



REQUEST FOR PROPOSALS (RFP)

RFP NO. 2025HCA14

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PROJECT TITLE: CBHS (Community Behavioral Health Support) Services Clearinghouse

PROPOSAL DUE DATE: September 25, 2025, by 2:00p.m. *Pacific Time*, Olympia, Washington, USA.

Only e-mailed bids will be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: November 13, 2025 to June 30, 2027

The Health Care Authority reserves the right to extend the contract for up to three (3) additional one (1)-year periods at its sole discretion, dependent on mutual agreement of the contract terms by the parties.

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:

1115 Demonstration Waiver means a provision under Section 1115 of the Social Security Act that allows states to test innovative approaches in their Medicaid programs. This type of waiver gives states the flexibility to design and implement programs that can improve care, enhance access, and reduce costs, while still ensuring that they meet federal Medicaid requirements.

1915(i) State Plan Home and Community Based Services (HCBS) means a section of the Social Security Act that allows states to offer Home and Community Based Services (HCBS) through their Medicaid State Plan, rather than solely through Medicaid waivers

Adult Family Home means a residential home in which a person or person provides personal care, special care, room, and board to more than one, but not more than six adults who are not related by blood or marriage to the person or persons providing the services. An adult family home may provide services to up to eight adults upon approval from the department under RCW [70.128.066](#).

Assisted living facility means any home or other institution, however named, that is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents,

Apple Health means an umbrella term or “brand name” for all Washington State medical assistance programs, including Medicaid. The brand name may be shortened to “Apple Health.”

Applicant(s) refers to a person who is applying for Washington State’s Apple Health program.

Apparent Successful Bidder (ASB) means 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 means the individual or company interested in the RFP that submits a proposal to attain a contract with the Health Care Authority.

Business Day means 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.

Centers for Medicare and Medicaid Services (CMS) means the federal agency within the U.S. Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

Claims Clearinghouse means a service or platform that acts as an intermediary between healthcare providers and insurance payers to facilitate the processing of claims. It helps streamline claims submissions by improving the efficiency of the healthcare billing process and ensuring that providers receive timely payments for their services.

Community Behavioral Health Support (CBHS) Services “Community Behavioral Health Support (CBHS) Services” means an individually tailored home and community-based service,

provided under Section 1915(i) of the Social Security Act, designed to assist Enrollees in restoring or acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home or community-based settings.

Contract means a written agreement, resulting from this procurement, between an ASB and HCA, including all exhibits, schedules, attachments, and other terms or documents referred to, incorporated by reference, or attached hereto.

Effective Date means the first date the Contract with the ASB is in full force and effect.

Enrollee(s) refers to a person who is enrolled in Washington State's Apple Health program.

Fee-for-Service (FFS) means the state program which pays for services furnished to patients not enrolled in a managed care plan, in accordance with the fee-for-service methodology.

Health Care Authority (HCA) means an executive agency of the state of Washington that is issuing this RFP.

Health Insurance Portability and Accountability Act (HIPAA) means the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d-8, as amended, and its attendant regulations as promulgated by the U.S. Department of Health and Human Services (HHS), the Centers for Medicare and Medicaid Services, the HHS Office of the Inspector General, and the HHS Office for Civil Rights. HIPAA includes the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.

Implementation of Claims Clearinghouse means the day, no later than February 2, 2026, or at such time that the Security Design Review is complete, whichever is sooner, that the ASB will satisfy the contractual requirements of operating the Claims Clearinghouse.

Implementation of TPA Services means the day the ASB will begin providing TPA services under the Contract. This date is currently scheduled for November 13, 2025. The Claims Clearinghouse may be operational after this date and no later than February 2, 2026.

Knowledge Transfer Sessions means a structured meeting designed to share, exchange, and document expertise, skills or information among team members or stakeholders. Its purpose is to ensure that critical knowledge is effectively communicated, preserved, and accessible, particularly during transitions such as project handovers, onboarding, or changes in personnel.

Managed Care Organizations (MCOs) means an organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA Enrollees Under HCA managed care programs.

Medicaid means the federally matched medical aid program under Title XIX of the Social Security Act (and Title XXI of the Social Security Act for the Children's Health Insurance Plan) that covers the Categorically Needy (CN) and Medically Needy (MN) programs.

Proposal means 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** means the Bidder's cost as described in Section 3.9 and Exhibit F.
- 2) **Written Proposal** means the Bidder's written response as described in Section 3.8 and Exhibit C.

ProviderOne means the Medicaid Management Information System that is the State's Medicaid payment system managed by HCA.

Provider Enrollment means the HCA team responsible to process and enroll Providers into ProviderOne for payment.

Request for Proposals (RFP) means the 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.

Residential Care Service Providers means providers licensed and has a contract with the Department of Social and Health Services and known to the Health Care Authority ProviderOne MMIS to provide personal care services in accordance with Washington Administrative Codes.

Revised Code of Washington (RCW) means 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/>.

Serious Mental Illness (SMI) refers to a group of mental health disorders that significantly interfere with a person's ability to function in daily life. These conditions can cause severe distress and impairment in various areas, including work, relationships, and self-care. SMI typically requires comprehensive treatment, which may involve medication, therapy, and support services. The classification of SMI often takes into account the duration and intensity of the symptoms, as well as their impact on the individual's overall functioning. Common examples of SMI include:

- 1) Schizophrenia
- 2) Bipolar disorder
- 3) Major depressive disorder
- 4) Severe anxiety disorders
- 5) Obsessive-compulsive disorder (OCD)

Subcontractor means 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.

Substance Use Disorder (SUD) means a problematic pattern of use of substances that causes clinical and functional impairment, such as health problems, disability, and failure to meet major responsibilities at work, school or home. Clinicians use criteria from the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5) to diagnose SUD.

Technical Assistance (TA) refers to support and guidance provided to help individuals or organizations improve their skills, knowledge, and processes in a specific area. This can include training, expert advice, resources, and tools to enhance capacity and achieve specific goals. Technical assistance is often utilized to promote effective practices and solve complex problems.

Third-Party Administrator (TPA) means the ASB required to serve as the Claims Clearinghouse for claims payment and to provide Technical Assistance to the Community Behavioral Health Services Providers.

Tribal Governments means the political entities that operate under the sovereignty of Indigenous tribes in the United States and other countries. These governments are established by the tribes themselves and have the authority to govern their members, manage their lands, and regulate various aspects of tribal life, including laws, resources, and social services. Tribal Governments can take various forms, often based on traditional customs or modern structures similar to state or local governments. They may include elected officials, councils, or other governing bodies. Tribal sovereignty allows these governments to exercise powers such as taxation, law enforcement, and jurisdiction over legal matters within their territories, independent of state or federal oversight in many areas.

Urban Indian Health Programs means non-profit organizations that provide health and social services to American Indians and Alaska Natives living in urban areas.

