



REQUEST FOR PROPOSALS (RFP)

RFP NO. 2024HCA15

NOTE: *If you download this RFP from any source other than the Washington Electronic Business Solution (WEBS), you are responsible for registering in WEBS for your organization to receive any RFP amendments, including Bidder questions/agency answers. HCA is not responsible for any failure of your organization to register in WEBS or any other repercussions that may result to your organization because of this failure.*

PROJECT TITLE: Health Technology Assessment

PROPOSAL DUE DATE: April 28, 2025, by 2 p.m. *Pacific Time*, Olympia, Washington, USA.

Only e-mailed bids will be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: July 1, 2025, to December 31, 2029

HCA reserves the right to extend this contract through December 31, 2035, by mutually agreed amendments in time increments HCA deems appropriate. No change in terms and conditions will be permitted during these extensions unless specifically agreed to in writing.

BIDDER ELIGIBILITY: This solicitation is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

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1. INTRODUCTION

1.1 DEFINITIONS

Definitions for the purposes of this RFP include:

Apparent Successful Bidder (ASB) – The Bidder selected as the entity to perform the anticipated services under this RFP, subject to completion of contract negotiations and execution of a written contract.

Bidder – Individual or company interested in the RFP that submits a proposal to attain a contract with the Health Care Authority.

Business Day – Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the state of Washington, unless otherwise specified within the RFP.

GRADE - Grading of Recommendations, Assessment, Development, and Evaluation

Health Care Authority or HCA – An executive agency of the state of Washington that is issuing this RFP.

Proposal – A formal offer submitted in response to this solicitation. To be responsive, a Proposal must include all items outlined in Section 3 (PROPOSAL CONTENTS AND REQUIREMENTS). Two such items that may be referred to throughout this document are:

- 1) **Cost Proposal** – Bidder's cost as described in Section 3.9 and Exhibit D.
- 2) **Written Proposal** – Bidder's written response as described in Section 3.8 and Exhibit C.

Request for Proposals (RFP) – Formal solicitation document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the bidder community to suggest various approaches to meet the need at a given price.

Revised Code of Washington (RCW) – The laws of the state of Washington, as enacted by the Legislature. Any references to specific titles, chapters, or sections of the RCW includes any substitute, successor, or replacement title, chapter, or section. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.

Subcontractor – A person, partnership, or entity not in the employment of or owned by the Bidder, who would be performing all or part of the services under this RFP under a separate contract with or on behalf of the Bidder. The term "Subcontractor" means Subcontractors in any tier.

Washington's Electronic Business Solution or WEBS – An internet-based bid notification system HCA uses to post competitive solicitations. Individuals and firms interested in state contracting opportunities with the Department of Enterprise Services or any state agency should [register](#) for competitive solicitation notices on WEBS. *Note: There is no cost to register on WEBS.*

1.2 ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES

Issue Request for Proposals	March 18, 2025
Pre-Proposal Conference	April 2, 2025 -- 10 AM
Microsoft Teams Need help?	

<p><u>Join the meeting now</u> Meeting ID: 241 786 442 238 Passcode: Bk7kY6dd</p>	
<p>Dial in by phone +1 564-999-2000,,561383806# United States, Olympia (833) 322-1218,,561383806# United States (Toll-free) Find a local number Phone conference ID: 561 383 806# For organizers: Meeting options Reset dial-in PIN</p>	
Letter of Intent Due	April 3, 2025 – 2 PM
Bidder Questions Due	April 4, 2025 – 2 PM
HCA Answers Posted*	April 11, 2025
Complaints Due (if applicable)	April 18, 2025
Proposals Due	April 28, 2025 – 2 PM
Evaluate Proposals*	May 5 – 16, 2025
Conduct Oral Presentations with Finalists, if required	May 19 – 21, 2025
Announce “Apparent Successful Bidder” via WEBS*	May 30, 2025
Debrief Request Deadline (3 Business Days after the ASB announcement)	June 4, 2025
Negotiate Contract	June 2025
Begin Contract Work	July 1, 2025

*Dates are anticipated and subject to change without an official amendment.

HCA reserves the right in its sole discretion to revise the above schedule at any time.

1.3 PURPOSE AND OBJECTIVES

The Washington State Health Care Authority, hereafter called “HCA,” is initiating this Request for Proposals (RFP) to solicit Proposals from firms interested in participating on a project to conduct evidence-based health technology assessments. These entities are referred to in this solicitation as “Technology Assessment Centers” or “TACs” and will support the Health Care Authority’s evidence-based Health Technology Assessment program.

HCA intends to award multiple contract(s) to provide the services described in this RFP.

The purpose of this request for proposal is to obtain health technology assessment reports for purposes of state health policy determinations. Health technology assessments are generated using methods of systematic reviews based on rigorous, comprehensive syntheses, and analyses of relevant scientific literature

and relevant effectiveness and cost effectiveness data, emphasizing explicitly detailed documentation of methods, rationales, and assumptions. Additionally, tasks related to identifying topics or issues, producing, updating, and communicating the technology assessment and the methodology used will be required.

HCA intends to award multiple contracts to selected TACs for the production of six to eight full technology assessments per year. If multiple contracts are awarded, HCA anticipates a minimum of two assessments per TAC per year. Timeframes for each technology assessment will vary depending on the complexity of the topic, and the volume of research literature, but are anticipated to range from six to 12 months, and may overlap with other assessments. TACs must have the methodological competence, resources, and management flexibility to complete quality assessments and other tasks, sometimes concurrently, within agreed budget and timelines.

1.4 BACKGROUND

Washington's Health Technology Assessment program conducts evidence-based reviews of selected health technologies. The Director of the HCA selects technologies when there are concerns or questions related to the safety, efficacy, or cost-effectiveness of a technology. The program was established by legislation in 2006. The law defines processes to include establishing an independent committee of providers to evaluate and make policy determinations and to require contracting with technology assessment centers for evidence reviews to inform the committee determinations. The law requires that the process includes the opportunity for public comment and participation and transparency throughout the review.

