Washington Community Information Exchange (WA CIE)

Infrastructure Request for Proposal

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IMPORTANT NOTICE

OFFERORS ARE NOT REQUIRED TO RETURN THIS FORM.

If you download and respond to this RFP from the Comagine Health RFP website (comagine.org/program/washington-community-information-exchange), you are responsible for signing up for the WA CIE procurement mailing list (https://forms.cloud.microsoft/r/pYzvkX5nP1) in order for your organization to receive any RFP amendments or Offeror questions/organization answers. The Lead Organization – Comagine Health — is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure. In addition, Offerors and their representatives must direct all communications regarding this procurement exclusively to Comagine Health at wacie@comagine.org. Offerors must not contact Washington State agencies, advisory group members, evaluation committee members, community partners, or any other individuals regarding this RFP unless expressly authorized by Comagine Health. Unauthorized contact may be grounds for disqualification from the procurement process.

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SECTION 1. INTRODUCTION & INSTRUCTIONS

SEC. 1.1 PURPOSE OF THE RFP

SEC. 1.1.1 INTRODUCTION

Washington Community Information Exchange (WA CIE) is a legal framework and technical infrastructure that enables trusted, governed information sharing (see Section 2.2.3 Standards and Governance) across health and social services participants. It connects and supplements existing systems—rather than replacing them—so care coordinators, community-based organizations (CBOs), Tribal partners, managed care organizations (MCOs), and state programs can coordinate services more predictably under shared identity, informed consent, and interoperability rules. Participants who prefer to keep their current tools can "connect once" to the statewide exchange and securely collaborate with other authorized participants.

Comagine Health is conducting this procurement and will enter into and administer the resulting contract with the selected Offeror. HCA is not accepting proposals or administering this solicitation. HCA does not endorse any prospective bidder.

SEC. 1.1.2 PURPOSE

Comagine Health seeks proposals from qualified Offerors to provide, implement, maintain and operate a configurable, pre-existing solution to support WA CIE as a secure, interoperable statewide infrastructure that is scalable and centered on equity and the people who use it.

Comagine Health's preference is a proven, commercially available solution that can be configured to meet WA CIE requirements rather than one built from the ground up. A Software-as-a-Service (SaaS) model is preferred but not required. Comagine Health will also consider managed services or other hosting and delivery approaches that meet the requirements of this RFP, as long as the proposed solution offers the maturity and configurability needed to implement WA CIE on the phased timeline described in this RFP.

The Contractor will be expected to support a statewide model that strengthens rather than replaces existing community, health care, Tribal, MCO, and governmental technology investments. The solution must enable participation through both system-to-system interoperability and a secure participant portal, ensuring equitable access for organizations with varying levels of technical maturity.

Through this procurement, Comagine Health seeks a qualified Offeror that can collaborate with Comagine Health, HCA, WA CIE advisory bodies, Community Care Hubs (CCHs), Tribal partners, CBOs, health care organizations, MCOs, and other participants to implement a sustainable statewide infrastructure that improves care coordination, supports closed-loop referrals, enhances reporting and analytics, advances interoperability, and ultimately improves outcomes for individuals receiving health and social services across Washington State.

Implementation will begin with minimum viable product (MVP) capabilities and grow over time through added integrations, new functionality, and broader participant adoption, guided by WA CIE governance, funding, and program priorities.

SEC. 1.2 BUDGET

Funding is available by calendar year (CY) as follows: $3,400,000 for CY 2027, $3,400,000 for CY 2028, and $3,500,000 per year for CY 2029 through CY 2031. Offerors shall propose costs that do not exceed the applicable annual funding ceiling for each CY. Proposals exceeding an applicable annual funding ceiling may be deemed nonresponsive and may not be considered for award. Funding for the initial Contract term and any renewal period is contingent upon the continued availability of funds, required approvals, satisfactory Contractor performance, and execution of any necessary written agreement. The stated funding amounts do not constitute a commitment by Comagine Health to expend the full amount available in any CY or to exercise any renewal option.

SEC. 1.3 INTENT TO PROPOSE

A notice of intent to propose is not required to submit a proposal in response to this RFP.

SEC. 1.4 DEADLINE FOR THE RECEIPT OF PROPOSALS

Proposals must be received no later than 4:00 p.m. Pacific Time (PT) on October 23, 2026. Proposals or proposal amendments received after the deadline will not be accepted or considered for evaluation.

SEC. 1.5 MANDATORY REQUIREMENTS

To be considered responsive to this RFP, an Offeror must meet all the mandatory requirements identified in Submittal Form A – Offeror Information, Section 7. Failure to meet any mandatory requirement will result in the proposal being deemed nonresponsive and removed from further consideration.

This includes three (3) business references for the Offeror for relevant contracts the Offeror has had during the last five (5) years that relate to the Offeror's ability to perform the Core Services identified in the Scope of Work using the reference form provided in Submittal Form A – Offeror Information, Section 12.

SEC. 1.6 REQUIRED REVIEW

Offerors are responsible for thoroughly examining this solicitation and identifying any defects, ambiguities, or potentially objectionable provisions. Any comments or concerns must be submitted via the process described in Section 1.7 Questions Prior to Deadline for Receipt of Proposals no later than October 9, 2026. This review period allows Comagine Health sufficient time to issue amendments if needed and helps prevent the submission of proposals that cannot be considered for award due to unresolved issues.

SEC. 1.7 QUESTIONS PRIOR TO DEADLINE FOR RECEIPT OF PROPOSALS

Questions, requests for clarification, or comments regarding this RFP must be submitted in writing through the designated Microsoft Form no later than 4:00 p.m. Pacific Time (PT) on October 09, 2026.

Comagine Health will post questions and responses on the WA CIE RFP webpage. The WA CIE RFP webpage is the official source for questions and responses, amendments, and other solicitation updates. Questions will be posted without attribution to the submitting prospective Offeror. Prospective Offerors are encouraged to submit questions as early as practicable during the question period. Answers to all incoming questions will be released in several waves throughout the submittal period.

Comagine Health may decline to respond to questions received after the deadline or to questions for which a response could compromise the fairness or integrity of the procurement process.

Official written responses issued by Comagine Health may clarify the RFP. Any material change to the requirements, terms, or conditions of the RFP will be issued through a written amendment. Oral statements or responses, including statements made during a pre-proposal conference, do not modify the RFP. Prospective Offerors are responsible for reviewing posted responses and amendments.

SEC. 1.8 PROPOSAL SUBMISSION INSTRUCTIONS

To be considered, proposals must be received by Comagine Health by the deadline specified in Section 1.4 Deadline for Receipt of Proposals.

Proposals must be submitted by email to wacie@comagine.org with the following subject line:

WA CIE RFP Proposal – [Organization Name]

Offerors must:

- Submit the proposal submission forms in PDF format and submit all required forms as specified in Section 4.2 Special Formatting Requirements.
- Submit the Cost Proposal (Submittal Form F) as a separate attachment.
- Ensure all required forms are completed and signed by an authorized representative.
- Not submit zipped or compressed files.
- Allow sufficient time for electronic delivery before the proposal deadline.

The total size of the submission email and attachments must not exceed 35 MB. Offerors are responsible for ensuring that their complete proposal is successfully received at the designated email address by the proposal deadline. The date and time recorded by Comagine Health's email system will determine the official time of receipt. Proposals received after the deadline will not be accepted or considered for evaluation.

Comagine Health will acknowledge receipt of proposal submissions by email. Offerors that do not receive an acknowledgement of receipt should promptly contact Comagine Health at wacie@comagine.org. An acknowledgment of receipt does not constitute a determination that the proposal is complete, responsive, or otherwise acceptable.

Submitted proposals and supporting materials will be retained by Comagine Health in accordance with applicable records retention requirements.

Offerors are encouraged to retain a copy of their submission email and attachments for their records.

SEC. 1.9 ACCESSIBILITY & ACCOMMODATION

Comagine Health is committed to providing an accessible procurement process. Individuals with disabilities who require a reasonable accommodation to access RFP materials or participate in the procurement process should contact Comagine Health at wacie@comagine.org. Requests should be made as early as possible to allow sufficient time to make appropriate arrangements.

SEC. 1.10 AMENDMENTS TO OR WITHDRAWAL OF PROPOSALS

An Offeror may withdraw its proposal at any time prior to the deadline for receipt of proposals specified in Section 1.4 Deadline for Receipt of Proposals by submitting written notice from an authorized representative to wacie@comagine.org.

An Offeror may amend its proposal prior to the proposal deadline only by submitting a complete replacement proposal in accordance with Section 1.8 Proposal Submission Instructions. The replacement proposal must clearly indicate on the cover page that it supersedes the Offeror's previously submitted proposal. Comagine Health will evaluate only the Offeror's most recently received complete proposal.

Offeror-initiated amendments will not be accepted after the proposal deadline. This provision does not preclude Comagine Health from requesting clarifications, proposal revisions, Best and Final Offers, or other information as otherwise permitted under this RFP.

SEC. 1.11 AMENDMENTS TO RFP

Comagine Health reserves the right to amend this RFP at any time prior to the proposal deadline. All amendments will be posted on the official WA CIE RFP webpage, which is the authoritative source for RFP amendments and updates. Offerors are responsible for reviewing the official RFP webpage for amendments. Comagine Health will also provide notice of amendments to individuals or organizations subscribed to the RFP mailing list (subscribe here: WA CIE procurement mailing list) as a courtesy.

If an amendment is issued prior to the proposal deadline and Comagine Health determines that additional response time is warranted, Comagine Health may extend the proposal deadline. Any extension will be communicated through a written amendment, posting on the website, and notification to the RFP mailing list.

If Comagine Health determines after the proposal deadline that a material change to the RFP is necessary, Comagine Health may issue an amendment and establish an appropriate process and deadline for affected Offerors to submit revised proposals or proposal materials. Evaluations may be revised as appropriate based on information submitted in response to the amendment.

SEC. 1.12 RFP SCHEDULE

The schedule in Table 1 below represents Comagine Health's current anticipated procurement schedule. Comagine Health reserves the right to modify the schedule as necessary. Any

change to the proposal due date or other material procurement deadline will be communicated in accordance with Section 1.11 Amendments to RFP. All times are Pacific Time (PT).

Table 1. Anticipated Procurement Schedule

Activity	Time	Date
Pre-Proposal Conference	1:00 p.m.	9/08/26
RFP Released		9/14/26
Deadline to Submit Questions	4:00 p.m.	10/09/26
Final Responses to Questions Posted		10/16/26
Proposal Due Date	4:00 p.m.	10/23/26
Proposal Evaluations		10/26 – 11/13/26
Demonstrations and Interviews		11/16 – 11/20/26
Notice of Selection		11/25/26
Contract Issued for Review and Signature		12/23/26
Anticipated Contract Start Date		1/4/27
Initial Contract Term		**1/4/27 – 1/4/29**

This RFP does not obligate Comagine Health to award or enter into a contract. No contractual obligation will arise unless and until a written contract is fully executed by authorized representatives of Comagine Health and the selected Offeror. Comagine Health will not be responsible for costs incurred or work performed by the selected Offeror prior to the effective date of the resulting contract unless expressly authorized in writing by Comagine Health.

SEC. 1.13 ALTERNATE PROPOSALS

Each Offeror may submit only one proposal as a prime contracting entity in response to this RFP. An Offeror may identify optional features, services, or alternatives within its proposal where permitted or requested by this RFP but may not submit multiple or separate proposals for evaluation. Nothing in this section prohibits a subcontractor, consortium member, or Third-Party Service Providers from participating in more than one Offeror's proposal, unless otherwise expressly provided in this RFP. The Prime Contractor will remain fully responsible to Comagine Health for performance of all contractual obligations, including services, deliverables, security, privacy, compliance, service levels, and the acts and omissions of entities used by the Prime Contractor to perform or support the contract, except as expressly provided otherwise in the resulting contract.

Refer to Section 3.6.5 Contract Entities & Related Requirements for proposal requirements concerning participating entities.

SEC. 1.14 PERMISSIBLE CONTRACT ENTITIES

SEC. 1.14.1 JOINT VENTURES

An Offeror may submit a proposal through a legally established joint venture. If selected, the joint venture entity will serve as the Prime Contractor and will be the entity that enters into the contract with Comagine Health. The Offeror must identify all joint venture members, their respective roles and responsibilities, and the legal structure of the joint venture.

Comagine Health reserves the right to request documentation regarding the formation, authority, financial capacity, and responsibilities of the joint venture and its members.

SEC. 1.14.2 CONSORTIUM

An Offeror may propose a delivery model involving multiple entities that collaborate without forming a separate legal entity. One entity must be identified as the Prime Contractor and, if selected, will enter into the contract with Comagine Health. Other consortium members performing services under the contract will be treated as Subcontractors of the Prime Contractor unless otherwise expressly approved by Comagine Health.

The Prime Contractor remains responsible to Comagine Health for all contractual obligations and for the performance of consortium members.

SEC. 1.14.3 THIRD-PARTY SERVICE PROVIDERS

A Third-Party Service Provider is an external entity whose technology, service, or capability is incorporated into, integrated with, or otherwise relied upon by the Prime Contractor in delivering the WA CIE solution, but does not directly perform contracted services for Comagine Health as a subcontractor.

The Offeror must identify material Third-Party Service Providers relied upon for performance of the proposed solution, including Third-Party Service Providers that host, process, maintain, transmit, or have access to WA CIE data or that provide a material component or capability necessary to the operation of the solution, and describe the services or capabilities each Third-Party Service Provider provides.

Use of a Third-Party Service Provider does not relieve the Prime Contractor of responsibility for meeting the requirements of the resulting contract, including applicable performance, availability, security, privacy, confidentiality, data protection, business continuity, and compliance requirements.

SEC. 1.14.4 SUBCONTRACTORS

A Subcontractor is any person or entity engaged by or on behalf of the Prime Contractor to perform any portion of the services or contractual obligations required under the resulting contract. “Subcontractor” includes subcontractors at any tier.

The Prime Contractor remains fully responsible to Comagine Health for the performance, acts, and omissions of its Subcontractors and for ensuring that applicable contractual requirements are incorporated into its subcontracting arrangements. The Prime Contractor must obtain Comagine Health’s prior written approval before adding or replacing a Subcontractor, or

making a material change to a Subcontractor’s role, throughout the term of the resulting contract.

SEC. 1.15 PUBLICITY & PUBLIC ANNOUNCEMENTS

Offerors may not make public announcements regarding the outcome of this procurement prior to Comagine Health's official Notice of Selection without Comagine Health's prior written approval.

SECTION 2. BACKGROUND INFORMATION

SEC. 2.1 CURRENT STATE

Washington’s care coordination environment has been shaped by years of local innovation across CBOs, Tribal partners, health systems, MCOs, public agencies, and regional networks. Despite these innovations, there are several challenges in the current care coordination landscape. WA CIE is being developed in response to a fragmented care coordination environment in which health and social service organizations use different systems, data structures, consent practices, referral workflows, and reporting processes. Many local tools work well within their own programs or regions, but limited interoperability makes cross-organization and statewide coordination difficult.

Today, staff often rely on phone calls, email, spreadsheets, duplicate data entry, and manual reconciliation to assemble client histories, manage referrals, verify services, and prepare reports. Clients may be asked to repeat information as they move among organizations or regions, and participants may lack timely visibility into referral status, services received, or the other organizations involved in a client’s care.

SEC. 2.1.1 PROJECT BACKGROUND INFORMATION

WA CIE is intended to address these statewide gaps through governed interoperability and shared services that support care coordination by its users while preserving effective local systems, workflows, relationships, and regional practices.

State Sponsoring Agency

The Washington State Health Care Authority (HCA) is the sponsoring state agency for WA CIE and provides program oversight and approval in areas including program governance, design, implementation, operations, compliance, budgeting, and expenditures. HCA identified WA CIE as an infrastructure component of Washington’s Medicaid Transformation Project 2.0 (MTP 2.0) Section 1115 demonstration waiver, with the longer-term goal of supporting the broader health and social services ecosystem.

Lead Organization

Comagine Health serves as the WA CIE Lead Organization under contract with HCA. As a neutral third party, Comagine Health partners with HCA and community members to design, implement, operate, and continuously improve WA CIE in alignment with applicable contracts, waivers, laws, and policies. In collaboration with HCA and community members, and with support from the Contractor as applicable, key responsibilities of Comagine Health include:

- Engaging community members in co-design and continuous quality improvement
- Developing and stewarding a transparent, inclusive, and collaborative governance structure
- Procuring WA CIE technology and administering the resulting technology contract;
- Providing technical assistance to HCA-approved participants adopting or integrating with the technology
- Conducting WA CIE program operations
- Supporting HCA in monitoring and evaluating WA CIE's effectiveness in achieving Medicaid Transformation Project (MTP) 2.0 goals.

Comagine Health will serve as the contracting entity for the technology procured through this RFP and will administer the resulting Contract in coordination with HCA and applicable WA CIE governance and oversight processes.

SEC. 2.1.2 WA CIE COMMUNITY & PARTNERS

Table 2 below outlines the organizations that may interact with WA CIE directly or indirectly with other organizations that do. They may be responsible for delivering services, coordinating care, or administering programs. Each may have its own systems, workflows, and applicable privacy, consent, data sharing, and other legal or regulatory obligations.

