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

State's Response to Questions/Inquiries

Q#	VENDOR NAME	DATE RECEIVED	QUESTION	RESPONSE
1	CureMD	9/9/2025	Can you clarify the structure of OPH…are there 9 Districts with 63+ PHU's encompassing this Scope of Work?	9 Regional Offices, 64 Parish Health Units - https://docs.google.com/spreadsheets/d/1WXJ7AmprS1vWgjaGEX4n8Be4mwTAr_qAwccU1znHMZE/edit?gid=519608351#gid=519608351
2	CureMD	9/9/2025	Can you provide legacy software version and company to be migrated?	Greenway Health, LLC Intergy EHR
3	CureMD	9/9/2025	Can you identify all of the labs and radiology to be integrated to the EHR?	LINKS is connected via HL7. Message specs can be found here - https://lalinks.org/linksweb/LINKS_MU.html STARLIMS will require a custom development as no API is available QUEST has an API Our current RCM vendor is connected via an HL7 feed; no API is available
4	CureMD	9/9/2025	Can you provide the estimated number of staff to be trained?	We have approximately 550 active user accounts at any given time. Approximately 450 of those are active PHU staff, the remaining would be contract providers and various reporting and program staff.
5	CureMD	9/9/2025	Can you list all programs and services provided to patients (i.e. Family Planning)	Parish Health Unit Services: Reproductive Health / Family Planning Birth Control / Contraceptive services, counseling, and referrals Pregnancy testing, counseling, and referral Reproductive life planning and preconception counseling HIV/AIDS testing, counseling, and referral Immunizations (children, adults) Tuberculosis (TB) testing, evaluation, treatment, and counseling Childrens' Special Healthcare Services (up to 21 years old) to include: - Orthopedics - Neurology - Otology - Audiology - Cardiology - Plastic Surgery Genetics clinic Refugee Health Community Health Ways (linkage to community resources)
6	Deltek	8/27/2025	If this RFI greenlights a solicitation, what is the estimated timeframe for procurement?	LDH is assessing vendor interest, and reserves its options for contracting including but not limited to an RFP or NASPO. Timeline will be dependent on procurement modality and vendor capability.
7	Deltek	8/27/2025	What is the anticipated contract value?	This will be determined during the procurement process and negotiations.

8	Juno Health	9/11/2025	What are some of the pain points or feature gaps in current system/s that are a priority for improvement for the Department?	Current pain points include: lack of signature pad integration, extremely narrow selection of scanning options, inability of non-clinical workers to leave notes in chart (such as noting patient phone calls), inability to run accurate system user count, need for multiple sign-ons, limited support of label printers for lab samples, too many third party or external platforms (portal, telehealth, citrix), limited system documentation in a usable and searchable format, data management and reporting, lack of sandbox for training and system configurations testing, no available off line functionality, bidirectional interfaces, intuitive task routing. For Revenue: inability to allocate funds to multiple programs. We have several programs running through the same EHR system. We are currently having difficulties capturing revenue by program. Generally, in the public sector NPIs would be divided or would have the ability to do resource scheduling to differentiate the programs. The current system does not have this functionality.
9	Juno Health	9/11/2025	Can the Department provide the number of local health departments and total locations?	64 - https://docs.google.com/spreadsheets/d/1WXJ7AmprS1vWgjaGEX4n8Be4mwTAr_qAwccU1znHMZE/edit?gid=519608351#gid=519608351
10	Juno Health	9/11/2025	Is the department seeking a single enterprise EHR for all health departments with appropriate data partitioning and State level data reporting, or individual EHR instances for each health district?	A single enterprise for all Office of Public Health Parish Health Units
11	Juno Health	9/11/2025	Will all local health districts participate as part of a single implementation/project, or will this be an indefinite delivery/indefinite quantity (IDIQ) contract managed by the Department but optional for each local health department?	Single implementation project, not optional for local health departments
12	Juno Health	9/11/2025	What is your ideal implementation timeline goal since rapid deployment is a priority?	Timeline will be dependent on procurement modality and vendor capability.
13	Juno Health	9/11/2025	Will a purchasing decision be made based off the RFI if the respondent solution is available via a purchasing agreement such as GSA or NASPO or will the Department issue an RFP?	LDH is assessing vendor interest, and reserves its options for contracting including but not limited to an RFP or NASPO.