HCA's evidence-based programs lead state efforts to make evidence-informed health policy and coverage decisions. By implementing evidence-based programs and using information based on science to make decisions about health care coverage the following benefits are expected:

1. Better health – Washington patients and providers have access to a centralized place to learn about proven health care;
2. Transparency – evaluation and committee decisions follow a published process and are open to public input;
3. Consistency – state agencies are able to rely on a single evidence-based process to inform coverage decisions on the selected technologies; and
4. Evolving and flexible - innovations occur regularly, and evidence-based reports are reviewed regularly to ensure that the latest information has been considered.

In 2006, the Washington State legislature created the Health Technology Clinical Committee (HTCC). The State Health Technology Assessment Program (HTA) was formed to support the work of the HTCC and is located at the Health Care Authority. The focus of this program is to rely on scientific information about safety, efficacy, and cost-effectiveness to improve quality, inform health care purchasing and coverage decisions, and to identify best practices and strategies. The primary purpose of the HTA program is to ensure that medical treatments and services paid for with state health care dollars are safe and proven to work. A major component of the program is the evaluation of medical technologies and interventions to determine coverage. More information on HTA, and its authorizing legislation is available at: [Health Technology Assessment | Washington State Health Care Authority](#).

The program is a resource for state agencies that purchase health care. Participating state agencies include the: Health Care Authority, Department of Labor and Industries, and Department of Corrections.

HTA contracts for reports based on scientific evidence about certain medical and surgical devices and procedures, medical equipment, and diagnostic tests for the purpose of determining whether they are safe, effective, and/or cost effective. An open and public process is used to gather information.

TACs are required to consider safety, health outcomes, and cost data submitted by the interested parties including the HTCC and/or participating agencies, in addition to other information considered as part of the assessment. The HTCC uses the evidence-based reports as the basis to decide whether state programs should pay for the health technology and if so under what conditions participating agencies implement the clinical committee coverage decision about the health technology under review.

HCA and the HTA program regularly seek to innovate and identify process improvement opportunities that do not sacrifice the accuracy, transparency, or rigor of evidence-informed health policy. Examples include improvements in consistency and efficiency of signal search and report update methods.

A critical focus of the HTA program mandate is that it conducts business in an open and transparent manner by following the Washington State Open Public Meetings Act (OPMA) RCW 42.30. This includes use of a centralized, web-based communication for program activities. Work products, including all final health technology assessments, must be published to this website for public access.

1.5 SCOPE OF WORK

Schedule A – Statement of Work

1. STATEMENT OF WORK

The contractor shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below when assigned by the HCA to conduct a Health Technology Assessment.

1.1 Tasks

1.1.1 TASK ONE: Preliminary Meetings and Topic Development

- Contractor will participate in meetings or conference calls to discuss goals and objectives of work assignment, proposed review strategy, etc. At least one of these calls will be conducted at the inception of a topic assignment and will include HCA staff and representation from participating agencies.
- The contractor will identify appropriate topic specific experts to discuss and clarify research questions and contextual issues that may be relevant to policy research and development. See Task six for further information related to engaging interested parties, peer reviewers and clinical experts.
- Contractor will maintain disclosure of interest policies and procedures applicable to all review staff and identified peer reviewers and clinical experts.
- Contractor will communicate to HTA program staff and potential conflicts of interest for discussion and agreement on any necessary actions or limitations in participation for individuals with potential conflicts.
- Initial scoping discussions and inquiries are intended to be brief and to form the development of focused key questions relevant to HCA policy goal.
- The contractor will submit a summary of the discussions and decisions to the HCA.

1.1.2 TASK TWO: Key Question Development

- Contractor will conduct a limited literature scan to describe the topic background, significant issues as apparent, and to outline the potential volume and quality of

- published scientific research.
- Contractor will draft the preliminary Key Questions and Scoping document and identify any necessary additional questions and will identify criteria for selecting sources of evidence, including strategies for describing explicit details of the literature review. Key Question development will include PICOT(S), analytic framework, inclusion and exclusion criteria, and references.
- Contractor will submit draft key questions in agreed upon format to HCA for review and be ready for publication to receive public comment.
- Contractor will review public comments in preparation for final key question deliverables.

1.1.3 TASK THREE: Work Plan

- Contractor will submit a Work Plan describing the assessment and refinement phase, proposed literature search and review (abstracts and full text), study inclusion/exclusion criteria, and criteria for evaluating the quality of studies and rating the strength of overall body of evidence using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) work, or a substantially similar methodology agreed upon with HCA.
 - In addition to other information identified through the inclusion criteria and search, the contractor must consider: (i) safety, health outcome, and cost data submitted by participating state agencies; and (ii) evidence submitted by any interested party.
- The Work Plan will include a detailed estimate of work required to complete each phase/task of the project including labor category and cost based on labor category hours per product, or based on fixed-price methods.
 - Deviations or change orders from the work plan must be agreed upon in advance and approved by the HTA program.

1.1.4 TASK FOUR: Data Collection and Synthesis

- Contractor will systematically search multiple appropriate databases (e.g., PubMed, EMBASE, etc.), abstract, review, synthesize, and analyze the results of the data, including evaluation of individual studies for issues that may affect validity and synthesis of results of data from multiple studies.

1.1.5 TASK FIVE: Draft Reports

- Contractor will prepare a DRAFT HTA report that communicates the results of the synthesis in a readily accessible format for multiple audiences in agreed upon format.
- The assessment must give the greatest weight to the evidence determined, based on objective indicators, to be the most valid and reliable, considering the nature and source of the evidence, the empirical characteristics of the studies or trials upon which the evidence is based, and the consistency of the outcome with comparable studies.
- The assessment must take into account and report whether there are any unique impacts of the technology on specific populations based upon factors such as sex, age, ethnicity, race, or disability.

