



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

RFP NO. 2020HCA14

NOTE: *If you download this RFP from the Health Care Authority (HCA) website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP amendments or bidder questions/HCA answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure.*

PROJECT TITLE: Health Care Authority Fraud and Abuse Detection Solution (FADS) that supports Medicaid Fraud, Waste, and Abuse Detection and Prevention

PROPOSAL DUE DATE: May 24, 2021, by 2:00 p.m. Pacific Time.

Proposals will only be accepted by email. Faxed or hard-copy Proposals will not be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: October 8, 2021 to June 30, 2027. HCA reserves the right to extend the Contract for up to three (3) additional years in any increments at its sole discretion.

BIDDER ELIGIBILITY: This procurement 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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RFP APPENDICES

(All RFP Appendices have been posted separately)

Appendix A – Statement of Work
Appendix B – Instructions to the Bidder
Appendix C – Requirements
Appendix D – Draft Contract
Appendix E – Draft BAA/DSA
Appendix F – OCIO 141.10 Security Standards
Appendix G – RCW 42.56
Appendix H – RCW 40.14

RFP RESPONSE FORMS

(All RFP Response Forms have been posted separately)

Response Form 01 – Minimum Qualifications
Response Form 02 – Certifications and Assurances
Response Form 03 – Key Staff Skill Sets
Response Form 04 – Cost Proposal Template
Response Form 05 – Diverse and Small Business Inclusion Plan
Response Form 06 – SOW issues list
Response Form 07 – Draft Contract/BAA/DSA Issues List
Response Form 08 – Executive Order 18-03 Contractor Certification
Response Form 09 – Wage Theft Prevention
Response Form 10 – Proposal checklist

1. INTRODUCTION

1.1. DEFINITIONS

Definitions for the purposes of this RFP include the following:

Acceptance – The Contractor has satisfactorily provided the services and Deliverables to implement the FADS. Acceptance shall be formalized in a written notice from HCA to the Contractor.

Ad-Hoc – Business intelligence process designed to answer a single, specific business question as needed.

Algorithm – A set of rules applied to claim or encounter data to identify overpayments. An algorithm incorporates the relevant statutes and regulations of the federal and state governments (including but not limited to HCA and CMS), as well as the guidelines and standard practices of established regulatory bodies (e.g., American Medical Association (AMA), American Dental Association (ADA), and American Pharmacists Association (APhA)). Due to the nature of rules-based, an algorithm will pull out all of the claim records that meet the criteria, meaning it can net multiple Providers.

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

Audit – An examination of claims data, an entity's records, or both, to determine whether the entity has complied with applicable statutes, regulations, and agreements.

Bidder – Individual or company interested in the RFP that submits a proposal in an attempt to attain a contract with HCA.

Business Days – Monday through Friday, except for legal holidays observed by the State of Washington.

Case – A fraud, waste or abuse lead becomes a Case when the lead has been assigned to and accepted by an auditor, all pre-audit work has been done, the case identification has been assigned and the Case's transaction control numbers (TCNs) have been scrubbed to remove TCNs that have already been recovered.

Case Management – An application that provides workflow management and allows users to document, track, report, and electronically maintain closed and current program integrity activities. It is a comprehensive and integrated tracking system for the purpose of administering program integrity activities. Case Management is also an all-in-one application for staff to track workflow and allow management to review their staff's workload.

Change Request – A written form used to modify, delete, or add to the Deliverables or services, in whole or in part, made in accordance with the contract. In an abundance of caution and not by way of limitation, the definition of Change Request does not apply to any changes that the Contractor already is obligated to provide under the contract, including without limitation changes to correct deficiencies and changes to the Solution as part of the Operations and Maintenance Services identified in the contract.

Contract – 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. HCA's Draft Contract is included as Appendix D.

Contractor – What an ASB becomes after a Contract has been executed. This includes its employees and agents, and any firm, organization, individual, or other entity performing services under the Contract. It also includes any Subcontractor retained by Contractor as permitted under the terms of the Contract.

COTS – Commercial off-the-shelf.

DDI – Design, Development, and Implementation.

Data Transformations – The process of changing the format, structure, or values of data.

Deliverable – Any measurable, tangible, verifiable outcome, result, or item that shall be produced to complete a project or part of a project and to receive payment. A Deliverable may be composed of one or more interrelated project Work Products.

Deliverable Expectations Document (DED) – A document cooperatively produced by HCA and the Contractor that provides a description of a Deliverable and the Acceptance Criteria by which HCA will review and accept the Deliverable.

Double Recovery Data Base (DRDB) – HCA's DRDB is comprised of all claims that have previously been included in program integrity activities (e.g., audits, reviews, algorithms).

Fee-For-Service (FFS) – A payment model where each covered service is paid for separately.

Fraud and Abuse – As defined in 42 CFR §455.2 and applicable federal and state statutes.

Fraud and Abuse Detection Solution (FADS) or Solution – A data solution that extends the capabilities of a traditional surveillance and utilization review subsystem by permitting broad search, selection, drill-down functionality, data mining, links including social networking, and geospatial analyses to identify and analyze fraud, waste, and abuse.

Go-Live – The transfer of a system or Solution, in whole or in part, from test to live operation and integration of a system or Solution following its Acceptance.

Graphical User Interface (GUI) – User interface with graphical indicators and/or visual indicators.

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

Health Insurance Portability and Accountability Act (HIPAA) – The Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d-d8, 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 (CMS), the HHS Office of the Inspector General (OIG), and the HHS Office for Civil Rights (OCR).

Key Staff – Staff who will be assigned to the potential contract and have dedicated time to carry out roles and responsibilities the Bidder deems as "key". HCA deems the following staff titles for this project as "key": Lead Business Analyst, Technical Lead, and Project Manager.

Lead – A referral to PI of potential claims fraud, waste or abuse through various avenues, through other PI activities such as data mining, Medical Services Verifications or Potential Fraud cases that are returned from the Medicaid Fraud Control Division. Information that comes into HCA through a referral process, requires additional research and confirmation before it becomes a case. All cases are leads first, but not all leads become cases.

Link Analysis – A data-driven analysis technique used to evaluate relationships among organizations, people and transactions.

Machine Learning – An application that provides systems the ability to automatically learn and improve from experience without being explicitly programmed.

