

Spokane Tribe of Indians

P.O. Box 100 • Wellpinit, WA 99040 • (509) 458-6500 • Fax (509) 458-6575

REQUEST FOR PROPOSAL

FOR

PROPOSAL Number: FY2026/003

BY:

SPOKANE TRIBE OF INDIANS BY AND THROUGH ITS DAVID C. WYNECOOP MEMORIAL HEALTH CENTER PURCHASING/PROPERTY DEPARTMENT 6203 AGENCY LOOP RD PO BOX 357 WELLPINIT, WA 99040

KEY INFORMATION

Contact	Jolene Wallette
Phone	(509) 258-4517 ext. 772
Opening Date	12/02/2025
Closing Date	About 15 days after opening date
Return Location	Purchasing / Property Agent
Delivery Address	6203 Agency Loop Road
	PO Box 357
	Wellpinit, WA 99040
Email	Jolene.Wallette@DCWMHC.com
Fax	(509) 418-5773

I. INTRODUCTION

The David C. Wynecoop Memorial Health Center (SPOKANE TRIBE OF INDIANS) is soliciting the services of qualified firms for the procurement of an <u>Electronic Health Records Software System (EHR)</u>.

Vendors are strongly encouraged to carefully read the entire request for proposal. The SPOKANE TRIBE OF INDIANS is a federally recognized Indian Tribe and is eligible for GSA and/or government pricing. There are no expressed or implied obligations for the SPOKANE TRIBE OF INDIANS to reimburse responding firms for any expenses incurred in preparing bids in response to this request.

II. QUESTIONS & SUBMISSION

To be considered responsive, responsible, reliable, qualified, proposals must be received by Jolene Wallette, Purchasing/Property Agent by December 17, 2025, Purchasing/Property Agent, David C. Wynecoop Memorial Health Center, P.O. Box 357, Wellpinit, WA 99040 on or before the above closing date and time. The SPOKANE TRIBE OF INDIANS reserves the right to reject proposals and/or sealed proposals that have been opened for reasons according to 48 CFR 14.404. Proposals may be delivered by postal services, hand delivered, faxed, or electronic sent. All pricing <u>must</u> be guaranteed for 60 days; however, obligation of purchase can take place earlier.

Any proposals received after the closing date and time or submitted to another department will be considered non-responsive. The proposal award will be made to the bidder who is considered responsive, responsible, reliable, qualified, and can provide all specifications listed.

When submitting a proposal, please include all applicable attachments and include it within your proposal.

The SPOKANE TRIBE OF INDIANS "may" or "may not", elect to award this proposal for the listed items from the best-qualified vendor for all specifications listed below and according to the RFP. The Tribe may waive any informalities or minor defects or reject any and all proposals. After proposals have been submitted, the bidder shall not assert that there was a misunderstanding concerning the quantities of work or of the nature of the work to be done. Proposals that have been opened may be rejected according to 48 CFR 14.404.

The SPOKANE TRIBE OF INDIANS assumes no responsibility for any understanding or representations concerning conditions made by any of its officers, agents, or employees prior to the execution of a signed contract, unless such understanding or representations are expressly stated in the bidding document.

Please <u>provide information for the primary contact</u> at your company regarding questions on your RFP. For any questions regarding this project please refer to the contact person(s) listed below. All technical questions will be forwarded to the proper individual for response and replied back to the questioning vendor. All answers will be forwarded onto all other vendors.

III. RELIABLE, RESPONSIVE, RESPONSIBLE BIDDERS

The SPOKANE TRIBE OF INDIANS Purchasing/Property Agent, CEO, or Tribal Council reserves the right to determine whether or not a bidder is responsive, responsible, reliable, qualified, and possesses the ability to complete the entire project. Those determinations will be based on:

- a. The skill and experience demonstrated by the bidder in performing agreements of a similar nature.
- b. The bidder's record for honesty and integrity.
- c. The bidder's capacity to perform in terms of facilities, personnel and financing.
- d. The bidders past performance with the Spokane Tribe of Indians.

