Addendum No. 1 – FAQ

RFP: RFP-2026-01
Enterprise Electronic Health Record (EHR), Revenue Cycle & Cloud Hosting Solution

Issued: November 25, 2026

Question 1: What EHR, revenue cycle, and ancillary systems (e.g., lab, radiology, pharmacy, PACS) are currently in place, and which ones are being replaced versus retained?

Answer 1: BGH has the following systems in place:

- EHR:
  - Inpatient: Meditech 6.08 (Replace)
  - Hospice: Axxess Suncoast (Replace)
  - Outpatient Behavioral Health: BestNotes (Replace)
  - Outpatient Clinics: Greenway PrimeSuite (Replace)
  - Outpatient Rehabilitation: WellSky (Replace)
- Revenue Cycle: Meditech 6.08 (Replace)
- Ancillary Systems
  - Meditech 6.08 Lab (Replace)
  - Meditech 6.08 Pharmacy (Replace)
  - Meditech 6.08 Operating Room Management (Replace)
  - IntelliSpace PACS Radiology (Retain)
- Patient Engagement: Phreesia (Replace)

Question 2: What is the current BGH Meditech version?

Answer 2: Meditech 6.08

Question 3: Does BGH expect the partner to supply or remediate end-user hardware, network infrastructure, or clinical devices (e.g., barcode scanners, label printers), or is the scope strictly software, cloud hosting, and implementation services?

Answer 3: The scope is strictly for software, cloud hosting, and implementation services. If the proposed solution has specific requirements for end-user hardware, network infrastructure, or clinical devices, that information should be provided to BGH with the RFP submission.

Question 4: What new EHR platforms are currently under consideration, and when will the selected platform be communicated to consulting partners?

Answer 4: BGH is currently conducting an open RFP for all qualified EHR platform vendors and solutions. The anticipated notice of intent to award is 12/11/2026.

Question 5: The RFP requires provision for up to 80 interface connections. Can BGH provide an inventory of these third-party systems, specifying which are bi-directional vs. unidirectional, and what protocols they use (HL7 v2, FHIR, X12, flat file)?

Answer 5: BGH does not currently have a finalized inventory of all third-party system interfaces that may be required as part of the future EHR implementation. The requirement for up to 80 interface connections is intended to ensure that the proposed solution can support BGH's anticipated integration needs over time. BGH anticipates that the interface portfolio will include a mix of unidirectional and bi-directional interfaces utilizing industry-standard integration methods, including HL7 v2 messaging (e.g., ADT, ORM, ORU), X12 transactions, flat-file exchanges, and other standard interoperability technologies as appropriate. Not all interfaces may need to be implemented at initial go live. Respondents should assume that the proposed solution must be capable of supporting up to 80 interface connections throughout the life of the implementation and ongoing operations.

Question 6: Are third-party vendor fees for the 80 external systems outside the respondent's pricing scope, and will BGH provide an existing interface engine or expect the vendor to supply one?

Answer 6: Third-party vendor fees are outside of the scope of this RFP. Respondents should indicate whether or not they are providing an interface engine in their response.

Question 7: Which specific state or regional Health Information Exchanges (HIEs) and PDMPs must be integrated?

Answer 7: BGH participates in the regional Idaho Health Data Exchange (IHDE) and the Idaho PDMP program.

Question 8: Does BGH require active TEFCA participation at go-live or is a documented roadmap acceptable?

Answer 8: If TEFCA participation is not available at go-live, a documented roadmap to onboard with TEFCA no later than January 1, 2029, is acceptable.

Question 9: Does BGH require the proposed EHR and cloud host to hold *all* listed certifications (SOC 2 Type II, HITRUST, ISO 27001) at the time of proposal, or is a subset (e.g., SOC 2 Type II + ONC Certification) sufficient?

Answer 9: A subset of certifications is adequate. Respondents should indicate which certifications apply in their response.

Question 10: How does BGH anticipate dividing responsibilities among internal resources, the selected EHR vendor, and independent consulting partner(s)?

Answer 10: BGH anticipates a collaborative implementation model involving BGH personnel, the selected EHR vendor, and any independent consulting partner(s). Because an EHR solution has not yet been selected, specific responsibilities and workstream ownership have not been fully defined. Final responsibility assignments will be established following vendor selection and during implementation planning.

Question 11: Does BGH anticipate selecting a primary advisory/implementation consulting partner or making separate awards by functional area?

Answer 11: BGH may elect to award to a single respondent capable of providing the full range of required services, to multiple respondents with specialized expertise in particular functional areas, or to use a combination of these approaches. BGH will evaluate proposals based on the organization's needs, the qualifications of the respondent(s), and the overall value offered.

Question 12: If multiple awards are made, how will task orders be allocated and coordinated across firms, and will one firm be designated as a coordination lead?

