

**State of Louisiana Department of Health, Office
of Public Health, Bureau of Health Informatics**

**Request for Information (RFI): Contractor-hosted SaaS
Certified Electronic Health Record (EHR) Solution with
Integrated Revenue Cycle Management (RCM) Services**

RFI # 305PUR-326-EHR-RFI

August 26, 2025

LOUISIANA DEPARTMENT OF HEALTH, OFFICE OF PUBLIC HEALTH
REQUEST FOR INFORMATION RELATED TO LDH OPH CEHRT/RCM
RFI # 305PUR-326-EHR-RFI

This Request for Information (RFI) is for planning purposes only and should not be construed as a Request for Proposal (RFP). This is not a solicitation for offers. This information will be reviewed and discussed by the State agency and may result in procurement through NASPO ValuePoint for the services included in the RFI.

Overview

1.0 Purpose of the Request for Information

The State of Louisiana—through the Louisiana Department of Health, Office of Public Health, and Bureau of Health Informatics (collectively referred to as “The State”)—is seeking a Certified Electronic Health Record Technology (CEHRT) solution delivered as a fully hosted Software as a Service (SaaS) by the Vendor. The ideal solution will feature a fully integrated Revenue Cycle Management (RCM) service that supports end-to-end clinical and financial operations, with an emphasis on advanced clinical workflows, robust data collection to improve health outcomes, and effective care coordination. Designed to enhance billing accuracy, maximize reimbursement, and streamline revenue operations, the solution should promote both financial and clinical efficiency. Through this initiative, the State aims to engage a single vendor to deliver the technology and services required to support and inform a potential procurement process focused on improving operational efficiency, ensuring regulatory compliance, and advancing patient care outcomes.

The objectives to be achieved through the contract to attain this goal include:

1. *Support Public Health Mission Delivery*
Facilitate comprehensive, coordinated care delivery aligned with public health priorities and community-based services.
2. *Enhance Clinical and Programmatic Workflow Efficiency*
Streamline documentation, care coordination, and program tracking (e.g., immunizations, reproductive health, etc.).
3. *Ensure Compliance with Public Health Reporting Requirements*
Meet federal, state, and local reporting mandates.
4. *Improve Revenue Collection and Sustainability*
Strengthen financial performance through timely billing, reduced denials, and optimized reimbursement—especially for grant-funded and care for underserved populations.
5. *Integrate Grant and Program Billing with Clinical Services*
Enable billing for diverse funding streams (e.g., Medicaid, Title X) within a unified platform that supports compliance and audit readiness.
6. *Provide Accessible Patient Engagement Tools*
Expand patient access through multilingual portals, mobile-friendly communications, and support for underserved populations.
7. *Enable Cross-Sector Interoperability*
Connect with labs, immunization registries, Health Information Exchanges (HIEs), public health databases, and social service platforms.
8. *Ensure Robust Data Security and Privacy*
Adhere to stringent HIPAA and public health data protection standards, with role-based

access and secure data sharing.

9. *Offer Real-Time Reporting and Program Evaluation Tools*

Equip staff with dashboards and analytics for performance measurement, quality improvement, and outcomes tracking.

10. *Reduce Administrative Burden on Clinical and Program Staff*

Automate eligibility verification, sliding fee scale calculations, claims submission, and reporting workflows to allow more focus on service delivery.

2.0 Objectives of the Request for Information

- Understand the level of interest and availability of potential vendors that could provide a solution to the State.
- Gain a more comprehensive understanding of business models and industry best practices related to solution development and implementation.
- Identify issues, roadblocks, and barriers to successful implementations.

The State is seeking information regarding vendor interest in and ability to provide services as outlined in this Request for Information (RFI) regarding:

- Vendor experience and success with implementation of statewide electronic health record system.
- Vendor experience and success with healthcare and financial operations similar to the State.
- Vendor ability to meet or exceed the requirements set forth in Scope of Services.
- Vendor options for “turnkey” or configurable solutions which can be implemented quickly and efficiently.

3.0 RFI Coordinator

RFI inquiries must be directed to the RFI coordinator:

Jen Katzman

Deputy Assistant Secretary, Finance and Operations

Office of Public Health

Email: jen.katzman@la.gov

All communications relating to this RFI must be directed to the RFI Coordinator named above. All communications between respondents and State staff members, other than the RFI Coordinator, concerning this RFI are strictly prohibited.

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4.0 Schedule of Events

The State reserves the right to revise this Schedule of Events.

