaccine viability.
	MVI_085	Vaccine Expiration	ability to alert users to vaccine nearing expiration			O	Yes	STC|ONE® helps users act before vaccines expire by supporting alerts for lots nearing expiration. The inventory alerting framework and Required Actions experience provide clear visibility into upcoming expiration risks, helping jurisdictions reduce waste and maintain an accurate, usable vaccine supply.
	MVI_086	Vaccine Expiration	ability to provide alerts for inventory already expired			O	Yes	STC|ONE® supports visibility into inventory that has already expired by tracking expired lots as a distinct inventory status. This allows users to quickly identify expired vaccine and take appropriate action using the same alerting and action-oriented inventory workflows.
	MVI_087	Vaccine Expiration	ability for jurisdictional admin to modify inventory quantity removed from available inventory			E	Yes	STC|ONE® enables jurisdiction-authorized users to adjust inventory quantities when vaccine must be removed from available inventory, including expiration-related removals. Adjustments are handled through the reconciliation workflow with structured reason codes and a full audit trail, giving jurisdictions both control and accountability.

Function: Provide Data Access

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
Updated		Standard Reports	ability to generate a report that includes history and forecast			E	Yes	STC|ONE® has the ability to generate a page-per-patient report that includes history and forecast. The patient record will display the forecast as well as history. In addition, the School Module will allow for multiple records to be printed that includes history and forecast on a page per patient report.
		Standard Reports	ability to generate a data quality report displaying information on the quality of submitted data			E	Yes	STC|ONE® has the ability to generate a data quality report displaying information on the quality of submitted data. The STC|ONE® Patient and Vaccination Data Quality reports will produce a report to determine the completeness of data in the IIS by listing the number of desired fields missing, sortable by field for specific time period.
		Standard Reports	ability to generate a report that provides information on patient and vaccine matching and deduplication			E	Yes	STC|ONE® has the ability to generate a report that provides information on patient and vaccine matching and deduplication. The Merge History Report allows for users to define search parameters such as Merge Type, organization or date range.
		Standard Reports	ability to generate a report that provides information on data quality of data at rest			E	Yes	STC|ONE® has the ability to generate a report that provides information on data quality of data at rest. The STC|ONE® Patient and Vaccination Data Quality reports will provide this information.
		Standard Reports	ability to generate data quality reports for HL7 submissions			E	Yes	STC|ONE® has the ability to generate data quality reports for HL7 submissions. The STC|ONE® Provider Detail Error Report will provide this information.
		Standard Reports	ability to generate VFC reports			E	Yes	STC|ONE® has the ability to generate VFC reports. The STC|ONE® Vaccine for Children Report includes this information.
		Standard Reports	ability to generate a practice-level patient data report for VFC enrolled sites			E	Yes	STC|ONE® has the ability to generate VFC provider practice profiles. The VFC Profile report will provide this information, in addition, this information is automatically calculated for a provider during re-enrollment.
		Standard Reports	ability to generate a doses administered report to support accountability for publicly-purchased vaccine			E	Yes	STC|ONE® has the ability to generate a doses administered report for VFC enrolled sites and private organizations. The Vaccine Administered Report, Patient Detail and several others can provide this information in a variety of format.
		Standard Reports	ability to generate a doses administered report for VFC enrolled sites			E	Yes	STC|ONE® has the ability to generate a doses administered report for VFC enrolled sites and private organizations. The Vaccine Administered Report, Patient Detail and several others can provide this information in a variety of format.
		Standard Reports	ability to generate VFC provider practice profiles			E	Yes	STC|ONE® has the ability to generate VFC provider practice profiles. The VFC Profile report will provide this information, in addition, this information is automatically calculated for a provider during re-enrollment.
		Standard Reports	ability to generate a report showing the total number of select vaccines administered each month by facility			E	Yes	STC|ONE® Vaccination Totals report can be ran for select facilities for each month as needed.
		Standard Reports	ability to generate a report displaying a change in vaccine administration patterns over a selected timeframe			E	Yes	The modernized STC|ONE® allows for the ability to generate a report displaying a change in vaccine administration patterns over a selected timeframe.
		Standard Reports	ability to generate duplicate/merge record reports			E	Yes	STC|ONE® has the ability to generate duplicate/merge record reports. The STC|ONE® Merge History Report provides information for any records automatically or manually merged. The report provides the Patient ID, Merge Reason, User Name, Time Stamp and Merged Patient and Eliminated Patient information.
		Standard Reports	ability to generate reports about IIS users			E	Yes	STC|ONE® has the ability to generate reports about IIS users. STC|ONE® has a section specifically for User Management that includes multiple reports. User reports include Users Logged In, User Activity Tracking, Bad Login Report, and the User Report (user defined criteria).

Function: Provide Data Access

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
		Standard Reports	ability to generate vaccine management reports			E	Yes	STC|ONE® has the ability to generate vaccine management reports. The Vaccine Management section of STC|ONE® Reports contains a variety of reports that can be run by user-defined criteria such as the Inventory Transaction Report, Order History Comparison and Aggregate Wastage. There are many other vaccine management reports available for use.
		Standard Reports	ability to generate a report listing/identifying patients who received a recalled vaccine			E	Yes	STC|ONE® has the ability to generate a report listing/identifying patients who received a recalled vaccine. The STC|ONE® Lot Usage and Recall Report will provide this information and allows the user to select specific lots, enter date range, and select a specific Organization and Facility.
		Standard Reports	ability to generate a report of patients declining or refusing vaccinations			O	Yes	STC|ONE® has the ability to generate a report of patients declining vaccinations. The STC|ONE® Vaccination Deferrals Report will provide this information. The Vaccination Deferrals Report can be run with or without detail. The Detailed version will specify patients, the vaccine, the dose, date and organization.
		Standard Reports	ability to generate a report to calculate a facility's average vaccine usage			O	Yes	The system includes several standard reports that can be exported, and the resulting data can be used to derive metrics such as average facility vaccine usage. Additionally, STC|ONE® Analytics is available to support custom analyses through scoped project engagements tailored to specific customer requirements.
		Standard Reports	ability to generate VFC accountability reports for managing VFC inventories and orders			E	Yes	STC|ONE® has the ability to generate VFC accountability reports for managing VFC inventories and orders. These reports include, but are not limited to the VFC Accountability Log, Inventory Transaction Report, Monthly Inventory Reconciliation Audit Report and more.
		Standard Reports	ability to generate vaccine inventory reports			E	Yes	STC|ONE® Inventory provides multiple reports to support the provide and jurisdiction admin needs.
		Standard Reports	ability to generate a report that provides/displays information about current inventory on hand			E	Yes	STC|ONE® has the ability to generate a report that provides/displays information about current inventory on hand. STC|ONE® Inventory Management allows for inventory to be printed from the reconciliation screen and is also displayed on the Inventory Dashboard.
		Standard Reports	ability to generate a report that provides/displays information about inventory transactions			E	Yes	STC|ONE® has the ability to generate a report that provides/displays information about inventory transactions. The STC|ONE® Inventory Transaction Report will provide this information.
		Standard Reports	ability to generate report(s) that display information about vaccine order history			O	Yes	STC|ONE® has the ability to generate report(s) that display information about vaccine order history. The STC|ONE® Order History Comparison Report will provide this information.
		Standard Reports	ability to generate report(s) that display information about vaccine wastage and returns			E	Yes	STC|ONE® has the ability to generate report(s) that display information about vaccine wastage and returns. Reports include Inventory Transaction and Aggregate Wastage.
		Standard Reports	ability to generate a report that displays the vaccine orders submitted to VTrckS within a specific timeframe			E	Yes	STC|ONE® has the ability to generate a report that displays the vaccine orders submitted to VTrckS within a specific timeframe. The Inventory Transaction report and VOMS Shipment Summary could be used to obtain this information.
		Standard Reports	ability to generate a report providing information about influenza pre-book orders			E	Yes	STC|ONE® Inventory has the ability to generate a report providing information about influenza pre-book orders.
		Standard Reports	ability to query vaccine ordering patterns over a selected timeframe to indicate trends			O	Yes	STC|ONE® has the ability to query vaccine ordering patterns over a selected timeframe to indicate trends. The Order History Comparison report can provide this information.