Answer 12: BGH has not established a task-order allocation methodology and has not determined whether a coordination lead will be designated. If multiple awards are made, BGH will allocate work based on project needs, respondent qualifications, subject matter

expertise, resource availability, and overall value to the organization. BGH reserves the right to designate a lead contractor, assign responsibility for specific workstreams, or coordinate activities directly among awarded firms and internal resources, as appropriate to support successful project execution.

Question 13: Is there an existing project governance structure (steering committee, decision-making authority) in place, and how will scope changes be approved during the engagement?

Answer 13: BGH intends to establish a formal project governance structure, including appropriate executive sponsorship, steering committee oversight, and decision-making processes, as part of implementation planning. A governance structure has not yet been finalized because an EHR solution has not yet been selected.

Question 14: What onsite presence is anticipated/required by project phase?

Answer 14: While the exact onsite needs have yet to be determined, BGH anticipates that key support personnel will need to conduct onsite visits and work to learn BGH workflows and processes. Additional onsite work may be required for key project milestones, training, or go live.

Question 15: What dedicated internal will BGH commit to the implementation?

Answer 15: The BGH team is aligned to support the implementation and ongoing maintenance of the selected EHR solution. Expertise will be pulled from various internal departments as needed to support the implementation process.

Question 16: How many current IT staff does Bonner General currently have?

Answer 16: 10 staff

Question 17: What is BGH's anticipated peak staffing need from consulting firm(s) during go-live and stabilization phases?

Answer 17: Staffing needs will vary depending on the EHR solution that is selected and will be determined during implementation.

Question 18: How does Bonner General plan on handling legacy system support, data conversion, etc.? Will this be part of the consulting scope?

Answer 18: BGH plans to work directly with existing EHR vendors and third parties for archival needs. Archival needs and legacy support is out of scope for this RFP.

Question 19: Does BGH prefer a train-the-trainer model or direct vendor-led end-user training, and what are the expectations for on-site vs. remote go-live ("at-the-elbow") support at the Sandpoint facility?

Answer 19: BGH is open to either a train-the-trainer model, direct vendor-led end-user training, or a hybrid approach. Respondents should propose the training methodology they believe will be most effective in supporting user adoption, proficiency, and overall implementation success, and should provide evidence of successful use of that approach in similar healthcare environments. BGH can accommodate both onsite and remote training activities, including conference room space for groups of up to 40 participants and computer lab space for up to 12 participants.

Question 20: Given the as-needed, scope-undetermined nature of this engagement, is a time-and-materials rate structure with an overall NTE ceiling an acceptable pricing format?

Answer 20: BGH will consider a time-and-materials pricing structure with an overall not-to-exceed (NTE) ceiling, as well as other pricing approaches that provide appropriate cost transparency and controls. Respondents should clearly describe their proposed pricing structure, rate schedule, assumptions, invoicing methodology, and any applicable NTE limits.

Question 21: How should respondents price uncertainty given the EHR platform has not yet been selected (e.g., should proposals include scenario-based estimates, or a rate card with estimated hour ranges)?

Answer 21: Because an EHR solution has not yet been selected and the scope, resource requirements, and implementation timeline have not been fully defined, BGH does not require respondents to provide scenario-based estimates. Respondents should provide a clearly defined rate card and may, at their discretion, include assumptions, estimated hour ranges, sample staffing models, or other pricing information they believe would assist BGH

in evaluating their proposal. All assumptions and exclusions should be clearly identified. Pricing will be evaluated in conjunction with the respondent's qualifications, proposed approach, flexibility, and overall value.

Question 22: Price/TCO accounts for 20% of the score. Over how many years (e.g., 3, 5, or 7 years) will BGH evaluate recurring licensing, hosting, and maintenance costs in Attachment A?

Answer 22: For proposal evaluation purposes, BGH will evaluate total cost of ownership (TCO) over a five-year period. Respondents should provide implementation, licensing, hosting, maintenance, support, and other recurring costs necessary to support the proposed solution during that timeframe. Any assumptions regarding future pricing, escalators, renewals, or optional services should be clearly identified.

Question 23: Is there a published budget cap or not-to-exceed amount tied to subgrant RH10539.

Answer 23: There is no published budget cap or not-to-exceed amount.

Question 24: Are there specific RHTP grant expenditure deadlines or payment milestones within the 12/18/2026–12/31/2028 window?

Answer 24: BGH must submit RHTP reimbursement requests to the State of Idaho by September 30, 2027. As such, BGH intends to issue payment to vendors by July 31, 2027.

Question 25: If a services partner and an EHR software vendor bid jointly, does BGH require a single prime contractor with the other listed as a subcontractor? Do the "3 comparable projects within the last 2 years" apply to the prime, the EHR vendor, or the combined team?

