



**STATE OF WASHINGTON  
HEALTH CARE AUTHORITY**

**REQUEST FOR PROPOSALS (RFP)**

**RFP NO. 3892**

**NOTE:** *This procurement has a pre-proposal conference and a mandatory Letter of Intent from Bidders who wish to participate. See Section 2.2: Estimated Schedule of Procurement Activities, Section 2.3: Pre-proposal Conference, and 2.4: Letter of Intent to Propose.*

**PROJECT TITLE:** Washington All Payer Claims Database Lead Organization

**PROPOSAL DUE DATE:** September 10, 2019 by 2:00 PM Pacific Time, Olympia, Washington, USA.

Bids must be submitted by E-mail. HCA will not accept faxed bids. Bids must be actually received by HCA by the date and time listed above. In addition, Bidders are responsible for ensuring that the bids are emailed to the correct location and by the time due.

**ESTIMATED TIME PERIOD FOR CONTRACT:** The Washington State Health Care Authority (HCA) estimates the contract will be signed by October 21, 2019. The authority and funding do not transfer to HCA until January 1, 2020, but a period of work transfer is expected. Work transfer will begin immediately following Contract execution. The initial term of the Contract will extend through October 21, 2021. Thereafter, the Contract may be extended up to six (6) additional 2-year periods.

**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.

Bidders are solely responsible for accessing the Competitive Procurement through Washington's Electronic Business Solution (WEBS). Bidders may download the Procurement documents from one of the following websites:

- The Health Care Authority - <https://www.hca.wa.gov/about-hca/bids-and-contracts>
- APCD Council - [www.apcdouncil.org](http://www.apcdouncil.org)
- NAHDO – [www.nahdo.org](http://www.nahdo.org)

Any amendments to the RFP will only be posted in WEBS; they will not be posted on the websites listed above. Bidders must register in WEBS and download the solicitation to receive notification of RFP amendments. Bidders must check their email spam filters to ensure receipt of WEBS email notifications are not blocked.

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**RFP Attachments**

Attachment 1: Resource List

- Chapter 82-75 WAC
- RCW 43.371, as amended by Laws of 2019, Ch. 319
- OCIO Policy 141.10
- WA-APCD Data Submission Guide

Attachment 2: Roles and Responsibilities Table

Attachment 3: Current Onpoint subcontract

Attachment 4: Draft SOW for Onpoint subcontract beginning January 1, 2020

Attachment 5: Current Forum One subcontract

Attachment 6: Draft SOW for Forum One subcontract beginning January 1, 2020

**RFP Exhibits**

Exhibit A: Certifications and Assurances

Exhibit B: Diverse Business Inclusion Plan

Exhibit C: Proposed Contract

# 1 INTRODUCTION

## 1.1 PURPOSE

The Washington State Health Care Authority (HCA) is initiating this Request for Proposal (RFP) to solicit proposals from eligible firms for a Lead Organization (LO) to coordinate, administer, manage, and operate the state of Washington's All Payer Claims Database (WA-APCD). The LO will be the prime contractor and will subcontract with one or more Data Vendor(s) and a web services vendor. HCA intends to award one (1) contract to a LO who will secure all required services for the WA-APCD.

## 1.2 BACKGROUND

In 2014, the Legislature directed the Office of Financial Management (OFM) to establish a statewide all-payer health care claims database. The law required the OFM to select a LO to coordinate and manage the database with the assistance of a Data Vendor. The state of Washington's current LO for the WA-APCD, Oregon Health & Science University (OHSU), was procured in 2016 by the OFM. Since 2016, the OFM staff has worked collaboratively with the LO and Data Vendor to implement, build, manage, and administer the WA-APCD. The contract with OHSU ends on December 31, 2019, which is why HCA is doing this procurement.

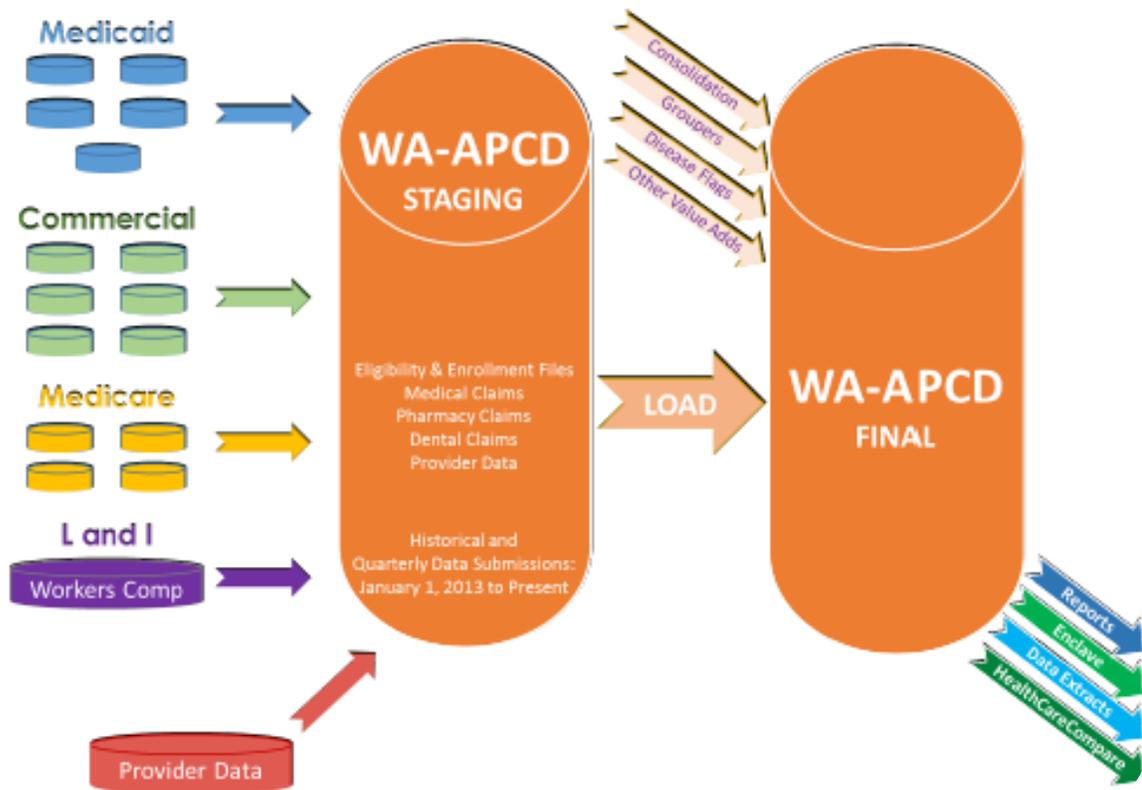
Implementation of the WA-APCD was completed in June of 2018 with the launch of the Washington HealthCareCompare website, the analytic enclave, and the data release program. On January 1, 2020, authority and oversight for the database transfers from the OFM to HCA.

The WA-APCD collects Washington state medical claims and pharmacy claims from private and public payers to permit the systematic analysis of health care delivery. It was created to support transparent public reporting of health care information and increase the quality and effectiveness of health care delivered in Washington.

The database improves transparency to:

- assist patients, providers, and hospitals to make informed choices about care;
- enable providers, hospitals, and communities to improve by benchmarking their performance against that of others by focusing on best practices;
- enable purchasers to identify value, build expectations into their purchasing strategy, and reward improvements over time; and
- promote competition based on quality and cost.

The diagram below illustrates the current data flow.



### 1.3 REQUIREMENTS

HCA is seeking a LO that meets all of the requirements listed in this RFP including the services necessary to support the transition of the WA-APCD from OFM (Phase 1), deliver future enhancements (Phase 2), and establish a strong partnership with HCA, OFM, and the WA-APCD stakeholders, customers and vendors.

The Apparent Successful Bidder (ASB) is expected to demonstrate the following:

- a. Proven experience in successful health care data collection, analysis, analytics from diverse sources;
- b. Experience with data governance, including privacy and security;
- c. Organization has a long-term self-sustainable financial model;
- d. Ability to create partnerships with state government;
- e. Experience in convening and effectively engaging stakeholders to develop reports, especially among groups of health providers, carriers, and self-insured purchasers;
- f. Experience in convening and effectively engaging stakeholders to determine usability and functionality, especially among consumers of data products, both public and private;
- g. Experience meeting budget and timelines for reports;
- h. Ability to combine cost and quality data to assess total cost of care; and

- i. Ability to train and support end users.

[Revised Code of Washington \(RCW\) 43.371.020\(2\)\(d\)](#) states that “the authority may not select a lead organization that:

- Is a health plan as defined by and consistent with the definitions in RCW 48.43.005;
- Is a hospital as defined in [RCW 70.41.020](#);
- Is a provider regulated under Title 18 RCW;
- Is a third-party administrator as defined in RCW 70.290.010; or
- Is an entity with a controlling interest in any of the entities listed in the first four bullets.

The LO shall be responsible for adherence to all WA-APCD requirements as specified in Chapter 43.371 RCW, as amended by 5741-S.SL and in Chapter 82-75 Washington Administrative Code (WAC) and any other state or federal rules that apply.

### 1.3.1 Phased Transition

The WA-APCD transition timeline will require a two-phased approach. Phase 1, requires the LO to ensure a smooth transition from OFM to HCA and maintenance of all current services and operations of WA-APCD without disruption. Phase 1 will require the ASB to contract with the existing subcontractors and data users to maintain the status quo and comply with existing contractual and Data Use Agreement obligations. In addition, the WA-APCD will continue operating under the existing rules, policies and framework developed by OFM and the current lead organization, which includes [WAC Chapter 82-75](#) and the Data Submission Guide. To the extent necessary, Phase 1 will include supporting HCA with the implementation of new requirements set forth in [ESSB 5741](#) as well as other impacts as a result of the transition including development of new rules, establishing a state coordinating convening structure and satisfying legislative reporting requirements.

Phase 2 requires the ASB to collaborate with the state, stakeholders, customers and potential customers, conduct market research, and develop appropriate surveillance measures to define customer needs, identify process improvements and develop future state recommendations, which may include changing subcontractors. ASB will create a plan, as approved by HCA, and implement approved recommended enhancements.

### 1.3.2 Subcontracts and Data Use Agreements

RCW 43.371, as amended, requires the LO to enter into a contract with one or more Data Vendor(s) to perform data collection, processing aggregation, extracts, and analytics. The LO is required to ensure that the subcontracts with the Data Vendor contains all of the requirements of RCW 43.371.020 and WAC 82-75-410. The current Data Vendor and web services vendor will remain the same to help ensure there is no disruption in services during the WA-APCD's transition from OFM to HCA. Therefore, as a requirement of this RFP, the ASB must enter into contracts with the existing subcontractors or accept contract assignments of the existing subcontractor contracts by January 1, 2020. The contracts must be substantially similar to the current contracts and must continue until the end of the initial subcontractors' contract term, October 5, 2021. HCA reserves the right to approve whatever it deems a substantial change. The current subcontracts are *Attachments 3 and 5* to this RFP. The current scope of work for these subcontracts ends on December 31, 2019. Therefore, proposed scopes of works for services beginning on January 1, 2020 are attached as *Attachments 4 and 6*. The ASB is required to have contracts, with scopes of work beginning on January 1, 2020, executed by December 31, 2019.

The ASB will implement Phase 2 with the identified agreed upon changes and will have the opportunity to change the current subcontractors after October 5, 2021. Any future subcontractors working under the resulting contract with the LO must have prior written approval by the HCA and HCA reserves the option to participate in the procurement process. In addition, prior to finalizing

any subcontracts, HCA reserves the right to review the contract to ensure that subcontracted tasks and responsibilities are appropriately aligned.

Similarly, to help ensure there is no disruption in services for data users, as a requirement of this RFP, the ASB must accept assignments of the existing Data Use Agreements by January 1, 2020.

