# BONNER GENERAL HEALTH

## Request for Proposals (RFP)

## Enterprise Electronic Health Record (EHR), Revenue Cycle, and Cloud Hosting Solution

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RFP No.: RFP-2026-01

Issue date: November 9, 2026

Issuing organization: BONNER GENERAL HEALTH

Project title: Enterprise Electronic Health Record (EHR), Revenue Cycle, and Cloud Hosting Solution

Funding source: Idaho Rural Health Transformation Program (RHTP), passed through Idaho Department of Health and Welfare (DHW); subgrant RH10539.

Federal award details: Subgrant RH10539 | Assistance Listing 93.778 (per subgrant Scope of Work) | FAIN / federal award identifiers: verify in DHW award records.

## 1. Invitation and purpose

Bonner General Health invites qualified firms to submit proposals for a comprehensive enterprise EHR platform and related services to support the organization's acute care, ambulatory care, emergency services, ancillary departments, revenue cycle, reporting, interoperability, and patient engagement needs. The selected contractor will provide software, cloud hosting and infrastructure services, implementation services, data conversion services, training, project support, and ongoing maintenance to support the organization's strategic, operational, clinical, regulatory, and financial objectives while enhancing patient care, improving provider efficiency, and supporting long-term organizational sustainability. The procurement is funded in whole or in part with federal financial assistance and will be conducted in accordance with applicable federal, state, and organizational procurement requirements.

## 2. Issuing contact and communications

All questions and communications must be directed in writing to: Jeremy Welser, Director of Information Systems, jeremy.welser@bonnergeneral.org, 208-255-3671. Contact with other employees, evaluators, clinicians, board members, or project stakeholders about this RFP is prohibited during the open solicitation unless expressly authorized in writing. Unauthorized contact may result in disqualification.

## 3. Procurement schedule

| Milestone | Date / time / time zone |
|---|---|
| RFP issued / public notice | 11/09/2026 |
| Optional pre-proposal meeting / site visit | NONE |
| Deadline for written questions | 11/23/2026, 4:00 PM, PST |
| Answers / addenda issued | 11/25/2026 |
| Proposal submission deadline | 11/30/2026, 4:00 PM, PST |
| Anticipated evaluation / interviews | 12/01/2026 – 12/08/2026 |
| Anticipated notice of intent to award | 12/11/2026 |
| Anticipated contract execution / notice to proceed | 12/21/2026 |

The organization may amend this schedule by written addendum. Respondents are responsible for checking https://bonnergeneral.org/bids-and-rfps/ for addenda.

## 4. Scope of work / specifications

4.1 Background:

Bonner General Health ("BGH") is a rural healthcare system headquartered in Sandpoint, Idaho, serving patients throughout northern Idaho and surrounding communities. BGH operates as a Critical Access Hospital and provides a broad continuum of care through hospital-based, outpatient, specialty, and community-based services.

BGH seeks proposals from qualified vendors for an integrated Electronic Health Record (EHR) platform capable of supporting acute care, ambulatory care, ancillary services, revenue cycle operations, patient engagement, regulatory reporting, and interoperability initiatives.

The selected solution should support the organization's long-term strategic goals by providing a modern, scalable, cloud-hosted environment that enhances clinician efficiency, improves patient experience, strengthens operational performance, and supports regulatory compliance.

The organization desires a solution that provides a unified patient record across all points of care and supports future growth while minimizing operational disruption.

4.2 Objectives and deliverables:

#### *Clinical Objectives*

- Improve provider and clinician efficiency.
- Enhance clinical documentation quality.
- Improve patient safety.
- Support evidence-based clinical workflows.
- Improve care coordination across care settings.
- Support quality reporting and performance improvement initiatives.

#### *Operational Objectives*

- Streamline registration and scheduling workflows.
- Improve data accessibility and reporting.
- Improve organizational efficiency.
- Enhance patient engagement capabilities.

#### *Technical Objectives*

- Transition to a modern cloud-hosted architecture.
- Improve interoperability with external healthcare partners.

#### *Financial Objectives*

- Improve revenue cycle performance.
- Support accurate charge capture.
- Improve billing and collections workflows.
- Provide predictable operating costs.