IV. PROJECT SCOPE

Current systems in operation:

- Medical Indian Health Service Resource Patient Management System (I.H.S. RPMS)
- Dental Dentrix
- Pharmacy Script Pro
- Behavioral Health Qualifacts InSync

A successful Electronic Health Record System must have:

Preferred Capabilities:

- <u>Patient Portal</u>: User Friendly Patient Portal in compliance with all aspects of regulatory governance specifically including the ability for patients to access their own records.
- Integrated Billing & Revenue Cycle Management: Modules available for:
 - Medical
 - Behavioral Health/SUD including MAT
 - o Dental
 - Pharmacy
 - Laboratory
 - Ambulance services
 - Referrals
- Laboratory & Imaging Integration: HL7 interface and order/result management.
- Pharmacy Module: Pharmacy Operations management, Pharmacy point of sale billing, eprescribing (via direct interface with in-house EHR or via surescripts network), automated refill
 request processing (via telephone, online, app), automated outbound prescription pick up
 reminder system (phone call, text), formulary management, controlled substance
 tracking, inventory control/340B separate inventory control, medication synchronization, ability to
 interface with Scriptpro robotics and convenience packaging systems.
 - Interoperability with a separate pharmacy system and hardware is also ok.
- Dental Module: Charting, treatment planning, imaging, billing & imaging integration.
 - o Interoperability with separate dental system and/or Dental Pano machines are also ok.
- <u>Behavioral Health Module</u>: Integrated notes, case management, multidisciplinary care coordination.
 - Separate features for Psychotherapy Notes to prevent them from being released/available in patient chart or otherwise viewable without "breaking the glass" or similar.
- Emergency Services Module: EMS/ambulance run documentation and billing.
 - Interoperability with a separate EMS system also ok.
- Data Migration: Migration of historical and active patient data from I.H.S. RPMS.
- Inventory: Inventory management for medical/dental/ambulance equipment & supplies.
- Interoperability: Create financial data export files for Sage Intacct.
- Population Health Tools: Registries, care gap analysis, social determinants of health tracking.
- Reporting & Analytics: UDS reporting, GPRA reporting, and customizable dashboards for Tribal leadership and program monitoring. SQL based queries preferred.
- Mobile/Tablet Access: Secure access for clinicians and staff.
- <u>Cybersecurity</u>: Multi-factor authentication, HIPAA compliance, alignment with NIST 800-53 controls, and verifiable third-party security audits.

Additional Features:

Telehealth integration (video visits, secure messaging).

- Remote patient monitoring
- Transitional Care & Chronic Care Management
- Patient Education
- Automated patient reminders (SMS, email, IVR).
- Al-driven clinical decision support (alerts, risk scoring, predictive analytics).
- Adaptive listening and smart documentation (Al-assisted charting that captures provider-patient interactions and auto-populates structured data).
- Customizable templates & workflows for Tribal health settings.
- Value-based care tools (MIPS/MACRA reporting, quality metrics).
- Care coordination & task management for multidisciplinary teams.

V. PROPOSAL SUBMISSION REQUIREMENTS

Vendors must provide:

- Company overview & experience in Tribal, IHS, or FQHC implementations.
- System architecture description (cloud-hosted SaaS required).
- Data migration plan from I.H.S RPMS, including methodology and timeline.
- Implementation roadmap and training plan.
- Security framework description, including attestation to NIST 800-53 and HIPAA compliance, and a summary of the most recent third-party security audit.
- Proof of HIPAA, SOC2, HITECH, and 21st C Cures Act compliance
 - Proof can be an attestation, copies of certification from ONC Health IT Certification Program (Certification Program), or certification from other accredited bodies or agencies.
- Three (3) references from Tribal or FQHC clients.
- Complete and attach Appendices.

VI. EVALUATION CRITERIA

Criteria	Weight
Functional compliance with requirements	40%
Cost (subscription, maintenance, support, add-ons)	25%
Experience with Tribal/IHS/FQHC clients	15%
Implementation, training, and data migration plan	10%
References & client satisfaction	10%

VII. REQUIRED FEDERAL CLAUSES

This RFP and any resulting contract are subject to the following required provisions:

- Anti-Kickback & Byrd Amendment (31 U.S.C. §1352)
- Debarment & Suspension (2 CFR §200.214 & 2 CFR Part 180)
- Conflict of Interest (2 CFR §200.318)
- Equal Employment Opportunity (Executive Order 11246)
- Access to Records (2 CFR §200.337)

- Termination for Cause or Convenience
- Anti-Lobbying Certification
- Compliance with the Tribe's Tribal Employment Rights Ordinance (TERO), where applicable

VIII. INFORMATION TO INTERESTED VENDORS

Any proposal may be withdrawn prior to the above closing date and time. Any proposals received after the time and date specified shall not be considered. No vendor may withdraw from a submitted proposal after the closing date and time listed above

Vendor shall at all times conduct itself in a manner consistent with the Tribe's Code of Conduct. No modification of submitted proposal will be permitted in any form after the closing date and time.