The current subcontractor contracts and Data Use Agreements include:

a. Data Vendor

The ASB will subcontract with the current Data Vendor, Onpoint Health Data. Onpoint's experience with APCDs and large data systems was critical to the design and implementation of many of the current WA-APCD processes and solutions. Onpoint is HITRUST certified, HIPAA compliant, QECF security compliant, follows NIST best practices, and is experienced in extensive third party security system audits. More information about Onpoint can be found on their website:

<http://www.onpointhealthdata.org/>

b. Web services vendor

The ASB will also subcontract with the current web services vendor, Forum One. Forum One developed and hosts the state's healthcare cost and quality transparency website, Washington HealthCareCompare, which launched in June of 2018. More information about Forum One can be found on their website: <https://www.forumone.com/>

c. Additional Subcontracts

In addition to the current subcontracts identified in this section, the LO may need to subcontract or other contract with additional vendors, as needed, to meet the requirements outlined in this RFP to complete Phase 1. If it is determined that additional contracts are needed, the LO must enter into the identified contract or subcontract. For example, the current WA-APCD utilizes a 3M license to perform grouping activities. The LO may need to enter into a license agreement with 3M or a 3-way access agreement.

d. Data Use Agreements

The ASB will accept the assignment of all currently active Data Use Agreements (DUAs). DUAs are used to define the acceptable data use and terms. There are currently 12 active DUAs with the following organizations:

Organization/Agency	Start Date	End Date
Washington State Hospital Association	July 1, 2019	June 30, 2020
Washington State Health Care Authority	July 1, 2019	June 30, 2020
WA State Office of Financial Management	July 1, 2019	June 30, 2020
Washington Health Benefit Exchange	July 1, 2019	June 30, 2020
Providence Health & Services – Oregon	July 1, 2019	June 30, 2020
Washington State Department of Health	July 1, 2019	June 30, 2020
Washington State Department of Labor & Industries	July 1, 2019	June 30, 2020
Public Health Seattle & King County	July 1, 2019	June 30, 2020
Oregon Health & Science University	July 1, 2019	December 31, 2019
Kaiser Foundation Health Plan of Washington	January 1, 2018	June 1, 2028
OSHU, Center for Health Systems Effectiveness	April 19, 2019	December 1, 2022
Kaiser Foundation Health Plan of Washington	July 31, 2019	June 1, 2029

### 1.3.3 Certification

If not already certified, the successful bidder must apply to be certified as a qualified entity pursuant to 42 CFR. Sec. 402.703(a) by the centers for Medicare and Medicaid services. Application must be submitted within 30 days from the contract start date and completed within 2 years of submission, unless otherwise approved by HCA.

## 1.4 SCOPE OF WORK

The LO is responsible for all services required to administer and operate the WA-APCD, including work performed through the Data Vendor and web services vendor subcontractors.

The LO must also ensure HCA receives the services required to support HCA through transitioning the WA-APCD from OFM to HCA, the enhancements in Phase 2 and ongoing services, which includes internal governance, management, funding, and operations of the database.

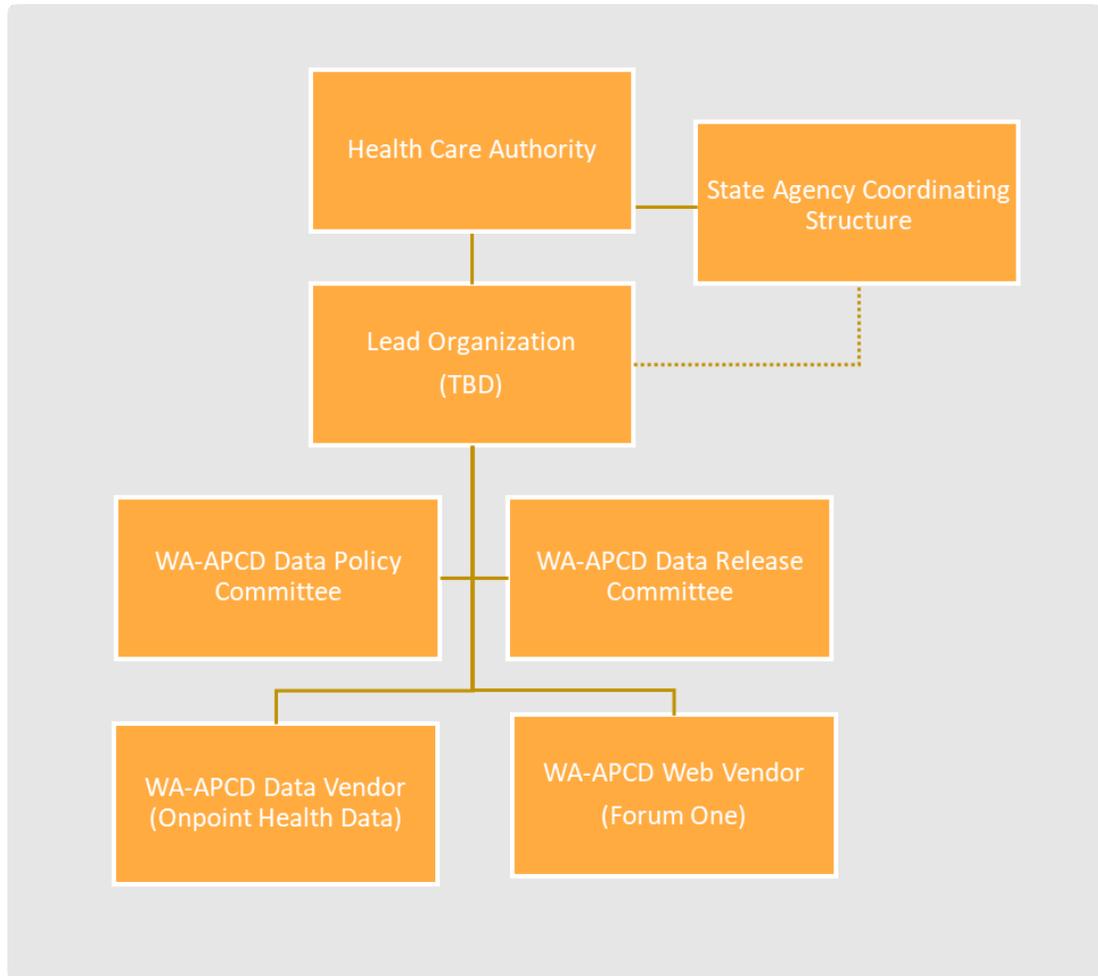
The services will include:

- Designing and/or maintaining data collection mechanisms;
- Collecting data from data suppliers;
- Ensuring accuracy of collected data;
- Ensuring appropriate controls to protect the privacy and security of collected and released data;
- Making information from the database available as a resource;
- Developing protocols and policies to ensure the quality of data releases;
- Governing data use with appropriate vetting, contracts and approval steps;
- Developing a plan for financial sustainability, including charging fees;
- Conducting ongoing stakeholder management including convening the advisory committees on data policy and the data release process;
- Developing, monitoring and creating improvement strategies based on performance, usability and satisfaction metrics; and
- Demonstrate increasing use of website.

### 1.4.1 Roles and Governance Structure

The roles and responsibilities of the LO, Data Vendor, web services vendor, and HCA are detailed in *Attachment 2, Roles and Responsibilities Table*.

The diagram below illustrates the Governance structure beginning January 1, 2020. The Health Care Authority, as the state oversight and authority agency, maintains final decision authority on all substantive WA-APCD matters unless expressly delegated to LO.



As discussed in section 1.3.2., *Subcontracts and Data Use Agreements*, the ASB must enter into contracts with the existing subcontractors or accept contract assignments of the existing subcontractor contracts by January 1, 2020. The current scope of work for these subcontracts ends on December 31, 2019. The LO is required to have contracts, with scopes of work beginning on January 1, 2020, executed by December 31, 2019. Proposed scopes of works for services beginning on January 1, 2020 are attached as *Attachments 4 and 6*.

#### **Deliverables**

- Participate in the subcontract assignment process
- Execute new statements of work with the current Data Vendor and web vendor by December 31, 2019

#### **1.4.2 Data Submission**

The LO is responsible for collecting applicable data for the WA-APCD through its subcontractor. This includes the process for data collection and validation, the identification, registration and relationship management with submitters and potential submitters and all related data submission processes including requests for exceptions, extensions and waivers as provided in [RCW 43.371.030](#).

Data suppliers submit data to the database. The WA-APCD Submission Program includes people covered by health coverage policies issued in Washington and Washington residents.

Claims data is required from the following data suppliers:

- a. State Medicaid program;
- b. Public Employees Benefits Board program;
- c. School Employees Benefits program;
- d. All health carriers operating in the state of Washington;
- e. Third-party administrators paying claims on behalf of health plans in Washington; and
- f. The state Labor and Industries program,

Additional, non-required claims data sources:

- a. Medicare data, and
- b. Data voluntarily provided by other data suppliers, self-funded health plans and Taft-Hartley trust health.

File types collected includes:

 <p><b>Enrollment</b></p> <ul style="list-style-type: none"> <li>Identifiers</li> <li>Plan information</li> <li>Start date</li> <li>End date</li> <li>Primary insurance indicator</li> </ul>	 <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>Dates of service</li> <li>Procedure codes (CPT)</li> <li>Diagnoses codes (ICD)</li> <li>Charge, paid, allowed, copay, coinsurance and deductible amounts</li> </ul>	 <p><b>Pharmacy</b></p> <ul style="list-style-type: none"> <li>Product information (NDC, drug name)</li> <li>Quantity &amp; days' supply</li> <li>Prescription fill date</li> <li>Charge, paid, copay, coinsurance and deductible amounts</li> </ul>	 <p><b>Dental</b></p> <ul style="list-style-type: none"> <li>Dates of service</li> <li>Procedure codes (CDT)</li> <li>Diagnosis code (ICD)</li> <li>Charge, paid, copay, coinsurance and deductible amounts</li> </ul>	 <p><b>Provider</b></p> <ul style="list-style-type: none"> <li>Entity type</li> <li>Organization and provider name</li> <li>NPI</li> <li>Taxonomy</li> <li>Location</li> </ul>
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The WA-APCD currently has data from January 1, 2013, submitted on a quarterly basis in accordance with the Data Submission Guide, *Link found on Attachment 1, Resource List*. The Data Submission Guide was developed with stakeholder input. Any changes to the guide must be approved by HCA and will be done only after receiving input from identified stakeholders and workgroups, and communicated in advance to the data suppliers by the LO or its subcontractors, as required in WAC 82-75-070.

The following table details the different market segments submitting data to the WA-APCD, the number of lives, and the percent of the population captured. Note: These figures are not de-duplicated.

Market Segment	2016 WA-APCD Lives	2017 WA-APCD Lives
Commercial	1,160,000	1,630,000
Public Employees / Self-funded	330,000	390,000
Exchange	160,000	270,000
Medicaid MCO	1,550,000	1,940,000
Medicaid FFS	340,000	260,000
Medicare Advantage	340,000	380,000
Medicare FFS*	1,330,000	1,330,000
Total Medical	5,210,000	6,200,000
Total Population	7,280,000	7,400,000
% of Population Captured	72%	84%
Other Insurance Markets		
Dental	4,200,000	4,100,000
Worker's Compensation	147,000	145,000

\*2017 Medicare FFS estimated based on 2016

### Deliverables

- Assessment of current data submission policies and procedures
- Analysis of appropriate Medicare certification and receipt of such certification
- Review and update the Data Submission Guide, in collaboration with HCA, the data vendor, and other stakeholders
- Analysis and recommendation based on changes made federally
- Communication plan for submission changes
- Plan/strategy to increase submitters, especially self-funded

### 1.4.3 Data Management

The LO will be responsible for ensuring the quality and accuracy of the collected data. They must ensure relevant policies and protocols are in place, including reviews and validation checks by data suppliers. The LO must independently confirm the quality of the WA-APCD data, including but not limited to data completeness, uniqueness, timeliness, accuracy, validity, and consistency.

### Deliverables

- Assessment of the validation processes
- Validation toolkit for new enclave or dataset users to speed checks/validation
- Summary of quarterly data quality assurance activities, submitted within 45 days, detailing how the LO is maintaining:
  - Accuracy and validity of data suppliers data
  - Accuracy of dates and services spans
  - Consistency of record layout and counts
  - Identifying duplicate records
  - Summary of record loads to thresholds
  - Lessons learned for submission data quality improvements and submission process improvements
- Provide annually an analysis of best practices including trends in standardization and federal guidelines

### 1.4.4 Financial Plan

The LO will be responsible for developing a financial plan for the WA-APCD. The financial plan and all fees require HCA approval. This financial plan must be built on market analysis, as compared to other states' databases and as reasonable and customary, and consistent with WA-APCD program goals. It should include fees for reports and data files, and licensing fees to

access the Analytic Enclave to support the WA-APCD. This plan should demonstrate an approach that reduces sole reliance on state resources over time, as opportunities for fee-based products increase.

The LO is responsible for the following:

- Create claims data products that are made available for free use by the public and other fee based data products to support the WA-APCD including the maintenance and support of the WA-APCD public facing website Washington HealthCareCompare ([www.wahealthcarecompare.com](http://www.wahealthcarecompare.com));
- Regularly research market standards for existing state all-payer claims databases for cost comparisons to maintain a viable, yet competitive pricing structure to ensure the ongoing operation of the WA-APCD; modify fee schedules in accordance with the process described in [WAC 82-75-570](#);
- Charge fees for reports, enclave access and data files to help support the WA-APCD and develop fee schedules and processes to support; collect and manage payments;
- Seek other sources of funds to support the WA-APCD, such as grants; and
- Track data product revenue and make this data transparent. The LO must be able to show a detailed breakdown of the total amounts made from product sales, as well as where that money is spent or used.