Table 2. WA CIE Community & Partners

Sector	Individuals and Organizations
Clients	• Community members experiencing multiple health and social needs • Client and patient advisory groups
Community Care Hubs and Referral Network Partners	• CCHs and their networks • Native Hub • Referral organizations, such as WA 211, 988 and WithinReach
Direct Service Providers for Health and Social Services	• Aging Services and Area Agencies on Aging (AAA) • Domestic violence and sexual assault services • Employment support • Head Start and early education • Health-Related Social Needs (HRSN) service providers, such as local housing assistance, food banks and/or pantries, Community Action Partners • Immigration and refugee resettlement
Government	• Local health jurisdictions (LHJs) • Municipal government agencies • Municipal public health departments

Sector	Individuals and Organizations
	• Washington state agencies, such as Department of Children, Youth, and Families (DCYF), Department of Commerce, Department of Corrections (DOC), Department of Health (DOH), Department of Social and Health Services (DSHS), HCA, etc. • Tribal governments
Health Care	• Behavioral Health Administrative Services Organizations (BHASO) • Behavioral Health (BH) and substance use disorder (SUD) providers • Federally Qualified Health Centers (FQHCs) • Hospitals • Primary care providers
Payers	• Behavioral Health Administrative Services Organizations (BHASO) • Managed Care Organizations (MCOs)
Policy Advocacy	Organizations that engage in policy advocacy in the health and social services space
Public Safety and First Responders	• 911 • Community paramedicine • Emergency preparedness and response • Emergency Medical Services (EMS)
Third Places	• Community centers • Educational institutions (e.g. schools, educational service districts, higher education) • Faith-based locations and organizations • Libraries • Parks and recreation • Senior centers
Tribal	• American Indian Health Commission • Executive Leadership Councils • Governor's Indian Health Advisory Council • Governor's Office of Indian Affairs (GOIA) • Indian Health Boards • Indian Policy Advisory Committee • Native Hub • Tribal governments

Sector	Individuals and Organizations
	• Urban Indian Organizations

Accountable Communities of Health and Community Care Hub overview

Washington's nine Accountable Communities of Health (ACHs) serve distinct regions and convene cross-sector partners to improve health and transform care delivery. ACHs are contracted to operate regional Community Care Hubs (CCHs). Through the CCHs, ACHs coordinate HRSN services with CBOs, health care providers, MCOs, government entities, and other partners.

The first participants will be the nine CCHs and their 141+ regional social care network partners. Meeting community health needs at scale requires a regional, collaborative, and coordinated presence that no single clinic or agency can provide. ACHs are a regional "home base" where health care, public health, social services, and community members work together to improve health and well-being. HRSN screening and referral service is offered via the regional CCHs. The CCHs along with local CBOs and MCOs have worked together for years to co-develop care coordination infrastructures, including data-sharing. These efforts provide a foundation for advancing a statewide approach to data sharing through WA CIE, connecting the CCHs to each other for a more seamless experience of care.

A limited number of social service providers, outside of the CCHs and their network partners, will be part of the initial launch of WA CIE to:

- Update their service entry in the statewide resource directory,
- View, accept, or deny referrals sent to their organization, and
- Close the loop on accepted referrals once the client's needs are met.

The CCHs are currently partnered with Crisis Connections to provide intake through the statewide 2-1-1 call center, and these referrals are currently integrated with the CCH systems. Additionally, the CCHs and MCOs are in the process of establishing bidirectional referrals through CCH systems and MCO Findhelp instances. It is anticipated that these intake and referral pathways would be replicated as part of the WA CIE initial phase.

As WA CIE matures, additional organizations who are interoperable-ready will be onboarded and additional statewide, and external systems (e.g., Tribal Hub, HCA's ECM/ConsentLink, and the state designated Health Information Exchange system) may interoperate, as they are developed and implemented, and based on readiness, governance decisions, and capability sequencing. This interoperability builds on the initial launch of WA CIE and will evolve in later phases.

SEC. 2.1.3 CURRENT ARCHITECTURE

ACHs, CBOs, MCOs, and other cross-sector organizations have made diverse investments in attempt to track client referrals and close the loop for services provided but they may not deliver all the components of a statewide CIE. In addition, these are siloed investments that serve their region or members and do not provide a statewide view of HRSN service delivery.

The CCHs in the first use case use different technology solutions to support their HRSN screening and referral workflows and reporting. Table 3 below summarizes a snapshot of their current architecture as of May 2026.

Table 3. Current CCH Technology Architecture

Technology category	Technology solutions
Client Management Systems	• One CCH uses a CCS Health platform • Five CCHs use Connect2 Coordinator (C2C) • One CCH uses an Elora platform • One CCH uses a Julota platform • One CCH uses a VisionLink platform

Resource Directories	• Findhelp
	• Unite Us
	• Connect211
	  ○ WA211 operated by Crisis Connections
	  ○ WhatcomResources
	  ○ HelpMeGrow
	• WA Recovery Helplines MOUD Locator tool, operated by Crisis Connections
	• WA DOH Pregnant & Parenting Recovery Services

Reporting and Analytics	• HubSpot • Microsoft Power BI • Tableau
Other technology and systems used by CCHs or their partner organizations during care coordination workflows	• Electronic Health Record systems (**e.g.,** EPIC) • ProviderOne (Medicaid eligibility and benefits platform)

SEC. 2.1.4 ANALYSIS & FINDINGS

A 2022 HCA statewide landscape assessment and WA CIE user research conducted in 2026 identified persistent barriers across regions and sectors. These included fragmented systems and workflows, limited resource visibility, lack of standardized data, inconsistent referral practices, gaps in identity and consent alignment, limited interoperability, manual reporting, participant capacity constraints, and sustainable funding concerns.

A variety of user research approaches were used March-May 2026 to better understand **current** WA CIE community needs. Approaches included: Key informant interviews, focus groups, human-centered design (HCD) sessions, and ACH deep dive discussions. See our User Research Visual Report (hca.wa.gov/assets/program/wa-cie-key-insights-from-user-research.pdf).

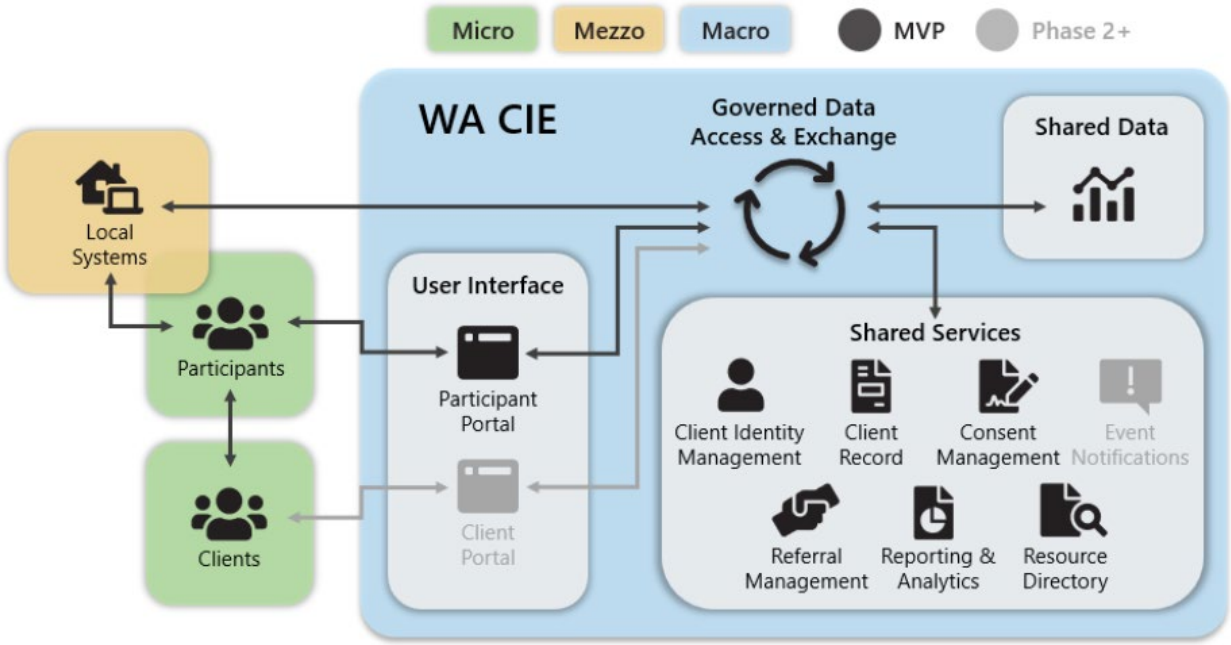
The challenges listed below reflect a broad cross section of the ecosystem and highlight the operational realities faced across the state today.

1. Fragmentation across regions and systems: Organizations often operate in isolation, using systems designed for program- or region-specific workflows. While effective locally, these systems do not interoperate statewide. Without shared assessments or reusable data, people often tell their story multiple times as they move between programs and organizations.
2. Gaps in data sharing, consent, and identity: Identity and consent practices vary widely, making it difficult to align client information consistently.
3. Challenges with resource directories and referrals: Referral and navigation workflows depend heavily on local tools and manual follow-up. Also, staff frequently cannot see whether a referral was accepted, scheduled, completed, or unsuccessful. Tracking referral status is a manual process requiring significant effort. Not having an up-to-date referral status leads to delays in client care.
4. Challenges with reporting: Reporting currently requires manual extraction, error correction, and reconciliation across disparate systems. Organizations report inefficiencies from dual entry, manual post-processing data manipulation, and lack of automated analytics. They also report a limited ability to develop data visualizations and reporting that includes supplementary data sources for the same set of clients.

SEC. 2.2 FUTURE STATE

WA CIE will provide a statewide interoperability and care coordination infrastructure that connects the diverse systems and networks used by CCHs, Tribal partners, CBOs, health systems, MCOs, and state agencies. This model strengthens, rather than replaces, the tools that organizations use today. By connecting existing tools rather than replacing them, WA CIE supports more coordinated, equitable, and efficient delivery of HRSN services across Washington.

Figure 1. WA CIE Conceptual Diagram



WA CIE will enable:

- Reduced duplication of intake and assessments.
- Accurate and up-to-date referral status across regions and systems.
- Consistent, policy-aligned data access and sharing practices aligned with applicable legal, regulatory, contractual, consent, and governance requirements.
- Improved statewide reporting.
- Equitable participation for organizations with limited technical capacity.
- A more seamless experience for clients.

WA CIE will be implemented through a phased approach based on a "connect once, connect to all" model. Common frameworks for identity, consent management, access, data, and information exchange practices will reduce the need for separate point-to-point connections while accommodating applicable legal, regulatory, contractual, governance, and participant-specific requirements. The initial Minimum Viable Product (MVP) will establish the foundational capabilities needed for participant onboarding, cross-organization care coordination, and consistent statewide information sharing. Subsequent phases (see Section 3.1.1 Phased Implementation) will expand integrations, automation, participant adoption, client-facing functionality, advanced analytics, and other capabilities as governance decisions, funding, policy, technical feasibility, and participant readiness allow.

SEC. 2.2.1 VISION

Washingtonians experience trustworthy, integrated health and social services that support individual, family, and community well-being. WA CIE will advance this vision by building purposeful connections across health and social services through trusted information sharing that enables comprehensive, inclusive care coordination.

The future state will be guided by the following principles:

- **Advance equity.** Use an equity lens and framework when reviewing ideas and solutions. Reduce disparities and ensure meaningful participation of historically excluded communities.
- **Center client agency.** Ensure those most impacted guide decisions. Uphold client consent and continuously assess and address potential harm.
- **Evolve with community.** Continuously improve systems with community input to remain accountable, responsive, relevant, and aligned with real needs.
- **Make participation meaningful.** Enable broad, inclusive participation through affordable, user-friendly systems and reliable, actionable information that improves care coordination, outcomes, and efficiency.
- **Manage data responsibly.** Protect privacy, ensure appropriate access, maintain high-quality data, and clearly communicate how information is used.
- **Prioritize interoperability.** Leverage existing infrastructure to reduce duplication, simplify navigation, and improve access to services.

At the individual level, authorized care coordinators will have more complete, timely, and consent-aligned context to understand a client's strengths, needs, goals, care team, services, and referral history. At the organizational level, participants will be able to coordinate across partners, reduce duplicate documentation, strengthen referral networks, and improve visibility into program activity. At the statewide level, governed exchange and standardized data will support consistent identity, consent, interoperability, and reporting practices while informing planning and continuous improvement.

Goals

WA CIE has established the following program goals by which progress will be measured. These goals are timebound to coincide with the end of Medicaid Transformation Project 2.0, Washington State's 1115 Medicaid Waiver and the current funding source for WA CIE. They are provided to give Offerors context regarding the program's intended direction and timeline. Contractor-specific requirements, deliverables, milestones, and performance obligations are identified in Section 3 Scope of Work, Submittal Forms A-F, Section 7 Attachments: 5 – System Requirements, 9 – Quality Assurance Plan, and 10 – Performance and Operations, in this RFP and the resulting Contract.

1. WA CIE will design an accessible and responsive community-centered Concept of Operations (ConOps) (https://www.hca.wa.gov/assets/program/wa-cie-concept-of-operations.pdf) by September 2026.
2. WA CIE will establish community co-designed governance to steward strategy, operations, technology and data by January 2027.
3. WA CIE will establish a legal framework (e.g., analysis of applicable regulations, privacy and consent policies, data sharing and participation agreements) and technical standards (e.g., data API specifications, etc.) by May 2027.
4. WA CIE will implement a technology solution, demonstrating go-live readiness for initial CIE launch partners by June 2027.

5. WA CIE will onboard member organizations for CIE initial launch (CCHs and their Social Care Network partners) either through direct access and onboarding or system interoperability by June 30, 2027.
6. WA CIE will onboard additional member organizations to the CIE as prioritized by governance by June 2028.
7. WA CIE will maintain a continuous improvement program designed to ensure usability, accessibility and evaluation.

Outcomes

WA CIE has established high-level outcomes describing how the benefits of WA CIE are expected to be experienced across the ecosystem. While system capabilities are organized around users, organizations, and the statewide ecosystem, outcomes are organized around the individuals, organizations, and communities that benefit from those capabilities. These outcomes are:

1. **Micro – Individuals and Families:** Individuals and families experience coordinated, responsive support as they are more easily connected to critical health and social services like food, housing, and transportation through WA CIE. A longitudinal client record enables service providers to understand an individual's history, proactively identify needs, and tailor services and referrals more efficiently, reducing the need for clients to repeatedly retell their story.
2. **Mezzo – Organizations, and Participants:** Health and social services providers collaborate within and across sectors more efficiently using a shared language and increased visibility to improve care coordination through a person-centered longitudinal record, strengthen referrals networks through shared resource directory, and reduce duplication of administrative work through interoperable data exchanges to deliver comprehensive, person-centered care to individuals and families.
3. **Macro – Communities and Systems:** WA CIE contributes to a more connected, informed, and equitable health and social service system in Washington State by providing shared data that identifies service gaps, unmet needs, and disparities in access. These insights can be used to inform statewide and local planning and funding priorities and to advocate for policy change.

WA CIE will develop a comprehensive, community-informed, multi-year evaluation plan to measure these outcomes.

SEC. 2.2.2 FUTURE-STATE OPERATING MODEL

WA CIE will function as an integrated model in which governed data access and exchange, shared services, shared data, and flexible participation options work together. The future-state model includes the following core elements:

- **Governed data access and exchange.** A common exchange layer will implement approved identity, consent, privacy, security, and access requirements so authorized information can be exchanged consistently across participating systems and organizations.

- **Shared statewide technology services.** WA CIE will provide common capabilities for care coordination, client identity management, the client record, consent management, identity and access management, interoperability, referral management, reporting and analytics, and the resource directory (WA CIE is currently in discussions with a statewide directory partner to provide resource directory services). These services will reduce the need for each participant to develop and maintain duplicative functionality independently.
- **Shared data.** Information exchanged through WA CIE will use governed definitions and structures to improve consistency, deduplication, and usability for care coordination and authorized reporting (policies regarding how, where, and for how long organizations can store shared data will be defined by the Data Governance Committee)
- **Flexible utilization and access.** Participants may use the WA CIE portal, connect their existing systems, use selected WA CIE functions from local workflows, receive WA CIE information in local systems, contribute authorized data, or use a combination of these approaches.
- **Phased growth.** Capabilities and connections will mature over time, allowing participants to begin with an access model appropriate to their readiness and advance toward more automated and real-time exchange as the ecosystem develops.

In practice, the future state is expected to support the following experiences and benefits:

- A care coordinator can confirm client identity and, when authorized, view relevant assessments, referrals and referral status, program enrollments, care teams, goals, and service history without restarting intake or manually rebuilding the client's story.
- Participants can initiate, receive, track, and close referrals across organizations and regions using consistent statuses and shared visibility, reducing manual follow-up and improving continuity of service.
- Participants can search a governed resource directory containing standardized information about services, eligibility, availability, locations, and contact information, with defined stewardship processes to support accuracy over time.
- Organizational users can access role-appropriate, consent-aligned operational and program data analytics products and reporting:
    - Limited data analytics will be available to organizational participating organizations to run descriptive analysis of information without repeatedly extracting, cleaning, reconciling, and combining data from disconnected systems.
    - State and regional leaders can use predefined, standardized, and appropriately governed information to understand service patterns, unmet needs, cross-region activity, and outcomes without relying solely on manually assembled datasets.
- Organizations with limited technical capacity can participate through a fully supported portal, while organizations with existing technology can connect through APIs, batch or file-based exchange, secure messaging, or other approved interoperability patterns.

