

1. Of the 166 total system users, how many would be considered part-time users (working less than 15 hours per week)? I reviewed the previous Q/A document and noticed the quantity considered part-time was 20 at that time. Just checking to see if that has changed.
  - a. The quantity of part-time use is still around 20
2. Also, upon initial review the System Functionality & Features section appears to match the previous RFP. Can you confirm this section is unchanged? Of course, we will update our responses to reflect recent solution enhancements where appropriate. Just making sure I haven't overlooked any significant changes to this section.
  - a. The section is unchanged
3. Can you clarify whether this original procurement was filled by a vendor or whether this RFP was not satisfied by any of the participating vendors in 2024.
  - a. RFP was not fulfilled
4. If the RFP was fulfilled, why is this RFP being reissued at this time?
  - a. RFP was not fulfilled
5. General Requirements, F - TKIDS - can you provide more information on this system? Interface standards, purpose, requirements for data/documentation to be sent to this system, etc.
  - a. The ECI TKIDS system (Texas Kids Intervention Data System) is a statewide data management system used by Texas Early Childhood Intervention (ECI) programs. TKIDS collect, track, and report service data for infants and toddlers (birth to age 3) who are enrolled in ECI programs across Texas.
6. General Requirements, J - 30 billable providers and 49 assistant-based resources - can you clarify whether the 49 assistants are patient/customer facing?+
  - a. Yes, these are 39 billable providers, with 49 assistant (resource) based services which are patient/customer facing.
7. Could you please confirm whether a specific template or format is required for the proposal submission?, 3, Submission Instructions to Proposers
  - a. There is no Specified Template
8. Is there a specified maximum file size limit for proposals submitted via email to rfp@cacost.org?, 3, Submission Instructions to Proposers
  - a. Traditional email is limited to 25mb payload size although we can accommodate via large file send through Mimecast of up to 2gb if needed and is available upon request.
9. Is there a required subject line format or file naming convention for submitting proposals via email?, 2, Submission Information
  - a. There is no requirement, but please include the RFP# R25-002-01 if possible

10. Is there any provision for stipends or travel reimbursements related to system demonstrations as part of this RFP process?, 2, Costs of Preparation
- No
11. Could you please confirm if a specific file format (e.g., PDF only) is required for proposal submissions via email?, 2, Submission Information
- PDF, Excel and Word will be acceptable formats for delivery
12. Could you please confirm whether value-added features are evaluated separately or factored into the overall proposal evaluation criteria?, 3, Submission Instructions to Proposers
- Please reference Bullet 5 on page 11 of RFP
13. Is the vendor required to provide any payment portals in addition to the scope of services outlined in the RFP?, 7, SCOPE OF SERVICES
- Please reference “Billing” Item K on page 9 of the RFP.
14. Could you please confirm whether vendors are allowed to select their preferred demonstration date within the specified range?, 4, Expected Timelines
- Demos are currently slated for a specific date range
15. Is the negotiation phase reserved solely for the top-ranked vendor, or will multiple proposals be considered for negotiation?, 5, Limitations and Reservations
- The top ranked proposal will be considered for negotiations
16. Is there any scoring preference or additional consideration given to small or historically underutilized businesses (HUBs) in the proposal evaluation?, 5, Historically Underutilized Businesses
- Additional consideration will be given to Historically underutilized Businesses
17. Is it acceptable for vendors to include optional modules beyond those specified in the general requirements, if they add value to the proposed solution?, 7, General Requirements
- Please reference Bullet 5 on page 11 of RFP
18. Is the vendor expected to provide technical support services on weekends, or only during standard weekday business hours?, 10, Support.
- Please reference page 10 Item A under support.
19. Does the agency have a preferred cloud service provider (e.g., AWS, Azure), or are vendors free to propose the platform they deem most suitable?, 7, General Requirements
- While we have no vendor preference the data must be hosted in the united state region. As long as it is not prohibited in 2 cfr 200.216