Mandatory Response (MR) – The Bidder must comply with the requirement or be deemed non-responsive.

Mandatory Scored (MS) – The Bidder must comply with the requirement, and the Response will be scored.

Medicaid – The federal/state medical assistance program as described in Title XIX of the Social Security Act, CMS regulations, CMS subregulatory guidance, Washington state statutes, and HCA regulations.

Medicaid Management Information System (MMIS) – The federally certified system used by the Washington Medicaid program, known as ProviderOne, to pay claims and managed care payments authorized under the State Plan. The MMIS is certified by CMS and is the mechanized claims processing and informational retrieval system used by HCA.

Neural Network – Specialized machine learning software that produces non-linear models of complex interactions. This software identifies and recognizes patterns where large amounts of data are gathered and the relationships are not thoroughly understood. The software can display the data in a meaningful Graphical User Interface (GUI) from undefined data.

Operations – Services which will be performed by the Contractor following Acceptance of the System and which are described in the Contract, RFP, and Response.

Pacific Time – The local time in Olympia, WA.

Predictive Models – Process using data mining and probability to predict future influences and result.

Proposal or Response – A formal offer submitted in response to this RFP.

Proposed Solution – The Bidder's described implementation of people, processes, information, and technologies in a distinct system to support the business and/or technical capabilities that solve one or more expectations outlined in this RFP. This is included within the Bidder's Proposal.

ProviderOne (P1) – HCA's MMIS.

Provider – A provider enrolled with HCA and party to a Core Provider Agreement or other agreement with HCA to provide health care services to Medicaid clients; or a provider enrolled in a Medicaid managed care network; or a provider under contract with the Department of Social and Health Services to provide services to Medicaid clients.

Request for Proposal (RFP) – This RFP 2020HCA14.

Sandbox – An environment that enables the isolated execution of software or tools for independent evaluation, monitoring, and testing of data from multiple data sources.

Schedule – The dates described in the Work Plan for performance of Services and other Project events and activities, including Scheduled Dates, Projected Dates, and Actual Dates.

Social Network – A network of individuals such as friends, acquaintances, and coworkers connected by interpersonal relationships.

Specifications – The technical and other written specifications that define the requirements and Acceptance Criteria, as described in the RFP, the Response, and subsequent Deliverables which have received Acceptance, the Performance Standards, and the Documentation. Such Specifications shall include and be in compliance with all applicable State and federal statutes, regulations, subregulatory guidance, and usability standards.

State Fiscal Year (SFY) – The Washington state fiscal year begins on July 1st each year and runs through June 30th of the following year and is named for the year in which it ends. For example, the SFY21 is from July 1, 2020 to June 30, 2021.

Stratified Sample – A sample in which a number of distinct categories are identified. The categories are then organized into separate strata. The sample is then selected from each stratum separately producing a stratified sample.

Subcontractor – A person or entity who is not in the employment of the Contractor but who is performing all, or part of the services awarded by the Contract resulting from this RFP, where such person or entity has a separate contract with the Contractor. The term “Subcontractor(s)” means Subcontractor(s) in any tier.

Supervised Models – Model developed with the input and customization of the subject matter experts.

System for Award Management (SAM) – A government-owned and -operated system housing a list of registered contractors.

Transaction Control Numbers (TCNs) – An 18-digit number that uniquely identifies a transaction record. It is a numeric ID that intelligently encodes some basic information about the claim record such as its medium (e.g., paper, direct entry, electronic), claim type, and batch date.

Unsupervised Models – Relies upon machine learning to detect and predict fraud, waste, and abuse.

Work Plan – The overall plan of activities for the Project, and the delineation of tasks, activities, and events to be performed and Deliverables to be produced with regard to the Project, as submitted with the Response and as updated in accordance with the Contract. The Work Plan shall be incorporated into the Contract as part of the Response, and each revised Work Plan shall be incorporated into the Contract upon its Acceptance by HCA.

Work Unit – A team of employees that has been assigned a specific task within a Section of Program Integrity.

1.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

Issue Request for Proposals	April 13, 2021
Questions Round 1 Due	April 21, 2021 - 2:00 p.m. Pacific Time
Answers Posted	April 28, 2021
Letter of Intent to Propose Due (not required)	April 30, 2021
Questions Round 2 Due	May 5 – 2:00 PM Pacific Time
Answers Posted	May 12, 2021
Proposals Due	May 24, 2021 – 2:00 p.m. Pacific Time
Evaluate Proposals	May 24 – June 22, 2021
Conduct Phase 3 Product Demonstration	June 15 - 17, 2021
Announce “Apparent Successful Bidder” and send notification via e-mail to unsuccessful Bidders	June 23, 2021
Debrief Request Deadline	June 28, 2021
Negotiate Contract	July 1 – August 1, 2021
Obtain CMS approval of proposed Contract	August 3 – October 4, 2021
Contract DDI Start Date	October 8, 2021
Go-Live Start Date (preferred)	June 30, 2022

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

1.3. PURPOSE AND BACKGROUND

1.3.1. Purpose

The Washington State Health Care Authority (HCA) is initiating this Request for Proposals (RFP) to solicit Proposals from eligible firms for a Fraud and Abuse Detection Solution (FADS) to assist HCA in identifying and preventing fraud, waste, and abuse (FWA) in Medicaid and other medical assistance programs.

Washington State Medicaid, also known as Washington Apple Health, provides medical, behavioral, and long-term care services to over 1.9 million individuals, including pregnant women; children; the aged, blind, and/or disabled; and people who are eligible through the Affordable Care Act. HCA serves as the Single State Medicaid Agency for Washington in accordance with 42 U.S.C. § 1396a(a)(5) and 42 C.F.R. § 431.10(b)(1). The Division of Program Integrity (PI) within HCA oversees the safeguarding of Washington Apple Health and state-only program expenditures from potential FWA.



Figure 1. Washington Apple Health logo

HCA intends to award one (1) Contract to provide the services described in this RFP. HCA reserves the right to not award any Contract.