The initial use case will support health-related social needs screening and referral services delivered through the regional CCHs and their networks. Future connections will include other

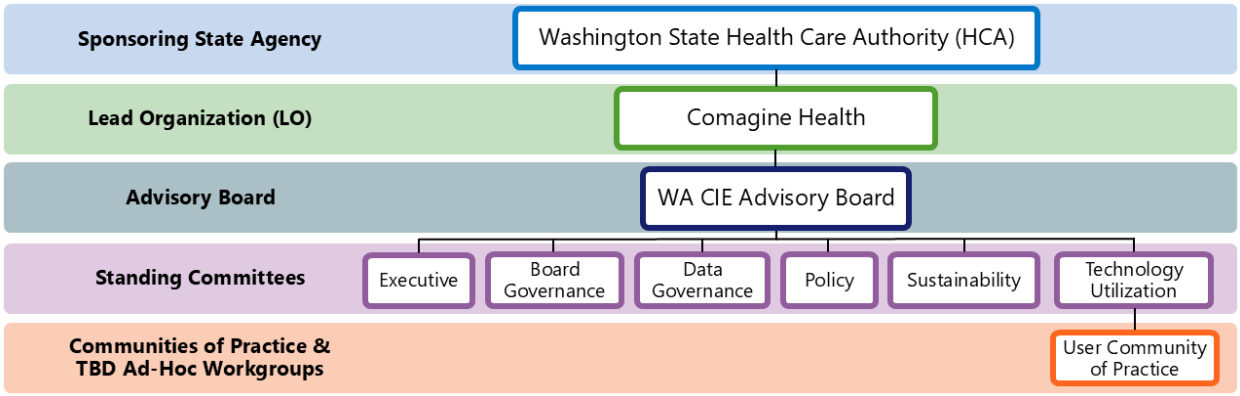
health, social service, Tribal, clinical, statewide, and program-specific systems. The sequence and scope of future connections will be determined through governance and implementation planning and will depend on participant readiness, consent and privacy requirements, technical feasibility, available funding, and external system dependencies, and applicable contractual authorization.

SEC. 2.2.3 STANDARDS & GOVERNANCE

WA CIE will operate through shared governance and standards that create trust and consistency while allowing appropriate flexibility in local workflows. Governance will establish decision-making authority, participation expectations, data policies, stewardship responsibilities, and processes for ongoing community and participant engagement.

Governance for WA CIE is established through a collaborative governance framework co-developed by HCA, the Lead Organization and the WA CIE Interim Advisory Committee. This approach incorporates community member perspectives into the development of governance policies, priorities, and operating processes while maintaining HCA's authority for program oversight and key decisions as the state sponsoring agency. The governance structure defines how WA CIE is directed, accountable, and sustained through a governing body – the WA CIE Advisory Board - and supporting committees responsible for strategic direction, policy development, technology and data governance, risk management, compliance, performance oversight, and sustainability. Clear roles, decision rights, escalation pathways, and accountability mechanisms ensure transparent, effective governance and support ongoing refinement as WA CIE evolves. Standards and policies will be refined over time as WA CIE capabilities mature and additional participants and use cases are introduced. Figure 2 illustrates how these entities are connected as well as the inaugural standing committees that focus on operations and strategy of the Advisory Board and WA CIE at large.

Figure 2. WA CIE Governance Structure Visual



It is anticipated that the Contractor may work with various parts of the WA CIE Governance Structure throughout the term of the Contract, including the Technology Utilization Committee and the User Community of Practice. At Comagine Health's direction, the Contractor may be asked to provide information, participate in discussions, or receive and respond to community feedback presented through committees, communities of practice, or other workgroups.

Contractual direction to the Contractor will be provided through Comagine Health in accordance with the resulting Contract.

The future-state framework will include:

- Legal, regulatory, contractual, and policy requirements governing participation, data sharing, privacy, consent, records management, and other compliance obligations, including applicable federal, state, Tribal, and program requirements.
- Technical standards for identity, authentication, authorization, interoperability, interfaces, data formats, terminology, security, logging, monitoring, and exchange patterns.
- Data standards and stewardship practices that support consistent definitions, required fields, data quality, deduplication, resource information, referral statuses, and appropriate use of shared information.
- Workflow standards for common activities such as intake, identity matching, consent verification, referrals, status updates, care coordination, reporting, onboarding, and issue resolution, while preserving necessary regional and organizational variation.
- Accessibility, usability, and equity expectations that support participation by organizations and users with differing resources, languages, abilities, workflows, and levels of technical maturity.
- Continuous improvement processes that use community input, implementation experience, performance information, and governance decisions to refine standards, capabilities, and participant support.

The successful Contractor will be expected to align the solution and implementation approach with this future-state direction described in this RFP and the WA CIE Concept of Operations and to support the continued evolution of WA CIE standards, governance decisions, participant needs, and phased priorities within the scope of the resulting contract. More information is available in Attachment 7 – WA CIE Program Governance Structure (https://www.hca.wa.gov/assets/program/wa-cie-governance-structure.pdf).

SECTION 3. SCOPE OF WORK

The successful Contractor must work collaboratively with Comagine Health, HCA, WA CIE participating organizations, and other authorized WA CIE partners to plan, design, configure, integrate, test, implement, onboard, train, manage change, operate, maintain, and support the WA CIE technology. Comagine Health will serve as the Contractor's contracting entity and primary point of contractual direction and administration.

The Contractor must propose an approach that meets the objectives and requirements of this RFP and supports the phased evolution of WA CIE. The proposed solution must meet the requirements of the planned Minimum Viable Product (MVP) and be designed and configurable to support anticipated subsequent implementation phases, multiple utilization and access models, and future expansions of capabilities, integrations, and ecosystem participation to expand over time in response to program priorities and community needs. The solution must connect with and supplement existing participant systems and must not require organizations to replace systems that continue to meet their operational needs. This approach aligns with Attachment 6 – WA CIE Concept of Operations implementation roadmap, which establishes an

MVP followed by phases of broader integration, increased interoperability, expanded ecosystem participation, and capability maturation.

SEC. 3.1 INITIATIVE OVERVIEW & OBJECTIVES

Comagine Health, the Washington CIE Lead Organization, is seeking an Offeror to provide a technology solution and related implementation and support services to support the implementation and operations of WA CIE as a statewide interoperability and care coordination infrastructure. WA CIE will connect and support information exchange from among the diverse systems and networks used by CCHs, Tribal partners, CBOs, health systems, MCOs, and state agencies and other authorized participants.

SEC. 3.1.1 PHASED IMPLEMENTATION

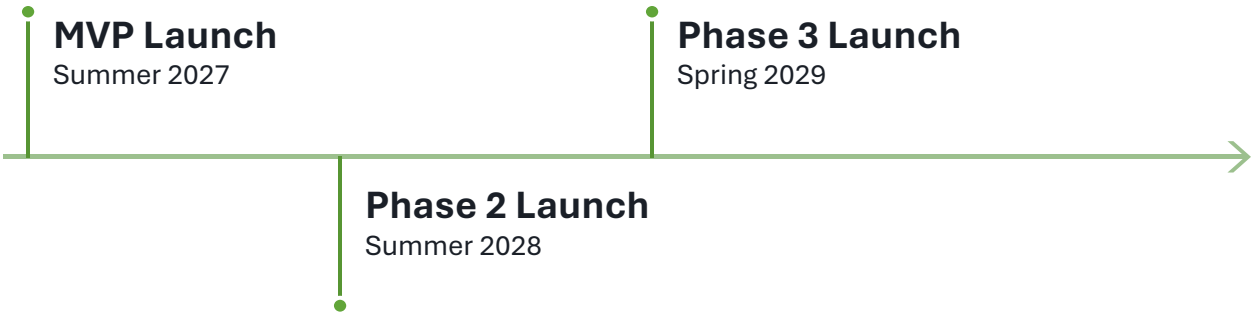
WA CIE will be implemented in phases, beginning with a **Minimum Viable Product (MVP)** that establishes the foundational capabilities needed for early participant onboarding, cross-organization coordination, and consistent statewide information-sharing patterns. The MVP will focus on the following capability areas:

- Care coordination
- Client identity management
- Client record
- Consent management
- Identity and access management
- Interoperability
- Referral management
- Reporting and analytics
- Resource directory

Descriptions of these capabilities, in addition to specific functional and non-functional requirements, are provided in Attachment 5 – WA CIE System Requirements. The MVP will include integration with approximately six to eight interoperability partners and is expected **to launch by June 30, 2027**. Future phases will expand functionality, integrate additional interoperability partners, and onboard new user cohorts across the WA CIE network.

Phase 2 (6-9 Months after MVP stabilization [estimated Sept 2027]): The following phase will build on the MVP foundation with broader integrations, enhanced automation, and deeper cross-program care coordination. Capabilities will progress toward system maturity, reflecting expanding ecosystem participation and increasing data interoperability. This second phase will emphasize the deployment of enhanced care coordination features including a shared care plan that enables authorized members of a client's care team to view and collaboratively document strengths, goals, needs, and care plans details in accordance with applicable access, consent, privacy, and data-sharing requirements. Additional features should include early enrollment verification capabilities, more granular consent functionality and aligned statewide governance support, strengthened analytics (including population-level and equity insights), and broader resource directory enhancements and stewardship models. In addition to the features listed, integration with additional interoperability partners, and onboarding new user cohorts is anticipated in this phase.

Phase 3 (6-9 Months after Phase 2 stabilization): The third phase represents a fully mature data-sharing operation demonstrating a statewide interoperable infrastructure that is aligned with the following maturity capability expectations. Capabilities in this phase will build on real-time data access or exchange functionalities, multi-sector collaboration, advanced consent interoperability implementation and standards (e.g., FHIR) and advanced analytics that support statewide planning and resource optimization. At this point, the WA CIE should be able to host and provide access to a mature, fully interoperable, real-time longitudinal client record, support statewide care planning and cross-sector care coordination, and ingest, parse, and exchange automated event notifications across clinical, social, Tribal, and state systems. In addition, a fully mature system should provide client-facing capabilities (e.g., client portal), as well as advanced analytics, forecasting, and equity monitoring services that support long-term sustainability, governance maturity, and ecosystem alignment. In addition to the features listed, integration with additional interoperability partners, and onboarding new user cohorts is anticipated in this phase.



SEC. 3.1.2 OBJECTIVES

The objectives of this procurement are to select a Contractor that can:

- Implement and support a secure, scalable, and sustainable statewide interoperability and care coordination infrastructure.
- Integrate with and support existing systems and workflows
- Support equitable participation and connectivity through multiple utilization and access models.
- Enable secure and appropriately authorized, consent-aligned information sharing and cross-organization care coordination in accordance with applicable privacy, consent, data-sharing, and access requirements.
- Provide operational, organizational, and statewide reporting and analytics
- Support phased implementation, ongoing improvement, and expansion to additional participants and use cases.
- Provide the onboarding, training, technical assistance, and operational support necessary for sustainable adoption.

The Scope of Work below identifies the specific responsibilities, services, deliverables, and performance requirements of the Contractor in support of these objectives.

SEC. 3.2 UTILIZATION & ACCESS MODELS

The Contractor's approach must recognize that participating organizations have varying workflows, technical capabilities, staffing capacity, vendor support, and levels of readiness. The solution must support participation through the following range of utilization and access models:

- Direct use of the WA CIE participant portal
- Use of WA CIE as a shared environment for multi-organization purposes and workflows
- Integration-enabled use of CIE functions for care coordination
- Use of WA CIE functions from a participant's existing system
- Delivery of WA CIE information or insights into a participant's existing system
- Contribution of participant data to WA CIE in accordance with applicable authorization, consent, data-sharing, and participation requirements

All utilization and access models must support applicable identity and access management, authorization, consent, privacy, security, and data-sharing requirements.

Additional details and explanations of these utilization models can be found in the WA CIE ConOps.

The table below illustrates the anticipated workflows, data-sharing methods, use cases, and value associated with each utilization and access model. Specific technical and functional requirements applicable to these models are identified in the Requirements Package.

	LOW-END DATA INTEGRATION					HIGH-END DATA INTEGRATION
UTILIZA-TION MODEL	#1 Direct use of participant portal	#2 CIE as a space for multi-agency shared purpose and workflows	#3 Integration-enabled use of CIE functions for care coordination	#4 Using CIE functions from native system workflows via data integration	#5 CIE insights in home system via data integration	#6 Contributing data to CIE
WORK-FLOW	Manual	Manual + data share	Using CIE with no duplicative data entry	Using native system only via data share	New data from shared clients via data share	New data shared to enable others to provide care coordination
METHOD OF SHARIN G	Manual client record creation and edits Care coordination functions completed in participant portal Data entry by Individual user	Specific data shared via API or batch uploads to accomplish shared goal across multiple organizations Manual data entry in participant portal by individual users	Bi-directional data sharing through API mutually updates home system and CIE Single-sign-on for CIE facilitates adoption	Bi-directional data sharing through API mutually updates native system and CIE Data sharing is limited to functionality within native system Not logging in to CIE	Data integration triggers CIE functions behind the scenes and allows bi-directional data flow via real-time API connection	Sends data to CIE to populate client records through batch data sharing and real-time API connections (i.e., HMIS)
ORGANIZ ATION USE CASE	No system integration Adopt use of CIE for care coordination	Participants with limited internal system capability and/or need to use CIE as a shared, collaborative space with some data sharing	Leverage native system and CIE functionality	Using native EHR and leveraging CIE functionality through data integration sharing Not accessing the full CIE longitudinal record	Bi-directional data sharing between CIE and native system	Expanding network-wide visibility and data completeness of client records Strengthens informed care based on data shared populated shared record

VALUE & IMPACT	Full access to the CIE Longitudinal Record Full use of CIE functions Micro level care coordination enabled	Shared outcomes and data analytics Micro and Mezzo level care coordination enabled Same as #1	Data enrichment of native system from CIE client record, referral outcomes and history without manual lift Micro and Mezzo level care coordination enabled Same as #1 and 2	Leverage specific CIE functionalities like closed-loop referral No need to adopt additional system Micro and mezzo level care coordination enabled Same as #3	Gain insights on shared clients (i.e., SDOH needs to inform presumptive eligibility) Mezzo level care coordination enabled	Mezzo and macro level care coordination enabled and improved

These utilization and access models are intended to enable participation by organizations with differing workflow needs and levels of technical interoperability. The participant portal must serve as a fully supported participation option for organizations without connected systems or those requiring direct access to WA CIE capabilities.

SEC. 3.2.2 REQUIRED WORK CATEGORIES

The Contractor must provide the technology solution, professional services, implementation, documentation, training, technical assistance, and ongoing operational support services specified in this RFP and the resulting Contract to support implementation and operations of WA CIE. The Contractor must perform these activities in collaboration with Comagine Health and, as directed by Comagine Health, HCA, applicable WA CIE governance bodies, participating organizations, and other designated partners.

The scope of work includes, at a minimum, the following work categories as further described in Section 3.5 System Requirements and other applicable requirements of this RFP:

Planning and design

- Solution architecture and technical design aligned with the ConOps and all applicable Federal and State security and privacy standards as well as approved WA CIE requirements
- Implementation planning and maintenance of a phased roadmap
- Requirements validation, backlog management, and traceability
- Data management, standardization, mapping, quality, and stewardship

Implementation

- Solution configuration, development, and deployment
- Implementation of required WA CIE capabilities
- System integration and interoperability
- Support for multiple utilization and access models
- Security, privacy, consent management, and access control
- Reporting and analytics, including appropriate separation of operational and analytical functions

Readiness and adoption

- Quality assurance, testing, and acceptance testing
- Participant onboarding, training, and implementation support
- Go-live and operational readiness

Operations

- Solution operations, maintenance, and CIE user facing tier 2 and 3 technical support
- Performance monitoring and reporting
- Continuous updates to apply security patches and maintain all third-party packages used within the solution on fully supported, non-deprecated versions.
- Project management, governance support, and collaboration
- Knowledge transfer and maintenance of system, operational, technical, administrative, and user documentation

The Offeror must explain how the proposed solution's components and capabilities work together to meet the System Requirements identified in Section 3.5 and support the care coordination objectives described in this RFP. The solution must enable governed and standards-driven information exchange, shared statewide services, role-appropriate access, while preserving appropriate flexibility in participant workflows and technology choices.

SEC. 3.3 DELIVERABLES

The Contractor must provide the technology solution, implementation and operational services, and supporting deliverables identified below and as otherwise required by this RFP and the resulting Contract. Deliverables include the implemented and fully licensed WA CIE solution meeting applicable requirements, required integrations and configured capabilities, operational and technical support services, and the plans, documentation, reports, and other supporting artifacts necessary to implement, operate, maintain, and support the solution.

Each deliverable is subject to review and acceptance by Comagine Health in accordance with the Contract's deliverable review and acceptance process and applicable acceptance criteria. Deliverables designated as ongoing or maintained documentation must be kept current throughout the Contract when changes to the solution, requirements, interfaces, operations, or applicable standards affect previously approved content.

SEC. 3.3.1 COMMON DELIVERY REQUIREMENTS

Unless otherwise specified in the resulting Contract, an approved Deliverable Expectation Document (DED), or by the nature of the applicable deliverable, the following requirements apply to deliverable documentation and supporting artifacts.

Comagine Health may require a DED for designated deliverables to further define required content, format, review procedures, acceptance criteria, and other delivery expectations consistent with this RFP and the resulting Contract. A DED will not materially expand or modify the Contractor's scope of work, deliverables, schedule, or pricing except through the applicable Contract change process.