1.1.6 TASK SIX: Identify Interested Parties

- For each technology review the contractor shall identify peer reviewers to ensure input from a range of clinical and professional interests for a particular topic and submit a draft report to these individuals.
- Additional contractor assignments may include identifying, engaging or responding to HTA program stakeholders including patients, patient advocates, specialty societies, and providers to assess relevant perspectives and values relevant to a technology review.

1.1.7 TASK SEVEN: Response to Comments

- For each technology review the contractor will create a publication-ready Response to Comments document and will respond to comments submitted by any interested party on the following:
 - Draft Key Questions and Methodology document(s); and
 - Draft evidence report.
- Response to Comments documents are published by HTA program staff to the HCA HTA program website.

1.1.8 TASK EIGHT: Final Reports

- Contractor will produce a final technology assessment and appendices in compliance with an agreed format that is ready for publication by HTA program staff to HTA program the website.

1.1.9 TASK NINE: Presentations of the Findings

- Contractor will produce and present a detailed summary of the health technology assessment or other assigned work product to HCA staff, the Health Technology Clinical Committee and interested stakeholders in an open meeting.

1.1.10 TASK TEN: Summary

- Contractor will produce a brief written summary of the assignment successes achieved and issues encountered and suggestions for future improvement.

1.2 Health Technology Assessment Content Deliverables

Contractor, as the entity with specialized expertise, is responsible for the content within these requirements; is responsible for communicating and obtaining agreement from the HCA for the appropriate method, approach, and content areas for the assessment; and is responsible for ensuring appropriate attributions and permissions are obtained from a third party cited or included. In all cases, the format and information included in each assessment must conform to the standard format agreed to for the assessment.

Deliverables will be assessed on their adherence to agreed terms, quality, clarity, and credibility, including the required methodological process and expertise. Deliverables are owned by the HCA; however, Contractor is permitted to provide the document, or link to the document, with appropriate attribution in its marketing and other materials or to other clients, except that no additional fee may be charged to other clients for a copy of HCA owned materials.

1.3 Health Technology Assessment Summary

These summaries should be no more than 20-25 pages. It is to be concise and written in sufficient detail to be the primary (i.e., standalone) document for policy makers. The summary will include synopsis of the scientific evidence on each key question and reference to the linkages in the analytic framework, and grades for the strength of the evidence on each linkage.

The following elements will be in the summaries:

- a) Structured abstract;
- b) Introduction/burden of illness;
- c) Methods and key questions;

- d) Results and Conclusions, including information on what data was available, as well as the quality of those data, for each key question;
- e) Special analyses, if any;
- f) Selected abbreviated tables;
- g) Discussion; and
- h) References.

1.4 Technical Report

Technical Reports will include the following elements:

- a) Description of the topic, specifying the patient population (including subgroups with disproportionate impact) and specific questions that were addressed;
- b) Specification of the causal pathway underlying the analysis and definition of the interventions and outcomes that were examined;
- c) Description of the methodological process used, including specification of search strategies, databases and other sources of literature used;
- d) Timeframe covered by the searches to include start and end dates;
- e) Inclusion and exclusion criteria;
- f) Method for assigning inclusion and exclusion criteria;
- g) Method for reviewing the studies;
- h) Criteria for assigning the quality rating for the studies, including differentiating inclusion exclusion criteria and quality rating methods, as appropriate, for studies of efficacy, effectiveness, safety and cost studies, and the quality grading of the overall body of evidence;
- i) Methods of analysis, and synthesis of the evidence;
- j) Bibliography of all studies abstracted;
- k) Whether used or rejected, for the report;
- l) Documentation of reason(s) why a particular study was rejected; and
- m) Complete reference list.

1.5 Electronic Copies

Electronic copies may be requested by the HCA after the completion of each assignment to include:

- a) Entire study bibliography;
- b) Reference list;

- c) Detailed search strategy, including terms, exclusions (date, language, and study type parameters, etc.);
- d) Inclusions and exclusion criteria for assessing study relevancy; and
- e) For all excluded studies, reasons for exclusion.

The method of delivery must be via email or other appropriate form of electronic transfer.

1.6 Other Health Technology Assessment Services and Tasks

Contractor may also be assigned to provide a range of related services:

- a) Engage in translation and dissemination activities related to the authored reports outside the report finalization and presentation required;
- b) Perform special analyses such as meta-analyses, cost effectiveness analyses, decision analyses, clinical guideline analysis support;
- c) Update Evidence-based Practice Center (EPC) reports and assessments for use by the HTA program;
- d) Undertake methods research;
- e) Develop evidence-based curricula, or provide training opportunities in systematic reviews and assessments or in conducting educational sessions on interpretation and understanding of research studies;
- f) Design special dissemination strategies for products;
- g) Scan peer-reviewed and gray literature to identify topics that may be appropriate for development of an evidence report or technology assessment;
- h) Evaluate the use and impact of evidence reports and technology assessment on the quality, outcomes, and costs of healthcare;
- i) Identify or otherwise work with a clinical expert for each specific topic. The role of the expert may include acting as a resource during scoping, key question development, and at the meeting of the clinical committee.
- j) Provide clinical consultation services to the HTA program; and
- k) Other related assignments as requested.

1.7 Written Reports or Other Documents

The contractor shall produce the following written reports or other documents as set forth in this Statement of Work:

- a) Work plan for each assignment to include project cost estimate;
- b) Periodic status reports on progress;
- c) Health technology assessment; and

d) Other deliverables as assigned for HTA related services or tasks.

All written reports required under this contract must be delivered to the Contract Manager.

1.6 MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- A. The Bidder must be licensed to do business in the State of Washington.
- B. Organizations must have submitted a Letter of Intent to Propose by the deadline in the Estimated Procurement Schedule in order to submit a response to this RFP.
- C. The Proposer must have at least three years' experience performing evidence-based health technology assessments and must demonstrate an understanding of evidence-based medicine and its application to health policy.

