Request for Proposals
Revenue Cycle Software with Artificial Intelligence

Issued by:
Alabama Primary Health Care Association
8244 Old Federal Road
Montgomery, AL
www.alphca.com

RFP #9302026-1
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Revised: October 5, 2026
Proposals Due: November 6, 2026

Proposals should be submitted via email to:
Erin Harvey, eharvey@alphca.com
Subject: RFP#9302026-1, RHTP Revenue Cycle Software AI Pilot

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1. Introduction and Project Background

The Alabama Primary Health Care Association (APHCA) represents the operational, clinical, and financial interests of community health centers. Alabama health centers collectively serve more than 330,000 medically underserved patients annually across 217 community locations. APHCA supports quality, population health, patient and staff experience, operational performance, and cost efficiency across its integrated network.

As the health care model continues to shift toward a value-based system, financial sustainability is critical for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Look-Alike centers (LALs). As payer and regulatory requirements increase, health centers must close coding gaps, accurately capture Risk Adjustment Factor (RAF) data, and maximize administrative coding for quality incentives.

As a component of APHCA's Rural Health Transformation Program grant award, the Association will implement revenue cycle software that leverages Artificial intelligence (AI) in the coding and claims portion of the revenue cycle to help manage rules and payer-specific requirements while allowing health center employees familiar with operational workflows to shift from task and rule management to subject matter expertise that supports clinicians. APHCA will implement the pilot at one FQHC initially to improve documentation accuracy, coding completeness, and value-based care performance. Using CMS scoring models, natural language processing, and other AI-driven technologies, the system will identify undocumented conditions, surface visit alerts, improve RAF accuracy, reduce administrative burden, and expand care management opportunities. The limited pilot will focus on identifying and closing clinical documentation gaps that affect quality performance, risk adjustment accuracy, care gap closure, and value-based care revenue. The pilot is intentionally limited to one FQHC and six months of subscription costs to assess feasibility, provider adoption, workflow impact, documentation improvement, and financial return before any expansion.

The Year 1 base scope is expected to support one participating healthcare organization. Services beyond the Year 1 base scope are optional and are not guaranteed. Any continuation, expansion, or option exercise is contingent on documented program need, available funding, satisfactory contractor performance, applicable eligibility, ADECA prior approval when required, and compliance with procurement and contracting requirements.

2. Procurement Method and General Instructions

APHCA is conducting this procurement using simplified acquisition procedures for competitive proposals under 2 CFR §200.320 (a)(2). The estimated aggregate value of the proposed contract falls below APHCA's documented simplified acquisition threshold. This procurement is conducted in accordance with 2 CFR §§ 200.318 through 200.327, APHCA's written procurement policies, applicable Alabama requirements, the RHTP award, and ADECA requirements. Before award, APHCA will document the procurement method, anticipated aggregate contract value, price reasonableness, contractor responsibility, required approvals, and basis for award. APHCA seeks competitive proposals in response to its Request for Proposals (RFP) to procure and implement a revenue cycle software with an AI pilot as part of the Rural Health Transformation Program supported by the Centers for Medicare & Medicaid

Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award and administered by the Alabama Department of Economic and Community Affairs (ADECA). CMS supports the RFP through a financial assistance award, with 100 percent funded by CMS/HHS and 0 percent funded by non-governmental sources. The contents contained in the RFP are those of the Alabama Primary Health Care Association and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or ADECA.

APHCA will maintain a procurement history documenting the solicitation and amendments; sources solicited; proposals received; evaluator conflict-of-interest certifications; responsiveness and responsibility reviews; evaluation criteria; individual and consensus scoring; clarifications, demonstrations, and best-and-final offers; price or cost analysis; exclusion screening; selection; negotiations; approvals; and the basis for award. Consistent with 2 CFR § 200.321, APHCA has considered and, to the extent practicable, small businesses, and other disadvantaged businesses in connection with this procurement.

This RFP is a solicitation and does not constitute an offer or contract. APHCA may issue a conditional notice of intent to award. No contractual rights arise unless all required approvals are received, and APHCA and the selected vendor execute a written agreement. APHCA will submit the proposed agreement, scope, pricing, and supporting documentation to ADECA for prior written approval. APHCA will not execute an agreement before the required review period concludes, and it receives all approvals.

Any conditional notice of intent to award does not guarantee a purchase, minimum agreement term, transaction volume, renewal, expansion, or future funding. Any executed agreement will be limited to the scope, term, pricing, and funding stated in that agreement. APHCA may make an award or no award. APHCA will not order services outside the competed scope unless a separate compliant procurement or other authorized method is documented and approved.

Specifications are minimum operational, interoperability, privacy, security, and performance requirements and are not intended to favor a vendor. All questions related to this RFP should be submitted to **Erin Harvey at eharvey@alphca.com by October 9, 2026, 4:30 pm CT**. APHCA will not accept phone calls or oral questions, and respondents may contact APHCA member organizations or prospective participating providers outside of the authorized procedure above. APHCA will distribute addenda and written responses equitably to known recipients by October 14.

The following section provides instructions for preparing a proposal that enables vendors to address the technical, financial, and legal requirements of this RFP. Vendors must read the directions carefully, follow the provided format and numbering scheme, and answer every question. For any question that does not apply, vendors should respond “N/A.” Respondents shall certify that they maintain written conflicts-of-interest, information-security, privacy, and records-retention controls appropriate to the proposed service. Vendors should further certify that neither the organization, its principals, nor proposed subcontractors are suspended,

debarred, excluded, or otherwise ineligible to participation in federally funded programs, and agrees to maintain eligibility through the period of performance. If selected, respondents agree to comply with all applicable federal, HHS, CMS, RHTP, ADECA, and contractual requirements incorporated into the resulting agreement. APHCA may continue or expand its pilot program based on continued grant funding, participant eligibility and need, demonstrated performance outcomes, and ADECA approval.

3. Procurement Schedule

To support the anticipated selection and implementation timeline, APHCA intends to operate according to the following schedule:

Activity	Date
RFP released	October 1, 2026
Questions due	October 9, 2026
Answers/addenda issued	October 14, 2026
Proposals Due	November 6, 2026, 4:30 pm CT
Notification of Demonstration to Highest Scoring Respondents	November 16, 2026, 4:30 pm CT
Vendor Demonstrations by Highest Scoring Respondents	November 30, 2026
Conditional intent notice	December 4, 2026, 4:30 pm CT
Proposed Agreement Submitted to ADECA	December 4, 2026
Anticipated execution, subject to approvals	December 28, 2026

APHCA reserves the right to make modifications to the above schedule at its sole discretion. In the event of significant change(s), Vendors will be notified by email.

4. Proposal Content Requirements

4.1 Executive Summary

Provide a high-level synopsis of the vendor's response to the RFP including:

- Proposed software development, implementation, and maintenance
- Primary features and benefits

4.2 Respondent Contact

- Name and title
- Email and telephone number

4.3 Vendor Information

Describe the following:

4.3.1 General Information

1. Legal name including any existing dba's
2. State of company registration and location of company headquarters
3. The year the company was founded
4. Prior ownership of the company or software, including sale dates

5. Taxpayer Identification Number
6. Consent for exclusion screening

4.4 Organization and Responsibility Information

- Legal name, DBAs, registration state, headquarters, founding year, ownership history, and taxpayer identification number
- Corporate principal authorized for exclusion screening
- Nonprofit, healthcare, and multi-site experience
- Organizational chart and proposed subcontractors
- Litigation, regulatory, breach, investigation, enforcement, termination, or material claim disclosures for the prior five years
- Type of insurance coverage, limits, deductibles, and carrier ratings
- Written conflict-of-interest, information-security, privacy, records-retention, and business-continuity controls
- Identification of all proposed subcontractors with a description of the specific functions to be performed by subcontractors
- Completed and signed Attachment 4: Federal Contract Provisions and Certifications, including all required federal eligibility, exclusion-status, lobbying, and other applicable disclosures

4.5 Software Information

Describe the following:

4.5.1 Overview & Functionality

1. Describe the software's overall capabilities, including key differentiating factors from other software solutions. Include the names and descriptions of any modules offered to meet the requirements, the business case for each module, the goals each module is intended to support, and any dependencies required for module implementation, such as sequencing requirements or additional software.
2. The Vendor's vision of how the software and modules will help APHCA meet its goals for improved coding accuracy, coding gap closure, and increased revenue.
3. The software's capability to impact compliance and regulatory requirements from CMS and other governing bodies relating to reimbursement in a health care space.
4. Overview of the technology involved including how AI is incorporated and managed, connectivity between vendor and health center, other data sources with connections, and any technology resources required by APHCA or Health Center Sites.
5. Description of ways the software is aligned to meet the unique needs of FQHC, LAL, and RHC billing and coding requirements, including any specific functionality the software includes specifically for this space.
6. Describe expected software and human interactions, including how AI is managed and tracked, human review requirements embedded in the software, and the extent to which AI-generated changes and human interactions further train the model for future suggestions.