14	Juno Health	9/11/2025	Has a budget been approved for the new EHR yet? If not, do you require rough order of magnitude pricing to be submitted as part of the RFI to help establish the funding?	While additional funding through Medicaid has been made available for this project, ultimately, final budget will be determined during the procurement process and negotiations. Please note that under Section VI. Key Information Requested, "No cost and/or marketing information shall be included in this RFI response."
15	Juno Health	9/11/2025	Can the Department elaborate on the clinical workflow for capturing credit card payment? “22. INTEGRATED PAYMENTS: ABILITY FOR REAL-TIME CREDIT CARD PROCESSING WITHIN CLINICAL AND BILLING WORKFLOWS. “	Clinic Workflow Integration Point-of-Care Collection: At the time of check-in, front-desk or intake staff verify insurance and identify any copays or outstanding balances using the EHR’s eligibility tools and billing integration. Real-Time Payment Capture: The staff are able to process credit/debit card payments in real time using integrated point-of-sale (POS) devices or secure virtual terminals embedded within the EHR or practice management system. Pre-Payment & Card-on-File Options: For scheduled procedures or repeat visits (e.g., family planning services), patients are offered secure card-on-file options (PCI-compliant) with patient authorization, allowing for seamless future billing. Clinical Alerts for Balances: Clinical users have visibility (non-intrusively) into outstanding balances or billing flags within the patient chart summary, promoting coordination between clinical and billing teams without disrupting care delivery. Billing Workflow Integration/Automated Posting: Once payment is made, transactions are automatically posted to the patient ledger in real time, eliminating the need for manual reconciliation and reducing billing errors. End-of-Day Reconciliation: Administrative teams use integrated reporting tools to reconcile credit card payments with encounter data, streamlining end-of-day closeout procedures. Patient Portal Access: Patients can make credit card payments through the portal for copays, balances, and self-pay services. Payments sync instantly with the EHR/PM system. Compliance & Security: All credit card transactions are handled via systems, ensuring patient financial data is encrypted and securely transmitted.

16	Juno Health	9/11/2025	By “batch lab ordering” do you mean generating an order for a single patient with multiple tests as part of an order set or panel/s, or ordering multiple tests for multiple patients simultaneously?	Batch ordering means grouping multiple patient specimens by location and shipping together on one manifest.
17	Juno Health	9/11/2025	Can the department provide specific reporting requirements or examples of current reporting?	Yes, State and federal funding includes reporting requirements including, but not limited to those under: LA Revised Statute Title 46, LA Administrative Code Title 50, Title 48, Office of Population Affairs Title X, OPA FPAR reporting; MES/IAPD Funding Alignment and KPIs; LA Administrative Code Title 48, Social Security Act Title V, Maternal and Child Health Block Grant reporting; Preventative Health and Health Services Block Grant; HRSA’s Office of Pharmacy Affairs, Public Health Service Act, 340B; and Office of Risk Management reporting. The State is always looking for new grant funding and thus will always have need for new reporting metrics. Each OPH program has additional auditing and reporting requirements as well. Such examples include the publishing of current and past health surveillance reports for Louisiana,
18	Juno Health	9/11/2025	Does the Department have an existing EHR that will require data migration? If so, how many years of data/number of unique patients will be migrated?	Yes - 6 years with approximatly 1.7 million unique patient records
19	Juno Health	9/11/2025	What is the State’s current Single Sign On (SSO) solution that will be integrated with the new EHR?	The state utilizes Active Directory SAML 2.0
20	Juno Health	9/11/2025	Can the Department provide details on required interfaces/integrations to external service providers including health information exchange, laboratory providers, imaging service providers, and any other referral partners?	LINKS is connected via HL7. Message specs can be found here - https://lalinks.org/linksweb/LINKS_MU.html STARLIMS will require a custom development as no API is available QUEST has an API Our current RCM vendor is connected via an HL7 feed; no API is available
21	Juno Health	9/11/2025	Does the Department require an in-house PACS Radiology solution or interface to imaging service providers with results interface and viewing capability?	Yes
22	Juno Health	9/11/2025	Approximately how many facilities, providers, and end-users will require access to the system?	Within the 64 PHUs and 9 regional offices, we typically maintain 550 active user accounts at any given time.

