State of Hawaii
Department of Health
State Health Planning and Development Agency

REQUEST FOR INTEREST ("RFI")

RFI No. RICA 09102026

for

Establishment of an Independent Physician Incubator

Posted on HANDS: September 10, 2026

PROPOSAL DUE DATE: SEPTEMBER 21, 2026 @ 12:00 PM HST

Note: *It is the Offeror's responsibility to check the public procurement notice website or to contact the Request for Interest ("RFI") points-of-contact identified in the RFI for any addenda issued to this RFI. The State shall not be responsible for informing potential Offerors of any addenda issued to this RFI. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFI.*

Section 1: Administrative Overview

I. Pursuant to Chapter 103D-202, Hawaii Revised Statutes ("HRS"), and Chapter 3-122-16, Subchapter 4.5, Hawaii Administrative Rules, "Source Selection for Federal Grant," the Department of Health ("DOH"), through the Hawaii Department of Health Rural Infrastructure for Care Access (RICA) is soliciting for interest from current and prospective providers for the United States Department of Health and Human Services, Centers for Medicare & Medicaid Services ("CMS") Rural Health Transformation Program ("RHTP").

II. Each interested provider responding to this RFI shall submit a proposal setting forth the provider's qualifications and plans for meeting or exceeding performance expectations based on the evaluation criteria. Proposals must be organized to address each requirement in a format that is easy to follow. Proposals shall be financially advantageous to the State.

III. From the release date of this RFI until the selection of the provider(s), any inquiries shall be directed to both staff identified below.

Jean Luka, RHTP Project Advisor
Email: jean.k.luka@hawaii.gov

Lorrin Kim, RHTP Program Manager
Email: lorrin.j.kim@hawaii.gov

IV. This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $188,892,439.75 with 100% funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

V. GENERAL REQUIREMENTS

A. The CONTRACTOR shall comply with all applicable State and federal requirements and guidelines associated with the performance of work under this solicitation, including the Attorney General's General Conditions, attached hereto as Exhibit "A", and the RHTP Special Conditions, attached hereto as Exhibit "B". All exhibits referenced will be enforced contractually in the Contract resulting from this solicitation.

If an Offeror does not agree to any of the conditions included in the General or Special Conditions, the Offeror may submit, in writing in the "Other" section of their proposal, any exceptions to the General or Special Conditions. Exceptions will be reviewed; however, the State reserves the right to decline proposed exceptions, which may disqualify an Offeror.

B. Confidentiality and Data Protection

1. The CONTRACTOR shall protect the confidentiality of all sensitive, proprietary, personally identifiable, protected health, and other confidential information obtained or generated while performing work under this contract.
2. The CONTRACTOR shall maintain appropriate administrative, physical, and technical safeguards to protect information systems, networks, and data used in performance of the Contract. The CONTRACTOR shall promptly notify DOH/RICA and RHTP of any actual or suspected cybersecurity incident, data breach, unauthorized access, or other security events that may affect Contract activities, systems, or data.

C. Audit Cooperation

The CONTRACTOR shall cooperate with DOH/RICA and RHTP and authorized State, federal, or other oversight entities in connection with audits, reviews, monitoring activities, inspections, or requests for information related to this contract. The CONTRACTOR shall provide access to records, reports, data, and supporting documentation as reasonably requested.

VI. Procurement Timetable

Note that the procurement timetable represents RICA and RHTP's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will be shifted by the same number of days. Contract start date may be subject to the issuance of a formal Notice to Proceed.

Procurement Activity	**Date**
Release of Request for Interest	September 10, 2026
Due Date to Submit Questions	September 11, 2026
State's Response to Questions	September 13, 2026
Proposals Due Date/Time	**September 21, 2026, 12:00 PM, HST**
Proposal Evaluations	9/21/26 – 9/25/2026 (Estimated)
Notice of Award	September 28, 2026 (Estimated)
Contract Start Date (estimated, based on Notice to Proceed)	October 30, 2026

VII. Contract Execution

The successful Offeror shall enter into a formal written contract with the DOH/RICA. Upon selection and award of the contract, DOH/RICA shall send the formal contract to

the successful Offeror via an electronic signature process. DOH/RICA reserves the right to cancel any contract and request new proposals or negotiate with remaining Offerors if DOH/RICA is not satisfied with the awarded Contractor's performance.

No work is to be undertaken by the Offeror awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

No contract shall be considered binding upon DOH/RICA until the contract has been fully and properly executed by all parties thereto.

VIII. Notice to Proceed

The Offeror may begin work prior to the contract commencement date if, and only if, the Offeror receives a formal Notice to Proceed from DOH/RICA. No work shall be undertaken prior to the commencement date on the Notice to Proceed. DOH/RICA shall not be liable for any work, contract, costs, expenses, loss of profits, or any damage whatsoever incurred by the Offeror prior to the commencement date on the Notice to Proceed.