20. Could you please confirm whether the 'length of time in the Electronic Medical Records (EMR) industry' is a mandatory requirement or simply a preferred qualification?,  
a. Please provide responses to the material and questions outlined in the RFP

21. What is the expected volume of users interacting with the system on a typical day?,  
7, General Requirements

a. Approximately 150

22. Does the RFP require vendors to identify specific personnel or roles responsible for the solution's implementation and deployment? 7, General Requirements

a. No, this is not required

23. Could you please confirm whether vendors are permitted to use subcontractors to fulfill the requirements outlined under Vendor Qualifications?, 7, Vendor Qualifications

a. As per the RFP we are requesting **Vendor** qualifications and subcontractor qualifications can be included, if available, for informational purposes.

24. Is it permissible for a vendor to rely on a subcontractor's past performance or references to meet the reference requirements specified under Vendor Qualifications?, 7, Vendor Qualifications

a. As per the RFP we are requesting **Vendor** qualifications and subcontractor qualifications can be included, if available, for informational purposes.

25. Does the agency prefer staff training to be conducted in person, virtually, or is either format acceptable?, 10, Support

a. Either is acceptable

26. Is there a preference or requirement for conducting open forum meetings for end users in person, or can they be held virtually?, 10, Support

a. Either is acceptable

27. Is there a designated pricing template that vendors must use when submitting their cost proposal?, 11, Evaluation criteria

a. We do not have a designated template that will be provided for material submission

28. We participated in the early stages of RFP# R24-008-01 and were curious if a vendor was ultimately contracted as a result of that process. Additionally, we're wondering if the project is now being reevaluated following the initial 12-month term.

a. RFP was not fulfilled

29. We also wanted to confirm whether not currently being interfaced with TKIDS would disqualify us from participating in RFP# R25-002-01.

a. No

30. Which EHR system is currently used at your health agency?

a. Providersoft

31. Do you use separate systems for billing or practice management?

a. Yes, Providersoft PM , ClaimMD Clearinghouse

32. What's the current budget (existing spend) and budget for this project?

a. This information will not be provided

33. What are the key improvements you are looking for in the new EHR systems?

a. Scheduling/Rescheduling via EHR, Parent portal.

34. What other EHR systems have you already previewed (via demo) related to this RFP?

a. We will not be sharing this information

35. We define system users as each individual user login/password. How many total users will require access to the system? The RFP mentions 166 under Scope of Services, and then also under General Requirements bullet J. Provide licensing for 30 billable providers and 49 assistant-based resources. Can you please clarify?

a. Approximately 150 staff would access the system at some point daily

36. Of the total number of users, how many are clinicians, clerical and billing staff and how many are full time vs. part time? Additionally, are any of the required logins external logins such as Community Health Workers (CHW), First Responders, etc.?

a. 87 direct service providers, 18 contract direct service providers, 8 billing staff, 51 Administrative. All listed other than contract staff are Full-Time.  
There are no External logins.

37. How many total clinicians at your health department have NPIs? Are they MDs, PAs, or NPs?

a. There are no clinicians with this type of program

38. Do you dispense medications and track medications inventory?

a. No

39. Which Labs are a “must” requirement to interface with the EHR?

a. None

40. Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a “must” to connect with the new EHR?

a. None

41. Do you have any other systems which are a “must” to integrate with the new EHR?

a. None

42. Does the vendor need to be licensed in your state prior to RFP submission

a. No

43. Can you provide sample reports, forms, notes, etc.

a. Yes, and will be made available upon request.

44. Do you provide Mental or Behavioral Health services? If so, please summarize services.

a. No

45. Are there any restrictions, whether based on preferences, legality, contracts, or security concerns, that prevent you from partnering with companies providing employment in conflict-prone overseas regions (ie: Iran, Pakistan)?

a. Yes

46. Can you provide a list of all reports/criteria required

a. Yes, and will be made available upon request.

47. Can you help clarify the number of external users? The program currently serves 1,710 do you expect that to grow to 3,100 stated in the scope of services?

a. Yes

48. Can you help clarify employees and contractors? In the general requirements you call out 30 billable providers and 49 assistant based resources are they part of the 166 employee subcontractors highlighted in the scope of services?

a. Yes, 30 billable providers and 49 assistant-based resources are listed among the 166 employees. The assistants are billed under these 30 providers.