23	Leidos	9/11/2025	For onsite vendor presentations (Oct–Nov 2025), what functional areas should be emphasized (clinical workflows, RCM, interoperability, reporting)? Please share the expectations.	Requested information is detailed in the RFI. However, the following are some key areas: User Experience & Efficiency: How intuitive and streamlined is the EHR for clinicians? Does it support typical patient care workflows without adding administrative burden? Documentation: Quality and ease of capturing clinical notes, orders, and results. Order Entry & Clinical Decision Support: Integration of evidence-based guidelines and alerts. Care Coordination: Tools for communication across providers and care settings. detailed RCM information and how that interacts with the clerical workflow, data analytics capabilities. Revenue Cycle Management (RCM): Billing & Coding Automation: Accuracy and automation of charge capture, coding, and claims submission. Claims Management: Tools for claim tracking, denials management, and appeals. Patient Financial Engagement: Ability to provide estimates, payment plans, and patient statements. Patient registration and eligibility, Month-End Reports/Analytics: Revenue forecasting, trend analysis, and financial performance dashboards. Detailed revenue reports, accounts receivable aging, payer performance. Quality measures, patient outcomes, and utilization reports. Interoperability: Data Exchange Standards: Support for HL7, FHIR, CCD, and other relevant standards. Integration with External Systems: Ability to seamlessly connect with labs, pharmacies, payers, and health information exchanges. Pharmacy Inventory Management Solution: We have a centralized Pharmacy that functions as a retail pharmacy and services all 64 parish health units for stock medications. Data Import/Export: Ease of migrating existing patient data and exporting for reporting or transitions. Real-Time Data Sharing: For both clinical decision-making and billing processes. Regulatory Compliance/Security: Support for reporting required by CMS, Customizable Dashboards: Role-based views for clinicians, administrators, and finance teams. HIPAA compliance, data encryption, and user access controls. Areas to Consider: Mobile Registration; A complete end to end workflow from patient registration through to the end of the visit (showing multiple visit types), the data reporting capabilities, and generating patient correspondence, from login, scheduling, registration, and patient portal functionality. Scalability & Flexibility: Can the system grow with the organization or adapt to changing regulations? Training & Support: Vendor’s onsite training capabilities and ongoing support structure."
24	Leidos	9/11/2025	What type of reference clients are most valuable for the State (state-level EHR implementations, county health departments, FQHCs)?	Other State Public Health units and FQHCs. We serve a medically under-served population and would like to have references who are also serving the same general population. Clients with large numbers of sites across a large geographic area with a primary focus on public health such as state and county public health organization; clients that have service lines that are grant supported.
25	Leidos	9/11/2025	Will the implementation be phased by program/region, or is a single statewide deployment envisioned?	Depends on the implementation timeline and vendor engagement.
26	Leidos	9/11/2025	What legacy EHR, scheduling, billing, and ancillary systems are currently in use across OPH?	Current: Greenway Health Intergy electronic health record and scheduling. "LINKS is connected via HL7. Message specs can be found here - https://lalinks.org/linksweb/LINKS_MU.html STARLIMS will require a custom development as no API is available QUEST has an API Our current RCM vendor is connected via an HL7 feed; no API is available"

27	Leidos	9/11/2025	What are the State's expectations for disaster recovery and business continuity (e.g., RPO/RTO targets)?	Recovery Point Objective (RPO) and Recovery Time Objectives (RTO): Tier 1: Clinical Operations: Patient care, orders, meds, labs, immunizations RPO < 15 mins, ideally near real-time replication but no more than 15 min of data is lost. RTO <4 hours, downtime procedures to cover short outages but outage not to exceed shift. Tier 2: Revenue Cycle: billing, claims, pharmacy inventory RPO: <1 hour RTO: <12-24 hours Tier 3: Analytics / Reporting / Dashboards RPO: <24 hours, end of day batch acceptable RTO: <72 hours Best practice is to provide geographically diverse data centers or cloud availability zones for continuous replication, plus regular disaster recovery testing on an annual basis with reporting to the State of RPO / RTO performance. Business Continuity: Vendor should provide downtime procedures, printable downtime forms, medication lists, immunization history, patient schedules available within 15 minutes of outage. Vendor should provide real-time incident status updates and estimated recovery timelines.