Washington’s Electronic Business Solution or WEBS means 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	July 31, 2025
Pre-Proposal Conference (see Section 2.2 for details)	August 18, 2025
First Round of Bidder Questions Due	August 21, 2025 – 2:00 pm PT
First Round HCA Answers Posted*	August 27, 2025
Second Round of Bidder Questions Due	September 10, 2025 – 2:00 pm PT
Second Round HCA Answers Posted*	September 16, 2025
Complaints Due (if applicable)	September 18, 2025 – 5:00 pm PT
Proposals Due	September 25, 2025 – 2:00 pm PT
Evaluate Proposals*	September 26-October 6, 2025
Conduct Oral Presentations with Finalists, if required*	October 8-13, 2025
Announce “Apparent Successful Bidder” via WEBS*	October 15, 2025
Debrief Request Deadline	October 16-20, 2025
Begin Contract Work	On or before November 13, 2025
Implementation of TPA Services	November 13, 2025

Implementation of Claims Clearinghouse	No later than February 2, 2026
Complete Security Design Review	February 2, 2026

*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 qualified Bidders interested in serving as the Third-Party Administrator (TPA) for HCA’s Community Behavioral Health (CBHS) Claims Administrator. Additional information on CBHS may be found on our website at [Community Behavioral Health Support \(CBHS\) services | Washington State Health Care Authority](#).

HCA seeks a Bidder to partner with HCA, Adult Family Homes (AFH), Assisted Living Facilities (ALF), and other approved Residential Care Services providers, to provide Technical Assistance (TA) to CBHS Providers to support the implementation of the CBHS services.

The CBHS program:

1. Provides staffing to providers to provide one-on-one in-person monitoring, redirection, diversion, and cueing of the client Apple Health Enrollee to prevent at-risk behavior that may result in harm to the client Apple Health Enrollee or to others.
2. Provides individuals with assistance to build skills and resiliency to support stabilized living and integration.
3. Supportive Supervision is coordinated as appropriate with other services such as behavior support and/or crisis plans to help ensure community stability

This procurement seeks to award one contract to a TPA responsible for providing Claims Administration support. The TPA will support eligible provider types as described in this RFP. Any contract awarded as a result of this procurement is contingent upon the availability of funding and final approval of the relevant protocols by the Centers for Medicare and Medicaid Services (CMS).

1.4 BACKGROUND

For the past several decades, Washington State has received state dollars through the Legislature to support Behavioral Health Personal Care (BHPC). BHPC is a collaboration between the Department of Social and Health Services (DSHS) and the organizations that provide behavioral health services across the state. Currently, the need for this service is assessed through Home and Community Services (HCS)/AAA and authorized and paid for by managed care organizations (MCOs) with non-Medicaid funds. Over the past several years, the number of people who need this type of support has increased. The state dollars provided no longer supported the program.

As a result, the legislature directed the Health Care Authority (HCA), in partnership with the Aging and Long-term Support Administration (AL TSA), to create a new Apple Health (Medicaid) benefit to better assist providers in supporting individuals with mental health needs in long-term care settings. In response, a 1915(i) State Plan was submitted to the Centers for Medicare & Medicaid Services (CMS). The new Community Behavioral Health Support (CBHS) services program was approved by CMS and began on July 1, 2024.

This means that any new Apple Health Enrollee who needs support for a mental health condition in long-term care residential settings will be referred to the CBHS program. This will happen at the time the resident's CARE assessment is due for renewal or during the initial assessment. At that time, eligible Apple Health Enrollees would be referred to and transitioned to CBHS.

1.5 SCOPE OF WORK

1. Introduction

The awarded Bidder will manage a Claims Clearinghouse and provide TA to support Adult Family Homes, and other approved Residential Care Facilities with billing processes. In addition, the awarded Bidder will assist, at a minimum, Adult Family Homes to coordinate the delivery and payment of CBHS services to approved Apple Health Enrollees on a daily basis. The Contractor will additionally be responsible for onboarding providers, as necessary, and providing training and support on provider enrollment, costs, and claiming. This includes assisting facilities to develop a strategy to ensure the proper billing and claims processing to ensure timely payments and streamlined billing to HCA and Managed Care Organizations. If a facility is unable to receive timely payments for services, the awarded Bidder will either help the facility to identify why their billing is being rejected or the awarded Bidder will coordinate with the Managed Care Organization to resolve any submission errors.

To ensure the success of this program, the awarded Bidder shall actively engage and develop collaborative relationships with HCA and the Adult Family Home Council to ensure complete training and timely communications. The awarded Bidder must establish trust, maintain open communication channels, and respect the sovereignty of Tribal Governments while working to process and resolve outstanding claims. The awarded Bidder will also partner with other relevant entities, such as the Aging and Long Terms Services administration, to effectively support claims payment and resolve outstanding claims issues. The awarded Bidder will send completed claims to HCA's claim payment system and the claim payment systems that support the MCOs contracted by HCA. Five (5) MCOs are currently contracted by HCA to cover Apple Health Enrollees.

2. Primary Support Services

2.1 Claims Clearinghouse

The awarded Bidder shall act as a central point of contact for the claims process by standing up a Claims Clearinghouse that supports the submission of claims or claims data by participating facilities and providers. The awarded Bidder shall receive, review, and process claims data for services related to CBHS, turning claims data into submittable claims or encounters, and ensure that this process is compliant with all Medicaid billing requirements. The awarded Bidder shall prioritize the implementation of a Claims Clearinghouse and satisfy the contractual requirements of operating the Claims Clearinghouse by no later than February 2, 2026, as well as successfully complete any state required security reviews by no later than February 2, 2026. The awarded Bidder should be prepared to begin earlier if the security design review is completed prior to February 2, 2026. Specifically, the awarded Bidder shall be responsible for:

A. Claims/Encounter Processing and Provider Support

The awarded Bidder shall have the ability to create an Apple Health claim or encounter from data submitted by participating facilities and providers through billing modules from electronic medical record platforms, other electronic methods, or paper-based claims. The awarded Bidder must have the ability to check eligibility and be compliant with HIPAA data sharing. The awarded Bidder shall also provide TA to participating facilities and providers submitting claims data or submitting claims with service that meets the needs of each participating facility or provider.

