

REQUEST FOR INFORMATION

Q&A

Questions Specific to “Planning for Shared Credentialing Services”

Q: Regarding “credentialing”, can I assume you mean both the process of credentialing providers to work at the health centers and enrollment of providers with payers?

A: Yes - mostly the latter though since it has been more challenging for the FQHCs.

Q: Is there a budget range or not-to-exceed amount for this project?

A: We have released this RFI to understand the appropriate budget range for this work. The credentialing component in support of VT FQHCs should not exceed \$110,000 for work concluding 7/30/2026.

Q: How should respondents address the possible New Hampshire expansion: a separate budget estimate or a narrative statement only?

A: A narrative statement on willingness and capacity is sufficient. If the NH component is funded, we may release a separate RFI or we may ask the selected VT contractor to propose an add-on scope for our consideration (in which case we’d release a separate RFI if we did not find the add-on scope satisfactory).

Q: Has the PCA or New Hampshire counterparts done prior work in this specific area? If so, what were the key takeaways or deliverables?

A: No, Bi-State has not done current relevant work in either state.

Q: What are the specific success measures and key performance indicators for this engagement?

A: We would like to see a business model / set of recommendations emerge from this process that a number of VT FQHCs are excited about adopting. We do not have a preset requirement for what that number of FQHCs is, except that the number is high enough for it to make business sense to work towards implementing the model. Other success measures include FQHC engagement (survey response rate, meeting attendance, participation in the process). Bi-State will need to provide reporting to the State of Vermont about the progress of this work and might need additional information from the contractor to complete this reporting.

Q: What primary barriers or operational bottlenecks has the PCA identified to date that might impede action or implementation?

A: Bi-State has not explored this fully. The FQHCs may identify barriers as part of their engagement in the project. For example, the 11 VT FQHCs do not have standardized IT/IS systems; they currently utilize 5 different EHRs (which illustrates their current lack of shared systems). Some perform credentialing in-house; some use contracted services. Many will not be able to contribute to start-up costs (so it will be important to receive Rural Health Transformation Program funding for implementation). As with all projects, there will be competing priorities, so it will be important to develop systems to sustain FQHC engagement.

Questions Specific to “Planning for Shared Staff”

Q: Is there a budget range or not-to-exceed amount for this project?

A: We have released this RFI to understand the appropriate budget range for this work. The share staff component should not exceed \$125,000 for work concluding 7/30/2026.

Q: Should the assessment cover related administrative functions, such as 340B program administration, credentialing, or outsourced vendor services, alongside directly shared employees?

A: “340B program administration” is a potential type of shared staffing that the FQHCs might be interested in and is a good idea to include in the assessment. We expect planning for shared “credentialing” to be handled through the other scope of work. We are open to shared “outsourced vendor services” as a recommended model instead of a shared staff solution.

Q: Our organization is a staffing services provider for administrative, Executive Assistant, accounting, finance, and other related staffing. Would you consider input or participation from a staffing provider, potentially alongside a consulting partner, or are you seeking a single consultant to lead the full assessment and business-model work?

A: We are looking for a single consultant to lead the full assessment and business-model development work.

Q: Has the PCA or New Hampshire counterparts done prior work in this specific area? If so, what were the key takeaways or deliverables?

A: No, Bi-State has not done current relevant work in either state.

Q: What are the specific success measures and key performance indicators for this engagement?

A: We would like to see a business model / set of recommendations emerge from this process that chart a path forward for 1 or more staff / staff functions to be shared amongst VT FQHCs. Other success measures include FQHC engagement (survey response rate, meeting attendance,

participation in the process). Bi-State will need to provide reporting to the State of Vermont about the progress of this work and might need additional information from the contractor to complete this reporting.

Q: What primary barriers or operational bottlenecks has the PCA identified to date that might impede action or implementation?

A: Bi-State has not explored this fully. The FQHCs may identify barriers as part of their engagement in the project. For example, the 11 VT FQHCs do not have standardized IT/IS systems; they currently utilize 5 different EHRs (which illustrates their current lack of shared systems). They may all have different ideas about which staff to share. Many will not be able to contribute to start-up costs (so it will be important to receive Rural Health Transformation Program funding for implementation). As with all projects, there will be competing priorities, so it will be important to develop systems to sustain FQHC engagement.

Questions Relevant to Both

Q: Would Bi-State consider a time-and-materials contract with a not-to-exceed total?

A: Bi-State is open to a time-and-materials contract (with a not-to-exceed total) or a deliverables-based contract. We are interested in the details requested in the “Proposed Budget” Section in the RFI.

Q: Given the project's phased implementation, can the response structure (deliverable-based vs. time-and-materials-based) vary by phase?

A: Bi-State is open to this if the rationale is explained in the submission. It will be important that there is a firm not-to-exceed total for the project.

Q: Would Bi-State consider changes to the contracting terms in Attachment 1? In particular:

- Could Section 7 (Intellectual Property) state that the contractor keeps ownership of pre-existing tools, templates, and methods?