The current fee-based products are as follows:

- Data File Extracts – Datasets tailored to populations (e.g., diagnosis, treatments, account, etc.); per person per year pricing
- Cloud-based Analytic Enclave – Complete market sector datasets (Medicaid, commercial, Medicare), annual per seat license price, cloud-based analytic environment hosted by Amazon Web Services (AWS)
- Standard Report- per person cost and utilization- fixed format, medical groups-fixed fee tiered to primary care practice size, other organizations- per person per year pricing
- Ad hoc Analytic Report – fee determined per the data request requirements

#### **Deliverables**

- Financial Plan, including cost comparisons to other state APCDs and fee structures
- Updated Fee-Based Product List and Fee Schedule
- Product Communication Plan
- Quarterly reports of product revenue received from data products
- Quarterly reporting of other funding pursued and/or received

#### **1.4.5 Advisory Committees**

The LO will be responsible for convening advisory committees, with the approval and participation of HCA. The LO will provide all logistical and administrative support for managing these committees, including scheduling and facilitating the meetings and will collaborate with HCA on agenda development and meeting facilitation. Further defined in [RCW 43.371.020](#).

These advisory committees include:

- A committee on data policy development
- A committee on data release process
- Other committees deemed necessary

The advisory committees, at a minimum, must include the following in-state representation from:

- Key provider organizations
- Hospital systems
- Public health
- Health maintenance organizations
- Large and small private purchasers
- Consumer organizations and
- The two largest carriers supplying claims data to the database

In addition, the LO governance structure and advisory committees must include representation of a third-party administrator of the Uniform Medical Plan.

The Data Policy Advisory Committee and Data Release Advisory Committee are established and meeting regularly. The current meeting cadence is Data Release Committee meetings every 2 months and Data Policy Committee meetings every 3 months. We expect to continue at this cadence until such time that the LO can reassess and collaborate with HCA to determine changes if needed.

a. Data Policy Advisory Committee

The Data Policy Advisory Committee advises the LO and HCA on strategy with a focus on data policy. The Committee established a charter (available upon request), performed stakeholder engagement, provided input and vetting of draft rules and policies, and provided input on the current WA-APCD sustainability plan including data product fee structures and amounts.

b. Data Release Advisory Committee

The Data Release Advisory Committee advises the LO and HCA on data release rules, processes and procedures. The committee established a charter (available upon request), developed a data release process, adopts criteria to guide evaluation of data requests, reviews requests for personal health information (PHI) and proprietary financial information (PFI) and provides recommendations.

In addition to convening the above advisory committees, the LO is required to participate in Performance Measures Coordinating Committee and collaborate with HCA as they convene the State Agency Coordinating Structure.

### **Deliverables**

- Affirm committee member participation under new LO and new oversight agency
- Committee Status Report (after each meeting)
- Monthly Committee Meeting Schedule, planning, set up and facilitation.
- Meeting Log (i.e., Decisions, Risks, Issues, Action items)

## **1.4.6 Reporting**

The LO will have a variety of reporting requirements, including data product reports, data submission compliance reports, and public reporting on the common measures.

### Public Reporting

The LO must use the Statewide Common Measure Set and the database to prepare public annual health care data reports. The Statewide Common Measure Set currently includes both claims-based and non-claims based measures, which are reported on the Washington HealthCareCompare website. The LO is statutorily required to provide an opportunity for

providers and facilities to verify and comment on the reasonableness of the results before the results are publicly reported. Prior to releasing reports using claims data, the LO must submit the reports to HCA for review and approval, allowing at least 30 days for review. Reports are published on the WA-APCD website, [www.wahealthcarecompare.com](http://www.wahealthcarecompare.com). Comparisons of cost and quality among systems must account for differences, including acuity of patients.

Health care data reports that use claims data prepared by the LO for the legislature and the public should promote awareness and transparency in the health care market by reporting on:

- Whether providers and health systems deliver efficient, high quality care; and
- Geographic and other variations in medical care and costs.

Measures in the health care data reports should be stratified by demography, income, language, health status, and geography when feasible with available data to identify disparities in care and successful efforts to reduce disparities.

### **Deliverables**

- Annual Statewide Health Care Performance Data Report, using the Statewide Common Measure Set (annually)
  - Results, stratified by demography, income, language, health status, and geography when feasible, posted online on the Washington HealthCareCompare website
  - Written report, including a summary of any highlights
  - Public presentation of annual results to various stakeholders

### **Contract Reporting**

The LO must submit annual status reports about the ongoing progress and effectiveness of the WA-APCD, including outreach and engagement with data requesters, data suppliers, and other users of the WA-APCD.

### **Deliverables**

- List of Proposed Reports and Data Products for the Upcoming year due by October 31<sup>st</sup> (annually)
- Quarterly Data Submission Compliance Status Report, including results of any submission penalties or audit findings
- Annual Status Report for the WA-APCD that includes, but not limited to the following:
  - Cost, performance and effectiveness of the WA-APCD, including any recommendations for improvements
  - List of any new voluntary data suppliers
  - List of all revenue received for data products, licenses, etc.
  - List of all approved data product requests
  - A summary of all marketing and outreach activities, including dates and locations
  - User analytics information
  - Any grants or additional funding received to support the WA-APCD
  - An analysis of trends and best practices including data quality standardization, patient access and control over their data and developments in related federal guidelines

## **1.4.7 Security and Privacy**

The LO and data vendor must maintain state of the art security and privacy standards for collecting data, maintaining data, and transferring data to approved data requestors. Washington State's Office of the Chief Information Officer (WA OCIO) requires compliance with all WA OCIO policies and standards (*Attachment 1*, OCIO Policy 141.10 Securing Information Technology Assets Standards). In accordance with these policies, WA OCIO performed security design reviews on four (4) components of the current WA APCD:

1. Consumer Price and Transparency Website, Washington HealthCareCompare
2. Claims Data Manager
3. Performance Reporting Portal
4. Analytic Enclave

With participation from Onpoint and Forum One, WA OCIO completed their comprehensive security review in April of 2018 and approved all reviewed components. If any new or updated security reviews are requested, the lead organization and data vendor must submit detailed descriptions to the Office of the Chief Information Officer to ensure robust security measures are in place.

The proposal should demonstrate the bidder's ability to develop and comply with security and privacy policies and standards.

### **Deliverables**

- Security and Privacy Plan that includes:
  - Assigning unique identifiers, as defined in RCW 43.371.010, to individuals represented in the database
  - Ensuring that direct patient identifiers, indirect patient identifiers, and proprietary financial information are released only in compliance with RCW 43.371
  - Demonstrating internal controls and affiliations with separate organizations as appropriate to ensure safe data collection, security of the data with state of the art encryption methods, actuarial support, and data review for accuracy and quality assurance
  - Process for data suppliers to submit data in a secure manner
  - Data storage practices, using secure servers that are compliant with HIPAA Security Rule guidelines and OCIO Policy 141.10
  - Process for maintaining state of the art security standards for securely transferring data to approved data requestors

### **1.4.8 Data requests and release**

The LO, in collaboration with the Data Release Advisory Committee, is responsible for developing protocols and policies to ensure the quality and security of data releases. This includes user related processes, data request processes, input related processes, and data procedures at the end of the project that required the data. This also includes developing a standard confidentiality agreement, data management plan, data use agreement and monitoring compliance to data use agreements. The LO is also responsible for responding to and fulfilling data product requests, collecting payment for data products. Since the WA-APCD launch in June 2018, there have been 22 data requests.

#### **a. Data Request**

Under the current data request process, data requestors must submit an application, data use agreement, and other documents found on the Washington HealthCareCompare website, by email, to the LO for consideration. Once a data request is received, the LO reviews the request and will work with the requestor to narrow or clarify the data ask. When PHI or PFI is requested, the Data Release Advisory Committee will also review. The LO will follow the established processes to approve or deny a request for data. Any recommended changes to this process must be compliant with RCW and approved by HCA. The approval timeline depends on the type of data requested, but averages about 4 to 6 weeks.

#### **b. Data release**

The LO must maintain the confidentiality of the data it collects, including direct or indirect patient identifiers, and must ensure that only authorized users have access to the data. Furthermore, safeguards must be in place in accordance with the privacy and confidentiality protections required in [RCW 43.371.020](#).

## Data Access Under Chapter 43.371 RCW: Statewide Health Care Claims Data

	(A) Researchers with approval of an institutional review board 43.371.050(4)(a)	(B) Federal, state, tribal, and local government agencies <sup>1</sup> and the Washington Health Benefit Exchange 43.371.050(4)(b)(i) and (iii)	(C) Any entity when functioning as the lead organization <sup>2</sup> 43.371.050(4)(b)(ii)	(D) Lead organization when not operating as lead organization 43.371.060(6)(a)	(E) Agencies, research, and other entities approved by the lead organization <sup>3</sup> 43.371.050(4)(c)	(F) Released upon request 43.371.050(4)(d)
Use data release process (Y/N)	YES	YES	NO <sup>4</sup>	YES	YES	NO
Confidentiality agreement	REQUIRED With lead organization	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
Data use agreement	REQUIRED With lead organization	REQUIRED With OFM and lead organization	NOT REQUIRED	NOT REQUIRED	REQUIRED With lead organization	NOT REQUIRED
Direct patient identifiers <sup>5</sup>	+	-	-	-	-	-
Proprietary financial information <sup>6</sup>	+	+	+	-	-	-
Indirect patient identifiers <sup>6</sup>	+	+	+	+	+	-
Unique identifiers <sup>6</sup>	+	+	+	+	+	+
Other data <sup>6</sup>	+	+	+	+	+	+

Notes:

+ = Releasable; - = Not releasable

### Deliverables

- Initial assessment of processes and proposal for improvements, if any
- Standardized agreements
- Updated Data Request and Data Release policies
- Process applications through data release workgroup
- Maintain log of data applications and approved requests
- Maintain log of activities related to DUA compliance monitoring and reporting

### 1.4.9 Marketing and Outreach Services

The LO is responsible for marketing the WA-APCD and its data products, as well as education and outreach of the WA-APCD. In collaboration with HCA, the LO will develop a marketing plan to promote the WA-APCD products and tools to potential users that will be refreshed annually.

The LO is responsible for effective stakeholder management and outreach with WA-APCD stakeholders including the data submitters, providers, data users, legislators, state agencies and others expressing interest in ongoing information about the program. The LO will develop and maintain a communication plan and effective communication avenues and forums to identify stakeholders and ensure they are provided up to date, useful information and as appropriate methods to provide input and feedback. The LO will collaborate with HCA on development of the plan and schedule periodic sessions to review and update the plan. HCA will have final review and approval authority.

### Deliverables

- Marketing Plan to promote the products and tools, refreshed annually. The plan must include:
  - Key messaging for different user groups
  - A release schedule
  - Methods of contact
  - Targets for increasing web users
  - Quarterly user analytics report
  -

- Communication strategy and plan including:
  - Stakeholder directory
  - Meetings and other public and private forums
  - Intake method (and opt out method)
  - Stakeholder segmentation
  - Strategy and plan that aligns stakeholder needs to communication activities

#### **1.4.10 Project Management Services**

The LO will provide project management services to support HCA's transition of the WA-APCD; including schedule management, risk management, and communication management. Additionally, it will include regular status reporting that provides HCA with the progress of scheduled and planned activities, as well as the status of any decisions, action items, risks, issues, or defects.

##### **Deliverables**

- Project Status Report (bi-weekly)
- Project Schedule
- Project management Plan (e.g. Risk Management Plan, Communication Plan)
- Resource Management Plan; including State and Vendor staff
- Project Log (i.e. Decisions, Risks, Issues, Action Items)

#### **1.4.11 Performance Standards**

The LO will complete performance standards throughout the life of the contract at no additional cost to HCA. Within the first twelve (12) months of the contract, the LO, its subcontractors, and HCA will establish performance standards that will be added as an attachment to the contract.