TA support includes:

- i) Onboarding facilities and providers. The awarded Bidder shall work closely with providers to ensure they understand the submission process, whether electronically or via paper processes, including how to prepare and submit claims information, upload supporting documentation, and monitor claim status through the awarded Bidder's Claims Clearinghouse.
- ii) Assuring that the claim is associated with an approved CBHS Apple Health Enrollee.
- iii) Notifying providers of any missing documentation and providing technical support as needed, to correct any claims data deficiencies.
- iv) Submitting claims and encounters through the awarded Bidder's Claims Clearinghouse using data submitted by participating entities, ensuring data is complete, accurate, compliant with Medicaid rules, and submitted timely to the correct payer. HCA is developing updates to the ProviderOne Billing and Resource Guide to support CBHS and a Policy and Operations Guide that will assist participating facilities and providers to implement and provide CBHS services.
- v) Providing a virtual help desk with trained staff available to assist participating providers with any technical issues or questions related to claim submissions. This support must be available during regular business hours, Monday - Friday 8am - 5pm Pacific Time.
- vi) Provide all contracted services including billing support provided to Adult Family Homes for all other providers not identified as Adult Family Homes who are paying for access directly.
- vii) Provide support in order to ensure the Adult Family Home or Assisted Living Facility can successfully bill for provided services, including maintaining the documentation necessary to support claims the TPA is processing on their behalf.
- viii) Provide any related billing documents the Adult Family Home (AFH) or Assisted Living Facility (ALF) may need to support their retiering requests.

The awarded Bidder shall monitor written communications sent from HCA and will be responsible for updating systems within sixty (60) days to meet any changes to Apple Health billing/encounter guidelines, Encounter Data Reporting Guide, eligibility policy, and the CBHS Program and Billing Guide. The awarded Bidder shall have a process for communicating all relevant HCA policy changes to supporting providers to understand these changes and the impacts on their operations.

3. Administrative Activities Supporting Providers and Enrollees

- 3.1 The awarded Bidder shall actively engage in all Knowledge Transfer Sessions scheduled with HCA. These sessions will provide necessary background information and implementation options for participating facilities and providers.
- 3.2 The awarded Bidder shall work with HCA to act as a centralized place for resources to support facilities in addressing questions, navigating requirements and processes, and making the appropriate connections to other resources as necessary. Examples include developing and sharing FAQs, best practices and recorded webinars, or hosting office hours to provide facilities and providers an opportunity to drop in and ask procedural questions or seek assistance with claim/encounters, checking eligibility, or other administrative activities.
- 3.3 The awarded Bidder shall provide individualized TA to each facility and each provider in need of assistance in navigating the steps to become a Medicaid-billing provider with HCA. At a minimum, the TA will include the following:
 - A. Provider enrollment support: Support providers new to billing Apple Health for services in navigating the provider enrollment process with HCA. HCA will remain responsible for performing the duties of enrolling a provider into Apple Health.
 - B. Provider MCO credentialing support: Provide assistance to providers and facilities in becoming credentialed with an MCO serving Apple Health by leveraging information and training developed by MCOs and/or providing MCO points of contact.
 - C. Eligibility and enrollment support: Assist with the mechanisms, relationships, state policies and procedures, and agreements that help facilities and providers establish the capacity to enroll eligible individuals into Apple Health.
- 3.4 The awarded Bidder shall provide fair hearing coordination support services, which may include administrative activities such as accessing forms, ensuring form data is completed, and accessing relevant websites, to ensure Enrollees and Applicants have opportunity to participate in the process as entitled by 42 CFR Part 431, RCW 74.09.741, and WAC 182-526. The awarded Bidder will accept and file appeals with the Washington State Office of Administrative Hearings (OAH) and coordinate the appeal and hearing process with OAH on behalf of the Enrollees and Applicants that wish to appeal a decision related to payments. The awarded Bidder must develop a system with each AFH to intake appeals, and coordinate participation in a telephonic hearing.
 - A. If an Apple Health Enrollee is requesting a fair hearing related to eligibility or adverse benefit determination, the TPA should refer the Apple Health Enrollee to the HCA website link at www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/requesting-administrative-hearing.
 - B. If an Adult Family Home or Assisted Living Facility is requesting assistance for a fair hearing related to payment, enrollment, or claims submissions the TPA is required to assist the provider with accessing appropriate resources.
 - C. The TPA's involvement in the hearing process will be limited to relaying procedural motions, orders, etc. between the appellant/participant and the Office of Administrative Hearings (OAH), or HCA, providing supporting documentation related to payments and claims, directing to available resources and documents, and serving as a liaison for scheduling hearing related activities.

4. Reporting to HCA

The awarded Bidder shall develop and submit:

- 4.1 Monthly Contractor-readiness reports from the Contract's Effective Date through Implementation of the Claims Clearinghouse date. The report shall contain any risks to implementation, progress with executing necessary data-sharing agreements/contracts, and mitigation strategies for at risk areas, and requests for TA where needed. Reports shall continue if there are unresolved/incomplete areas beyond Implementation of the Claims Clearinghouse date.
- 4.2 Monthly pre-submission reports that track error patterns in information received from the facilities and providers. The report shall include an analysis of the error patterns (e.g. lack of prior authorization, inappropriate billing codes, etc.) and the awarded Bidder's actions to address the issue with the facility/provider.
- 4.3 The awarded Bidder shall develop a template that is approved by HCA to report the following key performance areas on a quarterly basis:
 - A. A breakdown of claims submitted by entity and by payer, reports on averages time frames from data submitted to claim submission and payment, compares rejection and denial rates between payors, tracks resubmission rates, identifies trends, and makes recommendations.
 - B. TA provided.
 - C. An Issue Tracking and Resolution report. This report shall track, log, monitor, and describe resolution of any questions/problems/TA requested by participating facilities and providers. The report shall be used to escalate emerging questions unresolved issues, and implementation barriers to HCA and MCOs, as appropriate. The awarded Bidder shall track and report on resolution times to ensure timely assistance, and work with HCA to develop mitigation strategies.
 - D. Total Number of Providers by Type.
- 4.4 Monthly reports on the awarded Bidder's system downtime and technical issues experienced with the Claims Clearinghouse.
- 4.5 The awarded Bidder shall participate in a performance survey of the TPA led, developed, and implemented by HCA. The intent of the survey is to evaluate the performance of the TPA.
- 4.6 The awarded Bidder shall develop, maintain, and submit to HCA a statewide map of enrolled Apple Health providers serving individuals through CBHS, with breakdowns by affiliated provider type, and the number of approved payments by tier the Bidder identified and/or the number of Facilities or Providers the awarded Bidder provided TA support to ensure they were paid timely.
 - A. The awarded Bidder shall submit the map by December 31, 2025, and updated maps every six (6) months thereafter.
- 4.7 The awarded Bidder shall provide a monthly fair hearing data report, to include new cases filed, scheduling of events, disposition of cases, communication initiated and responses to Facilities.

- 4.8 HCA will require maintenance of a data dashboard that monitors general service usage and other outcomes to be identified as the program ramps up. To support this dashboard, the awarded Bidder shall leverage Claims Clearinghouse data to provide detailed CBHS service utilization reports monthly to HCA beginning no later than February 2, 2026.

