MISSOULA COUNTY
REQUEST FOR PROPOSAL ADDENDUM

RFP NAME:
DUE DATE

ADDENDUM NUMBER: 11-2025-2

To All Offerors:

Attached are written questions received in response to this RFP. These questions, along with the County's response, become an official amendment to this RFP.

All other terms of the subject "Request for Proposal" remain as previously stated.

Acknowledgment of Addendum:

The offeror for this solicitation must acknowledge receipt of this addendum. This page must be submitted at the same time as the proposal or the proposal may be disqualified from further consideration.

I acknowledge receipt of Addendum No. 11-2025-2

Signed: _____

Company Name: _____

Date: _____

1. Please provide estimates for the following (if applicable):
    a. Number of annual billable encounters/visits across all facilities, Average 300-400 across DPP, HV, and Clinic. However, we can reach close to 1500 claims in the busy season for clinic services. and:
    b. PM (practice management) encounters/visits: unclear how this is different from above.
    c. EMR encounters/visits (please separate out primary care and behavioral health visits): We do not provide primary care. As noted in Section 3.11, limited behavioral health services are offered, and in Section 4 Part 5 Subsequent Functional Requirements: Ability to chart Behavioral Health notes in a confidential/secured segmented area of the EHR. We provide approximately 120 behavioral health visits per year. Additionally, we need to track mental health diagnoses (number of and type) for the Foster Child Health reports.
    d. EDR (Electronic Dental Record) encounters/visits We do not provide this service. The Foster Child Health Report needs to track the number and type of Dental diagnoses and if the client has a dental provider. Please refer to the RFP for services that MPH does provide.
    e. Outpatient pharmacy prescriptions dispensed: MPH does not have a pharmacy unless vaccines are considered part of the vendor's outpatient pharmacy. Please refer to the RFP for services that MPH does provide.
    f. Number of front desk scanners: All staff have scanners.
    g. Number of high capacity (back office) scanners: All staff have scanners.
    h. Number of billing providers: The Vendor will need to define "billing provider". MPH bills most of its services under MPH's NPI. MPH has a Medical Advisor who signs all Clinic Standing orders, but he does not physically work at MPH.
    i. Number of report writers: Vendor will need to define "report writers".

2. What is MPH's current legacy EHR system? CureMD.

3. How many specialty facilities (i.e., dental, behavioral health, etc.) does MPH maintain? Please reference the RFP, Section 3 Scope of Work. We do not have specialty facilities.

4. What lab interfaces (i.e., Quest, LabCorp, etc.) are desired/required by MPH? Montana Public Health Lab*, Tamarac Medical, Center for Disease Detection*, Kansas State Rabies Laboratory (*these are subject to change in the coming months).

5. What radiology interfaces are desired/required by MPH? We do not offer radiology.

6. Does MPH require integration with any HIEs? Vendor will need to define this acronym.

7. Does MPH have an internal billing services team, or are those functions currently outsourced? Per the RFP, MPH has an internal billing team with billing specialists and billing supervisor.

8. Does MPH require electronic prescription of controlled substances? If so, how many providers? NO.

9. Does MPH desire voice dictation into the EHR? NO. If so, for how many providers?

10. Does MPH desire an AI solution to support provider documentation within the EMR? If so, for how many providers? Please refer to the RFP Section 4, Part 5 Technical proposal Artificial Intelligence (AI) 1. Describe the nature of any AI within the system i.e. is it curative or generative? 2. Describe the use of any AI within the system, including, what types of data are used as inputs; what type of outputs are produced by the AI model(s); and what type of data or processes are used to train or refine the AI model(s). 3. Describe whether the AI features can be limited or disabled and, if so, how? 4. Describe how you employ AI in a responsible/ethical manner. 5. See Attachment B – Missoula County Artificial Intelligence Policy

11. Does MPH desire single sign on capability? Yes, it is a requirement.

12. Is a cloud-based system that utilizes private cloud technology acceptable? Hosted/SaaS solutions are permissible and will be evaluated as cloud technology (see Cloud Based Solution attachment).