- Deliverable documentation must be submitted in an editable format when applicable, in a format approved by Comagine Health and stored in the designated repository.
- Deliverable documentation must include a version number, revision history, preparer, submission date, approval status, and summary of changes.
- Deliverable documentation must identify assumptions, dependencies, decisions, risks, open issues, and required approvals that affect implementation or operations.
- Deliverable documentation must align with previously approved requirements, designs, plans, and decisions and identify any proposed deviation.
- The Contractor must incorporate Comagine Health feedback and resubmit revised deliverables within the review and acceptance timelines established in the contract.
- Unless otherwise directed, documentation must meet applicable accessibility requirements and use clear, consistent terminology aligned with the RFP, ConOps, WA CIE System Requirements, and resulting contract.
- The Contractor must maintain current approved versions throughout the Contract and preserve prior versions in accordance with applicable records-retention requirements.

- Deliverable documentation must include disclosure of any Generative AI used in their development, including the purpose for which it was used, the extent of AI-generated content incorporated, and the extent and role of any human review, validation, editing, or quality assurance activities performed prior to submission.
- Documentation must be maintained in approved version-controlled repositories and/or documentation platforms, with access provided to authorized Comagine Health and HCA personnel in accordance with applicable access-control and security requirements.

SEC. 3.3.2 DELIVERABLE TABLE

No.	Name	Description	Frequency	Delivery Specifications
1	Project Management Plan	Defines how the Contractor will manage the project using an iterative delivery approach, including governance, scope and backlog management, staffing, roles and responsibilities, planning and prioritization, decisions, risks and issues, changes, quality, communications, escalation, deliverables, and coordination with the Lead Organization and HCA.	Initial version within 30 calendar days of contract start; reviewed bi-annually and updated as needed.	Include governance, roles, management processes, escalation, assumptions, dependencies, and approval authorities. Align with the Integrated Project Work Plan and product roadmap.
2	Integrated Project Work Plan	Provides the detailed schedule for project activities, backlog items, milestones, deliverables, reviews, approvals, dependencies, resources, testing, releases, onboarding, go-live, and transition to operations.	Initial version within 30 calendar days of contract start; updated at least bi-weekly and when material schedule changes occur.	Provide specific detailed entries that can be incorporated into the integrated project work plan. This document should be shared in an agreed upon format (Microsoft Project, Microsoft excel, etc)
3	Requirements Validation and Traceability Matrix	Updates to the existing functional and nonfunctional requirements based upon validation. Maintaining the current version of the RTM, to ensure requirement coverage. Covers the initial release and future phases.	Initial version within 55 calendar days of contract start; updated throughout each iteration, before each release, and whenever requirements change.	Maintain requirements as prioritized backlog items with user stories, acceptance criteria, and a clear definition of done. Trace ConOps scenarios and capabilities through design, interfaces, testing, defects, releases, and acceptance.
4	User Research Plan	Describes the Contractor's process for conducting user research to inform design, validating requirements, and supporting onboarding and organizational change management (OCM) activities	Initial version within 45 calendar days of contract start; reviewed annually and updated as needed.	Deliver a streamlined user research plan that outlines the approaches that will be used to validate existing requirements, understand and confirm data needs, and validate onboarding connection to OCM. The approach must incorporate human cantered design practices.

No.	Name	Description	Frequency	Delivery Specifications
5	Solution Architecture and Detailed WA CIE Design Package	Converts the existing draft WA CIE design into implementation ready logical and physical architecture covering applications, data, interoperability, security, privacy, consent, identity, hosting, environments, deployment, monitoring, recovery, reporting, and operations.	Initial version within 30 calendar days of contract start; updated before each release and material design change.	Include editable current-state, as-built, and to-be-built diagrams, data flows, system boundaries, architecture decisions, dependencies, interface inventory, external services, and the separation of operational and reporting functions.
6	Integration and Interface Management Plan	Defines how interfaces with CCHs, partner systems, state systems, resource directories, identity services, consent services, CBOs, and other approved systems will be managed.	Initial version within 30 calendar days of contract start; updated for each release and each new or materially changed interface.	Strategy to document ownership, standards, data exchange formats, security and consent requirements, dependencies, testing, error handling, monitoring, versioning, status, relevant implementation guides, and change control.
7	Data Management and Quality Plan	Defines how data will be mapped, transformed, loaded, validated, reconciled, standardized, monitored, corrected, retained, and governed.	Initial version within 45 calendar days of contract start; updated before each release involving new or materially changed data.	Include minimum data requirements, metadata, lineage, ownership, provenance, stewardship, duplicate management, source-to-target mappings, data-quality rules and thresholds, retention, disposition, and exception handling.
8	Security, Privacy, Consent, and Compliance Plan	Defines the controls and operating approach for security, privacy, identity and access management, consent, data segmentation, logging, monitoring, incident response, vulnerability management, encryption, records management, and compliance.	Initial version within 45 calendar days of contract start; reviewed annually and updated after material changes.	Address applicable contractual, federal, state, Tribal, HCA, and WaTech requirements and identify supporting evidence, controls, responsibilities, assessments, approvals, and remediation processes.

No.	Name	Description	Frequency	Delivery Specifications
9	Environment Management Plan	Defines the required development, system testing, integration testing, user acceptance testing, training, and production environments and how each will be configured, secured, maintained, monitored, refreshed, and used.	Initial version within 60 calendar days of contract start; updated before each release and whenever an environment materially changes.	Include an environment inventory and diagrams covering purpose, hosting, configuration, integrations, access roles, data classifications, refresh approach, monitoring, dependencies, promotion controls, separation of duties, and rollback.
10	Testing and Quality Plan	Contains the overall quality approach and test strategy for functional, integration, continuous, interoperability, data, security, privacy, performance, stress testing, accessibility, usability, regression, disaster recovery, and user acceptance testing.	Initial version within 60 calendar days of contract start; updated before each release.	Define test governance, environments, tools, data, roles, traceability, schedules, entry and exit criteria, defect management, test evidence, reporting, and acceptance procedures.
11	Release and Deployment Management Plan	Defines how releases and changes will be planned, approved, configured, tested, deployed, validated, rolled back, documented, communicated, and reviewed.	Initial version within 60 calendar days of contract start; updated before each release and material process change.	Include environment promotion, emergency changes, release notes, deployment and rollback procedures, approvals, production validation, known defects, as-built documentation, and post-release review.
12	Participant Onboarding, Training, and Adoption Plan	Defines how the Contractor will coordinate with the Lead Organization to assess, onboard, configure, integrate, train, test, approve, and support participating organizations and users through stabilization. The plan must align with and support implementation of the existing WA CIE OCM Plan, including coordinated communications, community engagement, readiness activities, training,	Initial version within 60 calendar days of contract start; updated before each onboarding wave.	Establish roles, decision points, dependencies, readiness criteria, communication, escalation, data and access setup, training methods, support, acceptance, adoption monitoring, and stabilization activities.

No.	Name	Description	Frequency	Delivery Specifications
		adoption, and change management strategies.		
13	Go-Live Readiness Plan and Assessment Package	Defines the criteria, evidence, responsibilities, approvals, and decision process used to determine whether the WA CIE solution and initial participants are ready for production.	Draft at least 90 calendar days before planned go-live; final at least 30 calendar days before planned go-live; updated through the go-live decision.	Include requirements verification, final test results, unresolved-defect assessment, security and privacy readiness, data and interface readiness, participant and training readiness, support readiness, cutover, rollback, final System Documentation, and approvals.
14	System Documentation Package	Provides the current design as built, configuration, interface, data, security, operational, technical, administrative, and user documentation needed to implement, operate, maintain, support, audit, and transition the solution.	Initial baseline before the initial release; final baseline before go-live; updated with each release, enhancement, interface change, and material system change.	Maintain in an approved, accessible, searchable, version-controlled repository. Include an index and all documentation needed for administration, support, operations, maintenance, audit, and transition. Must include customer facing release notes for every solution release.
15	Maintenance and Operations Readiness Plan	Demonstrates readiness to operate and support WA CIE after go-live, including staffing, on-call coverage, monitoring, service management, support, security operations, maintenance, release management, backup and recovery, reporting, escalation, and coordination with the Lead Organization.	Draft at least 90 calendar days before planned go-live; final at least 30 calendar days before planned go-live; updated through operational acceptance.	Include operational acceptance criteria, staffing and support coverage, tools, ticketing, monitoring, escalation, security operations, maintenance, release processes, reporting, continuity, and transition from implementation to operations.
16	Operations Guide	Defines how WA CIE will be operated and maintained, including roles, support responsibilities, monitoring, incident and problem management, service requests, defects, changes, releases, maintenance,	Draft at least 60 calendar days before planned go-live; final before go-live; updated	Document operating procedures, service levels, support tiers, escalation paths, ticketing, planned maintenance, reporting, root-cause analysis, continuity, recovery,

No.	Name	Description	Frequency	Delivery Specifications
		security operations, escalation, reporting, backup, recovery, and coordination.	after material changes and reviewed annually.	and coordination with the Lead Organization and HCA.
17	Disaster Recovery Plan and Test Results	Defines recovery strategies, responsibilities, dependencies, communications, backup and restoration procedures, recovery objectives, testing, remediation, and return to normal operations following a disruption.	Initial plan and test completion before go-live and updated annually. Testing at least annually, with results submitted within 30 calendar days after test completion.	Include recovery procedures, recovery objectives, dependencies, scenarios, results, deficiencies, remediation actions, owners, target dates, and retest results.
18	Performance and Operational Reports	Provides recurring project, operational, maintenance, security, incident, defect, change, availability, response time, API, and deliverable status reports.	As specified for each report in Attachment 10.	Attachment 10 must identify each report's title, content, measures, cadence, trigger, recipient, format, supporting evidence, exceptions, cause, impacts, corrective action, and status.
19	Annual Business Plan and Progress Reports	Supports the Lead Organization's Annual Business Plan with planned activities, improvements, customer-service measures, product roadmap, releases, technical-debt reduction when applicable, capacity, security, service, maintenance, user support, and operational commitments.	Initial plan after go-live and stabilization on a schedule approved by the Lead Organization; annually thereafter. Progress reports monthly.	Include measurable objectives, owners, milestones, performance measures, dependencies, expected outcomes, and progress against the approved annual plan.
20	Technical Recommendations and Impact Assessments	Provides recommendations, options analyses, and impact assessments for governance decisions concerning technology, data, security, privacy, consent, interoperability, solution capabilities, releases, or system changes.	As requested according to an agreed schedule.	Identify the decision, options, assumptions, impacts, dependencies, risks, costs when requested, recommendation, and required approvals.

No.	Name	Description	Frequency	Delivery Specifications
21	Knowledge Transfer Plan	Defines how knowledge of solution functions, configurations, interfaces, data, security, administration, operations, maintenance, and support will be transferred to designated Lead Organization and HCA staff in the event of contract termination.	Initial version within 60 calendar days of contract start; updated before go-live and transition; completion evidence after each major transfer period.	Include audiences, topics, schedule, materials, demonstrations, hands-on activities, attendance, recordings when approved, competency confirmation, unresolved gaps, and retained documentation.
22	System Transition and Continuity Plan	Defines how services, data, documentation, configurations, interfaces, licenses, operational knowledge, access, and responsibilities would transfer to the Lead Organization, HCA, or a successor without disruption in the event of contract termination.	Initial version after go-live on a schedule approved by the Lead Organization; reviewed annually; updated upon notice of transition, expiration, or termination.	Include governance, inventories, data export, documentation handoff, knowledge transfer, access termination, license and third-party dependencies, continuity, milestones, responsibilities, acceptance, and final deliverables.
23	Corrective Action Plan	Identifies the cause and impact of a deficiency, breach, performance failure, or other issue and defines corrective actions, owners, milestones, verification, and expected resolution.	As requested, within the timeframe established by the Lead Organization.	Include root cause, impact, corrective actions, interim controls, action owners, due dates, verification, reporting, and closure criteria.

SEC. 3.4 PROJECT MANAGEMENT REQUIREMENTS

Offerors must provide supporting detail for these requirements on Submittal Form D of their proposal.

SEC. 3.4.1 GENERAL PROJECT MANAGEMENT REQUIREMENTS

The Contractor must provide project management services that deliver the WA CIE solution predictably and transparently across its phased implementation roadmap. Because WA CIE connects multiple systems and organizations, the Contractor's project structure must support iterative delivery and sustained coordination with Comagine Health, HCA, WA CIE governance bodies, and participating organizations, consistent with the WA CIE Concept of Operations.

Key Personnel Resumes

The following roles and areas of responsibility are considered Key Personnel functions and must be addressed in Submittal Form B – Experience and Qualifications. Offerors may propose an alternative staffing structure or combine responsibilities among positions where appropriate to their delivery model, provided the proposal clearly identifies how each required function will be performed and demonstrates sufficient qualifications, capacity, and accountability. The proposal must identify the individuals designated as Key Personnel. The Contractor may not replace designated Key Personnel without Comagine Health's prior written approval:

- **Program Manager** – Responsible for overall program delivery and Contract performance, coordination across workstreams and Contractor resources, alignment with the implementation roadmap, and management of program-level risks, issues, dependencies, and escalations.
- **Project Manager** – Responsible for day-to-day coordination, schedule management, risk tracking, and delivery oversight.
- **Product Manager** – Responsible for product vision, backlog management, user story refinement, and alignment of the technical solution with community needs and WA CIE release scope (MVP and later phases).
- **Technical Lead / Architect** – Responsible for technical design, architecture decisions, integration strategy, and alignment with applicable technical, security, privacy, interoperability, and architecture requirements and standards identified in this RFP and the resulting Contract.
- **Multi-Sector Interoperability Subject Matter Expert (SME)** – Responsible for overall leadership of interoperability design, including business requirements, ownership of engagement with data trading partners, and workflow integration with participating organizations. Partners with SMEs on LO team to understand and inform workflows that meet CIE partner organization needs.
- **Data Architect / Data Engineering Lead** – Responsible for data modeling, interoperability, data quality, and alignment with statewide identity, consent, and reporting needs.

Key Personnel Replacement

If replacement of Key Personnel becomes necessary, the Contractor must promptly notify Comagine Health and propose a replacement with qualifications and experience comparable to or greater than those of the individual being replaced. Except when advance notice is not reasonably practicable due to circumstances beyond the Contractor's control, the Contractor must obtain Comagine Health's written approval before the replacement begins performing the Key Personnel role. The Contractor must provide appropriate knowledge transfer and transition support to minimize disruption to the project. Replacement of Key Personnel will not, by itself, entitle the Contractor to additional compensation or an extension of the project schedule.

The Contractor is responsible for managing and coordinating its Subcontractors and ensuring that Subcontractor activities are integrated into the Contractor's project management, reporting, risk management, and delivery processes as applicable to the services they perform. The Contractor remains responsible for the performance of its Subcontractors

SEC. 3.4.2 WATECH – SECTION 701

The WA CIE initiative is a partnership between HCA and Comagine Health, which serves as the Lead Organization. As a state-funded technology investment, the project is subject to oversight by Washington Technology Solutions (WaTech) and must comply with applicable governance, reporting, funding, and delivery requirements established by the State.

Section 701 refers to a provision in Washington State's operating and transportation budgets that places specific information technology (IT) investments under mandatory gated funding oversight managed by WaTech: https://watech.wa.gov/strategy/state-it-projects/it-project-oversight. Projects subject to Section 701 must meet strict milestone gates, budget approvals, and Agile delivery requirements before future funds are released. Failure to comply with Section 701 requirements may result in corrective action, withholding of payment, or other remedies available under the contract.

SEC. 3.4.3 PROJECT GOVERNANCE & COORDINATION

The Contractor will work within WA CIE's governance structure, which brings HCA, Comagine Health, and community partners together to set direction and priorities for the solution as described in the WA CIE Concept of Operations.

Governance Participation Requirements

The Contractor must:

- Attend governance meetings as requested by Comagine Health, including meetings with HCA and other WA CIE governance bodies and community partners.
- Prepare and provide the materials and documentation needed for governance review, including demonstrations when requested.
- Offer technical expertise and options analysis that support governance work and reflect input from community members, Tribal partners, CCHs, and other participating organizations.

- Maintain alignment with governance recommendations and decisions approved by and directed by Comagine Health and with the WA CIE frameworks for identity, consent, interoperability, and reporting identified in the ConOps and System Requirements package, within the scope of the resulting Contract.

Participating in governance activities does not authorize the Contractor to accept or act on changes to scope, cost, schedule, or other contractual requirements. Contractual direction will be provided by Comagine Health, and any changes to the Contract must be made in accordance with Comagine Health's contract administration and change-control processes.

SEC. 3.4.4 REPORTING REQUIREMENTS

This section covers project-management reporting. The Contractor's system and operational performance reports (availability, API uptime, response time, incidents, and defects) are delivered separately under the Performance and Operational Reports (Deliverable D18) and the Operations Guide. Because Comagine Health must report a number of these measures to HCA and the WA CIE governance structure on a monthly basis, the Contractor must provide project-management and operational reports on schedules that allow sufficient time for Comagine Health to review and consolidate the information and meet applicable reporting deadlines.

The Contractor must keep the Comagine Health project team informed through regular reporting. Unless otherwise established in the approved Project Management Plan, written status reports are due monthly on a schedule established by Comagine Health that provides sufficient time for review and incorporation into Comagine Health’s reporting to HCA. The risk and issue register must be kept current and synchronized with the shared WA CIE RAID log.