Required data includes but is not limited to the following:

- A. Facility-Type utilization
- B. Number of individuals receiving services
- C. Total Claims submitted by Procedure/Modifier code
- D. Total Claims paid by Procedure/Modifier code
- E. Service dollars spent
- F. Number of facilities served
- G. Provider enrollments assisted
- H. Provider credentialing assisted

1.6 MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

1. Must be licensed to do business in the state of Washington and has been issued a Washington State Unified Business Identifier (UBI) number or provide a commitment that it will become licensed in Washington within thirty (30) calendar days of being selected as the ASB.
2. Five (5) years of experience working with Medicaid programs and performing Medicaid claims payment in a HIPAA compliant format.
3. If not already located in Washington State, Bidder must provide a commitment that it will establish a regional office facility in the state of Washington within the first ninety (90) days of signed Contract.
4. Must have demonstrated capability to analyze and report data at regular intervals and make recommendations as to improvement strategies for cost and utilization.
5. Must comply with all HCA and Washington state Office of Insurance Commission (OIC) regulations related to individual complaints and appeals processes.
6. Must comply with all Washington Technology Solutions (WaTech) [Security Standards and Policies](#).
7. Must agree to complete and pass a Security Design Review by the Complete Security Design Review date provided in Section 1.2, (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
8. Must comply with all state and federal privacy and security laws, statutes and regulations

for protecting Apple Health Enrollee data, including HIPAA. Bidder must require all Subcontractors to implement these safeguards.

9. Must have program integrity policies and procedures addressing fraud, waste, and abuse, including detection and prevention, or provide a commitment that it will establish Program Integrity policies and procedures by the Implementation of TPA Services date provided in Section 1.2, (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
10. Must have Quality Management Plan and Performance Improvement policies and procedures addressing quality and appropriateness of care and services and promoting improved patient outcomes through monitoring and evaluation activities, or provide a commitment that it will establish Quality Management Plan and Performance Improvement policies and procedures by the Implementation of TPA Services date provided in Section 1.2, (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
11. Registered as an insurance carrier with OIC in the State of Washington at time of Proposal submission due date or meet an AM Best, or equivalent, financial rating score of A- or better at time of Proposal submission due date, refer to Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
12. Must have the ability to accept and process appropriate HIPAA transactions (including 834 and 837) from ProviderOne in order to confirm Apple Health Enrollee eligibility and report encounters.

Potential Bidders who do not meet these minimum qualifications will be rejected as non-responsive and will not receive further consideration. Any proposal that is rejected as non-responsive will not be evaluated or scored.

1.7 FUNDING (OPTIONAL)

HCA has budgeted an amount of two-hundred and fifty thousand dollars (\$250,000) per year not to exceed FIVE HUNDRED THOUSAND Dollars (\$500,000) for the TPA Contract's initial term, November 13, 2025 to June 30, 2027. HCA may extend the Contract for up to three (3) additional one (1)-year periods at its sole discretion. Funding past the initial term will depend on available funding and will be negotiated with the ASB. Proposals in excess of \$500,000 for the initial Contract term will be considered non-responsive and will not be evaluated.

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 November 13, 2025, and to end on June 30, 2027. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend the contract for up to three (3) additional one (1)-year periods.

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	Kimberly French
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 PRE-PROPOSAL CONFERENCE

A pre-proposal conference is scheduled to be held on Monday, August 18, 2025, at 2:00 p.m. Pacific Time via a video-conferencing tool at HCA's discretion. All prospective Bidders should attend; however, attendance is not mandatory. An agenda containing meeting details and links will be posted as an amendment to this solicitation.

HCA will be bound only to HCA written answers to questions. Questions arising at the pre-proposal conference or in subsequent communication with the RFP Coordinator will be documented and answered in written form. A copy of the questions and answers will be posted on WEBS as an Amendment to this RFP.

2.3 BIDDER QUESTIONS PERIOD

Bidders are provided two (2) scheduled opportunities to ask questions during the Bidder Questions Period. The First Round of Bidder Questions starts on the date of the RFP posting and concludes on the *First Round of Bidder Questions Due* date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).

The Second Round of Bidder Questions starts on the date following when the responses to the First Round Bidder Questions are posted and concludes on the *Second Round of Bidder 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: "RFP # 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.

2.4 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.
- 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.

2.5 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.

2.6 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.

2.7 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.

2.8 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.

2.9 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.

2.10 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.

2.11 NO OBLIGATION TO CONTRACT

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

2.12 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.

2.13 SUBCONTRACTOR PARTICIPATION MONITORING AND REPORTING

Pursuant to Executive Order 22-01, Equity in Public Contracting (dated 01/07/2022), Bidders using Subcontractors for any part of this work will be subject to the requirements of this section if awarded a contract as a result of this solicitation.

Once a contract is awarded through the solicitation process, the awarded Contractor is obligated to complete a new vendor registration in Access Equity. Access Equity (B2Gnow) is a secure business diversity management system available online at <https://omwbe.diversitycompliance.com/>.

Confidential Information (e.g., Tax ID, etc.) will not be published in Access Equity. Contractors that have previously registered with B2Gnow for any public entity, must verify and ensure that Access Equity contains their most up-to-date registration information. Contractors can navigate online to

Access Equity at <https://omwbe.diversitycompliance.com/> or through a direct link on the Office of Minority and Women's Business Enterprises (OMWBE) website at: <https://omwbe.wa.gov/>.

During the contract term, the Contractor will report monthly payments to all relevant Subcontractors in Access Equity. Monthly reporting information includes total dollar payments made to relevant Subcontractors, payment dates, and any additional information required to verify payment to Subcontractors. The Contractor will enter this payment information into Access Equity, and the Subcontractors will verify this payment information in the system. This requirement applies to both Contractors and Subcontractors. Online training is available through Access Equity.

3. PROPOSAL CONTENTS AND REQUIREMENTS

3.1 PROPOSAL CONTENTS OVERVIEW

Proposals must be submitted per the instructions in Sections 2.4 (SUBMISSION OF PROPOSALS) and 3.2 (PROPOSAL REQUIREMENTS AND GUIDELINES) in the order noted below.

- A. A statement of how the Bidder meets ALL minimum qualifications (Section 1.6)
- B. 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)
- C. Draft Contract (Section 3.6 and Exhibit B)
- D. Written Proposal (Section 3.8 and Exhibit C)
- E. Data Security Questionnaire (Section 3.7 and Exhibit D)
- F. Data Security Attestation (Section 3.7 and Exhibit E)
- G. Cost Proposal (Section 3.9 and Exhibit F)

****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. Page limits stated in this RFP are determined by counting single sides of the response. HCA has no obligation to read, consider, or score any material exceeding the stated page limits. There will be no grounds for protest if critical information is on the pages exceeding the specified page limit that is not reviewed.
- E. 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 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, and the Bidder must select checkbox "YES" in Exhibit A, Bidder Forms and Certifications, Section A, Bidder Profile & Submittal Form, Subsection 4, Certifications and Assurances, item (g)(2). 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 the Bidder has no changes to the Draft Contract, they must select checkbox "NO" in Exhibit A, Bidder Forms and Certifications, Section A, Bidder Profile & Submittal Form, Subsection 4, Certifications and Assurances, item (g)(2).