7. Describe the mechanisms to ensure coding recommendations comply with CMS or other coding guidelines, including description of auditing and validation process.
8. Describe how the AI model is trained (foundation or generative AI) and whether customer data is used to train this model. If customer data is used to train the model, please describe any opt-out process.
9. Description of any network-level aggregation and reporting that will be available to monitor impact, progress, and overall themes across all network participating centers. This should focus primarily on identifying training needs, as well as metrics to prove return on investment across the network as a whole and broken down by center.
10. Describe the recognized best-practice standards, frameworks, and methodologies the Vendor uses in its change management and software development lifecycle processes (for example, NIST, ITIL, ISO, Agile, DevSecOps, or comparable standards). Explain how these standards are applied to requirements of management, development, testing, validation, approval, release, documentation, security review, rollback, and post-implementation monitoring.
11. Describe the AI governance standards, frameworks, policies, and processes the Vendor uses throughout the AI lifecycle. Include, as applicable, governance roles and accountability; model development, validation, approval, deployment, monitoring, and retirement; data quality and provenance; privacy and security; bias and fairness assessment; explainability and transparency; human oversight; performance and drift monitoring; incident and exception management; auditability; regulatory compliance; third-party AI oversight; and the frequency of governance reviews.
12. Describe the AI lifecycle applied to software updates and releases, including how AI models, algorithms, rules, training data, and related components are evaluated, tested, validated, approved, versioned, documented, deployed, monitored, and, when necessary, rolled back or retired. Include the processes for assessing performance, accuracy, bias, security, privacy, regulatory impact, model drift, user acceptance, release communications, and post-release issues, as well as the roles of human oversight and governance approval throughout the lifecycle.

4.5.2 Data Connectivity/Interoperability

1. Describe connectivity, interoperability, and system mapping capabilities, being sure to delineate functions that are standard from those that require additional Vendor work. Also identify what health center staff can do versus what requires vendor assistance.
2. Describe the ability to interface with and utilize data from the following systems in an FQHC, LAL, and RHC environment, including current examples where the connectivity is operational. Indicate how data is transferred or exchanged for the following EHR vendors in both hosted and on-site server environments:

AthenaHealth, AthenaOne Dental, Micro-MD, Dentrix, eClinicalWorks, NextGen, Epic/OCHIN, and Greenway/Intergy.

3. Additional PM/EHR Data Connectivity not previously described.
4. Describe how your resources are dedicated to data validation before, during, and after implementation to address data fidelity issues.

4.5.3 Reports

1. Provide a list of standard reports available and describe the specific metrics associated with each report.
2. Listing of reporting options to be provided at a center and network level to APHCA routinely
3. Ability to customize reports
4. Ability to visualize the reports and data (i.e. dashboards, graphs, worklists, etc.) at a clinic location and rendering/billing provider level as well as aggregated.
5. Ability & ease of sharing reports with stakeholders
6. Describe audit reports, including the tracking of AI interactions and tracing them back to supportable user documentation inside the chart, human interaction audits in line with AI actions, and a complete audit trail of every alteration.
7. Describe ability to produce reporting in ad-hoc nature to comply with any reporting needs APHCA has as part of grant funding.

4.5.4 Security and Data Integrity

1. Ability to manage role-specific permissions to access data and various job responsibilities within different organizations, i.e., APHCA, health center, administrative, coding, etc.
2. Ability to segregate data based on Network, health center, providers, or sites.
3. Ability to audit user access and changes to systems, including configuration and rule change audits.
4. Provide a summary (1-page maximum) of security procedures, advanced security methods (i.e. multi-factor authentication, etc.), methods of data protection, methods of redundancies, and approach to disaster recovery. Demonstrate alignment with the NIST Cybersecurity Framework (CSF) 2.0 (or a similar cybersecurity standard) and provide documentation describing security controls, policies, procedures, and governance practices mapped to the Identify, Protect, Detect, Respond, and Recover functions.
5. Describe data storage procedures and protocols including a data architecture flow chart or map if available.
6. Please provide a completed cybersecurity crosswalk, maturity assessment, SOC 2 report, ISO 27001 certification, or equivalent documentation demonstrating implementation of cybersecurity controls.
7. Data retention policies and procedures including if PHI is retained inside the United States (and if not, where it is retained).
8. Describe the process for maintaining source identifiers in a traceable history for potential future audits by third-party payers, including log files, exception reports, or similar documentation.

9. Data ownership policy, including how the data is provided to APHCA or individual health center if the relationship is terminated.
10. Access to data, i.e., via a database or other mechanism
11. Ability to de-identify data based on Network, health center, or health center's sites

4.6 Pilot Scope

The procurement solicitation and proposed award are limited to a Year 1 pilot implementation involving one participating federally qualified health center and approximately six months of production operations during the initial RHTP grant year (with full implementation no later than February 1, 2027). Information regarding subsequent potential RHTP grant funds and additional APHCA member centers is provided solely to allow respondents to describe scalability and future deployment capability. No award under this RFP authorizes implementation beyond the pilot site.

4.7 Project Roadmap & Plan

Provide a graphical, high-level overview of the software deliverables presented on a timeline.

4.7.1 Implementation

1. Describe system and desktop requirements and/or capabilities needed by Network and its member health centers, internally/externally hosted EHRs to interface with the system solution i.e., transfer data, access data, perform analytics and generate reports.
2. What other software, hardware, or infrastructure components (not provided by your organization) are required to implement and run the system solution (database licensing, server hardware, etc.)?
3. Describe a proposed implementation plan and timeline for the Network and one pilot health center.
4. Describe the new customer implementation and data validation process, including data interfaces, verification of functionality, AI learning model needs, expected involvement of APHCA and member health center personnel, estimated staff hours, and the process for defect remediation.
5. Describe the ability of the health center and/or APHCA to determine subset of patient claims to be processed during implementation as well as the process for that to be changed after implementation is completed.
6. Provide a list of training resources (time/number of users) provided as part of the implementation and a fee schedule for an idealized training plan for post-implementation training that would optimize our utilization of the system solution.
7. Consultative services provided as part of the implementation process.
8. Number of concurrent implementations that can be supported.
9. Staff (FTE, skill set, etc.) required to support the system solution implementation at both the network and health center levels.
10. Ability to implement Network functionality separately from Health Center functionality. (i.e., implement reporting, analytics, clinical documentation

integrity reports, etc., separately from patient/claim level reporting that is typically performed at the health center level).

4.7.2 Updates & Enhancements

1. Process and schedule for releasing enhancements (periodic or ad-hoc).
2. How client feedback is incorporated into new versions.
3. List updates and significant enhancements during the past three (3) years.
4. Describe the timeline and process for delivery and implementation of enhancements, and the APHCA and health center resources required.

4.7.3 Customization

1. Process to request and schedule customizations.
2. Average timeline from initial request to solution release.
3. Provide examples of client customizations that have been requested during the past three (3) years.
4. Describe customizations that can be completed at the health center which do not require Vendor assistance.

4.7.4 Support & Issue Resolution

1. Describe Service Level Agreement documentation provided to APHCA and the health centers.
2. Describe the process for reporting and tracking issues.
3. Explain the escalation process for unresolved issues.
4. Peer-to-Peer networking and knowledge resources (i.e. support forums, user groups, training, etc.)

4.7.5 System Performance

1. Describe the process and metrics used to monitor system performance and steps taken to correct any identified issues.
2. Describe the standard for data import frequency for key data elements (real-time, hourly, daily, weekly, etc.)
3. Any additional system solutions, services, or functionality not directly addressed in this RFP that would provide additional benefits to APHCA or its member health centers.