1.3.2. Program Integrity Activities

HCA's PI carries out several activities that combine as an integrated system of controls to reduce and eliminate FWA within Apple Health, with the ultimate goal of improving care delivery. One way PI accomplishes this is by developing and utilizing algorithms and other analytics and tools to ensure claims have been paid accurately and properly—in accordance applicable law and national coding standards. An algorithm is a form of data mining conducted via a FADS that applies complex rules-based filters to claims data. The purpose is to identify payments that HCA may have made in error. These analytics activities survey the broad spectrum of services paid by HCA as well as social service payments and identify potential leads of FWA that require further investigation. FWA leads are also generated through other methods, including via tips communicated to HCA via email or phone. PI investigates these leads and identifies and documents cases of actual FWA to pursue.

1.3.3. Washington's Medicaid Enterprise System

Washington's Medicaid enterprise system is a compilation of an integrated architecture of three systems named ProviderOne, Automated Client Eligibility System (ACES), and HealthPlanFinder, including additional subsystems to ProviderOne and ACES. ACES is administered by the Department of Social and Health Services, and HealthPlanFinder is administered by the Health Benefit Exchange. ProviderOne interfaces with ACES, which was enhanced in 2013 to include a modular Eligibility Service (ES). The ES and ProviderOne interface with Washington's state-based Health Insurance Exchange system, HealthPlanFinder. This modular architecture aligns with the Medicaid Information Technology Architecture (MITA) principles and provides the flexibility to support efficient operations of an enterprise Medicaid Management Information System (MMIS).

ProviderOne was implemented in May 2010 and was certified by CMS in July 2011. The system supports over 1.9 million Medicaid clients; approximately 85% are enrolled in managed care and 15% are fee-for-service. ProviderOne paid over \$12 billion in State Fiscal Year (SFY) 20 to over 230,000 Providers including medical and social service providers.

Washington's MMIS also includes other COTS products and subsystems that integrate with ProviderOne. The current environment includes the following modules: Individual ProviderOne (IPOne), Enterprise Data Warehouse and FADS. IPOne provides payroll-like functions for individual social service Providers.

“As-Is” State of HCA’s FADS

HCA's current FADS was procured in 2008 to assist HCA with its FWA detection and prevention efforts. Since 2008, HCA PI staff have been mining fee-for-service and managed care encounter data, working collaboratively with subject matter experts and the current FADS contractor, Optum, to design and implement rules-based algorithms, peer group models, data analytic tools, an audit subsystem, case tracking subsystem, revenue management subsystem, and Provider self-review technologies.

HCA is not seeking to recreate this flow but to support the objectives and requirements defined in this RFP. The diagram below illustrates HCA's current As-Is FADS process flow. Each weekend, the MMIS vendor stages the data from ProviderOne Online Transaction Processing (OLTP). During the staging process the vendor generates an extract for use with the FADS Data Warehouse (DW). The FADS DW extract file is sent through Secure File Transfer Protocol (FTP) where Optum transforms and loads the data into the FADS DW for use by users through the FADS interface. For verification purposes, Optum provides a count of data loaded between what was sent and what was received.

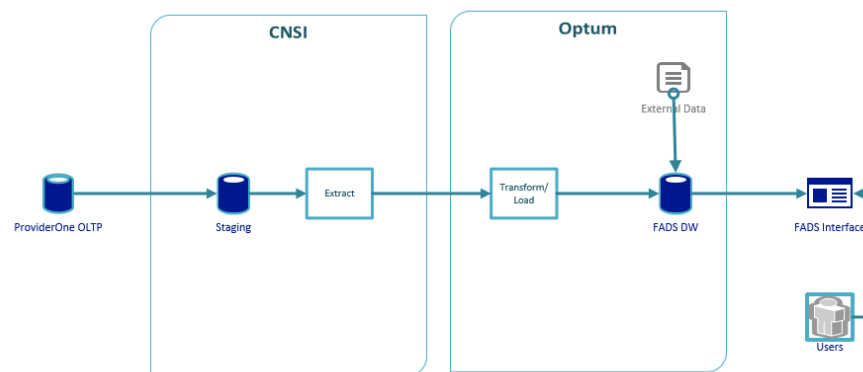


Figure 2. Current Summary-Level FADS Process Flow

1.3.4. Current HCA Architecture and FADS Solution Considerations

HCA desires a FADS Software-as-a-Service (SaaS) solution, which is accessed via web browser. HCA's Enterprise Data Warehouse (EDW) will be used as the source system for FADS. The data exposed to the FADS will conform to the logical data model provided by the Apparent Success Bidder (ASB).

The primary data expected to be used by the FADS is generated by the ProviderOne (P1) application and routed through the P1 Operational Data Store (ODS), which contains the full history of available data from the P1 MMIS and is updated on a weekly basis. However, the FADS will not directly access P1, or the ODS; FADS will obtain its data directly from the EDW.

The EDW is built in the AWS cloud environment and maintained by HCA. It currently uses the Amazon Redshift engine. It can be queried via standard methods using the Amazon Redshift ODBC/JDBC drivers. The EDW is organized into subject areas, or data marts, and populated via an HCA-developed extract, transfer, and load. The data are exposed to multiple applications, users, and agencies. The Bidder should note that the EDW will go through refactoring over time; the EDW is developed using the Agile framework and is expanded incrementally based upon business priorities.

HCA prefers a Solution that performs no transformations on the source data and stores no persistent copies of the data, prior to applying fraud detection algorithms. In recognition of the fact that all Solutions require a specific data model in order to function, the HCA EDW development team will provide all required data for the Solution, per a schema specification provided by the Contractor. The required data must be described in a logical data model which is submitted with the bid [See *Appendix B - Bidder's Instructions*, Phase 2, I. Non-Cost Written Proposal, c. Technical Response, i) Integrate with the EDW, a).]

If a Bidder does not believe their Proposed Solution can operate without persisting a copy of the EDW data, they may still submit a Proposal. If a Bidder does not believe their Proposed Solution can directly access the EDW without performing transformations, they may still submit a Proposal. However, HCA's preference for no persistence and no transformations of data will be reflected in the scoring of the Bidder's Proposal.

The purposes of these requirements are to 1) make data transformations completely transparent to HCA, and 2) to allow the exact same data that is processed by FADS to be available for the rest of the enterprise, in a tool-agnostic manner. This is in alignment with HCA Enterprise Architecture principles to treat data as a shared HCA asset, and minimize data redundancy.