28	Leidos	9/11/2025	What is the State's target timeline for go-live following contract execution?	LDH is assessing vendor interest, and reserves its options for contracting including but not limited to an RFP or NASPO. Timeline will be dependent on procurement modality and vendor capability.
29	Leidos	9/11/2025	What level of State staff involvement is expected for configuration, testing, and training activities?	The State has 30 personnel identified as key stakeholders to engage in this project as subject matter experts. Additionally, the State has established clinical and clerical superuser groups to assist in user acceptance testing and staff training resources / activities.
30	Leidos	9/11/2025	Will a formal governance or OCM or change control board be established as part of this?	Yes

31	Leidos	9/11/2025	What are the requirements for audit readiness and reporting frequency (e.g., Title X, HRSA, Medicaid block grants)?	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. 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: https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report-fpar/fpar-forms Children's Special Health Services: Compliant with LA Administrative Code Title 48, Social Security Act Title V, Maternal and Child Health 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 340B inventory requirements: Maintaining auditable records to ensure compliance with federal rules prohibiting drug diversion and duplicate discounts. Covered entities must be able to prove that drugs purchased at discounted 340B prices are dispensed only to eligible patients. You must maintain a complete and transparent record of all inventory transactions, including: products received into inventory, products removed from inventory for patient use, wasted or expired items. This applies to inventory control at the PHU and at the Pharmacy. 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 For RCM: Accurate, up to date financial records, complete documentation of revenues, expenditures, subawards, match/non federal share. Policies & procedures that align with program requirements and federal/state law. Record retention: records must often be kept for a number of years after close out or audit. Uniform Guidance requires retention for 3 years after submission of final financial report, or longer if litigation/audit ongoing. (Not always the same across programs.) Timely reporting: quarterly, semiannual, annual progress reports, expenditure reports, final reports, etc. that vary by program. Subrecipient oversight: ensuring that where funds are passed through, subrecipients are monitored appropriately including site visits, performance audits, etc. Ability to respond to findings: Corrective Action Plans, adjustments, returning disallowed funds, etc.Garantees must submit audits via the Federal Audit Clearing house or portal.
32	Leidos	9/11/2025	What is the anticipated timeline for issuing a formal RFP following this RFI?	LDH is assessing vendor interest, and reserves its options for contracting including but not limited to an RFP or NASPO. Timeline will be dependent on procurement modality and vendor capability.
33	Leidos	9/11/2025	Who will be the executive sponsor and day-to-day project owner at the State?	Executive Sponsor will be Jen Katzman, Deputy Assistant Secretary for Finance and Administration. The day-to-day project owner will be Daniella Wilson within the Bureau of Health Informatics.
34	Leidos	9/11/2025	How will stakeholder alignment across programs (e.g., WIC, Immunizations, Family Planning) be managed?	State facilitated Steering Committee
35	Leidos	9/11/2025	What is the expected support model (State-managed helpdesk vs. vendor-managed)?	State-managed helpdesk with enterprise level support from vendor
36	Leidos	9/11/2025	Should vendors plan for scalability to cover additional state programs not listed in the RFI?	Yes
37	Leidos	9/11/2025	Does the State envision integration with public health emergency response systems (e.g., COVID-like scenarios, natural disaster tracking)?	Yes
38	Leidos	9/11/2025	Who will own the data (clinical + financial) in the hosted SaaS model?	Louisiana Department of Health, Office of Public Health

39	Leidos	9/11/2025	Which payer types are most common (Medicaid FFS, Medicaid MCOs, Title X, 340B, commercial insurance)?	Medicaid, Medicaid MCOs, Commercial Carriers
40	Leidos	9/11/2025	Does the State prefer vendors to provide integrated clearinghouse services, or should solutions interface with an existing clearinghouse?	Yes, the State would prefer an intergrated Clearing House
