

RFQ 2026-MeHI-01
Request for Qualifications for Implementation Partners for the SHINE-HT
Program
Questions and Answers

Can you please clarify the process by which the selected FQHC will choose an Implementation Partner from the pre-qualified list? Specifically, will the selected FQHC have an opportunity to review Implementation Partner proposals, conduct meetings or interviews with potential partners, and/or participate in any form of partner vetting prior to making a final selection?

MeHI is still finalizing the process for selected FQHCs to choose an Implementation Partner. However, MeHI will share information about the Implementation Partners including summaries of the organizations, examples of past implementation projects, their experience working with community health centers, and the bios of listed team members. We may ask Implementation Partners to meet with a selected FQHC to help make their selection. MeHI will review the FQHC's selection and must approve the selection before contracting.

Will MeHI provide information on the EHR platforms used by applicant FQHCs (e.g., eClinicalWorks, Epic, athenahealth, NextGen, etc.)? Given that many EHRs offer built-in or integrated digital health tools, insight into the EHR environment could help Implementation Partners and FQHCs identify opportunities to leverage existing functionality, select technologies with successful integration to current infrastructure, and reduce implementation complexity.

To help us tailor our examples and approaches, can MeHI share which EHR platforms are most prevalent among Massachusetts FQHCs (e.g., Epic/OCHIN Epic, eClinicalWorks, NextGen, Athena, others)?

The most frequently used EHR platforms among FQHCs in Massachusetts are Epic instances, including Community Technology Collaborative (CTC) Epic and OCHIN Epic, eClinical Works, and Athenahealth. MeHI will share more information about the selected FQHC pilot sites' EHR instance with pre-qualified Implementation Partners.

Are most Massachusetts FQHCs operating in individual self-hosted, individual vendor-hosted cloud, or shared collaborative/clinically integrated network environments? Understanding this will help us describe the appropriate integration approaches.

There is a group of roughly 13 FQHCs that are part of a shared Epic system with shared cloud hosting. Most of the remaining FQHC sites use their individual vendor-hosted or third-party cloud services.

If an applicant intends to address more than one of the identified health technology use cases in their mini-bid proposal, how should that be reflected in their submission? Should respondents focus on a single prioritized use case, or is it permissible to describe plans for multiple use cases within one proposal? If multiple use cases are allowed, please clarify how MeHI will evaluate or prioritize those responses.

Implementation partners do not need to indicate the specific use cases they can support in their response to this RFQ. The respondents to the FQHC mini-bid will be asked to select one of the identified use cases in their response.

MeHI's website references several categories of emerging health technologies (e.g., AI call center tools, ambient scribing, scheduling/waitlist solutions, patient intake tools, prior authorization automation, translation/interpretation tools). Are these the primary solution categories anticipated for SHINE-HT pilots, or should Implementation Partners expect additional or evolving categories to be prioritized in FY26 and subsequent years?

The use cases identified on MeHI's website are the current categories identified for SHINE-HT pilots. MeHI does not anticipate updating those use cases for FY26 but based on feedback from FQHCs and other stakeholders throughout the program, the use cases could be modified at a later date.

Is the list of digital health platforms provided by MeHI intended to be exhaustive, or may the Implementation Partner propose an alternative commercially available solution not currently included on the list? If alternatives are permitted, please clarify any requirements or approval processes that would govern the evaluation and selection of those platforms.

No. The list of vendors for the identified use cases is not exhaustive. Implementation Partners may suggest alternative vendors for the identified use cases. The technology for the initial pilot will be selected by the Technology Review Committee, which will include representatives from MeHI and the selected FQHC pilot site, and may include representatives from the Mass League of Community Health Centers, the Executive Office of Health and Human Services, and other organizations identified by MeHI. Technologies will be evaluated on their ability to integrate

with the selected FQHC’s EHR system, be designed or customizable for an FQHC setting, incorporate patient centered design, and be able to meet the language and cultural needs of the selected FQHC’s patient population. The Technology Committee will recommend one solution for the pilot implementation, which will be reviewed and approved by MeHI.

Will responses to this RFQ be evaluated using a standardized scoring or evaluation matrix? If so, will MeHI make that matrix available to respondents to support proposal development?

Yes. Responses to this RFQ will be evaluated using a standardized scoring matrix. The matrix is included below:

Evaluation Criteria	Total Possible Points
Level of experience designing and leading successful implementations of technology in health care settings	5 points
Familiarity and experience working with community health centers	6 points
Qualifications of identified team members	3 points
Presence of identified team members in Massachusetts and familiarity with Massachusetts health care landscape	3 points
Level of staff support proposed to be dedicated to a project for the fixed award amount	4 points
Total Points	20 points

Can MeHI confirm that the \$70,000 award is intended solely to support the Implementation Partner’s scope of work for the pilot project, and is not expected to fund technology integration or broader organization-wide implementation at the participating FQHC?

Yes. The fixed sum of \$70,000 will be awarded to the selected Implementation Partner to complete the scope of services for the pilot implementation and will not be used to fund the purchase of technology or a broader implementation at the participating FQHC.

