

EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

- 1. TO: Regional Chief Executive Officer
- 2. FROM: Dr Jennifer J Walker, Chief Quality Officer

Pursuant to East Hawaii Region Policy, PUR 005, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction: Clinical Documentation Integrity (CDI) and Revenue Cycle support

4. Vendor Name: Shirlivia Parker

Address: 4591 Turnstone Way Fairfield CA.

5. Price:

\$ 135.00 per hour plus travel expenses.

6. Term of

Contract: From: 12 JAN 2026 To: Dec 31, 2027,
(mm/dd/yyyy)

7. Prior Sole Source Ref No.

N/A

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities: Ms Shirlivia Parkers is exceptionally well-qualified and experienced in all aspects of medical record documentation to support quality metrics. She is similarly prepared to support revenue cycle improvements. The combined skillset is unique in providers of this service.

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:

A. Clinical Documentation Integrity

- CDI program development
- Real-time and retrospective CDI reviews
- Complex case review (sepsis, respiratory failure, HF, HCC, etc.)
- CDI policy, audit oversight, and workflow optimization
- Collaboration with UR, CM, Risk, Quality, Coding

B. Physician Documentation Education

- Specialty-based documentation education
- One-on-one coaching
- Group sessions aligned with CMS, AHA, AHIMA, ACDIS

C. Quality Outcomes Improvement

- SOI/ROM enhancement
- PSI mitigation
- Mortality review and clinical alignment
- DRG/APR-DRG/HCC accuracy

D. Revenue Cycle & Audit Advisory

- CDI and coding audits
- Denials management and appeals
- Revenue integrity and clinical validation
- Technology and AI-enabled CDI workflow advisement

10: Sole Source No. 26-0245_____

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: no other alternatives identified that had the combined skillset and management experience of Shirlivia

12. Direct any inquiries to:

Department: Quality Management Department
Contact Name/Title: Dr Jennifer J Walker, CQO

13 Phone Number: 808-932-

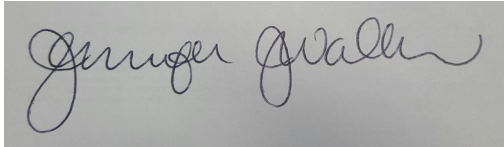
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Fax Number: _____

Expenditure may be processed with a purchase order: Yes No If no, a contract must be executed

Agency shall ensure adherence to applicable administrative and statutory requirements.

14. *I certify that the information provided above is to the best of my knowledge, true, correct and that the goods, services, or construction are available through only one source.*



Department Head (sign and print name)

1/6/2026 _____

Date

Reserved for RCEO/Designee Use Only

15 Date Notice Posted: _____

Submit written objections to this intent to issue a sole source contract within five (5) calendar days or as otherwise allowed from the above posted date to:

Regional Chief Executive Officer
East Hawaii Region
1190 Waianuenue Ave.
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.

- APPROVED DISAPPROVED
 NO ACTION REQUIRED

Regional Chief Executive Officer Date