Event	Date	Time
Public Notice of RFI	August 26, 2025	
Deadline for Receipt of Vendor Questions/Inquiries	September 12, 2025	4:00 PM CT
Deadline for State's Response to Questions/Inquiries	October 10, 2025	
Deadline for Receipt of RFI Responses	October 24, 2025	4:00 PM CT
Onsite Vendor Presentations	October 28 – November 30, 2025	TBD

5.0 Response Preparation Cost

The State will not pay for the preparation of any information or response submitted in reference to this RFI, nor will it pay for any use of response information. The respondent assumes sole responsibility for any and all costs and incidental expenses associated with the preparation and reproduction of any materials submitted in response to this RFI. This includes preparations for approved discussions, demonstrations, or vendor marketing materials.

6.0 RFI Addenda/Cancellation

The State reserves the right to revise any part of the RFI by issuing an addendum to the RFI at any time. Issuance of this RFI, or subsequent addendum (if any), does not constitute a commitment by the State to issue an RFP or any other process resulting in award of a contract of any type or form. In addition, the State may cancel this informal process at any time, without penalty or prior notice.

7.0 Proprietary and/or Confidential Information

Pursuant to the Louisiana Public Records Act (La. R.S. 44:1 et. seq.), all public proceedings, records, contracts, and other public documents relating to this RFI shall be open to public inspection. Respondents should refer to the Louisiana Public Records Act for further clarification, including protections sought for proprietary and/or trade secret information. Respondents are reminded that any material within a response to this RFI identified as confidential or proprietary must be clearly marked. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

8.0 Written Inquiry/State Response Process

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Respondents may submit written inquiries to the RFI Coordinator via email according to the Schedule of Events herein.

The State shall provide responses to all written inquiries, according to the Schedule of Events, in the form of an RFI addendum, posted to the LaPAC at <https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm>.

9.0 Response Submission

All responses to this RFI must be on the response template (Attachment A) received by the due date and time indicated on the Schedule of Events. Responses received after the due date and time will not be considered. It is the sole responsibility of each respondent to assure that its response is delivered at the specified location prior to the deadline. Responses which, for any reason, are not so delivered will not be considered.

Electronic Submissions

Electronic submissions are the preferred format. Electronic submissions may be made to the RFI Coordinator via email. Electronically submitted responses should be in Microsoft Word and/or PDF format.

10.0 Ownership of Responses

All materials submitted become the property of the State will not be returned to the respondent. The State retains the right to use any and all ideas or adaptations of ideas contained in any response received through this RFI process.

11.0 Format of Response

All responses shall be submitted in digital format (PDF or Word is preferred), not to exceed 50 pages, in 12pt. font or larger according to the following outline as provided in Attachment A:

I. Corporate Background and Experience

Responder shall provide a brief description of the company, including a brief history, corporate structure, and the number of years in business.

II. Business Model for Contracting of Services

Responder shall describe its approach to a contract for its services should it be awarded a contract, but without providing any cost information in its response.

If a Commercial- Off-the-Shelf or Software-as-a-Service solution is proposed, the responder should indicate if proposed products are available through NASPO ValuePoint or similar purchasing agreements, the preferred cooperative purchasing program being considered for this RFI.

III. Implementation Timeframe of Solution

Responder shall indicate the minimum time frame from contract execution for full implementation of its solution, inclusive of equipment acquisition, configuration, and testing.

IV. Implementation & Support

Responder shall describe its proposed solution and approach for the following implementation and support elements:

- Project management and system configuration
- Data migration from legacy systems
- Staff training and onboarding
- Ongoing support and issue resolution
- Performance metrics and service level agreements

V. Approach and Methodology

Responder shall describe its proposed solution and approach for delivery of services, specifically identifying the use of delivery methodologies, or other methods to address evolving system needs in order to support the following functional requirements, grouped by domain:

A. Core Platform Architecture & System Administration

- **Cloud-Based Deployment:** The system must be cloud-hosted, with high availability, data redundancy, secure remote access, and minimal local infrastructure.
- **User Roles & Audit Logging:** Role-based access control, detailed audit logging (e.g., access, changes), and user management are required for security and compliance.
- **Usability & Navigation:** Interface must support efficient clinical and administrative workflows with intuitive navigation and minimal clicks.
- **Single Sign On:** The system must integrate into the State's Single Sign On (SSO) enterprise components for staff access.
- **Training Environment:** Provide a copy of the live system with scrambled/test data for use in training new staff. The training environment must be updated with each production system update.