1.7 FUNDING (OPTIONAL)

HCA has budgeted an amount not to exceed Two Million Two Hundred Twenty Nine Thousand Three Hundred and Two Dollars (\$2,229,302) for this project. Proposals in excess of \$2,229,302 will be considered non-responsive and will not be evaluated. Costs for travel will be based on per diem set by the Office of Financial Management.

Any contract awarded as a result of this solicitation is contingent upon the availability of funding.

1.8 PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about July 1, 2025 and to end on December 31, 2029. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend this contract through December 31, 2035, by mutually agreed amendments in time increments HCA deems appropriate. No change in terms and conditions will be permitted during these extensions unless specifically agreed to in writing.

1.9 ADA

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive written information in another format (e.g., large print, audio, accessible electronic formats, and other formats).

2. GENERAL INFORMATION FOR BIDDERS

2.1 RFP COORDINATOR

The RFP Coordinator is the sole point of contact in HCA for this solicitation. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

Name	Scott Henderson
E-Mail Address	HCAProcurements@hca.wa.gov

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Bidder.

2.2 LETTER OF INTENT TO PROPOSE

To be eligible to submit a Proposal, a Bidder must submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFP Coordinator, listed in Section 2.1, and must be received by the RFP Coordinator no later than the date and time stated in the Solicitation Schedule, Section 1.2. The subject line of the email must include the following: [Solicitation #] – Letter of Intent to Propose – [Your entity's name].

The Letter of Intent to Propose may be attached to the email as a separate document, in Word or PDF, or the information may be contained in the body of the email.

Information in the Letter of Intent to Propose should be placed in the following order:

- A. Bidder's Organization Name;
- B. Bidder's authorized representative for this RFP (who must be named the authorized representative identified in the Bidder's Proposal);
- C. Title of authorized representative;
- D. Address, telephone number, and email address;
- E. Statement of intent to propose; and
- F. A statement of how the Bidder meets ALL the minimum qualifications specified in Section 1.6 of this RFP.

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met.

2.3 INTERESTED SUBCONTRACTOR LIST

HCA supports and encourages contracts and subcontracts with small, diverse, and veteran-owned businesses. To support participation in this process, the RFP Coordinator will add a list of Interested Subcontractors to the RFP. The RFP Coordinator will prepare the List based on the timely and complete submission of specific information requested in this section. The purpose of the List is to communicate to prime bidders the capabilities of interested subcontractors who can perform components of this RFP's Scope of Work.

- A. Interested Subcontractor Instructions
 - i. Failure to follow the instructions in this Section may prevent your information from being included in the List.

- ii. An interested party must complete the below table to submit their firm name, contact information, and the summary of their capabilities as they relate to this RFP's Scope of Work. Submissions are limited to what is requested in the table below and capability summaries must be two paragraphs or less.
- iii. The RFP Coordinator will only include the information requested below. Do not submit marketing materials.
- iv. Submissions must be emailed to the RFP Coordinator, with the subject line "RFP # Interested Subcontractor List – [Interested Subcontractor Name]" by the date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
- v. All material submitted for the Interested Subcontractor List becomes a public record.

Interested Subcontractor Name	Contact Name	Contact Address, Phone Number, and Email Address	Summary of your capabilities as it relates to the Scope of Work

B. Posting Date

Complete and timely submissions will be compiled and posted in alphabetical order by interested subcontractor name. HCA anticipates the List will be posted as an RFP amendment on the *Interested Subcontractor List Posted* date identified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES). Late submissions will not be posted.

C. Information Provided As-Is

The Interested Subcontractor List is provided as an opportunity to support participation in this RFP. HCA provides this information as a courtesy with no warranties or representations as to any party and no guarantee of a subcontract. The Interested Subcontractor List shall not be construed as an endorsement by the state of Washington or HCA. The interested party is responsible for the completeness and accuracy of their submission.

2.4 BIDDER QUESTIONS PERIOD

Bidders are provided an opportunity to ask questions during the bidder question period which starts on the date of the RFP posting and concludes on the *Questions Due* date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).

- A. Questions regarding the RFP will only be accepted in writing, sent by email to the RFP Coordinator. The Bidder must use the following email subject line when submitting questions: "2024HCA15 Question(s) – [Bidder Name]" to ensure timely receipt.
- B. HCA anticipates it will post answers to the questions in WEBS as an RFP amendment on the *Answers Posted* date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
- C. HCA is under no obligation to respond to any questions received after the *Questions Due date* but may do so at its discretion.

2.5 SUBMISSION OF PROPOSALS

Proposals must be received by the RFP Coordinator no later than the *Proposal Due* deadline in Section 1.2, (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES). Proposals must be submitted electronically as an attachment to an e-mail to the RFP Coordinator at the e-mail address listed in Section 2.1, and meet the following requirements:

- A. Attachments to e-mail must be in Microsoft Word format or PDF. *(If the Cost Proposal needs to be in excel format make that adjustment here)*
- B. The Cost Proposal must be submitted as a separate attachment.
- C. Zipped files cannot be received by HCA and cannot be used for submission of proposals.
- D. The forms and certifications that require authorized signature (as designated in section 3.1, PROPOSAL CONTENTS OVERVIEW) must have a signature of the individual within the organization authorized to bind the Bidder to the offer.
- E. HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

Bidders should allow sufficient time to ensure timely receipt of the proposal by the RFP Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault or HCA deems a grace period is in the best interest of the State. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.6 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this RFP will become the property of HCA. All proposals received will remain confidential until the Apparent Successful Bidder is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document, must be clearly designated. Each page claimed to be exempt from disclosure must be clearly identified and must reference either: (1) the specific basis claimed under 42.56 RCW, or (2) a statement of why the information is designated propriety. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right-hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFP Coordinator is required. All requests for information should be directed to the RFP Coordinator.