13. Our organization aggregates data from its collaborative members to form one of the country's largest repositories of health data for historically underserved populations; MPH's members would retain ownership of only its patient data and not all data within the collaborative cloud environment. Are these terms acceptable to your organization? These terms would need review by County Legal, since shared cloud repositories raise issues around data ownership and de-identification. This may be possible under HIPAA with very clear contractual terms, but we would need a BAA and potentially a Data Use Agreement to outline exactly how the data is handled.

14. Please confirm whether Missoula Public Health anticipates any new services or program expansions during the contract period that may impact future EHR

configuration or licensing. Funding and grant deliverables change very frequently and substantially. It is not anticipated but it is possible that new services or programs could be added or changed during the period of the contract.

15. RFP Timeline Offeror Interviews/Product Demonstrations Will interviews/demos be limited to two down selected vendors with a 2 hour demo duration, or four vendors with a 1 hour demo duration? Ideally, we will narrow it down to 2 vendors for demos/interviews.

16. Preferences All How does the presence or absence of preferences impact the selection of vendor? Is there a scoring boost for meeting preferences/penalty for not meeting them? Does a minority business need to be prime or can it be a sub and still get any scoring benefit? A prime would have to be registered as a Disadvantaged Business Enterprise in order to receive a scoring boost. Otherwise, vendor selection will only be based on the scoring criteria listed in Section 6.

17. Bonafide Trade Secrets Bullet 2 Typically, cost/pricing is considered a trade secret. Is it possible to request pricing not be disclosed as this information is not something competitors should have access to? No, unless the vendor can make a compelling argument that their pricing is a trade secret or proprietary information, such that it should be afforded protection under Montana law given MPH's status as a public entity and Montana's robust public right to know/transparency/sunshine laws.

18. For immunization workflows, please confirm whether bi-directional communication with imMTrax is required, or if one-way upload is sufficient. Please see page 13 of the RFP. IV Functional requirements for Clinic Services. F. Must be able to directly (real-time) upload to Montana's state immunization registry, imMTrax. Bi-directional communication would be preferred if possible but is not required.

19. Please identify all laboratory partners that require lab system interfaces, including vendor names if applicable. Montana Public Health Lab*, Tamarac Medical, Center for Disease Detection*, Kansas State Rabies Laboratory (*these are subject to change in the coming months).

20. Please clarify which Home Visiting assessment tools require embedded auto-scoring (ASQ, ASQ-SE, Edinburgh, PHQ-2/9, etc.). Please see page 13 of the RFP V. Functional requirements for Home Visting Services. C. Ability to have embedded assessment tools

(i.e. ASQ, ASQ-SE, Edinburgh, PHQ2 and PHQ3) with auto-scoring. More specifically, PHQ9-GAD7-IPV-ASQ(4m/9m/18m/24m) ASQSE(6m/12m/18m/24m).

21. Please provide an estimate of the expected volume of care plans, referrals, and visit types to support configuration and data migration planning. Home visiting documents an average of 3146 visits per year, receives an average of 2306 referrals per year and documents each visit the T1016 procedure code, supported by these additional visit types/location as Case Management Visits, Home Visits, Not Home Visits, Office Visits, Other Visits, Telehealth Visits, Telephone Visits and/or Travel (for documenting time).

22. Are there any state-mandated templates or EPSDT-specific documentation requirements that must be replicated in the EHR? EPSDT billing requires indication of whether an appointment was in person, telehealth video, or phone so we need to be able to indicate visit type. Generally, this can be achieved through billing codes.

23. For the Diabetes Prevention Program, do you require automated weight/A1C graphs and goal-tracking dashboards, or will data export capabilities suffice? At this time, we do not need automated weight/A1C graphs or goal-tracking dashboards. Programmatic changes in the future could result in a future need for these options.

