#	Question	Answer
1	Will Community Healthcore be assigning demo dates to vendors that are selected to demo on-site.	Yes. Upon receiving a Letter of Intent, the Center will assign a demo date. That date is contingent upon receiving a proposal from the Offeror on April 13, 11 am and that it meets the minimum requirements as stated in the RFP. Note: The Center has moved the due date up from April 20th to April 13th. This will allow more time to review proposals, avoid conflicts for demo dates and allow more time for contract negotiation prior to the Center's May Board of Trustees Meeting. Also Note: The Center has moved the RFP bid opening from 2 pm to 11:30 am April 13th. All Bids will remained sealed until after the 11:00 am due date for proposals. At the opening we publicly record bids received. Typically there is not any dialog but it is an opportunity for Offerors to ask process questions; these can also be emailed to the single point of contact. No evaluation is conducted at the public opening. Any proposals received who did not submit a letter of intent will be reviewed and if received on time and meets the minimum requirements, will be assigned one of the remaining dates. All proposals will be reviewed and each Offeror notified by email whether the proposal meets the minimum requirements as stated in the RFP at least 48 hours prior to the start of their demo.
2	Will these be one or two day demos?	Day and ½ Demos – Start at 8:00 am and finish at 5 pm with 1 hour lunch for day one and 8:00 am to Noon on the second day. A script will be provided at least a week in advance of your demo date. A script with scenarios demonstrating functionality will be provided. Please plan on following the script as members of the evaluation team will be scoring from that script.
3	As an FYI, the 1st through the 3rd of May is National Council and our solutions team will be onsite in Los Angeles. If possible,	Dates will be assigned by the Center

	will vendors have the availability to provide their preferred dates?	The dates for demo have been revised as follows: April 18&19; April 20&21; April 25&26; and April 27&28. We are revising these dates to avoid conference conflicts.
4	Would like to confirm 400 total users for the EHR. Can you provide the number of estimated named users and the number of estimated concurrent users?	Total Users = 400 Estimated Named Users = 400 Estimated Concurrent Users = 175
5	Is December 31, 2023 an absolute requirement for go-live?	December 1, 2023 is the stated date in the RFP given the end of life of Anasazi Dec 31, 2023. The Center will consider other options as it determines "best value". Best Value is not a single factor such as cost but is the best mix of multiple factors as determined by the Center. Page 27 of Attachment A lists 21 potential factors that are part of the determination of Best Value. Also on page 28 of Attachment A, there is a table that shows various weights to each component of this RFP. This is reflective of Best Value. The final award will be based on what the Center determines overall is Best Value for the Center. The bidder shall propose their implementation approach with milestones and timelines. Attachment A.III.G.2 IMPLEMENTATION TIMELINE AND RESOURCES NEEDED is an important document to communicate your proposed plan.
6	Of the demo dates specified, would vendors be able to select a date, or will Community Healthcore provide a schedule specifying when each vendor should be prepared to present?	See Response #1
7	Would data need to be converted from both Anasazi and Qualifacts and Credible?	Data source would be Anasazi
8	How many Labs and which ones?	LabCorp, Quest Diagnostic
9	How many Prescribers?	31
10	How many ePCS Prescribers?	31
11	How many non-prescribing users?	50 nurses including primary care.

12	How many in-patient and/or residential locations?	3
13	How many beds?	46
14	How many users (if any) would require a disconnected or offline feature?	100
15	Can you elaborate on the Primary Care needs?	The Center is seeking to become a Federally Qualified Health Clinic (FQHC) Look-alike and eventually an FQHC. An FQHC and FQHC Look-Alike provide comprehensive primary health care services that are responsive to identified health care needs, provide services to all persons regardless of ability to pay, and must meet all Health Center Program requirements.
16	How many Primary Care Physicians and how many Psychiatrists?	Center-wide we have 1 MD Primary Care Physician 12 Psychiatrist 18 other prescribers (NPs or PAs)
17	Do you authorize and pay contracted providers? If yes, how many providers? And are those claims being adjudicated prior to payment.	Yes there are contractors who enter services into the system that the Center authorizes, adjudicates and pays the provider.
18	The RFP indicates that there will be a public bid opening on April 20, 2023. If propos are received prior to the due date, will they be held, unopened, until April 20th at 2PM; or will the evaluation process begin on the date received?	See Response #1.
19	There are two (2) references in the Attachment A.III. B. Functional Requirements spreadsheet indicating information should have been added from April. Please provide the missing requirements/descriptions to which vendors should respond?	Attachment A.III.B Functional Requirements revised has been posted to include the missing information. All revisions to the document are in red to the new information.