Answer 25: BGH does not require a specific teaming structure. Respondents may propose a prime contractor/subcontractor arrangement, a joint response, or another clearly defined contractual relationship. The proposal should clearly identify the roles, responsibilities, and contractual relationships of all participating organizations. The requirement for three comparable projects may be satisfied by the proposed team as a whole. Respondents should clearly indicate which organization performed each referenced project and

describe the roles and responsibilities of the participating team members. BGH will evaluate the qualifications, experience, and demonstrated performance of the overall proposed team in relation to the scope of services requested.

Question 26: Section 4.5 lists project work beginning 12/18/2026, while Section 3 lists contract execution on 12/21/2026. Can BGH confirm the expected Notice to Proceed date and whether an extension to the 11/30/2026 proposal deadline will be considered given the holiday week?

Answer 26: The project start date is to be determined and will occur at a date after 12/18/2026 and no earlier than 12/21/2026. Bonner General Health is unable to extend the proposal due date. The RFP schedule is tied to other project milestones and deadlines that are outside of BGH's direct control, and maintaining the established timeline is necessary to support the overall project schedule. BGH will consider proposals submitted by the published deadline of **November 30, 2026**.

Question 27: What is the anticipated timeline for EHR implementation kickoff, go-live, testing, and stabilization?

Answer 27: While exact timelines are yet to be determined, BGH anticipates the entire project timeline will be between 9 months and 15 months.

Question 28: Attachment C includes template language stating the weights are an "illustrative model." Can BGH confirm that the published weights (25% Functional, 20% Price, etc.) are final?

Answer 28: This is an error in the RFP. Provided weights are final.

Question 29: Section 5 requires at least three comparable projects within the last two years, and Section 6 requires at least one reference. May respondents use ongoing projects, projects substantially completed within the last two years, or projects completed more than two years ago? Must the reference come from one of those projects? Would a third-party software licensor or hosting provider be treated as a subcontractor under Section 6, and may its experience count toward the Section 5 qualifications?

Answer 29: For purposes of Section 5, respondents may include projects that are currently in progress, substantially completed within the last two years, or completed more than two years ago if they are relevant to the scope and complexity of the services requested. BGH encourages respondents to emphasize the most recent and comparable engagements. The reference required under Section 6 does not need to correspond to one of the projects submitted under Section 5; however, respondents should provide references that are relevant to the proposed solution and services. A third-party software licensor, hosting provider, or other supporting organization should be identified if it will play a material role in providing the proposed solution or services. Experience and qualifications of proposed team members, subcontractors, licensors, and hosting providers may be considered as part of the overall evaluation of the proposed solution and delivery team. Respondents should clearly identify each organization's role, responsibilities, and relevant experience.

Question 30: Beyond the listed deliverables, please identify required acute-care functions

Answer 30: BGH requires ED, Inpatient Nursing, Surgical Services, Anesthesia, Hospice, Inpatient Cardio Pulmonary, and Inpatient Rehab/Therapy.

Question 31: Please identify the number of EHRs, operating rooms and procedure rooms.

Answer 31: BGH currently has 5 EHRs, 4 operating rooms and plans to add 4 additional/new procedure rooms within the next 12 months.

Question 32: Is a phased or enterprise “big bang” deployment preferred?

Answer 32: BGH would prefer a “big bang” deployment approach.

Question 33: Attachment A is a general template (base scope, installation/implementation, training, warranty/support, and optional items). May respondents provide this information along with alternative pricing formats showing implementation costs, recurring fees, interfaces, conversion, travel, optional services, and multiyear total cost of ownership? What contract term should respondents assume for recurring fees (software subscription, hosting, and maintenance/support)?

Answer 33: Respondents should complete Attachment A as requested but may also provide supplemental pricing materials and alternative pricing presentations that offer

additional detail and transparency, including implementation costs, recurring fees, interfaces, data conversion, travel, optional services, and multiyear total cost of ownership. Any supplemental pricing information should clearly identify assumptions, inclusions, exclusions, and pricing dependencies. For purposes of proposal preparation, respondents should assume a five-year contract term for recurring software subscription, hosting, maintenance, and support fees. Any assumptions regarding renewals, price escalators, optional services, or future licensing changes should be clearly identified. BGH reserves the right to evaluate both the information provided in Attachment A and any supplemental pricing materials when assessing total cost of ownership and overall value.

Question 34: Is BGH volume data available to assist with scoping?

Answer 34: Volume data is available to individual requestors. Please reach out to the RFP contact via email.

Question 35: Can supplemental materials (success stories, product flyers) be submitted as separate documents or must they be part of a single submission file?

Answer 35: Supplemental materials may be submitted as separate individual files.