- **Test Environment:** Work performed must undergo thorough evaluation and assessment prior to deployment to or execution in production to minimize unintended negative impacts and rework.

B. Clinical Workflow, Documentation & Usability

- **Comprehensive Clinical Documentation:** Includes support for SOAP notes, templates, macros, and structured data input by providers and nurses.
- **Clinical Decision Support (CDS):** Supports Clinical Decision Support (CDS) functionality that is easily configurable by OPH staff to encourage adoption of screening programs and preventive health initiatives.
- **E-Prescribing:** Must be compliant with federal/state laws and include drug interaction checks, history access, and pharmacy transmission.
- **Telehealth Integration:** Must support scheduling, virtual visits, documentation, and billing directly in the EHR.
- **Spellcheck & Customization:** Provides real-time spellcheck in narrative fields; interface customization for accessibility (e.g., font size, zoom).
- **Multi-Patient Chart Access:** Enables concurrent access and navigation across multiple patient records.
- **Role-Based Charge Correction:** Allows clinical staff (e.g., nurses, NPs) can independently correct charge errors.
- **Clinical Data Automation:**
 - **Auto Import:** Clinical and lab history can be auto-imported into new visits.
 - **Carry-Forward:** Key patient data (e.g., labs, diagnoses) carries across encounters to reduce re-entry.

C. Orders, Labs & Clinical Integration

- **Batch Lab Ordering:** Allows for streamlined ordering of multiple labs with routing to external partners.
- **Automated Lab Billing:** Lab charges post automatically upon result receipt.
- **Interoperability:** Has a standards-based (HL7, FHIR, ePrescribe) exchange with labs, imaging centers, and pharmacies.
- **Imaging:** Contains radiology imaging and diagnostic imaging modules.

D. Scheduling, Front Desk & Practice Operations

- **Advanced Scheduling:** Contain a configurable module with provider and/or location views, appointment types, alerts, and multi-calendar display.
- **Integrated Payments:** Ability for real-time credit card processing within clinical and billing workflows.
- **Patient Label Printing & Digital Signatures:** Has ID label generation and electronic signature support.
- **Income-Based Copay Calculator:** Ability to calculate sliding scale based on Federal Poverty Guidelines (Title X compliant).

E. Patient Engagement & Communication

- **Patient Portal:** Is HIPAA-compliant with access to records, secure messaging, billing, appointments, and updates to demographics/insurance.
- **Customizable Forms:** Ability for customizable forms and documents available for completion via the portal, to include ability to upload documents or images for submission from mobile device or PC.
- **Mobile Functionality:** Ability for SMS scheduling where patients can schedule via text with pre-defined appointment types, self-register and document upload
- **Mass Messaging & Notifications:** Has tools for staff-driven email/text alerts, batch messaging, and group rescheduling (e.g., LaWIN system/ WIC model).
- **Patient Resources:** Contains a Patient Education Library

F. System Integration & Interoperability

- **Real-Time Insurance Verification:** Ability for instant eligibility checks via insurance card data.
- **LINKS Integration:** Has bidirectional communication with Louisiana's immunization registry.
- **Interoperability:** Is interoperable with Louisiana Office of Public Health State Laboratory Starlims v11 or current validated version, LabCorp, Quest Diagnostics, Clinical Pathology Laboratories (CPL)
- **Electronic Communication:** Facilitates fully electronic communication with patients, medical specialists, labs, imaging centers, Managed Care Organizations (MCOs), and other providers to improve efficiency and documentation.
- **Referrals:** Accepts Community Health referrals

G. Inventory & Resource Management

- **Real-time Pharmacy Inventory:** Tracks medication inventory, dispensing, and control within the EHR for multiple locations.

H. Reporting & Analytics

- **Flexible Reporting Tools:** Contains standard dashboards, custom/ad hoc reporting across clinical, financial, and operational domains.
- **Reporting Replica Database:** Can create a non-production replica with detailed data dictionary to support analytics.

I. Compliance & Certification

- **ONC Certification:** System must meet ONC Health IT Certification standards.
- **HIPAA Compliance:** Has full adherence to HIPAA Privacy, Security, and Breach rules.
- **MES/IAPD Funding Alignment:** Compliant with Medicaid Enterprise System (MES) modularity and reuse standards.