1.3.4.1. ProviderOne (P1) Data

P1 includes the conventional core subsystems of the State's MMIS: client, Provider, claims processing, reference file, management, and administrative reporting. P1 is a web-based system that utilizes an Oracle database engine and a Rules Engine at the core of its business processing. P1's data is used to retrieve information for reporting purposes allowing for querying and analysis of the data. It is HCA's intent to use P1 data sourced from the EDW for FADS, rather than replicating P1 data in a separate warehouse/repository.

1.3.4.2. External Data Sources

The proposed FADS should provide the ability to access other external data sources residing in HCA's AWS environment. This can include data in various formats, such as CSV or PDF files. Examples of additional data include:

- Internal HCA data (e.g., non-emergency medical transportation, Provider network adequacy, behavioral health)
- PI's contractually required data (e.g., Provider overpayment, financial data) received from MCOs and/or other state and federal sources, such as the Department of Health (DOH), federal Public Assistance Reporting Information System (PARIS) data, and federal Veteran's data files.
- Results from external data matches (e.g., Social Security Death Master File (DMF), HHS-OIG List of Excluded Individuals and Entities (LEIE), Federal System for Award Management (SAM)).

1.3.4.3. Master Addressing Service (Geo-Mapping)

HCA understands that the Bidder's Proposed Solution may require geocoding of addresses to function as intended. HCA does have a subscription to U.S. only services that could be utilized as part of the Bidder's Proposed Solution to obtain required geocoded data. If geocoding is required for addresses outside the U.S., this functionality should be described in the Bidder's response; including, if the Solution will be utilizing HCA's subscription. More information regarding the Washington Master Addressing Services (WAMAS) can be found here <https://ocio.wa.gov/geospatial-program-office/washington-master-addressing-services-wamas>. HCA has not implemented the WAMAS service in this way in the past and doing so would require some technical and process development work by the Bidder in tandem with HCA's IT staff; if the Bidder does propose this, then it should be included in the Bidder's Proposal.

1.3.4.4. Double Recovery Prevention

The Bidder's Proposed Solution must be able to support the prevention of the double recovery of claims. The Bidder's Proposed Solution should have the ability to display claim records that are identified in multiple leads and cases. During investigations it is common for a claim or groups of claims to be involved in multiple leads. Currently, PI has a separate database of claims that have been recovered. PI does not intend to continue to maintain this separate database. The Bidder's Proposed Solution needs to have a mechanism to identify these claims and prevent double recoveries. The FADS may work in conjunction with PI's Case Management system to accomplish this.

1.4. SCOPE OF WORK

HCA is looking for a Contractor to provide:

- A Solution that leverages state-of-the-art technology and enhances opportunities for fraud, waste and abuse detection and prevention in Medicaid fee-for-service, managed care, and long-term care services. This Solution must comply and remain in full compliance with all HIPAA standards; security requirements for handling up to category 4 data in accordance with the Washington State Office Chief Information Officer (OCIO) policy 141.10 (*Appendix F*) and CMS certification requirements.
- The following services for the Solution:
 - Integration
 - Data migration
 - Configuration
 - Implementation
 - Testing
 - Training
 - Support for CMS certification
 - System documentation
 - Project management
- Ongoing operations and maintenance of the Solution:
 - This includes operations and updates, patches, and repairs to the FADS in the production, test and all other Washington accessible environments as well as troubleshooting with HCA, correction (including development, testing, training and implementation) of any deficiency or problem with the Solution.

The Statement of Work located under *Appendix A* defines the high-level tasks and deliverables for this project.

1.5. PROCUREMENT OBJECTIVES

With this procurement, HCA seeks to:

- Obtain a Solution that:
 - Increases HCA's ability to identify difficult to detect fraud, waste, and abuse patterns;

- Augments Program Integrity staff abilities, reduces their manual load and is balanced between machine learning and staff input;
 - Provides state-of-the-art fraud, waste and abuse detection techniques, methodologies and services;
 - Best fits HCA's functional and technical requirements at the best value to HCA;
 - Has an existing fraud, waste and abuse detection application that can be configured and/or customized to meet HCA's requirements;
 - Leverages lessons learned from other states and incorporates trends as they are identified when implemented and in an ongoing manner;
 - Enables HCA to build upon its current program integrity efforts;
 - Integrates with HCA's case management solution, ServiceNow;
 - Meets or exceeds Federal enterprise architecture and security certification standards, and the Center for Medicare and Medicaid (CMS) Seven Conditions and Standards that are required for enhanced Federal funding;
 - Ensures compliance with all applicable federal and state security and privacy requirements including, but not limited to, HIPAA, HITECH and OCIO; and
 - Is balanced in ongoing maintenance between Contractor and staff support.
- Obtain services from professionals experienced and knowledgeable with the Bidder's FADS who provide high-quality deliverables on-time and on-budget and that meet the scope of work and requirements.

1.6. PROJECT ORGANIZATION AND GOVERNANCE

The project currently includes:

- A Project Sponsor who is the project owner and responsible for project decisions;
- A Project Manager who manages the overall project scope, schedule, budget, and contractors; and
- Project Team Members:
 - Program Integrity business subject matter experts (SMEs)
 - ProviderOne Enterprise Data Warehouse manager
 - Enterprise Technical Services (ETS) architecture and security subject matter expert
 - Project Coordinator
 - Procurement Lead
 - Additional project team members may be added, as necessary, to complete the project.

Governance and oversight of the project includes:

- FADS Executive Steering Committee – reviews project decisions to ensure they support HCA's overall direction. The Committee will assist the Sponsor in resolving decision making, as required.
- Health and Human Services (HHS) Coalition – a collaborative that provides strategic direction, cross-organizational IT project support and federal funding guidance across Washington's health and human services organizations (HCA, Department of Health, Department of Social and Health Services, Health Benefits Exchange, and Department of Children, Youth and Families.) The Coalition will monitor the project's progress via status reporting and provide assistance in addressing issues that impede progress.
- Washington Technology Services (WaTech) Office of Cyber Security – responsible for state cyber security policy and will conduct a security review of the FADS.
- Centers for Medicare and Medicaid Services (CMS) – provides funding for the FADS and will conduct a certification review of the Solution.

1.7. PROJECT COORDINATION

HCA may undertake or award supplemental contracts for work related to this project or any portion thereof. HCA expects the Contractor to coordinate with any and all related contractors for this work.