4.8 Clients & References

Provide references including name, type of entity, contact information, and length of time as a client. APHCA may contact some or all the referenced entities unless the vendor indicates that a referenced entity is not available to serve as a reference.

4.8.1 Percentage of Retention

What is your percentage of retention for clients that began using your product in the following years?

Year	Retention Rates
2025	
2024	
2023	
2022	

4.8.2 Average Accuracy of AI Data Model

What is the average accuracy of the AI Data model in the following years?

Year	Accuracy Rates
2025	
2024	
2023	
2022	

4.8.3 Average Impact Results for FQHC/LAL/RHC Clients

What were the average denial-rate results for FQHC, LAL, and RHC clients using your software for the following years?

Year	Average Denial Rate
2025	
2024	
2023	
2022	

4.8.3.2 What were the average percentage-improvement results for code capture rates for FQHC, LAL, and RHC clients using your software for the following years? If you track a similar but not identical metric, please explain the metric methodology and provide the data.

Year	Average % Improvement for Code Capture
2025	
2024	
2023	
2022	

4.8.3.3 What was your average revenue increase year over year for FQHC/LAL/RHC clients using your software for the following years? If you track a similar metric, but not the exact one, please explain the metric methodology and provide the data.

Year	Average Revenue Increase
2025	
2024	
2023	
2022	

5. Cost Estimates

Provide a detailed itemized cost estimate, including implementation, use, and maintenance. Provide all cost information with the final section of the submission. If you offer a discount, provide the amount or percentage.

5.1 Up-Front Costs

1. Purchase price of system solution, to include additional costs for licensing and/or recommended hardware as required. Costs for licensing should identify how costs are determined (i.e.: licensed per installation, users, claims based – discuss basis, covered lives etc.)
2. Cost of creating and/or installing interfaces
3. Cost for required customizations
4. Cost for recommended training required for successful implementation, and ongoing partnership
5. Any additional implementation cost information not previously identified (please specify)
6. Cost relating to additions. (Note: any additional functionality and cost will be considered separately from those specified in the RFP, and will not be held against the Vendor in the price comparisons)
7. Costs for expansion across centers in a staged rollout should return on investment to help secure additional funding in subsequent years.

5.2 Annual Maintenance Costs

1. Cost of annual support/maintenance/licensing and ongoing training and methodology for calculating
2. Ability for annual or monthly costs to be grouped as quarterly or bi-annually (i.e. if a center or APHCA would like to pay up front for 3-6 months of subscription, describe that process).
3. Any additional annual support/maintenance cost information not previously identified.
4. Other Costs: Any cost related to service expiration or termination, including return of client's data or full audit trail return for all claims.
5. Costs for expansion across centers in a staged rollout should return on investment help secure additional funding in subsequent years.

5.3 Contractual Guarantees

Provide a description of any contractual guarantees the Vendor is willing to include as part of any contract such as denial-rate guarantee, up-time guarantee, claims-based guarantee, and revenue-generation guarantees.

5.4 Contract Terms

Provide a copy of the proposed contract template following the pricing information.

6. Terms & Conditions

- APHCA may reject any or all proposals, waive immaterial informalities, request clarifications, establish a competitive range, conduct demonstrations, request best-and-final offers, and negotiate consistently with fair competition.
- Material solicitation changes will be issued by written addendum and, when appropriate, accompanied by a deadline extension.
- Proposal preparation costs are the respondent's responsibility.
- The selected proposal may be incorporated into the contract.
- Respondents may not offer gratuities or engage in prohibited contacts.
- APHCA may withhold payment, require correction, recover overpayments, or seek reimbursement for unsupported, unallowable, noncompliant, or undelivered costs as permitted by contract and law.

1. The following apply without limitation - Communication, Questions and Request for Clarification - During the Response Period, all communication (i.e.: questions, requests for clarification, etc.) must be submitted via the email address specified in Statement of Work / Deliverables Section of this RFP. APHCA assumes no responsibility for, and Vendors may not rely on oral representations made by APHCA, unless such representations are confirmed in writing.

2. Evaluation and Selection Procedures - APHCA will screen responses to identify Vendors meeting minimum standards and those most capable of meeting the unique needs of APHCA. APHCA may request clarifications or additional information at any time during the RFP Period. Clarifications may explain or confirm information already provided and may not materially modify a proposal unless APHCA provides the same opportunity to similarly situated vendors.

3. APHCA will present responsive proposals meeting minimum qualifications and pass/fail screening requirements to the APHCA Evaluation Committee for detailed review and scoring using the published evaluation criteria. All screening team and committee members will complete conflict-of-interest disclosures before participating.

4. APHCA will evaluate proposals through a process of independent scoring, consensus scoring, demonstration scoring, reference review, responsibility determination, and ADECA approval of recommended contracting.

5. During the Evaluation Period, APHCA may, at its sole discretion, request additional information and demonstrations by some of the Vendors. APHCA reserves the right to reject all proposals, waive minor informalities that do not materially affect scope, quality, cost, competition, or vendor standing, or issue a revised solicitation.

6. RFP Amendments - APHCA reserves the right to amend, at its sole discretion, all terms of the RFP at any time during the RFP Period without prior notice. If APHCA elects to amend any terms during the Response Period, including extending the Response Period, APHCA will notify all Vendors by email as soon as practical.

7. No Commitment to Contract - APHCA reserves the right, without limit, to accept or reject any or all response(s) to the RFP, even if all the stated requirements are met.

8. Proposal Confidentiality - It is the intent of APHCA to share no proprietary marked portion of the Vendor's proposal, except as follows:
    a. To APHCA screening team, evaluation committee, board members, or consultants as required in the performance of their duties.
    b. To current, future, or potential APHCA members
    c. To payers, registries or other entities as required to assure that the proposed system solution meets the needs of APHCA and its members.
    d. As required by federal, state, or local statute, regulation
    e. As required by ruling of any court having appropriate jurisdiction
    f. With the written permission of the Vendor
    g. Where the information is generally available to the public

9. Vendors should specifically identify proprietary information within proposals. APHCA cannot guarantee confidentiality where federal law, state law, audits, monitoring activities, court order, or funding agency requirements require disclosure.

10. Release of Claims - By submitting a proposal, the vendor agrees that it will not bring any claim or cause of action against APHCA and its members, agents, employees, consultants or officers based on any information or misunderstanding concerning the information provided in the RFP. By submitting a proposal, the vendor thereby releases APHCA and its members, agents, employees, or officers from any liability arising from any such claim or cause of action. Respondents are responsible for reviewing all solicitation documents, addenda, and written responses and for seeking clarification of any ambiguity before the question deadline. Respondents may not rely on oral statements or informal communications not incorporated into the RFP or an official addendum.

11. Negotiation - APHCA may negotiate with more than one vendor simultaneously and award the contract, or part of the contract, to any vendor in negotiations without prior notification to any other vendor negotiating with APHCA. Vendors unwilling to consider a good-faith joint negotiation should not respond to this RFP.

12. No Contract Rights until Execution - No vendor shall acquire any legal or equitable rights regarding the contract unless and until a written contract has been fully executed by the successful vendor and APHCA and its members.

13. RFP Inclusion in Contract - It is the intention of APHCA to include a successful vendor's RFP response as an attachment to the written contract with the vendor. Vendors are warned not to include any claims or terms in the RFP that they do not want in the final contract.

14. Cost of Preparing the Proposals - APHCA is not responsible for any costs incurred by a vendor to the preparation or delivery of the RFP response or in any other activities of a respondent related to this RFP.

15. Reference Check - APHCA reserves the right to contact any reference of a vendor to assist in the evaluation of the vendor's proposal, to verify information contained in the vendor's proposal and to discuss the vendor's qualifications and the qualifications of any subcontractor identified in the proposal.

16. Information from Other Sources - APHCA reserves the right to obtain and consider information from other sources concerning a vendor, such as the vendor's capability and performance under other contracts, the qualifications of any subcontractor identified in the proposal, financial stability, past or pending litigation, and any other information, regardless of whether this information is available to the public.

17. Copyright Permission - By submitting a proposal, the vendor agrees that APHCA may copy the proposal for purposes of facilitating the evaluation. By submitting a proposal, the vendor consents to such copying and warrants that such copying will not violate the rights of any third party. APHCA may reproduce proposals solely for evaluation, procurement, audit, monitoring, and contract administration purposes.

