STATE OF LOUISIANA
DEPARTMENT OF HEALTH

Office of Rural Health, Louisiana Rural Health Transformation Program (LA RHTP)

REQUEST FOR INFORMATION (RFI)

Implementation Partner Services for a State-Managed EHR Electronic Health Record (EHR): Systems Integration, Provider Onboarding, and Implementation Staffing

RFI # 305PUR-277-EHR-SI-RFI

July 13, 2026

This Request for Information (RFI) is for planning purposes only and should not be construed as a Request for Proposal (RFP). This is not a solicitation for offers. Information received in response to this RFI will be reviewed and discussed by the State to inform planning for the services described in this RFI.

This RFI does not seek input on an EHR software product. It seeks information on the professional services and implementation workforce required to configure, integrate, convert, deploy, train, and support a state-managed EHR; to onboard external providers onto a shared EHR-as-a-service offering; and to staff the central implementation team that works alongside the EHR vendor.

Overview

1.0 Purpose of the Request for Information

The State of Louisiana, through the Louisiana Department of Health (LDH), Office of Rural Health, and the Louisiana Rural Health Transformation Program (LA RHTP) (collectively, “the State”), is implementing a State-managed, CMS-certified electronic health record for rural providers. The system aims to connect potential users such as rural health clinics, critical access hospitals, parish health units, small practices, and rural hospitals that currently lack adequate electronic health record systems. The EHR vendor will provide the software, hosting, and its own implementation services. The State is seeking an implementation partner to provide the services and staffing required to deliver the EHR.

The objectives to be achieved through an implementation partner include:

1. **Systems Integration and Implementation.** Configure, integrate, and support the single instance of the state-managed EHR and its third-party applications, and provide implementation staffing and ongoing maintenance and operations.
2. **Provider Onboarding.** Onboard providers onto the shared EHR instance offering, with ongoing relationship and strategic support (including help desk).
3. **Implementation Staffing.** Provide staff augmentation and expertise to support project delivery, overall project management and technical support activities for the duration of the contract.
4. **Governance and Division of Responsibility.** Provide clear governance and a workable division of responsibility among key stakeholders, e.g. providers, the EHR vendor, and the State.
5. **Cost, Schedule, and Risk.** Apply proven phasing, pricing, and risk-management practices drawn from comparable implementations to manage and constrain implementation costs while mitigating risks.

Respondents may submit proposals for one or more components of the implementation partner scope. During the evaluation process, LDH will determine whether it is in the State's best interest to award the work to a single implementation partner or multiple partners. Respondents should clearly distinguish

between the implementation and ongoing maintenance and operations phases, including the proposed timeline, staffing model, deliverables, transition approach, and ongoing support responsibilities for each phase.

2.0 Program Background and Scope

The information in this section is provided for planning only. All figures, entities, and estimates are illustrative and subject to change.

The initiative serves rural residents with the greatest barriers to care and connects the providers that serve them, including rural health clinics, critical access hospitals, Federally Qualified Health Centers, parish health units, small primary care practices, and behavioral health and substance use disorder providers. Other state and locally-operated facilities may be added in later phases.

Implementation is typically organized by provider type (e.g., primary care practices, Federally Qualified Health Centers, and community hospitals), with the overall implementation program generally spanning 17–24 months, depending on scope, sequencing, and organizational readiness.

The EHR vendor will provide the software, hosting, environments, foundation content, automated data loads, master patient index conversion, and end-user training. The State and its implementation partner will be responsible for localized build and testing, legacy data mapping and abstraction, super-user and readiness programs, end-user devices and network, user provisioning and security, Tier I and II help desk support, quarterly upgrade builds, and variable staffing to provide implementation, go-live, and at-the-elbow support at participating provider sites.

Illustrative scale for the initial waves, supporting ambulatory, acute care, laboratory, imaging/PACS, and other clinical services: approximately 2,000 peak concurrent users, 800,000 annual ambulatory visits, 120,000 inpatient day equivalents, 1.25 million annual laboratory specimens, about 60 interfaces, and roughly 130 provider sites.