- A status report covering current project status, upcoming activities and milestones, and decisions requiring consideration or action.
- A risk and issue register that the Contractor updates as soon as new risks or issues are identified or the status of an existing item materially changes.
- Dependency tracking identifying Contractor dependencies and responsible parties, including dependencies involving Comagine Health, HCA, participating organizations, Subcontractors, Third-Party Service Providers, or external systems.
- Updates to the Integrated Project Work Plan no less than every two weeks, reflecting task and milestone progress against the approved baseline.
- A resource utilization report, as requested, showing staffing by role against planned effort and explaining any material variance.

When Comagine Health determines that a deficiency, performance failure, or other issue requires formal corrective action, the Contractor must submit and implement a Corrective Action Plan (Deliverable D23) in accordance with the applicable deliverable requirements and timeframes established by Comagine Health.

SEC. 3.4.5 COMMUNICATION REQUIREMENTS

The Contractor must maintain regular, responsive communication with Comagine Health project leadership and, as directed by Comagine Health, the designated HCA representatives and other WA CIE partners. At a minimum, the Contractor must:

- Hold a standing weekly project meeting with the Comagine Health project team.
- Be available during normal business hours (Monday to Friday, 8:00 AM to 5:00 PM Pacific, excluding State-observed holidays) for scheduled meetings.
- Respond to inquiries from Comagine Health within two Business Days, either with an answer or with a date by which the answer will be provided.
- Promptly escalate risks, issues, dependencies, or other circumstances that may materially affect scope, schedule, cost, performance, security, privacy, or successful delivery, and provide sufficient information for Comagine Health to evaluate the issue and determine appropriate action.
- Ensure all communication is clear, professional, and aligned with the ConOps' guiding principles of transparency and trustworthiness.

SEC. 3.4.6 QUALITY ASSURANCE & ACCEPTANCE

The Contractor must comply with the Quality Assurance Plan (QAP) included in Section 7 Attachments and follow the applicable quality assurance, review, testing, and acceptance process established in the QAP and the resulting Contract.

Deliverables will be evaluated against the applicable acceptance criteria established in the RFP, resulting Contract, QAP, approved Deliverable Expectation Document (DED), System Requirement Package, or other applicable Contract requirements. Acceptance criteria may include, as applicable, functional and technical requirements, integration and interoperability requirements, security and privacy requirements, performance standards, testing and user acceptance testing results, documentation requirements, defect resolution, and operational readiness.

If Comagine Health identifies a deficiency or determines that a deliverable does not satisfy applicable acceptance criteria, the Contractor must correct the deficiency and resubmit or remediate the deliverable within the timeframe established by the QAP, resulting Contract, or Comagine Health in accordance with the Contract.

Only Comagine Health's authorized representative may provide contractual acceptance or rejection of a deliverable. Review, testing, approval, or other participation by HCA, WaTech, a WA CIE governance body, subject matter expert, participating organization, or other partner does not constitute contractual acceptance unless expressly authorized by Comagine Health.

SEC. 3.4.7 TOOLS & SYSTEMS

The Contractor must use project management, development, documentation, and other tools appropriate to its delivery approach and sufficient to support effective work tracking, documentation, and, where the solution involves custom configuration, documentation of the specific configurations.

The Contractor must provide Comagine Health with sufficient visibility into project status, work in progress, risks, issues, dependencies, releases, and other information necessary for Comagine Health to oversee Contractor performance and meet its reporting and governance obligations. This requirement does not require Comagine Health to have direct access to the Contractor's internal systems or proprietary development tools unless otherwise specified in the resulting Contract.

The Contractor must use the communication, collaboration, and document-sharing methods approved by Comagine Health for information and materials exchanged with Comagine Health and other authorized WA CIE participants. The Contractor must maintain and provide Comagine Health access to WA CIE documentation, deliverables, and other project artifacts as required by the resulting Contract.

Tools and environments used in performing the Contract must comply with applicable security, privacy, confidentiality, and technical requirements identified in the RFP and resulting Contract.

SEC. 3.5 WA CIE SYSTEM REQUIREMENTS

SEC. 3.5.1 OVERVIEW OF WA CIE SYSTEM REQUIREMENTS PACKAGE

Comagine Health, in collaboration with HCA, has developed the WA CIE Requirements Package to communicate the conceptual vision for the statewide Community Information Exchange (CIE), define mid-level functional and non-functional system requirements, and describe who the solution must serve and how those users must be supported. **The package is intended to establish a shared baseline understanding of the solution's scope and direction; it is not exhaustive and will continue to evolve as implementation progresses.**

The WA CIE Requirements have been developed in a Microsoft Excel workbook, located in Attachment 5 – WA CIE System Requirements and includes the following content:

Capabilities: The WA CIE concept and components are supported by a set of core capabilities that together enable secure, consistent, and scalable care coordination across Washington. These capabilities form the shared foundation of the WA CIE concept. Each capability represents a high-level function that the WA CIE technology must support, independent of any specific technical implementation or vendor product.

This information is intended describe the fully mature WA CIE; bridging the gap between mid-level functional and non-functional requirements needed for MVP and the fully implemented, mature WA CIE solution.

Functional Requirements: The functional requirements provides a list of mid-level functional requirements, implementation phase, and the core capability to which it relates. This is not an exhaustive list of requirements. Ultimately, requirements/user stories will be refined with implementation and roadmap planning/development to support acceptance testing.

Non-Functional Requirements: The non-functional requirements (NFRs) specify how a system performs, defining its operational capabilities, quality attributes, and constraints rather than specific behaviors or features. They dictate system qualities like performance, security, and usability. This aspect of the requirements package also includes regulatory and policy requirements. Unlike the functional requirements, the NFRs are all included in the MVP.

User stories are currently in development and will be the basis for demonstration scenarios during Evaluation.

SEC. 3.5.2 WATECH POLICIES AND STANDARDS

WaTech governs statewide technology through a structured hierarchy of policies and technical standards that all Washington State agencies, and all vendors delivering IT solutions must follow.

These standards apply to all technology solutions implemented, hosted, integrated, or operated under the resulting contract. Compliance with the applicable requirements identified in Submittal Form E is mandatory and non-negotiable.

The SaaS or other hosted solution proposed for the Washington State Community Information Exchange (WA CIE) must comply with all applicable Washington State statutes, statewide IT policies, and enterprise technology standards. These requirements, described in Submittal Form E – WaTech Contractual Requirements, ensure security, interoperability, accessibility, operational reliability, and alignment with statewide cloud and data governance expectations, as well as statutory and policy compliance.

SEC. 3.5.3 SECURITY ASSESSMENT REQUIREMENTS

Once the contract is executed and prior to releasing any version of the CIE solution, connecting to any data sources with production data, or allowing any production users into the CIE, the Contractor shall work with Comagine Health and the HCA Security Office to complete a full security assessment of the proposed software or system solution(s)

Key Components of the Security Design Review (SDR) Process

- **Intake and Triage:** Projects begin with an initial overview checklist to determine the level of review required.
- **Compliance Validation:** Systems are evaluated against state IT security policies, such as WaTech standards.
- **Privacy Integration:** Projects processing Personally Identifiable Information (PII) must simultaneously complete a Privacy Threshold Analysis (PTA). Contractor will be required to supply all information needed to successfully complete the Privacy Threshold Analysis document.

Passing a Security Design Review (SDR) with WaTech is a requirement before any sharing of HCA data. Responses to follow up clarification questions from HCA or WaTech may be required by the vendor. The software or system solution(s) must successfully complete the SDR prior to being deployed. If SDR is not completed, Comagine Health is not responsible for any additional costs and reserves the right to terminate the contract immediately.

As part of this process, contractors must submit current HITRUST and SOC 2 certifications, along with all required vulnerability scan and penetration testing reports, before the initial MVP launch and on an annual basis thereafter.

SEC. 3.5.4 SUPPORT REQUIREMENTS

The Contractor will develop and provide support for the Washington CIE as described and approved in the Maintenance and Operations Readiness plan (deliverable #15). This plan should describe the methods for readiness assessment across multiple domains, including a description of ongoing solution maintenance and security patches, vulnerability remediation,

and bug fixes, and other routine support activities. These requirements will be the responsibility of the Contractor leading up to the release of the WA CIE MVP, as well as throughout the life of the engagement. Comagine Health will be responsible for tier 1 helpdesk support including a 24/7 user-facing support structure, and the Contractor will be responsible for tier 2 and tier 3 support (application support, defect resolution, root-cause analysis, and escalation support) and assistance in triage of incoming support requests where appropriate. Information about the appropriate service level agreements can be found in the Quality Assurance Plan (Attachment 9).

SEC. 3.5.5 TRANSITION REQUIREMENTS

Upon expiration or termination of the Contract, the Contractor must support an orderly transition to Comagine Health, HCA, or a successor, with as little disruption to WA CIE operations as possible. The Contractor's transition obligations are defined in Deliverable D22 (System Transition and Continuity Plan) and Deliverable D21 (Knowledge Transfer Plan), and the Contractor must keep both current through the life of the contract.

At transition, the Contractor must:

- Deliver all WA CIE data and applicable data files in a complete, usable, mutually agreed-upon format that supports migration and continued use.
- Provide system, configuration, design, interface, security, operational, and user documentation and other artifacts (e.g., training collateral) to which Comagine Health or HCA is entitled under the Contract and that is reasonably necessary to support transition or migration of the solution.
- Provide WA CIE-specific configurations, configuration information, and other transferable artifacts to which Comagine Health or HCA is entitled under the Contract, together with knowledge transfer reasonably necessary to support transition to Comagine Health or a successor.
- Continue required services during the applicable transition period and reasonably cooperate with Comagine Health, HCA, and any designated successor to support an orderly transition.

The Contractor retains ownership of its pre-existing and proprietary technology except as otherwise provided in the Contract. Ownership, license, access, and use rights relating to the Contractor's technology, WA CIE data, configurations, documentation, work products, and other materials will be governed by the resulting Contract. Nothing in this section requires the Contractor to transfer ownership of its pre-existing or proprietary technology except as expressly provided in the Contract.

The Contractor may not withhold WA CIE data, documentation, or other materials that Comagine Health or HCA is entitled to receive because of a payment or contract dispute.

Comagine Health may require the Contractor to continue specified services for a defined transition period following expiration or termination of the Contract to support continued WA CIE operations and migration to a successor solution. The duration, scope, service levels, and pricing applicable to transition services will be governed by the resulting Contract.

Deliverables produced during transition are reviewed and accepted through the process in Section 3.4.6 Quality Assurance and Acceptance and the Quality Assurance Plan (Attachment 9). System documentation and other required project artifacts must be maintained and made available to Comagine Health in accordance with Section 3.4.7 Tools and Systems and the resulting Contract.

SEC. 3.6 CONTRACT SCOPE & SPECIFICATIONS

SEC. 3.6.1 CONTRACT TERMS

A. Contract Term

The Contract shall commence on the effective date specified in the Contract and continue for an initial term of twenty-four (24) months, unless earlier terminated in accordance with the Contract.

Comagine Health may, at its sole discretion, renew the Contract for up to three (3) additional one-year periods, subject to continued funding, satisfactory Contractor performance, and the terms of the Contract. Any extension beyond the initial term and authorized renewal options requires mutual written agreement of the parties through a Contract amendment.

All terms and conditions of the Contract, including any previously executed amendments, shall remain in full force and effect for the duration of any extension period unless otherwise modified in writing by the parties.

B. Notice of Non-Renewal

Comagine Health will provide the Contractor with written notice of its intent not to exercise an available renewal option in accordance with the notice requirement specified in the Contract. The Contractor has no right or expectation of renewal, and any renewal is subject to Comagine Health's exercise of the applicable renewal option in accordance with the Contract.

C. Work Schedule

The Contractor shall perform all work in accordance with the schedule, milestones, and deliverable timelines established in the resulting Contract and approved project plans. Adjustments to contractual milestones or other schedule changes requiring modification of the Contract must be made through the applicable Contract change-control process.

D. Contractor Performance

The Contractor must perform the Services and satisfy applicable deliverables, service levels, performance standards, acceptance criteria, and other requirements established in the Contract. Performance deficiencies will be addressed in accordance with the applicable corrective action, acceptance, remedies, and default provisions of the Contract.

SEC. 3.6.2 CONTRACT TYPE

This Contract uses a combination of firm-fixed-price and time-and-materials (T&M) pricing, organized into four primary components in Submittal Form F – Cost Proposal: Implementation, licensing/subscription, ongoing maintenance and operations, and T&M labor rates. The Offeror must provide pricing for each applicable component in accordance with Submittal Form F.

Implementation (fixed-price, milestone-based). Implementation must be priced using firm-fixed-price milestones tied to the applicable deliverables, implementation phases, and acceptance criteria identified in Section 3.3 Deliverables and the phased MVP model in Section 3.1 Initiative Overview and Objectives, and the resulting Contract.

Comagine Health will pay the firm-fixed amount associated with each milestone following Comagine Health's acceptance of the applicable deliverables in accordance with Section 3.4.6 Quality Assurance & Acceptance and the resulting Contract.

The MVP implementation period is anticipated to run from Contract commencement through sixty (60) days following MVP go-live, as further established in the resulting contract.

Licensing subscription. The WA CIE solution must be priced on a recurring subscription basis using the authorized-user band identified in Submittal Form F – Cost Proposal. Subscription charges and applicable billing periods will be established in the resulting contract.

The Offeror must identify all services, functionality, environments, support, and other items included in the subscription price and any assumptions or dependencies affecting that price.

Ongoing maintenance and operations (mixed). Following go-live, required ongoing maintenance and operations services must be provided at the prices established in Submittal Form F – Cost Proposal as follows:

- Recurring solution hosting, maintenance and operations, technical support (tier 2 support), system administration, required operational reporting, and other baseline operational services identified in the RFP and resulting Contract must be priced as firm-fixed recurring charges.
- Comagine Health may authorize enhancements, change requests, or other additional services outside the baseline scope of the Contract on a time-and-materials basis using the labor categories and rates established in Submittal Form F – Cost Proposal, subject to an applicable not-to-exceed amount.
    - The Contractor may not begin time-and-materials work without prior written authorization from Comagine Health. The Contractor may not exceed an authorized not-to-exceed amount without a written Contract amendment or other written authorization permitted by the Contract. Authorization of time-and-materials work does not guarantee that Comagine Health will purchase any minimum quantity of such services.

The Offeror must identify all pricing assumptions and dependencies in Submittal Form F. Pricing must include all costs necessary to provide the required solution, services, deliverables, and other obligations within the applicable scope unless expressly identified otherwise in the RFP or resulting Contract.

Payment will be made in accordance with the applicable pricing and payment provisions of the resulting Contract, including applicable milestone acceptance, subscription, and recurring service requirements.

Costs not included in the Cost Proposal may not be charged separately unless authorized in accordance with the Contract's change-control provisions.

SEC. 3.6.3 CONTRACT PAYMENT

Invoice and Payment Procedures

The Contractor must submit invoices to Comagine Health in accordance with the invoicing requirements, schedule, and payment terms established in the resulting Contract. Invoices must correspond to the applicable pricing structure identified in Submittal Form F – Cost Proposal and Section 3.6.2 Contract Type.

As applicable to the services being invoiced, invoices must identify the applicable billing period, milestone, deliverable, subscription or recurring service charge, authorized time-and-materials work, and other information or supporting documentation required by the Contract.

For milestone-based implementation payments, the Contractor may invoice the applicable firm-fixed-price milestone amount following Comagine Health's acceptance of the associated deliverable or milestone in accordance with Section 3.4.6 Quality Assurance & Acceptance.

For authorized time-and-materials work, invoices must identify the applicable authorization, labor categories, hours, contractual rates, and other supporting information required by Comagine Health. The Contractor may not invoice amounts exceeding an applicable not-to-exceed authorization.

Invoice Review and Approval

Invoices are subject to Comagine Health's review and approval. Comagine Health may request reasonable supporting documentation necessary to validate invoiced amounts and Contractor performance.

If Comagine Health disputes an invoice or portion of an invoice, Comagine Health will notify the Contractor of the disputed amount and basis for the dispute. The parties will work in good faith to resolve invoice disputes in accordance with the resulting Contract.

General Payment Terms

No payment obligation arises before the Contract is fully executed and the Contractor has satisfied the applicable requirements for payment.

All pricing and invoices must be stated in U.S. dollars. Payment will be made in accordance with Comagine Health's payment procedures and the payment terms established in the resulting Contract.

The Contractor is responsible for all taxes and other governmental charges for which it is legally responsible in connection with its performance under the Contract

Electronic Payment

The Contractor must provide the information and documentation reasonably required by Comagine Health to establish the Contractor in Comagine Health's financial system and receive electronic payment in accordance with Comagine Health's standard payment procedures.

SEC. 3.6.4 LOCATION OF WORK

Work under the Contract will be performed primarily remotely. Except as otherwise required by this RFP or the resulting Contract, the Contractor may determine where its work is performed

and managed, provided that all work locations and environments comply with applicable security, privacy, confidentiality, and other requirements of the Contract.

The Contractor is responsible for providing the equipment, workspace, connectivity, and other resources necessary for its personnel to perform the Services, except for tools or resources expressly provided by Comagine Health. Contractor equipment and work environments must comply with the applicable security and information-safeguard requirements identified in this RFP and the resulting Contract.

Contractor personnel must be available for project meetings scheduled by Comagine Health and, as directed by Comagine Health, meetings involving HCA and other WA CIE partners during normal project business hours (Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, excluding holidays identified in the resulting Contract). This requirement does not modify any separate operational support, incident response, or service-level requirements that apply outside normal project business hours.