18. Non-Solicitation – During the RFP Period, vendors are prohibited from contacting or discussing the RFP with APHCA members, or other third parties except as provided for in this document or authorized by APHCA in writing. Any violation of this provision may result in the associated vendor being removed from consideration at APHCA's sole discretion.

19. Gratuities - During the RFP Period, APHCA may remove a vendor from consideration if gratuities in the form of entertainment, gifts, monies, or ownership were offered or given by the vendor, or any agent or representative of the vendor, either directly or indirectly, to any officer or employee of APHCA and its members.

20. Vendor understands that the resulting agreement will be funded in whole or in part with federal financial assistance. The selected vendor shall comply with all applicable federal, CMS/HHS, ADECA, RHTP, and contractual requirements. APHCA may withhold payment, require corrective action, terminate the agreement, or recover amounts paid to the extent unsupported charges, nonperformance, or vendor noncompliance cause project costs to be disallowed or recovered by a funding agency.

21. The selected vendor must agree to all applicable federal, state, CMS, HHS, ADECA, and RHTP contractual provisions, including those identified within Attachment 4 and any additional requirements incorporated into the final agreement.

22. APHCA and each participating organization retains ownership of all data, configurations, workflows, reports, documentation, and work product enervated under the resulting agreement. The selected vendor may not sell, monetize, use for unauthorized secondary purposes, or use for external model training any data belong to APHCA or RHTP participants. Upon termination or expiration, the vendor shall return all data and

documentation in a usable format and certify destruction of retained copies, except as required by law.

6.1 Data, Privacy, and Security Terms

- APHCA and each participating organization retain ownership of their data, configurations, findings, results, risk registers, reports, and documentation.
- No sale, monetization, unauthorized disclosure, external model training, or unrelated secondary use.
- Business associate agreement when required.
- Encryption at rest and in transit; multi-factor authentication; privileged-access controls; audit logging; secure hosting; subcontractor safeguards; incident and breach notification.
- Data return, portability, retention, destruction, and secure offboarding.

6.2 Federal Contract Provisions

The resulting agreement will include applicable provisions under 2 CFR § 200.327 and Appendix II to 2 CFR Part 200; 2 CFR § 200.214 suspension and debarment; 2 CFR § 200.216 covered telecommunications and video-surveillance equipment or services; 2 CFR § 200.322 domestic preferences; applicable lobbying certifications; records access and retention; and all RHTP, CMS, HHS, ADECA, and APHCA–ADECA requirements.

Contracts exceeding applicable thresholds must include appropriate remedies and termination-for-cause and termination-for-convenience terms. Respondents must follow applicable federal requirements to approved subcontractors.

7. Evaluation Methodology

7.1 Minimum Qualifications and Responsiveness (Pass/Fail)

- Timely submission
- Response to every required section
- Complete pricing for each proposed approach
- Contractor eligibility and conflict-of-interest, information security, privacy, and records retention control policies and procedures certifications
- No disqualifying suspension, debarment, exclusion, or ineligibility
- Ability to meet the implementation schedule
- Required insurance and security/privacy commitments
- Acceptance of applicable federal and RHTP requirements

7.2 Evaluation Criteria

APHCA will evaluate responsive proposals using the criteria and weights below. APHCA will award the contract to the responsive respondent whose proposal provides the best overall value, considering price and the other stated factors.

Evaluators will score independently before consensus. APHCA will document scores, strengths, weaknesses, deficiencies, clarifications, demonstrations, price analysis, responsibility findings, and final rationale. APHCA may not award the contract to the lowest-priced respondent.

Evaluation Criterion	Weight
Vendor information, experience within FQHC/RHC healthcare space, alignment with RFP parameters	10 points
Software solutions, including software information and functionality, connectivity, and AI Governance	20 points
Reporting: including standard reporting, aggregate and network or center level reporting, visualization ability, customization of reports, audit reporting and performance reporting and ability to support RHTP outcome measurement	10 points
Data security and Retention including permissions, access, segregation of data, retention, storage, and ownership policies, and advanced use of security methods and alignment with NIST 2.0	15 points
Implementation plan overall including process, training resources, staffing resource requirements, customizations, support and issue resolution, and system performance	10 points
Clients and References including data around retention rates, accuracy of AI model, denial and code capture rates, and revenue increase	15 points
Total evaluated pilot cost to include expansion pricing commitment and price reasonableness	20 points
Total	**100 points**

7.3 Demonstrations (If Applicable)

The highest-scoring respondents may be asked to provide demonstrations. The committee will evaluate demonstrations and incorporate them into the final scoring process. Evaluation criteria applied during demonstrations will be the same for all invited vendors.

8. Potential Future Participating Rural Organizations

The table below lists current APHCA members that may be included in a multi-year initiative subject to subsequent RHTP eligibility requirements, grant awards, funding availability, practice site locations, and rural patients served. Future expansion will be based solely on RHTP eligibility, performance and return on investment demonstrated during the pilot implementation, agreement and approval by participating rural facility/providers, subsequent designated fund availability under the Rural Health Transformation Initiative, and related factors. This information may be used solely for the purpose of preparing responses to this RFP. The inclusion list may increase or decrease over the potential RHTP five-year period based on state application submission and funding, health center needs, and changes in the participating rural facilities/provider list approved by ADECA. No information may be shared for any other purpose or with any other entity, agency, or organization without the written permission of APHCA.

The estimates below are based on publicly available data.

Health Center		Total Estimated Encounters 2025 UDS data
1	Altapointe Health	59,485
2	Bayou La Batre Health Development Board	35,553
3	Capstone Health	24,849
4	**Christ Health Center: Y1 Pilot organization**	**77,201**
5	Cahaba Medical Care Foundation	197,939
6	Family Health Center	64,590
7	Franklin Primary Health Care	120,390
8	Health Services, Inc	108,756
9	Northeast Alabama Health Services	31,209
10	Physicians Care	47,503
11	Quality of Life Health Services	64,785
12	Rural Health Medical Program	22,249
13	Southeast Alabama Rural Health Association	96,424
14	Thrive Alabama	29,805
15	Whatley Health Services	51,973
16	Grove Hill Healthcare & Primary Care	No public data available
17	Wellstone Cullman	No public data available
Total Potential Estimate		**1,029,711**

Attachment 1: Proposal Checklist and Required Certifications

Respondents must complete and submit Attachment 1 with their proposal responses. The checklist supports the response organization and APHCA's responsiveness review. It does not replace any requirement stated in the RFP and is deemed part of the required minimum responsiveness. Respondents must mark each item as **Included**, **Not Applicable**, or **Exception Noted** and identify the applicable proposal section or page. An incomplete checklist or missing required certification may result in rejection of the proposal as nonresponsive.

A. RFP Submission Checklist

Required Proposal Component	Included	N/A	Exception Noted	Proposal Section/Page
1. Completed and signed Attachment 1: Proposal Checklist and Required Certifications	☐	☐	☐	
2. Executive summary identifying each proposed service approach	☐	☐	☐	
3. Respondent contact information	☐	☐	☐	
4. Legal name, DBAs, registration state, headquarters, founding year, ownership history, and taxpayer identification number	☐	☐	☐	
5. Identification of corporate principal authorized for exclusion screening	☐	☐	☐	
6. Description of nonprofit, healthcare, rural healthcare, and multi-site experience	☐	☐	☐	
7. Organizational chart and identification of proposed subcontractors	☐	☐	☐	
8. Completed and signed Attachment 2: Vendor Certification, Assurances, and Eligibility Disclosure Form.	☐	☐	☐	
9. Required litigation, regulatory, breach, investigation, enforcement, termination, and material-claim disclosures for the prior five years	☐	☐	☐	
10. Insurance coverage, limits, deductibles, and carrier ratings	☐	☐	☐	
11. Description of conflict-of-interest, information-security, privacy, records-retention, and business-continuity controls	☐	☐	☐	
12. Project staffing plan, including named key personnel, qualifications, certifications, tenure, location, availability, and responsibilities	☐	☐	☐	

