Addendum No. 1 – FAQ

RFP: RFP-2026-04
EHR Implementation Consulting Services
Issued: November 25, 2026

Question 1: Attachment A lists "Pharmacy Consultant" twice (lines 5 and 6). Is the second line meant to be a different role?

Answer 1: This is an error present in an earlier version of the RFP. It has been corrected in a subsequent version.

Question 2: Is a not-to-exceed amount expected per task order, or for the whole contract? Is there a total budget for this contract?

Answer 2: There is no guaranteed contract value or spend commitment. Based on current planning assumptions, BGH anticipates allocating between $500,000 and $1,000,000 for services under this RFP, subject to project needs, funding availability, and final implementation requirements.

Question 3: Are the Attachment C weights final? The attachment says they are illustrative.

Answer 3: This is an error present in an earlier version of the RFP. It has been corrected in a subsequent version. Provided weights in all versions are the same and are final.

Question 4: Will rate escalation be allowed in 2028?

Answer 4: All funds must be expended within 2027 per the terms of the RHTP program.

Question 5: What share of work does BGH expect on-site versus remote?

Answer 5: BGH anticipates approximately 80% of work to be done remotely. Analysts may come on-site for data collection and major project milestones as needed.

Question 6: What travel rules apply?

Answer 6: There are no travel rules; please provide travel expense policies and estimates separately from the provided hourly rate.

Question 7: How will work be ordered: task orders, monthly staffing requests, statements of work, or named resources? What notice will BGH give?

Answer 7: Currently, BGH has not identified a specific resource mix. BGH anticipates utilizing a task-order or resource-request approach rather than establishing all named resources at contract award. BGH will provide advance notice whenever practical, although required lead times may vary depending on project needs and the nature of the requested resource.

Question 8: Do RHTP funds have a spend-by date that limits when services can be billed?

Answer 8: BGH must submit RHTP reimbursement requests to the State of Idaho by 9/30/2027. As such, BGH intends to issue payment to vendors by July 31, 2027.

Question 9: Are a minimum commitment of hours or dollars intended for any awarded firm?

Answer 9: No minimum commitment is intended at this time.

Question 10: Does the statement "licensed to perform the work in Idaho" refer to a state business registration, or a specific professional license?

Answer 10: For this RFP, it refers to a state business registration and/or ability to legally conduct business within the State of Idaho.

Question 11: What counts as a "comparable project": a full EHR implementation, or advisory work on part of one? An in-progress project? Is Critical Access Hospital experience mandatory?

Answer 11: Advisory work with relevant systems is applicable, including in-progress projects where significant accomplishments have been achieved. Ideally, BGH would like to see similar work done with organizations that are similar in size or operation to BGH.

Question 12: Is a printed copy to the Sandpoint address required, or is email alone enough? Is there a file size limit?

Answer 12: A printed/mailed copy is acceptable but not required; an emailed copy is equally acceptable. File/attachment sizes should not exceed 50MB.

Question 13: Please reconcile the December 18, 2026 project start with the December 21, 2026 anticipated contract execution or notice-to-proceed date.

Answer 13: The RFP indicates that the project will complete between the dates of December 18, 2026, and December 21, 2028 (exact dates to be determined). There is no set start date in the RFP. The exact start date will be determined upon contract execution.

Question 14: Can BGH provide estimated hours or utilization by resource category?

Answer 14: It is not possible to estimate hours needed at this time as the final EHR solution has not been selected.

Question 15: What functions will be awarded initially, and which are considered optional?

Answer 15: While exact resource needs will be determined by the final EHR product selected, BGH anticipates a need for at least part-time hours in Project Management, Laboratory Support, Pharmacy Support, Ambulatory Clinic Support, and Reporting support. These needs are subject to change as the exact details of the project evolve.

Question 16: Does BGH expect vendor-specific certifications at proposal submission?

Question 16: While not required, BGH will give consideration to vendors possessing certifications that are in alignment with the EHR solution BGH selects through a concurrent RFP process.

Question 17: Can remote work be provided from India?