### *Deliverables*

The proposed solution should support:

- Clinical Documentation
- Computerized Provider Order Entry (CPOE)
- Electronic Medication Administration Record (eMAR)
- Clinical Decision Support
- Medication Management
- Case Management
- Revenue Cycle Management
- Reporting and Analytics
- Population Health Initiatives
- Patient Engagement
- Interoperability Standards
- Mobile Access

4.3 Tasks / technical requirements:

The proposed solution shall include:

### *Cloud Hosting*

- Vendor-hosted cloud architecture
- High availability architecture
- Disaster recovery capabilities
- Geographic redundancy
- Backup and recovery processes
- Published Service Level Agreements (SLAs)

### *Interoperability*

Support for:

- HL7
- HL7 FHIR
- ePrescribing
- PDMP Integration
- Direct Secure Messaging
- Health Information Exchange (HIE)
- TEFCA participation or roadmap
- USCDI support

### *Security*

- HIPAA compliance
- Multi-factor authentication
- Role-based security
- Audit logging
- Encryption at rest
- Encryption in transit
- Vulnerability management
- Security event monitoring
- Incident response capabilities

4.4 Location and access:

Vendors may provide remote services where applicable. Site visits and on-site work will be conducted at:

520 N. Third Ave.

Sandpoint, ID, 83864

4.5 Schedule and milestones:

Project work shall be completed between 12/18/2026 and 12/31/2028 (exact dates to be determined).

4.6 Interfaces and responsibilities:

The respondent must include provision for up to 80 interface connections between the EHR system and external third-party systems.

4.7 Standards and compliance:

The Respondent shall demonstrate compliance with all applicable federal and state healthcare regulations, industry standards, and security requirements, including HIPAA, applicable ONC Health IT Certification criteria, and the 21st Century Cures Act. The Respondent shall identify all applicable certifications and standards maintained by its organization and proposed EHR solution, including SOC 2 Type II, HITRUST, ISO 27001, and applicable interoperability standards (HL7, FHIR, and USCDI).

4.8 Alternatives / equals:

Brand names, if any, are used only to establish a quality/performance standard. Equivalent products or solutions may be proposed if the respondent provides sufficient documentation demonstrating equal or better performance. No brand-specific restriction is intended unless justified and approved in the procurement file.

## 5. Minimum respondent qualifications (pass/fail)

☐ Legally authorized and appropriately licensed to perform the proposed work in Idaho and at the project location.

☐ Demonstrated experience completing at least 3 comparable projects within the last 2 years.

☐ Qualified project manager and key personnel with relevant credentials and availability.

☐ Ability to meet the required schedule and deliverables.

☐ Acceptable references and evidence of financial and technical capacity.

☐ Disclosure of actual or potential organizational conflicts of interest and any relationship with the organization or project personnel.

☐ Agreement to required federal award contract terms, record access, audit, and applicable compliance requirements.

☐ Not suspended, debarred, or otherwise excluded from federal awards/transactions; organization may verify status in SAM.gov.

Failure to meet a mandatory requirement may result in a proposal being deemed nonresponsive, subject to the RFP and applicable law.

## 6. Proposal format and required contents

Submit one searchable PDF through email no later than the deadline. Any quote, bid or proposal received after the time and date set for closing at the place designated in the formal solicitation is late, will not be considered. Proposal must be signed by an individual authorized to bind the respondent.

☐ Cover letter identifying respondent, legal name, address, UEI (if applicable), primary contact, and authorized signatory.

☐ Executive summary and understanding of project objectives.

☐ Technical approach / work plan, including methodology, assumptions, risks, quality assurance, and how each requirement will be met.

☐ Detailed project schedule, milestones, staffing plan, and availability.

☐ Firm qualifications, relevant project experience, and at least 1 reference with contact details.

☐ Itemized price proposal using Attachment A; identify labor, materials, equipment, travel, freight, installation, training, maintenance, taxes, options, and any recurring charges separately.

☐ Pricing assumptions, exclusions, escalation provisions, warranty, service levels, and lifecycle costs.

☐ Exceptions, deviations, and requested contract changes (identify each; silence means acceptance of the RFP terms subject to contract negotiation).

☐ Disclosure of conflicts of interest, organizational relationships, gifts/benefits, and any assistance in drafting the specifications or RFP.

☐ Certifications in Attachment B, including suspension/debarment, lobbying where applicable, and compliance with federal/state requirements.

☐ Subcontractor list; identify any substitutions or contingent arrangements.