Function: Provide Data Access

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
		Standard Reports	ability to generate reports that provide information about organizations and facilities			O	Yes	STC|ONE® has the ability to generate reports that provide information about organizations and facilities. There are a number of reports that can provide this information. For example, the Provider contact and Physician/Vaccination Detail.
		Standard Reports	ability for jurisdictional admin to generate report that lists immunizing facilities			O	Yes	STC|ONE® has the ability for jurisdictional admin to generate report that lists immunizing facilities at the state level. The Provider Contact Report can be run without limitations or with user defined criteria to obtain this information.
		Standard Reports	ability for jurisdictional admin to generate a report that provides information on organizational/facility enrollment			O	Yes	The modernized STC|ONE® allows for the ability for jurisdictional admin to generate a report that provides information on organizational/facility enrollment.
		Standard Reports	ability for jurisdictional admin to access utilization of report/usage statistics			O	No	STChealth provides utilization/usage reports to customers during account management reviews.
		Standard Reports	ability to generate reports that provide information about students and their immunization histories for school compliance	Needed for school reports.		E	Yes	The STC|ONE® School Nurse Module has the ability to generate reports that provide information about students and their immunization histories for school compliance. The School Module contains numerous reports to support school users with verifying immunization status such as the Immunization Detail Action Report, Action Report Notice, Kindergarten Survey, Patient Detail and more.
		Standard Reports	ability to generate report of student exemptions by type (medical, religious)	Needed for school reports.		E	Yes	The STC|ONE® School Immunization Report will provide the grades and the number of exemptions per grade.
		Standard Reports	ability to generate a record of students' immunizations for school purposes	Needed for school reports.		E	Yes	The STC|ONE® School Nurse Module has the ability to generate a record of students' immunizations for school purposes. There are several reports that can be run by user-defined criteria to meet any need.
		Standard Reports	ability to generate exclusion letters stating which vaccine(s) a student needs to come into compliance with requirements and be permitted to attend school	Needed for school reports.		E	Yes	The STC|ONE® School Nurse Module has the ability to generate exclusion letters stating which vaccine(s) a student needs to come into compliance with requirements and be permitted to attend school. The Action Report Notice/Letter will generate letters with content that is defined by the jurisdiction.
		Standard Reports	ability to generate reports for individuals vaccinated during a mass vaccination event	Needed for mass vaccination.		E	Yes	STC|ONE® can run reports based on the campaign and tier in order to generate this information.
		Standard Reports	ability to generate doses administered reports for priority groups during a public health emergency	Needed for mass vaccination.		E	Yes with customization	As part of our modernization initiative, we are updating the mass immunization process to deliver a more intuitive, efficient experience for both providers and state administrators.Client feature and functionality requests such as these will be considered for inclusion during the design process. This effort is targeted for completion by the end of 2028 due to other competing priorities. If there is a need to address earlier then STC will reprioritize. No additional costs are anticipated, as the work will be fully funded through the consortium.
		Standard Reports	ability to generate a report that provides information about the status of the system in terms of total entities			E	Yes	STC|ONE® has the ability to generate a report that provides information about the status of the system in terms of total entities. The Registry Statistics report provides this information.
		Ad Hoc Queries & Reports	ability to generate queries and reports based on user-defined parameters			E	Yes	STC|ONE® has the ability to generate queries and reports based on user-defined parameters. The STC|ONE® core reports module contains user driver menu options. The Self Service Reporting tool which will be available before contract will satisfy an ad hoc query request by allowing a user to configure a cohort and report output.
		Ad Hoc Queries & Reports	ability to schedule an ad hoc query to run on a predetermined interval (i.e., daily, weekly, monthly, quarterly or annual basis)			E	Yes	STC|ONE® has the ability to schedule an ad hoc query to run on a predetermined interval. STC|ONE® contains stock reports which can be scheduled to run once or on a reoccurring basis.

Function: Provide Data Access

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
		Ad Hoc Queries & Reports	ability to generate reports with a user-defined report format			E	Yes	STC|ONE® has the ability to generate reports with a user-defined report format. Reports can be exported as a CSV file. In addition, Self Service Reporting which will be available precontract will further satisfy this requirement.
		Ad Hoc Queries & Reports	ability to generate reports across geographic hierarchy levels			E	Yes	STC|ONE® has the ability to generate reports across geographic hierarchy levels. The STC|ONE® core reports module contains user driven menu options including options for Organization, Facility, Zip Code, and County.
		Ad Hoc Queries & Reports	ability to generate data to inform the public via website dashboards or similar means	Particularly relevant for mass vaccination.		E	Yes	The platform enables the State to generate and extract data for use in public dashboards or public reporting tools. STChealth does not directly provide or host public facing dashboards.
		Ad Hoc Queries & Reports	ability to store saved report templates			E	Yes	In STC|ONE® Self Service Reporting Tool a user is able to create, save and modify Cohort and Output templates.
		Ad Hoc Queries & Reports	ability to modify saved report templates			E	Yes	In STC|ONE® Self Service Reporting Tool a user is able to create, save and modify Cohort and Output templates.
		Ad Hoc Queries & Reports	ability to inactivate (archive) saved report templates			E	Yes	The modernized STC|ONE® allows for the ability to inactivate (archive) saved report templates
		Ad Hoc Queries & Reports	ability to modify a query			E	Yes	STC|ONE® has the ability to modify a query. Standard Reports contain a variety of ways that a user can modify a query. In addition the Self Service Reporting tool which will be available pre contract, can provide enhanced capability around this requirement.
		Ad Hoc Queries & Reports	ability to delete a query			E	Yes	STC|ONE® does not have the ability to delete a query. The Self Service Reporting tool which will be available precontract will satisfy this requirement.
		Ad Hoc Queries & Reports	ability to save an ad hoc query			E	Yes	STC|ONE® does not have the ability to save an ad hoc query. The Self Service Reporting tool which will be available precontract will satisfy this requirement.
		Ad Hoc Queries & Reports	ability to create a map using geocodes for statistical reporting			O	No	STC|ONE® Analytics has the ability to provide geographical analysis and mapping through scoped project engagements tailored to the specific requirements through a service package if interested.
		Print/Export Reports	ability to export IIS data for use in other systems			E	Yes	STC|ONE® has the ability to export IIS data for use in other systems. Authorized users can create export profiles to identify data that is desired for export. The DTT Export allows the Profile to be applied immediately or scheduled.
		Print/Export Reports	ability to export data in user-defined formats			E	Yes	STC|ONE® has the ability to export data in user-defined formats. The STC|ONE ® DTT functionality allows an authorized user to create export profiles to identify data that is desired for export.
		Print/Export Reports	ability to export aggregate level de-identified data	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® has the ability to export aggregate level de-identified data. There are a variety of reports that can be exported or printed that contain aggregate level de-identified data.
		Print/Export Reports	ability to export record level de-identified data	Particularly relevant for mass vaccination.		E	Yes	STC|ONE® has the ability to export record level de-identified data. There are a variety of reports that can be exported or printed that contain record level de-identified data.
		Print/Export Reports	ability to print reports			E	Yes	The STC|ONE® has the ability to print reports. All reports can be printed as they can be generated as a PDF, or they can be exported as CSV.
		Consumer Access	ability for authorized consumers to access personal IIS data per jurisdictional policy			E	Yes	The STC|ONE® consumer application, MyIR Mobile has the ability for authorized consumers to directly access their personal IIS data per jurisdictional policy. MyIR Mobile in partnership the the State Health Department allows patients to review their immunization history, get reminders for future immunizations, and even print their own official records...it's all free, simple and secure.
	DA_059	Consumer Access	ability for authorized consumer to print forecast			O	Yes	The STC|ONE® consumer application, has the ability for authorized consumer to print forecast. Verified patients may easily print their forecast from the application.