Because SHINE-HT is being launched in partnership with the Massachusetts League of Community Health Centers, can MeHI share information on the vision for how Implementation Partners can best collaborate with the Primary Care Association (PCA) to benefit both the PCA and the member CHCs? Specifically to support leveraging economies of scale, memorizing lessons learned, and strengthening the Mass League as a whole?

The Massachusetts League of Community Health Centers was an integral partner in organizing the listening sessions that informed the design of the SHINE-HT program and the selection of the priority use cases. However, MeHI is the sole funder and contracting entity for the SHINE-HT program. MeHI anticipates partnering with the MassLeague to share the implementation plan templates developed through the SHINE-HT pilot projects with the MassLeague's members.

To appropriately scope time and budget, can MeHI clarify whether pilot deliverables—such as workflow maps, training materials, and implementation templates—are expected to undergo a collaborative refinement process with MeHI following the initial pilot? Specifically, should Implementation Partners anticipate multiple rounds of review or co-development with MeHI, or will refinement be primarily handled in partnership with the selected FQHC?

MeHI does not anticipate extensive refinement of pilot deliverables following the initial pilot. Deliverables will be largely developed and refined by the selected Implementation Partner and FQHC and reviewed and accepted by MeHI.

Additional Q&A added on 1/23/2026:

Is the \$70,000 awarded to the Implementation Partner intended to cover the entire lifecycle of the pilot, including discovery and assessment, pre-implementation planning, active implementation, and post-go-live stabilization, reporting, and close-out?

Yes – the \$70,000 is intended to cover all of the Implementation Partner's costs for the full lifecycle of the pilot. MeHI will also be awarding \$80,000 to the selected FQHC pilot site to cover the costs of the technology and the FQHC staff time during the pilot lifecycle.

To what extent are research, discovery, and due diligence activities expected of the Implementation Partner prior to and during pilot design, and should this effort be assumed as part of the compensated scope within the \$70,000 award?

MeHI does not anticipate any extensive research, discovery, or due diligence activities will be required of the Implementation Partner prior to the pilot. The Implementation Partner will not be responsible for selecting the FQHC pilot site or the technology solution.

The Implementation Partner will be expected to conduct site assessments with the selected FQHC pilot site to understand their existing technology systems and workflows before designing

and executing the pilot implementation. That work should be considered part of the scope of the \$70,000 award.

Does MeHI have an assumed staffing model for the Implementation Partner (e.g., single lead versus multi-role team), and should the \$70,000 be understood as the sole labor budget regardless of team composition?

MeHI does not have an assumed staffing model and will be considering the proposed models and uses of funding in the budget narratives submitted by applicants as part of the response to this RFQ. The \$70,000 award should be assumed to cover all of the Implementation Partner's costs to complete the defined scope of work regardless of team composition.

If specialized expertise is required (e.g., workflow redesign, change management, data integration, or AI enablement), are subcontractor costs expected to be covered entirely within the \$70,000, or is there flexibility for additional funding or approval?

Any costs that would be incurred by the Implementation Partner to support their scope of work for the pilot, including any subcontractor costs, should be covered within the \$70,000 award.

If a selected FQHC requires infrastructure or hardware upgrades (e.g., devices, network capacity, AI compute resources) to support the selected technology, how are those costs expected to be handled—by the FQHC, through separate MeHI funding, or within the Implementation Partner's award?

Any infrastructure or technology costs will be covered by the FQHC partner.

For pilots involving AI-enabled or compute-intensive technologies, how does MeHI anticipate addressing any incremental operational or infrastructure costs required during the pilot period?

The operational and infrastructure costs for the pilot will be covered by the \$80,000 award to the selected FQHC partner.

Is there a defined change-management or contingency process if pilot scope expands due to unforeseen clinical, operational, or technical constraints identified during implementation?

Any changes to the pilot scope will need to be reviewed and approved in writing by MeHI staff. If the changes increase the scope of work and all parties agree that additional funding is required and available to support the expanded scope, then a contract amendment would need to be executed.

Is the pilot expected to be fully self-contained and economically viable for the Implementation Partner, or does MeHI anticipate that some partners may treat the pilot as a precursor to future scaled implementations that would be funded separately?

The pilot should be economically viable for the Implementation Partner, however MeHI anticipates that, if the pilot is successful, FQHC partners may choose to scale the implementation across their organization. Additionally, MeHI anticipates scaling the SHINE-HT program to support implementations of the successfully piloted technologies at additional FQHCs through a separate funding program.

When do you expect that the implementation partner will be notified of selection for the FY26 pilot and when would the FY26 FQHC pilot implementation kick off?

MeHI is anticipating that the Implementation Partner will be selected in mid to late April, contracting and project scoping will take place May-August, and the pilot will kick-off in September.

Is it required to be registered with COMMBUYS prior to submitting a response to the RFQ?

No, there is no requirement for an individual or organization to register with COMMBUYS before submitting a response to the RFQ.