

### **Request for Quotes**

#### Telehealth/Telemedicine Services

Parkland Community Health Plan ("PCHP") is seeking quotes from qualified telehealth/telemedicine vendor capable of delivering comprehensive virtual care services to PCHP Members including members in Medicaid and CHIP. The purpose of this engagement is to expand access to physical and behavioral health services through a scalable, compliant, and integrated telehealth solution.

Please email responses to Sergio. Chapa@phhs.org by 5PM CST on November 12, 2025.

### **Information and Required Qualifications:**

#### **Anticipated Contract Term:**

■ 1 Year Term

### **Project Timeline:**

- Deadline for submission of quotes is November 12, 2025. Submissions to include the information listed above and the usual and customary information typical for requests such as this (e.g. company profile, pricing, individual bios, product offerings, etc.).
- Tentative virtual presentation meetings scheduled for the week(s) of 12/1/2025 to 12/5/2025
- Anticipated award decision date: 12/8/2025
- All contractual documentations executed in time for official commencement of work as early as 1/1/2025.

Required Qualifications	Please confirm you meet the required qualification (Y/N):
Must satisfy all applicable laws and other requirements	
promulgated by the Texas Health and Human Services	
Commission ("HHSC"), the Texas Department of Insurance	
("TDI"), the Centers for Medicare and Medicaid Services	



("CMS"), and National Committee for Quality Assurance	
("NCQA").	
All work performed under the agreement must be performed	
onshore as outlined in the current version of the Uniform	
Managed Care Contract; Section 4.11 Prohibition Against	
Performance Outside the United States	
Must comply with and agree to include the <i>Texas Medicaid &amp;</i>	
CHIP Mandatory Administrative Services Addendum in	
potential services contract. (A copy has been provided as an	
attachment in accompanying email.)	
Must be able to maintain compliance with all vendor	
requirements as outlined in the HHSC Uniform Managed Care	
Contract.	
Providers must be Licensed and Board Certified	
Must comply with and agree to include a Business Associate	
Agreement	

Scope of Work (SOW)

### 1. Purpose and Background

Parkland Community Health Plan ("PCHP") seeks to engage a qualified telehealth/telemedicine vendor capable of delivering comprehensive virtual care services to PCHP Members including members in Medicaid and CHIP. The purpose of this engagement is to expand access to physical and behavioral health services through a scalable, compliant, and integrated telehealth solution.

# 2. Scope of Services

- The vendor shall provide a comprehensive telehealth platform offering the following capabilities:
  - o 24/7 Care
  - General Medical Care list of conditions treated. Must have board certified providers.
  - o General Medical Care List of carved out conditions



- Substance Use Disorder and/or Mental Health Services Psychiatry, Psychology, Therapy (Individual, Family), Medication Management and list of medications prescribed.
- List excluded services
- Specialty Care or Pregnancy related services
- o Chronic Care such as diabetes prevention and management
- Health Coaching
- o ROI Support such as ER diversion, BH follow-up after admission
- o Gaps in Care Closure Programs such as Retinal eye exams or HbA1c Control
- Vendors are encouraged to propose additional telehealth solutions that enhance member access, engagement, or care coordination.

Note: Behavioral health–only vendors will be excluded from consideration. PCHP seeks a vendor capable of offering both physical and behavioral health services through an integrated model.

# 3. Technical and Integration Requirements

The vendor's platform should:

- Support web and mobile access with bilingual and ADA-compliant features.
- Provide bi-directional integration with PCHP's systems (EHR, claims, and member portals) via HL7, FHIR, or API standards.
- Allow secure data exchange of encounter data, claims, and quality metrics.
- Offer dashboards or data exports to support HEDIS, STARs, and utilization reporting.
- Detail the encounter submission process, including format (e.g., 837I/P files), frequency, validation methods, and system compatibility with PCHP's claims infrastructure.

# 4. Implementation and Support

Vendors should provide a detailed implementation plan including:

- Estimated Implementation Timeline (go-live readiness within 60-90 days preferred).
- Training and Onboarding: Staff and member training, user guides, and multilingual support.



- Ongoing Support: Service desk, account management, and performance monitoring structure.
- Change Management: Ability to adapt workflows and integrate future service lines.

### 5. Compliance and Quality Requirements

- Compliance with HIPAA, HHSC, and applicable Medicaid/CHIP telehealth regulations.
- Evidence of NCQA, URAC, HITRUST, or Joint Commission accreditation or alignment.
- Documented credentialing processes (via NCQA-certified CVO or equivalent).
- Service-Level Agreements (SLAs): Define metrics for response times, appointment availability, and uptime.
- Provide details on data security controls, encryption, and breach notification procedures.

### 6. Reporting and Data Requirements

The vendor shall:

- Submit encounter data to PCHP in alignment with HHSC and plan requirements.
- Provide monthly reports detailing utilization, access, quality, and member satisfaction.
- Support real-time dashboards or periodic reports summarizing clinical outcomes, engagement, and operational KPIs.

#### 7. Deliverables

Deliverable	Description	Due Date
Implementation Plan	Project plan with milestones and	Within 30 days of
	dependencies	award
Integration Test	claims integration	Prior to go-live
Results		
Confirmation of EHR	Staff and provider training	Prior to launch
	materials	
<b>Training Completion</b>	Documentation of submission	Prior to go-live
	format and process	



<b>Encounter Submission</b>	Utilization, quality, and	Monthly post-
Protocol	satisfaction metrics	launch
Performance Reports		

## 9. Evaluation Criteria

RFP responses will be evaluated based on:

Criteria	Weight Percentage
Scope of Services (must include both physical, behavioral health, pediatrics, and OB).	35%
Pricing Transparency (clarity and fairness of per-visit model).	20%
Implementation Readiness (timeline, training, and support).	15%
Integration Capability (data interoperability with PCHP systems).	10%
5. Compliance and Quality (accreditations, SLAs, and data security).	20%