1.8. FUNDING

HCA has budgeted an amount not to exceed \$11,670,000 for this project. This amount includes an amount not to exceed \$4,670,000 for the DDI costs and an amount not to exceed \$7,000,000 for up to five (5) Years of O&M cost.

Proposals in excess of \$11,670,000 total will be considered non-responsive and will not be evaluated. This budget is also subject to the following constraints:

- Proposals in excess of \$4,670,000 for DDI will be considered non-responsive and will not be evaluated. Payments for DDI excluding SOW Deliverable 5.3 and all 10% holdbacks, cannot exceed \$4,203,000 in SFY 2022.
 - DDI cost will include 10% contingency on all Deliverables as part of the total not-to-exceed amount and will be set aside for HCA's discretion.
- Proposals in excess of \$7,000,000 for up to five (5) years for O&M will be considered non-responsive and will not be evaluated. Additionally, Year 1 O&M cannot exceed \$1,000,000, and Years 2-5 cannot exceed \$1,500,000 per year. This includes \$100,000 in Years 2-5, which will be set aside for Change Order contingencies.

Please review Section 1.9, *CMS Certification of the FADS and CMS Certification Warranty Period* for additional Year 1 O&M cost requirements.

Any Contract awarded as a result of this RFP is contingent upon the availability of funding.

There is no guarantee that the budgeted amounts listed above will, in fact, become available. HCA reserves the right to adjust the budget for this project at any time.

Any fixed pricing proposed under this RFP must include sales and use taxes.

1.9. CMS CERTIFICATION OF THE FADS AND CMS CERTIFICATION WARRANTY PERIOD

1.9.1. CMS Certification of the FADS

All State MMIS and MMIS-related implementations must adhere to federal guidance for HCA to receive enhanced federal funding for the operation of the MMIS and other modular replacement projects. HCA will seek enhanced funding to the maximum extent possible and therefore the Solution will undergo required certification as specified by CMS. The ASB will need to fully support this process through all activities and artifacts requested by HCA and Quality Assurance (QA)/Independent Verification & Validation (IV&V) contractors(s), if used by the project. See the SOW Deliverable 5.2 Evaluation Criteria and Conditions for Enhanced Funding – CMS Operational Readiness Review and Deliverable 5.3 Evaluation Criteria and Conditions for Enhanced Funding –CMS Certification Review.

CMS has begun transitioning its system certification process to one that evaluates how well Medicaid technology systems support desired business outcomes while reducing burdens on

states. Additional information regarding Outcome Based Certification can be found here: <https://www.medicaid.gov/medicaid/data-systems/outcomes-based-certification/index.html>

1.9.2. CMS Certification Warranty Period

The CMS Certification Warranty Period under Operations and Maintenance (O&M) lasts for a period of three (3) months, starting from the point HCA accepts the Go-Live of the FADS (Warranty Period). During the Warranty Period, the Contractor will produce artifacts documenting that the FADS continuously meets the CMS requirements, outcomes, and measures.

The Contractor will not charge HCA for O&M conducted by the Contractor during the Warranty Period. At the Warranty Period, the Contractor may begin charging HCA for O&M on a monthly basis, starting at the end of the fourth month from the point of HCA's Go-Live acceptance of the FADS.

1.10. INITIAL APPROVAL OF REPLACEMENT SYSTEMS

The Bidder's Proposed Solution shall comply with [42 CFR 433.117 - Initial approval of replacement systems. \(govregs.com\) here: \(https://www.govregs.com/regulations/title42_chapterIV-i2_part433_subpartC_section433.117\).](https://www.govregs.com/regulations/title42_chapterIV-i2_part433_subpartC_section433.117)

1.11. PERIOD OF PERFORMANCE

The period of performance of any Contract will be divided into two (2) phases:

Phase 1 Design Development and Implementation (DDI):

The period of performance of the DDI phase is tentatively scheduled to begin on or about October 8, 2021 and to end on or about June 30, 2022. The term of DDI is subject to change and will be updated accordingly in the resulting Contract.

Phase 2 Operations and Maintenance:

The Operations and Maintenance (O&M) phase begins when HCA accepts the Go-Live of the Contractor's FADS on or about June 30, 2022.

The O&M period is tentatively scheduled to begin July 1, 2022 and to end on June 30, 2027.

Notwithstanding anything in this RFP to the contrary, and at HCA's sole discretion, the initial term of any Contract resulting from this RFP be amended at Go-Live to allow for five (5) full years of O&M services without affecting HCA's ability to use the optional renewal years. For example, if Go-Live occurred August 1, 2022, the initial term may, at HCA's sole discretion be amended to July 31, 2027.

HCA reserves the right to extend the Contract for up to three (3) additional years in any increments at its sole discretion.

Any Contract resulting from this RFP is contingent on CMS approval. If HCA receives approval earlier than anticipated, HCA reserves the right to adjust the Contract start date. Please see Section 1.2., *Estimated Schedule of Procurement Activities* for more information. If CMS does not approve the Contract, then it will be immediately terminated.

1.12. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 RCW. Bidders should familiarize themselves with the requirements prior to submitting a Proposal that includes current or former state employees.

1.13. ADA

HCA complies with the Americans with Disabilities Act (ADA). Applicants may contact the RFA 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 procurement. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

Name	Laura Shayder
E-Mail Address	HCAProcurements@hca.wa.gov

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

2.2. LETTER OF INTENT TO PROPOSE

A Bidder is strongly encouraged to submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFP Coordinator, listed in Section 2.1., *RFP Coordinator*, and must be received by the RFP Coordinator no later than the date and time stated in Section 1.2., *Estimated Procurement Schedule*. The subject line of the email must include the following: [Procurement # 2020HCA14] – Letter of Intent to Propose – [Bidder's Name].

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

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

- 2.2.1. Bidder's Organization Name;
- 2.2.2. Bidder's authorized representative for this RFP (who must be named the authorized representative identified in the Bidder's Proposal);
- 2.2.3. Title of authorized representative;
- 2.2.4. Address, telephone number, and email address;
- 2.2.5. Statement of intent to propose; and
- 2.2.6. A statement of how the Bidder meets ALL of the minimum qualifications specified in *Response Form 01 Minimum Qualifications* of this RFP.