The submission of any public records request to HCA pertaining in any way to this RFP will not affect the solicitation schedule, as outlined in Section 1.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

2.7 REVISIONS TO THE RFP

If HCA determines in its sole discretion that it is necessary to revise any part of this RFP, then HCA will publish addenda on WEBS. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFP and will be published on WEBS.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.8 COMPLAINT PROCESS

The complaint process allows potential Bidders to focus on the solicitation requirements and evaluation process and raise issues early enough in the process to allow HCA to correct a problem before proposals are submitted. The complaint period starts on the date of the RFP posting and concludes on the *Complaints Due* date identified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).

- A. Potential Bidders may submit a complaint to HCA based on any of the following:
 - i. The RFP unnecessarily restricts competition;
 - ii. The RFP evaluation or scoring process is unfair or unclear; or
 - iii. The RFP requirements are inadequate or insufficient to prepare a response.
- B. For a complaint to be considered, it must be received by HCA by 5:00 pm PT on the *Complaints Due* date identified in Section 1.2. The complaint must:
 - i. Be in writing;
 - ii. Be sent to the RFP Coordinator, or designee;
 - iii. Clearly articulate the basis for the complaint; and
 - iv. Include a proposed remedy.
- C. HCA will address any complaint as follows:
 - i. The RFP Coordinator, or designee will respond to the complaint in writing.
 - ii. The response to the complaint and any changes to the RFP will be posted on WEBS.
 - iii. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response.

Complaints may not be raised again during a protest and HCA's action or inaction in response to a complaint will be final. There is no appeal process.

2.9 RESPONSIVENESS

The RFP Coordinator will review all proposals to determine compliance with administrative requirements and instructions specified in this RFP. A Bidder's failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.10 MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. HCA reserves the right to contact a Bidder for clarification of its proposal.

The ASB should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract resulting from this RFP will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official solicitation file on this matter without obligation to HCA.

2.11 RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one responsive proposal as a result of this RFP, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the bidder complete the entire RFP. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.12 NO OBLIGATION TO CONTRACT

This RFP does not obligate HCA to enter into any contract for services specified herein.

2.13 REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue any contract as a result of this RFP.

3. PROPOSAL CONTENTS AND REQUIREMENTS

3.1 PROPOSAL CONTENTS OVERVIEW

Proposals must be submitted per the instructions in Sections 2.5 (SUBMISSION OF PROPOSALS) and 3.2 (PROPOSAL REQUIREMENTS AND GUIDELINES) in the order noted below.

A. Bidder Forms and Certifications (Exhibit A)

All the following are included in Exhibit A:

- i. Bidder Profile & Submittal Form* (Section 3.3 and Exhibit A, Section A)
- ii. Diverse Business Inclusion Plan (Section 3.4 and Exhibit A, Section B)
- iii. Executive Order 18-03 Worker's Rights* (Section 3.5 and Exhibit A, Section C)

- iv. References (Section 3.6 and Exhibit A, Section D)
- B. Draft Contract (Section 3.7 and Exhibit B)
- C. Written Proposal (Section 3.8 and Exhibit C)
- D. Cost Proposal (Section 3.9 and Exhibit D)

****Authorized signature required***

3.2 PROPOSAL REQUIREMENTS AND GUIDELINES

Proposals must comply with the requirements or restrictions listed below. Failure to do so may result in the disqualification of the Bidder's Proposal:

- A. State the Bidder's full legal name on the first or cover page of the Proposal.
- B. Proposals must provide information in the same order as presented in this RFP and with the same headings. Title and number each item in the same way it appears in the RFP. Each question must be restated prior to the Bidder's response.
- C. **All items listed in Section 3.1 (PROPOSAL CONTENTS OVERVIEW) must be included as part of the Proposal for the Proposal to be considered responsive;** however, only the following items will be scored during the evaluation process: Executive Order 18-03 Worker's Rights, Written Proposal, and Cost Proposal.
- D. Bidders are liable for all errors or omissions contained in their Proposals. Bidders will not be allowed to alter Proposal documents after the deadline for Proposal submission. HCA is not liable for any errors in Proposals.

HCA is under no obligation to consider any supplemental materials submitted that were not requested.

3.3 BIDDER PROFILE & SUBMITTAL FORM (MANDATORY)

Exhibit A, Bidder Forms and Certifications, Section A, Bidder Profile & Submittal Form must be completed in its entirety and signed and dated by a person authorized to legally bind the Bidder to a contractual relationship (e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship).

3.4 DIVERSE BUSINESS INCLUSION PLAN (MANDATORY)

Exhibit A, Bidder Forms and Certifications, Section B, Diverse Business Inclusion Plan must be completed in its entirety. In accordance with legislative findings and policies set forth in RCW 39.19 the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a Subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal governmental regulations included or referenced in the contract documents will apply.

3.5 EXECUTIVE ORDER 18-03 (SCORED)

Bidder must review Exhibit A, Bidder Forms and Certifications, Section C and respond as to whether the Bidder requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses and class or collective action waivers.

3.6 REFERENCES (MANDATORY/SCORED)

Provide three (3) business references for the Bidder using the reference form provided in Exhibit A, Bidder Forms and Certifications, Section D, References. References must be independent of the Bidder's and Subcontractor's company corporation (e.g., non-Bidder owned, in whole or in part, or managed, in whole or in part) and be for work similar to the Scope of Work contained herein. Complete all boxes of the reference form for each reference. By submitting a proposal in response to this solicitation, the Bidder grants permission to HCA to contact these references and others, who from HCA's perspective, may have pertinent information. At HCA's sole discretion, HCA may or may not choose to contact references.