13. Resumes or professional profiles for proposed key personnel	☐	☐	☐	
14. Technical response addressing all applicable service, security, privacy, interoperability, implementation, reporting, support, and acceptance requirements	☐	☐	☐	
15. Description of all proposed products, platforms, tools, appliances, licenses, subscriptions, and functionally equivalent solutions	☐	☐	☐	
16. Disclosure of assessment, implementation, monitoring, remediation, and validation independence and related safeguards	☐	☐	☐	
17. Proposed service-level commitments, severity definitions, escalation procedures, and remedies	☐	☐	☐	
18. Complete project implementation plan to be attached, with a description of timelines, responsible parties, deliverables, and dependencies.	☐	☐	☐	
19. Completed Attachment 3 Implementation Timeline	☐	☐	☐	
20. Completed Attachment 4: Federal Contract Provisions and Certifications	☐	☐	☐	
21. Pricing assumptions, minimum commitments, renewal pricing, escalation terms, termination charges, transition costs, and all exclusions or potential additional charges	☐	☐	☐	
22. Completed Attachment 5: Required Cost Proposal Form.				
23. At least three references for comparable nonprofit, healthcare, or multi-site engagements	☐	☐	☐	
24. Past-performance metrics with calculation methods, measurement periods, baselines, endpoints, exclusions, and validation status	☐	☐	☐	
25. Copies of required professional, business, and cybersecurity licenses or certifications, as applicable	☐	☐	☐	
26. Evidence of current SAM.gov registration or Unique Entity Identifier, if applicable	☐	☐	☐	

27. Completed W-9	☐	☐	☐	
28. Copies of proposed standard agreements, statements of work, service-level agreements, business associate agreements, data-processing agreements, and other contractual terms	☐	☐	☐	
29. Identification of all exceptions, requested modifications, assumptions, dependencies, and exclusions	☐	☐	☐	
30. Acknowledgment of all RFP amendments and addenda	☐	☐	☐	

B. Respondent Information

Legal Name: _____
Doing Business As, if applicable: _____
Business Address: _____
City, State, ZIP: _____
Taxpayer Identification Number: _____
Unique Entity Identifier, if applicable: _____
Primary Proposal Contact and Title: _____
Telephone: _____
Email: _____
Authorized Signatory and Title: _____

C. Required Certifications

By signing below, the respondent, through its authorized representative, certifies that:

1. **Authority and Accuracy.** The undersigned is authorized to submit the proposal and bind the respondent. The proposal and all attachments are true, complete, and accurate to the best of the respondent's knowledge.
2. **RFP Review and Compliance.** The respondent has reviewed the complete RFP, including all attachments and addenda, and agrees to comply with its requirements except for deviations expressly identified in the proposal.
3. **Independent Proposal.** The proposal was developed independently and without collusion, consultation, communication, or agreement with another respondent regarding pricing, proposal content, or allocation of work, except for disclosed subcontractor or teaming arrangements.
4. **No Improper Influence.** The respondent has not offered and will not offer any gratuity, gift, payment, employment opportunity, or other thing of value to improperly influence this procurement or any resulting agreement.
5. **Conflicts of Interest.** The respondent has disclosed all actual, potential, or perceived organizational, financial, personal, and professional conflicts of interest, including circumstances that could impair the independence of assessment, implementation, remediation, monitoring, or validation activities. The respondent will promptly disclose any conflict arising after submission.

6. **Suspension and Debarment.** Neither the respondent nor its principals, affiliates, or proposed subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered federal transactions. The respondent will notify APHCA immediately if its status changes.
7. **Federal and Healthcare Program Eligibility.** Neither the respondent nor any person or entity proposed to perform services is excluded from participation in Medicare, Medicaid, or other federal healthcare programs or appears on the HHS Office of Inspector General List of Excluded Individuals/Entities. The respondent authorizes APHCA to conduct applicable exclusion and responsibility screenings.
8. **Responsibility.** The respondent possesses the financial capacity, technical capability, staffing, experience, licenses, insurance, security controls, and operational resources necessary to perform the proposed services.
9. **Subcontractors and Third Parties.** The proposal identifies all known subcontractors, affiliates, hosting providers, cloud-service providers, software providers, and other material third parties expected to perform or support the work. The respondent remains responsible for their performance and compliance.
10. **Pricing.** All proposed prices are firm or are based on clearly stated, objectively measurable unit-price terms. Pricing includes all costs necessary to perform the proposed scope except charges expressly identified as exclusions or optional items. The respondent understands that undisclosed charges are not payable without a compliant written amendment and all required approvals.
11. **No Guarantee of Award or Work.** The respondent understands that issuance of the RFP does not guarantee an award, minimum purchase, service volume, option exercise, renewal, or reimbursement of proposal costs.
12. **Required Approvals.** The respondent understands that any selection or notice of intent to award is conditional and that no contractual right exists unless APHCA receives all required approvals, including ADECA prior written approval when applicable, and the parties execute a written agreement.
13. **Federal Requirements.** The respondent will comply with applicable federal statutes, regulations, executive orders, award conditions, and contract provisions, including applicable requirements under 2 CFR Part 200 and the provisions incorporated through applicable federal, HHS, CMS, RHTP, ADECA, and contractual requirements incorporated into the resulting agreement.
14. **Records and Audit Access.** The respondent will maintain complete financial, technical, performance, security, and source documentation for the period required by the resulting agreement and applicable law and will provide authorized access for monitoring, audit, examination, and program-integrity purposes.
15. **Confidentiality, Privacy, and Security.** The respondent will protect confidential information, personally identifiable information, and protected health information; comply with applicable privacy and security requirements; execute required business associate or data-processing agreements; and report suspected or confirmed incidents within the time required by the resulting agreement.
16. **Equal Opportunity and Nondiscrimination.** The respondent will comply with applicable federal and state equal-opportunity and nondiscrimination requirements.

17. **Lobbying and Political Activity.** No federally appropriated funds have been or will be used for prohibited lobbying activities. The respondent will complete any additional lobbying disclosure required by applicable law or the resulting agreement.
18. **Trafficking in Persons.** The respondent will comply with applicable federal prohibitions concerning trafficking in persons and will require applicable subcontractors to comply.
19. **Domestic Preference and Recovered Materials.** When applicable to the contracted goods or services, the respondent will comply with domestic-preference requirements and procurement-of-recovered-materials requirements incorporated into the resulting agreement.
20. **Changes to Representations.** The respondent will promptly notify APHCA in writing if any representation, certification, disclosure, eligibility status, staffing commitment, ownership information, or material proposal assumption changes before award or during contract performance.

E. Exceptions and Disclosures

If the respondent identified any exception, qualification, conflict, adverse disclosure, or requested modification, describe it below and reference the applicable RFP provision. Attach additional pages if necessary.

☐ No exceptions or disclosures are identified.

F. Authorized Certification

I certify under penalty of applicable law that I am authorized to make these certifications on behalf of the respondent and that the information submitted is true, complete, and accurate.

Respondent Legal Corporate Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

Email: _____ **Telephone:** _____

Attachment 2: Vendor Certification, Assurances, and Eligibility Disclosure Form

Respondents shall certify and disclose the following:

Section 1. Organization Information

Legal business name: _____

DBA name(s): _____

Principal business address: _____

_____

_____

UEI number: _____

Federal Tax ID Number: _____

Primary contact information: Name: _____

Telephone: _____

Email: _____

Section 2. Debarment and Suspension Certification

Vendor certifies that they:

- Are not suspended, debarred, or otherwise excluded from participation in federally funded programs.
- Will immediately notify APHCA of any change in status.
- Consents to federal and state eligibility verification.

Section 3. Conflict of Interest Disclosure

Vendor shall disclose:

- Existing business relationships with APHCA.
- Relationships with participating health centers, rural hospitals, clinics, subcontractors, or project partners.
- Actual, potential, or perceived conflicts of interest.

Section 4. Litigation and Regulatory Disclosure

Disclosure of:

- Pending litigation.
- Material lawsuits within the past five years.
- Regulatory investigations.
- Data breaches, HIPAA violations, sanctions, or enforcement actions within the past five years.