IX. Contract Term

The award of a Contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and in accordance with §103D-309, HRS, and subject to the availability and allotment of State and/or Federal funds.

Initial term of the Contract: Nine (9) months and two (2) days (October 30, 2026 – July 31, 2027)

Number of possible extensions: Four (4)

- August 1, 2027 – July 31, 2028
- August 1, 2028 – July 31, 2029
- August 1, 2029 – July 31, 2030
- August 1, 2030 – July 31, 2031

Maximum length of Contract: Four (4) years, nine (9) months, and two (2) days

The initial period shall commence on the Contract start date or Notice to Proceed, whichever is later.

Conditions for extension: After the initial contract period, both parties may mutually agree to extend the Contract. Mutual agreement must be in writing and must take place prior to the expiration of the Contract.

Offerors shall propose costs which reflect the initial term activities, as well as any subsequent year activities required to sustain the project, up to four (4) years, nine (9)

months, and two (2) days. Funds are only available for the initial term and extension of the Contract shall be subject to availability and allotment of State and/or Federal funds.

X. Probable Funding Amounts, source, and period of availability

DOH/RICA have budgeted an amount not to exceed FIVE MILLION AND NO/100 DOLLARS ($5,000,000.00). Funding is provided through the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Program and is subject to the availability and allotment of federal and State funds.

Funding under this Contract shall support the activities associated with the deliverables as described in the Scope of Work in the establishment of an Independent Physician Incubator.

The amount identified above is intended to support Contractor compensation and the costs of Contractor-delivered services, subcontractors, vendors, technology, and other activities necessary to perform the Scope of Work.

DOH/RICA anticipates that additional funding may be made available during subsequent Contract periods for continued operation and refinement of all aspects of the Establishment of an Independent Physician Incubator. Funding amounts for subsequent periods are not guaranteed and will be subject to continued federal funding, State allotment, program priorities, Contractor performance, provider participation and needs, applicable federal and State requirements, and mutual agreement to extend the Contract.

Offerors shall provide proposed costs for the initial Contract term and each potential extension period and shall separately identify (1) Contractor compensation and directly delivered services; (2) subcontractor and vendor costs; (3) infrastructure costs in equipment needed for the Physician Office and Training Center; and (4) other costs that are required for the implementation and sustainability of the project.

Section 2: Acronyms and Definitions

I. Acronyms

APCM	Advanced Primary Care Management
CMS	Centers for Medicare and Medicaid Services
COGS	Certificate of Good Standing
DCCA	Department of Commerce and Consumer Affairs
DHS	Department of Human Services
DLIR	Department of Labor and Industrial Relations
DOH	Department of Health
DOTAX	Department of Taxation
HER	Electronic Health Record
EMR	Electronic Medical Record
HCE	Hawaii Compliance Express
HHIE	Hawaii Health Information Exchange
HHS	Health and Human Services
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HRS	Hawaii Revised Statutes
IPI	Independent Physician Incubator
IRS	Internal Revenue Service
MQD	Med-QUEST Division
MSO	Managed Services Organization
MSSP	Medicare Shared-Savings Program
QI	Quality Improvement
RFI	Request for Information
RHC	Rural Health Clinics
RHIN	Rural Health Information Network
RHTP	Rural Health Transformation Program
RICA	Rural Infrastructure Access to Care
RVBI	Rural Value-Based Initiative

II. Definitions:

Contractor, Provider, or Offeror – All means the same and will be used interchangeable to refer to the same entity in this RFI.

Subcontractor – An entity retained by the CONTRACTOR to perform any portion of the CONTRACTOR's duties under the Contract, subject to State approval and applicable Contract requirements.

Vendor – An entity providing technology, software, licenses, equipment, supplies, or related products or services required by this RFI to the CONTRACTOR. A Vendor retained by the CONTRACTOR to perform any portion of the CONTRACTOR's contractual duties, including providing services to or on behalf of the CONTRACTOR, shall also be treated as a Subcontractor.

Section 3: Scope of Work

I. RHTP BACKGROUND

The Rural Health Transformation Program (RHTP) is a federal initiative intended to strengthen and modernize rural health systems through sustainable, community-driven approaches that improve healthcare access, quality, and health outcomes in rural communities.

The purpose of the funding is to provide financial and technical assistance to support innovative, evidence-based strategies that address the unique health challenges facing rural populations in Hawaii. Program activities may include chronic disease prevention and management, behavioral health services, workforce development, technology-enabled healthcare solutions, data-driven public health planning, healthcare system transformation, and the promotion of healthy lifestyles, including increased physical activity. Additional focus areas may include improving care coordination, strengthening rural healthcare infrastructure, expanding telehealth and digital health capabilities, supporting value-based care models, and improving access to preventive and community-based health services.

