

Addendum 2
Community Healthcore
Request for Proposals
RFP 1007-25, Addendum 2
Artificial Intelligence

September 19, 2025

The posted RFP # 1007-25 Artificial Intelligence has been modified as follows:

1. Attached is the final answers for the Questions received for the Q&A session hosted Thursday, September 18, 2025 from 9:30am to 10:10am Central Time.
2. Per the request from offerors, the follow examples of forms to be filled via AI are provided. This is a simple sample of the work. The Center currently has over 200+ forms utilized within its two EHR systems.

All other documents in the RFP remain the same.

RFP # 1007-25 Artificial Intelligence

Question & Answer

Call on September 18, 9:30am to 10:10am

Below are the final answers to the questions submitted or raised during the Q&A. Remember all answers are final and may not have been fully discussed in the call but are now added in the answers below. We request no further technical questions but if there is a process question (e.g. where do I send my proposal?) please send through rfp.questions@communityhealthcore.com.

#		Question	Final Answer
1	9/2/25 9:43am	What was the annual spend for the previous year on this Project?	No previous spend.
2		If this is a new Contract, What is the annual Budget for this?	New contract. Budget not yet defined.
3		Are you open to a hybrid delivery model with a mix of offshore and onshore resources?	No.
4		Work will be onsite or remote?	Both.
5		Can you please give us an extension of 1-2 weeks to submit our proposal?	No extensions.
6		Is this contract intended to be awarded to a single vendor or to multiple	Single Vendor
7	9/3/25	Our team is currently working through the RFP and will have it completed / submitted prior to the end of September deadline. After reviewing the RFP - I was curious about the expectations around legal review of the BAA and MSA. Our customer base is typically on our MSA, as the terms are specific to our services and technology. What's expected of us as it pertains to review and sign-off on the MSA and BAA in the RFP?	Thank you for your question. We also realize that negotiating a contract can be a lengthy process and at the end of the day you may need to move on to the next vendor as you were not able to reach a win/win with the first one. So to cut down on delays we have the following instructions in the RFP. D. The Standard Center Contract is provided in Attachment C. The Offeror may propose their own contract. At a minimum any agreement with the Center must include: 1. The Center is a unit of local government established under Texas State Law. The governing Law must be Texas. 2. The Center cannot indemnify or hold harmless Offeror or any related associations.

			3. The Center requires indemnification by the Awarded Offeror for their own acts or omissions. 4. Under rules established by the State of Texas all expense contracts must now include the Texas Clauses; see Attachment D Section VI. 5. This RFP and the Offeror’s proposal will be incorporated by reference in the final contract. E. Offeror must provide all agreements as part of Offeror response, if the agreements are utilized during the performance of the contract. So we provide a copy of our contract so a potential vendor can review it and we offer to use the vendor’s contract if we can negotiate certain elements. The above includes common items that typically we negotiate in contracts. We are a unit of local government created under Texas Law. So the successful vendor must at a minimum agree to the above. Perhaps this is the answer to “What’s expected of us as it pertains to review and sign-off on the MSA and BAA in the RFP?” Once we receive your proposal and your standard MSA and BAA, the Contracts Department will begin its review to identify any other elements we need to discuss and possibly negotiate.
8	9/11/2025@2:21	Will the solution be deployed on-premises, in the cloud, or as a hybrid model?	Open to all options, Cloud is preferred.
9		Which specific forms need to be filled out through the transcription service?	The Center uses 200+ forms that are part of the two combined EHR systems. The ideal solution is for the AI system to sit on top of any of the forms in the system.

10		What is the target number of users total?	We estimate 275 -300 total users.
11		What is the target number of users interacting with voice system at peak times?	We estimate 275 -300 total users.
	Added in call	What is the split between Credible and NextGen	Of the 275 to 300 users, currently 38 are NextGen users; Approximately 14 NextGen users would be interacting with the AI solution (clinical and provider staff).
12		What devices will end-users use for interaction (e.g., tablets, desktops, smartphones)?	Dell desktops & laptops and Android devices.
13		What data security measures are required (e.g., encryption, access controls)?	Encryption and must be HIPAA compliant.
14		What specific features are required (e.g., real-time transcription, multi-language support, speaker identification)?	Real time & multi language, be able to generate note from ambient listening.
15		Are there any custom workflows or processes that need to be incorporated?	The most common usage is to assist the health care worker/clinician to generate the note. So worker spends up to an hour with the patient and then having AI provide a note from ambient listening. Also assisting with <i>treatment plans, IDD forms, ECI specific documents, and many other grant or program specific documents.</i> <i>Community Healthcore is the only Community MHID Center with a licensed FQHC lookalike. The Center also offers services from a multiple of other program types including Substance Use Disorder (SUD), Intellectual & Developmental Disabilities (IDD), Early Childhood Intervention (ECI) Parents and Teachers (PAT), Family & Youth Success (FAYS), Aging and Disability Resource</i>