3.7 DRAFT CONTRACT (MANDATORY)

The ASB will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as Exhibit B. HCA will not accept any draft contracts prepared by any Bidder. The Bidder must be prepared to agree to all terms of the attached Exhibit B, Draft Contract, as presented or the Proposal may be rejected. If Bidder has exceptions to the terms and conditions, they must include with their Proposal a copy of the Draft Contract with redline edits/comments documenting the changes they propose to be made if selected as ASB. If the Bidder fails to identify an objection to any particular term or condition, the term or condition will be deemed agreed to by the Bidder. HCA will review requested exceptions and accept or reject the same at its sole discretion.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB and HCA cannot reach agreement on acceptable terms for the Contract, the HCA may cancel the selection and Award the Contract to the next most qualified Bidder.

3.8 WRITTEN PROPOSAL (SCORED)

Exhibit C, Written Proposal must be completed in its entirety in accordance with the page limits identified within the Exhibit (See Section 3.2(E)). Bidder should respond using Exhibit C as its template, to ensure compliance with the formatting requirements outlined in Section 3.2(B).

3.9 COST PROPOSAL (SCORED)

The maximum cost proposed for this contract must be Two Million Two Hundred Twenty Nine Thousand Three Hundred and Two Dollars (\$2,229,302) or less to be considered responsive to this RFP.

The evaluation process is designed to award this solicitation not necessarily to the Bidder of least cost, but rather to the Bidder whose proposal best meets the requirements of this RFP. However, Bidders are encouraged to submit proposals which are consistent with state government efforts to conserve state resources.

A. Identification of Costs

- i. Identify all costs in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. The Bidder is to submit a fully

detailed budget including staff costs, estimates for any applicable sales and use taxes (see 3.A(ii) below), and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract.

- ii. ASB(s) will be required to collect Washington state sales and use taxes from HCA, as applicable, and for remittance of payment to the Washington State Department of Revenue (DOR). Bidders must identify any expenses to which Washington State sales and use taxes apply in the Cost Proposal and include an estimated amount for such taxes (based on the current tax rate(s)). HCA understands these amounts may fluctuate as tax rates fluctuate. If a tax isn't specifically identified, HCA will assume it is included in the costs identified.

B. Cost Proposal

Bidder will complete Exhibit D to provide their quotation. Bidder may review the table provided below* as a guide to develop their hourly rate.

i. Hourly Rate (SCORED)

The TAC may be assigned other tasks related to technology assessments and, upon agreement of the task and time estimation, may charge hourly rates.

For each Labor Category 1-4, Bidder must provide a cost in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. Cost must include, but is not limited to: labor, printing, administrative and any and all incidentals necessary to complete the performance of the proposed contract with the exception of travel expenses as identified in section iii below.

Labor Category 5 is optional if the Proposer indicates an additional set of expertise is necessary to complete the tasks.

a) Labor Categories

HCA expects Bidders to provide appropriate staff for assessments and other tasks, including the following personnel types:

- Labor Category 1 – Senior management personnel, holding an advanced clinical, technical, or professional degree with a minimum of ten years' experience in analyzing biomedical, social sciences, behavioral, medical effectiveness, epidemiological or outcomes data or similar scientific literature, preferably with significant experience related to development of biomedical or social sciences literature reviews and synthesis, medical review criteria, meta-analysis, cost-effectiveness analysis, clinical practice guidelines, or experience working with professional societies and health care systems.
- Labor Category 2 – Associate management or clinical, professional, technical personnel, holding an advanced degree, at the M.D., Ph.D., or Master level, with a minimum of five years' experience in analyzing biomedical, social sciences, medical effectiveness, epidemiological data, or similar scientific literature, research findings, and data.
- Labor Category 3 – Intermediate clinical/technical personnel, holding at least a bachelor's degree and at least three years' experience in technical activities of which two years' experience are directly related to analysis of

biomedical, social sciences, and related scientific literature and other data. The individual is capable of carrying out independent assignments with minimum supervision or acting as leader of small projects. This category may include technical specialists in science writing and editing, as well as computer programming.

- Labor Category 4 – Data support, literature search and retrieval, report drafting, etc. at a research assistant level.
- Labor Category 5 – You may include a description of a fifth category if you believe additional, different expertise is also required.

ii. Assessment Cost Estimates (MANDATORY)

- The primary task for the TAC is the production of the Health Technology Assessment. The HCA must be able to forecast cost and time frame to assist in technology selection and resource planning. Assessment cost estimates provide a basis for comparing the relative effort and hourly cost amongst proposers. The estimates are mandatory, but will not be a binding cost quotation on the proposer. The HCA anticipates that Health Technology Assessments will generally fall into one of four categories:
- Simple Assessment (generally a single technology used for one or a related group of indications, and a small range of data sources/articles).
- Intermediate Assessment (a single technology used for one or a related group of indications with a medium or higher range of data sources/articles; or a single technology used for multiple indications and a small or medium range of data sources/articles; or a comparison of a group of technologies used for the same indication with a small range of data sources/articles).
- Complex Assessment (a single technology used for one or a related group of indications with a high range of data sources/articles; or a single technology used for multiple indications and a medium or high range of data sources/articles; or a comparison of a group of technologies used for the same indication with a medium or high range of data sources/articles).
- Updates of existing high quality systematic reviews or health technology assessments. Updating existing assessments may include conducting literature searches for new evidence and expanding aspects of the report to include indications, populations or state relevant data in the update.

For the simple to complex categories, the proposer shall provide in the appropriate place on the COST PROPOSAL FORM: (1) Proposer scope details – specify a range of number of articles or literature items it considers reasonable for that category and an estimate of days or months to complete; and (2) estimate of hours by labor category.

iii. Other Expenses (MANDATORY)

Expenses: The HCA will reimburse the contractor for expenses related to required travel. Such expenses may include: airfare (economy or coach class only), other transportation expenses (e.g. mileage), and lodging and subsistence necessary during periods of required travel. Contractor shall receive compensation for travel expenses at current Washington State travel reimbursement rates. The contractor must provide an estimate of the type and cost for travel expenses.