41	Leidos	9/11/2025	How should the system manage sliding scale and grant-based billing across multiple funding streams?	Flexible Billing Rules & Configurations, Sliding Scale Setup: The system must allow configuring sliding scale fee schedules based on patient income, family size, or other criteria. It should automatically apply the appropriate discount or fee category during billing. Grant-Based Billing: Ability to assign specific funding sources (grants, subsidies, charity funds) to patient accounts or services, ensuring charges are correctly allocated to the proper funding stream. Multiple Funding Stream Management Fund Source Tracking: The EHR should track multiple payers simultaneously, including insurance, grants, self-pay, and sliding scale discounts, and allocate payments accordingly. Priority Rules: Ability to prioritize which funding source or payer is billed first (e.g., insurance first, then grant funds, then patient responsibility). Batch Billing & Reporting: Generate separate billing batches or reports per funding stream or grant to facilitate accounting and auditing. Eligibility & Verification Integration: Integrate with eligibility verification tools to determine patient qualification for sliding scale programs or grant-funded care. Automated Adjustments & Write-Offs: Automatically apply adjustments or write-offs based on sliding scale eligibility or grant funding rules without manual intervention. Support partial payments or co-payments, factoring in what remains due from the patient. Transparent Patient Statements Patient statements should clearly show how sliding scale discounts or grants were applied, with explanations to avoid confusion. Compliance & Audit Trails Maintain detailed logs of how sliding scale discounts and grant funds were applied to ensure regulatory and grant compliance. Generate audit-ready reports for grant funding agencies. Integration with Clinical and Scheduling Workflows The billing rules should be linked to patient intake and clinical workflows so eligibility and funding source are captured upfront, We would like to see an EHR system managing sliding scale and grant-based billing should be configurable, automated, transparent, and compliant—supporting complex rules for multiple funding streams while simplifying the billing process for staff and patients.
42	Leidos	9/11/2025	What is the anticipated transaction volume for claims per month?	80,000
43	Leidos	9/11/2025	Beyond ONC certification and HIPAA compliance, what state-specific requirements should vendors be aware of (e.g., consent models, reporting rules)?	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. 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
44	Leidos	9/11/2025	Does the State have a centralize Data Warehouse? If yes, what is that used for?	No, Louisiana does not have a single, centralized Data Warehouse for all data. It is broken up into different state departments and agencies that manage their own data warehouses and data repositories for specific purposes.
45	Leidos	9/11/2025	What is currently utilized dashboard(s)?Can the State share examples of key reports or dashboards currently used or expected to be replicated?	Yes, ODBC SQL dataware house and Tableau dashboards for key dashboards dedicated to perfomance metrics and specific program data.

46	Leidos	9/11/2025	Are there specific reporting formats that must be natively supported in the system?	Yes, the required format depends on the type of report to be submitted an its coverage of public health data.
47	Leidos	9/11/2025	Will the State require real-time dashboards at the program level, executive level, or both?	Yes, the state will soon require real-time dashboards at both the program and administrative levels to meet latest national wellness stardard and compliance for health innovation.
48	Leidos	9/12/2025	What is the anticipated transaction volume for encounters per month?	An estimated anticipation of transaction volume for encounters per month should be 10,000+ encounters.
49	Leidos	9/11/2025	Will the State provide APIs/access credentials for registries and partner systems, or should the vendor plan to develop and maintain those connections?	LINKS is connected via HL7. Message specs can be found here - https://lalinks.org/linksweb/LINKS_MU.html STARLIMS will require a custom development as no API is available QUEST has an API Our current RCM vendor is connected via an HL7 feed; no API is available
50	Leidos	9/11/2025	Does the State require hosting in a specific cloud provider environment (AWS, Azure, Oracle, GovCloud)? Is there any data residency requirement?	There is no prefered cloud provider, however preference will be given to a vendor that can also provide an on-site near realtime copy that can be utilized during service outage to minimize the impact and allow the state to continue to opporate and privide care
51	Leidos	9/11/2025	Will the solution need to integrate with the State’s enterprise identity management systems?	Ideally yes, however, a robust system that fits the state's needs will not nessisarily be excluded soley on failure to be able to intergrate.
52	Leidos	9/11/2025	What are the expectations for data export/transition assistance if the State later changes vendors?	The state expects the selected vendor to provide a complete data export, data dictionary, data schema as well as one senior level DBA to assist in any transition that may arrise from a change in vendors.
