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.