A: Yes, we are open to considering a change in this term. The project is federally-funded, so final terms would need to adhere to federal requirements. Please raise your particular concern in the Letter of Introduction.

Q: Which Vermont FQHCs have committed to taking part so far? Who is expected to represent each one (for example, CEO, CFO/COO, or functional leads)? Will Bi-State help encourage survey responses and meeting attendance?

A: We will be “kicking off” these projects with VT FQHCs October. At that time we will be asking for commitments and champions. We expect representation to be at the CEO, CFO/COO level

for most organizations. Yes, Bi-State would help encourage survey responses and meeting attendance.

Q: Are the participating FQHCs relatively homogenous, or do they represent a diverse range of operational sizes and centers?

A: You can view publicly-available data for each of the FQHCs [here](#). Most are rural and are sole-providers in their communities; their payer mixes are often >40% commercially insured (though Vermont has limited commercial insurance carriers in the market). There is one urban FQHC. Our smallest FQHC has a patient population of 3,300; our largest FQHC has a patient population of 47,900.

Q: What was the genesis for this RFI, and what prompted its timing? Did the initiative originate from the FQHCs or the PCA?

A: In anticipation of the Rural Health Transformation Program opportunity, Bi-State facilitated multiple conversations with our Board (which is comprised of FQHC CEOs) and Bi-State has fielded multiple surveys to gauge which initiatives VT FQHCs are most interested in. Exploring shared delegated credentialing and shared staffing topped that list for VT FQHCs.

Q: Does Bi-State have existing data the contractor could use, such as workforce or compensation surveys, UDS staffing data, or results from earlier shared-services efforts?

A: Bi-State does not have significant existing data that would be relevant for either project. Bi-State has access to 2025 UDS staffing data and could request the FQHCs' permission to share with the selected contractor.

Q: Does Bi-State have regularly scheduled and attended meetings with participating FQHCs that could be leveraged for project data gathering?

A: Yes, Bi-State has regularly-scheduled meetings with CEOs and other FQHC staff, and one of these might be appropriate to provide a quick introduction to the contractor(s); however Bi-State anticipates that the actual project discussions will need to occur at separately scheduled meetings.

Q: Since the assessment may collect compensation and cost data, does Bi-State have a preferred approach for sharing that data among participating FQHCs (for example, reporting it only in aggregated or anonymized form)? Will data-use agreements with the FQHCs be needed?

A: Bi-State is open to approaches for data collection that will support the projects. Bi-State welcomes suggestions about aggregating, anonymizing, and detailed data. Depending on the data that is sought, there may need to be data-use agreements.

Q: Is Bi-State open to employing or hosting shared staff as one of the models considered? Are there any models Bi-State or the FQHCs have already ruled out?

A: There are no models for either project that have already been ruled out or are already in our minds. Bi-State is open to considering whether employing or hosting shared staff at the PCA or HCCN level or through our wholly-owned subsidiary LLC, would be of high value for any of those models, but those solutions would need to be thoroughly researched by the contractor through discussions with Bi-State's leadership team and Board.

Q: What is the expected timeline for Vermont's Rural Health Transformation Program implementation funding? Should the recommendations be written to support a future funding application?

A: We believe that the dates laid out in the "Project Approach and Timeline" section would be in line with Vermont's application requirements for implementation funding – but none of Vermont's dates are firm yet. As Vermont's dates become firm, it is possible that we would ask the contractor to make minor tweaks to the timeline if that is needed for alignment. Yes, we would appreciate recommendations to be written to support a future funding application.

Q: Could you clarify the expected funding source and any funding conditions respondents should account for in their proposals?

A: The funding source is an 11-month grant from Vermont's Rural Health Transformation Program concluding at the end of July 2027. The RFI and our standard vendor contract (which was appended to the RFI) take into account the relevant details of this funding source. The contractor should expect that our final contract will require some reporting details (e.g., FQHC attendance at meetings, FQHC response rates for surveys, etc.), which Bi-State will need for our reporting to the State.

Q: After responses are reviewed, does Bi-State plan to hold interviews, issue an RFP, or award a contract directly? When is a selection decision expected?

A: Bi-State does not plan to issue a RFP unless that becomes necessary. Bi-State may hold interviews. Bi-State may award a contract directly. Bi-State anticipates selecting both contractors on or around 11/13/2026.

Q: Given that references are part of the selection criteria, how will references be assessed and evaluated? Will the PCA be directly contacting each reference?

A: Bi-State anticipates directly contacting references for any contractor that is a finalist for selection. Bi-State might contact all of the listed references or just a subset of references that seem most relevant.

Q: Should the response submission be delivered as a single PDF or as separate PDF components?

A: A single PDF would be preferable, but Bi-State will accept either.

Q: Can the first annual Vermont report to CMS on the Rural Health Transformation Program (RHTP) be shared with the selected contractor?

A: All information regarding Vermont's application, including any publicly available reports can be found on Vermont's Rural Health Transformation website here:

<https://healthcarereform.vermont.gov/hr1rural-health-transformation-fund>.