## 7. Pricing instructions

Provide a firm, not-to-exceed price or other clearly defined pricing structure for the full scope. State the proposed contract type: [firm fixed price / unit price / other]. Identify all assumptions and separately price optional items. The organization may reject proposals that are materially incomplete or contain unpriced mandatory scope. Cost-plus-a-percentage-of-cost and percentage-of-construction-cost pricing are prohibited for federal-award contracts.

The organization will evaluate price for completeness, reasonableness, and total cost of ownership, including installation, training, maintenance, support, consumables, licensing, freight, and other relevant lifecycle costs. The organization may request supporting cost information or clarification.

## 8. Evaluation and award

Proposals will be evaluated using the criteria and relative weights in Attachment C. The organization intends to award to the responsible respondent whose proposal is most advantageous, considering the published evaluation factors and price. The organization may establish a competitive range, conduct written clarifications or oral presentations/interviews, request best-and-final offers, verify references, and negotiate with the apparent successful respondent, if permitted by the RFP and applicable rules. Any material change to the RFP will be issued by written addendum to all prospective respondents.

The organization reserves the right to reject any or all proposals, waive minor informalities that do not prejudice competition, cancel or reissue this RFP, or make no award, consistent with applicable requirements. No contract exists until a written agreement is fully executed by authorized representatives.

## 9. Federal and other funding requirements

The selected contractor must comply with all applicable requirements flowing down from the RHTP subaward and federal award, including applicable provisions of 2 CFR Part 200, Appendix II; applicable civil rights and nondiscrimination requirements; applicable domestic preference and recovered-materials requirements; record retention and access; and any additional terms included in the final contract. The respondent must identify any inability to comply in its proposal.

The organization is a subrecipient of federal financial assistance and is not the federal awarding agency. The contractor will have no direct contractual relationship with CMS or the U.S. Department of Health and Human Services by virtue of this procurement.

## 10. Questions, addenda, and protests

Questions must be submitted by the published deadline to the published contact. Responses that modify the RFP will be issued only by written addendum. Respondents must acknowledge all addenda. Protest procedure: Bonner General Health shall consider all protests in a manner that promotes full and open competition, fairness, and compliance with applicable procurement requirements.

A protest must be submitted in writing to the Chief Executive Officer within five (5) business days of the occurrence, giving rise to the protest. The protest must contain a detailed statement of facts, supporting documentation, and the specific relief requested.

Bonner General Health reserves the right to request additional information, conduct fact-finding, and consult legal counsel as necessary.

A written decision shall be issued to the protestor. Bonner General Health's decision shall constitute the organization's final administrative determination.

## 11. Submission instructions

Submit to:

Jeremy.welser@bonnergeneral.org

520 N 3rd. Ave., Sandpoint, ID, 83864

Subject / envelope marking: RFP-2026-01 — CONFIDENTIAL PROPOSAL.

Deadline: 11/30/2026, 4:00 PM, PST. The respondent bears responsibility for timely receipt.

Proposals submitted in response to this RFP will be treated as confidential during the evaluation and contract award process to the extent permitted by applicable law.

Respondents shall clearly identify any portion of their proposal that they consider proprietary, trade secret, or confidential commercial information. Bonner General Health does not guarantee that any information designated by a respondent will be exempt from disclosure and reserves the right to disclose proposal materials if required by law, regulation, court order, audit, funding agency request, or other legal obligation.

Pricing, scoring summaries, and the identity of the selected vendor may be disclosed following contract award.

## 12. Attachments

- Attachment A — Price Schedule / Cost Proposal
- Attachment B — Respondent Certifications and Disclosures
- Attachment C — Evaluation Criteria and Scoring Weights

# ATTACHMENT A — PRICE SCHEDULE

Respondent: [NAME]  RFP No.: RFP-2026-01

| Line | Description / deliverable | Qty | Unit | Unit price | Extended price | Notes / assumptions |
|---|---|---|---|---|---|---|
| 1 | [Base scope / deliverable] | | | | | |
| 2 | [Installation / implementation] | | | | | |
| 3 | [Training] | | | | | |
| 4 | [Warranty / support] | | | | | |
| 5 | [Optional item — price separately] | | | | | |
| | TOTAL PROPOSED PRICE | | | | $ | |

Identify all taxes, freight, travel, permits, licensing, recurring costs, escalation, allowances, contingencies, and exclusions. Attach a detailed cost build-up where requested.

# ATTACHMENT B — RESPONDENT CERTIFICATIONS AND DISCLOSURES

The undersigned certifies on behalf of [Respondent legal name]:

☐ The information submitted is true, complete, and accurate to the best of the signer's knowledge.