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- **Tuberculosis Program:** Compliant with Title 40, Public Health and Safety and LA Administrative Code, Title 48, Public Health, LAC Title 51
- **Family Planning Program:** Compliant with LA Revised Statute Title 46, LA Administrative Code Title 50, Title 48, Office of Population Affairs Title X, OPA FPAR reporting requirements
- **Children's Special Health Services:** Compliant with LA Administrative Code Title 48, Social Security Act Title V, Maternal and Child Health Block Grant reporting
- **Block Grant:** Compliant with Preventative Health and Health Services Block Grant
- **Requirements:** Meets requirements of HRSA's Office of Pharmacy Affairs, Public Health Service Act, 340B, Office of Risk Management reporting
- **ADA & Accessibility:** Vendor shall design the User Interface to work on all browsers installed on the standard State computer image (Edge, Chrome & Firefox). Vendor shall incorporate and test accessibility throughout the design and development processes to remain compliant with Section 508 Amendment to the Rehabilitation Act of 1973. Specifically, all web content (not subject to exception from the DOJ final rule [28 CFR Part 35, Subpart H]) shall comply with Web Content Accessibility Guidelines (WCAG) 2.1, Level AA.
- **State Compliance:** Configured in compliance with state-specific consent models

J. Eligibility & Benefits Verification

- **Real-Time & Batch Checks:** Includes copays, deductibles, benefit limits, and exclusions via EDI or payer APIs.
- **Integrated Status Tracking:** Verification data is visible to front-desk, billing, and clinical staff within the patient record.

K. Claims, Denials & Appeals

- **Electronic Claims Submission:** Has configurable claim scrubbing and support for payer-specific rules.
- **Coding:** Explanation should include how the vendor maintains or provides CPT/ICD coding expertise, auditing, and quality assurance.
- **Independent Billing:** Provides support documentation and billing of optional non-ambulatory services (e.g., laboratory orders, Durable Medical Equipment) independently of patient visits.
- **Denial Management:** Has ability for auto-categorization, routing to work queues, and tracking with alerts. Vendor should provide information regarding denial code setup, denial action documentation, and the process for resubmission with timelines.
- **Appeals Support:** Contains tools for generating appeal letters, tracking statuses, and automated resubmissions.
- **Payer Feedback Integration:** Contains support for remittance feedback and payer portal access.
- **Clearinghouse services:** Has ability to interface with or perform pre-submission scrubbing, tracking, submission.

L. Payment Posting & Reconciliation

- **ERA Posting (835):** Supports manual/automated payment posting at transaction level, splitting, adjustments, and reconciliation.
- **Audit & Reconciliation Reports:** Contains tools to ensure transparency, track deposits, and detect payment variances.
- **Collection Process:** Explain your policy and approach to ensure global standards and best practices for accounts receivable and write-offs.

M. Revenue Cycle Analytics & Reporting

- **Key Metrics Reporting:** Requirements are:
 - Collections by payer, provider, location
 - Denials with CARC/RARC codes
 - A/R aging and bad debt
 - Claim rework, appeals, clean claims
- **Export & Scheduling:** Reports are available in multiple formats with scheduled delivery.
- **Filterable Dashboards:** Dashboards can be filtered by payer, service date, entry date, and encounter type.

N. Credentialing & Payer Enrollment (Optional)

- **Credentialing Tools:** Has optional module for managing provider credentialing, CAQH integration, payer enrollment tracking, alerts, and document storage.

VI. Key Information Requested

In addition to the above responses, respondents shall provide the following details regarding their company performance:

- Sample performance metrics and reporting dashboards
- Reference clients (especially in similar environments)

No cost and/or marketing information shall be included in this RFI response.

12.0 Optional Discussion

To solicit feedback and ask follow-up questions based upon vendor RFI responses, the State reserves the right at their sole discretion to conduct a structured discussion for respondents to this RFI only. If the discussions are scheduled to take place, the discussion session may begin with a presentation by the State. Following the presentation, State and representatives and the vendor team will participate in a structured presentation and question and answer session.

The State is under no obligation to conduct discussions with any respondent to this RFI.

Attachment A: Vendor Response Template

State of Louisiana Department of Health, Office of Public Health

Request for Information (RFI): Contractor-hosted SaaS Certified Electronic Health Record (EHR) Solution with Integrated Revenue Cycle Management (RCM) Services

Vendor Name:
Contact Person:
Email:
Phone:

Instructions for Respondents:

- Please provide clear, concise responses referencing the requirement number.
- Attach supporting documentation as needed (e.g., brochures, technical specs, and screenshots).
- For optional features, please indicate availability and any additional costs.