Performance standards includes customer service necessary to guide product purchasers through the full application process, including but not limited to the following:

- Convene WA APCD Data User Group
- Provide training and logistical and administrative support for the WA APCD Data User Group
- Assist customers with application for request for data products
- Support customers through the Institutional Review Board process, as necessary
- Facilitate access to training for new Analytic Enclave users
- Convene in-person and webinar-based outreach activities to potential customers to provide information about all data products available, including access to the analytic enclave

##### **Deliverables**

- Training plan and, once approved, provision of all WA-APCD related training
- User support availability
- Enclave orientation and training

#### **1.4.12 Phase 2 Activities**

The LO will review and enhance the WA-APCDs current functionality in a Phase 2. As described in section 1.3.1, the LO shall conduct outreach and analysis and, present a plan to HCA. HCA has oversight and control over the direction of the WA-APCD and will make all decisions as to which enhancements are included in Phase 2, in collaboration with the state agency coordinating

committee and with stakeholder input. HCA anticipates that Phase 2 will be implemented by January 1, 2022 and should address enhancements in at least three (3) the following areas:

- Grow the capability
- Enhance user functionality
- Submitter support
- Grow adoption
- Administrative support

Examples of enhancements in these areas include:

Grow the capability:

- Grow the submitter population to include additional commercial submitters as well voluntary submitters including self-insured, self-funded employer plans
- Collect additional data elements such as denied claims data, birth and death certificate related data, additional race and ethnicity data, hospital discharge data, social determinate data (ex. identifiers, disparities, homelessness), Behavior Health/SUD data, long term care services data, non-claims coordination data, data from SDOH, Commerce, Corrections, law enforcement, DSHS, ERISA data and Medicare data
- Offer services and products that support an efficient method to link/join the data with other data extracts/sources outside of the WA-APCD, with IRB approval
- Leverage connections with Washington's designated lead organization for Health Information Exchange (HIE) to collect data through existing interfaces where available
- Enable WA-APCD to be a source for pre-defined cost calculations for Total Cost of Care in areas such as, chronic disease, acute episodes, cancer care, and end-of-life care
- Enable WA-APCD to be a source for pre-defined cost calculations for primary care spend and spend by age categories or specific diseases.
- Enable WA-APCD to be a source for pre-defined data sets to be delivered to trading partners in a structured, uniform manner to eliminate discrepancies, reduce duplication of effort, and support re-use
- Expand the number of available pre-defined data sets with specific designated purposes (ex. all services that might define or indicate depression; data needed to support Medicaid Transformation for ACH's); provide data dictionary for each data set including transparency/visibility into the definitions, calculations and logic used to create
- Expand the number of published reports (ex. look for variations in care insights across regions to support a mission to standardize care; insights into current/topical issues to spark interest and focus the community efforts); provide transparency/visibility into the definitions, calculations and logic used to create the reports
- Capture block grant expenditures and have the ability to crosswalk them to people within the WA-APCD
- Collect data and/or develop methodologies and guidance to address the disparity between integrated care data vs. fee for service data (ex. collection and use of ICM codes)
- Provide additional dashboards and visualizations on Washington HealthCareCompare such as 'results by geographic map by county' and 'results by specialty'; make visualizations tools, such as Tableau, available
- Increase the usability of the Statewide Common Measures public reporting section of the WA-APCD by collaborating with the Performance Measures Coordinating Committee (PMCC) and other key partners to enhance current features and improve functionality
- Establish connections with the HIE to transact standardized health care transactions to support WA-APCD initiatives
- Assess and, as applicable, enable the WA-APCD to be a source for a consumer-facing provider directory to meet health care consumer, data submitter, provider, and State agency (e.g. LNI, HCA, DOH) use cases
- Leveraging the centralized consumer data within the WA-APCD, develop capacity to respond to consumer requests for access and transfer of their healthcare information. Where possible, leverage existing statewide patient identification, authentication, and access services

Enhance user functionality:

- Publish a data user/data governance guide with specific 'how to' content for known use cases and all standard reports and data sets; including guidance on issues like 'integrated care data vs. fee for service data'
- Develop and maintain a data user guide to support a fast and efficient validation process for dataset and Enclave users; including transparency and results of DV performed checks and validations, a how-to guide to perform checks
- Provide a current, up to date guide to show the limitations to the WA-APCD data including what is and is not included (ex. behavioral health, TPL) and a roadmap for expected enhancements
- Reassess available end-user tools and offerings to support various levels of data expertise in the user base (ex. Excel, Tableau) as well as enhance the offering of pre-defined data sets and ability to extract and download data
- Conduct a Usability Study of HealthCareCompare website
- Assess and, as applicable, expand available training and support for the WA-APCD Analytic Enclave and data set users

Submitter support:

- Assess the data validation process used during quarterly data submissions looking for opportunities for involvement from users or submitters to validate and sign-off on data sets or data views
- Assess data submission process and make recommendations for improvements including threshold requirements, tools to support submitters
- Enhance communications and outreach with the submitters to gather feedback on process, tools and potential changes ex. establish a submitter stakeholder group

Grow adoption:

- Grow usage of the WA-APCD; work with HCA to define specific growth metrics and report against performance on an agreed upon cadence
- Establish a communications and promotions campaign for all user types/customers; report on the effectiveness; work with HCA to update and change as needed
- Promote the WA-APCD by publishing products developed using WA-APCD data; including potentially the development of a means to publish and showcase these works
- Promote the use of the Statewide Common Measure Set through the WA-APCD public reporting section, working in collaboration with HCA and the PMCC
- Enhance and broaden marketing efforts and available product offerings to appeal to users such as large employers with self-insured plans, hospitals and healthcare providers
- Raise the profile of the WA-APCD program to legislators through avenues such as regular updates on program achievements and growth strategies as well as leveraging WA-APCD data to inform legislative decision-making

Administrative support:

- Assess the quarterly data submission processes and determine if there is opportunity to shorten the turnaround time of quarterly data (from submission to availability)
- Establish and implement service level agreement expectations for the WA-APCD for customer service and technical performance
- Perform an assessment of data security and privacy and provide transparency into the practices/methodologies used to ensure data security and privacy; work in partnership with the data supplier community to recommend changes as needed to HCA and the OCIO Office of Cyber Security (OCS)
- Assess the methodology used to aggregate and present cost and quality data on Washington HealthCareCompare; including a comparison to other APCD methodologies
- Review and, as needed, update the definitions and descriptions on Washington HealthCareCompare website

- Conduct an independent validation of the accuracy of the data in the WA-APCD including the data in the Analytic Enclave and other datasets
- Design a scholarship program for access to WA-APCD and the fee-based tools
- Assess the provider cost and quality review and reconsideration process to address concerns about the current available timeframe being too short including the inability to make mass updates
- Coordinate with HCA and HCA's Independent Verification and Validation (IV&V) vendor to ensure software that is developed and implemented by lead organization or any subcontractors meet agency and OCIO requirements, business needs, and related contractual obligations.

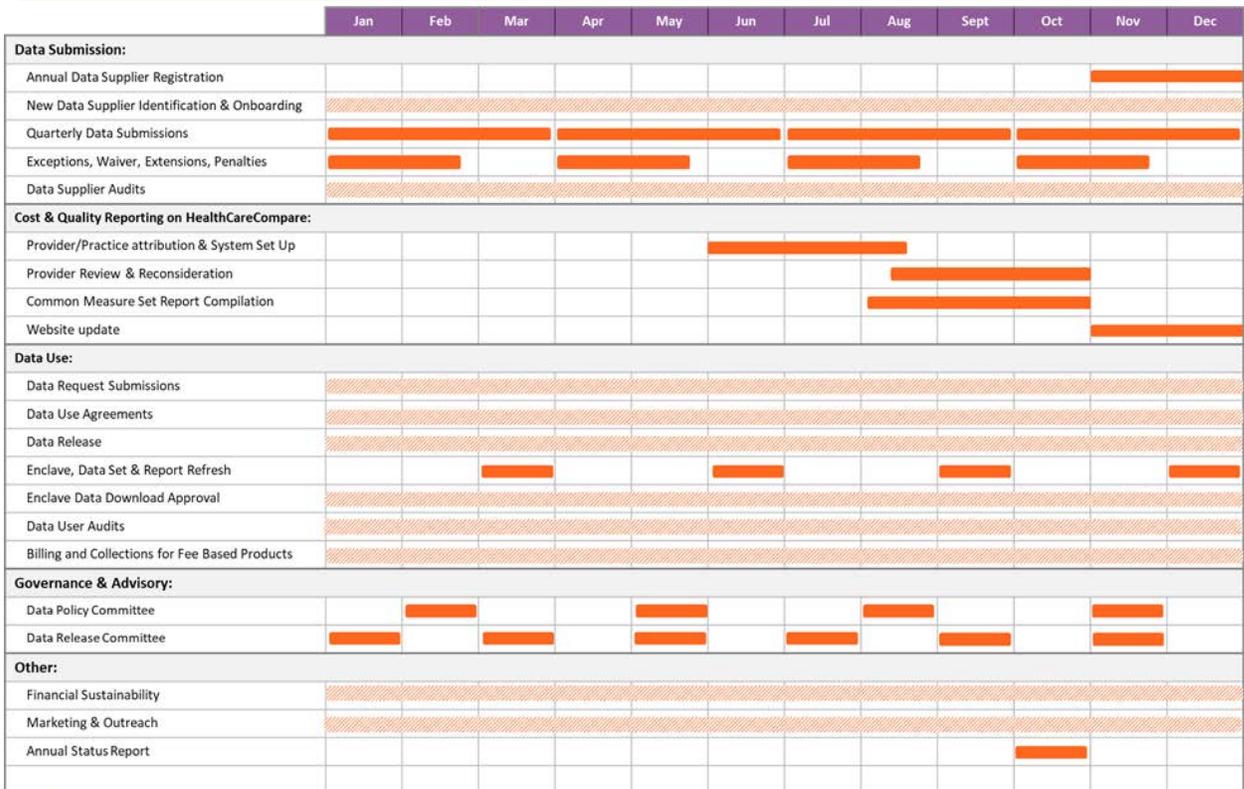
**Deliverables:**

- Future state customer stakeholder feedback assessment
- Scoping, researching, stakeholder management and proposing data set definitions and parameters.
- Updated and HCA approved product offering and fee schedule
- HCA approved future state enhancements
- HCA approved Phase 2 implementation and change management plan

**1.5 PROJECT SCHEDULE**

The following illustration shows the high-level schedule for the processes and tasks listed above. The time frames are estimates based on the current established operations.

**WA-APCD: Schedule of Recurring Processes**



= Ongoing/As needed

## 1.6 QUALIFICATIONS

Prior to evaluating written proposals, HCA will determine whether Bidder meets all of the Minimum Bidder Qualifications, and may disqualify any Bidder who does not meet (in HCA's opinion) the Minimum Qualifications. The Bidder's proposal must demonstrate and describe that they meet all Minimum Qualifications as well as the level of Desired Qualifications.

### 1.6.1 Minimum Qualifications

The Bidder must meet the following Minimum Qualifications:

- a. The Bidder must be licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparently Successful Bidder (ASB).
- b. Within the past five (5) years, the Bidder's organization must have three (3) or more years' experience in the health care data collection, security, analysis, and analytics market with similar volumes to the Washington WA-APCD.
- c. Within the past three (3) years, the Bidder's organization must have three (3) or more years' experience in combining cost and quality data to assess total cost of care
- d. The Bidder must not be:
  - a health plan as defined by and consistent with the definitions in RCW 48.43.005;
  - a hospital as defined in [RCW 70.41.020](#);
  - a provider regulated under Title 18 RCW;
  - a third-party administrator as defined in RCW 70.290.010; or
  - an entity with a controlling interest in any of the above listed entities

### 1.6.2 Desired Qualifications

The following Desired Qualifications met by the Bidder will be used during evaluations to support additional knowledge and experience:

- a. The Bidder has a financial model that supports the long-term sustainability of the organization
- b. The Bidder has five (5) or more years' experience with data governance, including privacy and security;
- c. The Bidder has knowledge of state government, and the ability to create partnerships within state government;
- d. The Bidder has experience with development of health care data reports which stratify data by demography, income, language, health status, and geography when feasible, to identify disparities in care and promote efforts to reduce disparities;
- e. The Bidder has five (5) or more years' experience in meeting budget and timelines for report generations and other contract deliverables;
- f. Within the past three (3) years, the Bidder's organization has provided training and/technical assistance to support end users;
- g. Within the past three (3) years, the Bidder's organization has provided services convening and effectively engaging stakeholders, especially among groups of health providers, carriers, and self-insured purchasers, to develop reports for at least two (2) projects that demonstrate knowledge, experience and understanding of industry standards for health care data collection, analysis, analytics, and security.

## 1.7 FUNDING

Funding for the resulting contract will be a combination of state funds allocated to this project and funding from data product purchases.

The state has an appropriated budget for the WA-APCD that is intended to cover services and fees for the LO, Data Vendor, web vendor, and any other licenses and fees necessary to operate the WA-APCD. The projected annual amounts for the next three (3) years, not including funding from enclave licenses and other data product sales, are as follows:

Fiscal year 2020 - \$908,000  
Fiscal year 2021 - \$1,513,000  
Fiscal year 2022 - \$1,513,000

The authority and appropriated money does not transfer to HCA until January 1, 2020. The ASB must be willing to begin work to transition the WA-APCD from OFM to HCA as early as October, understanding that HCA intends on paying the ASB for work from October 2019 through December of 2019 using HCA funding in a pro-rated monthly amount.

