WALLOWA VALLEY
CENTER for WELLNESS

RHTP Catalyst Procurement FAQ – Part 2

RFQs RHTP-2026-C and RHTP-2026-D | Supplemental Clarifications | July 31, 2026

These answers supplement the original RFQs, FAQ Part 1, and any formal addenda. Planning counts are provided only so vendors can prepare comparable quotations; final users, licenses, access, data sources, and governance arrangements will be confirmed during contracting and implementation. If an addendum conflicts with an FAQ answer, the addendum controls.

Submission, eligibility, and project assumptions

39. What data sources should vendors assume will be required to execute the project?

For proposal purposes, vendors should assume the project may use data from OCHIN Epic and approved extracts; EOCCO claims; approved care management and other WVCW systems or programs; existing WVCW Tableau workbooks and data sources; and current operational, quality, productivity, grant, and outcome reports, spreadsheets, definitions, and related documentation.

The final source inventory, access method, format, historical depth, refresh cadence, and data quality are not yet fully validated and are part of the BP1 discovery and integration work. Additional data sources may be identified as project needs and priorities are further defined.

No vendor should assume direct access to OCHIN Epic or any other WVCW, partner, payer, or third party system until WVCW and the applicable data owner approve it in writing.

40. May a vendor submit a quotation without a Unique Entity Identifier and obtain one after selection?

Yes. A vendor may submit a quotation without a UEI. The UEI is a federal SAM.gov identifier, not an Oregon-specific identifier. However, vendors that do not have one should begin the free process promptly rather than waiting for final contract negotiations. If a UEI or active SAM.gov registration is required for the resulting agreement, WVCW may require completion before contract execution, payment, or performance begins. Selection alone does not guarantee a grace period.

41. If a vendor responds to more than one RFQ, should it submit one combined document or separate documents?

Submit one separate PDF quotation for each RFQ, using the correct RFQ number and email subject line. Each quotation must independently address the applicable scope, team, workplan, pricing, assumptions, conflicts, and evaluation criteria. Vendors may reuse common background material, but WVCW should not have to cross-reference another proposal to determine whether a quotation is complete. Separate emails are preferred.

Users, licensing, and implementation capacity

42. How many WVCW employees should vendors assume will build or administer dashboard visualizations?

For comparable BP1 pricing, assume up to three WVCW dashboard builders or power users. The selected vendor is expected to perform the initial development, create maintainable documentation, and transfer knowledge to designated internal owners. Any creator, developer, or administrator licensing should be shown separately from viewer licensing, with scalable pricing for additional builders.

43. How many WVCW employees should vendors assume will view and analyze dashboard visualizations?

For comparable BP1 pricing, assume an initial group of up to 25 recurring dashboard viewers or analysts across executive, operational, clinical, quality, and reporting roles. Broader read-only access may be considered later. Vendors should identify user tiers, permissions, unit costs, and the cost impact of adding users rather than assuming an organization-wide license.

44. How many WVCW employees should vendors assume will need access to AI-enabled tools?

For comparable BP1 pricing, assume an initial role-based pilot of up to 10 named WVCW users. Access will depend on approved use cases, privacy and security review, the final contract and BAA when applicable, governance controls, and completion of training. Vendors should price additional user tiers separately and should not assume unrestricted organization-wide AI access.

Success measures, evaluation, and current maturity

45. What measurable outcomes will define a successful engagement approximately one year after implementation?

WVCW expects the selected vendor to establish a documented baseline during kickoff and propose specific targets in the final workplan. Success will be evaluated through measurable progress such as: a validated data and report inventory with owners and definitions; approved data feeds and priority dashboards or reports operating on a reliable cadence; reductions in manual reporting hours, duplicate reports, and avoidable rework; improved timeliness, completeness, accuracy, and exception handling; sustained use by intended roles; documented support for priority workflows such as IET/SUD, SDOH and Z-code capture, timely access, productivity, and risk adjustment; and complete training, documentation, portability, and handoff. Quality-measure improvement is relevant, but it will not be attributed solely to the technology vendor because clinical and operational factors also affect performance.

46. What organizational roles will review and score the quotations?

WVCW anticipates using a cross-functional evaluation committee with executive or operational, clinical or quality/data, IT or security, and finance or grant-compliance perspectives. Final membership will be documented before scoring. Evaluators will use the published weighted criteria, complete conflict disclosures, and recuse themselves when required. WVCW does not plan to publish evaluator names while the procurement is open.

47. How mature is WVCW's current reporting and technical environment for proposal-sizing purposes?

For proposal sizing only, WVCW estimates its current reporting maturity at approximately 3 out of 10 and its overall data/integration architecture maturity at approximately 5 out of 10. WVCW has established core platforms, including OCHIN Epic and Tableau, but reporting remains partly manual and fragmented; a validated report inventory does not yet exist; definitions, lineage, and ownership are inconsistent; and several data feeds, automations, and governance routines are still being developed. The architecture includes both recent and established systems, so system age alone is not a reliable maturity measure. These ratings are planning estimates, not a technical warranty, and the selected vendor must validate them during discovery.

Internal resources, governance, and adoption

48. What internal WVCW project resources should vendors assume will be available during BP1?

WVCW is committed to the successful implementation of this work and will provide appropriate internal project support throughout BP1. This may include executive sponsorship and participation from project leadership and relevant technical, quality, data, finance, clinical, operational, and administrative staff at key planning, decision, validation, workflow, and adoption points.

Internal participation will be coordinated based on project needs, staff availability, and operational priorities. Vendors should include sufficient vendor-side project management, technical delivery, documentation, training, and coordination capacity to complete the proposed scope.

49. Does WVCW anticipate establishing a formal AI Governance Committee?

WVCW has not yet finalized a standalone AI Governance Committee. The selected vendor should include recommendations for a practical cross-functional AI oversight structure that integrates with data governance, clinical oversight, privacy, security, compliance, quality, and executive decision-making. The structure may be a formal committee or a smaller designated review group, but it must define decision rights, approved uses, human oversight, model or algorithm review, monitoring, incident escalation, and change control. WVCW retains final approval authority.

50. How will user adoption be measured?

The vendor should propose an adoption measurement plan, and WVCW will approve final measures during kickoff. The plan should address, as applicable, training completion; active users and frequency of use by role; utilization of priority dashboards, worklists, or reports; pilot workflow completion; sustained use at appropriate intervals; user feedback and confidence; issue log resolution; reductions in manual work or duplicate steps; and evidence that outputs are being used in operational, quality, or clinical decision making.

Measures should be auditable, proportionate to the project, and protective of employee and client privacy.

Equal distribution of these clarifications

WVCW will post these clarifications on the RFQ webpage and provide them to all known interested vendors for RFQs C and D. Questions 40 and 41 provide general submission and eligibility guidance that may also apply to the other RFQs. Vendor-specific correspondence, evaluator names, and internal scoring deliberations should remain in the procurement file.