Section 5. Insurance Certification

Vendor certifies maintenance of applicable coverage including:

- General Liability
- Professional Liability / Errors & Omissions
- Cyber Liability
- Workers' Compensation

Section 6. Federal Grant Compliance Assurances
Certification that the vendor will comply with:

- 2 CFR Part 200
- Applicable federal civil rights requirements
- HIPAA and HITECH requirements
- Applicable state and federal privacy laws
- Records retention requirements
- Audit cooperation requirements

Section 7. Subcontractor Disclosure
Identify:

- Proposed subcontractors
- Scope of subcontracted services
- Percentage of work to be performed by subcontractors

Section 8. Representations and Warranties
By signing below and submitting this Proposal, the undersigned certifies, represents, warrants, and covenants on behalf of the Vendor that:

1. **Authority to Bind.** The individual executing this Proposal is a duly authorized representative of the Vendor and possesses full legal authority to submit this Proposal and bind the Vendor to all representations, commitments, obligations, pricing, schedules, deliverables, terms, and conditions contained herein and in any materials incorporated by reference.
2. **Accuracy and Completeness.** All information, certifications, statements, pricing, qualifications, references, disclosures, and supporting documentation provided in connection with this Proposal are true, accurate, complete, and not misleading as of the date of submission.
3. **No Material Omissions.** The Vendor has not knowingly omitted any information that could reasonably be expected to affect APHCA's evaluation of the Proposal, the Vendor's qualifications, eligibility, capacity to perform, financial viability, integrity, or compliance with applicable laws and requirements.
4. **Continuing Disclosure Obligation.** The Vendor acknowledges that APHCA will rely upon the information provided in evaluating proposals and making an award decision. The Vendor assumes an affirmative and continuing obligation to promptly notify APHCA in writing of any material change, error, omission, circumstance, or development that renders any portion of the Proposal inaccurate, incomplete, misleading, or no longer current. The Vendor should provide such notification immediately upon becoming aware of the change and, in no event, no later than five (5) business days thereafter.
5. **Duty to Update.** The obligation to disclose and update information continues throughout the procurement process and, if selected, through execution of any resulting agreement and performance of contracted services.
6. **Reliance by APHCA.** The Vendor understands and agrees that APHCA may rely upon the representations and warranties contained herein in evaluating the Proposal, determining responsibility and responsiveness, making an award recommendation, and executing a contract.

7. **Consequences of Misrepresentation.** APHCA reserves the right to reject the Proposal, terminate negotiations, rescind an award recommendation, terminate a resulting agreement, or pursue any other remedies available at law or in equity if any representation, certification, warranty, or disclosure is determined to be materially false, inaccurate, incomplete, misleading, or if the Vendor fails to satisfy its continuing disclosure obligations.

_____ _____

Authorized Representative Name and Title Signature

_____

Date

Attachment 3: Implementation Timeline

Respondents should complete this attachment and the corresponding implementation plan must describe how the respondent will transition participating organizations from contract award through implementation, testing, reporting, remediation support (when applicable), ongoing operations, and secure offboarding. The implementation schedule must:

- Identify duration for each implementation phase.
- Identify responsible parties.
- Describe required client inputs and dependencies.
- Define expected deliverables.
- Define acceptance criteria.
- Identify significant assumptions.
- Identify data handling, privacy, and security considerations.
- Identify any pricing assumptions or circumstances that could affect schedule or cost.

Phase 1. Contract Activation and Readiness Review

Item	Respondent Response
Estimated Duration	
Primary Responsible Party	
APHCA Responsibilities	
Participating Organization Responsibilities	
Required Inputs	
Dependencies	
Deliverables	
Acceptance Criteria	
Pricing Assumptions	

Phase 2. Kickoff, Discovery, and Scope Validation

Item	Respondent Response
Estimated Duration	
Primary Responsible Party	
Activities	
Required Documentation	
Connectivity and Access Setup	
Deliverables	
Acceptance Criteria	
Assumptions	

Expected activities may include:

- Project kickoff

- Final scope validation
- Stakeholder identification
- Environment review
- Technical discovery and connectivity
- Implementation planning
- Communications planning

Phase 3. Implementation and Go Live

Item	Respondent Response
Estimated Duration	
Access Requirements	
Workflow Review	
Data Load and AI Engine Training	
Go Live - phases	
Validation and Auditing	
Deliverables	
Acceptance Criteria	

Phase 4. Post Implementation Monitoring

Item	Respondent Response
Estimated Duration	
Team Training	
Reporting Training	
Admin and Network Training	
Ongoing Audits and Monitoring	
Deliverables	
Acceptance Criteria	

Phase 5. Ongoing Testing, Assessment, and Validation

Activity	Included	Estimated Duration	Responsible Party

Phase 6. Secure Transition and Offboarding

Item	Respondent Response

Monitoring Method	
Knowledge Transfer Activities	
Credential Transfer Process	
Final Documentation Provided	
Transition Support Period	
Offboarding Fees (if any)	

Responsibility Matrix

Activity	Respondent	APHCA	Participating Organization	Shared
Project Management	☐	☐	☐	☐
Discovery	☐	☐	☐	☐
Access Provisioning	☐	☐	☐	☐
AI Engine Training	☐	☐	☐	☐
Audit of AI engine	☐	☐	☐	☐
Findings Validation	☐	☐	☐	☐
Remediation Planning	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐
Reporting	☐	☐	☐	☐
Documentation Retention	☐	☐	☐	☐
Offboarding	☐	☐	☐	☐

Implementation Assumptions and Constraints

Respondents must identify:

- Required client staffing.
- Required technical contacts.
- Required access and permissions.
- Third-party vendor dependencies.
- EHR vendor dependencies.
- Network vendor dependencies.
- Schedule risks.
- Conditions that could delay implementation.
- Conditions that could change pricing.
- Conditions requiring APHCA written approval.

Respondent Certification

The respondent certifies that the implementation schedule represents the proposed methodology for delivering the services described in the proposal and reflects all known assumptions, dependencies, resources, responsibilities, and implementation requirements.

Signature of Authorized Representative, Title	Date

Attachment 4: Federal Contract Provisions and Certifications

This Attachment applies to the resulting Contractor and, if applicable, to covered subcontracts only to the extent required by the applicable federal award, 2 CFR 200.327 and Appendix II to 2 CFR Part 200, applicable statutes and regulations, ADECA requirements, and the executed agreement. If applicable requirements conflict, the stricter applicable term controls unless prohibited by law. APHCA may finalize or revise clause applicability after award and review by the Alabama Department of Economic and Community Affairs (ADECA). Statutory, regulatory, award, and incorporated clause text controls over any summary in this Attachment.

Administrative, Contractual, and Legal Remedies
For a contract exceeding the simplified acquisition threshold, the agreement shall provide appropriate administrative, contractual, or legal remedies for Contractor violations or breach and state the sanctions and penalties that may apply. Remedies are cumulative and do not limit rights available by law or under the agreement.

Termination for Cause and Convenience
For a contract exceeding $10,000, APHCA may terminate for cause upon material breach, with a reasonable cure period when appropriate, and may terminate for convenience by written notice. The notice will state the effective date and extent of termination. Contractors shall stop affected work, protect property, mitigate costs, deliver completed work, and submit a final accounting. Payment is limited to accepted work and allowable, reasonable termination costs, subject to offsets and the agreement.

Suspension and Debarment
Contractor shall not participate in a covered transaction with a party that is suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded, except as authorized by applicable federal rules. Contractor shall verify and disclose exclusion status as required and flow this requirement to cover lower-tier transactions.

Byrd Anti-Lobbying
When the applicable federal threshold is met (currently awards exceeding $100,000), Contractor shall provide the certification required by 31 U.S.C. 1352 and applicable regulations and shall submit Standard Form LLL for each required disclosure of lobbying with non-federal funds. Contractor shall flow the certification and disclosure requirements to covered lower tiers.

Domestic Preferences
To the greatest extent practicable and when applicable, Contractor shall provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States consistent with 2 CFR 200.322 and the award and shall include the applicable requirement in subawards and contracts.
Covered Telecommunications and Video Surveillance
Contractor shall not provide or use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology within any system,

when prohibited by 2 CFR 200.216 and applicable federal award terms. Contractor shall promptly disclose any actual or suspected covered equipment or service and flow applicable restrictions to covered subcontracts.

Whistleblower Protections
Contractor shall inform employees in writing of applicable whistleblower rights and remedies and shall not discharge, demote, or otherwise discriminate against an employee for protected disclosures, consistent with 2 CFR 200.217 and applicable law.