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

## 1.8 PERIOD OF PERFORMANCE

The initial period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about October 21, 2019 and to end on October 21, 2021. 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 six (6) additional 2-year periods.

## 1.9 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

## 1.10 DEFINITIONS

Definitions for the purposes of this RFP include:

**Analytic Enclave** - A secure, cloud-based analytic environment that enables secure access to the WA-APCD data, added-value data augmentation services and a set of analytic tools. The WA-APCD data vendor, Onpoint Health Data, manages the Enclave product, hosted by Amazon Web Services (AWS).

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

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

**Centers for Medicare and Medicaid Services** – The agency within the United States Department of Health and Human Services that provides administration and funding for Medicare under Title XVIII, Medicaid under Title XIX, and the Children's Health Insurance Program under Title XXI of the Social Security Act.

**CFR** – the Code of Federal Regulations. All references in this document to CFR chapters or sections include any successor, amended, or replacement regulation. The CFR may be accessed at <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.

**Claims Data** – the data required by RCW 43.371.030 to be submitted to the database, including billed, allowed and paid amounts, and as defined in rule.

**Data Policy Committee (DPC)** – the advisory committee required by RCW 43.371.020 (5)(h) to provide advice related to data policy development.

**Data Release Committee (DRC)** – the advisory committee required by RCW 43.371.020 (5)(h) to establish a data release process and to provide advice regarding formal data release requests.

**Data Supplier** – (a) A carrier, third-party administrator, or a public program identified in RCW 43.371.030 that provides claims data; and (b) a carrier or any other entity that provides claims data to the database at the request of an employer-sponsored self-funded health plan or Taft-Hartley trust health plan pursuant to RCW 43.371.030(1).

**Data Use Agreement (DUA)** – the legally binding document that defines the terms and conditions under which access to and use of the WA-APCD data is authorized including which data may be accessed, how the data may be used, how the data will be secured and protected, and how the data will be destroyed at the end of the agreement term.

**Data Vendor** – an entity contracted with the Lead Organization to perform collection, processing, aggregation, extracts, analytics and reporting related to the WA-APCD. The Lead Organization may have one Data Vendor or multiple Data Vendors.

**Day(s)** – A calendar day, unless specifically identified as a business day.

**Direct Patient Identifier** – a data variable that directly identifies an individual, including: names; telephone numbers; fax numbers; social security number; medical record numbers; health plan beneficiary numbers; account numbers; certificate or license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators; internet protocol address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

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

**Indirect Patient Identifier** – a data variable that may identify an individual when combined with other information.

**Lead Organization or LO** – the organization selected to be the Prime Contractor as a result of this RFP, and further defined under [RCW 43.371.020](#).

**OFM** – Office of Financial Management, the Washington state agency that currently oversees the WA-APCD.

**Pacific Time** – The local time in Olympia, WA, which includes standard time from the first Sunday in November until the second Sunday of March or daylight savings time from the second Sunday of March until the first Sunday in November.

**Phase 1** – Initial phase of the scope of work outlined in this RFP. Phase 1 requires the Lead Organization to adopt and support current state operations and processes with the goal of minimal disruption to data user access, process continuity for submitters and continued compliance with rules and laws.

**Phase 2** – Future phase of work outlined in this RFP. Phase 2 requires the Lead Organization to develop and implement an approved set of deliverables to enhance and continue to evolve the WA-APCD.

**Proposal** – A formal offer submitted in response to this solicitation.

**Proprietary Financial Information (PFI)** –claims data or reports that disclose or would allow the determination of specific terms of contracts, discounts, or fixed reimbursement arrangements or other specific reimbursement arrangements between an individual health care facility or health care provider, as those terms are defined in RCW 48.43.005, and a specific payer, or internal fee schedule or other internal pricing mechanism of integrated delivery systems owned by a carrier, or as further defined in RCW 43.371.010(12).

**Protected Health Information (PHI)** – the protected health information as defined in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations.

**RCW** – the Revised Code of Washington. All references in this document to RCW chapters or sections include any successor, amended, or replacement regulation.

**Request for Proposals (RFP)** – Formal procurement 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.

**Subcontractor** – One not in the employment of Bidder, who is performing all or part of the business activities under this RFP under a separate contract with Bidder. The term “Subcontractor” means Subcontractor(s) of any tier.

**WA-APCD** – Washington’s All Payer Health Care Claims Database.

## 1.11 AMERICANS WITH DISABILITIES ACT

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive this RFP in Braille or on tape.

## 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:

RFQQ Coordinator Name	Missy Derickson
E-Mail Address	<a href="mailto:contracts@hca.wa.gov">contracts@hca.wa.gov</a>
Phone Number	(360)725-1839

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 ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

This RFP is being issued under the following Schedule. The Response deadlines are Mandatory and non-negotiable. Failure to meet any of the required deadlines (dates and times) may result in disqualification from participation.

**NOTE:** All times are Pacific Time

Procurement Activity	Date(s)
Issue Request for Proposals	August 13, 2019
Mandatory Pre-Proposal Conference	August 27, 2019
Mandatory Letter of Intent Due	August 28, 2019
Questions Due	August 30, 2019 by 2PM
Answers Posted	September 3, 2019
Proposals Due	September 10, 2019 by 2PM
Evaluate Proposals	September 12- 24, 2019
Conduct Oral Interviews with Finalists, if required	October 1- 2, 2019
Announce "Apparent Successful Bidder" and send notification via e-mail to unsuccessful Bidders	October 4, 2019
Begin Contract Work	October 21, 2019

HCA reserves the right to revise the above schedule and to waive informalities or deficiencies at any time for any reason.

### 2.3 PRE-PROPOSAL CONFERENCE (M)

A pre-proposal conference is scheduled to be held on **August 27, 2019 from 10:00 a.m. to 11:00 a.m. Pacific Time**. The pre-proposal conference will be via GoToWebinar and will allow prospective bidders an opportunity to ask questions to HCA, OnPoint, and Forum One. All prospective Bidders are encouraged to attend. To attend, you must register at <https://attendee.gotowebinar.com/register/4631468832329142019>. After registering, you will receive a confirmation email containing information about joining the webinar.

HCA will be bound only to HCA's 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.

## **2.4 LETTER OF INTENT TO PROPOSE (M)**

To be eligible to submit a Proposal, a Bidder must submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFP Coordinator, listed in Section 2.1. The RFP Coordinator must receive this letter no later than the date and time stated in the Procurement Schedule included in Section 2.2. The subject line of the email must include the following: RFP# 3639 – Letter of Intent to Propose – [Your entity's name].

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

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

- 2.4.1 Bidder's Organization Name;
- 2.4.2 Bidder's authorized representative for this RFP (who must be named the authorized representative identified in the Bidder's Proposal);
- 2.4.3 Title of authorized representative;
- 2.4.4 Address, telephone number, and email address;
- 2.4.5 Statement of intent to propose;
- 2.4.6 A statement of how the Bidder meets ALL of the minimum qualifications specified in Section 1.61 of this RFP.
- 2.4.7 Non-Disclosure Agreement (NDA): Bidder must determine whether an NDA is required prior to submitting the proposal documents. If the bidder requires an NDA, bidder must include the NDA as part of the Letter of Intent to Propose. Bidders must submit their own NDA as an attachment to the Letter of Intent. Upon receipt of the NDA, HCA will review and is prepared to sign and return to the bidder prior to the proposal due date, when bidder will be required to submit proposal documents that may contain confidential information.

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met. HCA will use the Letters of Intent to perform an internal screening to ensure that HCA is in compliance with 43.371.20(2)(a), which requires that no state officer or state employee participating in the procurement process: A) Has a current relationship or had a relationship within the last three years with any organization that bids on the procurement that would constitute a conflict with the proper discharge of official duties under chapter 42.52 RCW; or B) Is a compensated or uncompensated member of a bidding organization's board of directors, advisory committee, or has held such a position in the past three years.

## **2.5 SUBMISSION OF PROPOSALS**

The proposal must be received by the RFP Coordinator no later than the Proposal Due deadline in Section 2.2, *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. Attachments to e-mail should be in Microsoft Word format or PDF. Zipped files cannot be received by HCA and cannot be used for submission of proposals. The cover submittal letter and the Certifications and Assurances form 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.

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. All proposals and any accompanying documentation become the property of HCA and will not be returned.

## **2.6 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE**

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

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document, must be clearly designated. 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 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. Direct all requests for information to the RFP Coordinator.

The submission of any public records request to HCA pertaining in any way to this RFP will not affect the procurement schedule, as outlined in Section 2.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

## **2.7 REVISIONS TO THE RFP**

If HCA determines in its sole discretion that it is necessary to revise any part of this RFP, amendments will 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 amendment to the RFP and will be posted in WEBS.

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

## **2.8 DIVERSE BUSINESS INCLUSION PLAN**

Bidders will be required to submit a Diverse Business Inclusion Plan (Exhibit B) with their proposal. 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.

## **2.9 ACCEPTANCE PERIOD**

Proposals must provide one hundred twenty (120) calendar days for acceptance by HCA from the due date for receipt of proposals.

## **2.10 COMPLAINT PROCESS**

Bidders must raise any questions, exceptions, or requested additions they have concerning the RFP requirements early in the process and as follows below.

- 2.10.1 Bidders may submit specific complaints to the RFP Coordinator if the Bidder believes the RFP:
  - a. unnecessarily restricts competition;
  - b. contains an evaluation or scoring process that is unfair or flawed; or
  - c. contains requirements that are inadequate or insufficient to prepare a Response.
- 2.10.2 The complaint must be made in writing to the RFP Coordinator not later than five (5) business days before the Bidder Proposal due date and must clearly articulate the basis for the complaint and include a proposed remedy. The solicitation process may continue.
- 2.10.3 HCA will not consider complaints that do not meet these requirements.
- 2.10.4 The RFP Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the solicitation 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.
- 2.10.5 The complaint may not be raised again during the protest period. HCA's action or inaction in response to the complaint will be the final agency action.

## **2.11 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.

## **2.12 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 that the Bidder can propose. HCA reserves the right to contact a Bidder for clarification of its proposal.

Following the evaluation of the Written Evaluation, Cost Evaluation, and Oral Presentations (if any), HCA reserves the right to invite one (1) or more Bidders to participate in a "Best and Final Offer" (BAFO) process to determine the Proposal providing the best value to HCA. The BAFO process may include the contract terms and conditions, pricing, or any other appropriate subject in Bidder's final Proposal, as solely determined by HCA. Bidders will be responsible for their own costs and expenses related to the BAFO process. There is no guarantee that HCA will decide to use the BAFO process.

The objective of the BAFO is to allow selected Bidders to refine and document changes in their Proposals for submission to HCA for final review and evaluation. However, this process may not be used to turn a non-responsive Proposal into a responsive one. Each Bidder will be provided a document identifying areas, topics, or issues HCA would like to see refined by the Bidder (each a BAFO Request). HCA reserves the right for each BAFO Request to be different for each Bidder invited to participate as each Proposal will be unique, with its own strengths and weaknesses. The BAFO request will include additional details and instructions on the form, format, and timing for the Bidder to provide a response (BAFO Response).

At the conclusion of the BAFO process, HCA will evaluate the BAFO Responses and select an ASB. This evaluation approach described is intended to identify the Proposal that offers the greatest benefit to HCA based on consideration of the total best value, which may not necessarily be the Proposal with the highest score during the Written evaluation, Oral Presentation, or the lowest cost.

This RFP, the Bidder's proposal, materials provided during the BAFO process (if any), and oral presentations (if any), will be incorporated into the resulting Contract. The Proposal will become a part of the official procurement file on this matter without obligation to HCA.

### **2.13 CONTRACT AND GENERAL TERMS & CONDITIONS**

The ASB will be expected to enter into a contract that is substantially the same as the sample contract and its general terms and conditions attached as *Exhibit C*. HCA will not accept any draft contracts prepared by any Bidder. The Bidder may submit exceptions as allowed in the Certifications and Assurances form, *Exhibit A* to this RFP. All exceptions must be submitted as an attachment to *Exhibit A*. HCA will review requested exceptions and accept or reject the same at its sole discretion.

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

### **2.14 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.

### **2.15 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.

### **2.16 NO OBLIGATION TO CONTRACT**

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

### **2.17 REJECTION OF PROPOSALS**

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

## 2.18 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.

## 2.19 ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The ASB will be provided a form to complete with the contract to authorize such payment method.

## 2.20 INSURANCE COVERAGE

As a requirement of the resultant contract, the ASB is to furnish HCA with a certificate(s) of insurance executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

The ASB must, at its own expense, obtain and keep in force insurance coverage, which will be maintained in full force and effect during the term of the contract. The ASB must furnish evidence in the form of a Certificate of Insurance that insurance will be provided, and a copy must be forwarded to HCA within 15 days of the contract effective date.