Section 1: Corporate Background and Experience

RESPONDER SHALL PROVIDE A BRIEF DESCRIPTION OF THE COMPANY, INCLUDING A BRIEF HISTORY, CORPORATE STRUCTURE, AND THE NUMBER OF YEARS IN BUSINESS.

ITEM	VENDOR RESPONSE
COMPANY BACKGROUND AND RELEVANT EXPERIENCE	
CORPORATE STRUCTURE	
NUMBER OF YEARS IN BUSINESS	

Section 2: Business Model for Contracting of Services

Responder shall describe its approach to a contract for its services should it be awarded a contract, but without providing any cost information in its response. If a Commercial- Off-the-Shelf or Software-as-a-Service solution is proposed, the responder should indicate if proposed products are available through NASPO ValuePoint or similar purchasing agreements, the preferred cooperative purchasing program being considered for this RFI.

ITEM	VENDOR RESPONSE
APPROACH	

Section 3: Implementation Timeframe of Solution

Responder shall indicate the minimum time frame from contract execution for full implementation of its solution, inclusive of equipment acquisition, configuration, and testing.

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Section 4: Implementation and Support

Responder shall describe its proposed solution and approach for the following implementation and support elements:

REQUIREMENT	VENDOR RESPONSE (CAPABILITIES, TECHNICAL DETAILS, LIMITATIONS, COMMENTS)
PROJECT MANAGEMENT AND SYSTEM CONFIGURATION	
DATA MIGRATION FROM LEGACY SYSTEMS	
STAFF TRAINING AND ONBOARDING	
ONGOING SUPPORT AND ISSUE RESOLUTION	
PERFORMANCE METRICS AND SERVICE LEVEL AGREEMENTS	

Section 5: Approach and Methodology

Responder shall describe its proposed solution and approach for delivery of services, specifically identifying the use of delivery methodologies, or other methods to address evolving system needs in order to support the following functional requirements, grouped by domain:

A. Core Platform Architecture & System Administration

REQUIREMENT	VENDOR RESPONSE (CAPABILITIES, TECHNICAL DETAILS, LIMITATIONS, COMMENTS)
1. CLOUD-BASED EHR DEPLOYMENT: HIGH AVAILABILITY, DATA REDUNDANCY, SECURE REMOTE ACCESS, REDUCED LOCAL INFRASTRUCTURE REQUIREMENTS.	
2. USER ROLES, ACCESS CONTROLS & AUDIT LOGGING: ROLE-BASED ACCESS CONTROL, USER ACCOUNT MANAGEMENT, DETAILED AUDIT TRAILS.	
3. SYSTEM USABILITY & NAVIGATION: INTUITIVE CLINICAL AND ADMINISTRATIVE NAVIGATION, WORKFLOW OPTIMIZATION.	
4. SINGLE SIGN ON: STATE SINGLE SIGN ON (SSO) INTEGRATION.	

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5. TRAINING ENVIRONMENT: NEW STAFF LIVE SYSTEM COPY, SYNCHRONIZED WITH PRODUCTION SYSTEM UPDATES.

6. TEST ENVIRONMENT: DEPLOYMENT PENDING REQUIRED EVALUATION/ASSESSMENT.

B. Clinical Workflow, Documentation & Usability

REQUIREMENT	VENDOR RESPONSE
7. COMPREHENSIVE CLINICAL DOCUMENTATION: INCLUDES SUPPORT FOR SOAP NOTES, TEMPLATES, MACROS, AND STRUCTURED DATA INPUT BY PROVIDERS AND NURSES.	
8. CLINICAL DECISION SUPPORT (CDS): SUPPORTS CLINICAL DECISION SUPPORT (CDS) FUNCTIONALITY THAT IS EASILY CONFIGURABLE BY OPH STAFF TO ENCOURAGE ADOPTION OF SCREENING PROGRAMS AND PREVENTIVE HEALTH INITIATIVES.	
9. E-PRESCRIBING: MUST BE COMPLIANT WITH FEDERAL/STATE LAWS AND INCLUDE DRUG INTERACTION CHECKS, HISTORY ACCESS, AND PHARMACY TRANSMISSION.	
10. TELEHEALTH INTEGRATION: MUST SUPPORT SCHEDULING, VIRTUAL VISITS, DOCUMENTATION, AND BILLING DIRECTLY IN THE EHR.	
11. SPELLCHECK & CUSTOMIZATION: PROVIDES REAL-TIME SPELLCHECK IN NARRATIVE FIELDS; INTERFACE CUSTOMIZATION FOR ACCESSIBILITY (E.G., FONT SIZE, ZOOM).	
12. MULTI-PATIENT CHART ACCESS: ENABLES CONCURRENT ACCESS AND NAVIGATION ACROSS MULTIPLE PATIENT RECORDS.	
13. ROLE-BASED CHARGE CORRECTION: ALLOWS CLINICAL STAFF (E.G., NURSES, NPS) CAN INDEPENDENTLY CORRECT CHARGE ERRORS.	
14. CLINICAL DATA AUTOMATION:	