Project duration, award amounts, matching requirements, and additional funding details will be subject to Centers for Medicare & Medicaid Services (CMS) guidance and the final federal funding announcement.

The full details of the federal funding opportunity are posted on the CMS website at: https://www.cms.gov/priorities/rural-health-transformation-rht-program.

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II. PROJECT BACKGROUND

The establishment of an Independent Physician Incubator (IPI) is an integral component of DOH's Rural Infrastructure for Care Access (DOH/RICA) and the RHTP initiative designed to expand community-based, preventive, chronic disease, and behavioral health services to reduce preventable emergencies and hospitalizations as part of Centers for Medicare & Medicaid Services (CMS) Rural Healthcare Transformation Program.

Independent physicians are a vital segment of Hawai'i's healthcare workforce. In 2024, approximately 31% of Hawai'i physicians are independent physicians, while 69% are employed by healthcare entities—up from 56% in 2016 and 58% in 2020. Despite the decline, independent physicians remain essential to Hawai'i's healthcare delivery system, particularly in rural and remote areas where large hospital systems are not located. Without physicians in private practice, care to rural areas, including on O'ahu, would not be achievable.

According to the University of Hawaii Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project (December 2024), Hawai'i faces a significant and growing physician shortage that threatens healthcare access across the state. While over 12,000 physicians are licensed in Hawai'i, only approximately 3,672 actively provide patient care, and not all of these work full-time, resulting in roughly 3,075 full-time equivalent (FTE) physicians. When island geography is taken into account, the estimated unmet need for physicians is 768 FTEs.

The shortage is most pronounced in rural and neighbor island communities, where recruitment and retention are particularly challenging. In Hawai'i island, Kauai, and Maui counties, there is a shortage of 201, 43, and 174 physicians, respectively, while O'ahu faces a shortage of 328 physicians. The greatest shortage category is primary care, where Hawai'i needs 152 additional FTEs, followed by critical specialty shortages in child gastroenterology, child pulmonology, adult endocrinology, child endocrinology, adult pulmonology, thoracic surgery, and colorectal surgery. Strengthening the independent physician base is therefore not merely a workforce strategy but a necessary component of ensuring that Hawai'i residents have consistent and timely access to high-quality, community-based healthcare.

III. PROJECT PURPOSE

The State of Hawai‘i is using the RHTP to strengthen the healthcare infrastructure by ensuring that training, support, and availability of independent primary and specialty care physicians are met in our rural communities. In particular, the IPI will provide comprehensive support services designed to equip physicians with the clinical, administrative, and business competencies needed to establish and sustain successful independent practices.

The incubator's programming will integrate best practices and evidence-based strategies for improving practice efficiency, reducing administrative burden, enhancing physician well-being, and optimizing care delivery in independent settings.

The Hawaii State Department of Health, RICA and RHTP is seeking a qualified nonprofit organization with demonstrated experience in providing healthcare delivery, access to specialty care, and knowledge of independent physician and healthcare practice management to assist in the establishment of an Independent Physician Incubator (IPI).

The IPI shall provide comprehensive support services designed to equip physicians with the clinical, administrative, and business competencies needed to establish and sustain successful independent practices. The IPI’s programming will integrate best practices and evidence-based strategies for improving practice efficiency, reducing administrative burden, enhancing physician well-being, and optimizing care delivery in independent settings.

The CONTRACTOR shall work under DOH/RICA’s and RHTP oversight and in coordination with other State-designated partners. The CONTRACTOR shall establish and operate the statewide IPI model; recruit, assess, onboard, and support Participating Primary Care Providers and Organizations, as applicable. Services may be provided directly by the

CONTRACTOR, through qualified State-approved subcontractors, or through a combination of these approaches. The CONTRACTOR shall remain accountable for integrated performance, quality, and compliance with the Scope of Work. Payment for services is on a cost reimbursement schedule which means that payment is issued after services are completed and invoiced.

DOH/RICA and RHTP anticipate that readiness, implementation, optimization, operational support, performance improvement, and transformation activities may occur over multiple contract years. Accordingly, the CONTRACTOR shall describe its initial implementation approach and how services, staffing, support models, deliverables, and sustainability strategies would evolve over an extended contract period, subject to State direction, available funding, and applicable contract terms.

IV. SCOPE OF WORK

1. Statewide Strategic Plan

The CONTRACTOR shall develop, coordinate and implement a Statewide Strategic Plan to strengthen Hawai'i's independent physician practice and infrastructure needed to address the state's primary and specialty care shortage. The CONTRACTOR shall coordinate necessary activities to address, but not limited, to the following:

a. Workforce;
b. Practice management;
c. Training;
d. Policy;
e. Insurance;
f. Financial;
g. Recruitment of physicians; placement if necessary; and
h. All other matters relating to independent physician practice.