3.0 Objectives of the Request for Information

The State is seeking information regarding vendor interest in and ability to provide services as outlined in this RFI, including:

- Experience implementing and integrating major EHR vendors (e.g. Epic, Oracle) across multiple sites and care settings, and furnishing EHR-certified staff at scale.
- Experience serving rural and safety-net providers, including FQHCs, Rural Health Clinics, Critical Access Hospitals, parish health units, and behavioral health and substance use disorder providers.
- Ability to onboard independent providers onto a shared EHR-as-a-service offering.
- Recommended implementation strategy, program management approach, staffing model, testing and training approach, technical delivery model, certification approach, transition to ongoing maintenance and operations, and delineation of roles and responsibilities among the implementation vendor, the EHR vendor, providers, and the State
- Cost ranges, pricing models, timelines, phasing, and lessons learned from comparable implementations.

4.0 RFI Coordinator

RFI inquiries must be directed to Attenion: RFI Coordinator via ruralhealthtransformation@la.gov

All communications between respondents and State staff members, other than the RFI Coordinator, concerning this RFI are strictly prohibited.

5.0 Schedule of Events

The State reserves the right to revise this Schedule of Events.

Event	Date	Time
Public Notice of RFI	July 13, 2026	
Deadline for Receipt of RFI Responses	July 17, 2026	11:59PM CT
Optional Vendor Presentations	July 20-29, 2026	TBD

6.0 Response Preparation Cost

The State will not pay for the preparation of any information or response submitted in reference to this RFI, nor will it pay for any use of response information. The respondent assumes sole responsibility for any and all costs and incidental expenses associated with the preparation and reproduction of any materials submitted in response to this RFI. This includes preparations for approved discussions, demonstrations, or vendor marketing materials.

7.0 RFI Addenda / Cancellation

The State reserves the right to revise any part of the RFI by issuing an addendum at any time. Issuance of this RFI, or any subsequent addendum, does not constitute a commitment by the State to issue an RFP or any other process resulting in award of a contract of any type or form. In addition, the State may cancel this informal process at any time, without penalty or prior notice.

8.0 Proprietary and/or Confidential Information

Pursuant to the Louisiana Public Records Act (La. R.S. 44:1 et seq.), all public proceedings, records, contracts, and other public documents relating to this RFI shall be open to public inspection. Respondents should refer to the Louisiana Public Records Act for further clarification, including protections sought for proprietary and/or trade secret information. Any material within a response to this RFI identified as confidential or proprietary must be clearly marked. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

9.0 Response Submission

All responses to this RFI must be on the response template (Attachment A) and received by the due date and time indicated on the Schedule of Events. Responses received after the due date and time will not be considered. It is the sole responsibility of each respondent to assure that its response is delivered prior to the deadline.

Electronic Submissions

Electronic submissions are the preferred format. Electronic submissions may be made to the RFI Coordinator via email. Electronically submitted responses should be in Microsoft Word and/or PDF format.

10.0 Ownership of Responses

All materials submitted become the property of the State and will not be returned to the respondent. The State retains the right to use any and all ideas, or adaptations of ideas, contained in any response received through this RFI process.

11.0 Format of Response

All responses shall be submitted in digital format via online form found here. Attachments should not to exceed 30 pages, in 12 pt. font or larger, according to the following outline as provided in Attachment A. No cost and/or marketing information shall be included in this RFI response.

12.0 Optional Discussion

To solicit feedback and ask follow-up questions based upon vendor RFI responses, the State reserves the right, at its sole discretion, to conduct a structured discussion for respondents to this RFI only. If a discussion is scheduled, the session may begin with a presentation by the State, followed by a structured presentation and question-and-answer session with the vendor team. The State is under no obligation to conduct discussions with any respondent to this RFI.

Attachment A: Vendor Response Template

State of Louisiana Department of Health, Office of Rural Health (LA RHTP)

Request for Information (RFI): Implementation Partner Services for a State-Managed EHR

Vendor Name: _____
Contact Person: _____
Email: _____
Phone: _____

Instructions for Respondents

- Provide clear, concise responses referencing the requirement number. (2,000 characters max for each response)
- Indicate which roles you can provide versus roles best retained by the State or the sites.
- Attach supporting documentation as needed. Do not include cost or marketing information.

Section 1: Corporate Background and Experience

Item	Vendor Response
Company background and relevant experience	
Corporate structure and number of years in business	
Certified EHR implementation experience (number, size, and scope of U.S. implementations, last 10 years)	
Ability to furnish EHR-certified implementation staff at scale	
Experience implementing certified EHRs for different types of providers (hospitals, large and small ambulatory practices, etc.)_	
Experience working in the State of Louisiana and/or with the Louisiana Department of Health	

Section 2: Business Model for Contracting of Services

Describe your contracting approach, without cost information. Indicate availability through NASPO ValuePoint or similar cooperative purchasing agreements.