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.

3.7 DATA SECURITY REQUIREMENTS RESPONSE (SCORED)

The Data Security Requirements Response consists of two (2) components: (1) the Data Security Questionnaire (*Exhibit D*), and (2) the Data Security Attestation (*Exhibit E*). Bidder must complete both components of the Data Security Requirements Response to be considered responsive.

A. WaTech Security Policies and Standards

The purpose of [WaTech's Security Policies and Standards](#) is to set expectations with the Bidder about the level of detail and effort needed to complete the Security Design Review (SDR) and for HCA to assess the security posture of the Bidder.

i. Exhibit D – Data Security Questionnaire

Bidder must complete the “Requirements” tab in Exhibit D, Data Security Questionnaire, in accordance with the direction provided on the “Instructions” tab within the Exhibit.

ii. Exhibit E – Data Security Attestation

Bidder must complete the attestations included in Exhibit E, Data Security Attestation. Bidder should respond using Exhibit E as its template.

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(D)). 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 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, other expenses including travel, lodging, and administrative 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. HCA will pay sales or use taxes, if any, are imposed on the services acquired hereunder. ASB(s) must pay all other taxes including, but not limited to, Washington Business and Occupation Tax, other taxes based on ASB(s) income or gross receipts, or personal property taxes levied or assessed on ASB(s) personal property. HCA as an agency of Washington State is exempt from property tax. ASB(s) must complete registration with the Washington State Department of Revenue and be responsible for payment of all taxes due on payments made under any Contract awarded from this RFP.

- B. Exhibit F, Cost Proposal must be completed in its entirety in accordance with the requirements identified within the Exhibit (Section B, Cost Proposal Requirements). Bidder should respond using Exhibit F as its template.

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 responses to the Data Security Requirements Response will be reviewed by an evaluation team and given either a Pass or Fail designation as described in Section 4.3 (PHASE 1: DATA SECURITY REQUIREMENTS RESPONSE EVALUATION AND SCORING). Requirements will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda issued.
- E. Responsive Written Proposals will be reviewed and scored by an evaluation team using the weighted scoring system described in Section 4.4 (Phase 2: Executive Order 18-03, Written Proposal and Cost Proposal EVALUATION AND SCORING). Written Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda issued.
- F. The evaluation of the Cost Proposal and Executive Order 18-03 will be completed by the RFP Coordinator.
- G. HCA, at its sole discretion, may elect to select finalists for an oral presentation.
- H. 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

The evaluation process will consist of two (2) Phases as described below and will be evaluated by evaluation team(s) designated by HCA. Evaluation team members will evaluate and score each section of the Proposal they have been assigned. Different Evaluators may be assigned to different Proposal sections based on their area of expertise.

4.3 PHASE 1: DATA SECURITY REQUIREMENTS RESPONSE EVALUATION AND SCORING

Bidder must receive a Pass evaluation on all sections of the Data Security Requirements Response (Section 3.7) in order to have an overall Pass and qualify to advance to Phase 2 of the evaluation process. If a Bidder receives a Fail designation on any section of the Data Security Requirements Response, they will not advance to Phase 2 of the evaluation process and their Proposals are no longer in consideration for ASB. Bidders will not be provided notice if they receive a Fail designation on any section of the Data Security Requirements Response.

- A. Exhibit D, *Data Security Questionnaire*, will be evaluated as a Pass or Fail based on the following Evaluation Matrix:

Data Security Questionnaire Evaluation Matrix	
Response Type	Designation
Bidder responds "Yes, currently compliant" to <u>all applicable</u> requirements in Exhibit D.	PASS
Bidder responds to <u>all applicable</u> requirements in Exhibit D as: • "Yes, currently compliant"; and/or • "No, not currently compliant but will be compliant on or before February 2, 2026," and provides adequate notes* about how the requirement will be met during the implementation period; and/or • "Not Applicable" and adequately defends** why the requirement is not applicable.	PASS
Bidder responds to <u>any applicable</u> requirement in Exhibit D as: • "No, not currently compliant but will be compliant on or before February 2, 2026" but does not provide adequate notes* about how the requirement will be met during the implementation period; and/or • "Not Applicable" and does not adequately defend** why the requirement is not applicable.	FAIL
Bidder responds "No, cannot comply with requirement" to <u>any applicable</u> requirement in Exhibit D.	FAIL

*Bidder may review Exhibit D, Example Responses tab, for guidance on HCA's definition of "adequate notes".

** Bidder may review Exhibit D, Example Responses tab, for guidance on HCA's definition of "adequately defends".

- B. Exhibit E, *Data Security Attestation*, will be evaluated as a Pass or Fail based on the following Evaluation Matrix:

Data Security Attestation Evaluation Matrix		
Attestation	Response Type	Designation
A	YES	PASS
A	NO	FAIL

B	YES	PASS
B	NO	FAIL

4.4 PHASE 2: EXECUTIVE ORDER 18-03, WRITTEN PROPOSAL AND COST PROPOSAL EVALUATION AND SCORING

Bidders' Phase 2 final scores will be based on the following scored items: Executive Order 18-03, Written Proposal, Cost Proposal, and Oral Presentations (if applicable).

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 50 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 50 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:

Phase 2: Written Proposal Evaluation Table		
Section Title	Weight	Maximum Points
Staff Qualifications, Organization, and Experience	5	50
Primary Support Services	20	200
Provider Support around Administrative Medicaid Rules/Requirements	20	200
Reporting	10	100
Data Security/HIPPA Requirements	7	70
Emergency Management	3	30
Written Proposal Maximum Points		650

C. Scoring Rubric for Written Proposal

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

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:

Phase 2: Cost Proposal Evaluation Table		
Cost Element	Cost Element Description	Maximum Points Possible
1	Total Annual Per Claim Bid Amount (11/13/25 - 6/30/26)	50
2	Total Annual Per Claim Bid Amount (7/1/26 - 6/30/27)	50
3	Total Annual Per Claim Bid Amount (7/1/27 - 6/30/28)	50
4	Administrative Activities Monthly Bid Amount (11/13/25 - 6/30/26)	50
5	Administrative Activities Monthly Bid Amount (7/1/26 - 6/30/27)	50
6	Administrative Activities Monthly Bid Amount (7/1/27 - 6/30/28)	50
Cost Maximum Points		300

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

For example (dollar amounts are for illustrative purpose only):