If your response to the technical and functional requirements and associated product demonstration is dependent upon a product offered by another vendor partner, please be advised that a single, joint response should be submitted for this RFP. Additional vendors, subcontractors and/or any assignee or transferee must be able to adhere to the same agreements (e.g., not transmitting tribal data outside of the United States) required of your company.

IX. APPENDICES (to be submitted with the proposal)

- Appendix A Cost Proposal Template.
- Appendix B Functional & Compliance Checklist.
- Appendix C Vendor Certification Form.
- Appendix D Debarment & Suspension

Electronic Health Record System: Bid Number: FY2026/003

Appendix A - Cost Proposal Template

Vendor to complete the following cost table:

Total

Cost Category
Year 1
Year 2

Annual subscription (core EHR)

Maintenance & support

Patient portal

Third-party integrations

Training

One-time implementation/migration

Optional modules (list)

Other anticipated costs

Hourly rate for future work

Appendix B – Functional & Compliance Checklist

Vendor to complete: Check and mark either Yes / N	lo / Planne	ed for each	item or list thi	rd party s	software.
Patient Portal: MyChart or equivalent	Yes	No	_ Planned		
Modules & Integrated Billing:					
Medical	Yes	No _	Planned		
Behavioral Health	Yes	No _	Planned		
Dental	Yes	No _	Planned		
Pharmacy	Yes	No _	Planned		
Lab	Yes	No _	Planned		
EMS/Ambulatory	Yes	No _	Planned		
Inventory Management	Yes	No _	Planned		
Standards & Interoperability: HL7, FHIF	Standards & Interoperability: HL7, FHIR, API support			No	Planned
Population Health Tools	Yes	No _	Planned		
Reporting:					
Uniform Data System (UDS)			Yes	No	Planned
Government Performance and Results Act (GPRA)		Yes	No	Planned	
Customizable dashboards			Yes	No	Planned
Cybersecurity: HIPAA + NIST 800-53	Yes	No _	Planned		
Willingness to sign a Business Associate Agreement (BAA)			Yes	No	Planned
Telehealth Integration	Yes	No _	Planned		
Adaptive Listening / Smart Documentation			Yes	No	Planned
Customizable Templates & Workflows	Yes	No _	Planned		
Care Coordination Tools	Yes	No _	Planned		
Please list proposed third-party software & hardwarneeded):	e integrati	ons & any o	comments (att	ach addi	tional pages if
Comments:					

Appendix C - Vendor Certification Form

The undersigned certifies compliance with:

- Anti-Kickback & Byrd Amendment (31 U.S.C. §1352)
- Debarment & Suspension (2 CFR §200.214)
- Conflict of Interest (2 CFR §200.318)
- Equal Employment Opportunity (EO 11246)
- Clean Air & Water Acts (if applicable)
- Access to Records (2 CFR §200.337)
- Buy Indian Act (if applicable)
- Tribal Employment Rights Ordinance (TERO) Agrees to applicable TERO requirements.
- Anti-Lobbying Certification

Must be signed by an individual with the authority to legally bind the proposing organization to the terms and conditions set forth in this Request for Proposal and any resulting contract.

Name:	litie:
Signed:	Date:
I am unable to certify the above st	
I am unable to certify the above st	tatements. My explanation is attached.

Appendix D – Debarment and Suspension Certification

Contractor Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal, State, Local or Tribal department or agency;
- (b) Have not within a five-year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, Local or Tribal) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, Local or Tribal) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/bid had one or more public transactions (Federal, State, Local or Tribal) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this bid or termination of the award. In addition, under 13 USC Sec. 1601, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years or both.

Authorized Representative:		
Name	Title	
Signature	 Date	
I am unable to certify the above statements. My	explanation is attached.	