Answer 17: BGH will consider both onsite and remote resources. Remote resources may be located outside the immediate geographic area, provided they can effectively support

the project, participate during mutually agreed-upon business hours, and comply with all applicable security, privacy, and contractual requirements. Respondents should clearly identify any assumptions regarding resource location, availability, travel requirements, and onsite participation.

Question 18: Are overtime and weekend rates required, or may a respondent state that standard rates apply?

Answer 18: Overtime and weekend rates are not required. Respondents may state that standard rates apply.

Question 19: Will BGH provide a sample contract and the complete federal flow-down terms before proposals are due?

Answer 19: BGH does not anticipate providing a sample contract or complete federal flow-down provisions prior to proposal submission. Proposers should identify any material contractual assumptions, exceptions, or concerns within their proposals. Proposers should assume that applicable federal, state, and regulatory requirements related to RHTP funding programs will be incorporated into the final agreement as required by law and funding source requirements.

Question 20: What deliverable-acceptance process and review period will apply?

Answer 20: BGH anticipates reviewing project deliverables promptly upon submission and providing feedback, approval, or requested revisions as appropriate. Specific deliverable acceptance criteria, review procedures, and timelines will be established during contract negotiations and project planning based on the nature of the services being provided. BGH will work collaboratively with the selected consultant(s) to avoid unnecessary delays in project execution.

Question 21: Are resumes required for all proposed labor categories, or only initial key personnel?

Answer 21: Only for initial key personnel.

Question 22: May a respondent propose only selected functional areas without being penalized under functional alignment?

Answer 22: Yes, respondents may propose selected functional areas where they have expertise. BGH will not penalize functional alignment for respondents that do not provide expertise for all functional areas.

Question 23: Is there an incumbent implementation advisor, EHR-selection consultant, or program manager?

Answer 23: BGH currently engages a consulting firm that provides support services for its existing EHR environment. However, that firm is not under contract to provide EHR implementation consulting, EHR selection consulting, program management, or any other services contemplated under this RFP. All proposals will be evaluated in accordance with the evaluation criteria established in the RFP.

Question 24: What records-retention period will apply under the RHTP subaward?

Answer 24: Records retention requirements will be governed by the final subaward agreement and any applicable federal, state, or program-specific requirements. Respondents should be prepared to maintain project records, supporting documentation, and other contract-related materials in accordance with all applicable funding and regulatory requirements.

Question 25: What evidence of financial and technical capacity is BGH needing to be included in a response?

Answer 25: BGH expects respondents to provide sufficient information to demonstrate their ability to successfully perform the services contemplated under this RFP. At a minimum, respondents should provide relevant references for comparable healthcare, EHR implementation, or consulting engagements and information demonstrating their technical qualifications, experience, available resources, and organizational capabilities. Evidence of financial capacity may include information that demonstrates the firm's financial stability and ability to support the engagement. Respondents may provide any additional documentation they believe will assist BGH in evaluating their qualifications and capacity to perform the work.

Question 26: What is the selected EHR platform?

Answer 26: BGH is actively conducting an open RFP for an enterprise EHR solution and is considering all applicants. Respondents should indicate whether they have expertise with specific EHR solutions.

Question 27: What is the anticipated division of responsibilities among BGH, the selected EHR vendor, and the implementation partner?

Answer 27: BGH anticipates a collaborative implementation model. Because an EHR solution has not yet been selected, specific workstream responsibilities have not been fully defined. BGH expects the independent advisor to serve as a trusted partner that helps address knowledge and resource gaps, provides implementation expertise and best practices, supports project governance and risk management, and helps ensure the project remains aligned with BGH's goals, timeline, and budget.

Question 28: Is this advisory engagement funded within the RHTP EHR allocation or through a separate consulting allocation

Answer 28: This engagement is funded through the RHTP EHR allocation.

Question 29: Does BGH anticipate selecting one primary implementation advisory partner supplemented by specialty firms, or establishing a pool of multiple firms from which resources will be requested on an as-needed basis?

Answer 29: BGH reserves the right to award contracts to multiple firms or a single firm and to procure only those services determined necessary during project execution.

Question 30: Attachment C indicates that price will be evaluated using a formula based on the lowest evaluated responsive price, while Attachment A requests hourly rates without defined quantities. What standardized resource mix, hours, scenario, or other methodology will BGH use to calculate evaluated price consistently across proposals?