53	Leidos	9/11/2025	Are there minimum SLA targets (e.g., system uptime, ticket resolution time) the vendor must meet?	Uptime of 99.99%
54	Leidos	9/11/2025	What is the size and complexity of existing data sets (clinical and revenue cycle), and in what formats are they stored? Are they in a single instance or multiple instances?	Single SQL instance with just under 114 GB of data
55	Leidos	9/11/2025	Which external systems and registries are mandatory for integration (e.g., LINKS, Starlims v11, Medicaid MMIS, HIEs, social service platforms)?	LINKS is connected via HL7. Message specs can be found here - https://lalinks.org/linksweb/LINKS_MU.html STARLIMS will require a custom development as no API is available QUEST has an API Our current RCM vendor is connected via an HL7 feed; no API is available
56	Leidos	9/11/2025	Can the State provide additional information on State Reporting requirements and # of independent reporting instances you report to the state of LA? Additionally, the State submit quality reporting?	State and federal funding includes reporting requirements including, but not limited to those under: LA Revised Statute Title 46, LA Administrative Code Title 50, Title 48, Office of Population Affairs Title X, OPA FPAR reporting; MES/IAPD Funding Alignment and KPIs; LA Administrative Code Title 48, Social Security Act Title V, Maternal and Child Health Block Grant reporting; Preventative Health and Health Services Block Grant; HRSA’s Office of Pharmacy Affairs, Public Health Service Act, 340B; and Office of Risk Management reporting. The State is always looking for new grant funding and thus will always have need for new reporting metrics. Each OPH program has additional auditing and reporting requirements as well.

57	Leidos	9/11/2025	Please clarify which public health programs and clinics are in scope for the EHR implementation (e.g., WIC, immunizations, reproductive health, TB, family planning, children’s special health services).	Parish Health Unit Services: Reproductive Health / Family Planning Birth Control / Contraceptive services, counseling, and referrals Pregnancy testing, counseling, and referral Reproductive life planning and preconception counseling HIV/AIDS testing, counseling, and referral Immunizations (children, adults) Tuberculosis (TB) testing, evaluation, treatment, and counseling Childrens' Special Healthcare Services (up to 21 years old) to include: - Orthopedics - Neurology - Otology - Audiology - Cardiology - Plastic Surgery Genetics clinic Refugee Health Community Health Ways (linkage to community resources) Msany of these programs utilize some telehealth services in conjunction with in clinic services.
58	Leidos	9/11/2025	Are there existing data quality or standardization initiatives that vendors should align to, or should cleansing/mapping be included in scope?	Full ETL (extract, transform, load) including cleaning and mapping
59	Leidos	9/11/2025	Does the State expect a 'train-the-trainer' model or direct vendor-led training at all sites?	State anticipates a train the trainer model to be used given our large number of users and the many statewide locations.
60	Leidos	9/11/2025	How does the State plan to handle ongoing training for new staff post go-live?	The State will develop / implement a new user training and competency tools modeled after the training staff are provided by the vendor during go-live activities.
61	Leidos	9/11/2025	Can the Department provide a number of anticipated users by role and the number of anticipated concurrent users at peak time?	The roles that our users are assigned to are as follows: Clerical Staff, Clinical Staff, CSHS Doctors, TB Disease Intervention Specialists (DIS), Nutritionsts, Social Workers, Lab Techs, Medical Assistants, RCM vendor users, Community Health Workers (CHW), STD DIS, Pharmacy Staff, and Revenue Unit Staff. We have close to 550 active users in our system as of which about 450 concurrent users.
62	Netsmart	9/12/2025	Can OPH provide the breakdown of the payor mix (self pay, medicare, medicaid, third-party) that is being seen across the clinics.	Yes, 98% Medicaid MCOs, 1% LA BCBS, 1% Commercial mix
63	Netsmart	9/12/2025	Is OPH looking for the CEHRT vendor to provide revenue cycle management services in addition to the solution?	Yes
64	Netsmart	9/12/2025	Please provide the list of payors that will need to be setup for Revenue Cycle within the new CEHRT system.	Louisiana Medicaid, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizon, United Health Community Plan, Louisiana Health Care Connections, Aetna Better Health, BCBS plans, Cigna, Tricare Ambetter, Humana Commercial
65	Netsmart	9/12/2025	Please provide what OPH’s Annual NET Revenue is (What is expected to get paid/collect after adjustments).	$8.9 million currently, but this is expected to increase with higher performance
66	Netsmart	9/12/2025	Please provide the Annual NET (Actual) Collections.	$8.9 million currently, but this is expected to increase with higher performance
67	Netsmart	9/12/2025	Please provide all Billable NPIs (not rendering) (this can be found (This can be in box 33A on an 837P).	Current NPIs 1073689667-Immunization, 1396316212- Group, 1306012851 - Metabolic Formula

68	Netsmart	9/12/2025	Please provide the Annual Claims Volume.	758,727
69	Netsmart	9/12/2025	What is the anticipated transaction volume for lab orders per month?	6,850 per month, based on the amount of lab requisitions and orders created.