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

2.3. SUBMISSION OF PROPOSALS

The Proposal must be received by the RFP Coordinator no later than the Proposal Due deadline in Section 1.2., *Estimated Schedule of Procurement*.

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., *Procurement Coordinator*. Attachments to e-mail must be in Microsoft Word format or PDF, except for the Cost Proposal which must be submitted as an Excel document. Zipped files cannot be received by HCA and cannot be used for submission of Proposals. The cover submittal letter and *Response Form 02 Certifications and Assurances* must have a scanned signature of the individual within the organization authorized to bind the Bidder to the offer.

HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made, at HCA's sole discretion.

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 by HCA to be at fault. All Proposals and any accompanying documentation become the property of HCA and will not be returned.

HCA will **not** accept facsimile-transmitted or faxed Proposals.

HCA will **not** accept hard copy Proposals.

2.4. 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 ASB is announced; thereafter, the Proposals will be deemed public records as defined in chapter 42.56 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. The information must be clearly identified and the particular exemption from disclosure upon which the Bidder is making the claim must be cited. 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 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 a court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains an order from a court of competent jurisdiction enjoining disclosure HCA will maintain the confidentiality of the Bidder's information per the court order.

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

2.5. 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 provide addenda via e-mail to all individuals who have made the RFP Coordinator aware of their interest. Addenda will also be published on Washington's Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/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 placed on WEBS and the HCA website.

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

2.6. DIVERSE AND SMALL BUSINESS INCLUSION PLAN

Bidders will be required to submit a Diverse and Small Business Inclusion Plan with their Proposal. See *Response Form 05 Diverse and Small Business Inclusion Plan*. 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 Small and 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.

2.7. ACCEPTANCE PERIOD

Proposals must provide one hundred twenty (120) calendar days for HCA's acceptance. The time period begins on the date on which HCA receives the Proposal.

2.8. COMPLAINT PROCESS

2.8.1. Bidders or potential bidders may submit a complaint to HCA based on any of the following allegations, but not on any other allegations:

- 2.8.1.1. The RFP unnecessarily restricts competition;
- 2.8.1.2. The RFP evaluation or scoring process is unfair or unclear; or
- 2.8.1.3. The RFP requirements are inadequate or insufficient to prepare a response.

2.8.2. A complaint must be submitted to HCA prior to five business days before the bid response deadline. The complaint must:

- 2.8.2.1. Be in writing;
- 2.8.2.2. Be sent to the RFP Coordinator in a timely manner;
- 2.8.2.3. Clearly articulate the basis for the complaint; and
- 2.8.2.4. Include a proposed remedy.

The RFP Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFP will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. A Bidder or potential Bidder cannot raise during a bid protest any issue that the Bidder or potential Bidder raised or could have raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.

2.9. RESPONSIVENESS

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

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

2.10. MOST FAVORABLE TERMS

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

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

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

2.11. CONTRACT AND GENERAL TERMS & CONDITIONS

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 *Appendix D*. HCA will not accept any draft contracts prepared by any Bidder. The Bidder may submit exceptions as allowed in the *Response Form 02 Certifications and Assurances* to this RFP. All exceptions must be submitted on or attached to *Response Form 06 SOW Issues List* and *Response Form 07 Draft Contract-BAA-DSA Issues List*. HCA will review requested exceptions and accept or reject the same at its sole discretion.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB and HCA cannot reach agreement on acceptable terms for the Contract, then HCA may either (1) cancel the selection and award the Contract to the next most qualified Bidder or (2) not enter into any Contract.

2.12. COSTS TO PROPOSE

HCA will not be liable for any costs incurred by the Bidder in preparation of a Proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related in any way to this RFP.

2.13. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one (1) 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.

2.14. NO OBLIGATION TO CONTRACT

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

2.15. 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.

2.16. COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a Contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.17. ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The ASB must register as a Statewide Vendor through the Washington State Office of Financial Management.

2.18. INSURANCE COVERAGE

Insurances provisions can be found in the draft contract located in *Appendix D Draft Contract*.

3. COMPETITIVE PROCUREMENT PROCESS

3.1. OVERVIEW

The competitive procurement process, facilitated by the RFP Coordinator, is expected to maximize the opportunity between Bidders and state evaluators to explore Bidder capabilities in detail in order to obtain the best possible outcome.

This RFP document includes Appendices and Response Forms that are intended to support Bidders' overall understanding of the project scope and objectives.

The Appendices are outlined below:

- a. Appendix A – Statement of Work
- b. Appendix B – Instructions to the Bidder
- c. Appendix C – Requirements
- d. Appendix D – Draft Contract
- e. Appendix E – Draft BAA/DSA
- f. Appendix F – OCIO 141.10 Security Standards
- g. Appendix G – RCW 42.56
- h. Appendix H – RCW 40.14

The Response Forms are outlined below:

- a. Response Form 01 – Minimum Qualifications
- b. Response Form 02 – Certifications and Assurances
- c. Response Form 03 – Key Staff Skill Sets
- d. Response Form 04 – Cost Proposal Template
- e. Response Form 05 – Diverse and Small Business Inclusion Plan
- f. Response Form 06 – SOW issues list
- g. Response Form 07 – Draft Contract/BAA/DSA Issues List
- h. Response Form 08 – Executive Order 18-03 Contractor Certification
- i. Response Form 09 – Wage Theft Prevention
- j. Response Form 10 – Proposal checklist

The competitive procurement process will consist of three (3) Phases as briefly described below. For a detailed explanation of the instructions, see *Appendix B Instructions to the Bidder*.

Phase 1: Administrative Requirements, Minimum Qualifications, Knowledge, Experience and Management

Bidders will submit written Responses to the administrative requirements and minimum qualifications as well as questions around Bidder knowledge, experience, and management approach. The objective of this phase is to confirm that Bidders meet administrative requirements and minimum qualifications, and possess the knowledge, experience, and management controls necessary to be successful in performing the work. Bidders must also demonstrate key objectives as detailed in *Appendix B Instructions to the Bidder* within their Proposed Solution. Bidders' responses must include the completed following Appendix and Response Forms:

- Appendix C – FADS Requirements and Checklist
- Response Form 01 – Minimum Qualifications

- Response Form 02 – Certifications and Assurances
- Response Form 03 – Key Staff Skill Sets
- Response Form 05 – Diverse and Small Business Inclusion Plan
- Response Form 09 – Wage Theft Prevention
- Response Form 10 – Proposal Checklist

Bidders with the highest scoring Phase 1 Proposal submissions will advance to the Phase 2 evaluation. The Phase 1 scores will carry forward to Phase 2. There is no minimum or maximum number of Bidders that will be selected to advance.