Function: Provide Data Access

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Status	Req. #	Capability	Requirement: The IIS must/should have...	Comments	Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	DA_060	Consumer Access	ability for authorized consumer to print patient immunization record			E	Yes	The STC|ONE® consumer application, has the ability for authorized consumer to print a patient immunization record. Verified patients may easily print their immunization record from the application.
	DA_061	Consumer Access	ability for authorized consumer to print an official immunization history			E	Yes	The STC|ONE® consumer application, has the ability for authorized consumer to print an official immunization history from within the application without support from the jurisdiction.
	DA_062	Consumer Access	ability for authorized consumer to retrieve a verifiable digital vaccine credential without assistance from IIS or immunization program staff	Particularly relevant for mass vaccination.		E	Yes	The STC|ONE® consumer application, has the ability for authorized consumer to retrieve a verifiable digital vaccine credential without assistance from IIS or immunization program staff. This is specifically met by the digital vaccine credentials such as the SMART Health Card and the COVID-19 scannable QR code.
Updated	DA_063	Consumer Access	ability for authorized consumer to view immunization forecast			E	Yes	The STC|ONE® consumer application, has the ability for authorized consumer to view immunization forecast. Once the user is verified they have access to all of their immunization information including forecast.
Updated	DA_064	Consumer Access	ability for authorized consumer to view patient information			E	Yes	The STC|ONE® consumer application, has the ability for authorized consumer to view patient information. Once the user is verified they have access to all of their immunization information including forecast.
Updated	DA_065	Consumer Access	ability for authorized consumer to view patient immunization record			E	Yes	The STC|ONE® consumer application, has the ability for authorized consumer to view patient immunization record. Once the user is verified they have access to all of their immunization information including forecast.
	DA_066	Consumer Access	ability for patient/patient representative to opt in for reminder/recall notifications			O	Yes	STC|ONE® Consumer Access allows users to opt in for reminder/recall notifications that are sent through the Consumer Access Admin Dashboard.
	DA_067	Consumer Access	ability for patient/patient representative to opt out of reminder/recall notifications			O	Yes	STC|ONE® Consumer Access allows users to opt out of reminder/recall notfications that are sent through the Consumer Access Admin Dashboard.

Non-functional

Items in red indicate where a jurisdiction should include a measure/threshold that meets their needs.

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Status	Req. #	Attribute	Sub Characteristic	Requirement: The IIS must/should…	Comments		Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	NF_001	Performance	Time Behavior	support a responsive user interface				E	Yes	STCIONE* is a modern single-page web application (React) backed by a search-optimized data layer (Elasticsearch for patient search) and horizontally scalable services, providing a responsive user interface. Performance is actively engineered — e.g., documented latency optimizations to the forecasting service's critical path
	NF_002	Performance	Time Behavior	support application launch, i.e. time between user initiation and application start, in less than 10 seconds	Recommendation: 10 seconds			E	Yes	STCIONE* is a React single-page application served as pre-built static assets over HTTP/2 through the platform ingress, so initial application launch completes well within 10 seconds on a standard connection. After the one-time load, navigation is client-side with no full-page reload.
	NF_003	Performance	Time Behavior	support response to a user navigation action (e.g., mouse movement, keypresses, navigation) in less than 1 second	Recommendation: 1 second			E	Yes	STCIONE* is a React single-page application served as pre-built static assets over HTTP/2 through the platform ingress, so initial application launch completes well within 10 seconds on a standard connection. After the one-time load, navigation is client-side with no full-page reload.
	NF_004	Performance	Time Behavior	support response to process submitted information via direct data entry in less than 4 seconds	Recommendation: 4 seconds			E	Yes	STCIONE* is a React single-page application served as pre-built static assets over HTTP/2 through the platform ingress, so initial application launch completes well within 10 seconds on a standard connection. After the one-time load, navigation is client-side with no full-page reload.
	NF_005	Performance	Time Behavior	support generation of a standard, pre-configured report in less than 30 seconds	Recommendation: 30 seconds			E	Yes	STCIONE* is a React single-page application served as pre-built static assets over HTTP/2 through the platform ingress, so initial application launch completes well within 10 seconds on a standard connection. After the one-time load, navigation is client-side with no full-page reload.
	NF_006	Performance	Time Behavior	support responsive data exchange system interfaces				E	Yes	STCIONE*'s data exchange interfaces are real-time: HL7 messages submitted over HTTPS, MLLP, or SOAP are processed synchronously with an immediate acknowledgement, and per-message processing time is measured and monitored.
	NF_007	Performance	Time Behavior	support electronic response to a submitted HL7 message in 5 seconds or less, 95% of the time	Recommendation: 5 seconds or less, 95% of the time (AIRA Measurement and Improvement Initiative)			E	Yes	STCIONE* is a React single-page application served as pre-built static assets over HTTP/2 through the platform ingress, so initial application launch completes well within 10 seconds on a standard connection. After the one-time load, navigation is client-side with no full-page reload.
		Performance	Capacity	support up to 1000 concurrent users of the user interface without performance degradation				E	Yes	STCIONE* is able to support unlimited concurrent users of the user interface without performance degradation. If performance degradation does occur we are able to do additional scaling (push of button).
		Performance	Capacity	support multiple users viewing the same data at the same time				E	Yes	STCIONE* is able to support multiple users viewing the same data at the same time.
		Performance	Capacity	support users using the same function at the same time without degrading IIS performance				E	Yes	STCIONE* is able to support users using the same function at the same time without degrading IIS performance.
		Performance	Resource Utilization	support resource-intensive tasks without degrading IIS performance				E	Yes	STCIONE* is able to support resource-intensive tasks without degrading IIS performance.
		Performance	Resource Utilization	support user queries via the user interface without degrading IIS performance				E	Yes	STCIONE* is able to support user queries via the user interface without degrading IIS performance.
		Performance	Resource Utilization	support generation of ad hoc reports without degrading IIS performance				E	Yes	STCIONE* is able to support generation of ad hoc reports without degrading IIS performance.
		Performance	Resource Utilization	support data extracts without degrading IIS performance				E	Yes	STCIONE* is able to support data extracts without degrading IIS performance.
		Performance	Capacity	support efficient processing of HL7 messages without performance degradation, as per jurisdictional capacity needs				E	Yes	STCIONE* is able to support HL7 processing without degrading IIS performance.
		Performance	Capacity	support processing of up to 200 of HL7 VXU messages per hour without performance degradation				E	Yes	STCIONE* is able to support efficient processing of 1 million daily HL7 messages without performance degradation. This was greatly exceeded during the COVID-19 Pandemic.
		Performance	Capacity	support processing of up to 8000 of HL7 QBP messages per hour without performance degradation				E	Yes	STCIONE* is able to support processing of up to 100,000 HL7 VXU messages per day without performance degradation.
	NF_014	Performance	Capacity	support permanent storage of records as per jurisdictional policy				E	Yes	Records are stored permanently in a durable, persistent database with automated backups; retention follows jurisdictional policy rather than any system-imposed limit.
	NF_015	Performance	Capacity	support storage of unlimited number of organization records				E	Yes	STCIONE* uses a horizontally scalable document database with no fixed cap on the number of organization records.
	NF_016	Performance	Capacity	support storage of unlimited number of user records				E	Yes	There is no fixed cap on the number of user records; storage scales with the deployment.