The CONTRACTOR shall support implementation in alignment with governance, ownership, legal, data stewardship, and organizational decisions made by DOH/RICA and the RHTP, as needed.

The CONTRACTOR shall identify and delineate costs and activities for subsequent Contract periods.

2. Independent Physician Incubator (IPI)

The CONTRACTOR shall establish an IPI to provide support services for independent physicians. The incubator will develop training modules to address the following aspects of independent practice to include, but not limited to:

a. Financial, Billing, and Revenue Cycle Management;
b. Practice Management;

c. Technology Support;
d. Insurance and contracting, and;
e. Best practices, clinical excellence and patient centered care.

3. Neighbor Island and Specialty Care Physician Referral System

The CONTRACTOR shall develop a Neighbor Island and Specialty Care Physician Referral System to strengthen collaboration among independent primary care and specialty physicians. The referral system will provide, but not limited to the following:

a. Primary care physicians, particularly on the neighbor islands, with specialists in the areas of greatest shortage.
b. Coordination of Physician access and partnerships with hospitals and clinics for acute and long-term care, diagnostic, and subspecialty coverage.

4. Comprehensive Care Management System

The CONTRACTOR shall develop and implement a Comprehensive Care Management System to assist independent physician patients discharged from hospital settings. The care management system will include but, not limited to the following:

a. patient assessments;
b. personalized care plans;
c. coordination of patient care and services;
d. patient education; and
e. monitoring of patient progress.

5. Independent Physicians Council

Establish an Independent Physicians Council to serve as a coordinated network bringing together independent physicians to provide shared resources, training and education, group purchasing programs, financial strength, and clinical excellence.

6. Physician Office and Training Center

Provide for a fully equipped Physician Office and Training Center as a venue for the Independent Physician Incubator where physicians can treat patients, train, and coordinate key activities of the incubator.

7. Meetings, Reporting, and Coordination

The CONTRACTOR shall maintain regular meetings, reporting, and coordination with DOH/RICA and RHTP, as needed. The CONTRACTOR shall remain reasonably available for consultation, operational coordination, issue resolution, and timely follow-up throughout the Contract period. DOH/RICA and RHTP may adjust the cadence, format, and participants for meetings and reports based on

implementation needs. The CONTRACTOR shall coordinate these activities across RHTP and related initiatives to promote alignment, address dependencies, and avoid duplication.

a. State Coordination Meetings

The CONTRACTOR shall participate in recurring coordination meetings with DOH/RICA and RHTP, as directed, and other State partners. Meetings shall address implementation progress, upcoming activities, provider participation, operational and technical dependencies, risks, issues, resource needs, and decisions requiring State input or approval.

b. Monthly Status Reports

The CONTRACTOR shall provide monthly status reports to DOH/RICA and RHTP summarizing the following hall include but, not limited to the following:

1) Activities completed during the reporting period and progress against approved work plans, deliverables, milestones, and timelines;
2) Provider outreach, recruitment, onboarding, participation, retention, and material participation barriers;
3) Budget-to-actual expenditures and material variances;
4) Material risks, issues, dependencies, corrective actions, and matters requiring DOH/RICA and RHTP review, approval, or decision;
5) Work products submitted, completed, or in development;
6) Activities planned for the upcoming reporting period; and
7) Other information reasonably requested by DOH/RICA and RHTP.

c. Quarterly Program Reviews

1) The CONTRACTOR shall participate in quarterly program review meetings with DOH/RICA and RHTP and other designated stakeholders. Reviews shall address overall program performance, progress toward Scope of Work objectives, trends in provider participation and service utilization, progress, financial performance, risks, accomplishments, lessons learned, and emerging opportunities.

2) Quarterly reviews shall also provide an opportunity to consider proposed adjustments to service priorities, implementation sequencing, provider participation requirements, technology deployment, subcontractor arrangements, funding allocations, and other elements of the operating model.

d. Annual Reporting

The CONTRACTOR shall prepare an annual summary report describing

overall program activities, progress toward expected outcomes, implementation accomplishments, challenges, lessons learned, provider participation and engagement, readiness and technical assistance activities completed, and recommendations for future improvement.

e. Ad Hoc Reporting and Support

The CONTRACTOR shall provide additional reports, briefings, analyses, presentations, data summaries, implementation support, or other information reasonably requested by DOH/RICA and RHTP, to support program oversight, decision-making, healthcare transformation initiatives, implementation activities, or stakeholder engagement.

f. Coordination with Related State Initiatives and Entities

As directed by DOH/RICA and RHTP, the CONTRACTOR shall coordinate with State-designated initiatives, contractors, vendors, and other entities to align activities, address dependencies, leverage complementary investments, and avoid duplication.