Access to Records and Record Retention
Contractor shall provide APHCA, ADECA, the federal awarding agency, the Comptroller General of the United States, and their authorized representatives timely access to records, personnel, and other information relevant to the award as required by law and award terms. Records shall be retained for the period required by 2 CFR 200.334—generally three years from submission of the final financial report, or the applicable alternative starting date—and longer when litigation, claims, audits, property, program-income, indirect-cost, or other retention rules require.

Mandatory Disclosures
Contractor shall timely disclose in writing to APHCA all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award, and all other matters required by 2 CFR 200.113, the award, or applicable law. Contractor shall require covered subcontractors to make corresponding disclosures.

Conflict of Interest and No Improper Influence
Contractor shall disclose actual, potential, or apparent conflicts of interest and organizational conflicts, comply with applicable APHCA, ADECA, award, and federal conflict requirements, and shall not offer, solicit, or accept any gratuity, kickback, contingent fee, or other improper influence in connection with this procurement or contract.

Flow-Down
Contractor shall include each applicable federal clause, certification, access right, prohibition, and reporting obligation in every subcontract or lower-tier agreement for which the requirement applies, shall monitor compliance, and remains responsible for performance by its subcontractors.

The resulting agreement incorporates by reference the Notice of Funding Opportunity for the Alabama Rural Health Transformation Program Collaborative HER, IT, and Cybersecurity Initiative; the terms and conditions of Cooperative Agreement RHTCMS332060; and all applicable requirements imposed by HHS, CMS, and ADECA, as each may be amended. In the event of conflict between the terms of the resulting agreement and an incorporated requirement, the stricter applicable requirement controls unless prohibited by law.

Respondent Certifications and Representations

Respondent must mark Yes or No, explain every exception, and supplement their response whenever facts change. A Yes response means the representation is accurate as of signature, subject to any written exception identified below.

Certification/Representation	Yes	No
Neither Respondent nor its principals are presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from covered federal transactions; any exception is disclosed below.	☐	☐
Respondent and personnel to be assigned to APHCA responsibilities are eligible to participate in federal healthcare programs and are not excluded on the HHS-OIG LEIE; any exception is disclosed below.	☐	☐
When required, Respondent has executed the Byrd Anti-Lobbying certification and attached SF-LLL for each required disclosure.	☐	☐
Respondent will not provide or use prohibited covered telecommunications or video surveillance equipment or services and has disclosed any potential issue.	☐	☐
Respondent will comply with applicable trafficking-in-persons requirements.	☐	☐
Respondent is responsible and legally eligible to contract and perform; all licenses, authority, and qualifications required for performance are or will be maintained.	☐	☐

Respondent has made all required federal criminal-law, fraud, bribery, gratuity, conflict, and other mandatory disclosures.	☐	☐
Respondent will flow applicable federal requirements to covered subcontractors and monitor compliance.	☐	☐
Respondent accepts a continuing duty to update these representations promptly through proposal evaluation and contract performance.	☐	☐

Exceptions/Explanations (identify items and attach additional pages if needed):

_____

_____

Legal entity name: _____

UEI (if applicable): _____

SAM registration/exclusion status (if applicable): ☐ Active ☐ Inactive

☐ Not registered

☐ Exclusion disclosed

Active SAM registration is not required by this Attachment unless the award terms or APHCA/ADECA specifically require it; Respondent must disclose its registration and exclusion status accurately.

Authorized representative: _____

Title: _____

Signature: _____

Date: _____

Required Attachments from Respondent before Contract Execution

☐ Standard Form LLL, Disclosure of Lobbying Activities, when applicable.

☐ Documentation supporting any exception or explanation stated in this Attachment.

☐ Any other award-specific certification or documentation requested by APHCA or the Alabama Department of Economic and Community Affairs before execution.

Signature and Certification Block

By signing below, the authorized representative certifies, after reasonable inquiry, that the statements and disclosures in this Attachment are true, complete, and accurate; that Respondent will comply with all provisions determined applicable and incorporated into the executed agreement; and that Respondent will promptly update APHCA regarding any material change. The signer understands that a false, fictitious, or fraudulent statement may result in rejection, termination, suspension, or debarment, civil or criminal remedies, and other consequences provided by law.

Legal entity name: _____

Authorized representative (print): _____

Signature: _____

Title: _____

Date: _____

Email / Phone: _____

Attachment 5: Required Cost Proposal Form

Revenue Cycle Software with Artificial Intelligence | RFP #9302026-1

MANDATORY SUBMISSION FORM

Respondent must complete every applicable field, enter "$0" for included items, and enter "N/A" only where an item is not offered or does not apply. Do not substitute a vendor pricing sheet for this form. You may attach a supplemental pricing explanation, but this signed form controls if there is a conflict.

1. Respondent and Proposal Identification

Legal name of respondent: _____

DBA (if any): _____

Primary pricing contact/name and title: _____

Email and telephone: _____

Federal Tax ID (last four digits only): _____

Proposal validity period (minimum 90 calendar days): _____

2. Pricing Instructions and Procurement Controls

- Prices must be firm-fixed or based on clearly defined unit prices and stated in U.S. dollars. Disclose every assumption, exclusion, dependency, minimum commitment, tier, overage, escalation, pass-through charge, third-party fee, tax, transition charge, and early-termination charge.
- All prices must include all labor, implementation, project management, appliances, hardware, shipping, travel, licensing, subscriptions, testing, reporting, support, remediation, engineering, secure offboarding, data return, overhead, and profit required for the proposed scope unless expressly listed as an optional or excluded item.
- The evaluated price will be the Total Evaluated Year 1 Pilot Cost in Section 8. Optional or future pricing will not authorize additional work and will be evaluated only as stated in the RFP.
- APHCA may verify arithmetic, request clarification that does not materially alter the proposal, and correct an obvious extension error using the stated unit price. APHCA will notify the respondent of any corrections.
- APHCA will evaluate total anticipated cost, including implementation, recurring charges, subscriptions, usage, likely adjustments, transition, and other required Year 1 charges, rather than only an initial or monthly rate.
- No cost may be incurred, and no work may begin before all required approvals and execution of a written agreement. Any future expansion, renewal, or option is contingent on documented need, available funding, satisfactory performance, applicable eligibility, required ADECA approval, and a written amendment or agreement.
- Pricing and award remain subject to APHCA's documented procurement procedures, applicable 2 CFR Part 200 requirements, applicable Alabama requirements for a nongovernmental recipient or subrecipient, RHTP award conditions, ADECA requirements, price or cost analysis, contractor responsibility review, prior approvals, available funding, and execution of a written agreement. Costs must be necessary,

reasonable, allocable, consistently treated, adequately documented, and not prohibited by the award or law.

- Services beyond the evaluated and awarded scope are not guaranteed. No charge omitted from this form is payable unless authorized through a compliant written amendment and all required approvals. Respondents must not split, defer, bundle, or reclassify charges to evade a procurement threshold, competition requirement, or approval.
- The resulting contract is funded with federal funds under a federal award that does not permit administrative or indirect cost recovery. Respondent pricing must not include administrative costs, indirect costs, or indirect cost rate changes in any proposed price, Costs determined unallowable, inadequately documented, or inconsistent with 2 CFR Part 200 Subpart E will not be reimbursed.