Phase 2: Assessing Best Value: Written Proposal Evaluation

Bidders will submit written Responses to questions around the Solution description, the Solution capability, and the approach to the Statement of Work. In this section, Bidders will also submit a cost proposal. Lastly, Bidders will respond to the following Response Forms:

- Response Form 04 – Cost Proposal Template
- Response Form 08 – Executive Order 18-03 Contractor Certification

Bidders with the highest scoring in Phase 2 Proposal submissions will advance to the Phase 3 evaluation. The Phase 2 scores will carry forward to Phase 3. There is no minimum or maximum number of Bidders that will be selected to advance.

Phase 3: Presentations and product demonstration and References.

Bidders will conduct a virtual presentation and product demonstration to the evaluators. Upon HCA's discretion, HCA may also check and score references. Lastly, Bidders will respond to the following Response Forms. The Presentation and Demonstration, References, and Issues will all be scored.

- Response Form 06 – SOW Issues List
- Response Form 07 – Draft Contract/BAA/DSA Issues List

Evaluators will score Phase 3 evaluations as described within Section 4.5, *Scoring Methodology: Phase 3*.

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 the *Appendix B Instructions to the Bidders* as well as any additional addenda issued. The evaluation of Proposals will be accomplished by an evaluation team, as designated by HCA, which will determine the ranking of the Proposals. Evaluations will only be based upon information provided in the Bidder's Proposal.

4.1.1. Administrative Review

- a. All Proposals received by the stated deadline, Section 1.2., *Estimated Schedule of Procurement Activities*, will be reviewed by the RFP Coordinator to ensure that the Proposals contain all of the mandatory response information requested in the RFP. These are designated as mandatory response or **(MR)** throughout this RFP. Only responsive Proposals that meet the mandatory response 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 of the mandatory response information will be rejected as non-responsive.
- b. 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.
- c. HCA reserves the right, in its sole discretion, to waive administrative irregularities.

4.1.2. General Proposal Evaluation - Phase 1, Phase 2, and Phase 3

- a. Responsive Proposals will be reviewed and scored by an evaluation team using a weighted points averages scoring system. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any amendment issued.
- b. All questions marked mandatory scored or **(MS)** will be scored and must be addressed in the Proposal. Additionally, all requirements or questions marked **(M)** may be used by the HCA evaluators to support scoring of any MS item.
- c. The Proposals will be evaluated by an evaluation team, as designated by HCA. Evaluation team members will review each Proposal before evaluating and scoring each section they have been assigned. Different evaluators may be assigned to different sections.

4.1.3. Phase 1

- a. After the evaluation of Phase 1, HCA will select the highest-scoring Bidders to advance to Phase 2. There is no minimum or maximum number of Bidders who will advance from Phase 1 to Phase 2.
- b. Scores from Phase 1 will carry forward to Phase 2.
- c. If a Bidder's Phase 1 Proposal does not advance, the RFP Coordinator will notify the Bidder or Bidders via email.

4.1.4.Phase 2

- a. The Bidder's Phase 2 Total Score will be a sum of the Total Cost Score (see Section 4.3 *Scoring Methodology: Phase 2 Cost Proposal*), the Non-Cost Written Proposal Total Score (see Section 4.2, *Scoring Methodology: Phase 1 and Phase 2 Non-Cost Written Proposal*) and, the Executive Order 18-03 Score (see Section 4.4 *Executive Order 18-03*).
- b. After the evaluation of Phase 2, HCA will select the Bidders with the highest cumulative Phase 1 and Phase 2 scores to advance to Phase 3. There is no minimum or maximum number of Bidders who will advance from Phase 2 to Phase 3.
- c. Scores from Phase 2 will carry forward to Phase 3.
- d. If a Bidder's Phase 2 Proposal does not advance, the RFP Coordinator will notify the Bidder or Bidders via email.
- e. If a Bidder's Phase 2 Proposal advances to Phase 3, the RFP Coordinator will notify the Bidder in writing and coordinate the available timeslot(s) for the Bidder's Phase 3 product demonstration on dates published in Section 1.2, *Estimated Schedule of Procurement Activities*.

4.1.5.Phase 3

- a. Bidders will present product demonstrations and answer questions about the Proposed Solution virtually via HCA's preferred video conferencing tool. In coordination with the product demonstrations, HCA will conduct usability and accessibility reviews of the Proposed Solution as described.
- b. Evaluators and Bidders will discuss the *Response Form 06 SOW Issues List* and *Response Form 07 Draft Contract/BAA/DSA Issues List* and attached redlines.
- c. HCA at its sole discretion may perform reference checks.
- d. Commitments made by the Bidder at the Presentation & Demonstrations, if any, will be considered binding.

4.2. SCORING METHODOLOGY: PHASE 1 AND PHASE 2 NON-COST WRITTEN PROPOSAL

In Phase 1 and Phase 2, Non-Cost Written Proposal, evaluation team members will score Mandatory Scored (MS) items using the following (0-5) scale:

Scoring Methodology		
Score	Description	Scoring Criteria
5	Far Exceeds Requirements	The Bidder has provided an innovative, detailed, efficient approach or established, by presentation of material, far superior capability in this area.
4	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.

Scoring Methodology		
3	Meets Requirements	The Bidder has an acceptable capability or solution to meet this criterion and has described its approach in sufficient detail to be considered “as substantially meeting the requirements”.
2	Below Requirements	The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the Proposer 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 has omitted any discussion of this requirement or the information provided is of no value.

4.3. SCORING METHODOLOGY: PHASE 2 COST PROPOSAL

Each of the cost categories listed in *Appendix B Instructions to the Bidder* Cost Proposal and below, will be scored individually based on the lowest proposed total cost for each Cost Proposal category. Points for each cost category will be awarded according to the following formula, any point calculations that result in decimal points will be rounded to the tenths place:

$$\frac{\text{Lowest Cost Category Bid}}{\text{Bidder's Cost Category Bid}} \times \text{Maximum Available Points} = \text{Bidder's Cost Proposal Points}$$

The four (4) cost categories are as follows: Implementation Cost, O&M Cost, Blended Hourly Rate for Implementation and Blended Hourly Rate for O&M.