8. Deliverable Table

The following Deliverable Table applies to the above Scope of Work.

Deliverable No. #	**Activity**	**Cadence**
D1	Statewide Strategic Plan	Quarterly
D2	Independent Physician Incubator	Quarterly
D3	Neighbor Island Specialty Care Physician Referral System	Quarterly
D4	Comprehensive Care Management System	Quarterly
D5	Independent Physician Council	Monthly
D6	Physician Office and Training Center	Quarterly
D7	Monthly Status Reporting	Monthly

V. TIME OF PERFORMANCE

The initial period of performance for this Scope of Work is estimated to be from October 1, 2026, to July 31, 2027.

The time of performance may be extended by four (4) additional one (1) year periods, or fractions thereof, not to exceed five (5) years, subject to availability of funding.

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Section 4: Evaluation

I. EVALUATION CRITERIA

The selection of a provider will be based on how well they meet the requirements of the strategies, organizational capacity, demonstrated readiness, and alignment of the budget with the Scope of Work. Providers are strongly encouraged to implement an approach that builds on strategies and best practices that are in line with RHTP.

The ideal candidate will 1) demonstrate the ability to work on all activities identified in the Scope of Work and 2) describe their organizational capacity. Consideration will be given to prior experience, and provider(s) are advised to prepare their proposals as follows:

A. Proposal Document Requirements

1. Proposal Identification Form (OF1)
2. Table of Contents
3. Program Overview
4. Provider Compliance documentation
5. Narrative of demonstrated readiness, organizational capability and experience
6. Detailed Response to the Scope of Work - Methodology
7. Detailed Budget and Narrative
8. Proposal Offer Form (OF2)
9. Reference Form
10. Blank Invoice with letterhead
11. IRS W-9

B. Evaluation Categories and Thresholds

Evaluation Categories	**Points**
Proposal Application	
Narrative of Demonstrated Readiness, Organizational Capability and Experience	30 points
Demonstrated Response to Scope of Work Methodology	45 points
Detailed Budget and Narrative	25 points
TOTAL POSSIBLE POINTS	100 points

1. **Narrative of Demonstrative Readiness, Organizational Capability and Experience**

   This section evaluates necessary skills, ability and knowledge relating to assurance and evaluation for the proposed services, capability to coordinate services with other agencies or subcontractors.

Narrative of Demonstrative Readiness, Organizational Capability and Experience	**Points**
The Offeror shall demonstrate the following: • Clinical and medical experience with substantial experience in independent practice in Hawai'i, understanding the "business of medicine," financial literacy, budgeting, billing, and payer negotiations. • Experience and knowledge of healthcare regulatory compliance, risk management, and licensing requirements at both the state and federal level, including experience with Medicare and Medicaid programs. • Experience with health information technology systems, electronic health records, health information exchange platforms, and data analytics dashboards used to track quality, cost, and performance metrics. • Experience in patient care coordination, ability to conduct patient assessments, develop personalized care plans, coordinate patient care and services, provide patient education, monitor patient progress, and develop and adapt care plans as needed to manage chronic conditions. • Experience in training and development of physicians and healthcare professionals. • Leadership skills and ability to convene diverse organizations to establish an Independent Physician Council. • The proposed team should include sufficient leadership, subject matter expertise, staffing capacity, and clearly defined roles to execute the full Scope of Work, including appropriate management and oversight of subcontractors and partners. Key personnel should demonstrate qualifications and comparable experience appropriate to their assigned responsibilities, with experience serving independent and community-based Primary Care Providers and Organizations, particularly small, rural, underserved, or otherwise under-resourced entities, considered where relevant.	**Maximum 30 points**

2. **Detailed Response to the Scope of Work - Methodology**

This section evaluates the Offeror's methodology and approach to the Scope of Work, proposed staffing pattern, staff qualifications, supervision and training, organizational chart, and project schedule and work plan.

Detailed Response to the Scope of Work – Methodology	**Points**
The proposed solution shall describe how the Offeror will address each item in the Scope of Work and demonstrate a clear understanding of the Scope of Work and how it fits into the RHTP framework. The Offeror should describe how it will manage each deliverable of the project; coordination state-wide to strengthen Hawai'i's Independent physician, outreach to neighbor island and specialty providers, development of training modules, recruit, assess, onboard, and train providers with differing levels of readiness. The methodology shall include proposed staffing pattern, staff qualifications, supervision and training, organizational chart, project schedule and work plan, practical and measurable deliverables, governance and reporting processes, risk and quality management, knowledge transfer and capacity building, and a feasible project plan that clearly sequences activities, resources, milestones, dependencies, State approvals, and implementation phases. Offerors will be evaluated on their selection of subcontractors and that subcontractor's ability to perform the services requested, if applicable. The Offeror is responsible for all services and deliverables.	**Maximum 45 points**

3. Detailed Budget and Narrative

This section evaluates the total cost to perform services requested in this RFI. Costs are based on cost reimbursement.