Non-functional

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Status	Req. #	Attribute	Sub Characteristic	Requirement: The IIS must/should...	Comments		Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	NF_017	Performance	Capacity	support storage of unlimited number of patient records				E	Yes	There is no fixed cap on the number of patient records; the data tier scales horizontally, and patient search is served from a dedicated search index built for large populations.
	NF_018	Performance	Capacity	support storage of unlimited number of patient immunization records				E	Yes	There is no fixed cap on the number of immunization records; the data tier scales horizontally.
	NF_023	Usability	Accessibility	meet the United States Access Board Section 508 Standards				E	Yes	STC|ONE® development standards mandate WCAG 2.2 Level AA accessibility (keyboard access, semantic HTML, labeled form fields), which meets and exceeds the WCAG 2.0 AA basis of the Section 508 standards; accessibility defects are tracked and remediated as part of QA.
		Usability	Operability	support best practices for web application session management (e.g., cookies, cached as recommended by the Open Web Application Security Project (OWASP)				E	Yes	STC|ONE® is able to support the OWASP standards
	NF_025	Usability	Operability	ability to execute Boolean searches				E	Yes	STC|ONE® provides structured, multi-criteria record search in which users combine multiple fields such as name, date of birth, identifiers, and address. The search engine evaluates these criteria using Boolean AND and OR logic together with relevance scoring to return the most relevant matches.
	NF_026	Usability	Operability	ability to execute a wildcard searches				E	Yes	Record search automatically applies partial, prefix, contains (wildcard), and typo-tolerant (fuzzy) matching to the values entered, so users retrieve records without needing exact spelling or complete values.
	NF_027	Usability	User error protection	minimize data entry errors				E	Yes	Data entry errors are minimized through structured forms with field-level validation, standardized code-set-driven selections (e.g., vaccine, route, site pick-lists), server-side schema validation, and clinical decision support that flags questionable entries.
	NF_028	Usability	User error protection	assist in entering data correctly via pick lists, drop down boxes, or other easy-to-use options such as predictive text				E	Yes	Data entry throughout STC|ONE® uses pick-lists and drop-down selections driven by standard code sets (CVX, MVX, NDC, sites, routes), plus search-assisted patient lookup, so users select valid values instead of typing free text.
		Usability	User error protection	indicate required fields for data entry				E	Yes	STC|ONE® will indicate required fields for data entry
		Usability	User error protection	ability to provide alert when required fields are left blank				E	Yes	STC|ONE® has the ability to provide alert when required fields are left blank.
	NF_031	Usability	User error protection	support cross-field checks to ensure accuracy of information where dependencies exist (e.g., warning that a child patient may be receiving an adult vaccine)				E	Yes	STC|ONE® performs cross-field and clinical validation: entries are evaluated against the patient's age and history by the CDC CDSi-aligned decision support (e.g., an age-inappropriate dose is flagged as not valid with an explanatory reason), and vaccine-specific rules (such as age-based dose limits) are enforced at entry.
	NF_032	Usability	User error protection	support spell check functionality with medical terminology for all free text fields				O	No	Record search automatically applies partial, prefix, contains (wildcard), and typo-tolerant (fuzzy) matching to the values entered, so users retrieve records without needing exact spelling or complete values.
Updated	NF_033	Usability	User error protection	support differentiation between warning messages (rework is recommended prior to entry being continued) and error messages (error must be fixed prior to continuing)				E	Yes	STC|ONE® distinguishes warnings from errors: message and data validation classifies findings by severity (error vs. warning vs. informational) — errors block processing while warnings allow continuation — and the UI presents blocking validation separately from advisory notices.
	NF_034	Usability	User interface	support alerts related to user interface response time				O	No	Proactive alerting related to user-interface response time is planned for a future release. The interface already displays activity indicators while operations are in progress.
	NF_035	Usability	User interface	support user feedback with a simple indicator for response times between 2-4 seconds	Recommendation: 2-4 seconds			O	Yes	STC|ONE® displays loading indicators while an operation is in progress, giving users immediate feedback that their request is being processed.
	NF_036	Usability	User interface	support user feedback with expected response time and percent done indicator for response times greater than 4 seconds	Recommendation: 4 seconds			O	No	Percent-complete indicators with an expected response time for operations longer than a few seconds are planned for a future release; the interface currently shows in-progress activity indicators.
	NF_037	Usability	User interface	support users in stopping an operation expected to take longer than 10 seconds	Recommendation: 10 seconds			O	No	The ability for users to stop an operation expected to take longer than 10 seconds is planned for a future release.
		Usability	User interface	support users in performing other tasks while waiting for the system to complete tasks expected to take longer than 10 seconds	Recommendation: 10 seconds			O	No	STC|ONE® does not support user in performing other tasks while waiting for the system to complete tasks expected to take longer than 10 seconds.
		Reliability	Availability	support availability of the system as per jurisdictional needs				E	Yes	STC|ONE® is able to meet jurisdictional system availability

Non-functional

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Status	Req. #	Attribute	Sub Characteristic	Requirement: The IIS must/should…	Comments		Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	NF_040	Reliability	Availability	support access to the web application 99.9% of the time	Recommend 99.9%			E	Yes	The web application is deployed in a highly available, multi-availability-zone architecture with load balancing, automated health checks, self-healing container orchestration, and continuous uptime monitoring — designed to meet a 99.9% availability target.
	NF_041	Reliability	Availability	support processing of and response to HL7 messages 99.9% of the time	Recommend 99.9%			E	Yes	HL7 processing runs in the same highly available architecture, with per-message status tracking, retry and dead-letter handling on the asynchronous path, and monitoring/alerting on processing failures — designed to meet a 99.9% availability target.
	NF_042	Reliability	Recoverability	ability to backup the IIS data as per jurisdictional policy				E	Yes	IIS data is backed up automatically: the database tier uses a managed backup system writing to dedicated, access-controlled backup storage, with schedules configurable to jurisdictional policy.
	NF_043	Reliability	Recoverability	support redundancy of the IIS as per jurisdictional recovery plan				E	Yes	The platform is redundant by design: multiple application replicas across availability zones, replicated data stores (3-way replication in production), and redundant message brokers.
	NF_044	Reliability	Recoverability	support real-time failover				E	Yes	Failover is real-time and automatic: container orchestration reroutes traffic to healthy replicas across availability zones without manual intervention, and health-checked load balancing removes failed instances immediately.
	NF_045	Reliability	Recoverability	support the recovery of backed up data as needed				E	Yes	Backed-up data can be restored on demand from the managed backup store.
	NF_046	Reliability	Recoverability	support the restoration of IIS data after an outage or loss				E	Yes	After an outage or data loss, IIS data is restored from backups through the managed backup/restore tooling, and the GitOps-managed infrastructure can be rebuilt reproducibly from declarative configuration.
	NF_047	Reliability	Fault tolerance	support the efficient roll back of software changes as needed				E	Yes	Software changes are deployed through a GitOps promotion pipeline with per-environment gates and health checks; a change is rolled back efficiently by re-promoting the previous known-good release, with every deployment recorded in version control.
		Security	Non-repudiation	support audit logs for security purposes				E	Yes	STC|ONE® has audit logs to track all attempted accesses that fail identification, authentication and authorization requirements if the jurisdiction elects to use an upstream SSO, those log events would reside in the upstream IDP.
	NF_049	Security	Integrity	ability to electronically notify the system administrator of unauthorized activity				E	Yes	Unauthorized activity is surfaced automatically: authentication failures are tracked as a monitored metric with alerting to the operations team (paging for critical conditions), and failed access attempts are recorded in the security audit log reviewable by administrators.
		Security	Authenticity	ability to track all attempted accesses that fail identification, authentication and authorization requirements				E	Yes	STC|ONE® has the ability to track all attempted accesses that fail identification, authentication and authorization requirements if the jurisdiction elects to use an upstream SSO, those log events would reside in the upstream IDP.
	NF_064	Security	Authenticity	ability to track all accesses that successfully comply with identification, authentication and authorization requirements				E	Yes	All successful accesses are tracked: logins and authenticated user activity are recorded in the audit log (with a dedicated authentication view for administrators), and every data access/change carries the acting user's identity.
	NF_065	Security	Non-repudiation	ability to maintain audit logs for specified time per jurisdictional policy				E	Yes with customization	Audit logs are retained in durable storage; audit event streams are kept on a long-horizon retention schedule (e.g., 365 days on the event pipeline, with the primary audit store persisted indefinitely), and retention periods are configurable to jurisdictional policy.
	NF_066	Security	Non-repudiation	ability for jurisdictional admin to search audit log by function performed				E	Yes	The admin audit log can be searched by the function performed — entries are categorized by event type and resource type, and administrators can filter on either.
	NF_067	Security	Non-repudiation	ability for jurisdictional admin to search audit log by date and time period				E	Yes	The audit log is searchable by date and time period.
	NF_068	Security	Non-repudiation	ability for jurisdictional admin to search audit log by date range				E	Yes	The audit log is searchable by date range.
	NF_069	Security	Non-repudiation	ability for jurisdictional admin to search audit log by user defined parameters				E	Yes	The audit log supports search across user-defined parameters, including event types, resource types, and acting user.
	NF_070	Security	Non-repudiation	ability for jurisdictional admin to search audit log by patient identifiers				E	Yes	Audit entries carry the affected resource identifier, and the PHI Access Log provides a patient-centric view — supporting audit search by patient identifier.
	NF_071	Security	Non-repudiation	ability for jurisdictional admin to filter audit log search by user defined parameters				O	Yes	Audit log views support filtering by user-defined parameters (event type, resource type, user, date), with independent filters per category view.