Cost Element 1

Total Annual Per Claim Bid (11/13/25 - 6/30/26)			
Bidder No.	Proposed Cost	Lowest Cost	Awarded Points
1	\$500,000.00	\$500,000.00	50
2	\$626,250.00	\$500,000.00	40

Cost Element 2

Total Annual Per Claim Bid (7/1/26 - 6/30/27)			
Bidder No.	Proposed Cost	Lowest Cost	Awarded Points
1	\$700,000.00	\$700,000.00	50
2	\$850,000.00	\$700,000.00	41

Cost Element 3

Total Annual Per Claim Bid (7/1/27 - 6/30/28)			
Bidder No.	Proposed Cost	Lowest Cost	Awarded Points
1	\$850,000.00	\$850,000.00	50
2	\$900,000.00	\$850,000.00	47

Cost Element 4

Administrative Activities Monthly Bid Amount (11/13/25 - 6/30/26)			
Bidder No.	Proposed Cost	Lowest Cost	Awarded Points
1	\$1,250,000.00	\$1,250,000.00	50
2	\$1,500,000.00	\$1,250,000.00	42

Cost Element 5

Administrative Activities Monthly Bid Amount (7/1/26 - 6/30/27)			
Bidder No.	Proposed Cost	Lowest Cost	Awarded Points
1	\$1,500,000.00	\$1,500,000.00	50
2	\$1,750,000.00	\$1,500,000.00	43

Cost Element 6

Administrative Activities Monthly Bid Amount (7/1/27 - 6/30/28)			
Bidder No.	Proposed Cost	Lowest Cost	Awarded Points
1	\$1,750,000.00	\$1,750,000.00	50
2	\$2,000,000.00	\$1,750,000.00	44

Total Cost Proposal Score							
Bidder No.	Cost Element 1 Score	Cost Element 2 Score	Cost Element 3 Score	Cost Element 4 Score	Cost Element 5 Score	Cost Element 6 Score	Total Awarded Points
1	50	50	50	50	50	50	300
2	40	41	47	42	43	44	257

E. Total Score – Phase 2

Phase 2 Total Combined Score		
Section/Exhibit	Title	Maximum Points
Exhibit A	Executive Order 18-03	50
Exhibit C	Written Proposal	650
Exhibit F	Cost Proposal	300
Total Maximum Points		1000

F. Oral Presentations (if applicable)

- i. HCA may elect to schedule oral presentations with the Bidders with the highest Phase 2 total combined scores for Executive Order 18-03, Written Proposal, and Cost Proposal to advance to the oral presentation (finalists).
- ii. Should oral presentations become necessary, HCA will contact the finalists to provide further details and schedule the presentations. The oral presentations will be held via HCA's preferred video conferencing system.
- iii. The scores for Executive Order 18-03, Written Proposal, and Cost Proposal will not carry forward to oral presentations.
- iv. Commitments made by the Bidder at the oral presentation, if any, will be considered binding.
- v. The evaluation and ranking of oral presentations will be accomplished by an evaluation team, to be designated by HCA, who will score the oral presentations using a consensus-based Strengths-Weaknesses-Opportunities-Risks (SWOR) analysis.

<u>SWOR Analysis</u>		
SWOR	Bidder 1	Bidder 2
Strengths		
Weakness		

Opportunities		
Risks		
Ranking		
Strengths	What separates them from the competition?	
Weakness	Where do they need to improve?	
Opportunities	What gives them a competitive edge?	
Risks	Issues that could negatively impact the project?	

vi. Internal and external participants/evaluators may be present at oral presentations.

vii. The oral presentation will determine the Apparent Successful Bidder.

4.5 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).

4.6 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.

4.7 NOTIFICATION TO BIDDERS

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

4.8 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 2.7) 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, by telephone, or virtual platform such as Zoom or Teams and will be scheduled for a maximum of thirty (30) minutes.

4.9 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 4.8, 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
Exhibit D	Data Security Questionnaire (included as a separate attachment)
Exhibit E	Data Security Attestation
Exhibit F	Cost Proposal

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

Maximum Points for Written Proposal: 650 points

1. Staff Qualifications, Organization, and Experience (total 50 points)

Please limit response to five (5) pages, excluding any requested flow charts, graphs, etc.

- 1.1 Identify staff, including Subcontractors, who will be assigned to the potential contract, indicating the responsibilities and qualifications of such personnel, and include the amount of time each will be assigned to the project. The Bidder must commit that staff identified in its proposal will actually perform the assigned work. Any staff substitution must have the prior approval of HCA. (5 points)
- 1.2 If the Bidder has a regional location please provide the physical address of that facility. If the Bidder does not currently have a regional location please describe the Bidder's plan to open a facility within 90 days of contract execution. (5 points)
- 1.3 Provide a description of the proposed project team structure and internal controls to be used during the course of the project, including any Subcontractors. Provide Bidder's organizational chart, indicating lines of authority for personnel involved in performance of this potential contract and relationships of this staff to other programs or functions of the Bidder's organization. This chart must also show lines of authority to the next senior level of management. Include who within the Bidder's organization will have prime responsibility and final authority for the work. (5 points)
- 1.4 Indicate the experience the Bidder's project team staff and any Subcontractors have in the following areas: (20 points)
 - A. Medicaid Claims/Encounter Processing. (5 points)
 - B. Provider support around administrative Medicaid rules/requirements. (5 points)
 - C. Developing and tracking reports, including any experience of being accountable to a state agency. (5 points)
 - D. Customer Service/Provider Support including sustainable structures for once the contract expires. (5 points)
- 1.5 If the Bidder has established program integrity policies and procedures that address fraud, waste, and abuse, including detection and prevention, please submit the document with the Bidder's response. If the Bidder does not have a current Program Integrity policy please describe the Bidder's plan to meet this minimum qualification before November 13, 2025 ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES. (5 points)
- 1.6 If the Bidder has an established Quality Management Plan and Performance Improvement policies and procedures addressing quality and appropriateness of claims processing and payment, accurate claims reporting, claim evaluation and technical assistance, and Program Integrity activities related to proper billing through monitoring and evaluation activities, please submit these documents with the Bidder's response. If the Bidder does not have a current Quality Management Plan and Performance Improvement policies and procedures document please describe the Bidder's plan to meet this minimum qualification before November 13, 2025. (5 points)
- 1.7 Include a list of contracts the Bidder has had during the last five (5) years that relate to

the Bidder's ability to perform the services needed under this RFP. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and fax numbers/e-mail addresses. (5 points)

2. Primary Support Services (total 200 points) *Please limit response to fifteen (15) pages, excluding any requested flow charts, graphs, etc.*