20	Attachment A.III. B. Functional Requirements; Data and Information Exchange - ***Interface and exchange data with other EHRs:*** Please clarify with what other EHRs will the new EHR be expected to exchange data. Do you have existing interfaces with these other EHRs currently? If yes, what data is shared? Is it bi-directional? Please provide use case(s).	No existing interfaces at this time. We would like to have the ability to exchange data when needed with Hospitals, Primary Care Clinics, Labs, etc. The Center would like to understand how the Offeror system can interface with these other systems in general not a defined system. Regarding what data is shared – diagnosis, service information, etc. Regarding is it Bi-Directional – yes, HIE.
21	Please confirm that you still use Claim.MD as your clearinghouse? If not, what clearinghouse do you use?	Yes ClaimMD
22	Please confirm that you still use LabCorp and Quest Diagnostics as your lab providers. If not, what labs do you use?	See Response #8.
23	Are you currently connecting to an HIE or is this functionality expected in the future?	Not at this time, but plan to in the future.
24	Attachment A.III.C. Technical Requirements - *2.03 The system shall support linkage to an external document management solution, unless a complete document management solution is provided by the vendor that can be leveraged for other purposes.* Our proposed solution includes a fully integrated document management solution. Please define *"other purposes"* so that we may better understand the technological scope required to meet your needs?	Uploading of external documents i.e. driver's license, social security card, insurance card, guardianship papers, etc. Upon upload, flexibility to save documents where desired.
25	Attachment D Response Checklist is referenced to assist with the submission. We have been unable to locate Attachment D. Please upload Attachment D to the Community Healthcore website.	Attachment D is now available on the website.

26	In Attachment A Section III. Instructions for Response, there are several requests to provide a *"separate"* document. For example, *D. Integration with Other Solutions – in a separate document labeled Integration with Other Solutions; E. Mandated Forms in a separate document labeled Mandated Forms; and F. Mandated State/Federal Reporting in a separate document labeled Mandated State/Federal Reporting*. Please confirm that vendors are expected to provide Wholly separate documents addressing each requested area as opposed to clearly identified sections within a single document addressing each area?	Yes, please submit as separate documents.
27	The RFP indicates that the Center has 400 employees. How many users (staff, contracted providers, etc.) does the Center anticipate using the new EHR system? Should pricing be based on 350 named system users?	See Response #4.
28	Do you provide any Residential or Inpatient program services? If yes, should associated functionality such as a bed board, white board, and automated per diem billing be included in the proposed project scope and pricing? a. How many beds need to be tracked with the various programs provided? b. Are medications delivered by Community Healthcore and is there a need to manage inventory of prescriptions?	Yes we provide Residential and Inpatient program services. a. See Response to # 12 & 13. Yes, please include as part of your project scope and pricing. b. The Center currently contracts with Genoa as an in-house pharmacy. The systems are not integrated. The Center would be interested in this as an option.
29	How many Prescribers? a. Please confirm that controlled substances need to be prescribed? If	31 Prescribers a. Yes, 31

