Facktor

AI Vendor Scorecard Template

Category	Weight	Score (1-5)	Weighted Score	Strengths	Concerns	Decision
Clinical Value	20					
Workflow Fit	15					
Patient Experience	10					
Population Health	10					
Revenue Impact	10					
Security & Compliance	15					
Integration	10					
Training & Adoption	5					
Vendor Support	5					

Scoring Methodology
5 = excellent
4 = good
3 = adequate
2 = major gaps
1 = unacceptable
Multiply score by weight; Total possible score = 500

Recommended Thresholds
425-500: Proceed
350-424: Conditional proceed
<350: Do not proceed

Each Department Documents
- Top 3 benefits/risks
- Required enhancements
- Implementation readiness
- Final recommendation

Clinical

Physicians, NPs, Pas, nursing staff, care coordinators

Clinical workflow integration

- Does the AI integrate natively with your current EHR (e.g., Epic, eClinicalWorks, Athena) without requiring dual-entry?
- How does the AI handle clinical decision support? Does it generate recommendations, or augment clinician judgment?
- Can the AI be customized to FQHC-specific care protocols and clinical guidelines (HRSA, UDS measures)?
- Demonstrate how the AI handles a patient with multiple chronic conditions (e.g., diabetes + hypertension + behavioral health) in a single encounter.
- How does the AI handle FQHC sliding fee scale documentation in clinical notes?
- Does the AI support PCMH model workflows, panel management, and proactive outreach?
- What clinical specialties are currently supported? Primary care, OB/GYN, dental, behavioral health, vision?

AI-assisted documentation & ambient AI

- Does the AI offer ambient or voice-to-note documentation? Demonstrate accuracy in a noisy clinical environment scenario.
- How does the AI handle multiple languages during an encounter? Can it document in one language while the patient speaks another?
- What is the accuracy rate for clinical documentation, and how is it measured and reported?
- How does the AI differentiate between clinical findings and social determinants of health (SDOH) in documentation?
- Who owns the final clinical note? Can clinicians edit, override, and attest to AI-generated content?
- Does the AI flag missing elements required for billing (E&M levels, HCC coding triggers)?

Clinical safety & quality

- How does the AI alert for drug interactions, contraindications, or out-of-range lab values?
- How are AI errors or near-miss events logged, reported, and corrected?
- Is there a physician/clinical advisory board overseeing the AI's clinical algorithms?
- How does the AI handle ambiguous or conflicting clinical information? What does it do when it is uncertain?
- Does the vendor have published peer-reviewed evidence for clinical outcomes with FQHC or safety-net populations?

Compliance, Legal & Privacy

Compliance officer, legal counsel, privacy officer, HIPAA coordinator

HIPAA & data privacy

- Will you sign a Business Associate Agreement (BAA) and what are the terms?
- Where is PHI stored? On-premises, cloud, or hybrid? Which data centers and jurisdictions?
- Does the AI model train on patient data from our FQHC? Can we opt out of contributing to model training?
- How is de-identification of data handled, and does it meet the HIPAA Safe Harbor or Expert Determination standard?
- Provide your most recent HIPAA risk assessment and third-party audit results.
- What is your breach notification process and SLA for notifying covered entities?

Regulatory & FQHC-specific compliance

- How does the AI assist with 340B program compliance and drug dispensing documentation?
- Does the vendor have experience with HRSA site visits and UDS reporting requirements?
- How does the AI support compliance with the 21st Century Cures Act information blocking rules?
- Is the AI compliant with ONC certification requirements for clinical decision support?
- How does the vendor handle state-specific regulations (e.g., California CMIA, state mental health privacy laws)?
- Has the vendor's AI been reviewed under FDA Software as a Medical Device (SaMD) guidance?

Contracts & liability

- Who is liable if the AI generates a clinically incorrect recommendation that results in patient harm?
- Does the contract include data portability and deletion rights if we terminate the relationship?
- What are the terms for contract exit? Data return, transition support, and cost?
- Are there any exclusivity clauses that restrict us from using competing AI vendors?
- Does the vendor carry professional liability (E&O) and cyber liability insurance? What are the coverage limits?

IT & Cybersecurity

CIO, IT director, system administrators, security officer

Integration & technical architecture

- What EHR systems does the AI have live, production integrations with? Not in development?
- Does the integration use FHIR R4 APIs? What HL7 versions are supported?
- What is the expected downtime during implementation and go-live?
- How does the AI handle EHR upgrades or patches? Is re-integration required?
- What are the minimum infrastructure requirements (bandwidth, hardware, client OS)?
- Does the AI offer an on-premise deployment option for FQHCs with data residency requirements?

Cybersecurity & access controls

- Provide your SOC 2 Type II report and most recent penetration test results.
- How is role-based access control (RBAC) implemented ? can we restrict AI access by user role and location?
- How does the AI authenticate users ? does it support SSO, MFA, and integration with our existing identity provider?
- What encryption standards are used for data at rest and in transit?
- How are AI model updates and patches deployed, and what is the testing protocol before production release?
- What is your incident response plan if the AI system is compromised?

Reliability & support

- What is the guaranteed uptime SLA, and how is downtime compensated?
- What is the disaster recovery/business continuity plan if the AI is unavailable during patient care?
- What level of IT support do you provide? 24/7, business hours, tiered?
- How are system logs retained and for how long? Can our IT team access audit logs independently?