### 2.20.1 Liability Insurance

2.20.1.1 Commercial General Liability Insurance: ASB will maintain commercial general liability (CGL) insurance and, if necessary, commercial umbrella insurance, with a limit of not less than \$4,000,000 per each occurrence. If CGL insurance contains aggregate limits, the General Aggregate limits shall be at least twice the "each occurrence" limit. CGL insurance shall have products-completed operations aggregate limit of at least two times the "each occurrence" limit. All insurance shall cover liability assumed under an insured contract (including the tort liability of another assumed in a business contract). Insurance shall be provided to include business interruption coverage, \$2 million per occurrence/ \$4 million aggregate.

Additionally, the ASB is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

2.20.2 Cyber-Liability Insurance / Privacy Breach Coverage. For the purposes of this section, the following definitions apply:

**Breach** – means the unauthorized acquisition, access, use, or disclosure of Data shared under any resulting Contract that compromises the security, confidentiality, or integrity of the Data.

**Confidential Information** – is information that is exempt from disclosure to public or other unauthorized persons under 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, Personal Information and Protected Health Information.

**Data** – means information that is disclosed or exchanged between HCA and Apparent Successful Bidder. Data includes Confidential Information.

**Personal Information** – means information identifiable to any person, including but not limited to, information that relates to a person's name, health, finances, education, business, use, or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver's license numbers, credit card numbers, any other identifying numbers, and any financial identifiers.

**Protected Health Information (PHI)** – means information that relates to the provision of health care to an individual, the past, present, or future physical or mental health or condition of an individual, the past, present, or future payment for provision of health care to an individual. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual. PHI is information transmitted, maintained, or stored in any form or medium. PHI does not include education records covered by the Family Educational Right and Privacy Act, as amended.

For the term of any resulting Contract and three (3) years following its termination or expiration, ASB must maintain insurance to cover costs incurred in connection with a security incident, privacy Breach, or potential compromise of Data, including:

- 2.20.2.1 Computer forensics assistance to assess the impact of a Data Breach, determine root cause, and help determine whether and the extent to which notification must be provided to comply with Breach notification laws;
- 2.20.2.2 Notification and call center services for individuals affected by a security incident, or privacy Breach;
- 2.20.2.3 Breach resolution and mitigation services for individuals affected by a security incident or privacy Breach, including fraud prevention, credit monitoring, and identity theft assistance; and
- 2.20.2.4 Regulatory defense, fines, and penalties from any claim in the form of a regulatory proceeding resulting from a violation of any applicable privacy or security law(s) or regulation(s).

The ASB shall have and maintain cyber liability insurance limits in the minimum amount of \$2,000,000 per claim and \$4,000,000 annual aggregate. As well as computer crime and fraud insurance with a limit of not less than \$2,000,000.

### 2.20.3 Professional Liability Insurance

The ASB must maintain Professional Liability insurance with minimum limits no less than \$2,000,000 per incident, loss, or person, as applicable including coverage for errors and omissions caused by Contractor's negligence in the performance of its duties under this agreement. If the policy contains a general aggregate or policy limit, it shall be at least two times the incident, loss or person limit.

### 2.20.4 Additional Provisions

Above insurance policy must include the following provisions:

- 2.20.4.1 Additional Insured. The state of Washington, HCA, its elected and appointed officials, agents and employees must be named as an additional insured on all general liability, excess, umbrella and property insurance policies. All insurance provided in compliance with this contract must be primary as to any other insurance or self-insurance programs afforded to or maintained by the state.
- 2.20.4.2 Cancellation. State of Washington, HCA, must be provided written notice before cancellation or non-renewal of any insurance referred to therein, in accord with the following specifications. Insurers subject to 48.18 RCW (Admitted and Regulation by the Insurance Commissioner): The insurer must give the state 45 days advance notice of cancellation or non-renewal. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation. Insurers subject to 48.15 RCW (Surplus lines): The state must be given 20 days advance

notice of cancellation. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation.

2.20.4.3 Identification. Policy must reference the state's contract number and the Health Care Authority.

2.20.4.4 Insurance Carrier Rating. All insurance and bonds should be issued by companies admitted to do business within the state of Washington and have a rating of A-, Class VII or better in the most recently published edition of Best's Reports. Any exception must be reviewed and approved by the Health Care Authority Risk Manager or the Risk Manager for the state of Washington, before the contract is accepted or work may begin. If an insurer is not admitted, all insurance policies and procedures for issuing the insurance policies must comply with chapter 48.15 RCW and 284-15 WAC.

2.20.4.5 Excess Coverage. By requiring insurance herein, the state does not represent that coverage and limits will be adequate to protect ASB, and such coverage and limits will not limit ASB's liability under the indemnities and reimbursements granted to the state in this Contract.

#### 2.20.5 Workers' Compensation Coverage

The ASB will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. The state will not be held responsive in any way for claims filed by the ASB or their employees for services performed under the terms of this contract.

### 3 PROPOSAL CONTENTS

Proposals must be written in English and submitted electronically to the RFP Coordinator in the order noted below:

- A. Letter of Submittal, including signed Certifications and Assurances (Exhibit A)
- B. Subcontractors
- C. Organizational Capabilities
- D. Technical Proposal
- E. Cost Proposal
- F. Diverse Business Inclusion Plan (Exhibit B)

Proposals must provide information in the same order as presented in this document with the same headings.

Items marked “mandatory” must be included as part of the proposal for the proposal to be considered responsive; however, these items are not scored. Items marked “scored” are those that are awarded points as part of the evaluation conducted by the evaluation team.

- a. For **Mandatory Requirements (M)**, the Proposal must always indicate explicitly whether the Bidder’s proposed services meet the requirement. A statement, “(Bidder Name) has read, understands, and fully complies with this requirement” is acceptable, along with any additional information requested.
- b. For **Mandatory Scored requirements (MS)**, the Proposal must always indicate explicitly whether the Bidder’s proposed goods and services meet the requirement and describe how the Bidder’s proposed goods and services will accomplish each requirement.

#### 3.1 LETTER OF SUBMITTAL (M)

The Letter of Submittal and the attached Certifications and Assurances form (Exhibit A) must be 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. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Bidder and any proposed subcontractors:

- 3.1.1 Name, address, principal place of business, telephone number, and e-mail address of legal entity or individual with whom contract would be written.
- 3.1.2 Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.).
- 3.1.3 Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
- 3.1.4 Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must state that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
- 3.1.5 Location of the facility from which the Bidder would operate.

- 3.1.6 Identify any state employees or former state employees employed or on the firm's governing board, advisory committee, or has held such a position in the past three years, as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If following a review of this information, it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
- 3.1.7 Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of [RCW 42.56](#) must be clearly designated. The page must be identified and the particular exemption from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right hand corner of the page. In your Letter of Submittal, please list which pages and sections that have been marked "Proprietary" and the particular exemption from disclosure upon which the Bidder is making the claim.

### 3.2 SUBCONTRACTORS (M)

As discussed in section 1.3.2., the ASB is required to subcontract with the current Data Vendor and web services vendor. In addition, to achieve the best combination of experience and skill, Bidders may contract with other firms to provide improved LO services that are in the best interest of the State and the Bidder. In all instances of Bidder relationships with other parties, the Bidder must serve as the Prime Contractor and bear the responsibility for successful performance of this engagement. If any such subcontractor relationships are proposed, other than the required subcontractor, the Bidder's proposal must:

1. Identify and describe any relationship with another party.
2. Describe in detail Bidder's management of subcontractor relationships to ensure high quality performance of all subcontractor functions.
3. Agree that any and all such relationships, including "advisors", must be subcontractors to the Bidder and that the Bidder must be the Prime Contractor.
4. Agree that, as the Prime Contractor, Bidder accepts full responsibility for successful performance of the entire Scope of Work requested in this RFP and will indemnify the State for the acts and omissions of its subcontractors.
5. Agree that HCA has the same rights to remove subcontractor or other parties as it does Bidder staff.

### 3.3 ORGANIZATIONAL CAPABILITIES (MS except 3.3.4, 3.3.5 and 3.3.6)

- 3.3.1 **Bidder Description** – Provide a brief description of Bidder's firm, including primary business location(s), size, areas of specialization and expertise, customer base and any other pertinent information that would aid an evaluator in formulating a determination about the stability and strength of the Bidder, as well as the value and commitment of the Bidder as a resource to the WA-APCD.
- 3.3.2 **Bidder Resources** – Bidder Resources to perform the Lead Organization services.
- a. Identify the total number of employees or staff resources available to provide services under the scope of this contract;
  - b. Provide a description of the proposed implementation project team and ongoing program team, identifying team members, describing each team member's responsibilities,

expertise, the amount of time each will be assigned to providing the services, and how the team will be managed during the course of service delivery;

- c. Provide resumes for the team leads that include information on the individual's education, degrees, and professional certifications, significant accomplishments and any other pertinent information;
- d. The Bidder must designate a Project Manager with prior experience providing database services to be the primary point of contact for administration and contract management of this engagement.
- e. Provide an organizational chart of your firm indicating lines of authority for personnel involved in performance of this potential Contract and relationships of proposed staff to other programs or functions of the firm. This chart must also show lines of authority to the next senior level of management. Include the name and contact information for the person within the firm who will have prime responsibility and final authority for the work.
- f. Provide an organizational financial model or strategic plan that demonstrates ability to achieve long-term sustainability for your firm.

### 3.3.3 Bidder Experience

Bidder must respond to section 3.3.3, *Bidder Experience*, in **15 pages or less**. In addition to answering all subsections in this section 3.3.3, *Bidder Experience*, Bidder must provide a chart that demonstrates which individual team members have expertise in each of the following subsections, a-m.

- a. Indicate Bidder's experience providing similar data products and services. Descriptions should include:
  - Title or name;
  - Duration - start and end dates;
  - Describe the scope of work, including the size of the project and the products and services provided;
  - Overview of project deliverables;
  - Primary skills utilized for project, including technical and management skills;
  - Who were the targeted audience- documented impacts of the tools- proof the audience was reached
  - Project summary including outcomes achieved.
  - Which proposed team members participated on this project
  - Provide a link to the project, if an online presence exists
- b. Provide a description of Bidder's experience implementing, managing, and overseeing a similar database that uses claims data to provide information.
- c. Provide a description of Bidder's experience collecting and validating data and engaging data suppliers; include, to the extent relevant, experience improving data quality both through post-receipt scrubbing and education and support to data suppliers.
- d. Provide a description of Bidder's experience with ensuring data security including HIPAA and other federal and state laws related to security and compliance.
- e. Provide a description of Bidder's experience marketing and promoting data access and products.

- f. Provide a description of Bidder's experience developing operational processes for a database or system similar to the WA-APCD.  
*Current WA-APCD processes include:*
  - Data Supplier Registration Process
  - Claims Data Submission Process
  - Data Quality Measurement and Improvement Process
  - Claims Data Submissions Exceptions, Waivers & Extensions Processes
  - Data Supplier and User Penalties Assessment Processes
  - Data Use Audit Process
  - Provider Review of Results and Attributed Data Process
  - Data Use Request Process
  - Data Use Agreements Process
  - Data User Authorization Process
  - Data Download Review and Approval Process
  - Billing, Collections and Funds Accounting Processes
- g. Provide a description of Bidder's experience performing health care data analytics or similar data analysis, public, individual consumer and stakeholder focused reporting, and communicating results. To the extent applicable, provide report samples.
- h. Provide a description of Bidder's experience convening large multi-sector workgroups and engaging stakeholders.
- i. Provide a description of Bidder's experience developing or working with a long-term self-sustainable financial model. If Bidder has an existing self-sustainable financial model, please provide an example.
- j. Provide a description of Bidder's experience developing professional communication materials, such as informational briefs, research reports, or legislative reports. To the extent applicable, provide report samples.
- k. Provide a description of Bidder's experience supporting patient or consumer access to health care information to assist in making informed choices about care.
- l. Indicate other relevant experience that indicates the qualifications of the Bidder, and any subcontractors, for the performance of the potential contract.

#### 3.3.4 **References (M)**

HCA reserves the right to conduct checks of Bidder references and evaluate the Bidder based on these references.

Document two (2) customers (current or past) that received data system management and administration services that are similar to the services required in this RFP. Provide the company legal name, a primary contact name, contact job title, E-mail, and phone number and briefly describe the type of services provided.

#### 3.3.5 **Related Information (M)**

- a. If the Bidder or any subcontractor contracted with the state of Washington during the past 24 months, indicate the name of the agency, the contract number, and project description and/or other information available to identify the contract.
- b. If the Bidder's staff or subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the

individual by name, the agency previously or currently employed by, job title or position held, and separation date.

