Addendum 1

Community Healthcore

Request for Proposals

RFP 1003-27, Chronic Care Management

November 10, 2026

The posted RFP # 1003-27 Chronic Care Management has been modified as follows:

1. Attached are the final answers for the Questions received by COB Thursday, November 5, 2026. In the event the response posted in this Addendum differs from what is posted in the RFP, Responders rely on this Addendum.

2. Questions are now closed regarding this RFP.

All other documents in the RFP remain the same.

RFP 1003-27 Chronic Care Management

Vendor Questions and Answers

No.	Category	Question	Answer
1	Scope of Services	Is this service outpatient only, or will any inpatient or residential patients be included?	Outpatient only.
2	Scope of Services	Approximately how many patients do you expect to qualify for CCM? Could you break this down by primary care (FQHC) and behavioral health?	We currently have active members on our rolls with Medicare: In Credible – 2,834 In NextGen – 214 Uncertain how many meet chronic care criteria
3	Scope of Services	Which chronic conditions are you most interested in?	Including, but not limited to the following: Depression, Anxiety, Mood Disorders, Hypertension, Diabetes, Obesity, COPD, Chronic Kidney Disease
4	Scope of Services	Are behavioral-health-only patients, such as patients with serious mental illness, included, or only patients who also receive primary care?	Patients may have a behavioral health diagnosis only, a primary care diagnosis only, or both.
5	Scope of Services	Are children included in the CCM program, or adults only?	Adults only.
6	Scope of Services	Which clinic locations and clinicians will participate?	All adult behavioral health and primary care clinic locations – Longview, Marshall, Henderson, Grapeland, Jefferson, Texarkana, Clarksville, Atlanta, and Gilmer (all within Texas).
7	Insurance and Billing	What is the approximate patient insurance mix across Medicare, Medicaid, dual-eligible, commercial, and uninsured patients?	Approximately 30-35% of the patient pool of both the behavioral health and primary care populations are currently eligible for Medicare and/or Medicaid
8	Insurance and Billing	Is any part of this program self-pay or cash-pay?	These patients will be included but may opt out or be charged per the Sliding Fee scale.

9	Insurance and Billing	Which entity and NPI will bill for behavioral health patients and for FQHC patients?	Community Healthcore, will bill for services provided to individuals served in Credible through the NPI associated with the Local Mental Health Authority. Services provided in NextGen for the FQHC will be billed by our billing service – CPaMB.
10	Insurance and Billing	Which CCM billing codes does the FQHC currently use or plan to use?	We will work with the selected vendor to determine the appropriate billing codes.
11	Insurance and Billing	Are you currently billing any care management services, such as CCM, PCM, or BHI, that we would need to avoid overlapping with?	We are not. This will be a new service line.
12	Insurance and Billing	Is a revenue-share pricing model acceptable, or do you prefer a flat fee per patient per month?	We are open to discussing both options and will ultimately select the option that provides the best value for our patients and the organization.
13	Insurance and Billing	Is there a budget limit or not-to-exceed amount for this contract?	Currently, there is not a limit; however, our organization will select the respondent that offers the best value for our patients and organization.
14	Hours and Coverage	Do you need services 24/7 or only during business hours? During what hours should our team contact patients?	Our expectation is that patient contact occurs during regular business hours – Monday through Friday, 8:00 am to 5:00 pm Central Time, excluding holidays. This timeframe may evolve based on patient-care needs and/or payor requirements. For example, patients who work during regular business hours and cannot answer the phone during those timeframes.
15	Hours and Coverage	Who will cover after-hours access for enrolled patients: your existing after-hours line or our team?	We have an after-hours/crisis line for after-hours calls.
16	Hours and Coverage	What response times do you expect for urgent and routine issues?	We would expect all urgent issues to be sent to the local care team.
17	Visits and Timelines	How long should the initial enrollment and care plan visit be, and how long should each monthly follow-up be?	The time required to provide quality care will determine this length, not a specific time to capture revenue. This can be developed into an average expected time with collaborative discussion.
18	Visits and Timelines	How many patients per month do you expect?	Approximately 2,000 could qualify.