70	Netsmart	9/12/2025	Please provide a list of all programs and services that OPH is looking at bringing into the new CEHRT solution.	Parish Health Unit Services: Reproductive Health / Family Planning Birth Control / Contraceptive services, counseling, and referrals Pregnancy testing, counseling, and referral Reproductive life planning and preconception counseling HIV/AIDS testing, counseling, and referral Immunizations (children, adults) Tuberculosis (TB) testing, evaluation, treatment, and counseling Childrens' Special Healthcare Services (up to 21 years old) to include: - Orthopedics - Neurology - Otology - Audiology - Cardiology - Plastic Surgery Genetics clinic Refugee Health Community Health Ways (linkage to community resources)
71	Oracle Health	9/12/2025	In Section 1.0 Purpose of the Request for Information, the State describes seeking a Certified Electronic Health Record Technology (CEHRT) solution delivered as a fully hosted Software as a Service (SaaS) by the Vendor. Please elaborate on the resources and level of engagement the State will dedicate to the project.	The State has 30 personnel identified as key stakeholders to engage in this project as subject matter experts. Additionally, the State has established clinical and clerical superuser groups to assist in user acceptance testing and staff training resources / activities.
72	Oracle Health	9/12/2025	In Att A, Instructions for Respondents, the RFI language indicates that supporting documentation may be attached, as needed (e.g., brochures, specs, and screenshots). Please confirm that any attachments vendors provide with their submission do not count against the 50-page limit for the response and are not required to adhere to the font face and sizing requirements (Arial, 12 pt), but instead may follow their original formatting.	Correct
73	Oracle Health	9/12/2025	Please provide insight into the State's RFI evaluation process. Will a team of evaluators familiar with each subject area be reviewing only those sections of vendors' responses that align with their expertise or will all evaluators be provided with vendors' full responses to evaluate?	There is no formal evaluation as with a Request for Proposals. The information provided as a result of this RFI will be reviewed and discussed by the State agency. LDH reserves its options for contracting including but not limited to an RFP or NASPO.

74	Oracle Health	9/12/2025	Given that ATT A is 11 pages in length prior to vendors completing it, please increase the response page limit to 60 pages.	Any response would require the RFI questions be restated to ensure organization and are, therefore, intended to be part of alloted pages. We will not increase page allowance.
75	Oracle Health	9/12/2025	Can the State provide additional information on State Reporting requirements and # of independent reporting instances you report to the state of LA? Additionally, the State submit quality reporting?	State and federal funding includes reporting requirements including, but not limited to those under: LA Revised Statute Title 46, LA Administrative Code Title 50, Title 48, Office of Population Affairs Title X, OPA FPAR reporting; MES/IAPD Funding Alignment and KPIs; LA Administrative Code Title 48, Social Security Act Title V, Maternal and Child Health Block Grant reporting; Preventative Health and Health Services Block Grant; HRSA's Office of Pharmacy Affairs, Public Health Service Act, 340B; and Office of Risk Management reporting. The State is always looking for new grant funding and thus will always have need for new reporting metrics. Each OPH program has additional auditing and reporting requirements as well. The number of independent reporting instances is not fixed, but instead depends on the number and type of cases being reported or are stardard to reporting nationally.