Non-functional

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Status	Req. #	Attribute	Sub Characteristic	Requirement: The IIS must/should...	Comments		Reviewer notes	Priority: E, O (essential, optional)	Vendor response: Yes, Yes with customization*, No *Comment required	Vendor comment(s)
	NF_072	Security	Non repudiation	ability for jurisdictional admin to sort audit log search results				O	Yes	Audit log search results are presented in sortable table views and can be exported to CSV.
		Security	Integrity	store audit data related to user access/viewing of patient records in the system				E	Yes	STC|ONE® is able to meet the logging requirements
	NF_051	Security	Integrity	store date of user access to a patient record				E	Yes	Each patient record access entry in the audit/PHI access log is timestamped with the date of access
	NF_052	Security	Integrity	store time of user access to a patient record				E	Yes	Each patient record access entry is timestamped with the time of access
	NF_053	Security	Integrity	store user ID of user access to a patient record				E	Yes	Each patient record access entry records the identity of the user who accessed the record
		Security	Non repudiation	store audit data related to data changes in the system				E	Yes	STC|ONE® is able to store audit data related to data changes in the system
		Security	Non repudiation	store 'date received' for data modified in the system				E	Yes	STC|ONE® is able to store 'date received' for data modified in the system
		Security	Non repudiation	store 'time received' for data modified in the system				E	Yes	STC|ONE® is able to store 'time received' for data modified in the system
		Security	Non repudiation	store 'date updated' for data modified in the system				E	Yes	STC|ONE® is able to store 'date updated' for data modified in the system
		Security	Non repudiation	store 'time updated' for data modified in the system				E	Yes	STC|ONE® is able to store 'time updated' for data modified in the system
		Security	Non repudiation	store user associated with data modified in the system				E	Yes	STC|ONE® is able to store user associated with data modified in the system
	NF_054	Security	Integrity	automatically enforce session timeout for a user when idle period is reached				E	Yes	Sessions time out automatically when idle: access tokens have a short fixed lifetime (15 minutes) and are renewed silently only while the user remains active, so an idle session expires.
	NF_055	Security	Integrity	ability for automatic session timeout to be customized per jurisdictional policy				O	Yes	STC|ONE® is able to accommodate automatic session timeout.
	NF_056	Security	Integrity	ability to notify the user the session will expire				O	Yes	STC|ONE® displays a session expiration warning before an idle session ends, showing a live countdown and offering the user the option to extend the session or log out.
	NF_079	Security	Confidentiality	support masking of passwords as they are typed or entered into the user interface				E	Yes	Passwords are masked as they are typed on STC|ONE®'s login and password screens (standard masked password inputs in the identity provider's flows).
	NF_057	Security	Integrity	ability for system administrator to terminate user connections				E	Yes with customization	Administrators can immediately revoke a user's access by deactivating the account, and can revoke issued API and submitter credentials; revoked access is enforced at the next token validation, bounded by the short access-token lifetime. This is delivered through standard administrative configuration.
	NF_080	Security	Confidentiality	Safeguard electronic personally identifiable information by implementing the appropriate technical best practices	NIST Special Publications, Federal Information Processing Standards in the protection of PHI, the HIPAA Security Rule, and AIRA's Security Guidance Considerations for IIS			E	Yes	PII safeguarding is engineered into the platform: all data is encrypted at rest and in transit, PII never appears in system logs or telemetry (enforced by automated lint rules in development and a scrubbing layer in the observability pipeline), access is role- and scope-limited, and the platform is operated in AWS GovCloud for healthcare compliance.
	NF_081	Security	Confidentiality	ability to encrypt personally identifiable information at rest				E	Yes	Personally identifiable information is encrypted at rest across the platform's data stores.
	NF_082	Security	Confidentiality	ability to decrypt personally identifiable information at rest				E	Yes	Encrypted data at rest is transparently decrypted for authorized, authenticated access — encryption never blocks legitimate authorized use.
	NF_083	Security	Confidentiality	ability to encrypt personally identifiable information during transmission				E	Yes	All transmission is encrypted in transit (HTTPS/TLS on user and API traffic, with mutually-authenticated TLS available for system-to-system interfaces).
	NF_084	Security	Confidentiality	ability to decrypt personally identifiable information during transmission				E	Yes	Encrypted transmissions are decrypted at the authorized endpoint as part of standard TLS termination.
	NF_058	Security	Integrity	ability to maintain firewalls per AIRA's Security Guidance Considerations for Immunization Information Systems document				E	Yes	The hosting environment enforces network firewalling consistent with AIRA's Security Guidance Considerations for Immunization Information Systems. Kubernetes NetworkPolicies apply default-deny ingress and egress, application nodes run only in private subnets, and outbound traffic is constrained through controlled NAT gateways and a restrictive storage endpoint policy.
	NF_059	Security	Integrity	ability to maintain firewalls for protection of the hosting network				E	Yes	The hosting network is protected by layered firewalling: application nodes run exclusively in private subnets with no public addressing, network access between workloads is governed by default-deny NetworkPolicies, and ingress is terminated at a controlled edge.

Non-functional

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	NF_060	Security	Integrity	ability to maintain firewalls for protection of the hosting environment				E	Yes	The broader hosting environment enforces firewall controls at both the cloud network boundary (private subnets, controlled NAT egress, and a restrictive storage VPC endpoint policy) and the workload boundary (default-deny Kubernetes NetworkPolicies).
	NF_061	Security	Integrity	ability to electronically notify the system admin of unauthorized activity				E	Yes	As with NF_049: authentication failures and unauthorized access attempts are tracked as monitored metrics with automated alerting to system administrators/operations, and are recorded in the security audit log.
	NF_062	Security	Integrity	ability to support anti-virus protection at current critical patch levels in the hosting environment				E	Yes	The platform runs on AWS GovCloud managed infrastructure using immutable, minimal container images built and deployed through a controlled GitOps pipeline, which substantially limits malware exposure compared with traditional servers. Centralized vulnerability management and security scanning are performed on the environment, and hosting components are maintained at current critical patch levels.
	NF_085	Maintainability	Analyzability	support event logging				E	Yes	STC|ONE® performs structured event logging across all services. JSON-structured application logs with correlation IDs, distributed tracing, and metrics — centrally aggregated and retained.
	NF_086	Maintainability	Analyzability	ability for system admin to enable event logging on all servers				O	Yes	STC|ONE® does have the ability to support event logging
	NF_087	Maintainability	Analyzability	ability for system admin to enable event logging on all devices				O	Yes	STC|ONE® does have the ability to support event logging
	NF_088	Maintainability	Analyzability	ability for system admin to disable event logging on all devices				O	Yes	STC|ONE® does have the ability to support event logging
	NF_089	Maintainability	Analyzability	ability for system admin to limit access to event logs, including System, Application, Web and Database logs				O	Yes	Access to event logs (application, system, and database logs) is restricted - logs are viewable only through the authenticated observability stack, with administrator-controlled access.
	NF_091	Portability	Adaptability	support use of web browsers per jurisdictional policy				E	Yes	STC|ONE® runs in standard modern web browsers — Chrome, Firefox, Edge, and Safari are supported — allowing browser use per jurisdictional policy.
	NF_092	Portability	Adaptability	support use of current version of web browsers				E	Yes	Current versions of the major browsers (Chrome, Firefox, Edge, Safari) are supported.
	NF_093	Portability	Adaptability	support use of last prior version of web browsers				E	Yes	As an evergreen web application built on web standards, STC|ONE® also functions on the immediately prior browser versions.
	NF_094	Portability	Adaptability	support a responsive design that renders properly on multiple devices				E	Yes	The web client uses a responsive design that renders properly across devices — it works on any device with a modern browser.
	NF_095	Portability	Adaptability	support web client use on a desktop				E	Yes	The web client is fully supported on desktop computers (its primary optimized form factor).
	NF_096	Portability	Adaptability	support web client use on a laptop				E	Yes	The web client is fully supported on laptops.
	NF_097	Portability	Adaptability	support web client use on a tablet				E	Yes	The web client is accessible and usable on tablets.
	NF_098	Portability	Adaptability	support web client use on a smartphone				E	Yes	The web client is accessible and usable on smartphones.
	NF_099	Portability	Installability	be containerized (e.g., Docker or Kubernetes) to support easy installation and system updates				E	Yes	STC|ONE® is fully containerized: all services are packaged as Docker containers and orchestrated with Kubernetes, supporting streamlined installation and rolling system updates.
	NF_100	Portability	Installability	be containerized for cloud based environments				O	Yes	The platform is containerized for cloud environments and runs on Kubernetes in AWS GovCloud today

Glossary of Terms

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Terms and definitions used within requirements. Note: For definitions of general terms related to immunizations, see the CDC Vaccines and Immunizations Glossary

For definitions of general terms related to IIS, see the AIRA MIROW Common Vocabulary resources.