2.1 Claims Processing (90 points)

- A. Describe Bidder's experience with assisting providers with claims processing, and the process the Bidder will use to ensure facilities have submitted all required information for a claim to be successfully submitted, including:
 - i. client information,
 - ii. provider details,
 - iii. service dates,
 - iv. service codes, and
 - v. any necessary supporting documentation such as medical records, authorizations, and referral information. (30 points)
- B. Describe Bidder's approach for conducting a comprehensive and systematic review process to ensure that claims data submitted by providers is complete and accurate and will create Apple Health claims for these services compliant with Apple Health rules and regulations and following Apple Health Fee-for-Service and MCO claims structure. (30 points)
- C. Describe how facilities and providers will receive TA from the Bidder to process claims and encounter submissions, particularly for those with limited or no internet access. (10 points)
- D. Describe the implementation plan and timeline for establishing the Claims Clearinghouse and provide the earliest date, no later than February 2, 2026, that the Bidder could satisfy the contractual requirements of operating the Claims Clearinghouse. (10 points)
- A. Identify and describe the strategies the Bidder will implement to manage the initial heavy workload of TA requests during the Implementation of TPA Services. (10 points)

2.2 Provider Support (90 points)

- A. Describe Bidder's experience in assisting organizations with providers to process claims, along with examples of successful programs the Bidder has implemented or assisted in implementing. Describe any challenges the Bidder experienced and how the Bidder overcame them. (30 points)
- B. Describe the Bidder's experience assisting facilities or providers in assessing their ability to successfully implement a new benefit. (5 points)
- C. Describe how Bidder establishes and maintains relationships with service providers and community resources while facilitating effective communication among stakeholders involved in a client's care. (20 points)
- D. Describe the Bidder's experience developing culturally sensitive networks and how the Bidder will implement strategies to effectively serve diverse populations.

Response shall include, but is not limited to:

- i. An example from Bidder's experience of a time when Bidder bridged disparities by strengthening and expanding their network ensuring greater inclusivity; and
- ii. A narrative explaining how Bidder's strategy reduced disparities. (20 points)

2.3 System Integration Support (20 points)

Describe Bidder's experience with assisting participating providers in integrating their existing billing systems with the Bidder's Claims Clearinghouse platform. The response shall include, but is not limited to:

- A. the provision of technical guidance,
- B. software tools,
- C. ongoing support for a smooth transition; and
- D. Specifically address how the Bidder, based on experience, would conduct such activities for the specific providers and facilities that will be served through CBHS.

3. Provider Support around Administrative Medicaid Rules/Requirements (total 200 points)

Please limit response to fifteen (15) pages, excluding any requested flow charts, graphs, etc.

3.1 General Understanding (30 points)

Describe the Bidder's understanding of the key administrative rules and requirements for Medicaid providers in our state. Include in your description how frequently these rules change and how providers are notified of updates. Provide three (3) examples with details of the Bidder's experience in providing support in carrying out these rules/requirements.

3.2 Enrollment and Eligibility (30 points)

- A. Describe the process and required documentation for enrolling as a Medicaid provider, and describe how providers can verify patient eligibility for Medicaid services. (10 points)
- B. Describe how the Bidder will ensure they provide individualized TA to each facility and provider in navigating the steps required to become a Medicaid-billing provider, such as credentialing, contracting, enrolling in ProviderOne, and meeting clinical documentation requirements. (20 points)

3.3 Compliance and Regulations (50 points)

- A. Describe the common compliance issues providers face with Medicaid. Including:
 - i. what resources are available to help them understand and meet these requirements;
 - ii. what penalties exist for non-compliance with Medicaid administrative rules; and
 - iii. Include specific examples to demonstrate the Bidder's experience assisting providers in correcting these issues. (30 points)

- B. Describe how the Bidder will stay up to date with Apple Health billing guidelines, policies, and rules and how the Bidder will ensure that claims are compliant prior to their submission to HCA and MCOs. (20 points)

3.4 Billing and Reimbursement (20 points)

Describe how the Bidder will assure that a claim is associated with CBHS offered by that Enrollee's facility. Describe how billing procedures for Medicaid services are structured, including:

- A. reimbursement calculations,
- B. factors affecting payment rates,
- C. common reasons for claim denials, and
- D. the appeal process for providers.

3.5 Training and Resources (20 points)

Describe what training programs, online resources, and support options the Bidder has to offer to assist new Medicaid providers with administrative tasks and ensure they have access to current information. Include any additional resources the Bidder plans to implement should they be awarded this contract.

3.6 Communication and Support (30 points)

- A. Describe how the Bidder will facilitate communication and support regarding questions, concerns, or feedback related to administrative processes that providers and facilities may have. (10 points)
- B. Describe how the Bidder will ensure high quality, timely customer service. (10 points)
- C. Describe how the Bidder will ensure that it is providing timely support to participating providers regarding system changes, new features, relevant Apple Health policy updates including changes to the CBHS Program and Billing Guide, and the status of reported issues. (10 points)

3.7 Appeals (20 points)

Describe how the Bidder will provide fair hearing coordination services to ensure Enrollees and Applicants have opportunity to participate in the process as entitled by 42 CFR Part 431, RCW 74.09.741, and WAC 182-526.

4. Reporting (total 100 points)

Please limit response to five (5) pages, excluding any requested flow charts, graphs, etc.

4.1 Coding (20 points)

Claims must reflect the correct fee schedules and reimbursement rates according to Apple Health rules and MCO contracts.

Describe the Bidder's process for validating that the billing codes and associated rates are appropriate and accurately reflect the services rendered, based on the allowable codes defined in the Apple Health billing guide that are in scope under CBHS. Describe how the Bidder will ensure that any discrepancies in billing are flagged for correction.

4.2 Client Eligibility (40 points)

- A. Describe the steps the Bidder will take to verify that the client was enrolled in Apple Health with active coverage on the date of service provision, including:
 - i. confirmation that CBHS services are approved and is assigned,
 - ii. the CBHS services is approved for that provider, and
 - iii. any necessary prior authorizations affecting claim eligibility have been obtained. (20 points)
- B. Describe how Bidder will develop, maintain, and submit a statewide map of enrolled Apple Health providers serving individuals through CBHS, including breakdowns by affiliated provider types, with the initial submission due by December 31, 2025, and updates every six months thereafter. If available, provide an example of a similar product you have produced. (20 points)

4.3 Duplicate Claims Check (40 points)

- A. Describe the controls the Bidder will implement to identify and prevent the submission of duplicate claims that could lead to rejections or delays from HCA and/or MCOs. (20 points)
- B. Describe the process the Bidder will use for checking that facilities have submitted all required information and supporting documentation for a claim to be developed, including client information, provider details, service dates, service codes, medical records, authorizations, and referral information. (20 points)

5. Data Security/HIPAA Requirements (total 70 points)

Please limit response to ten (10) pages, excluding any requested flow charts, graphs, etc.