The HCA estimates that a primary investigator may be required to present the final report for each technology assessment in person. The Contractor must identify whether travel for one in person visit is included in the assessment cost. If not, provide an estimate of the type and cost of travel expenses.

HCA can accommodate fixed-price payment methods based on individual workplans. Bidders may propose fixed-price totals in lieu of hourly labor categories.

Hourly Rate (Not Scored)

Hourly Rate	LC1	LC2	LC3	LC4	LC5 (opt.)
Rate					

*LC = Labor Category

Assessment Cost Estimates (mandatory – Scored)

Assessment Estimate	LC1 # of hours	LC2 # of hours	LC3 # of hours	LC4 # of hours	LC5 # of hours (opt.)	Total (sum of each rate hours)
Simple Assessment:						
Proposer Scope:						
Intermediate Assessment:						
Proposer Scope:						
Complex Assessment:						
Proposer Scope:						
Updates of existing reviews/assessments:						
Proposer Scope:						

Other Expenses (mandatory – not scored)

Other Expenses	
Type of Expense:	Estimate
Travel Charge	

**This data is for informational purposes only, there is no monthly or overall guarantee of hours that should be assumed. Billable duty volumes and Prior Authorization forms may change per HCA's discretion.*

3.10 WASHINGTON STATE PURCHASING PRIORITIES (SCORED)

Exhibit E, Washington State Purchasing Priorities must be completed and returned by Bidder. Bidders should check the applicable box(es) indicating which, if any, of the identified certifications are applicable to the Bidders' business. Definitions for listed certifications can be found at: [Department of Enterprise Services \(DES\) \(wa.gov\)](https://www.wa.gov/DES).

4. EVALUATION AND CONTRACT AWARD

4.1 EVALUATION PROCEDURE

Responsive Proposals will be evaluated strictly in accordance with the requirements stated in this RFP and any addenda issued. The evaluation of proposals will be accomplished by an evaluation team, to be designated by HCA, which will determine the ranking of the proposals. Evaluation teams could be comprised of internal (HCA) and external individuals. Evaluations will only be based upon information provided in the Bidder's Proposal.

- A. All proposals received by the stated deadline in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES) will be reviewed by the RFP Coordinator to ensure that they contain all of the required information requested in the RFP. Only responsive proposals that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any proposal that does not contain all the required information will be rejected as non-responsive.
- B. HCA may, at its sole discretion, waive minor administrative irregularities.
- C. The RFP Coordinator may, at their sole discretion, contact the Bidder for clarification of any portion of the Bidder's Proposal. Bidders should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.
- D. Responsive Written Proposals will be reviewed and scored by an evaluation team using the weighted scoring system described in Section 4.2 (EVALUATION WEIGHTING AND SCORING). Written Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda issued.
- E. The evaluation of the Cost Proposal and Executive Order 18-03 will be completed by the RFP Coordinator.
- F. HCA, at its sole discretion, may elect to select finalists for an oral presentation.
- G. HCA reserves the right to award the contract to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.2 EVALUATION WEIGHTING AND SCORING

Bidders' final scores will be based on the following scored items: Executive Order 18-03, Written Proposal, Cost Proposal, Washington State Purchasing Priorities, References and Oral Presentations.

- A. Executive Order 18-03

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers' Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate

proposals for best value and provide a preference in the amount of 40 points to any Bidder who certifies, pursuant to the certification included in Exhibit A, Bidder Forms and Certifications, Section C, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified from evaluation of this RFP, however they will receive 0 out of 40 points for this section.

B. Scoring of Written Proposal

Each question in Exhibit C, Written Proposal has been assigned a weight. Points will be assigned to each question based upon the average of all evaluation team members scores for the question (0-10) multiplied by the weight indicated below. Individual question scores will then be combined to result in the Bidder's total weighted score. Any point calculations that result in decimal points will be rounded to the nearest whole number. The weight and maximum points for each question are as outlined in the following Evaluation Table:

Evaluation Table		
Section Title	Weight	Maximum Points
Technical Proposal Specifications	55	400
Management Proposal Specifications	45	330
Written Proposal Maximum Points		730

C. Scoring Rubric for Written Proposal

Evaluators will score the sections outlined in the Evaluation Table above using the following (0-10) scoring rubric:

Scoring Rubric		
Score	Description	Scoring Criteria
10	Far Exceeds Requirements	The Bidder has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a high level of experience with, or understanding of the requirement.
7	Exceeds Requirements	The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution.
5	Meets Requirements	The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered "as substantially meeting the requirements".
3	Below Requirements	The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the Bidder will be fully able to meet the requirements.

1	Substantially Below Requirements	The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement.
0	No Value	The Bidder does not address any component of the requirement, or no information was provided.

D. Scoring of Cost Proposal

Each of the cost elements listed in Exhibit D, Cost Proposal will be scored individually based on the lowest proposed total cost for each element. Points for each element will be computed according to the formula below. Any point calculations that result in decimal points will be rounded to the nearest whole number.

Lowest Cost Element	x	Cost Element Maximum Points	=	Bidder's Cost Element Points
Bidder's Cost Element				

The weights and maximum number of points possible for each category are outlined in the table below:

Quotation			
Bidder No.	Bidder's Quotation	Lowest Quotation	Awarded Points
1	60.00	55.00	155.83
2	75.00	55.00	124.67
3	55.00	55.00	170
4	100.00	55.00	93.5

The Bidder's score for each of the cost elements will then be summed up to determine the Bidder's total Cost Proposal score.

E. Scoring References

References will be scored on a pass/fail basis.