- c. If the Bidder has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Bidder's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Bidder, or (b) litigated and such litigation determined that the Bidder was in default.
- d. If the Bidder has had a significant data breach or security incident in the last five years, describe such incident(s). Significant is defined as any unintended exposure of sensitive, protected or confidential data.
- e. Submit full details of the terms for default including the other party's name, address, and phone number. Present the Bidder's position on the matter. HCA will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If the Bidder has experienced no such termination for default in the past five years, so indicate.

### 3.3.6 **OMWBE Certification (OPTIONAL AND NOT SCORED)**

Include proof of certification issued by the Washington State Office of Minority and Women's Business Enterprises (OMWBE) if certified minority-owned firm and/or women-owned firm(s) will be participating on this project. For information: <http://www.omwbe.wa.gov>.

## **3.4 TECHNICAL PROPOSAL (MS)**

Bidder must respond to section 3.4, *Technical Proposal*, in **15 pages or less**. The Technical Proposal must contain a description of services including the following elements:

- 3.4.1 **Program Approach/Methodology** – Include a description of the Bidder's proposed approach and structure for managing the WA-APCD program. Include a description of the roles and responsibilities proposed to manage the ongoing processes, vendors, stakeholders and governance structure. Also include a description of the Bidder's proposed approach and methodology for both Phase 1 and Phase 2. This section should convey Bidder's understanding of the proposed project and the Washington state health care environment.
- 3.4.2 **Work Plan** – Include all tasks and activities necessary to accomplish the Scope of the Work defined in this RFP. This section of the technical proposal must contain sufficient detail to convey to members of the evaluation team the Bidder's knowledge of a health care claims database and the skills necessary to successfully transition, manage the WA-APCD, and perform Phase 2 activities. Include any required involvement of HCA staff.
- 3.4.3 **Financial Plan** – Include an outline of the Bidder's proposed financial plan. The outline should include details on potential approach to funding the WA-APCD by offering fee-based products and other funding sources. This outline should demonstrate an approach that reduces sole reliance on state resources over time.
- 3.4.4 **Phase 2 Approach:** Include a description of the Bidder's proposed strategy for the future enhancements of WA-APCD. Describe the expected approach to develop the set of potential enhancements including how the areas indicated in section 1.4.12 will be addressed.
- 3.4.5 **Security** – Describe the security measures Bidder will utilize to ensure the data is protected.

- 3.4.6 **Data Validation** - Describe the proposed approach and practices the Bidder would employ to ensure the data is validate and accurate. Include proposed methods to demonstrate or affirm the credibility of the data to the user community.
- 3.4.7 **Project Schedule** – Include a project schedule indicating when the tasks and activities will be completed following the milestones defined in Section 1.6. The Bidders project schedule must include the tasks and activities required for approval and acceptance of contractor deliverables.
- 3.4.8 **Outcomes**– Describe the outcomes the Bidder will use to ensure management and delivery of all tasks and activities; including, how these outcomes would be monitored, measured, and reported to HCA.
- 3.4.9 **Risks** – Describe the Bidder's overall approach to risk management and mitigation for the project and the program. The Bidder must identify potential risks that are considered significant to the success of the program and transition of the WA-APCD and Phase 2 activities. Include how the Bidder would effectively monitor and manage these risks; including documenting and reporting of risks to the HCA contract manager. Identify and describe the Bidder's proposed tool(s) to track, manage, and report risks.

### 3.5 COST PROPOSAL (MS)

The evaluation process is designed to award this procurement 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 that are consistent with state government efforts to conserve state resources.

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 and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract. Bidders are required to collect and pay Washington state sales and use taxes, as applicable.

The total score for the cost proposal will be evaluated by the evaluation team. The cost proposal will be rated on a scale from 0-10 based on the value of the services provided in relation to the cost incurred. Refer to *Section 4.2 Evaluation Weighting and Scoring* for an understanding of how the cost will be evaluated as part of the Bidder's response.

#### 3.5.1 Deliverable Cost Table

Please provide a detailed description of the resources you will use and the costs for each deliverable identified in the Deliverable Cost Table below. As applicable, if there are any additional deliverables identified as part of your proposed solution, please add these as additional lines to the table.

Deliverable Cost Table		
Deliverable	Resources	Estimated Cost
<b>Roles and Governance Structure</b>		\$
<ul style="list-style-type: none"> <li>Participate in the subcontract assignment process</li> <li>Execute new statements of work with the current Data Vendor and web vendor by December 31, 2019</li> </ul>		

<b>Data Submission Processes and Specified Deliverables</b>		\$
<ul style="list-style-type: none"> <li>• Assessment of current data submission policies and procedures</li> <li>• Analysis of appropriate Medicare certification and receipt of such certification</li> <li>• Review and update the Data Submission Guide, in collaboration with HCA, the data vendor, and other stakeholders</li> <li>• Analysis and recommendation based on changes made federally</li> <li>• Communication plan for submission changes</li> </ul>		
<b>Data Management Processes and Specified Deliverables</b>		\$
<ul style="list-style-type: none"> <li>• Assessment of the validation processes</li> <li>• Validation toolkit for new enclave or dataset users to speed checks/validation</li> <li>• Summary of quarterly activities related to data quality assurance</li> </ul>		
<b>Financial Plan and Ongoing Management</b>		\$
<ul style="list-style-type: none"> <li>• Financial Plan, including cost comparisons to other state APCDs and fee structures</li> <li>• Updated Fee-Based Product List and Fee Schedule</li> <li>• Product Communication Plan</li> <li>• Quarterly reports of product revenue received from data products</li> <li>• Quarterly reporting of other funding pursued and/or received</li> </ul>		
<b>Advisory Committee Leadership and Specified Deliverables</b>		\$
<ul style="list-style-type: none"> <li>• Affirm committee member participation under new LO and new oversight agency</li> <li>• Committee Status Report (after each meeting)</li> <li>• Monthly Committee Meeting Schedule, planning, set up and facilitation</li> <li>• Meeting Log (i.e., Decisions, Risks, Issues, Action items)</li> </ul>		
<b>Reporting Deliverables</b>		\$
<ul style="list-style-type: none"> <li>• Annual Statewide Health Care Performance Data Report, using the Statewide Common Measure Set (annually)</li> <li>• List of Proposed Reports and Data Products for the Upcoming year due by October 31<sup>st</sup> (annually)</li> <li>• Quarterly Data Submission Compliance Status Report, including results of any submission penalties or audit findings</li> <li>• Annual Status Report</li> </ul>		
<b>Security and Privacy Compliance and Specified Deliverable</b>		\$
<ul style="list-style-type: none"> <li>• Security and Privacy Plan</li> </ul>		
<b>Data Requests and Release Processes and Specified Deliverables</b>		\$
<ul style="list-style-type: none"> <li>• Initial assessment of processes and proposal for improvements, if any</li> <li>• Standardized agreements</li> <li>• Updated Data Request and Data Release policies</li> <li>• Process applications through data release workgroup</li> <li>• Maintain log of data applications and approved requests</li> <li>• Maintain log of activities related to DUA compliance monitoring and reporting</li> </ul>		
<b>Marketing and Outreach Services and Specified Deliverables</b>		\$

<ul style="list-style-type: none"> <li>• Marketing Plan to promote the products and tools</li> <li>• Communication strategy and plan</li> </ul>		
<b>Project Management Services and Specified Deliverables</b>		\$
<ul style="list-style-type: none"> <li>• Project Status Report (bi-weekly)</li> <li>• Project Schedule</li> <li>• Project management Plan (e.g. Risk Management Plan, Communication Plan)</li> <li>• Resource Management Plan; including State and Vendor staff</li> <li>• Project Log (i.e. Decisions, Risks, Issues, Action Items)</li> </ul>		
<b>Performance Standards Management and Specified Deliverables</b>		\$
<ul style="list-style-type: none"> <li>• Training plan and, once approved, provision of all WA-APCD related training</li> <li>• User support availability</li> <li>• Enclave orientation and training</li> </ul>		
	<b>Total Cost</b>	\$

### 3.5.2 Phase 2 Planning and Implementation

Phase 2 costs will be negotiated prior to initiating Phase 2 deliverables. The costs for future state enhancements and implementation will depend on what enhancements are approved by HCA.

### 3.5.3 Hourly Cost Proposal

Please provide an hourly rate for each proposed role and team member for any additional services that may be identified. These rates will be considered maximum rates for the duration of the initial contract.

Hourly Cost Table		
Role	Name	Hourly Rate
		\$
		\$
		\$
		\$
		\$
	<b>Total Cost</b>	\$

## 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(s), 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 2.2., *Estimated Schedule of Procurement Activities*, will be reviewed by the RFP Coordinator to ensure that the Proposals 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 of the required information will be rejected as non-responsive.
- b. The RFP Coordinator may, at his or her 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 Proposal Evaluation

- a. Responsive Proposals will be reviewed and scored by an evaluation team using a weighted scoring system, Section 4.2, *Evaluation Weighting and Scoring*. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda issued.
- b. The Proposals will be evaluated by an evaluation team, designated by HCA. Evaluation team members will review each Proposal before evaluating and scoring each section they have been assigned.
- c. The scores assigned by individual evaluation team members will be used in calculating the total number of points awarded to each Bidder. Included in section 4.2., *Evaluation Weighting and Scoring*, is a list of all scored sections and the associated weights and maximum points. Evaluation team members will score on a scale of 0-10. These scores are weighted and added together for to provide an overall score from each evaluator. The Bidder's overall scores from all evaluators is averaged together to provide a total score for Stage 1, written evaluations.

HCA, at its sole discretion, may elect to select the top-scoring firms as finalists for an oral presentation.

### 4.2 EVALUATION WEIGHTING AND SCORING

In accordance with RCW 43.371.020(2)(b), HCA will give strong consideration to the following elements when determining the appropriate lead organization contractor: 1) the organization's degree of experience in health care data collection, analysis, analytics, and security; 2) whether the organization has a long-term self-sustainable financial model; 3) the organization's experience in convening and effectively engaging stakeholders to develop reports, especially among groups of health providers, carriers, and self-insured purchasers; 4) the organization's experience in meeting budget and timelines

for report generations; and 5) the organization's ability to combine cost and quality data to assess total cost of care.

Stage 1 Scoring		Total Possible Points
<b>Bidder Organizational Capabilities (Section 3.3)</b>	Subsection Points	<b>370</b>
Bidder Description (Subsection 3.3.1)		40
Bidder Resources (Subsection 3.3.2)		90
Question a.	15	
Question b.	15	
Question c.	15	
Question d.	15	
Question e.	15	
Question f.	15	
Bidder Experience (Subsection 3.3.3)		240
Question a.	20	
Question b.	20	
Question c.	20	
Question d.	20	
Question e.	20	
Question f.	20	
Question g.	20	
Question h.	20	
Question i.	20	
Question j.	20	
Question k.	20	
Question l.	20	
<b>Bidder Technical Proposal (Section 3.4)</b>	Subsection Points	<b>430</b>
Program Approach/ Methodology (Subsection 3.4.1)	60	
Work Plan (Subsection 3.4.2)	50	
Financial Plan (Subsection 3.4.3)	60	
Phase 2 Approach (Subsection 3.4.4)	60	
Security (Subsection 3.4.5)	50	
Data Validation (Subsection 3.4.6)	50	
Project Schedule (Subsection 3.4.7)	30	

Outcomes (Subsection 3.4.8)	30	
Risks (Subsection 3.4.9)	40	
<b>Cost Proposal (Section 3.5)</b>		<b>200</b>
Deliverable Cost Table (Subsection 3.5.1)	150	
Hourly Cost Proposal (Subsection 3.5.2)	50	

**Stage 1 Total Possible Points: 1000**

<b>Stage 2 Scoring</b>	<b>Total Possible Points</b>
<b>Presentation/Interview (Section 4.3)</b>	<b>1,000</b>

Evaluation team members will score the sections outlined in the Evaluation Table above using the following (0-10) scale:

<b>Scoring Methodology</b>		
Score	Description	Scoring Criteria
9 - 10	Far Exceeds Requirements	The Bidder has provided an innovative, detailed, efficient approach or established, by presentation of material, far superior capability in this area.
7 - 8	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 - 6	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".
3 - 4	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 - 2	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.

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.

### **4.3 ORAL PRESENTATIONS MAY BE REQUIRED**

HCA may after evaluating the written proposals elect to schedule the finalists for oral presentations and an on-site demonstration of their product. Should oral presentations become necessary, HCA will contact the top-scoring firm(s) from the written evaluation to schedule a date, time, and location. Commitments made by the Bidder at the oral interview, if any, will be considered binding.

***The total scores from Stage 1 (i.e., written evaluation) and Stage 2 (i.e., presentation/interview) will be combined together to determine the ASB.***

### **4.4 SUBSTANTIALLY EQUIVALENT SCORES**

Substantially equivalent scores are scores separated by two percent or less in total points. If multiple Proposals receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASB the one Proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1.1 and 1.2 of this RFP.