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- **AUTO IMPORT: CLINICAL AND LAB HISTORY CAN BE AUTO-IMPORTED INTO NEW VISITS.**
- **CARRY-FORWARD: KEY PATIENT DATA (E.G., LABS, DIAGNOSES) CARRIES ACROSS ENCOUNTERS TO REDUCE RE-ENTRY.**

C. Orders, Labs, and Clinical Integration

REQUIREMENT	VENDOR RESPONSE
17. BATCH LABORATORY ORDER ENTRY: MULTIPLE TEST ORDERING IN A SINGLE WORKFLOW.	
18. AUTOMATED LAB BILLING: AUTOMATIC CHARGE APPLICATION UPON RESULTS RECEIPT.	
19. INTEROPERABILITY: HAS A STANDARDS-BASED (HL7, FHIR, EPREScribe) EXCHANGE WITH LABS, IMAGING CENTERS, AND PHARMACIES.	
20. IMAGING: CONTAINS RADIOLOGY & DIAGNOSTIC IMAGING MODULES	

D. Scheduling, Front Desk & Practice Operations

REQUIREMENT	VENDOR RESPONSE
21. ADVANCED SCHEDULING: CONTAIN A CONFIGURABLE MODULE WITH PROVIDER AND/OR LOCATION VIEWS, APPOINTMENT TYPES, ALERTS, AND MULTI-CALENDAR DISPLAY.	
22. INTEGRATED PAYMENTS: ABILITY FOR REAL-TIME CREDIT CARD PROCESSING WITHIN CLINICAL AND BILLING WORKFLOWS.	
23. PATIENT LABEL PRINTING & DIGITAL SIGNATURES: HAS ID LABEL GENERATION AND ELECTRONIC SIGNATURE SUPPORT.	

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24. INCOME-BASED COPAY CALCULATOR: ABILITY TO CALCULATE SLIDING SCALE BASED ON FEDERAL POVERTY GUIDELINES (TITLE X COMPLIANT).

E. Patient Engagement & Communication

REQUIREMENT	VENDOR RESPONSE
25. PATIENT PORTAL: IS HIPAA-COMPLIANT WITH ACCESS TO RECORDS, SECURE MESSAGING, BILLING, APPOINTMENTS, AND UPDATES TO DEMOGRAPHICS/INSURANCE.	
26. CUSTOMIZABLE FORMS: ABILITY FOR CUSTOMIZABLE FORMS AND DOCUMENTS AVAILABLE FOR COMPLETION VIA THE PORTAL, TO INCLUDE ABILITY TO UPLOAD DOCUMENTS OR IMAGES FOR SUBMISSION FROM MOBILE DEVICE OR PC.	
27. MOBILE FUNCTIONALITY: ABILITY FOR SMS SCHEDULING WHERE PATIENTS CAN SCHEDULE VIA TEXT WITH PRE-DEFINED APPOINTMENT TYPES, SELF-REGISTER AND DOCUMENT UPLOAD	
28. MASS MESSAGING & NOTIFICATIONS: HAS TOOLS FOR STAFF-DRIVEN EMAIL/TEXT ALERTS, BATCH MESSAGING, AND GROUP RESCHEDULING (E.G., LAWIN SYSTEM/ WIC MODEL).	
29. PATIENT RESOURCES: CONTAINS A PATIENT EDUCATION LIBRARY	
30. PATIENT PORTAL: IS HIPAA-COMPLIANT WITH ACCESS TO RECORDS, SECURE MESSAGING, BILLING, APPOINTMENTS, AND UPDATES TO DEMOGRAPHICS/INSURANCE.	