5.1 Data Access and Control (20 points)

- A. Describe what processes and access controls the Bidder has in place to ensure that only authorized personnel can access protected health information (PHI), and how often these access controls are reviewed and updated by the Bidder. (4 points)
- B. Describe what measures are taken by the Bidder to protect devices that store or access PHI from theft or unauthorized access. (4 points)
- C. Describe what data backup procedures the Bidder has in place to protect PHI, including the frequency and storage locations of backups. (4 points)
- D. Describe the Bidder's documented incident response plan for data breaches, including response time and employee familiarity with the reporting process. Has the Bidder ever experienced a breach, or had unauthorized personnel access PHI? If so, please describe each instance, the circumstances, and what action the Bidder took. (8 points)

5.2 Employee Training (10 points)

Describe the training programs the Bidder has in place regarding HIPAA compliance and data security, and how often these trainings are updated and repeated.

5.3 Auditing and Monitoring (20 points)

- A. Describe how frequently security audits are conducted by the Bidder and what monitoring systems are in place to detect unauthorized access or anomalies. (10 points)
- B. Describe how audit logs are managed and reviewed by the Bidder. (10 points)

5.4 Policy Review and Updates (10 points)

Describe how frequently data security and HIPAA compliance policies are reviewed and updated by the Bidder in response to new regulations or security threats.

5.5 Third-Party Vendors (10 points)

- C. Describe how the Bidder will ensure that any third-party vendors comply with HIPAA requirements, including the implementation of business associate agreements (BAAs) and other compliance measures.

5.6 Policy Review and Updates (10 points)

Describe how frequently data security and HIPAA compliance policies are reviewed and updated by the Bidder in response to new regulations or security threats.

5.7 Third-Party Vendors (10 points)

Describe how the Bidder will ensure that any third-party vendors comply with HIPAA requirements, including the implementation of business associate agreements (BAAs) and other compliance measures.

6. Emergency Response Management (total 30 points)

Please limit response to two (2) pages, excluding any requested flow charts, graphs, etc.

6.1 Describe the Bidder's emergency response plan to maintain uninterrupted core business and operations during natural disasters or other system outages. Include in the response detailed descriptions of the following: (20 points)

- A. How the Bidder defines core business and operations. (5 points)
- B. Where core business and operations would be conducted and by whom. (5 points)
- C. What technology and tools the Bidder utilizes for monitoring and managing emergency situations. (5 points)
- D. How emergency responses are evaluated by the Bidder after an emergency incident occurs, and what processes are in place by the Bidder for continuous improvement. (5 points)

6.2 Describe the circumstances under which the Bidder's emergency response plan applies. (10 points)

EXHIBIT D – DATA SECURITY QUESTIONNAIRE

Exhibit D is included as a separate document.

EXHIBIT E – DATA SECURITY ATTESTATION

The Bidder must complete the following attestations:

A. Attestation – Security Design Review (SDR)

Bidder will provide resources to complete and pass the SDR on or before February 2, 2026. Passing an SDR includes completing all items provided in Exhibit D, *Data Security Questionnaire*, provide supporting documentation (Bidder's policies, procedures, and third- party assessment reports: SOC 2 Type 2), participate in collaboration meetings with HCA, and a final review with Office of Cyber Security. The entire SDR process can take approximately three (3) to six (6) months to complete.

If Bidder can affirm their commitment to this requirement, please select "YES" below. If Bidder cannot affirm their commitment to this requirement, please select "NO" below.

☐ YES ☐ NO

B. Attestation – Access Authentication

Bidder will implement access authentication for end users and State agency staff in compliance with Exhibit D, *Data Security Questionnaire*, Section 6 Access Security. Authentication requirements include Enterprise Active Directory or MS Entra Active Directory for State agency staff and Secure Access Washington for end users. Vendor solution must be able to support SAML 2.0 and accept multiple identity providers. Requirements provided in [WaTech Security Chapter](#).

If Bidder can affirm their commitment to this requirement, please select "YES" below. If Bidder cannot affirm their commitment to this requirement, please select "NO" below.

☐ YES ☐ NO

EXHIBIT F – COST PROPOSAL

A. Cost Proposal Information

To assist with developing your bid, HCA is providing Bidders with the following estimates and information.

- i. Estimate of number of Apple Health Claims Paid
 - a. HCA is providing an estimate of potential annual claims volume to assist with the Bid. HCA estimates that approximately 50,000 to 128,000 claims could be paid annually based on figures from July 1, 2024 through May 30, 2025.
- ii. Estimate of Apple Health Enrollees approved and placed in an Adult Family Home based upon data from July 1, 2024 through May 30, 2025:
 - a. HCA estimates that about 3,500 Apple Health Enrollees are approved for CBHS services each year.
 - b. HCA estimates that approximately 2,300 Apple Health Enrollees approved for CBHS are placed in an Adult Family Home annually.
- iii. HCA estimates there are 1,500 Adult Family homes with current CBHS clients and as many as 4,800 Adult Family Homes that may be eligible to provide services. There is an additional number of Assisted Living Facilities that may choose to contract with the provider to support their CBHS billing process.

B. Cost Proposal Requirements

The Bidder must provide a separate bid for both work areas of the RFP identified below. The Bidder will provide a total bid that includes both work areas not to exceed an annual maximum amount of \$250,000.

i. Work area 1: Primary Service—Claims Clearinghouse

The Bidder will provide bids for the duration periods set forth below. The Bidder may provide a separate bid for electronic and paper claims. The Bidder will provide an estimate of the annual number of claims when bidding each duration.

Work Area 1: Primary Service – Claims Clearinghouse			
Per claim bid: November 13, 2025 through June 30, 2026			
Claim Type	Bid Amount per Claim	Annual Number of Claims Estimated by Bidder	Total Annual Bid Amount
Electronic	\$		\$
Paper	\$		\$
Total	\$		\$

Work Area 1: Primary Service – Claims Clearinghouse

Per claim bid: July 1, 2026 through June 30, 2027			
Claim Type	Bid Amount per Claim	Annual Number of Claims Estimated by Bidder	Total Annual Bid Amount
Electronic	\$		\$
Paper	\$		\$
Total	\$		\$

Work Area 1: Primary Service – Claims Clearinghouse Per claim bid: July 1, 2027 through June 30, 2028			
Claim Type	Bid Amount per Claim	Annual Number of Claims Estimated by Bidder	Total Annual Bid Amount
Electronic	\$		\$
Paper	\$		\$
Total	\$		\$

ii. Work area 2: Administrative Activities Supporting Providers and Enrollees

The Bidder must bid a monthly amount for the duration periods set forth below for performing the following administrative activities:

- a. Provider enrollment support
- b. Provider credentialing support
- c. Provider claims billing and training support

Work Area 2: Bid for Administrative Activities Supporting Providers and Enrollees	
Duration	Monthly bid Amount
November 13, 2025 through June 30, 2026	\$
July 1, 2026 through June 30, 2027	\$
July 1, 2027 through June 30, 2028	\$