24. Please confirm the anticipated number of:
    a. Named users: Unclear what this question is asking.
    b. Concurrent users: Unclear what this question is asking.
    c. Mobile/off-site users across all MPH programs: Unclear what this question is asking.
    d. Providers (full-time and part-time): Vendor will need to define “provider”.

25. Do you anticipate enabling any AI-related functionality within the EHR? If so, for which program areas? Please see page 10, Section 4-Part 5 Technical proposal Artificial Intelligence (AI) 1. Describe the nature of any AI within the system i.e. is it curative or generative? 2. Describe the use of any AI within the system, including, what types of data are used as inputs; what type of outputs are produced by the AI model(s); and what type of data or processes are used to train or refine the AI model(s). 3. Describe whether the AI features can be limited or disabled and, if so, how? 4. Describe how you employ AI in a responsible/ethical manner. 5. See Attachment B – Missoula County Artificial Intelligence Policy

26. Will Missoula County require direct access to system audit logs, or will logs be monitored exclusively by County IT? The system must provide role-based permissions for audit report access. Audit reports must only be available to authorized County personnel and the vendor as authorized for support purposes.

27. Please confirm the County's preferred authentication and identity management approach. Specifically, which SSO/Identity Management system does the County currently use, and does the County prefer integration with Active Directory, Entra ID, SAML 2.0, or ADFS? Our preferred identity management platform is Entra ID.

28. Does the County require formal documentation certifying that public-facing components (portal, online forms, scheduling tools) meet WCAG 2.1 AA accessibility standards? The County does not require formal third-party certification, but vendors should be able to demonstrate conformance with WCAG 2.1 AA standards for all public-facing components (e.g., client portals, online forms, scheduling tools). This may be through an internal accessibility statement, a completed VPAT (Voluntary Product Accessibility Template), or equivalent documentation.

29. Will the County issue a waiver for the WCAG 2.1 AA compliance requirement if full compliance cannot be met at launch? Missoula County requires all public-facing components to be fully WCAG 2.1 AA compliant on the go-live date. Any exceptions would only be considered under very limited circumstances and would require a documented plan, timeline, and demonstrated ability to achieve full compliance without delay. Additionally, exceptions would only be considered if vendor agrees to indemnify and hold the County harmless for any issues or claims (legal, equitable, or otherwise) arising from or attributable to vendor's non-compliance with the WCAG 2.1 AA requirements, whether vendor is determined to be solely, jointly, or contributorily at fault.

30. Part V Technical Proposal General Does the County have a preference for on-prem solutions or Cloud solutions? Is there a scoring difference for a native Cloud Software-as-a-Service solution versus on prem infrastructure? We do not have a preference. The vendor should propose the best solution to meet the requirements that we have provided. We have no scoring difference between cloud/on-prem, technical requirements will be evaluated on a pass/fail basis.

31. Among the required reports for Clinic Services, Home Visiting, DPP, and Billing, which should be delivered as standard reports, and which require custom report

development? This depends on the vendor's framework. MPH is fine with either as long as the reports can be run consistently and accurately.

32. For the Foster Child Health Program (Attachment C), should the CAF, Entry, and Six-Month reports be fully system-generated, or will exportable datasets be acceptable? Fully system-generated is preferred.

33. Please confirm your estimated monthly claims volume and payer mix to support billing and clearinghouse configuration. We average between 300-400 claims per month between DPP, HV, and Clinic. However, we can reach close to 1500 claims in the busy season for clinic services.

34. For sliding-fee-scale billing (VFC/VFA), please confirm the number of fee schedules currently in use. Fee schedules are updated annually, only one is in use at a time.