The Offeror shall separately identify Year One (Y1) implementation costs from future-year operating, provider support, technology, technical assistance, sustainability, transition, and other recurring or expansion costs. Pricing shall distinguish one-time implementation costs from ongoing operational costs and identify key assumptions affecting future-year pricing, including provider participation, service utilization, staffing, and technology or vendor costs. The Offeror shall provide a budget narrative for each item.

Financial Administration Assumptions: The Offeror shall identify material financial assumptions affecting implementation and operations, including upfront costs, cash-flow requirements, invoicing and payment timing, funding availability, and other significant financial dependencies.

Detailed Budget Narrative.	**Points**
All costs shall be itemized and a budget narrative provided for each item in the scope of work, including staffing costs.	**Maximum 25 points**

II. PROCEDURE FOR SUBMISSION

All proposals shall be submitted electronically via email. If the electronic submission exceeds applicable email size limitations, the Offeror may submit the proposal through an alternative electronic file transfer method approved by the State. Only typed responses to this RFI shall be accepted.

All proposals must be prepared in English and include a table of contents with page numbers as well as page numbers on each page. Proposals must follow all forms and formats required by this RFI, and all financial information must be provided in U.S. currency. Format and flow of the proposal shall follow the solicitation for evaluation.

Multiple or alternate proposals shall not be accepted unless authorized. If an Offeror submits alternate proposals when such proposals are not authorized, but clearly identifies one proposal as its primary proposal, the State reserves the right to consider only the primary proposal for evaluation and award purposes.

A. Delivery Requirements

1. Electronic Submissions

Offerors are responsible for ensuring that all submission materials, including attachments, are complete, legible, and successfully transmitted to the designated email address by the submission deadline. The State shall not be responsible for delayed, incomplete, corrupted, misdirected, blocked, or undelivered email transmissions, including those caused by internet service interruptions, spam filters, file size limitations, or other technical issues.

Unless otherwise specified, all documents shall be submitted in PDF format. Offerors may submit as one consolidated PDF or as separate documents. Offerors may also submit in multiple emails so long as they identify X of X in their submission emails. The State reserves the right to request resubmission of any files that are corrupted, inaccessible, or otherwise unreadable; however, the State is under no obligation to permit correction of deficiencies after the submission deadline.

a. All electronic submissions shall be sent

To: jean.k.luka@hawaii.gov

b. The subject line of the email shall state:

RFI No. RICA 09102026, Submission – [Offeror Name]"

c. The body of the email shall include, at a minimum:

i. Primary contact person; phone number, and email

ii. Secondary contact person, telephone number, and email address (if applicable)

B. Format

Item	Requirements
Administrative Requirements	
1. Program Overview	Introduction of the company to orient evaluators.

2. Table of Contents	Table of contents shall clearly identify all required sections and attachments. The format of the Offeror's proposal should follow the format and flow of this solicitation.
3. OF1	Proposal Identification Form, attached as Attachment 1.
Item	**Requirements**
4. Provider Compliance (Required if Offeror is currently registered with HCE or possesses all compliance documentation, if Offeror is not currently registered with HCE or does not possess all compliance documentation, proof of request for compliance shall be submitted with proposal. Note: an award cannot be made to a non-compliant Offeror. Offerors must be compliant by time of award.)	If using Hawaii Compliance Express ("HCE"): Submit a current Certificate of Vendor Compliance issued through HCE. - If the HCE certificate indicates a Hawaii Department of Commerce and Consumer Affairs ("DCCA") exemption, also submit a Certificate of Good Standing ("COGS") issued by DCCA. If NOT using Hawaii Compliance Express (HCE): Submit all applicable compliance documents listed below. Each certificate must be valid at the time of submission: - State of Hawaii Tax Clearance Certificate (Department of Taxation) - IRS Tax Compliance Documentation (as applicable or equivalent federal tax clearance documentation) - Department of Labor and Industrial Relations (DLIR) Certificate of Compliance - Certificate of Good Standing (COGS) issued by the DCCA Business Registration Division (not required for sole proprietorships or entities exempt from registration)
5. Narrative on Organizational Capability and Readiness and Experience	See page 16, Section 4, I.B.1.

6. Scope of Work Methodology	See page 17, Section 4, I.B.2.
7. Detailed Budget and Narrative	See page 18, Section 4, I.B.3.