76	Oracle Health	9/12/2025	Services Offered at Various Locations: Can the State outline the range of services provided at the different locations? Specifically, do the services listed on the Louisiana Department of Health's regional offices page (https://ldh.la.gov/oph-regional-offices) accurately represent the healthcare offerings at each location or are there any additional/specialized services or programs the State is anticipating the CEHRT will support?	Parish Health Unit Services: Reproductive Health / Family Planning Birth Control / Contraceptive services, counseling, and referrals Pregnancy testing, counseling, and referral Reproductive life planning and preconception counseling HIV/AIDS testing, counseling, and referral Immunizations (children, adults) Tuberculosis (TB) testing, evaluation, treatment, and counseling Childrens' Special Healthcare Services (up to 21 years old) to include: - Orthopedics - Neurology - Otology - Audiology - Cardiology - Plastic Surgery Genetics clinic Refugee Health Community Health Ways (linkage to community resources) In addition to standard services, Office of Public Health does initiate and develop specialized services and programs throughout the year based on needs of our citizens related to reporting metrics or emergency situations (e.g. COVID testing and vaccines or other health emergencies), as well as grant funded programs or initiatives (STI testing, Enhanced Partner Therapy treatment, telePReP, etc.).

77	Oracle Health	9/12/2025	Can the State provide additional information on general workflows regarding how the pharmacy and the laboratory operate?	*Patient speicific prescriptions:* Account for approximately 10% of prescriptions - Prescriptions for all Programs except Tuberculosis (TB) are escribed to the EHR platform. Prescriptions are filled using pharmacy software and then shipped to the health unit or directly to the patient. - TB prescriptions are written by an outside contracted TB provider who does not have EHR access. The provider sends the Rx to the health unit where it is documented in the EHR and faxed to the pharmacy along with the supporting documents such as lab work. *Stock Medications:* Account for 90% of prescriptions - Pharmacy provides a limited formulary of medications for administration to the patient in the health unit. The medications provided are packaged in quantities per standing order and labeled according to the Pharmacy Board regulations. *Clinic Supplies:* OTC medications per Program guidelines (i.e. prenatal vitamins, contraceptive gel), IUD insertion kits, pregnancy test kits, limited lab testing supplies Health units email a supply request form to the Pharmacy as needed. Medication replenishment and inventory control is every two weeks. Pharmacy generates a usage report for each health unit from the EHR. The Pharmacist uses the report to replenish the medications used by each health unit. Expired / wasted medications and prescriptions to increase stock are not patient specific so are not captured on the EHR report. These must be scanned into a separate system and sent to the health unit. Health units report their inventory every quarter using a form that is mailed/faxed to the pharmacy. The Pharmacy Director maintains an inventory spreadsheet for each health unit with the average monthly usage and reported inventory. The inventory counts are manually entered into the spreadsheet. Inventory is compared to average monthly usage and adjustments are made to replenishment orders if the inventory is greater than a two-month supply. OPH STATE LAB: Workflow between LIMS and EHR System: Real-time bidirectional interface using Rhapsody integrating Engine (or other secure communication approved by OTS) via HL7 V2.5.1 standards or HL7 compliant ELR messaging for data exchanges. EHR system (beside Production) should have at least a DEV (development) and / or TEST (testing) environments to implement and test new / updated lab tests menu (compendium upload), facility information, ordering providers and NPI, etc. Electronic transmitting of lab orders and receiving results: including capability to generate and print specimen barcode labels and shipping manifest at the PHUs or other associated clinics, ability to ingest HL7 encrypted PDF lab result reports, and able to notify when there are orders / results transmitting errors, correcting / updating patient information, cancel / reject orders, etc. General workflow: PHUs/Clinics order labs in EHR system, print labels and collect specimens, and print shipping manifest for courier pickup (send HL7 orders) --> Rhapsody system --> EHR system process these HL7 result messages including PDF result reports to appear in system for review / print / etc.
78	Oracle Health	9/12/2025	Scope of the Organization: Utilizing the CEHRT: Can the State please provide an overview of the specific facilities and user groups intended to utilize the Certified Electronic Health Record Technology (CEHRT)? For instance, will the deployment encompass all Parish Health Units (PHUs), regional offices, etc.? If possible, please provide current quantities of each.	Facilities: All 64 Parish Health Units, Regional Offices which include 9 OPH offices used for primarily administrative, quiality, reporting, and clinical support functions. Our administered roles include: Clerical Staff, Clinical Staff, CSHS Doctors, TB Disease Intervention Specialists (DIS), Nutritionsts, Social Workers, Lab Techs, Medical Assistants, RCM vendor users, Community Health Workers (CHW), STD DIS, Pharmacy Staff, and Revenue Unit Staff. We have close to 550 active users in our system as of which about 450 concurrent users.