19	Visits and Timelines	How soon after a patient is identified should the first outreach and initial care plan be completed?	7-14 days.
20	Visits and Timelines	What is the expected contract start date and the target date for patient outreach to begin?	The start date will be set as soon as the contract process is complete, and the target date for patient outreach should follow shortly. This could be as early as January 2027.
21	Staffing and Providers	Do you expect our team to include licensed providers, such as physicians or nurse practitioners, or will your clinicians serve as the supervising and billing practitioners?	That is not our current expectation; however, we're interested in seeing options for both.
22	Staffing and Providers	What minimum license or qualification do you require for care coordinators: RN, LVN, MA, or another credential?	All care coordinators must be licensed and/or nationally certified. Overall, this would be dependent on payor and regulatory requirements.
23	Staffing and Providers	Can we use affiliated professional entities or subcontractors, provided all staff are U.S.-based and approved by the Center?	No.
24	Staffing and Providers	How long does your credentialing process typically take for our licensed staff?	Credentialing (internally only) takes between 30 – 180 days. Provider Enrollment (with insurance plans) 30 – 180 days.
25	Systems and Setup	Will the Center provide our staff with user accounts in both Credible and NextGen?	Yes.
26	Systems and Setup	Are there existing reports or data exports we can use to identify eligible patients?	Community Healthcore will assist the selected vendor to identify patients.
27	Systems and Setup	Will the Center provide a phone number or caller ID for patient outreach, or should we provide our own line?	We prefer to use our clinic numbers.
28	Systems and Setup	Do you have any device or remote-access requirements for staff accessing patient information?	Yes, however, details will be discussed with the selected vendor.
29	Contract	Attachment A states a 30-day termination for convenience, while the standard contract in	The 60-day provision, as referenced in Attachment C, will apply. Additional language regarding terminating with cause and

		Attachment C, Section 5.4, states 60 days. Which provision will apply?	examples of when we may terminate immediately may be included in the final contract.
30	Contract	Are there specific insurance coverage amounts required in Exhibit D? Could you please share Exhibit D, as it was not included in the posted documents?	It is part of the contract and is listed on the Website. We would be looking for **Consumer Services (Company) (3)** Professional Liability $1,000,000/$3,000,000 General Liability (Premises/Operations) $1,000,000/$2,000,000 Workers' Compensation WC – Statutory; Employers' Liability - $500,000 Given there is no transportation of patients, we may strike the Automobile Liability portion.
31	EHR Access & Technical Workflows	Will vendor care coordinators be provisioned direct user login credentials to enter clinical notes, encounter time, and care plans directly into Credible and NextGen? Or does Community Healthcore require automated HL7/API interfaces or file exports?	Direct user login credentials for both EHRs will be provided.
32	EHR Access & Technical Workflows	Dual -EHR Patient Management: Is there an existing master patient index or single-sign-on integration, or will vendor staff maintain charts across both systems independently?	There is not a single master patient index or SSO integration between the two EHRs. Charts must be maintained across the two systems independently
33	EHR Access & Technical Workflows	If technical interfaces or custom file exchanges are required for data validation, are there preferred interface vendors, or will Community Healthcore absorb its internal EHR vendor fees?	Since this is a new service line for Community Healthcore, we don't currently have a system in place to address this question. However, we are open to discussion with the selected vendor.
34	Patient Volume	Community Healthcore serves ~18,000 individuals annually across nine counties. What is the estimated size of the currently eligible Medicare, Medicaid, and commercial patient pool for Chronic Care Management (CCM) across CORE Health Systems and behavioral health programs	Approximately 30-35% of the patient pool of both the behavioral health and primary care populations are currently eligible for Medicare and/or Medicaid.
35	Patient Volume	Is Community Healthcore currently providing CCM services in-house or through an existing	Community Healthcore is not currently providing CCM services.

		vendor, and if so, how many patients are actively enrolled and engaged monthly?	
36	Branding, Clinical Escalation and Billing Codes	The RFP requires outreach to use Community Healthcore-approved caller ID and routing. Will Community Healthcore provision virtual phone lines/PBX extensions on its phone system for vendor staff, or should the vendor implement caller ID masking	Community Healthcore is open to discussing both options with the selected vendor.
37	Branding, Clinical Escalation and Billing Codes	What is the expected internal turnaround time for Community Healthcore's clinical leadership to review and approve patient outreach scripts, consent protocols, and care planning templates	Community Healthcore's clinical team could reasonably review and approve outreach scripts, consent protocols, and care planning templates within 7-10 business days, with an understanding that these documents may be revised if needed.
38	Branding, Clinical Escalation and Billing Codes	What specific protocols or designated internal staff exist at Community Healthcore for handling after-hours clinical escalations or urgent behavioral health crises identified during CCM patient engagement	Community Healthcore's behavioral health services contract with an outside vendor for crisis services. This vendor is reached via phone 24 hours per day, 7 days per week, including holidays. The primary care program uses a separate phone number for after-hours needs. Formal protocols will be developed with the selected vendor.
39	Branding, Clinical Escalation and Billing Codes	Billing Codes: Will Community Healthcore bill CCM services under FQHC general care management guidelines for CORE Health Systems patients, or will standard CPT codes be utilized for non-FQHC behavioral health populations	Community Healthcore is open to discussing both scenarios with the selected vendor.
40	Branding, Clinical Escalation and Billing Codes	What is the average claim adjudication window and historic denial rate for care management codes among Community Healthcore's primary payers?	This is a new service line for Community Healthcore.