Term	Definition
Admin	Refers to a jurisdictional admin and organizational admin.
Associate (verb)	Establish a relationship between entities. Synonymous with "link."
At rest	Used to refer to data in storage within the IIS.
Audit log	Also referred to as an audit trail. Used to refer to the tracking of information about system activity and changes, used for security purposes.
Authorization agreement	Formal or legal agreement between an organization submitting and/or using immunization data and the jurisdiction that outlines terms for participating in the IIS per jurisdictional policy (e.g., data use agreements, user agreements).
Authorized consumer	A consumer authorized to access IIS records such as their personal vaccination records or those for individuals for whom they are guardians/care-takers.
Authorized user	Individual authorized to access the system based on their role and affiliation with an IIS-authorized organization.
Automatically	Ability for the system to take action without manual intervention.
Capture	Ability to enter data via user interface (UI) or data exchange interface for immediate usage. Does not necessarily imply storage.
Clinician	A clinician or health care professional who orders and/or administers vaccines (e.g., vaccine ordering provider, vaccine administering provider).
Cohort	A group of patients of particular interest to an organization and/or facility (e.g., a group of health plan members, a group of students, group of individuals with the same age).
Containerization	Containerization packages an application along with all its necessary configuration files, libraries, and dependencies, ensuring it runs efficiently and without bugs across various computing environments.
Delete	Process by which data are removed from the IIS system, including removal from data table(s). Synonymous with "purge."
During transmission	Used to refer to data being transmitted or actively moved from one location to another.
Edit	Global term to reflect ability to modify, update, and change data. For a particular field, this also includes the ability to delete field-level data that is no longer accurate.
Electronic notification	Communication/message sent to a user without manual intervention.
Electronic response	The IIS returns a final resolution, or outcome, of processing the HL7 message with a conformant HL7 (Health Level Seven) message.
Enroll	Process by which an organization or a facility is authorized to participate in an IIS and/or in a jurisdictional Vaccines for Children (VFC)
Event log	Tracking (i.e., storing) information about system activity and changes, used for IT support and maintenance.
Facility	A sub-organizational unit for organizations with multiple locations. May also be synonymous for "organization" for organizations with one
Immunization Information System	Refers to the application, data and staff that record all immunization doses administered by participating providers to individuals within a

Glossary of Terms

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Term	Definition
Inactivate	To make inoperable.
Interface (noun)	Connection between two or more systems for transmission of data.
Interface (verb)	Act of securely exchanging data to facilitate data use.
Interoperate	Data are transmitted from one system to be consumed by another.
Jurisdictional admin	Jurisdictional IIS staff authorized to enter and modify information in the IIS.
Jurisdictional vaccine program admi	Jurisdictional vaccine program staff authorized to enter and modify VFC- and vaccine program-related information in the IIS.
Manage	Global term used to refer to the ability to add, edit, or otherwise modify information.
Notification	A push communication to an authorized user.
Order set	A standardized group of supply items that can ordered at one time that create efficiencies in the ordering process.
Organization	An entity that may provide data to an IIS and/or may consume IIS data and information (e.g., provider organization, school). An organization
Organizational admin	Staff within the organization (e.g., clinic, facility, LHD) responsible for maintaining the organization/facility information in the IIS, including
Patient	Used to refer to an individual. Synonymous with "client."
Personally identifiable information	"Any information about an individual maintained by an agency, including (1) any information that can be used to distinguish or trace an
Process	The IIS reads the incoming data and takes appropriate action based on the data submitted and previously known information already in the
Provider	A vaccinating or non-vaccinating health care professional authorized to submit, access and/or use IIS data.
Provider organization	A type of organization that has any combination of the following characteristics: provides vaccination services, responsible for an entity that
Query	A question posed of the IIS data.
Recall	A notification sent to individuals who are overdue for a vaccination.
Re-enroll	Process by which a previously enrolled organization or facility is re-authorized to participate in an IIS and/or in a jurisdictional VFC program,
Reminder	A notification sent to individuals who are due to receive a vaccination soon.
Report	System generated data or information available in suitable formats, which may include outputs of queries.
Store	Maintenance of data for potential future use. Note: use of "store" also implies data capture.
System admin	Jurisdictional administrator responsible for oversight of the IIS technology, typically an IT role.
System alert	A communication broadcast to authorized users.
Track	Follow the steps of a process to note a modification.
User	Individual associated with an organization authorized to access the IIS system to submit and/or consume IIS data and information (e.g., clinic
User agreement	Agreement between a representative(s) of an organization and the jurisdiction, outlining terms for participation in the IIS, per jurisdictional
User-defined parameter	An element selected by a user to define the scope of a particular process or activity.

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Terms and definitions used within requirements. Note: For definitions of general terms related to immunizations, see the CDC Vaccines and Immunizations Glossary

For definitions of general terms related to IIS, see the AIRA MIROW Common Vocabulary resources.

Term	Definition
Vaccines for Children (VFC)	A type of provider organization, specifically, a provider organization that is enrolled in the VFC program.
Vaccine program	A program managed and administered by a jurisdiction to provide specified vaccine(s) to specified organizations or facilities (e.g., Vaccines

Crosswalk to the IIS Functional Standards

IIS Functional Standards: https://www.cdc.gov/iis/functional-standards/resource.html

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Draft IIS Functional Standards, v5.0			IIS Functional Model Functions									IIS Functional Model Attributes					
Goal	Standard	Guidance Statement	Administer System	Manage Organizations and Facilities	Manage Users	Support Interoperability	Ensure Data Quality	Evaluate and Forecast	Manage Patient and Immunization Records	Manage Vaccine Inventory	Provide Data Access	Performance	Usability	Reliability	Security	Maintainability	Portability
A. Establish and maintain a secure, confidential Immunization Information System.	1.0 The IIS is physically and digitally secured in accordance with policies and industry standards for protected health information, security, and encryption.				x							x	x	x	x	x	x
		1.1 The IIS establishes, documents, and updates policies and procedures to manage the collective functions, capabilities, and attributes of an IIS.										x	x	x	x	x	x
		1.2 The IIS establishes and maintains the technical infrastructure to securely capture, store, and process patient demographic and vaccination data consistent with established policies and procedures.										x	x	x	x	x	x
		1.3 The IIS provides ongoing training to ensure awareness of and to promote adherence to policies and procedures.			x										x		
	2.0 The IIS is physically and digitally secured in accordance with industry standards for disaster avoidance, mitigation, and recovery.													x	x		
		2.1 The IIS establishes and maintains the infrastructure needed for disaster avoidance.												x	x		
		2.2 The IIS establishes and tests recovery plans to mitigate system downtime.												x	x		
	3.0 The IIS defines service expectations between the program and the entities providing information technology support to ensure system availability and uninterrupted data flow.											x	x	x	x	x	x
		3.1 The IIS implements service-level agreements between the program and the entities providing information technology and support.										x	x	x	x	x	x
		3.2 The IIS implements and maintains the infrastructure to fulfill service-level agreements.										x	x	x	x	x	x
	4.0 The IIS validates patient demographic and vaccination data.		x			x	x	x	x		x		x				
		4.1 The IIS supports the identification, prevention, and resolution of duplicate and fragmented patient demographic and vaccination data in accordance with policies and procedures.					x										

Crosswalk to the IIS Functional Standards

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IIS Functional Standards: https://www.cdc.gov/iis/functional-standards/resource.html