49. Have you evaluated any demonstrations of vendors? If so can you provide feedback on what you have evaluated in your research?

a. No

50. Do you have requirements for High Availability?

a. No, we are seeking proposals for a reliable Electronic Health record system, and will be evaluated per response.

51. Do you have any SLA requirements? Uptime? Recovery Time Objective? Recovery Point Objective?

a. No

52. Is there any data migration required? Do you expect the vendor to do the data migration or would your organization take that scope if required?

a. Yes, client demographic data at a minimum. The data migration should be handled by the proposer.

53. Are there other systems CACOST currently uses that you expect to integrate with (e.g., HR, scheduling, labs, third-party billing clearinghouses)?

a. Yes

54. What clearinghouse(s) do you currently use for 837/835/999/277 processing?

a. ClaimMD

55. What is driving the agency for looking at a new solution?

a. Following internal purchasing policy guidelines for re-procurement.

56. How many locations?

- a. While we have 4 offices, services are conducted in the homes and access to the EHR would be remotely in some cases.
57. How many concurrent users would need access to the EHR?
- a. Approximately 150 staff would access the system at some point daily
58. How many providers would need access to the EHR?
- a. Approximately 150 staff would access the system at some point daily
59. Is telehealth a requirement? If so how many providers would want access?
- a. Yes, all providers would need access.
60. Does the agency require an inventory management solution for vaccines?
- a. We do not administer vaccines
61. Does the agency require bi-directional with ImmTrac2 Immunization Registry?
- a. No
62. What labs would the agency like to integrate with electronically?
- a. We do not utilize labs
63. Is a patient portal required?
- a. Yes
64. Is patient engagement (i.e. online scheduling ) a requirement?
- a. Yes
65. Does the agency have an specialized reporting requirements to external public sector agencies?
- a. No
66. What is the current EHR in place?
- a. Providersoft
67. Would the agency require a migration of data from existing solution in to the new EHR?
- a. Yes, client demographic data at a minimum. The data migration should be handled by the proposer.
68. Does the agency accept Medicaid, Medicare?
- a. Yes, Medicaid
69. Are insurance claims submitted for reimbursement?
- a. Yes
70. Has the agency previewed any other solutions?
- a. We will not be able to share this information.
71. Does the agency want to integrate any medical devices (i.e. spirometer) in to the EHR?
- a. No

72. Expected Timelines (page 4). Please confirm expected Vendor Demonstrations. RFP states, September 15 - August 19, 2025". Should this be September 15 - September 19, 2025? Or, another date range?

a. September 15<sup>th</sup> - 19th

73. The RFP lists 166 Named Users, are you able to share how many Concurrent Users (average number of users in the system at a given time - industry standard is typically a 3:1 ratio)?

a. Not as this time as we would be unable to provide an accurate number, but should anticipate max concurrency.

74. Can you confirm that CACOST still leverages Microsoft Entra/Microsoft 365 for the Identity Platform?

a. Yes, we still use and leverage Microsoft Entra for directory management.

75. How many average claims/transactions per month?

a. 5,600

76. How many billable NPIs?

a. 31

77. How are you using AI and new technology for clinical documentation today?

a. We are not currently using AI, but we are evaluating solutions to automate and provide value added services to our workflows.

78. Does your team leverage any virtual scribe/ambient listening functionality for clinical documentation?

a. No

79. How manual is your QA and audit process? What percentage of your notes are reviewed in your QA processes today?

a. 5% of all direct service notes are reviewed. 100% of Eval/IFSP documentation is reviewed.

80. When does your existing EHR contract expire?

a. The Current EHR agreement is in place and will remain in effect through the duration of the procurement and implementation process.

81. Is there a timeline you have in mind for implementation (start date & targeted go-live timeline)?

a. Tentatively an estimated contract start date for November 17<sup>th</sup> 2025.