The Offeror must include all anticipated travel costs associated with implementation in its firm-fixed-price implementation pricing in Submittal Form F – Cost Proposal and must identify its travel assumptions. Such travel costs are included in, and are not payable in addition to, the applicable firm-fixed-price amounts.

All services under the resulting contract, by the Contractor and any Subcontractors at any tier, must be performed within the United States or its territories. Performing any work outside the United States without Comagine Health's prior written approval is a material breach of the resulting contract and may result in termination.

SEC. 3.6.5 CONTRACT ENTITIES & RELATED REQUIREMENTS

Regardless of the organizational or delivery structure proposed, the Offeror must identify a single legal entity that will enter into the Contract with Comagine Health as the Prime Contractor and will be responsible for performance of all obligations under the Contract.

The Prime Contractor must be identified in Submittal Form A – Offeror Information. The Offeror must identify all Joint Venture members, consortium members, Subcontractors, and Third-Party Service Providers that will perform or support material portions of the proposed solution or Services and describe their respective roles and relationships to the Prime Contractor.

SEC. 3.6.6 CONTRACT PERSONNEL

The Key Personnel roles, responsibilities, staffing flexibility, and replacement requirements are described in Section 3.4.1 General Project Management Requirements. This section establishes the minimum qualifications for the individuals proposed to perform those Key Personnel functions and describes the broader range of skills the Contractor is expected to provide.

Any change to Key Personnel or to named Subcontractors requires Comagine Health's prior written approval, as provided in Section 3.4.1 General Project Management Requirements.

Offerors may combine Key Personnel functions among individuals where permitted under Section 3.4.1, provided each individual proposed to perform a Key Personnel function demonstrates the applicable minimum qualifications described in Table 4 below.

Table 4. Minimum Qualifications of Key Personnel

Role	Minimum Qualifications
Program Manager	At least three years in the last five leading a program team of comparable size and complexity for a health or human services organization.
Project Manager	At least three years in the last five managing delivery of a project of comparable scope, with experience in iterative delivery.
Product Manager	At least five years owning product direction for a configurable or SaaS solution, including backlog and release management across a phased product rollout. Experience translating the needs of non-technical users, such as care coordinators or community-based staff, into product decisions.
Technical Lead / Architect	At least seven years in solution architecture for interoperable systems, including API-first integration across disparate external systems. Working knowledge of health and social-care interoperability standards (such as FHIR, HL7, or Gravity Project SDOH standards) and conformance with state security and privacy standards such as WaTech.
Multi-Sector Interoperability SME	At least five years leading interoperability or data exchange design across multiple sectors, such as health care, behavioral health, social services. Direct experience standing up and managing bidirectional connections with external data trading partners, including interface governance and onboarding.
Data Architect / Data Engineering Lead	At least five years in data architecture for systems exchanging PII or PHI at scale, including identity resolution and record linkage, consent specific data access, and data quality and stewardship across contributing organizations.

The Offeror must submit a resume for each individual proposed as Key Personnel member with Submittal Form B – Experience & Qualifications. If an individual is proposed to perform more than one Key Personnel function, the proposal must clearly identify each function and demonstrate that the individual satisfies the applicable qualifications and has sufficient capacity to perform the proposed responsibilities.

Broader staffing expectations

Beyond Key Personnel, the Contractor must provide personnel with the qualifications, experience, and capacity necessary to implement, operate, maintain, and support the WA CIE solution. Required capabilities may include security and privacy, quality assurance and testing, user research and design, business analysis, organizational change support, training and onboarding, technical support, and CIE subject-matter expertise.

The Offeror may propose a staffing model in which individuals perform more than one function or multiple individuals support a particular function, provided the proposed staffing approach demonstrates sufficient capacity and accountability to satisfy the requirements of the Contract. The Offeror must describe its proposed staffing approach and labor mix in Submittal Form B – Experience & Qualifications.

SEC. 3.6.7 INSPECTION & CORRECTION OF NONCONFORMING WORK

The Contractor is responsible for completing all work in accordance with the resulting contract. Comagine Health will review applicable deliverables and Services under the acceptance process described in Section 3.4.6 Quality Assurance & Acceptance and the Quality Assurance Plan, and the resulting Contract.

If a deliverable or Service does not meet the Contract requirements or acceptance criteria, Comagine Health may reject the work or require the Contractor to correct it or remediate the deficiency within a reasonable timeframe specified by Comagine Health. The Contractor must complete the correction or remediation at no additional cost to Comagine Health. Correction of work that does not meet an existing Contract requirement does not constitute a change in scope and does not entitle the Contractor to additional compensation or an extension of time, except as otherwise provided in the Contract.

A request that materially changes an existing Contract requirement must be handled in accordance with Section 3.6.8. Contract Changes and the applicable Contract change-control process. The Contractor is not required to perform materially different or additional work without written authorization from Comagine Health in accordance with the Contract.

Material or repeated failure by the Contractor to perform in accordance with the Contract may constitute a default and may result in the exercise of remedies available to Comagine Health under the Contract, including termination where applicable. Any repayment, refund, withholding, or other financial remedy will be determined in accordance with the Contract.

SEC. 3.6.8 CONTRACT CHANGES

During the term of the Contract, Comagine Health may determine that changes to the Contract are necessary. Changes that materially affect the scope of work, deliverables, schedule, price, or other contractual obligations must be authorized through a written Contract amendment.

When Comagine Health requests a proposed change, the Contractor must provide, as requested, information sufficient to evaluate the impact of the change, including any proposed changes to scope, deliverables, schedule, staffing, assumptions, dependencies, and price. The Contractor must provide supporting cost or pricing information reasonably requested by Comagine Health.

The Contractor must not commence work associated with a Contract change unless and until the change has been authorized in writing by Comagine Health in accordance with the Contract. Unless expressly authorized through a written Contract amendment, refinement, elaboration, or clarification of requirements within the existing Contract scope does not, by itself, constitute a change in scope or entitle the Contractor to additional compensation or an extension of the Contract schedule.

Only a Comagine Health representative with authority under the Contract may authorize a Contract change. Direction, recommendations, requests, approvals, or other communications from HCA, WA CIE governance bodies, participating organizations, or other partners do not modify the Contract or authorize additional or changed work unless incorporated into a written Contract amendment authorized by Comagine Health.

SEC. 3.6.9. PROPOSAL CONFIDENTIALITY & PROPRIETARY INFORMATION

Proposals submitted in response to this RFP will become the property of Comagine Health and will not be returned. Comagine Health will maintain proposal information in accordance with its applicable confidentiality, records-retention, contractual, and legal obligations.

Because this procurement is being conducted by Comagine Health in connection with its contract with HCA, proposal materials, evaluation materials, and other procurement records may be provided to HCA and may be subject to disclosure under Chapter 42.56 RCW or other applicable law when in HCA's possession or control.

Any Offeror that considers specific information in its proposal to be confidential, proprietary, a trade secret, or otherwise protected from disclosure must clearly identify that information and the basis for the claimed protection. Each page containing information claimed to be protected must be clearly marked “Proprietary Information.” Marking the entire proposal as confidential, proprietary, or exempt from disclosure will not be accepted.

If an Offeror's proposal contains information claimed to be confidential, proprietary, or otherwise protected from disclosure, the Offeror must submit two versions of its proposal: (i) a redacted version, with all information claimed to be confidential or proprietary blacked out or removed, clearly marked "Redacted Version," suitable for public release; and (ii) a complete, non-redacted version for evaluation purposes, clearly marked "Confidential/Proprietary." Comagine Health will use the non-redacted version for proposal evaluation and will use the redacted version to respond to any request for public disclosure of the proposal.

Designation of information as confidential or proprietary does not, by itself, establish that the information is exempt from disclosure under applicable law. If Comagine Health receives or becomes aware of a request involving information identified by an Offeror as confidential or proprietary, Comagine Health may notify the Offeror and/or coordinate with HCA, as applicable. Neither Comagine Health nor HCA guarantees that information identified by an Offeror as confidential or proprietary will be exempt from disclosure. The Offeror is responsible for taking any action necessary to protect information it believes is legally exempt from disclosure, including seeking a court order or other appropriate relief, if necessary.

A request for records relating to this RFP will not, by itself, alter the solicitation schedule. Comagine Health reserves the right to modify the solicitation schedule in accordance with this RFP.

SEC. 3.6.10 INDEMNIFICATION

The Contractor shall indemnify, defend, and hold harmless Comagine Health, and its officers, directors, employees, and agents, from and against any third-party claims, liabilities, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or resulting from: (1) the negligent acts or omissions, willful misconduct, or breach of the Contract by the Contractor or its Subcontractors in the performance of the Contract; (2) the Contractor's breach of its confidentiality, privacy, or security obligations under the Contract, including any data breach or security incident involving WA CIE data; (3) any claim that the technology, software, Services, deliverables, or other materials provided by the Contractor infringe or misappropriate a third party's patent, copyright, trademark, trade secret, or other intellectual property right; (4) the Contractor's violation of applicable law in connection with the Services; and (5) the acts or omissions of the Contractor's Subcontractors or Third-Party Service Providers, except, in each case, to the extent caused by the negligence or willful misconduct of Comagine Health.

Where a claim results from the joint or concurrent fault of the Contractor and Comagine Health, the Contractor's indemnification obligation will apply only to the extent attributable to the Contractor's fault.

Coordination with Other Provisions. The indemnification obligations in this Section are in addition to, and not in lieu of, any remedies available to Comagine Health under the Quality Assurance Plan or the Data Sharing and Business Associate Agreement (Attachment 4); provided, however, that Comagine Health will not recover duplicative monetary relief for the same underlying claim, breach, or incident under this Section and under those other provisions.

SEC. 3.6.10A LIMITATION OF LIABILITY

The resulting Contract will include a mutual limitation of liability applicable to both Comagine Health and the Contractor, consistent with the limitation of liability terms in Comagine Health's Contract No. K8582 with HCA. The specific limitation, including any monetary cap, exclusions, and carve-outs (which are expected to include, at a minimum, indemnification obligations, breach of confidentiality or data protection obligations, and gross negligence or willful misconduct), will be negotiated and finalized with the Offeror selected for award and incorporated into the resulting Contract. This Section does not establish or commit Comagine Health to any specific limitation of liability amount or formula, and Offerors should not assume any particular limitation of liability position in preparing their proposals.

SEC. 3.6.11 INSURANCE REQUIREMENTS

General Requirements

The Offeror selected for award shall, at its own expense, maintain insurance coverage appropriate to the scope of work and the requirements of the resulting Contract. All required insurance must be issued by insurers authorized to do business in the State of Washington and having an A.M. Best rating of A- or better.

Prior to Contract execution, the Offeror selected for award shall provide Certificates of Insurance (“COIs”) evidencing the required coverage. Comagine Health shall be named as an Additional Insured on the Commercial General Liability and Automobile Liability policies, as applicable. HCA and the State of Washington shall also be named as Additional Insureds to the extent required by the resulting Contract and applicable HCA flow-down requirements.

The Contractor shall promptly notify Comagine Health of any cancellation, nonrenewal, or material reduction in required insurance coverage and shall provide at least thirty (30) days' prior notice where required under the resulting Contract.

Required Insurance Coverages

1. Commercial General Liability

The Contractor shall maintain Commercial General Liability insurance covering bodily injury, personal injury, property damage, contractual liability, and products/completed operations.

Minimum limits:

- $2,000,000 per occurrence
- $4,000,000 aggregate

2. Professional Liability / Technology Errors & Omissions (E&O)

The Contractor shall maintain Professional Liability / Errors & Omissions insurance appropriate to the professional and technology services performed under the Contract, including, as applicable:

- Technology services
- System integration
- Data processing
- Failure to perform professional duties
- Negligent acts, errors, or omissions

Minimum limits:

- $1,000,000 per claim
- $2,000,000 aggregate

3. Cyber Liability / Information Security Insurance

Because the WA CIE may involve PHI, PII, consent information, and other sensitive data, the Contractor shall maintain Cyber Liability / Information Security insurance covering, as applicable:

- Data breach response
- Privacy liability
- Network security liability
- Regulatory defense
- Ransomware and cyber extortion
- Business interruption
- Third-party damages

Minimum limits:

- $25,000,000 per occurrence
- $50,000,000 aggregate

These limits reflect the insurance requirements applicable under HCA Contract K8582. If the selected Contractor does not maintain the required limits, Comagine Health may consider a written request for an insurance variance supported by the Contractor's current coverage, risk profile, proposed architecture, hosting arrangement, data access, and other relevant factors. Any reduction or variance requiring HCA approval will be subject to HCA's prior written approval and will not be effective unless incorporated into the resulting Contract.

4. Business Automobile Liability

If vehicles are used in connection with performance of the Contract, the Contractor shall maintain Business Automobile Liability insurance with a minimum combined single limit of:

- $1,000,000 per accident

Coverage shall include owned, hired, and non-owned vehicles, as applicable.

5. Workers Compensation

The Contractor shall maintain Workers' Compensation coverage as required by applicable law in each jurisdiction in which its employees perform Services under the Contract, including compliance with applicable Washington requirements.

The Contractor shall also maintain Employers' Liability insurance with limits of not less than:

- $1,000,000 per accident for bodily injury by accident
- $1,000,000 per employee for bodily injury by disease

6. Umbrella / Excess Liability

The Contractor shall maintain Umbrella or Excess Liability insurance providing excess coverage over the applicable underlying liability policies in an amount of not less than **$3,000,000**.

7. Crime Coverage

The Contractor shall maintain Crime insurance with limits of not less than:

- $5,000,000 per occurrence
- $10,000,000 aggregate

At a minimum, coverage must include Computer Fraud, Forgery, Money and Securities, and Employee Dishonesty.

8. Extended Coverage

Professional Liability / Technology Errors & Omissions, Crime Coverage, and Cyber Liability / Information Security Insurance shall be maintained for six (6) years following expiration or termination of the Contract, whether through continuous coverage, an extended reporting period, or other coverage sufficient to protect against claims made following expiration or termination.

Proof of Insurance

The Offeror selected for award shall provide COIs evidencing the required insurance coverage within ten (10) business days following the Notice of Intent to Award and, in all cases, prior to Contract execution. During the Contract term, the Contractor shall provide updated COIs:

- Upon renewal of required coverage; and
- Upon request by Comagine Health.

Failure to maintain required insurance coverage constitutes a material breach of the Contract.

The Contractor shall also provide updated COIs or applicable endorsements whenever there is a material change in carrier, coverage, or limits.

Comagine Health Rights

Comagine Health reserves the right, subject to the terms of the resulting Contract, to:

- Require updated COIs or applicable insurance endorsements;
- Verify that required insurance coverage remains in effect;
- Require evidence of Additional Insured status where applicable; and
- Require evidence of waiver of subrogation where required by the Contract.

Subcontractors

The Contractor must ensure that Subcontractors and Third-Party Service Providers maintain insurance appropriate to the nature and scope of their services and associated risks, including any insurance requirements required to be flowed down under the Prime Contract or resulting Contract. The Contractor remains responsible for compliance with its obligations under the Contract regardless of its use of Subcontractors or Third-Party Service Providers.

SEC. 3.6.12 TERMINATION FOR DEFAULT

If the Contractor materially fails to perform its obligations under the Contract, including failure to perform the work with sufficient diligence to ensure its timely and accurate completion, Comagine Health may provide the Contractor with written notice identifying the default and providing the Contractor an opportunity to cure the default within 30 days of receipt of such notice, or such longer period as Comagine Health may agree to in writing. No cure period applies, and Comagine Health may terminate immediately, where the default is not reasonably capable of cure, including loss of a license or certification required to perform the Services or an uncured security incident presenting ongoing risk to WA CIE data or operations.

If the Contractor fails to cure the default within the specified period, Comagine Health may, by written notice, terminate the Contractor's right to proceed with part or all of the remaining work. **Comagine Health may terminate immediately where the Contract expressly permits immediate termination or where the default is not reasonably capable of cure.**

Nothing in this section limits Comagine Health's termination rights or other remedies under the Contract or applicable law, including any rights or remedies provided in Attachment 4 – Sample Contract Agreement and Business Associate Agreement.

SEC. 3.6.13 TERMINATION, EXPIRATION & SYSTEM TRANSITION

Upon expiration or termination of the Contract, the Contractor shall cooperate with Comagine Health and HCA to support an orderly transition and minimize disruption to WA CIE operations. Prior to the effective date of expiration or termination, where reasonably practicable, and otherwise promptly thereafter, the Contractor shall provide to Comagine Health and/or HCA, as directed by Comagine Health, all materials that Comagine Health or HCA is entitled to receive under the Contract and that are necessary to support transition and continued operations, including, as applicable:

1. WA CIE data and data files in a complete, usable, and reasonably accessible format specified or agreed upon in accordance with the Contract, sufficient to support migration and continued operations;
2. System, configuration, interface, and other technical documentation that Comagine Health or HCA is entitled to receive under the Contract;
3. User, administrative, and operations documentation applicable to the WA CIE solution;
4. Training and knowledge-transfer materials required under the Contract;
5. Current WA CIE-specific configurations and other transferable materials that Comagine Health or HCA is entitled to receive and that are reasonably necessary to transition services; and
6. Other transition materials and assistance required under the Contract.

The Contractor shall provide transition assistance, including knowledge transfer and reasonable cooperation with Comagine Health, HCA, and any successor contractor, in accordance with the Contract's transition requirements.

As provided in the Contract, Comagine Health may require the Contractor to continue specified services for a defined transition period to support continuity of WA CIE operations. The scope, duration, service levels, and applicable pricing for such transition services shall be governed by the Contract.