Draft IIS Functional Standards, v5.0			IIS Functional Model Functions									IIS Functional Model Attributes					
Goal	Standard	Guidance Statement	Administer System	Manage Organizations and Facilities	Manage Users	Support Interoperability	Ensure Data Quality	Evaluate and Forecast	Manage Patient and Immunization Records	Manage Vaccine Inventory	Provide Data Access	Performance	Usability	Reliability	Security	Maintainability	Portability
B. Continuously improve IIS data quality.		4.2 The IIS monitors data quality within the IIS in accordance with policies and procedures.	x			x	x	x	x		x						
		4.3 The IIS uses electronic tools to standardize and/or validate addresses in the IIS.	x						x								
		4.4 The IIS delivers feedback and training to IIS partners and providers to ensure complete, timely, and accurate patient demographic and vaccination records.											x				
		jurisdictional data quality					x	x			x						
C. Promote electronic data exchange between the IIS and its partners and providers.	5.0 Manage interfaces for exchange and integration of data electronically between the IIS and other information systems in accordance with federal and jurisdictional standards.					x	x				x	x	x	x			
		accordance with current				x											
		enrolls, and onboards IIS				x						x					
		evaluates data submitted via				x	x				x		x				
		resolves electronic data				x						x	x	x			
D. Ensure the delivery of immunization services reflects current ACIP recommendations.	6.0 The IIS supports pediatric, adolescent, and adult immunization forecasts consistent with Advisory Committee on Immunization Practices (ACIP) recommendations.							x									
		maintains Clinical Decision						x									
		maintains Clinical Decision						x									
E. Ensure appropriate user access to data.	7.0 The IIS ensures authorized users have access to patient demographic and vaccination data based on user roles and permissions.		x	x	x				x		x		x		x		
		confidentiality policies that													x		
		comprehensive account													x		
		attributes for the set up and	x	x	x												
		in accordance with policies and			x										x		
		IIS partners' and providers'	x	x	x						x						
		covers accessing patient							x				x				
		inactivates user and site	x	x	x												
	8.0 The IIS supports authorized public access to official immunization records.										x				x		x
		with direct access to									x				x		x
F. Support the generation and use of IIS data through various channels and formats.	9.0 The IIS supports the reporting needs of federal and jurisdictional immunization programs.										x						
		and ad hoc reports to meet									x						
	10.0 The IIS supports ad-hoc queries of patient demographic and vaccination data.										x				x		
		access for internal authorized									x				x		
		data for data visualization,									x						
	11.0 The IIS supports investigation and reporting of vaccine adverse events.								x								
		adverse event investigation.							x								
		appropriate resources to							x								

Crosswalk to the IIS Functional Standards

IIS Functional Standards: https://www.cdc.gov/iis/functional-standards/resource.html

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Draft IIS Functional Standards, v5.0			IIS Functional Model Functions									IIS Functional Model Attributes					
Goal	Standard	Guidance Statement	Administer System	Manage Organizations and Facilities	Manage Users	Support Interoperability	Ensure Data Quality	Evaluate and Forecast	Manage Patient and Immunization Records	Manage Vaccine Inventory	Provide Data Access	Performance	Usability	Reliability	Security	Maintainability	Portability
	12.0 The IIS supports the ability to generate coverage reports that users can access without assistance from IIS staff.							x	x		x						
		data to assess vaccination									x						
		status at provider site and							x								
		training on accessing.									x						
		compliance with immunization						x			x						
	13.0 The IIS supports reminder/recall activities.							x	x								
		reminder/recall activities						x	x								
	14.0 The IIS supports management and quality assurance functions for federal and jurisdictional vaccine programs.								x	x	x		x				
		program procedures in											x				
		tracking of eligibility at the dose							x								
		listing patients that received a									x						
		listing provider sites that								x	x						
G. Support federal and jurisdictional vaccine program requirements.	15.0 The IIS supports vaccine inventory management and reconciliation according to federal and jurisdictional vaccine program requirements.									x	x						
		inventory management,								x	x						
		vaccine orders and monitoring								x	x						
		vaccine returns and wastage.								x	x						
		decrements administered doses								x	x						
	16.0 The IIS supports data exchange with the national Vaccine Tracking System (VTrckS).					x											
		exchange with VTrckS in				x											
		to ExIS functionality following				x											
		automated data exchange with				x											
	17.0 The IIS supports partner and provider onboarding and vaccine management during vaccine-preventable disease response and/or public health emergencies.		x	x	x	x			x		x		x				x
		coordinates, and executes											x				
H. Support response efforts for vaccine-preventable disease outbreaks and other public health emergencies.		17.2 The IIS supports expedited communication and onboarding with partners to capture patient demographic and vaccination data in an emergency.	x	x	x												
		onboarded partners.		x													
		administration functionality to							x								x
		with tools for vaccination				x											
		health immunization reporting									x						
I. Participate in and prioritize emerging technologies and standards.	18.0 The IIS participates in modernization initiatives and emerging technologies.															x	
		modernization efforts.														x	
		efforts that align IIS initiatives														x	
		initiatives to develop standards														x	

Attachment C: Service Level Agreements (SLAs)

The Agency will monitor the Vendor's performance throughout the contract period. Each SLA defines the minimum acceptable performance level in a specific area. The Vendor shall measure and report on each SLA monthly. Failure to meet any SLA may result in financial retainage as outlined below.

Right to Retainage

The Agency and the Vendor agree that failure to meet SLA performance standards results in a measurable loss to the Agency. The Agency may retain a percentage of the monthly subscription invoice, as specified in each SLA, and deduct that amount from payments due to the Vendor.

I. SLA – System Availability and Downtime

a. Definition: The IIS must be available 24/7/365. Downtime is defined as any period during which the system or any of its components is not accessible or functional for its intended use.

- **Scheduled Downtime:** Must be pre-approved by the Agency and occur outside of standard business hours (Monday – Friday 8:00-17:00 Eastern).
- **Unscheduled Downtime:** Any unapproved interruption in service.

b. Performance Standard:

- Monthly uptime must be ≥ 99.9% (Down less than 43 minutes and 50 seconds per month).

c. Retainage:

- 99.0%–99.89% uptime: 5% of monthly invoice
- 95.0%–98.99% uptime: 25% of monthly invoice
- < 95.0% uptime: 100% of monthly invoice

II. SLA – Issue Tracking and Defect Management

a. Definition: The Vendor must provide tools to track defects from identification through resolution, including testing and verification. All issues must be documented in a Corrective Action Plan (CAP) and shared with the Agency.

b. Performance Standard:

- All defects (Agency-identified, Vendor-identified, or user-reported) must be logged and included in a CAP submitted weekly or more frequently upon request.

c. Retainage:

- 2% of the monthly invoice if the standard is not met.

III. SLA – Issue Response and Resolution

a. Definition: Issues must be categorized by severity and addressed within defined timeframes:

Severity	Response Time	Workaround/Fix	Full Resolution
Critical	1 hour	8 hours	24 hours
High	2 hours	24 hours	48 hours
Medium	4 hours	5 calendar days	5 calendar days
Low	24 hours	30 calendar days	30 calendar days

- **Critical Severity**
  - Definition: An issue that causes a complete system outage or renders the IIS unavailable for all users. Includes failures that prevent immunization data exchange with CDC IZ Gateway or other critical interfaces, or any security incident that compromises data integrity or confidentiality.
  - Impact: Immediate and widespread disruption to Agency operations, public health reporting, or compliance.
- **High Severity**
  - Definition: An issue that significantly impairs system functionality for a large group of users or a major module but does not cause a full system outage. Examples include failure of data migration processes, inability to generate required reports, or degraded performance that prevents timely immunization record access.

- Impact: Major disruption to Agency operations or compliance obligations, but partial functionality remains available.

- **Medium Severity**
  - Definition: An issue that affects specific features, workflows, or a subset of users, but has a viable workaround. Examples include errors in non-critical modules, minor interface malfunctions, or delays in non-urgent data processing.
  - Impact: Moderate disruption to operations; Agency can continue core functions with workarounds until resolution.

- **Low Severity**
  - Definition: An issue that has minimal impact on system functionality or user experience. Examples include cosmetic defects, minor documentation errors, or isolated user account issues.
  - Impact: Limited or no disruption to Agency operations; resolution can be scheduled without urgency.

b. Retainage:

- 5% of the monthly invoice if any response or resolution timeframes are not met.

IV. SLA – System Compatibility and Accessibility

a. Definition: The IIS must meet the following compatibility and accessibility standards:

- Be fully cloud-hosted by the Vendor.
- Support major, up-to-date browsers (Chrome, Firefox, Edge, Safari).
- Operate efficiently on standard desktop/laptop hardware without requiring specialized software.
- Be accessible without elevated user permissions or local installations.

b. Performance Standard:

- 100% compliance with all compatibility and accessibility requirements as defined in Section 4.2.3.2 of the RFP.

c. Retainage:

- 5% of the monthly invoice for each month in which any compatibility or accessibility requirement is not met.

V. SLA – Technical Support and Hours of Operation

a. Performance Standard:

- Support must be available daily from 8:00 AM to 17:00 PM Eastern.
- After-hours and holiday on-call support must be available for critical issues.
- 95% of support requests must receive a response within 15 minutes.
- Support must be available in the caller's preferred language or with interpretation services.

b. Retainage:

- 5% of the monthly invoice if the standard is not met.