	yes, how many providers need this capability? b. How many non-prescribers? (Non-prescriber is anyone other than a prescriber who needs access to e-prescribing. This may include nurses, system administrators, clinic managers or others who would need access to e-prescribing.) c. How many named users assign or modify DSM5 diagnoses?	b. 50 c. Overall for the agency, 83.
30	Would the Center like vendors to include Prescription Drug Monitoring Program (PDMP) functionality in our proposed project scope and pricing? Or should this be included as optional?	In Section D, **Integration with Other Solutions –** all listed third party solutions are required aspects for any proposal. Functionality should be included in the project scope and pricing.
31	Attachment A – Detailed Scope Of Work, Instructions, Scoring; Page 3, Section 3 Background: a. Are the ACT Team, Transitional Care Team, and Nurse Triage data exchange processes with the criminal justice entities and other entities still manual or are they automated data exchanges? If automated, please describe what data is shared and how the data is shared? Are there established interfaces? Are they bi-directional exchanges of data? We need to understand what is expected in the new EHR system. b. Has Community Healthcore established contracts with Managed Care companies? If yes, are there specific requirements and measures	a. We are currently providing this manually and it not a requirement for any proposal. The Center would benefit from such functionality and would view this as an option. b. Yes, any measures related to being a Certified Community Behavioral Health Clinic (CCBHC). We would also need to meet the FQHC measures and Directed Payment Program (DPP).

	that need to be included in the new EHR? Please describe.	
32	Does the new EHR system still need to include HRSA, Healthcare Effectiveness Data and Information Set (HEDIS) and Certified Community Behavioral Health Clinic (CCBHC) measures? Any other measures? Which specific measures should be included or considered in the project scope and pricing?	Yes, the Center would need to be able to track any HRSA, HEDIS and CCBHC measures. The Center would also need to track DPP, and FQHC measures.
33	What is the budget for this EHR project – both one-time year one costs and annual recurring costs? We understand that you may not want to disclose your actual budget but we request that you consider disclosing a budget or a budget range for the initial purchase and the annual costs. This will help us, and other vendors, tailor an approach to address your functional and Implementation requirements.	We are looking for Best Value. See Response #5.
34	Please select which nationally recognized assessments should be in scope from the list below (see list in email)	Please include: ACE; AIMS; ANSA: ASAM; AUDIT; CAGE A; Childhood Trust Events Survey; CIWA; CIWA-B; COWS; CRAFT; C-SSRS Audit Screener; C-SSRS Adult Since Last Visit; C-SSRS Child/Adolescent Lifetime/Recent; C-SSRS-Lifetime/Recent Child; DAST; E&M Note; Edmonson Fall Risk; GAD-7; MDQ; Metabolic Syndrome; MMSE; PHQ-9; PHQ-A; Quality of Life (QOL); QUIDS; Safety Plan; Vanderbilt Rating Scale
35	Are there other assessments currently being used which are not named above? If yes, what additional assessments must be included in the new EHR?	Brief Addiction Monitor; SAFE-T CSSRS recent; Columbia nonclinical
36	Please confirm that your users complete 270/271 eligibility checking? a. Is this done via Claim.MD, a different clearinghouse, directly with State	Yes we do this. a. Currently the eligibility check is completed through a third party vendor Tejas. We would prefer to pull and update directly through new EHR.

	Medicaid, and/or via Medicaid MCO entities? b. How many total sources / interfaces will be required?	b. Currently two, ClaimMD and Texas Medicaid and Health Partnership (TMHP).
37	On page 4 of Attachment A under B. Background it states that Community Healthcore is *"partnering with external primary care providers and looking to establish FQHC look-alike status."* a. Are you sharing data electronically with the eClinicalWorks, Kareo and DoctorsFirst provider systems named in the prior RFP process? What data is shared? Is data shared via established interfaces? Is this a bi-directional exchange of data? b. If not those systems, what systems are the external primary care providers utilizing and how are you currently sending and receiving data with their systems? How would you like to improve the sharing of data? c. Is there a need for Primary Care functionality in the new EHR system? If yes, should we include the functionality in the proposed scope and pricing or include it as optional? d. How many primary care providers do you have?	There are 9 primary care providers. Some have Dual Board Certification. a. We are not sharing data with these primary care providers. But in the future would like a system that is able to effectively share data bi-directional. b. Kareo is being used for primary care. No data is being shared at this time. c. Yes, the new system would replace the need for Kareo. Please include in the proposed scope. This is for both clinical documentation and billing. d. 9
38	Do you use Microsoft Outlook for staff calendars? a. If yes, should a one way interface from the EHR to Outlook, for appointment blocking free of PHI, be included in the	Yes a. The Center would be interested in such an integration. It would be an option, below the line.