3. Year 1 Pilot: One-Time Implementation Costs

Item	Required Cost Element	Qty.	Unit price	Extended price
3.1	Project kickoff, discovery, and project management		$	$
3.2	Configuration and workflow design		$	$
3.3	EHR/PM interface development and installation		$	$
3.4	Data mapping, validation, and testing		$	$
3.5	Security/privacy setup and required documentation		$	$
3.6	Initial administrator and end-user training		$	$
3.7	Go-live and stabilization support		$	$
3.8	Required customizations (itemize below)		$	$
3.9	Other required one-time costs (itemize below)		$	$
	ONE-TIME IMPLEMENTATION SUBTOTAL			$

Required customization/other cost detail and assumptions:

_____

_____

_____

Year 1 Pilot: Recurring and Usage-Based Costs

Item	Cost element	Pricing Unit	Qty.	Unit price	Extended price
4.1	Platform/subscription fee	month	6	$	$
4.2	License fee per named user	user/month		$	$
4.3	License fee per provider	provider/month		$	$
4.4	Claim/encounter processing charge	claim/encounter		$	$
4.5	Risk-adjustment/documentation module	month	6	$	$
4.6	Reporting/dashboard/network analytics	month	6	$	$
4.7	Support, maintenance, and updates	month	6	$	$
4.8	Required third-party subscriptions	month	6	$	$
4.9	Other required recurring cost			$	$
Recurring Usage Subtotal					$

Usage Tiers, Minimums, Overages, True-ups, or Reconciliation method, as applicable:

_____

_____

_____

4. Training, Support, Travel, and Pass-Through Costs

Item	Cost Element	Unit	Rate	Not-to-exceed amount
5.1	Additional virtual training	hour	$	$
5.2	Additional on-site training	day	$	$
5.3	Technical/consulting support beyond included services	hour	$	$
5.4	Interface change or additional data source	each	$	$
5.5	Travel and related expenses	actual/not-to-exceed	$	$
5.6	Other pass-through or reimbursable cost	specify	$	$
	SECTION SUBTOTAL			$

TRAVEL CONTROL

If travel is proposed, state the basis and maximum amount. Travel is reimbursable only when expressly authorized in writing, necessary to performance, adequately documented, and allowable under the agreement and applicable award requirements. “At cost” without a not-to-exceed amount is not acceptable.

6. Optional Future Expansion Unit Pricing (Not Guaranteed)

Item	Optional unit	Pricing Basis	Unit price	Price-valid through	Escalation cap
6.1	Additional participating RHTP facility	each	$		$
6.2	Additional site/location	each	$		$
6.3	Additional provider	provider/month	$		$
6.4	Additional user	user/month	$		$
6.5	Additional claim/encounter volume	per 1,000	$		$
6.6	Additional EHR/PM interface	each	$		$
6.7	Optional module (identify)		$		$
6.8	Other scalable unit (identify)		$		$

Describe volume discounts and the exact breakpoint for each discount:

_____

_____

_____

7. Discounts, Credits, and Financial Guarantees

Discount or Credit	Terms and Trigger	Amount
Prompt-payment discount		$
Implementation discount/credit		$
Pilot or nonprofit discount		$
Performance or service-level credit		$
Other discount/credit		$
Total Discounts/credits		($)

Describe guarantees, measurement method, exclusions, and remedy/credit:

_____

_____

_____

8. Total Evaluated Year 1 Pilot Cost

Line	Cost Component	Amount
A	Section 3: One-Time Implementation Subtotal	$
B	Section 4: Recurring/Usage Subtotal	$
C	Section 5: Training/Support/Travel/Pass-Through Subtotal	$
D	Less Section 7 Discounts/Credits	($)
E	Contingency proposed by vendor (must be fully explained; enter $0 if none)	$
Total Evaluated Year 1 Pilot Cost (A+B+C-D+E)		$

APHCA will not pay charges omitted from this form unless authorized through a compliant written amendment supported by required approvals and available funding.

9. Price Basis, Reasonableness, and Cost Disclosure

9.1 Pricing Basis selected (check all that apply):
☐ Firm-fixed price ☐ Subscription ☐ Per-user ☐ Per-provider ☐ Per-claim/encounter
☐ Other: _____

9.2 Published commercial/list pricing or catalog reference, if any:

_____

9.3 Comparable customer pricing, cooperative pricing, GSA schedule, or other benchmark supporting price reasonableness:

_____

9.4 Material differences between the offered price and standard/comparable pricing:

_____

9.5 All affiliates, subcontractors, resellers, and third parties receiving any portion of the proposed price, including amount or percentage:

_____

9.6 Whether any cost is contingent on revenue generated, savings achieved, collections, or another outcome. If yes, describe the formula and maximum liability:

_____

9.7 All taxes included or excluded and legal basis for any tax:

_____

9.8 the maximum annual escalation for any renewal or option: _____% and index/formula:

_____

10. Assumptions, Exceptions, and Exclusions
REQUIRED DISCLOSURE
List every pricing assumption, exception, exclusion, dependency, minimum, and condition. Silence means the respondent has included the cost and accepted the stated pricing requirement. References to a vendor contract or online terms do not replace this disclosure.
1.

_____

2.

_____

3

_____

4.

_____

5.

_____

11. Respondent Certification
By signing below, the authorized representative certifies that: (1) this cost proposal is complete, accurate, and binding for the stated validity period; (2) the signer is authorized to bind the respondent; (3) all required costs, fees, assumptions, discounts, subcontractor charges, and third-party charges are disclosed; (4) prices were independently developed without collusion, price fixing, bid rigging, or improper coordination; (5) no gratuity, kickback, contingent fee, or conflict of interest has been offered or concealed; (6) the respondent will not split, defer, or reclassify charges to evade a procurement threshold or approval; (7) proposed costs are necessary and reasonable for the offered scope and will be supported by records sufficient for audit, monitoring, invoice review, and cost allowability determinations; (8) no work will begin before required approvals and execution of a written agreement; and (9) the respondent understands that APHCA may reject a proposal that is incomplete, materially conditional, mathematically irreconcilable, or priced above the stated procurement limit.

Authorized representative (print):

_____

Title: _____
Signature: _____
Date: _____

Attachment 6: Evaluation Criteria

Score range 1-5. 1 being lowest, 5 being highest.

1. VENDOR INFORMATION & EXPERIENCE
Demonstrated Experience within the Health Care/PCA/FQHC Space - Vendor Section
RFP Compliance & Completion - Evaluation Methodology Section
Data Provided on Outcomes - Client and References Section or elsewhere in summary
Average Score
2. SYSTEM SOLUTION, CONNECTIVITY & AI GOVERNANCE
System capabilities overall
Vision for how software will assist APHCA in meeting goals
Capability for Compliance and Regulatory Reporting requirements
Incorporation of AI into the solution including any AI model training
Management of AI that is incorporated
System capabilities related to unique FQHC, LAL, RHC billing
Software and human interaction - Humans in the loop abilities
Ability to ensure compliance with CMS and other coding guidelines including audit process
Network Level Aggregation and Views
Best Practice Standards for Change Management and Software Development
AI Governance Standards
AI Lifecycle and testing
Data Connections - EHR/Practice Management Systems
System Mapping Functions
Data Validation Plan
Average Score
3. REPORTING
Standard Reports Available
Center vs Network Level Reports
Customization of Reports
Visualization at the provider and clinic level for reports
Audit Reporting to include tracking of AI vs Human interactions
Ad-Hoc reporting for grant needs
Average Score
4. DATA SECURITY AND RETENTION
Security Permissions and Access
Access and Data segregated at Network and Center level
Advanced Security Methods including alignment with NIST 2.0
Data retention, storage and ownership policies
Source Identifiers for Traceable history related to audit preparation
Ability to de-identify data based on Network, health center, or individual needs to provide aggregate reporting

Average Score
5. PROJECT ROADMAP & PLAN
Proposed implementation plan for the Network & one pilot center with a proposed timeline
Implementation Process overall
Training Resources
Staff required to support the system solution implementation at both the network and health center level
Concurrent Implementations
Updates and Enhancements
Customization
Support & Issue Resolution
System Performance
Average Score
6. CLIENTS & REFERENCES
Percentage of Retention
Average Accuracy of AI Data Model
Average Results for FQHC/LAL/RHC Clients - Denial Rate
Average Results for FQHC/LAL/RHC Clients - Code Capture
Average Results for FQHC/LAL/RHC Clients - Revenue Increase
Average Score
7. COST ESTIMATES & CONTRACT
Quality of the Vendor's Proposed Contract - Terms, Conditions, Guarantees
Up Front Costs
Interface Costs
Required Customizations Cost
Training Cost
Annual support/maintenance/licensing and ongoing training
Contractual Guarantees
Expansion pricing commitments
Average Score
Total Weight Score should be 100
CRITERIA SCORES
1. VENDOR INFORMATION & EXPERIENCE – 10%
2. SYSTEM SOLUTION, CONNECTIVITY & AI GOVERNANCE – 20%
3. REPORTING – 10%
4. DATA SECURITY AND RETENTION – 15%
5. PROJECT ROADMAP & PLAN – 10%
6. CLIENTS & REFERENCES – 15%
7. COST ESTIMATES & CONTRACT – 20%