VI. SLA – Monthly Reporting

a. Performance Standard:

- Reports due by the 15th of each month must include:
  - System uptime metrics
  - CAP with new and outstanding issues
  - Issue response/resolution metrics
  - Support response metrics

b. Retainage:

- 2% of the monthly invoice if the report is incomplete or late.

VII. Corrective Action Plan (CAP)

For any missed SLA, the Vendor must submit a CAP with the monthly report that includes:

- The missed SLA and issue description
- Root cause analysis
- Risks and impacts
- Resolution steps and any failed attempts
- Proposed preventive actions (subject to Agency approval)

The Agency reserves the right to request a meeting to review the CAP and may require revisions before implementation.

VII. SLA – CDC Compliance and Interoperability

a. Definition: The IIS must maintain full compliance with CDC IZ Gateway specifications, including HL7 messaging standards, transport protocols, and required data elements. The system must support bidirectional exchange with CDC and other authorized entities.

b. Performance Standard:

- 100% of required CDC data exchanges must be successfully transmitted and acknowledged within the CDC-defined reporting intervals.
- Any CDC specification updates must be implemented within 90 calendar days of formal notification.

c. Retainage:

- 5% of the monthly invoice for each month in which compliance or exchange timeliness is not met.

VIII. SLA – Data Exchange Timeliness

a. Definition: The IIS must support timely data exchange with external systems including EHRs, HIEs, school systems, and other state-authorized partners. This includes both inbound and outbound HL7 messages and batch file transfers.

b. Performance Standard:

- 95% of HL7 messages must be processed and acknowledged within 60 seconds of receipt.
- 100% of scheduled batch file exchanges must be completed within the designated window (e.g., nightly, weekly).

c. Retainage:

- 3% of the monthly invoice if HL7 or batch exchange thresholds are not met.

FEDERAL FUNDS ADDENDUM

2 C.F.R. §§ 200.317 – 200.327

Purpose: This addendum is intended to modify the solicitation in an attempt to make the contract compliant with the requirements of 2 C.F.R. §§ 200.317 through 200.327 relating to the expenditure of certain federal funds. This solicitation will allow the State to obtain one or more contracts that satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

Instructions: Vendors who are willing to extend their contract to procurements with federal funds and the requirements that go along with doing so, should sign the attached document identified as: "REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)"

Should the awarded vendor be unwilling to extend the contract to federal funds procurement, the State reserves the right to award additional contracts to vendors that can and are willing to meet federal funds procurement requirements.

Changes to Specifications: Vendors should consider this solicitation as containing two separate solicitations, one for state level procurement and one for county/local procurement.

State Level: In the first solicitation, bid responses will be evaluated with applicable preferences identified in sections 15, 15A, and 16 of the "Instructions to Vendors Submitting Bids" to establish a contract for both standard state procurements and state federal funds procurements.

County Level: In the second solicitation, bid responses will be evaluated with applicable preferences identified in Sections 15, 15A, and 16 of the "Instructions to Vendors Submitting Bids" omitted to establish a contract for County/Local federal funds procurement.

Award: If the two evaluations result in the same vendor being identified as the winning bidder, the two solicitations will be combined into a single contract award. If the evaluations result in a different bidder being identified as the winning bidder, multiple contracts may be awarded. The State reserves the right to award to multiple different entities should it be required to satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

State Government Use Caution: State agencies planning to utilize this contract for procurements subject to the above identified federal regulations should first consult with the federal agency providing the applicable funding to ensure the contract is complaint.

County/Local Government Use Caution: County and Local government entities planning to utilize this contract for procurements subject to the above identified federal regulation should first consult with the federal agency providing the applicable funding to ensure the contract is complaint. For purposes of County/Local government use, the solicitation resulting in this contract was conducted in accordance with the procurement laws, rules, and procedures governing the West Virginia Department of Administration, Purchasing Division, except that vendor preference has been omitted for County/Local use purposes and the contract terms contained in the document entitled "REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)" have been added.

FEDERAL FUNDS ADDENDUM

REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

The State of West Virginia Department of Administration, Purchasing Division, and the Vendor awarded this Contract intend that this Contract be compliant with the requirements of the Procurement Standards contained in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 2 C.F.R. § 200.317, et seq. for procurements conducted by a Non-Federal Entity. Accordingly, the Parties agree that the following provisions are included in the Contract.

1. **MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS:**
(2 C.F.R. § 200.321)

    a. The State confirms that it has taken all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Those affirmative steps include:

        (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
        (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
        (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
        (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
        (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
        (6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (1) through (5) above.

    b. Vendor confirms that if it utilizes subcontractors, it will take the same affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

2. **DOMESTIC PREFERENCES:**
(2 C.F.R. § 200.322)

    a. The State confirms that as appropriate and to the extent consistent with law, it has, to the greatest extent practicable under a Federal award, provided a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United

States (including but not limited to iron, aluminum, steel, cement, and other manufactured products).

b. Vendor confirms that will include the requirements of this Section 2. Domestic Preference in all subawards including all contracts and purchase orders for work or products under this award.

c. Definitions: For purposes of this section:

(1) "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.
(2) "Manufactured products" means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

3. **BREACH OF CONTRACT REMEDIES AND PENALTIES:**
(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 provide for breach of contract remedies, and penalties. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

4. **TERMINATION FOR CAUSE AND CONVENIENCE:**
(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 govern Contract termination. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

5. **EQUAL EMPLOYMENT OPPORTUNITY:**
(2 C.F.R. § 200.327 and Appendix II)

Except as otherwise provided under 41 CFR Part 60, and if this contract meets the definition of "federally assisted construction contract" in 41 CFR Part 60–1.3, this contract includes the equal opportunity clause provided under 41 CFR 60–1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964–1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

6. **DAVIS-BACON WAGE RATES:**
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this Contract includes construction, all construction work in excess of $2,000 will be completed and paid for in compliance with the Davis–Bacon Act (40 U.S.C. 3141–3144, and 3146–3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must:

(a) pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.
(b) pay wages not less than once a week.

A copy of the current prevailing wage determination issued by the Department of Labor is attached hereto as Exhibit B. The decision to award a contract or subcontract is conditioned upon the acceptance of the wage determination. The State will report all suspected or reported violations to the Federal awarding agency.

7. **ANTI-KICKBACK ACT:**
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that it will comply with the Copeland Anti-KickBack Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). Accordingly, Vendor, Subcontractors, and anyone performing under this contract are prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The State must report all suspected or reported violations to the Federal awarding agency.

8. **CONTRACT WORK HOURS AND SAFETY STANDARDS ACT**
(2 C.F.R. § 200.327 and Appendix II)

Where applicable, and only for contracts awarded by the State in excess of $100,000 that involve the employment of mechanics or laborers, Vendor agrees to comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, Vendor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

9. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT.
(2 C.F.R. § 200.327 and Appendix II)

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

10. CLEAN AIR ACT
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this contract exceeds $150,000, Vendor is to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

11. DEBARMENT AND SUSPENSION
(2 C.F.R. § 200.327 and Appendix II)

The State will not award to any vendor that is listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

12. BYRD ANTI–LOBBYING AMENDMENT
(2 C.F.R. § 200.327 and Appendix II)

Vendors that apply or bid for an award exceeding $100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non–Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non–Federal award.

13. PROCUREMENT OF RECOVERED MATERIALS
(2 C.F.R. § 200.327 and Appendix II; 2 C.F.R. § 200.323)

Vendor agrees that it and the State must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired during the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

14. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT.
(2 C.F.R. § 200.327 and Appendix II; 2 CFR § 200.216)

Vendor and State agree that both are prohibited from obligating or expending funds under this Contract to:

(1) Procure or obtain;
(2) Extend or renew a contract to procure or obtain; or
(3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115–232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

(i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
(ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
(iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

In implementing the prohibition under Public Law 115–232, section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.

State of West Virginia	Vendor Name: STChealth, LLC
By: _____	By: Azure Spanier
Printed Name: _____	Printed Name: Azure Spanier
Title: _____	Title: Executive Vice President
Date: _____	Date: 8/14/2026

EXHIBIT B To:
REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

Prevailing Wage Determination

☑ – Not Applicable Because Contract Not for Construction

☐ – Federal Prevailing Wage Determination on Next Page