35. Functional Requirements for All MPH Programs Ability to apply role-based access to staff, with the ability to customize access to fit within the definitions of our employees' job descriptions. Can you please provide a breakdown of number of staff by role (i.e.: RN 10, Nutritionist 2, MD/PA/NP 4)? **Clinic Services**: 6 RNs, 3 Client Service Representatives, 2 Billing Specialist/Client Service Representatives (dual roles), 1 Billing/Client Representative Supervisor, 1 Nursing Supervisor/(dual role as FNP for Travel Clinic Standing orders). **Home Visiting:** 6 RNs, 3 SWs, 1 Community Health Worker, 1 Parent Educator, 3 administrative support, 2 Home Visiting Managers. **Nutrition Services**: 1 Diabetes Educator, 1 Registered Dietician, 1 Nutrition Services Manager. **Other:** 1 Missoula County IT Administrator. We use MPH's NPI# for billing. Standing Orders for Clinic Services are under a Medical Director who does not physically work here.
    e. What is the total number of anticipated users and the maximum concurrent user count? Approximately 33 users.

36. Functional Requirements for Reports Must meet all department, city, county, grant, contract, and financial reporting requirements or needs including maintaining and updating reports based on statutory and agency requirements. Can you provide a list of reports and some de-identified sample reports desired? Please see Section 4, Part 5, Subsequent Functional Requirements. Reports are all listed here plus the Foster Child Health Attachment. Once a vendor is selected sample reports can be shared. Ideally, these should be standard and/or custom reports that are easy to access within the

system. We would also like the ability to run an Ad Hoc report for a specific time frame all in one report (i.e. FY or 6 months, or 3 months).

37. Functional Requirements for All MPH. Programs Seamless data conversion/migration from current EHR to new EHR including scanned documents, client encounters/provider notes, household information (to include individuals within the household, income), demographics, administered vaccines, and internal notes such as attempts to contact client.
    f. What is the current EHR? CureMD
    g. What format will the data be available in for migration conversion? MPH will assist with the coordination between vendors for data migration.
    h. Do you have a preference for archiving historical data versus migration (or a hybrid solution that archives older data and migrates recent active patients)? MPH prefers data to be migrated into the new system rather than a separate archival system.
    i. How many individual patient records/number of years of data need to be migrated or archived? 15,000 distinct client records/from inception (2021) through current.

38. Functional Requirements for All MPH Programs. Q. Ability to document with a client note/encounter. 3. Medications. Do you require e-prescribing to retail pharmacies? We would like this to be an option. This option must be limited to certain staff (not just roles).
    j. Do you prescribe controlled substances/require electronic prescribing of controlled substances (ePCS)? NO. If so, how many prescribers require ePCS?
    k. Do you have an in-house pharmacy? NO, not unless the vendor considers vaccines to be part of a pharmacy.
    l. Do you allow nurses to issue medications/immunizations based on standing orders? As noted in the RFP – Nurses administer vaccines on Standing Orders.
    m. Do you provide MAT medication assisted therapy for addiction care? NO

39. Functional Requirements for Clinic Services K. Must interface with outside laboratories. What outside laboratory services providers does Missoula County require interfaces to? Montana Public Health Lab*, Tamarac Medical, Center for Disease Detection*, Kansas State Rabies Laboratory (*these are subject to change in the coming months).

40. Please identify which MPH programs currently use or plan to use telehealth or virtual visits (e.g., Home Visiting, Nutrition Services, DPP). Please see pages 7-8 Section 3.II and 3.III Home Visiting and Nutrition Services.

41. Functional Requirements for All MPH Programs General Do you require telehealth capabilities? As noted in the RFP Section 3. II and 3.III, we would like this to be an option.
    n. How many telehealth users are anticipated? Approximately 16 users.

42. Functional requirements for Home Visiting Services General Do you require Electronic Visit Verification (EVV) capabilities? NO. If yes, do you require telephone verification?

43. For the requirement stating "Ability for local administrators to make changes to language in client interventions" (Section 5, Page 13), please clarify the level of administrative control expected. Specifically, should administrators be able to edit the intervention wording directly, or is this requirement referring to the ability to translate intervention language into different languages? This is related to assigned staff being able to make changes to template language (i.e. custom forms) in real time.

44. Please confirm the number of providers and support staff who require telehealth functionality. Up to approximately 16 staff.

45. Will clients join telehealth sessions via the client portal, secure text link, or both? It depends on the vendor system.