Answer 30: Because BGH has not yet selected an EHR solution and has not finalized implementation staffing requirements, BGH has not established a standardized resource mix, hours estimate, or staffing scenario for evaluation purposes. Proposed hourly rates will be evaluated as one component of overall proposal evaluation, together with the respondent's qualifications, experience, approach, and ability to support the project. BGH

reserves the right to consider pricing in the context of the proposed services, resource types, and overall value offered by each respondent. In the absence of a standardized staffing scenario, pricing will be evaluated based on the rate information provided and BGH's assessment of overall cost competitiveness.

Question 31: Will BGH accept a blended hourly rate, role-based hourly rates, fixed-fee work authorizations, or a combination of these approaches, provided each structure is clearly defined and not-to-exceed controls are available?

Answer 31: BGH will consider blended hourly rates, role-based hourly rates, fixed-fee work authorizations, or a combination of these approaches, provided the proposed pricing structure is clearly defined, transparent, and supported by appropriate not-to-exceed controls. Respondents should clearly describe their proposed pricing methodology, assumptions, and any conditions applicable to the proposed rates or fees. BGH reserves the right to evaluate pricing based on overall value, flexibility, and alignment with project needs.

Question 32: Project work may extend through December 31, 2028. If the EHR implementation is expected to conclude earlier, should respondents assume the remaining period is intended for stabilization and optimization, or is the end date primarily intended to preserve contracting flexibility?

Answer 32: The end date is intended to preserve contracting flexibility. Consulting services are expected to conclude with the completion of a successful EHR go-live.

Question 33: How will BGH evaluate existing or prior commercial relationships between a respondent and EHR vendors when assessing organizational independence or potential conflicts of interest? Would disclosure and appropriate mitigation be acceptable where the respondent has no financial incentive tied to BGH's EHR selection?

Answer 33: BGH recognizes that respondents may have existing or prior business relationships with EHR vendors. Respondents should disclose any relationships that could create an actual or perceived conflict of interest. BGH will evaluate such disclosures on a case-by-case basis, considering the nature of the relationship, any financial interests, and the respondent's ability to provide objective and independent advice. Disclosure and appropriate mitigation measures are generally acceptable where the respondent does not have a financial incentive tied to BGH's EHR selection or implementation decisions.

Question 34: Please confirm whether responses to questions and any addenda will be posted only to BGH's bids and RFPs webpage or also distributed directly to known prospective respondents and specify the required method for acknowledging addenda in the proposal.

Answer 34: Responses to questions and any addenda will be posted on BGH's Bids and RFPs webpage at https://bonnergeneral.org/bids-and-rfps. BGH may also provide notice to known prospective respondents; however, respondents remain responsible for monitoring the webpage for updates and addenda. BGH is not currently requiring a specific form of addendum acknowledgment in proposal submissions. By submitting a proposal, respondents are expected to have reviewed and incorporated all issued addenda.

Question 35: Is a respondent to EHR RFP-2026-01 also eligible to respond to RFP-2026-04? If the same organization were selected under both procurements, what independence or conflict-of-interest considerations would BGH apply, beyond the disclosures required by Section 5 and Attachment B?

Answer 35: Respondents to RFP-2026-01 are eligible to respond to RFP-2026-04. However, BGH seeks independent advisory and consulting support under RFP-2026-04 and expects respondents to disclose any actual, potential, or perceived conflicts of interest as required by the RFP. If the same organization is selected under both procurements, BGH reserves the right to evaluate whether the respondent can effectively provide the independent advisory services contemplated by RFP-2026-04 and to require appropriate conflict mitigation measures as a condition of award. All proposals will be evaluated in accordance with the requirements and evaluation criteria set forth in the applicable RFP.

Question 36: Section 4.1 states that the selected EHR vendor will provide implementation services as part of the software implementation. How does BGH anticipate delineating scope between the two engagements? If the same organization were selected under both, would BGH expect RFP-2026-04 to focus on services that are incremental or supplemental to the EHR implementation? Also, how does BGH envision dividing responsibilities among its internal team, the EHR vendor’s implementation team, and RFP-2026-04 resources, particularly for project management, workflow design, testing, training, organizational readiness, and go-live support?