Item	Requirements
Comparable Projects and References	The Offeror shall provide at least three examples of comparable engagements demonstrating its experience and capacity to perform the proposed services. For each example, the Offeror shall identify the client or organization; contract period; scope and scale of services; provider population served; relevant technology, interoperability, shared-services, financial administration, or value-based care components; Offeror responsibilities and use of subcontractors, if applicable; key results, outcomes, or lessons learned; and client reference, including contact name and contact information.
	The Offeror shall describe its proposed staffing model and organizational structure for the Contract, including project leadership and governance structure; key functional roles and areas of subject matter expertise; staffing levels, labor mix, and resource allocation across Scope Areas; roles and responsibilities; reporting relationships and escalation pathways; use and oversight of proposed subcontractors and vendors; approach to maintaining sufficient staffing capacity; and ability to respond to changes in provider participation, implementation needs, or workload over the Contract term.
Key Personnel Qualifications and Resumes	The Offeror shall identify all proposed key personnel and describe each individual's assigned role, responsibilities, relevant qualifications, subject matter expertise, and experience performing comparable work. Resumes shall be provided for all key personnel and shall demonstrate that proposed personnel are appropriately matched to their assigned responsibilities.

Item	Requirements
Project Schedule and Deliverables	The Offeror shall provide a timeline identifying key activities, phases, milestones, State approval points, and deliverables for the initial Contract term and potential extension periods. The Offeror shall describe the measurable deliverables and work products resulting from the proposed activities. Deliverables should be specific, practical, appropriately sequenced, and aligned with the Scope of Work and project objectives.
Cost of Services	
7. Offer Form (OF2)	The Offeror shall describe how proposed costs, staffing levels, implementation schedules, and resource requirements would change if actual provider participation differed from planning assumptions, if applicable. The Offeror shall clearly distinguish Contractor compensation and directly delivered services, subcontractor and vendor costs. The Offeror shall identify any material indirect costs, management fees, or other pricing assumptions included in the proposed costs.
8. Reference Form	Provide References at least 3 references of your capabilities.
9. Blank Invoice	The Offeror shall provide a blank copy of an invoice they anticipate using for billing. Please use your letterhead.
10. IRS W-9	The Offeror shall submit their IRS W-9.

C. Confidentiality

If an Offeror believes any portion of a proposal contains information that should be withheld as confidential, the Offeror shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

III. DEADLINE

Submissions for the RFI shall be received no later than:

Close Time: 12:00 PM Hawaii Standard Time (HST)

Close Date: September 21, 2026

Location: via email, as outlined in Section 4: Evaluation, II.A.1.a.

IV. SPECIAL PROVISIONS

A. Non-Supplanting and Duplication of Funding

RHTP funds shall supplement and not supplant existing activities, funding, services, contractual obligations, or operational expenditures. Offerors shall identify any proposed services, staffing, subscriptions, software, implementation activities, or other costs that could overlap with existing contractual obligations, previously funded activities, current EHR/EMR services, maintenance obligations, licensing arrangements, or other ongoing operational expenditures. SHPDA reserves the right to determine whether proposed activities constitute duplication or supplanting of existing expenditures.

B. Compliance

All Offerors shall comply with all applicable federal, State, and local laws, regulations, ordinances, and requirements governing entities conducting business in the State of Hawaii. Subcontractors are required to submit a Tax Clearance Certificate prior to performing any duties.

1. Tax Clearance.

   Pursuant to HRS §103-53, as a prerequisite to entering into contracts of $25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation ("DOTAX") and the Internal Revenue Service (IRS).

   The following must be submitted with your Proposal. Failure to include items below may result in rejection of your proposal.

   a. A current Certificate of Vendor Compliance obtained through Hawaii Compliance Express ("HCE,") https://vendors.ehawaii.gov/hce/ dated no earlier than one week prior to the offer submission date. Vendors are encouraged to visit the Hawaii Compliance Express website to download the vendor guide, which includes requirements and instructions for signing up for HCE and submitting documentation.

   OR

All of the following certificates:

a. **TAX CLEARANCE CERTIFICATE** – A valid tax clearance certificate or current special letter signed by both the Department of the Internal Revenue Service ("IRS") certifying that the Offeror does not owe the State of Hawaii and the IRS any delinquent taxes, penalties, or interest must be submitted with all sealed proposals. Failure to submit the required tax clearance certificate or special letter will be sufficient grounds for the STATE to refuse to receive or consider the prospective Offerors proposal.