The points for each cost category will be weighted and summed as outlined within Section 4.7., *Evaluation Weighting and Scoring*

4.4. 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 bids for best value and provide a bid preference in the amount of sixty (60) points to any Bidder who certifies, pursuant to the certification attached as *Response Form 08 Executive Order 18-03*, 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 evaluation of this RFP, however they will receive zero (0) points for this section.

4.5. SCORING METHODOLOGY: PHASE 3

Evaluation team members will score Phase 3 using a Strengths – Weaknesses – Opportunities – Risks (SWOR) analysis. Phase 3 will include evaluation of the References, the Issues and the Presentation and Demonstration.

Internal	
Strengths	Weaknesses
1.	1.
External	
Opportunities	Risk
1.	1.
SWOR Analysis Summary	

The Evaluation Team will use the SWOR analysis to determine the Bidders' ranks via a consensus-based evaluation. The Bidder's rank will result in Bidder's being awarded the points as described below:

Rank	Points Awarded
1	2000
2	1500
3	1000
4	500
5 or greater	0

4.6. BEST AND FINAL OFFER

After Phase 3, HCA may advise Bidders of the weaknesses and risks of their Proposal and request clarifications, revised Proposals, and/or Best and Final Offers (BAFOs).

Bidders choosing not to submit a revised Proposal will not have the opportunity to improve their scoring or strengthen their Proposal. Revised Proposals or BAFOs shall be evaluated upon the same evaluation criteria described in *Appendix B – Instructions to the Bidder*.

HCA reserves the right to proceed directly to announce ASB and contract negotiations with the highest scoring Bidder after Phase 3.

4.7. EVALUATION WEIGHTING AND SCORING

Each scored element in Phase 1 and Phase 2 Non-Cost Written Proposal have been assigned a weight. Points will be assigned to each scored element by the evaluators based upon the scoring

methodology in Section 4.2, *Scoring Methodology: Phase 1 and Phase 2 Non-Cost Written Proposal*, and then multiplied by the weight of the individual scored element.

The RFP Coordinator will compute the Bidder's final element score by totaling the element's scores from all evaluators and then averaging. Any point calculations that result in decimal points will be rounded to the tenths place.

The weight and maximum available points for each Phase/Section and Sub-Section are outlined in the Evaluation Table, below. A breakdown of the maximum available points for each scored element is outlined within *Appendix B Instructions to the Bidder*.

The Bidder's Phase 2 Total Score will be a sum of the Total Cost Score (see Section 4.3., *Scoring Methodology: Phase 2 Cost Proposal*), the Non-Cost Written Proposal Total Score (see Section 4.2, *Scoring Methodology: Phase 1 and Phase 2 Non-Cost Written Proposal*) and, the Executive Order 18-03 Score (see Section 4.4., *Executive Order 18-03*).

The Bidder's Phase 3 Score will be a consensus based SWOR Analysis of the References, the Issues and the Presentation and Demonstration.

Bidders' scores for Phase 1, Phase 2, and Phase 3 will be summed to determine the Bidder's Total Score for the Proposal.

Evaluation Table			
Phase/Section	Sub-Section	Weight	Maximum Available Points
Administrative Review			
	Minimum Qualifications	N/A	Pass/Fail
	Review of all Mandatory Response Items	N/A	Pass/Fail
Phase 1			800
	Bidder Knowledge and Experience	72	360
	Bidder Proposed Solution	72	360
	Management Proposal	16	80
Phase 2			1,200
Non-Cost Written Proposal			960
	Solution Description	19.2	96
	Functional Requirements	57.6	288
	Technical Requirements	57.6	288
	Approach to the Statement of Work	57.6	288
Cost Proposal			180
	Implementation Cost	N/A	72
	O& M Cost	N/A	90
	Blended hourly rate for Implementation	N/A	9
	Blended hourly rate for O&M	N/A	9
Executive Order 18-03			60
Phase 3			2,000
	SWOR Analysis will include the following sub-sections: References, Issues, Presentations & Demonstrations	N/A	2,000

Maximum Total Points		4,000
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4.8. 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.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with equivalent scores.

4.9. BIDDER SELECTION

Bidders' scores for Phase 1, Phase 2, and Phase 3 will be summed to determine the Bidder's Total Score for the Proposal. If HCA elects to move forward with the BAFO it will do so as described in Section 2.10, *Most Favorable Terms* and Section 4.6, *Best and Final Offer*. HCA may elect one (1) or more of the top scoring Bidders to participate in the BAFO. The highest scoring Bidder may be named ASB and invited to begin Contract negotiations.

HCA reserves the right, in its full discretion, to award ASB to the Bidder that best meets the requirements described within this RFP.

4.10. NOTIFICATION TO BIDDERS

HCA will notify the ASB of their selection via e-mail upon completion of the evaluation process. Bidders whose Proposals were not selected for further negotiation or award will be notified separately via e-mail. The date of the announcement of the ASB will be the date the announcement email is sent.

4.11. DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any responsive Bidder who submitted a Proposal and was notified that it was not selected for a contract 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., local time, in Olympia, Washington, 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:

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

Topics a Bidder could have raised as part of the complaint process Section 2.8., *Complaint Process* cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

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

4.12. PROTEST PROCEDURE

A bid 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 business days to file a protest with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth (5th) business day following the debriefing. Protests may be submitted by e-mail only.

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.

All protests must be in writing, addressed to the RFP Coordinator, 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.

4.12.1. Only protests alleging an issue of fact concerning the following subjects will be considered:

4.12.1.1. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

4.12.1.2. Errors in computing the score; or

4.12.1.3. Non-compliance with procedures described in the RFP or HCA requirements.

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.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFP, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

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 RFP Coordinator. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.

4.12.2. The final determination of the protest will:

4.12.2.1. Find the protest lacking in merit and uphold HCA's action; or

4.12.2.2. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

4.12.2.3. Find merit in the protest and provide options to the HCA Director, which may include:

4.12.2.3.1. Correct the errors and re-evaluate all Proposals; or

4.12.2.3.2. Issue a new solicitation document and begin a new process; or

4.12.2.3.3. 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.