Item	Vendor Response
Contracting / engagement approach	
Availability via NASPO ValuePoint or similar cooperative agreement	

Section 3: Implementation Timeframe and Phasing

Indicate the minimum time frame from contract execution to full implementation, describe a recommended phasing and go-live strategy across waves, and outline the transition to ongoing maintenance and operations.

Section 4: Approach and Methodology

Describe your approach to each requirement below, including capabilities, limitations, and comments.

Requirement	Vendor Response
1. Implementation methodology. Configuring, testing, converting, and rolling out the EHR across sites.	
2. Project management. PMO structure, decision rights, and status and risk reporting, coordinated with the EHR vendor and the State.	
3. Hosting, infrastructure, and connectivity. Managing the State WAN, LAN, VPN, Wi-Fi, and end-user devices across rural sites.	
4. Data and configuration segregation. Keeping each site's records and configuration separate on the shared EHR instance.	
5. Security, privacy, and compliance. HIPAA, HITECH, 42 C.F.R. Part 2, FISMA, and NIST; SSO, role-based access, MFA, and audit logging.	
6. Integration and interoperability. Interfaces to State systems (LINKS, OPH State Laboratory, Louisiana Medicaid), labs, pharmacy, HIEs, QHIN/TEFCA, FHIR, and the CMS-Aligned Network.	
7. Data conversion and migration. Extracting, mapping, abstracting, and validating legacy data from existing EHRs (e.g., CPSI, Meditech, Cerner, athenahealth) and other clinical and administrative systems	
8. Provider onboarding (EHR-as-a-service). Deploying a shared EHR offering to independent rural and safety-net providers, including outreach and training.	
9. Change management and training. Super-user and continuous-educator programs, training tools, and go-live command center support.	
10. Staffing and key personnel. Team structure, estimated staffing levels by implementation and maintenance and operations phases, required EHR-certified roles, staffing continuity, and transition to ongoing support.	

Requirement	Vendor Response
11. Maintenance, operations, and support. Maintenance and operations model following implementation, including transition from implementation, Tier I and II help desk with escalation to the EHR vendor, quarterly upgrade support, and ongoing optimization.	
12. Division of responsibility. Recommended division of responsibility among the implementation vendor, the EHR vendor, providers and the State.	

Section 5: Cost Drivers, Pricing, and Indicative Staffing

List the primary cost and staffing drivers (e.g., user counts; visit/inpatient/lab/prescription volumes; interfaces and data-conversion sources; number and complexity of sites; providers onboarded; help-desk volume; hosting model; M&O service levels) and how each affects cost.

For the key roles your firm would provide, give the staffing basis (FTE, per-phase, or per-provider) and an indicative cost or rate range. Roles are illustrative; consolidate as your model requires.

Key Roles	Staffing Basis	Indicative Cost/Rate Range
Systems Integration & Implementation		
Program Executive; PMO Director; Enterprise/Solution Architect		
Clinical Manager & Application Leads; Testing Manager		
Interfaces & Data Conversion Manager; Third-Party App Manager		
Infrastructure/Cloud, Reporting, Training, Site Rollout, CMS Certification Managers		
Volume staff — Project Managers, certified Application Analysts, Principal Trainers, Interface/Conversion Analysts		
Provider Onboarding (EHR-as-a-Service)		
Engagement Director & Manager		
Clinical Lead; Product Manager		
Provider Identification, Onboarding, and Relationship Management Leads		
Implementation Staffing		
Engagement Director & Manager; Program Manager		
Clinical Director & Informaticist		

Key Roles	Staffing Basis	Indicative Cost/Rate Range
Enterprise / Solutions / Data Architects		
OCM Manager; Training Manager; Vendor Manager; Go-Live Support Manager		
Additional rate-card roles (PM, Business/Budget Analyst, BI Developer, Agile Lead, DBA, etc.)		

Attach supporting materials as applicable, including an Excel spreadsheet detailing proposed positions and roles (and rates/costs), organizational charts, relevant case studies, and strategy/vision presentation slides (if available).

END OF REQUEST FOR INFORMATION