☐ The signer is authorized to submit this proposal and bind the respondent.

☐ The respondent has disclosed all actual, potential, or apparent conflicts of interest and any relationships with the organization, its employees, officers, board members, evaluators, or project personnel.

☐ The respondent did not assist in drafting this solicitation, specifications, or statement of work in a manner that would create an unfair competitive advantage, except as fully disclosed here: [details / none].

☐ The respondent is not suspended, debarred, or otherwise excluded from participation in federal awards or transactions, and authorizes the organization to verify eligibility.

☐ The respondent will promptly notify the organization of any change in the foregoing status before contract award or during performance.

☐ The respondent will comply with applicable federal, state, and local laws and the final contract, including applicable federal award requirements.

☐ The respondent will maintain required records and permit access by the organization, pass-through entity, federal awarding agency, inspectors general, and auditors to records pertinent to the contract as required by law and contract.

☐ The respondent has identified all proposed subcontractors and will not substitute or add material subcontractors without required written approval.

Exceptions / disclosures (attach additional pages): _____

Authorized signature: _____ Printed name/title: _____

Date: _____ Respondent legal name: _____

# ATTACHMENT C — EVALUATION CRITERIA AND SCORING

The weights below are an illustrative model. The organization must finalize the factors, definitions, weights, and any pass/fail requirements before issuing the RFP. Do not change weights after proposals are received.

| Criterion | Weight | What evaluators should assess |
|---|---|---|
| Technical approach / interoperability | 15% | Completeness, feasibility, fit to stated requirements, quality methodology, risk management. |
| Relevant experience / past performance | 15% | Comparable projects, demonstrated outcomes, references, healthcare / rural facility experience where relevant. |
| Schedule / implementation plan | 15% | Credible milestones, lead times, dependencies, ability to meet required completion date. |
| Quality, compliance, support | 10% | QA, commissioning, training, service response, regulatory compliance, product support, as applicable. |
| Price / total cost of ownership | 20% | Total evaluated price, completeness, lifecycle costs, assumptions, reasonableness. |
| Functional fit / alignment | 25% | Alignment of proposed solution with organizational needs and goals |

Scoring scale (apply consistently): 5 = Excellent / exceeds requirements with strong evidence; 4 = Very good / fully meets with added strengths; 3 = Acceptable / meets requirements; 2 = Weak / partially meets or material concerns; 1 = Poor / significant deficiencies; 0 = Does not address / unacceptable.

Weighted score formula: (evaluator's raw score ÷ 5) × criterion weight. Add weighted scores for total score out of 100. Example: raw score 4 on a 25-point criterion = 20 points.

| Criterion | Weight (points) | Raw score 0–5 | Weighted score | Evaluator notes / proposal page |
|---|---|---|---|---|
| Technical approach | 15 | | | |
| Experience / past performance | 15 | | | |
| Schedule | 15 | | | |
| Quality / compliance / support | 10 | | | |
| Price / total cost | 20 | | | |
| Functional alignment | 25 | | | |
| TOTAL | 100 | | | |

Lowest evaluated responsive price receives full price points; other proposals receive (lowest evaluated price ÷ proposal's evaluated price) × available price points.

Tie-breaker: Higher functional alignment, then lower evaluated price.

## Evaluator certification and individual score sheet

I certify that I have reviewed the organization's conflict-of-interest policy and disclose any actual, potential, or apparent conflict, including financial interests, family/household relationships, employment relationships, gifts, or other interests involving any respondent or proposed subcontractor. I will maintain confidentiality, evaluate only against the published criteria, avoid outside communications, and document scores with proposal-specific evidence.

Evaluator name/title: _____ Signature: _____ Date: _____

Conflict disclosure / mitigation / recusal: _____

Respondent being scored: _____ Proposal received: _____

Individual scores and rationale (attach notes and cite proposal page numbers):

_____

_____

_____

_____

## Consensus evaluation record

Evaluation panel members: [names/titles]. Meeting date(s): [dates]. Consensus methodology: [describe]. Record any score changes and rationale; retain original individual score sheets.

| Respondent | Mandatory screen | Consensus score / 100 | Rank | Disposition / rationale |
|---|---|---|---|---|
| [Vendor A] | | | | |
| [Vendor B] | | | | |
| [Vendor C] | | | | |