	project scope and pricing or detailed below the line as optional?	
39	Should vendors include a mobile/disconnected solution in the proposed project scope and pricing that staff could use when providing services in the community? For example, providing your users with the ability to document a service note in the field, without internet access, on a mobile device such a smartphone or tablet. a. If yes, how many named users will need access to the new EHR system in a disconnected state?	Yes a. See Response #14.
40	Do you utilize a human resource management system? If yes, would you be interested in a one way interface that can pass demographic and credentials for auto staff setup in the new EHR system? This could be included in project scope and pricing, or detailed below the line as optional.	No, thank you,
41	Does the Center have its own enterprise data warehouse, or are you requesting bidders to include a data warehouse in their proposed project scope and pricing? a. If you have an existing data warehouse, will the data warehouse be a data source for the new EHR system?	The Center does not have its own enterprise data warehouse. a. Such an option may be provided.
42	Do you provide any managed care services where you adjudicate claims for an outside provider?	Yes
43	Do your clients need to be able to create accounts and view/update their information in the new EHR system? We have a	Yes, this is in Attachment A.III.B Functional Requirement revised, page 2 under Client-Centered functionality. This cost should be included in your project scope and pricing.

	patient/client portal to improve access to services and communication that we can include in your project scope and pricing.	
44	Will you need credit card processing functionality to use via a patient portal?	Yes
45	In Attachment AIIB Functionality Requirements - Coordination it states *"Incorporates Continuity of Care Document (CCD)"* How do you exchange CCDs (HIE, Secure Direct Messaging, etc.) today and what is your desired future state? a. Should we include Secure Direct Message functionality to connect with other organizations to send PHI in the proposed project scope and pricing? Or include it as optional?	CCD's Today – secure email, paper, or fax. CCD's in the Future – We desire to have secure direct messaging, HIE, etc. functionality to connect with other organizations to send and receive PHI within the new System. a. This should be part of the project scope and pricing.
46	How many administrative offices / service delivery sites does the Center maintain?	Currently 25
47	Would you like us to include Advanced System and SQL training in the proposed project scope and pricing? Along with other training platforms we offer for continued training post system go-live?	Please provide as a separate item in the project scope and pricing for Advanced System and SQL training as an option after go-live. Please provide a description of training provided as part of the EHR implementation. Refer to the required **Knowledge Transfer and Training Schedule,** Page 12 of Attachment A.
48	Will there be any dialog at the opening of the bids with Community Healthcore? What is expected to be done at the Public Opening?	See Response #1.
49	In Attachment A.III.C Technical Requirements. GT 4.02 states that *"the system shall have the functionality to support biometric identification"* a. Are you currently using a biometric system with your current EHR or implementing one with Credible?	a. No

	b. Who would need the ability to use the biometric system and are you able to provide a use case?	b. The Center is interested in future growth and capabilities. Although not needed now, would like a flexible system that could accommodate in the future if desired.
50	Please confirm that the Center is open to a phased implementation approach due to the compressed timeframe from contract signing to system go-live? If yes, please identify the critical functionality that must be available for use by the December 1, 2023 go-live date (phase 1)? Please provide any additional guidance you can offer with regards to the phased approach and your expectations. This will help us to understand what to include in phase one, and subsequent phases, and milestones.	See Response #5
51	When will Community Healthcore determine to move forward with a new Contract / Vendor?	The Center is currently working with the current Vendor to implement their EHR system. Any change would need to be approved by the Board of Trustees. If we move forward with a new vendor we are looking to sign a contract by May 30th with an anticipated start of implementation on June 1st.