   Each vendor is responsible for selecting the applicable document, based on its business structure, through HCE and entering the information exactly as it appears on the document. One of the following documents is required to be uploaded into the HCE system, if utilizing:

   - IRS Tax Compliance Report ("TCR")
   - IRS Letter of Determination for tax-exempt organizations
   - DoTAX Tax Clearance Application (A-6) with the IRS-Approval Stamp
   - Hawaii Department of Taxation (DoTAX) IRS Tax Waiver

b. **DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS CERTIFICATE OF COMPLIANCE (FORM LIR#27)** – HRS chapters 383 (Unemployment Insurance), 386 (Workers' Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) are required for award.

   Instructions are as follows:

   Pursuant to §103D-310(c), HRS, the successful Offeror shall be required to submit an approved certificate of compliance by the State of Hawaii Department of Labor and Industrial Relations ("DLIR"). The certificate is valid for six (6) months from the date of issuance and must be valid on the date it is received by the purchasing agency.

   The certificate shall be obtained on the State of Hawaii, DLIR APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR, form, LIR#27, which is available at https://labor.hawaii.gov. The DLIR will return the

form to the successful Bidder who in turn shall submit to the purchasing agency.

The application for the certificate is the responsibility of the successful Offeror and must be submitted directly to the DLIR and not the purchasing agency.

AND

c. **DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS CERTIFICATE OF GOOD STANDING –** To be eligible for award, the successful Offeror must comply as follows:

A business entity referred to as a "Hawaii Business," is registered and incorporated or under the laws of the State of Hawaii. As evidence of compliance, Bidder shall submit a CERTIFICATE OF GOOD STANDING.

To obtain a CERTIFICATE OF GOOD STANDING, go online to https://labor.hawaii.gov and follow the prompt instructions. To register or to obtain a CERTIFICATE OF GOOD STANDING by phone, call (808) 586- 2727 during business hours.

The CERTIFICATE OF GOOD STANDING is valid for six (6) months from the date of issuance and must be valid on the date it is received by the purchasing agency. Offerors are advised that there are costs associated with registering and obtaining a CERTIFICATE OF GOOD STANDING from DCCA.

2. Labor Law Compliance.

   Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and State governments relating to workers' compensation, unemployment compensation, payment of wages, and safety.

3. Business Registration.

   Prior to contracting, owners of all forms of doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website.

4. The proposed price shall include all applicable taxes and fees required to perform the services requested herein.

   Work to be performed under this solicitation is a business activity taxable under Chapter 237, HRS, and Offerors are advised that they are liable for the General Excise Tax, ("GET") and all other applicable taxes. If, however, the Offeror is a person exempt by the HRS from paying the GET and therefore not liable for the taxes on this solicitation, the Offeror shall state its tax-exempt status and cite the HRS chapter or section allowing the exemption.

5. Wages Law Compliance.

   If applicable, by submitting a proposal, the Offeror certifies that the Offeror is in compliance with HRS §103-55, wages, hours, and working conditions of employees of Offerors performing services.

6. Campaign Contributions by State and County Contractors.

   HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body.

7. Insurance

   The CONTRACTOR shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

   a. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS ($1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS ($2,000,000.00) aggregate.
   b. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS ($1,000,000.00) per accident.

   The insurance shall be obtained from a company authorized by law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

   For general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including

changes, and all work performed incidental thereto or directly or indirectly connected therewith. The CONTRACTOR shall maintain in effect this liability insurance until the STATE has certified that the CONTRACTOR's work under the Contract has been completed satisfactorily.

Prior to or upon execution of this Contract, the CONTRACTOR shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above.

Each insurance policy required by this Contract shall contain the following clause:

"It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy."

The general liability and automobile liability insurance policies required by this Contract shall contain the following clause:

"The State of Hawaii and its officers and employees are additionally insured with respect to operations performed for the State of Hawaii."

The certificate of insurance shall indicate these provisions are included in the policy.

The CONTRACTOR shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be canceled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this Contract, the CONTRACTOR, upon renewal of the policy, shall promptly cause to be provided to the STATE an updated certificate of insurance.

V. STATEMENT OF OBLIGATION

Neither the Department of Health or the Rural Health Transformation Program nor any interested provider shall have any obligation under this RFI. This RFI is issued pursuant to Subchapter 4.5 of Hawaii Administrative Rules (HAR) Chapter 3-122.

This RFI does not commit the DOH/RICA or RHTP to award a contract, nor will the DOH/RICA or RHTP defray any costs incurred in preparing proposals or participating in any presentations or negotiation.

Furthermore, participation in this RFI is not required as a condition for responding to any future solicitation the State may issue.

Section 6: Exhibits & Attachments

Exhibit A: General Conditions
Exhibit B: RHTP Special Conditions
Attachment 1: Proposal Identification Form (OF1)
Attachment 2: Offer Form (OF2)
Attachment 3: Reference Form
Attachment 4: RHTP State Application
Attachment 5: RHTP Notice of Award