Nothing in this section transfers ownership of the Contractor's pre-existing or proprietary software, technology, tools, methodologies, or other intellectual property except as expressly provided in the Contract. Ownership, licensing, access, and use rights applicable to WA CIE data, work products, configurations, documentation, and other materials shall be governed by the Contract. To the extent continued access to Contractor proprietary materials is necessary to support transition or continued operation of WA CIE, applicable license, transition, or other rights shall be governed by the Contract.

The Contractor shall not withhold WA CIE data, documentation, or other materials that Comagine Health or HCA is entitled to receive under the Contract because of a dispute regarding payment or other Contract terms.

For purposes of this Section, the terms Contractor Technology, Contractor Work Product, and Custom Software have the meanings given to those terms in Comagine Health's Contract No. K8582 with HCA, and the resulting Contract shall use those terms consistently to distinguish the Contractor's pre-existing or proprietary technology from WA CIE data, work product, and other materials that Comagine Health or HCA is entitled to receive.

Consistent with HCA's rights under Contract No. K8582, the resulting Contract shall provide that, upon expiration or termination of the Contract, HCA may require assignment to HCA (or its designee) of any subcontract or agreement between the Contractor and its Subcontractors relating to System Operations, to the extent necessary to support continuity of WA CIE operations.

SECTION 4. PROPOSAL FORMAT & CONTENT

SEC. 4.1 RFP SUBMITTAL FORMS

This RFP contains Submittal Forms, which must be completed by the Offeror and submitted as part of its Proposal. Electronic copies of the forms are provided with this RFP (see Section 7. Attachments). Offerors shall not recreate the Submittal Forms, create substitute forms, or modify the format or structure of the forms unless permitted by this RFP.

Unless otherwise specified in this RFP, the Offeror's proposal must consist of the completed Submittal Forms and any other documentation or attachments expressly required by this RFP. Offerors should not include any links, marketing materials, or other supplemental information that is not requested by the RFP, except where links or supplemental materials are expressly permitted by a Submittal Form or other provision of this RFP. Unrequested supplemental materials may not be considered in the evaluation.

SEC. 4.2 SPECIAL FORMATTING REQUIREMENTS

The Offeror must ensure that its proposal meets all special formatting requirements identified in this section.

Documents and Text: All proposal documents must be written in the English language and be single-spaced with a minimum font size of 10 points. Pictures, graphics, tables, and diagrams may be used when necessary to communicate information, however, all such content is subject to the applicable page limits below.

Page Limits: Certain Submittal Forms identified below have maximum page limits. Offerors must not exceed the stated maximum page limits. Each electronic page counts as one page for purposes of the applicable page limit. Required attachments, such as Key Personnel resumes, do not count toward a Submittal Form's page limit unless otherwise specified in the applicable Submittal Form.

Submittal Form	Max Page Limit
Submittal Form A – Offeror Information	N/A
Submittal Form B – Experience and Qualifications	10
Submittal Form C – Technical Understanding and Approach	15
Submittal Form D – Program, Project, and Product Management Approach	10
Submittal Form E – WaTech Contractual Requirements	N/A
Submittal Form F – Cost Proposal	N/A

- Any content that exceeds the established page limits may be excluded from review and evaluation.
- Submittal Forms subject to scoring that do not meet the formatting requirements may be assigned a score of "0."
- Significant non-compliance with formatting or submission requirements may result in the proposal being deemed non-responsive and rejected.
- Failure to provide any required Submittal Form will result in the proposal being deemed non-responsive and rejected.

SEC. 4.3 COST PROPOSAL (SUBMITTAL FORM F)

Offerors must complete and submit Submittal Form F – Cost Proposal in accordance with the instructions provided in the form. The Cost Proposal must include all costs necessary to provide the proposed solution and perform the Scope of Work.

Pricing is entered in Submittal Form F across Implementation Milestones (Section A), Licensing (Section B), Ongoing M&O and Support (Section C), and the T&M Labor Rate Schedule (Section D), consistent with Section 3.6.2 Contract Type and the instructions in Submittal Form F.

Offerors must identify all pricing assumptions, dependencies, and conditions applicable to the proposed pricing. Costs not identified in the Cost Proposal may not be separately charged to Comagine Health unless authorized through a written amendment to the Contract.

SECTION 5. EVALUATION CRITERIA & CONTRACTOR SELECTION

SEC. 5.1 SUMMARY OF EVALUATION PROCESS

Comagine Health will use the following steps to evaluate and prioritize proposals:

1. Proposals will be assessed for overall responsiveness. Proposals deemed non-responsive will be eliminated from further consideration.
2. A Procurement Evaluation Committee (PEC), a blended team of Comagine Health, HCA, and community partner representation, will evaluate designated portions of the responsive proposals.
3. The applicable Submittal Forms, from each responsive proposal, will be provided to the PEC. Cost information will not be provided to the PEC unless otherwise specified in this RFP.
4. PEC members will independently evaluate and score the applicable proposal materials based on the stated evaluation criteria.
5. After independent scoring, the PEC will meet, with Comagine Health facilitating, to discuss the Proposals and evaluation criteria prior to finalizing their scores.
6. Evaluators will submit their final individual scores to Comagine Health, who will compile the scores and calculate awarded points as provided in Section 5.3 Scoring Method & Calculation.
7. Comagine Health will calculate Cost Proposals scores as provided in Section 5.7 Contract Cost and combine those scores with the other awarded points.

8. Comagine Health may request a Best and Final Offer (BAFO) from Offerors determined to be within the competitive range or otherwise eligible for further consideration. If BAFO's are requested, applicable Cost Proposal scores may be revised in accordance with the evaluation methodology established in this RFP.
9. Comagine Health may identify the highest-rated proposals scored based on submittal forms B-D, and conduct interviews, demonstrations, or other evaluation activities with selected Offerors as provided in this RFP.
10. The PEC will evaluate and score any interviews, demonstration, or other scored evaluation activities and Comagine Health will compile the resulting evaluation scores.
11. Following completion of the evaluation process, Comagine Health may enter into negotiations with the highest-ranked Offeror. If negotiations are unsuccessful, Comagine Health may discontinue negotiations and proceed to the next highest-ranked Offeror. Contract award is subject to successful negotiations, required approvals, and execution of a written Contract.

Comagine Health reserves the right to request information reasonably necessary to verify an Offeror's qualifications and ability to perform the Contract.

SEC. 5.2 EVALUATION CRITERIA

Proposals will be evaluated based on their overall value to Comagine Health and the WA CIE initiative, considering both cost and non-cost factors as described in Table 5 below. Note: Proposals will be evaluated solely on the evaluation criteria established in this RFP and without unlawful discrimination.

Table 5. Proposal Evaluation Criteria

Overall Criteria		Weight
Responsiveness		Pass/Fail

Qualifications Criteria		Weight
Experience and Qualifications	(Submittal Form B)	100
Technical Understanding and Approach	(Submittal Form C)	150
Program, Project & Product Management Approach	(Submittal Form D)	100
Demonstration & Interview, including Key Personnel		350
	Total	**700**

Cost Criteria		Weight
Cost Proposal	(Submittal Form F)	300
	Total	**300**

TOTAL EVALUATION POINTS AVAILABLE: 1000

SEC. 5.3 SCORING METHOD & CALCULATION

Comagine Health will determine each Offeror's overall responsiveness to the RFP on a Pass/Fail basis, based on Submittal Form A – Offeror Information and Submittal Form E – WaTech Contractual Requirements, together with the responsiveness and mandatory requirements established in Section 1.2 Budget, Section 1.5 Mandatory Requirements, Section 4.2 Special Formatting Requirements, and Section 5.7 Contract Cost. A proposal deemed nonresponsive will be eliminated from further consideration and will not be scored.

A Proposal Evaluation Committee (PEC) comprised of Comagine Health, advisory committee members, and HCA representation will evaluate applicable proposal responses against the evaluation criteria identified in Sections 5.2 through 5.7, described on proposal Submittal Forms A – F using the table above. **Each PEC member will independently assign a score of from 0 (poor or non-responsive) to the maximum (excellent), available points in each applicable evaluated section, as follows:**

Excellent: The response demonstrates a strong understanding of the requirement and provides a comprehensive approach that meets or exceeds the evaluation criteria, with significant strengths and minimal weaknesses.

Acceptable: The response adequately addresses the requirement and demonstrates an acceptable understanding and approach, with no significant deficiencies.

Poor: The response inadequately addresses the requirement, demonstrates limited understanding, or contains significant weaknesses or deficiencies.

PEC members may assign the same score to multiple Offerors when their responses demonstrate a comparable level of merit against the applicable evaluation criteria.

After PEC members have finalized their individual scores, Comagine Health will total the PEC scores for each evaluated section and calculate points awarded using the following formula:

Section Points Awarded = (Combined PEC Score ÷ Maximum Combined PEC Score Possible) × Maximum Points Available for the Section

The Maximum Combined PEC Score Possible will be based on the number of PEC members assigned to evaluate the applicable section.

Example (assuming the evaluated section has a maximum value of 100 points and is evaluated by four PEC members):

	PEC Member 1 Score	PEC Member 2 Score	PEC Member 3 Score	PEC Member 4 Score	Combined Total Score	Points Awarded
Offeror 1	50	50	50	100	250	62.5
Offeror 2	75	50	100	75	300	75
Offeror 3	100	100	80	65	345	86.25

Offeror 1 was awarded 62.5 points:
Combined PEC Score = 250
Maximum Combined PEC Score Possible = 400
Maximum Points Available = 100
(250 ÷ 400) × 100 = 62.5 points awarded

Offeror 2 was awarded 75 points:
Combined PEC Score = 300
Maximum Combined PEC Score Possible = 400
Maximum Points Available = 100
(300 ÷ 400) × 100 = 75 points awarded

Offeror 3 was awarded 86.25 points:
Combined PEC Score = 345
Maximum Combined PEC Score Possible = 400
Maximum Points Available = 100
(345 ÷ 400) × 100 = 86.25 points awarded

SEC. 5.4 EXPERIENCE & QUALIFICATIONS (SUBMITTAL FORM B)

The PEC will evaluate this section of the Offeror's proposal, as submitted in Submittal Form B – Experience & Qualifications, based on how effectively the response demonstrates the experience and qualifications required to successfully perform the Scope of Work.

SEC. 5.5 TECHNICAL UNDERSTANDING AND APPROACH (SUBMITTAL FORM C)

The PEC will evaluate the Offeror's response in Submittal Form C – Technical Understanding and Approach based on the extent to which the proposal demonstrates a clear, comprehensive, and technically sound understanding of the WA CIE requirements. The evaluation will consider the Offeror's system and technology capabilities, the strength and clarity of the proposed technical approach, and the level of knowledge and expertise reflected in the response. Comagine Health will also assess the Offeror's technology solution and the adaptability of the proposed solution to meet the needs of the WA CIE technical platform.

SEC. 5.6 PROGRAM, PROJECT & PRODUCT MANAGEMENT APPROACH (SUBMITTAL FORM D)

The PEC will evaluate the Offeror's response in Submittal Form D – Program, Project & Product Management Approach based on how effectively the proposal demonstrates a cohesive, well-structured, and mature management methodology. The evaluation will consider the Offeror's integrated approach to program oversight, project execution, and product management, including the clarity and rigor of project coordination practices, risk management

processes, issue management and escalation pathways, testing and quality management strategies, and the Offeror's approach to design research and cross-functional collaboration.

SEC. 5.7 CONTRACT COST (SUBMITTAL FORM F)

Comagine Health will evaluate the Cost Proposal submitted in Submittal Form F. Cost information will be withheld from the Proposal Evaluation Committee (PEC) until all other portions of the Offeror's proposal have been evaluated and scored under Sections 5.4 through 5.6. Comagine Health, not the PEC, will score the Cost Proposal and combine the resulting cost points with the qualifications points as provided in Section 5.1 Summary of Evaluation Process and Section 5.2 Evaluation Criteria.

The Cost Proposal is worth a maximum of 300 points, as identified in Section 5.2 Evaluation Criteria.

Evaluated Cost

To ensure every proposal is scored on the same basis, Comagine Health will calculate each Offeror's evaluated cost as the total proposed price to deliver the Scope of Work over the full potential Contract period, consisting of the initial twenty-four (24) month term and all three (3) one-year renewal options described in Section 3.6.1 Contract Terms. The Evaluated Cost is the sum of the following components as priced in Submittal Form F, consistent with Section 3.6.2 Contract Type and Section 4.3 Cost Proposal:

- Firm-fixed-price implementation milestones
- Software, licensing, or subscription fees at the applicable authorized-user band
- Ongoing M&O, support & T&M NTE services (excl. licensing)

The same components will be included in the Evaluated Cost for every Offeror. Proposals that exceed an applicable annual funding ceiling identified in Section 1.2 Budget may be deemed nonresponsive and may not be scored.

Cost Scoring Formula

The Offeror with the lowest Evaluated Cost will receive the maximum 300 points. Each higher-priced proposal will receive points in proportion to the lowest Evaluated Cost, calculated as follows:

Cost Points = (Lowest Evaluated Cost ÷ Offeror's Evaluated Cost) × 300
Cost Points will be rounded to two decimal places.

For purposes of cost evaluation, "Evaluated Cost" means the sum of: (1) the fixed-price implementation total; (2) licensing/subscription fees; (3) Year 1 ongoing maintenance and operations (M&O) and support fees; and (4) the full 5-year recurring total of licensing/subscription and M&O/support fees, each as set forth in Submittal Form F – Cost Proposal. Evaluated Cost expressly excludes any optional or contingent line items, which must still be disclosed in Submittal Form F for budget planning purposes but will not be scored as part of the Cost Proposal evaluation.

Example

The following example is illustrative only and uses simplified figures. It assumes three responsive proposals with the Evaluated Costs shown below and a maximum of 300 cost points.

Offeror	Evaluated Cost	Calculation	Cost Points
Offeror 1	$40,000	(40,000 ÷ 40,000) × 300	**300.00**
Offeror 2	$42,750	(40,000 ÷ 42,750) × 300	**280.70**
Offeror 3	$50,000	(40,000 ÷ 50,000) × 300	**240.00**

Offeror 1 submitted the lowest Evaluated Cost and received the full 300 points. Offeror 2 and Offeror 3 received proportionally fewer points based on their higher Evaluated Costs.

Best and Final Offers and Price Reasonableness

If Comagine Health requests Best and Final Offers (BAFOs) under Section 5.1 and Section 6.12, the Cost Proposal will be rescored using this same formula and the revised Evaluated Costs, and the recalculated cost points will replace the Offeror's prior cost points. The cost evaluation under this section is separate from the price reasonableness assessment described in Section 5.11 Price Reasonableness, which Comagine Health may conduct before award.

SEC. 5.8 APPLICATION OF PREFERENCES

No Offeror/vendor or other procurement preferences will be applied in the evaluation or scoring of Proposals submitted in response to this RFP.

SEC. 5.9 SHORTLISTING

Following evaluation and scoring of the proposals and cost information for responsiveness, **Comagine Health will establish a shortlist of the highest ranked Offerors for further evaluation**, which will include demonstrations and interviews with key staff. Comagine Health anticipates shortlisting up to three Offerors but reserves the right to increase or decrease the number based on proposal scores, the competitiveness of the proposals, and other evaluation considerations identified in this RFP.

Offerors not selected for the shortlist will not proceed to the demonstration and interview phase and will receive no further consideration for award.

SEC. 5.10 SYSTEM DEMONSTRATIONS & INTERVIEW OF KEY PERSONNEL

The demonstration and interview are anticipated to be conducted virtual via Microsoft Teams. Comagine Health will provide shortlisted Offerors with the schedule, required participants, session format, time allocation, user stories to demonstrate functionality, and other participation instructions in advance.

Offerors must not disclose or discuss Cost Proposal information during the demonstration or interview unless specifically requested by Comagine Health.

PEC members will independently evaluate and score the demonstrations and interviews in accordance with the evaluation criteria established in this RFP and the scoring methodology described in Section 5.3 Scoring Method & Calculation. The PEC may discuss the evaluation prior to finalizing individual scores.

Below is an example of the schedule the demonstrations and interviews will follow:

No.	Agenda item	Time allocated
1	Introductions	Approximately 15 minutes
2	System Demonstration	70 minutes
3	Break	10 minutes
4	System Demonstration (Continued)	70 minutes
5	Break	10 minutes
6	Interview of Key Personnel	60 minutes
7	Closing Remarks	5 minutes

SEC. 5.10.1 SYSTEM DEMONSTRATIONS

Shortlisted offerors will be required to demonstrate their proposed solution's current capabilities and ability to support the WA CIE roadmap, phased implementation strategy, and future-state vision. Demonstrations will be evaluated in accordance with the criteria and scoring methodology established in this RFP. Demonstration scenarios will be provided to the shortlisted offerors in advance.

The demonstration should show how the proposed solution will connect to and interoperate with the existing systems used across Washington's health and social care community, consistent with WA CIE's "connect once" approach. WA CIE is intended to strengthen and connect the tools organizations already use, not to replace the systems operated by CCHs or other participants. Comagine Health is more interested in seeing the solution exchange information and coordinate care across organizations than in a general product overview.

Offerors must clearly distinguish capabilities demonstrated as currently available in the proposed solution from capabilities requiring customization, development, third-party products, or future implementation.

SEC. 5.10.2 INTERVIEW OF KEY PERSONNEL

As part of the System Demonstration described in Section 5.10 System Demonstrations, Comagine Health will interview designated Key Personnel identified in the Offeror's proposal and Submittal Form B – Experience & Qualifications. The purpose of the interview is to assess the experience, knowledge, and understanding of the proposed Key Personnel and to further

evaluate the Offeror's proposed approach and ability to successfully perform the Scope of Work.