F. System Integration & Interoperability

REQUIREMENT	VENDOR RESPONSE
31. REAL-TIME INSURANCE VERIFICATION: ABILITY FOR INSTANT ELIGIBILITY CHECKS VIA INSURANCE CARD DATA.	
32. LINKS INTEGRATION: HAS BIDIRECTIONAL COMMUNICATION WITH LOUISIANA'S IMMUNIZATION REGISTRY.	
33. INTEROPERABILITY: IS INTEROPERABLE WITH LOUISIANA OFFICE OF PUBLIC HEALTH STATE LABORATORY STARLIMS V11 OR CURRENT VALIDATED VERSION, LABCORP, QUEST DIAGNOSTICS, CLINICAL PATHOLOGY LABORATORIES (CPL)	
34. ELECTRONIC COMMUNICATION: FACILITATES FULLY ELECTRONIC COMMUNICATION WITH PATIENTS, MEDICAL SPECIALISTS, LABS, IMAGING CENTERS, MANAGED CARE ORGANIZATIONS (MCOS), AND OTHER PROVIDERS TO IMPROVE EFFICIENCY AND DOCUMENTATION.	
35. REFERRALS: ACCEPTS COMMUNITY HEALTH REFERRALS	

G. Inventory & Resource Management

REQUIREMENT	VENDOR RESPONSE
36. REAL-TIME PHARMACY INVENTORY: TRACKS MEDICATION INVENTORY, DISPENSING, AND CONTROL WITHIN THE EHR FOR MULTIPLE LOCATIONS.	

H. Reporting & Analytics

REQUIREMENT	VENDOR RESPONSE
37. FLEXIBLE REPORTING TOOLS: CONTAINS STANDARD DASHBOARDS, CUSTOM/AD HOC REPORTING ACROSS CLINICAL, FINANCIAL, AND OPERATIONAL DOMAINS.	

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38. REPORTING REPLICA DATABASE: CAN CREATE A NON-
PRODUCTION REPLICA WITH DETAILED DATA
DICTIONARY TO SUPPORT ANALYTICS

I. Compliance & Certification

REQUIREMENT	VENDOR RESPONSE
39. ONC CERTIFICATION: SYSTEM MUST MEET ONC HEALTH IT CERTIFICATION STANDARDS.	
40. HIPAA COMPLIANCE: HAS FULL ADHERENCE TO HIPAA PRIVACY, SECURITY, AND BREACH RULES.	
41. MES/IAPD FUNDING ALIGNMENT: COMPLIANT WITH MEDICAID ENTERPRISE SYSTEM (MES) MODULARITY AND REUSE STANDARDS.	
42. TUBERCULOSIS PROGRAM: COMPLIANT WITH TITLE 40, PUBLIC HEALTH AND SAFETY AND LA ADMINISTRATIVE CODE, TITLE 48, PUBLIC HEALTH, LAC TITLE 51	
43. FAMILY PLANNING PROGRAM: COMPLIANT WITH LA REVISED STATUTE TITLE 46, LA ADMINISTRATIVE CODE TITLE 50, TITLE 48, OFFICE OF POPULATION AFFAIRS TITLE X, OPA FPAR REPORTING REQUIREMENTS	
44. CHILDREN'S SPECIAL HEALTH SERVICES: COMPLIANT WITH LA ADMINISTRATIVE CODE TITLE 48, SOCIAL SECURITY ACT TITLE V, MATERNAL AND CHILD HEALTH BLOCK GRANT REPORTING	
45. BLOCK GRANT: COMPLIANT WITH PREVENTATIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	
46. REQUIREMENTS: MEETS REQUIREMENTS OF HRSA'S OFFICE OF PHARMACY AFFAIRS, PUBLIC HEALTH SERVICE ACT, 340B, OFFICE OF RISK MANAGEMENT REPORTING	
47. ADA & ACCESSIBILITY: VENDOR SHALL DESIGN THE USER INTERFACE TO WORK ON ALL BROWSERS INSTALLED ON THE STANDARD STATE COMPUTER IMAGE (EDGE, CHROME & FIREFOX). VENDOR SHALL INCORPORATE AND TEST ACCESSIBILITY THROUGHOUT THE DESIGN AND DEVELOPMENT PROCESSES TO REMAIN COMPLIANT WITH	

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SECTION 508 AMENDMENT TO THE REHABILITATION ACT OF 1973. SPECIFICALLY, ALL WEB CONTENT (NOT SUBJECT TO EXCEPTION FROM THE DOJ FINAL RULE [28 CFR PART 35, SUBPART H]) SHALL COMPLY WITH WEB CONTENT ACCESSIBILITY GUIDELINES (WCAG) 2.1, LEVEL AA.
48. STATE COMPLIANCE: CONFIGURED IN COMPLIANCE WITH STATE-SPECIFIC CONSENT MODELS