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.

### **4.5 NOTIFICATION TO BIDDERS**

HCA will notify the ASB of their selection in writing upon completion of the evaluation process. Bidders whose proposals were not selected for further negotiation or award will be notified by WEBS or by e-mail.

### **4.6 DEBRIEFING OF UNSUCCESSFUL BIDDERS**

Any Bidder who has submitted a Proposal and been notified it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFP Coordinator within three business days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three business days of the request, or as schedules allow.

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

- 4.6.1 Evaluation and scoring of the Bidder's Proposal;
- 4.6.2 Critique of the Proposal based on the evaluation; and
- 4.6.3 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 2.10) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

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

### **4.7 PROTEST PROCEDURE**

Only Bidders who submitted a response to this RFP and who have participated in a debriefing conference may make a bid protest. 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 on the fifth business day following the debriefing. Protests may be submitted by e-mail or by mail.

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.

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

1. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
2. Errors in computing the score; or
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 agency 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.

The final determination of the protest will:

1. Find the protest lacking in merit and uphold HCA's action; or
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
3. Find merit in the protest and provide options to the HCA Director, which may include:
  - a. Correct the errors and re-evaluate all Proposals; or
  - b. Issue a new solicitation document and begin a new process; or
  - c. 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.

## Resource List

**Chapter 82-75 WAC** - <https://apps.leg.wa.gov/wac/default.aspx?cite=82-75>

**RCW 43.371, as amended by 5741-S.SL** - <http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5741-S.SL.pdf>

**OCIO Policy 141.10** - <https://ocio.wa.gov/policy/securing-information-technology-assets>

**WA-APCD Data Submission Guide** - <http://ohsucancer.com/xd/research/centers-institutes/center-for-health-systems-effectiveness/wa-apcd-governance-information/upload/WA-APCD-Data-Submission-Guide-Version-1-0.pdf>

Lead Organization	Data Vendor	Web Vendor	Health Care Authority
<p>Responsible for overall management, funding, and operations of WA-APCD:  Manages data vendor and web vendor contract  Conducts marketing and outreach activities  Works with stakeholders to design products for sale and sustainability  Leads measure set reporting including the Washington State Common Measure Set  Apply to be a qualified QE as data owner  Establish communications plan to ensure stakeholders are well informed of program status</p>	<p>Subcontract under LO. Responsible for the development and management of APCD systems, reporting and analytics including:  Establishes processes to collect and load data from data suppliers  Conducts other ad-hoc analytics  Maintains database including security and authentication practices  Produces and delivers data and analytics products  Maintains Analytic Enclave including end-user training and support  Generates quality and cost measure results, including Common Measure Set  Generates reporting that populates the WA Washington HealthCareCompare website</p>	<p>Subcontract under LO.  Responsibilities include:  Develops and hosts the state’s healthcare cost and quality transparency website – Washington Healthcare Compare</p>	<p>Responsible for APCD program oversight, compliance, and strategic direction:  Develop and monitor LO contract  Identify performance goals in alignment with statute  Provide input into and approval of Data Vendor and Web Vendor contracts  Submit required legislative reporting  Determine and manage the requirements needed to access to Medicare data  Manage oversight process  Manage DUAs with all federal, state, tribal and local government agencies  Convene a state agency coordinating structure to ensure effectiveness of database and the agencies programs.</p>
<p><b>Management of data collection:</b>  Identify and coordinate data suppliers for annual registration and to support clarity of timing and expectation of submissions  Manage a process for submission exceptions, waivers, extensions and penalties  Manage the process for data submission guide updates including supporting change management</p>	<p><b>Responsible for data collection:</b>  Review data submitters’ files according to standards established  Maintain responsibility for quality assurance, including but not limited to:  Accuracy and validity of data suppliers’ data;  Accuracy of dates of service spans;  Maintaining consistency of record layout and counts; Identifying duplicate records  Maintain and support submitters in the use of data submission tools  Analyze and propose changes to data submission guide</p>		<p><b>Oversight of data submission:</b>  Decide and communicate exceptions, waivers, extensions and penalties  Issue and manage penalties  Provide direction on proposed changes to data submission  Develop Rules as needed</p>
<p><b>Requests, Integrity &amp; Delivery of Data products:</b>  Conducts marketing and outreach activities to potential data requestors  Primary contact for data requests  Oversee standardized process of data request review and acceptance  Guide and support customers through the request process including, as needed, the development of their data request  Guide customers through IRB process, where applicable (WA/DSHS IRB)  Provide technical review</p>	<p><b>Produces and delivers data products:</b>  Data vendor provides the technical services to design, develop and support products  Conformance with state rule  Support data product design process in coordination with LO  Production and quality assurance of data sets and analytic products to conform with DUA  Refresh the enclave on a regular basis</p>		<p><b>Oversight of data product processes</b>  Guide strategic growth and enhancements to APCD  Develop Rules as needed  Issues penalties as needed for misuse of data</p>

<p>Execute DUAs Independently validate quality and completeness of data Ensure data reliability; investigate and address quality and completeness concerns Collects and manages payments for fee-based products</p>	<p>Set up user access and security in accordance with the DUA Quarterly dataset production - Refreshed quarterly and released via the Analytic Enclave or extract file sets Data sets include: Cost and Provider or C+P: Can request name of submitter (plan) but it has to go through an approval process Cost no Provider or C-P Safe Harbor Custom and ad hoc</p>		
<p><b>Analytic Enclave:</b></p> <ul style="list-style-type: none"> <li>• Conducts marketing and outreach activities to potential APCD data users</li> <li>• Manages access to the Analytic Enclave as part of the data request and DUA processes</li> <li>• Provide quality and technical review, as users of enclave</li> <li>• Facilitate access to enclave training for customers</li> <li>• Collaborate with HCA and data vendor to create and implement a process to govern levels of access to, and use of data from the database</li> <li>• Manage a process to ensure only authorized and authenticated users will access the database</li> <li>• Manage a process to ensure data extracts and downloads from the enclave are valid per the DUA</li> </ul>	<p><b>Maintains Analytic Enclave:</b></p> <ul style="list-style-type: none"> <li>• Quarterly data set refreshes via the Analytic Enclave - Provision, maintain performant database systems and tools</li> <li>• Provide end user support and training</li> <li>• Integrate claim and clinical data and other non-claims data</li> </ul>		
<p><b>Public Reporting of the Statewide Common Measure Set</b></p> <ul style="list-style-type: none"> <li>• Prior to the release of public reports that use claims data and the statewide common measure set, the LO must first submit the reports to HCA for review</li> <li>• Provides quality review, as needed</li> <li>• Oversee Review and Reconsideration process for providers and facilities through Performance Reporting Portal</li> <li>• Participates on the Performance Measures Coordinating Committee (per legislation)</li> <li>• By October 31 of each year, the LO shall submit to the HCA director a list of reports it anticipates producing during the following calendar year. <ul style="list-style-type: none"> <li>○ (HCA-The Director may establish a public comment period not to exceed 30 days</li> </ul> </li> </ul>	<p><b>Public Reporting of the Statewide Common Measure Set</b></p> <ul style="list-style-type: none"> <li>• Obtains non-claims data sources to supplement claims</li> <li>• Calculates the common measures in adherence with current specifications</li> <li>• Conducts quality assurance of measure results, including benchmarking to prior results and national standards via Quality Compass</li> <li>• Generates the common measure set results reporting, including comparison against Quality Compass</li> <li>• Conducts quality validation and analytics</li> </ul>		<p><b>Public Reporting of Statewide Common Measure Set</b></p> <ul style="list-style-type: none"> <li>• (LO-By October 31 of each year, the LO shall submit to the director a list of reports it anticipates producing during the following calendar year.) <ul style="list-style-type: none"> <li>○ The Director may establish a public comment period not to exceed 30 days and shall submit the list and any comments to the legislature for review.</li> </ul> </li> <li>• In consultation with the state agency coordinating structure, OFM, LO, and data vendor review and make</li> </ul>

<p>and shall submit the list and any comments to the legislature for review.)</p>	<ul style="list-style-type: none"> <li>Investigate reconsideration requests from provides and facilities</li> </ul>		<p>recommendations to the PMCC, as necessary to improve the effectiveness of the Statewide Common Measures Set</p>
<p><b>Consumer Price and Transparency Website, Washington HealthCare Compare</b></p> <ul style="list-style-type: none"> <li>Provide a scoring mechanism</li> <li>Communication and outreach to increase visibility of website</li> <li>Manage updates to website content</li> </ul>	<p><b>Consumer Price and Transparency Website, Washington HealthCare Compare</b></p> <ul style="list-style-type: none"> <li>Develop and implement system to support provider review of initial results</li> <li>Develop system to support Roster Management process</li> <li>Manage reconsideration requests</li> </ul>	<p><b>Consumer Price and Transparency Website, Washington HealthCare Compare</b></p> <ul style="list-style-type: none"> <li>Develops and hosts the state's healthcare cost and quality transparency website – Washington HealthCare Compare</li> </ul>	<p><b>Consumer Price and Transparency Website, Washington HealthCare Compare</b></p>
<p><b>Governance Structure</b></p> <ul style="list-style-type: none"> <li>Collaborate with the HCA-convened 'state agency coordinating structure' by providing logistical and staff support.</li> <li>Convene and provide oversight for the following stakeholder committees to support the WA-APCD: <ul style="list-style-type: none"> <li>WA-APCD Data Policy Committee</li> <li>WA-APCD Data Release Committee</li> </ul> </li> <li>Advisory committees must include representation of the TPA of the UMP. A payer, health maintenance organization, or TPA must be a data supplier to the APCD to be represented on the governance structure or advisory committees.</li> </ul>	<p><b>Security</b></p> <ul style="list-style-type: none"> <li>Maintain systems and procedures that comply with HIPAA and other requirements as previously defined by WA OCS</li> <li>Subject systems to review and approval of OCS</li> <li>Store data in secure servers that are compliant with HIPAA</li> <li>Maintain state of the art security standards for transferring data</li> </ul>		<p><b>Governance Structure</b></p> <ul style="list-style-type: none"> <li>Ensure LO is coordinating appropriate workgroup</li> <li>Lead the State Agency Coordinating Structure</li> <li>Oversee and participate in all workgroups</li> </ul>
<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Develop a plan for financial sustainability, including researching and applying for grant opportunities.</li> <li>Develop protocols and policies, including prerelease review by data suppliers, to ensure the quality of data releases and reports</li> <li>Provide content to inform HCA legislative reporting for APCD regarding cost, performance, effectiveness, grants received or extended</li> <li>Submit annual status report to HCA regarding data supplier compliance when used by voluntary entity who request participation</li> </ul>			<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Submit report to legislature, every two years, regarding cost, performance and effectiveness of the database and the performance of the LO. <ul style="list-style-type: none"> <li>Using independent economic expertise, subject to appropriation, the report must evaluate whether the dataset has advance the goals set forth in statute and the performance of the LO</li> </ul> </li> <li>Annually report to the legislature regarding any additional grants received or extended</li> </ul>

**CURRENT ONPOINT SUBCONTRACT**

Posted Separately

**DRAFT SOW FOR ONPOINT SUBCONTRACT  
BEGINNING JANUARY 1, 2020**

Posted Separately

**CURRENT FORUM ONE SUBCONTRACT**

Posted Separately

**DRAFT SOW FOR FORUM ONE SUBCONTRACT  
BEGINNING JANUARY 1, 2020**

Posted Separately

**CERTIFICATIONS AND ASSURANCES**

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
11. I/we declare that I/we are not a health plan, hospital, provider regulated under Title 18 RCW, third-party administrator, nor an entity with a controlling interest with any of these entities, as required in RCW 43.371.020(2)(d).

We (circle one) **are / are not** submitting proposed Contract exceptions. (See Section 2.13, *Contract and General Terms and Conditions*.) If Contract exceptions are being submitted, I/we have attached them to this form.

**On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. We are submitting a scanned signature of this form with our proposal.**

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

DIVERSE BUSINESS INCLUSION PLAN

- |  |     |
|--|-----|
| Do you anticipate using, or is your firm, a State Certified Minority Business? | Y/N |
| Do you anticipate using, or is your firm, a State Certified Women’s Business?  | Y/N |
| Do you anticipate using, or is your firm, a State Certified Veteran Business?  | Y/N |
| Do you anticipate using, or is your firm, a Washington State Small Business?   | Y/N |

If you answered No to all of the questions above, please explain:

---

Please list the approximate percentage of work to be accomplished by each group:

- Minority                    \_\_\_%
- Women                    \_\_\_%
- Veteran                    \_\_\_%
- Small Business           \_\_\_%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PROPOSED CONTRACT**

Posted Separately