46. Do you require pre-visit intake workflows (consents, questionnaires, screenings) for telehealth encounters? YES, ideally.

47. Please confirm your current EHR vendor and whether MPH can provide database access, flat-file exports, or other structured data extracts for migration. Our current vendor is CureMD. MPH will assist with the coordination between vendors for data migration.

48. Section 5 Training in person and virtual. Are you seeking a training model where all staff are trained by the vendor or a train-the-trainer model? We have utilized a team of "super-users" to plan, implement, and then act as train the trainers for other staff. This had been done virtually/hybrid. We would like in-person support for G0-Live.

o. How many staff will be vendor trained and what roles? Approximately 15 staff that represent Clinic Services, Home Visiting Services, Nutrition Services, Billing and Administrative Support.

49. Are there additional evaluation areas (e.g., Montana public health experience, reporting capabilities, immunization workflows) that vendors should emphasize in their proposal? Vendor selection will only be based on the criteria listed in Section 6 of the RFP.

50. Does the County prefer fixed-fee, time-and-materials, or hybrid pricing for implementation services? It depends on how the vendor defines these. Typically, we would agree on fees outlined in the implementation plan.

51. Should travel expenses for onsite training and Go-Live support be included as fixed costs, or will the County reimburse them separately? Travel expenses for any onsite training and Go-Live support should be detailed as part of the implementation and training costs.

52. Section 5 General Has a budget been established for this project? If yes, can that be shared? It is up to the vendor to provide the estimated budget. As a local city-county health department with limited funding, costs should be financially achievable.
    p. Do you prefer one-time costs for implementation, data migration, and interfaces to be up-front or spread out over the contract term? One-time costs are preferred to be up front.

53. Please provide the number of staff requiring training per program (Clinic Services, Home Visiting, Nutrition Services, DPP). We have utilized a team of "super-users" to plan, implement, and then act as train the trainers for other staff. This had been done virtually/hybrid. We would like in-person support for G0-Live. Approximately 15 staff that represent Clinic Services, Home Visiting Services, Nutrition Services, Billing and Administrative Support would be part of this "super-user" team.

54. Please confirm whether you require 24/7 support or business-hours support. Business-hours Monday-Friday 0800-1700 Mountain time.

55. What is the preferred implementation and Go-Live timeline, and are there grant-related deadlines we should accommodate? Our anticipated goal of having a contract in place

by March 1, 2026, with the implementation process, migration, training to begin immediately. Go-Live and all transitions should be complete by June 15, 2026.

56. Attachment C General Does the County require a foster child care solution in addition to the EHR or would an interface to a foster care management solution be acceptable? We are unclear what the vendor is asking – anything with Foster Child Health should be integrated into the EHR.
    q. Does the County require a dental solution since the reporting sample references dental care? NO. We do not provide dental services. For the Foster Child Health Program, we need to be able to track dental diagnoses and if the client has a dental provider.
    r. Does the County require behavioral health services features since the reporting sample references tracking mental health diagnosis data? As noted in Section 3.11, limited behavioral health services are offered, and in Section 4 Part 5 Subsequent Functional Requirements: Ability to chart Behavioral Health notes in a confidential/secured segmented area of the EHR. For the Foster Child Health report, we need to be able to track number and type of mental health diagnoses.

57. **Solution Security & Features / Application Requirements Page 21** asks if we support Microsoft SQL Server and if the DB can be deployed to a shared SQL instance. Version 3 of the SmartTracker solution is uses PostgreSQL. Will that version of SQL meet your requirements? Other RDBMSs are acceptable, given acceptable responses around maintenance, backup and recovery of the selected solution.

58. **Part 3: Financial Information Page 9** Provide financial statements. If we do not provide our financial statements to prevent our competitors from obtaining the information, would our proposal be disqualified? YES, unless the vendor can make a compelling argument that their pricing is a trade secret or proprietary information, such that it should be afforded protection under Montana law given MPH's status as a public entity and Montana's robust public right to know/transparency/sunshine laws.