Comagine Health will identify the Key Personnel required to participate and may request participation by additional proposed personnel whose roles are material to performance of the Contract. Required Key Personnel are expected to attend and actively participate in the interview. Failure of required Key Personnel to participate may adversely affect the Offeror's evaluation score, except where Comagine Health determines that circumstances beyond the Offeror's reasonable control justify an exception.

The interview may include questions regarding the proposed Key Personnel's experience, technical and subject matter knowledge, understanding of the Scope of Work, anticipated risks and challenges, proposed strategies, and approach to performing the work. Comagine Health may also ask questions regarding information contained in the Offeror's proposal or presented during the System Demonstration.

SEC. 5.11 PRICE REASONABLENESS

Prior to contract award, the Comagine Health may conduct a price reasonableness assessment to determine whether the proposed pricing is fair and reasonable in relation to the Scope of Work, market conditions, available funding, other proposals received, and other relevant factors.

Comagine Health may request clarification or additional supporting information from an Offeror regarding its proposed pricing. Comagine Health may also negotiate pricing, terms, or other matters consistent with the requirements of this RFP.

If Comagine Health is unable to determine that the highest-ranked Offeror's proposed pricing is fair and reasonable, or if Comagine Health and the highest-ranked Offeror are unable to reach mutually acceptable terms, Comagine Health may discontinue negotiations and proceed to negotiations with the next highest-ranked Offeror.

SEC. 5.12 CONTRACT NEGOTIATIONS

Following completion of the evaluation process, Comagine Health may enter into negotiations with the **highest-ranked Offeror**. The purpose of negotiations is to clarify and document assumptions, issues, risks, pricing, contractual terms, and other matters necessary to finalize the Contract and confirm the Offeror's ability to perform the Scope of Work. Negotiations may also address the Offeror's response to the WaTech Contractual Requirements identified in Submittal Form E.

Negotiations will remain within the general scope of the RFP and will not materially alter the procurement in a manner that would have affected the evaluation or ranking of proposals. Comagine Health may negotiate matters including scope details, implementation schedules, deliverables, pricing, service levels, contractual terms, and other matters necessary to finalize the Contract.

An invitation to negotiations does not constitute an offer or create a legally binding obligation on Comagine Health or the Offeror to enter into a Contract. No Contract will exist unless and

until a written Contract has been fully executed by authorized representatives of Comagine Health and the selected Offeror.

Comagine Health may discontinue negotiations if the selected Offeror:

- fails to timely provide information reasonably required for negotiations;
- fails to negotiate in good faith;
- is unable to perform the Contract within available funding or on mutually acceptable terms; or
- after good-faith negotiations, is unable to reach agreement with Comagine Health.

If negotiations with the highest-ranked Offeror are unsuccessful or discontinued, **Comagine Health may commence negotiations with the next highest-ranked Offeror.**

SEC. 5.13 OFFEROR NOTIFICATION OF SELECTION

Following completion of the evaluation, Comagine Health will provide written notice of the selection decision to the selected Offeror and to all other Offerors that submitted a proposal. The notice will identify the selected Offeror and the date of the decision.

The notice to the selected Offeror does not constitute a Contract or create a legally binding obligation on Comagine Health. No Contract will exist unless and until a written Contract has been fully executed by authorized representatives of Comagine Health and the selected Offeror.

Comagine Health reserves the right not to make an award if it determines that award is not in the best interests of Comagine Health or the WA CIE initiative.

SECTION 6. GENERAL PROCESS & LEGAL INFORMATION

SEC. 6.1 INFORMAL DEBRIEFING

Following notification of the selection decision, an Offeror may request an informal debriefing regarding the evaluation of its proposal. Requests for a debriefing must be submitted in writing to Comagine Health within three (3) business days after the date of the selection notification.

Comagine Health will conduct the debriefing virtually and will be limited to the evaluation of the requesting Offeror’s proposal, including its strengths, weaknesses, and final evaluation score, as appropriate.

The debriefing will not include:

- Confidential, proprietary, or trade secret information of another Offeror;
- Detailed comparisons with another Offeror’s proposal;
- Disclosure of evaluator identities or individual evaluator scores, unless otherwise authorized by Comagine Health; or
- Reconsideration or negotiation of the evaluation results.

SEC. 6.2 WASHINGTON BUSINESS LICENSE & OTHER REQUIRED LICENSES

The selected Offeror must provide evidence of required Washington registration within the timeframe specified by Comagine Health following notice of selection and, in all cases, prior to execution of the Contract.

The selected Offeror must also obtain and maintain all licenses, registrations, permits, certifications, and other authorizations required by applicable law to perform the services under the Contract.

The Contractor must maintain all required licenses, registrations, permits, certifications, and authorizations throughout the term of the Contract and provide evidence of compliance to Comagine Health upon request.

SEC. 6.3 DIVERSE BUSINESS PARTICIPATION

Comagine Health encourages participation by diverse businesses, including businesses certified by the Washington State Office of Minority and Women's Business Enterprises (OMWBE), Washington State Department of Veterans Affairs-certified Veteran-Owned Businesses, and Washington Small Businesses. Participation may be on a direct or Subcontractor basis.

No preference or additional evaluation points will be awarded based solely on diverse business participation, and no minimum level of participation is required for award unless otherwise expressly stated in this RFP.

SEC. 6.4 STANDARD CONTRACT PROVISIONS

The selected Offeror will be required to enter into a written Contract with Comagine Health substantially in the form provided in Attachment 4 –Sample Contract Agreement and Business Associate Agreement and any other applicable terms, conditions, attachments, or exhibits identified in this RFP.

Offerors are responsible for reviewing the Standard Contract Agreement prior to submitting a proposal. The process for response is described in Section 1.6 Required Review. Comagine Health reserves the right to reject proposed exceptions or modifications that are inconsistent with the requirements of this RFP. Any questions, proposed modification, and selected modifications to the agreed upon terms will be negotiated with the selected offeror.

SEC. 6.5 BUSINESS ASSOCIATE AGREEMENT (BAA)

The selected Offeror will be required to execute, as part of and concurrently with the resulting contract, the Data Sharing and Business Associate Agreement attached as Attachment 4, to the Standard Contract Agreement (the “BAA”). The BAA will be executed between Comagine Health and the Contractor; the Contractor will not be required to execute a separate business associate agreement directly with HCA. The BAA is modeled on and consistent with the Business Associate Agreement that Comagine Health has executed with HCA under Contract

No. K8582, and establishes the Contractor's obligations with respect to Protected Health Information (PHI) as applicable to the services performed under the Contract.

The Contractor must comply with all applicable requirements of the BAA and ensure that any Subcontractors or other downstream entities that create, receive, maintain, or transmit Protected Health Information (PHI) in connection with the Contract are subject to applicable written agreements and safeguards consistent with HIPAA and the BAA.

Offerors are responsible for reviewing the BAA prior to submitting a proposal. Any questions or requested exceptions must be submitted in accordance with the process and deadlines established in this RFP. **Any requested exception is subject to Comagine Health's review and may be rejected if inconsistent with Comagine Health's obligations to HCA or applicable law.**

SEC. 6.6 PROPOSAL AS PART OF THE CONTRACT

Comagine Health may incorporate into the resulting Contract, by reference or attachment, **all or any portion of this RFP, the selected Offeror's proposal, and any written clarifications, commitments, or representations made by the Offeror during the procurement process, including during demonstrations, interviews, and negotiations.**

To the extent incorporated into the Contract, such materials will become binding obligations of the Contractor.

In the event of a conflict or inconsistency among the Contract documents, the **order of precedence established** in the resulting Contract will govern.

SEC. 6.7 ADDITIONAL TERMS & CONDITIONS

Comagine Health reserves the right to propose additional or revised terms and conditions during contract negotiations, **including terms necessary to satisfy applicable legal, regulatory, HCA, WaTech, security, privacy, or other flow-down requirements**, provided such terms and conditions are consistent with the scope and requirements of this RFP and do not materially alter the procurement in a manner that would have affected the evaluation or ranking of proposals.

Any additional or revised terms and conditions agreed upon during negotiations must be incorporated into the final written Contract executed by Comagine Health and the selected Offeror.

SEC. 6.8 RIGHT OF REJECTION

Comagine Health reserves the right to reject any or all proposals, in whole or in part; waive minor informalities or irregularities that do not affect the material requirements of the RFP; request clarification of a proposal; and cancel or modify this RFP when determined to be in the best interests of Comagine Health or the WA CIE initiative.

Comagine Health is under no obligation to award a Contract as a result of this RFP.

SEC. 6.9 COMAGINE HEALTH NOT RESPONSIBLE FOR PREPARATION COST

All costs incurred by an Offeror in preparing or submitting a proposal, participating in demonstrations, interviews or negotiations, or otherwise participating in this procurement are the sole responsibility of the Offeror.

Comagine Health and HCA will not be responsible for or reimburse any such costs, regardless of the outcome of the procurement.

SEC. 6.10 SUPPLEMENTAL TERMS & CONDITIONS

An Offeror may not condition its proposal on acceptance of supplemental or alternative terms and conditions that materially conflict with the requirements of this RFP, unless such exceptions are expressly identified in accordance with the process established in this RFP.

Any supplemental, alternative, or conflicting terms included in an Offeror's proposal, including terms incorporated by reference or contained in standard forms, online terms, click-through agreements, licensing terms, or other documents, will not modify or supersede the requirements of this RFP or the resulting Contract unless expressly accepted by Comagine Health in writing and incorporated into the final executed Contract.

In the event of a conflict between an Offeror's proposal or supplemental terms and the final executed Contract, **the order of precedence established in the Contract will govern**.

SEC. 6.11 CLARIFICATION OF PROPOSALS

Prior to contract negotiations under Section 5.12 Contract Negotiations, Comagine Health may request clarification from an Offeror regarding information contained in its proposal when necessary to resolve an ambiguity, uncertainty, inconsistency, or omission, or to determine whether the proposal is responsive and reasonably susceptible for award.

A clarification may explain or confirm information already contained in the proposal but may not result in a material or substantive change to the proposal, including a change that would provide the Offeror an unfair competitive advantage or materially alter the Offeror's proposed solution, scope, or pricing.

Comagine Health may consider information provided through an authorized clarification when evaluating the Proposal and may adjust evaluation results or scores, as appropriate, based on the clarified information.

SEC. 6.12 DISCUSSIONS WITH OFFERORS

Following the initial evaluation of proposals, Comagine Health may conduct discussions with Offerors whose proposals are determined to be reasonably susceptible for award. The purpose of discussions is to obtain additional information, address identified issues or concerns, and provide Offerors an opportunity to revise aspects of their proposals as permitted by Comagine Health.

Discussions may be limited to specific areas of an Offeror's proposal identified by Comagine Health. All communications regarding discussions will be coordinated through Comagine Health.

If discussions are conducted, Comagine Health may establish a common deadline for participating Offerors to submit written proposal revisions or **Best and Final Offers (BAFOs)**. Comagine Health may reevaluate and rescore proposals based on information or revisions submitted through the discussion and BAFO process.

If an Offeror does not submit a BAFO or written notice withdrawing its proposal by the established deadline, the Offeror's most recent proposal will be considered its final proposal for evaluation purposes.

Any material modification to a proposal resulting from discussions must be submitted in writing and in accordance with instructions provided by Comagine Health.

Offerors requiring a reasonable accommodation to participate in discussions should contact Comagine Health in accordance with the applicable instructions and schedule.

SECTION 7. ATTACHMENTS

Attachment 1 – Submittal Forms A-D

Attachment 2 – Submittal Form E - WaTech Contractual Requirements

Attachment 3 – Submittal Form F – Cost Proposal

Attachment 4 – Sample Contract Agreement and Business Associate Agreement

Attachment 5 – WA CIE System Requirements

Attachment 6 – WA CIE Concept of Operations

Attachment 7 – WA CIE Program Governance Structure

Attachment 8 – User Research Visual Report

Attachment 9 – Quality Assurance Plan

Attachment 10 – Performance and Operations Reports

SECTION 8. GLOSSARY, ACRONYMS, AND DEFINED TERMS

Term	Acronym	Definition
Acceptance Criteria		The conditions that a requirement, deliverable, milestone, service, or solution component must satisfy before it may be formally accepted by Comagine Health.
Accountable Community of Health	ACH	An independent regional organization that works with its community on health care and social-needs-related projects and activities. Washington's nine ACHs convene cross-sector partners and are contracted to operate regional Community Care Hubs.
Best and Final Offer	BAFO	A final proposal revision requested by Comagine Health following evaluation or discussions with eligible Offerors.
Closed-Loop Referral		A referral process in which a referring organization coordinates a resource or service for a client and receives information about the referral's status and outcome, such as whether the client was contacted, determined eligible, or served.
Community Care Hub	CCH	One of nine regional centers for community-based care coordination managed and operated by ACHs. CCHs work with communities and partner organizations to identify people's health-related social needs, connect people to services, and coordinate HRSN services across participating networks.
Community Information Exchange	CIE	A legal, governance, and technology framework through which health and social-service organizations coordinate services and exchange authorized information.
Contractor		The selected Offeror after execution of the Contract with Comagine Health.
Corrective Action Plan	CAP	A documented plan identifying the cause and impact of a deficiency, breach, performance failure, or other issue and defining corrective actions, responsible parties, timelines, verification, and closure criteria.
Health Care Authority	HCA	The Washington State Health Care Authority, which is the sponsoring state agency for WA CIE and provides program oversight and approval as described in the RFP.

Health Insurance Portability and Accountability Act of 1996	HIPAA	A federal law that required the creation of national standards to protect sensitive health information from disclosure without the individual's consent or knowledge, except as otherwise permitted or required by law.
Health-Related Social Needs	HRSN	An individual's unmet social conditions that contribute to poor health and are influenced by the conditions in which people are born, grow, live, work, and age. HRSN may include housing, food, transportation, and other social-support needs.
Lead Organization	LO	Comagine Health, the organization selected by HCA to support the design, development, implementation, operation, and continuous improvement of WA CIE. Comagine Health is also the contracting entity for the technology procured through the RFP.
Longitudinal Client Record		A shared record that brings together authorized information about an individual's HRSN, services, referrals, and interactions across time and multiple cross-sector organizations or systems.
Managed Care Organization	MCO	An organization authorized by the Washington State Office of the Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible enrollees under HCA managed-care programs.
Medicaid Transformation Project 2.0	MTP 2.0	Washington State's Medicaid transformation initiative conducted under a Section 1115 Medicaid demonstration waiver and identified in the RFP as the current program and funding context for WA CIE.
Minimum Viable Product	MVP	The initial WA CIE release that establishes the foundational capabilities needed for early participant onboarding, cross-organization care coordination, and consistent statewide information sharing.
Not to Exceed	NTE	A maximum authorized spending amount that the Contractor may not exceed without additional written authorization permitted under the Contract.
Offeror		A legal entity submitting a proposal in response to this RFP.
Organizational Change Management	OCM	A structured approach for managing the effect of new business processes, new technologies, changes in organizational structure, and/or changes in business

		culture and helping drive adoption of change by members of the organization.
Participant		An organization or state entity that signs and agrees to comply with the terms and conditions of WA CIE and the policies and practices established through the WA CIE governance structure. A Participant may access WA CIE capabilities, exchange or contribute authorized information, or use a combination of approved participation methods.
Personally Identifiable Information	PII	Information in any format that can identify a specific individual, either by itself or when combined with other private or publicly available information that can be linked to the individual.
Prime Contractor		The single legal entity that enters into the Contract with Comagine Health and remains responsible for all contractual obligations, including applicable work performed or supported by Subcontractors and Third-Party Service Providers.
Proposal Evaluation Committee	PEC	The committee selected by Comagine Health to evaluate and score designated portions of responsive proposals.
Protected Health Information	PHI	Individually identifiable information that relates to the provision of health care, an individual's past, present, or future physical or mental health or condition, or payment for health care. PHI may be transmitted, maintained, or stored in any form or medium, subject to applicable legal exclusions.
Quality Assurance Plan	QAP	The RFP attachment establishing applicable quality-assurance, testing, review, deliverable-evaluation, and acceptance processes.
Request for Proposal	RFP	A formal solicitation document in which an organization identifies a service, solution, or business need and requests proposals describing how Offerors would meet that need. For this procurement, the RFP includes its attachments, amendments, and other formally incorporated procurement materials.
Requirements Traceability Matrix	RTM	A record used to trace requirements through design, development, interfaces, testing, defects, releases, deliverables, implementation, and acceptance.

Security Design Review	SDR	The required security assessment and review process that must be successfully completed before production deployment as specified in the RFP.
Subcontractor		A person or entity engaged by or on behalf of the Prime Contractor to perform any portion of the services or contractual obligations, including subcontractors at any tier.
Third-Party Service Provider		An external entity whose technology, service, hosting platform, or capability is incorporated into, integrated with, or otherwise relied upon by the Prime Contractor, but that does not directly perform contracted services for Comagine Health or the Prime Contractor.
User Acceptance Testing	UAT	Testing conducted to determine whether the solution satisfies applicable user needs, business requirements, workflows, and acceptance criteria.
Washington Community Information Exchange	WA CIE	A statewide legal framework and technical infrastructure used to connect disparate health and social-service systems across Washington. WA CIE enables trusted, governed information sharing, scalable community-based care coordination, and more equitable and coordinated access to services.