Billing & Revenue Cycle Management

Billing director, coders, RCM analysts, CFO

Coding accuracy & revenue integrity

- Does the AI provide automated ICD-10, CPT, and HCPCS code suggestions with specificity for FQHC encounter types?
- What is the AI's coding accuracy rate, and how is it validated against FQHC claim data?
- Does the AI support FQHC-specific billing (encounter-based vs. visit-based), PPS rates, and wrap-around billing?
- How does the AI handle co-billing for Medicare Part B and Medicaid FQHC encounters on the same day?
- Can the AI flag under-coding and missed revenue opportunities in real time at the point of care?

Claims management & denial prevention

- Does the AI perform pre-submission claim scrubbing against payer-specific edits?
- What is the AI's denial prediction accuracy, and can it recommend corrective action before submission?
- How does the AI support prior authorization workflows? Does it automate auth requests?
- Can the AI identify and flag sliding fee scale discrepancies before claims go out?
- Does the AI integrate with your clearinghouse and major payers in our market?

Reporting & compliance

- Does the AI generate UDS (Uniform Data System) reporting-ready data elements automatically?
- How does the AI support FQHC cost report preparation (CMS 330)?
- Can the AI produce payer-specific performance reports (managed care, capitation, value-based contracts)?

Operations & Administration

COO, practice managers, front desk, scheduling, outreach

Scheduling & patient flow

- Does the AI optimize scheduling based on provider capacity, patient acuity, and no-show prediction?
- Can the AI identify patients overdue for preventive care and automate outreach for scheduling?
- How does the AI handle same-day appointment needs for behavioral health or urgent care within the FQHC?
- Does the AI support multi-site scheduling for FQHCs with satellite locations?

Patient communication & engagement

- Does the AI support automated appointment reminders, recalls, and follow-up messages in multiple languages?
- Can the AI conduct pre-visit intake, SDOH screening (AHC HRSN), and health history collection automatically?
- How does the AI handle patients with limited English proficiency in automated communications?
- Does the AI offer a patient-facing chatbot or portal integration for 24/7 access?

SDOH & population health

- Does the AI screen for and document SDOH factors (housing, food, transportation) and close the loop with community referrals?

- How does the AI support case management workflows for high-risk, complex patients?
- Does the AI integrate with community resource databases (e.g., 211, FindHelp, Unite Us)?
- How does the AI generate population health dashboards for UDS measure performance in real time?

HR & Workforce Development

HR director, training, clinical educators, department heads

Training & change management

- What is the expected training time for clinical staff, front desk, and billing before go-live?
- Is training included in the contract, or is it billed separately? What format, on-site, virtual, self-paced?
- Does the vendor provide super-user training and ongoing education as the AI is updated?
- How does the vendor measure and support staff adoption after go-live?

Staff impact & workflow change

- Which roles are most affected by the AI implementation? How has the vendor helped other FQHCs manage that transition?
- Does the AI reduce administrative burden enough to allow staff redeployment to direct patient care?
- How does the vendor address staff concerns about AI replacing their jobs? Do they have communication resources?
- Has the vendor conducted bias assessments for how the AI affects staff of different roles, education levels, and technical comfort?

Provider & staff wellbeing

- Is there evidence that the AI reduces clinician documentation burden and contributes to lower burnout?
- Can staff provide feedback on AI performance and have those inputs reviewed by the vendor?
- How does the vendor handle requests for workflow modifications once the system is live?

Patient experience & Health Equity

Patient advocates, community health workers, language services, DEI leadership

Health equity & vulnerable populations

- Has the AI been validated for equitable performance across race, ethnicity, language, insurance status, and age? Especially for safety-net populations?
- Does the vendor provide disaggregated performance data by race/ethnicity and social risk factors?
- How does the AI handle patients with low health literacy in patient-facing communications?
- Has the vendor published or shared bias audits for the AI models used in clinical or administrative decisions?

Language access & cultural competence

- What languages are natively supported in patient-facing AI tools? Is interpretation built in, or does it rely on third-party services?

- How does the AI ensure that translated content is culturally appropriate, not just literal translations?
- Does the AI flag when a patient prefers a specific language and route communications accordingly?

Patient rights & transparency

- How are patients informed that AI is being used in their care? Is this disclosed in consent processes?
- Can patients opt out of AI-assisted care, and if so, what is the workflow?
- Does the AI collect or use patient-reported data for purposes beyond direct care? How is this disclosed?
- How does the AI support patients navigating their own health data and records (patient portal access)?

Finance & Grant Management

CFO, grants manager, finance director, budget analysts

Cost & ROI

- What is the all-in cost of implementation? Software, integration, training, and year-one support?
- What is the pricing model? (Per provider, per encounter, per seat, or flat fee) How does it scale as we grow?
- Provide reference data or case studies showing ROI achieved by comparable FQHCs within 12 months, 24 months?
- Are there hidden costs? For upgrades, additional modules, data exports, or additional site licenses?
- Is there a pilot or phased pricing option to test with one site or department before full deployment?

Grant & value-based care alignment

- Can the AI generate grant-reportable data for HRSA, PCEF, or other federal/state funders automatically?
- Does the AI support value-based care contract performance tracking (quality metrics, cost benchmarks)?
- Does the vendor offer pricing or implementation support specifically for FQHCs or 330 grantees?
- Is the vendor eligible or registered for HRSA-funded technical assistance or PCTE resources?

Financial risk & vendor stability

- What is the vendor's funding status? Are they venture-backed, bootstrapped, or profitable? What is their runway?
- What happens to our data and contract if the vendor is acquired or goes out of business?
- How many FQHCs are currently live on the platform, and what is the annual churn rate among FQHC clients?