Answer 36: Because an EHR solution has not yet been selected, BGH has not finalized the division of responsibilities among BGH staff, the EHR vendor, and RFP-2026-04 consulting resources. BGH anticipates that the selected EHR vendor will have primary responsibility

for software implementation activities, including product-specific configuration, build, and implementation services included with the solution. BGH expects RFP-2026-04 resources to provide independent advisory, subject matter expertise, project support, and supplemental implementation assistance as needed to address knowledge, resource, or capacity gaps, help coordinate project activities, and support achievement of project goals, timeline, and budget. Depending on project needs, these services may include project management support, workflow analysis, testing coordination, organizational readiness, training support, vendor coordination, risk management, and go-live planning. Final responsibility assignments and workstream ownership will be established following EHR selection and during implementation planning. If the same organization is selected under both procurements, BGH would expect a clear delineation of roles and responsibilities and may require appropriate measures to address any actual or perceived conflicts of interest. BGH reserves the right to determine that certain roles or services require organizational independence from the selected EHR vendor.

Question 37: Is BGH primarily seeking independent advisory and governance support, day-to-day project management and execution, or a combination? Would BGH consider an executive technology advisory model appropriate for portions of the Project Management and Governance scope in Section 4.3, including executive reporting, governance, technology strategy, and budget guidance?

Answer 37: BGH is seeking a combination of independent advisory, governance, project management, and implementation support services. The specific mix of services will depend upon the selected EHR solution, implementation approach, and BGH's evolving project needs. BGH would consider an executive technology advisory model appropriate for certain aspects of project management and governance, including executive reporting, governance support, strategic guidance, budget oversight, risk management, and vendor coordination. However, BGH also anticipates the need for practical implementation support and subject matter expertise to supplement internal resources and address knowledge or capacity gaps throughout the project lifecycle. Respondents should describe their recommended approach and how their services would support successful project delivery and achievement of BGH's objectives.

Question 38: Interface Management appears under Additional Functional Areas, and Attachment A includes an Interface Consultant role. Please provide more detail on the scope and responsibilities.

Answer 38: BGH is seeking assistance with hands-on interface design and build, interface project management and coordination, and testing and validation for interfaces between the selected EHR solution and third-party systems.

Question 39: Does BGH envision the consultant serving primarily in an advisory and enablement capacity, providing hands-on execution support, or acting as BGH's primary change management resource? Does BGH anticipate having a dedicated internal change management resource to partner with the selected consultant and the EHR implementation team?

Answer 39: BGH anticipates a collaborative approach that includes both advisory and hands-on implementation support, as needed, throughout the project lifecycle. BGH does not expect the selected consultant to serve as the organization's sole or primary change management resource. BGH intends to provide internal resources to support change management, organizational readiness, stakeholder engagement, and adoption activities. The selected consultant will be expected to partner with BGH's internal team and the EHR implementation team to provide expertise, guidance, and supplemental support as needed to help ensure a successful implementation.

Question 40: The RFP lists December 18 as the start of the performance window and December 21 as the anticipated contract execution or notice to proceed. Which date should respondents use for mobilization planning

Answer 40: The exact mobilization date is to be determined. Respondents should anticipate December 21, 2026, or a date shortly after December 21 as the mobilization date.

Question 41: Would BGH consider a fixed fee model?

Answer 41: BGH will consider fixed-fee, time-and-materials, hourly rate-based, or hybrid pricing models. Given that an EHR solution has not yet been selected and the specific scope, resource requirements, and implementation approach have not been finalized, respondents should clearly describe their proposed pricing structure, underlying assumptions, deliverables, and any applicable not-to-exceed provisions. BGH will evaluate pricing in conjunction with the proposed services, flexibility, and overall value provided to the organization.

Question 42: What internal resources has Bonner General committed to this project?

Answer 42: The BGH technology team is aligned to support the implementation and ongoing maintenance of the selected EHR solution. Expertise will also be pulled from various internal departments as needed to support the implementation process.

Question 43: Is BGH seeking ongoing application support services?

Answer 43: BGH is only seeking implementation and go-live support services at this time.