F. Total Score

Evaluation Table – All Scored Items		
Section/Exhibit	Title	Maximum Points
3.5, Exhibit A	Executive Order 18-03	40
3.8, Exhibit C	Written Proposal	730
3.9, Exhibit D	Cost Proposal	170
3.10, Exhibit E	Washington State Purchasing Priorities	60
	References	Pass/Fail
Total Maximum Points without Oral Presentation		1000
	Oral Presentation <i>(if applicable)</i>	Pass/Fail
Total Maximum Points with Oral Presentation		

G. Oral Presentations

HCA may after evaluating the Written Proposals elect to schedule oral presentations of the Bidders who scored highest on the Written Proposal (finalists). Should oral presentations become necessary, HCA will contact the finalists to provide further details and schedule the presentations. Commitments made by the Bidder at the oral presentation, if any, will be considered binding. The evaluation and ranking of oral presentations will be accomplished by an evaluation team, to be designated by HCA. Internal and external participants/evaluators may be present at oral presentations.

4.3 BEST AND FINAL OFFER (BAFO)

HCA reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

4.4 SUBSTANTIALLY EQUIVALENT SCORES

Substantially Equivalent Scores are scores separated by two percent or less in total points. If multiple proposals receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASB the one proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Section 1.3 of this RFP.

If applicable, HCA's best interest will be determined by HCA staff, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with Substantially Equivalent Scores.

4.5 NOTIFICATION TO BIDDERS

HCA will announce the ASB to all Bidders via the WEBS notification system.

4.6 DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who has submitted a proposal and been notified it was not selected for contract award may request a debriefing conference. The request for a debriefing conference must be received by the RFP Coordinator no later than 5:00 p.m., Pacific Time, within three (3) Business Days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three (3) Business Days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- A. Evaluation and scoring of the Bidder's Proposal;
- B. Critique of the Proposal based on the evaluation; and
- C. Review of the Bidder's final score in comparison with other final scores without identifying the other Bidders.

Topics a Bidder could have raised as part of the COMPLAINT PROCESS (Section 2.8) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

Comparisons between proposals, or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.7 PROTEST PROCEDURE

A protest may be made only by Bidders who submitted a response to this RFP and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five (5) Business Days to file a protest. Protests must be received by the Contracts Administrator no later than 4:30 p.m., Pacific Time, on the fifth Business Day following the Bidder's debriefing. Protests must be submitted by e-mail to ensure timely receipt.

Consistent with RCW 39.26.030, proposal submissions and proposal evaluations will be available for public inspection following the announcement of ASB(s). If requested by a Bidder who received a debriefing pursuant to Section 4.6, the protest period will not conclude before the requestor has been provided with the applicable proposal submissions and proposal evaluations and provided five (5) Business Days to review the same. Bidder is responsible for notifying the RFP Coordinator of any such public disclosure requests so the timeline can be adjusted accordingly.

Bidders protesting this RFP must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this RFP.

- A. All protests must be in writing, addressed to the Contracts Administrator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFP number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested. Protests must be emailed to contracts@hca.wa.gov with the following subject line: "RFP # Protest – [Bidder Name]"
- B. Only protests alleging an issue of fact concerning the following subjects will be considered:
 - i. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
 - ii. Errors in computing the score; or
 - iii. Non-compliance with procedures described in the RFP, HCA's protest process, or Department of Enterprise Services (DES) policy requirements (POL-DES-170-00).

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of a proposal; or 2) HCA's assessment of its own needs or requirements.

- C. Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who is a neutral party with no involvement in the evaluation and award process (Protest Officer), will review and respond to the protest. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The Protest Officer will have the right to seek additional information regarding the solicitation from sources they deem appropriate in order to fully consider the protest.
- D. If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the Protest Officer. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.
- E. The Protest Officer will issue a written protest response no more than ten (10) Business Days after receipt of the protest, unless additional time is needed, in which case HCA will notify the protesting

Bidder in writing. The Protest Officer's decision is final unless the HCA Director exercises their right to make the final agency decision on the protest. There will be no appeal process.

F. The final determination of the protest will:

- i. Find the protest lacking in merit and uphold HCA's action; or
- ii. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
- iii. Find merit in the protest and provide options to the HCA Director, which may include:
 - 1) Correct the errors and re-evaluate all proposals; or
 - 2) Issue a new solicitation document and begin a new process; or
 - 3) Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASB(s), assuming the parties reach agreement on the contract's terms.

5. RFP EXHIBITS

Exhibit A	Bidder Forms and Certifications (included as a separate attachment)
Exhibit B	Draft Contract (included as a separate attachment)
Exhibit C	Written Proposal (included as a separate attachment)
Exhibit D	Cost Proposal (included as a separate attachment)
Exhibit E	Washington State Purchasing Priorities References

EXHIBIT A – BIDDER FORMS AND CERTIFICATIONS

Exhibit A is included as a separate document.

EXHIBIT B – DRAFT CONTRACT

Exhibit B is included as a separate document.

EXHIBIT C – WRITTEN PROPOSAL

Exhibit C is included as a separate document.

EXHIBIT D – COST PROPOSAL

Exhibit D is included as a separate document.

EXHIBIT E – Washington State Procurement Priorities

Washington State Procurement Priorities and Preferences (Maximum available points: 60)

HCA will apply the following Washington State procurement priorities and preferences to this RFQQ which will impact the evaluation of Bids for this solicitation. Bidder should check a box to indicate which certification(s) apply below. Bidder will be awarded 10 points for every qualifying certification for up to a total of 60 points. Definitions for the certifications can be found at: [Department of Enterprise Services \(DES\) \(wa.gov\)](http://www.wa.gov/DES).

- ☐ Combination Business Enterprise (CBE), 10 points
- ☐ Minority Business Enterprises (MBE), 10 points
- ☐ Minority/ Women Business Enterprise (MWBE), 10 points
- ☐ Socially and Economically Disadvantaged Business Enterprise (SEDBE), 10 points
- ☐ Women Business Enterprise (WBE), 10 points
- ☐ Certified Veteran-Owned Business, 10 points
- ☐ None of these designations apply, 0 points