			<i>Center (ADRC), Veterans, Criminal Justice, as well as Crisis, Adult Mental Health and Children's Mental Health. The ideal solution will be able to interface with all of these programs and their proprietary forms.</i>
16		Are there specific user interfaces or user experience (UI/UX) requirements?	<i>Must be designed to work in the Behavioral Health and Physical Health arena. Community Healthcore is the only Community MHID Center with a licensed FQHC lookalike. The Center also offers services from a multiple of other program types including Substance Use Disorder (SUD), Intellectual & Developmental Disabilities (IDD), Early Childhood Intervention (ECI) Parents and Teachers (PAT), Family & Youth Success (FAYS), Aging and Disability Resource Center (ADRC), Veterans, Criminal Justice, as well as Crisis, Adult Mental Health and Children's Mental Health. The ideal solution will be able to interface with all of these programs and their proprietary forms.</i>
17		What level of transcription accuracy is expected?	90%
18		Is real-time processing required, or can there be delays in transcription output?	Real time is preferred
19		How quickly does the system need to scale with increasing user activity?	<i>Could have 275 - 300 during the day and 15 - 20 users at night. Uncertain if this question is related to overall user count within the system over time or increasing user activity on a day-to-day basis. Our user base tends to ebb and flow over time; therefore the total count is consistent.</i>
20	9/11/25 @10:31am	Does the solution have to integrate with both Credible and NextGen?	That is preferred
21		What environments are expected to support ambient listening (e.g., telehealth, in-person visits)?	Both
22		Are there privacy or consent protocols already in place?	Yes

23		Is there a preferred format or template for treatment plans that the AI solution must adhere to?	Yes, many of the state programs that we participate in have a specific format. Elsewhere in this Q&A is a deeper discussion of the services and programs that Community Healthcore (the Center) operates.
24		Can you provide examples or templates of the mandated forms and assessments required by federal/state law?	The Center uses over 200 forms between our two EHR systems as we provide services through multiple program types (see more detail discussion else where in the Q&A. The Center will post a few examples but know that it is the tip of the iceberg.
25		How many providers would be utilizing the AI Solution?	275- 300
26		Are there specific go-live milestones or phased rollout expectations across departments or locations?	Yes. We would prefer to go live within the vendor's typical timeline. We would prefer a phased rollout across specific programs within the center.
27		Are there specific cybersecurity frameworks the solution must comply with beyond HIPAA?	No
28		Is it required that data be stored within the U.S., or are cloud-based solutions with global infrastructure acceptable?	Data musted be stored in the US. This is a requirement of the State.
29		Will the half-day demo be in-person or virtual?	We are requiring at least one person be onsite for the demo; Vendor may have other team members participate remote.
30	9/10/25	1. Budget range - "What's the expected budget range for this project?"	No budget currently. Will be built based on RFP responses. Decisions made on BEST VALUE. Cost is one aspect but other factors as well.
31		2. Volume metrics - "How many patient appointments and clinical notes are generated daily/monthly?"	16K Monthly
32		3. User count - "How many staff members will actively use this system?"	We estimate 275 -300 total users.
33		1. EHR versions and APIs - What specific versions of Credible and NextGen are you currently running, and can you provide API documentation for both systems?	Nextgen 8.3.1 no version number for Credible. No API is available for Credible. API available for Nextgen.
34		2. Infrastructure specifications - What are your current server specifications, network bandwidth, and any firewall restrictions that would affect our implementation?	If hosted in-house new servers would be purchased. A cloud solution is preferred.

35		3. Audio equipment status - What recording capabilities exist?	Using Dell desktops & laptops with built in microphones. Looking for vendor to recommend devices if needed.
36		4. Performance expectations - What is your acceptable response time for real-time processing and required system uptime percentage?	99%
37		1. Success metrics - How will they measure if it's working?	Increase service volume and reduce documentation time.
38		2. Change management - How often do their requirements/systems change?	Fortunately we do not have much change in our forms. The documents we added Credible have not changed in the past two years. Of course there will be changes especially on the IDD portion of our system but historically it has been fairly stable.
39		Please let me know if you require these in another format such as a word or PDF document with company letterhead. If not, then please let me know if there is anything else I can do to help expedite the answers.	We interpret this question to ask if the questions needed to come in a different format. The answer is no; the simple email with questions listed was sufficient.