J. Eligibility & Benefits Verification

REQUIREMENT	VENDOR RESPONSE
49. REAL-TIME & BATCH CHECKS: INCLUDES COPAYS, DEDUCTIBLES, BENEFIT LIMITS, AND EXCLUSIONS VIA EDI OR PAYER APIS	
50. INTEGRATED STATUS TRACKING: VERIFICATION DATA IS VISIBLE TO FRONT-DESK, BILLING, AND CLINICAL STAFF WITHIN THE PATIENT RECORD	

K. Claims, Denials, & Appeals

REQUIREMENT	VENDOR RESPONSE
51. ELECTRONIC CLAIMS SUBMISSION: HAS CONFIGURABLE CLAIM SCRUBBING AND SUPPORT FOR PAYER-SPECIFIC RULES.	
52. CODING: EXPLANATION SHOULD INCLUDE HOW THE VENDOR MAINTAINS OR PROVIDES CPT/ICD CODING EXPERTISE, AUDITING, AND QUALITY ASSURANCE.	
53. INDEPENDENT BILLING: PROVIDES SUPPORT DOCUMENTATION AND BILLING OF OPTIONAL NON-AMBULATORY SERVICES (E.G., LABORATORY ORDERS, DURABLE MEDICAL EQUIPMENT) INDEPENDENTLY OF PATIENT VISITS.	
54. DENIAL MANAGEMENT: HAS ABILITY FOR AUTO-CATEGORIZATION, ROUTING TO WORK QUEUES, AND TRACKING WITH ALERTS. VENDOR SHOULD PROVIDE	

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INFORMATION REGARDING DENIAL CODE SETUP, DENIAL ACTION DOCUMENTATION, AND THE PROCESS FOR RESUBMISSION WITH TIMELINES.

55. APPEALS SUPPORT: CONTAINS TOOLS FOR GENERATING APPEAL LETTERS, TRACKING STATUSES, AND AUTOMATED RESUBMISSIONS.

56. PAYER FEEDBACK INTEGRATION: CONTAINS SUPPORT FOR REMITTANCE FEEDBACK AND PAYER PORTAL ACCESS.

57. CLEARINGHOUSE SERVICES: HAS ABILITY TO INTERFACE WITH OR PERFORM PRE-SUBMISSION SCRUBBING, TRACKING, SUBMISSION.

L. Payment Posting & Reconciliation

REQUIREMENT	VENDOR RESPONSE
58. ERA POSTING (835): SUPPORTS MANUAL/AUTOMATED PAYMENT POSTING AT TRANSACTION LEVEL, SPLITTING, ADJUSTMENTS, AND RECONCILIATION.	
59. AUDIT & RECONCILIATION REPORTS: CONTAINS TOOLS TO ENSURE TRANSPARENCY, TRACK DEPOSITS, AND DETECT PAYMENT VARIANCES.	
60. COLLECTION PROCESS: EXPLAIN YOUR POLICY AND APPROACH TO ENSURE GLOBAL STANDARDS AND BEST PRACTICES FOR ACCOUNTS RECEIVABLE AND WRITE-OFFS.	

M. Revenue Cycle Analytics & Reporting

REQUIREMENT	VENDOR RESPONSE
61. KEY METRICS REPORTING REQUIREMENTS: COLLECTIONS BY PAYER, PROVIDER, LOCATION; DENIALS WITH CARC/RARC CODES; A/R AGING AND BAD DEBT; CLAIM REWORK, APPEALS, CLEAN CLAIMS	
62. EXPORT & SCHEDULING: MULTIPLE FORMATTED REPORTS, SCHEDULED DELIVERY	

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**63. FILTERABLE DASHBOARDS: CAPACITY TO FILTER BY
PAYER, SERVICE DATE, ENTRY DATE, & ENCOUNTER TYPE**

N. Credentialing and Payer Enrollment Support (Optional)

REQUIREMENT	VENDOR RESPONSE
66. CREDENTIALING TOOLS: HAS OPTIONAL MODULE FOR MANAGING PROVIDER CREDENTIALING, CAQH INTEGRATION, PAYER ENROLLMENT TRACKING, ALERTS, AND DOCUMENT STORAGE	

Section 6: Key Information Requested

In addition to the above responses, respondents shall provide the following details regarding their company performance:

- Sample performance metrics and reporting dashboards
- Reference clients (especially in similar environments)

ITEM	VENDOR RESPONSE
CLIENT REFERENCES	

***Attach sample performance metrics and reporting dashboards