State of Minnesota

Minnesota Department of Health

REQUEST FOR PROPOSAL

Rural Health Transformation Program: Analysis of the Rural Maternity Care System

Swift ID: 2000018576

Date Posted: August 18, 2026

- Responses must be received not later than 12:00 PM, Central Time, September 11, 2026 Late responses will not be considered
- As of July 1, 2025, certain terms are unenforceable in state contracts. See Session Laws, 2025 Regular Session, Chapter 39, Article 2, Sec. 45.

Minnesota's Commitment to Diversity and Inclusion

The State of Minnesota is committed to diversity and inclusion in its public procurement process. The goal is to ensure that those providing goods and services to the State are representative of our Minnesota communities and include businesses owned by minorities, women, veterans, and those with substantial physical disabilities. Creating broader opportunities for historically under-represented groups provides for additional options and greater competition in the marketplace, creates stronger relationships and engagement within our communities, and fosters economic development and equality.

To further this commitment, the Department of Administration operates a program for Minnesota-based small businesses owned by minorities, women, veterans, and those with substantial physical disabilities. For additional information on this program, or to determine eligibility, please call 651.201.2402 or go to the Office of Equity in Procurement home page, at https://mn.gov/admin/business/vendor-info/oep/.

SPECIAL NOTICE: This is a request for proposal. It does not obligate the State of Minnesota to award a contract or complete the proposed program, and the State reserves the right to cancel this solicitation if it is considered in its best interest.

This Solicitation requires proposals to be submitted through the SWIFT Supplier Portal. Please note the security changes below that may impact responders from submitting a timely response.

SWIFT SUPPLIER PORTAL SECURITY CHANGES

There are new security measures that the Minnesota Management and Budget implemented on October 16, 2022. It is a new multi-factor authentication (MFA) to enhance the security of the State of Minnesota Supplier Portal. MFA is an authentication method that requires bidders and suppliers provide two verification factors to log into the SWIFT Supplier Portal. The goal of MFA is to create a layered defense that makes it more difficult for unauthorized system access to occur.

For information about these changes, please refer to the SWIFT Supplier Portal Multi-Factor Authentication FAQ document.

If you have not done so already, please make sure to log into the SWIFT Supplier Portal as soon as possible to get this authentication set up early so there are no issues when submitting a response to an RFP.

You are strongly encouraged to set your MFA during business hours of 8:00 A.M. to 4:00 P.M., Central Time, Monday through Friday. You may experience delay setting your MFA after hours.

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SECTION 1 – INSTRUCTIONS TO RESPONDERS

Steps for Completing Your Response	Follow the steps below to complete your response to this Solicitation: Step 1: Read the solicitation documents and ask questions, if any Step 2: Write your response Step 3: Submit your response
Incomplete Submittals	A response must be submitted along with any required additional documents. Incomplete responses that materially deviate from the required format and content may be rejected.

STEP 1 – READ THE SOLICITATION DOCUMENT & ASK QUESTIONS, IF ANY

How to Ask Questions

The contact person for questions is:

Emma Distel
State Program Administrator
Minnesota Department of Health
rural.transformation.MDH@state.mn.us

Questions should be emailed to the contact by 12:00 PM , Central Time, August 31, 2026

Other personnel are not authorized to answer questions regarding this Solicitation.

STEP 2 – WRITE YOUR RESPONSE

The Response Content section is in this link to Section 4. Prepare a written response and supply all requested content. Responses should address the requested information and documents detailed in Section 4. DO NOT INCLUDE Non-Public/Trade Secret data (as defined in this link to Minn. Stat. § 13.37).

Review, sign, and include the Responder Declarations with your response.

STEP 3 –SUBMIT YOUR RESPONSE

Where to Send Your Response

All responses to this solicitation (termed an "Event" within SWIFT) must be submitted through SWIFT using the Supplier portal (https://mn.gov/supplier). Training and documentation on how to submit your response is available through the Supplier portal link above. Fax, e-mail, and printed responses will not be accepted or considered. All costs incurred in responding to this solicitation will be borne by the responder.

Late responses will not be considered. Responses received after End Date above will not be considered, even if errors or delays were caused by issues outside of responders' control. If you need assistance please contact the SWIFT Vendor Assistance Helpline at 651-201-8100, Option 1, and then Option 1.

By submitting a response, your company is making a binding legal offer for the period of time set forth below in Section 6, Conditions of Offer.

SECTION 2 – SUMMARY OF SCOPE

1. **Procurement Overview and Goals.**

1.1 **Overview.** The Minnesota Department of Health (MDH) Office of Rural Health and Primary Care, under the state's Rural Health Transformation Program, seeks to understand the factors that drive the capacity to provide and ensure the availability of maternal health care in rural communities across the continuum of care, from preconception and prenatal care through labor and delivery and postpartum care.

MDH is seeking vendors that will engage stakeholders and provide financial analysis to support the development of recommendations for models to promote the financial sustainability of these services in rural areas of the state. The recommendations will be the basis for pilot grants for hospitals or health systems to test strategies for sustainable rural maternal care delivery.

Vendors will engage stakeholders; evaluate the finances and operations of maternal health care delivery units in rural Minnesota; produce detailed estimates of the current costs and future projections of care across the state; analyze where there are gaps in care; create financial modeling; and deliver recommendations on sustainable policy and financing practices to MDH.

1.2 **Background.** The federal Rural Health Transformation Program (RHTP) was created by H.R.1 (Section 71401 of Public Law 119- 21) on July 4, 2025. These federal funds are intended to help state governments support rural communities in improving health care access, quality, and outcomes by transforming the health care delivery ecosystem. Minnesota's RHTP covers a broad range of initiatives designed to advance the overarching goals of improving health outcomes and access to care for rural Minnesotans, strengthening partnerships between providers to expand service delivery in rural communities, and stabilizing rural provider financial health through strategic investments.

Access to consistent, high-quality care is critical to healthy pregnancies and healthy outcomes, but this access has been decreasing, with hospitals in 18 Minnesota counties reducing or eliminating labor and delivery services over the last decade. Rural hospital closure and increased drive times to the nearest source of hospital-located labor and delivery have been linked to higher rates of pre-term birth, births in emergency departments, cesarean births[1] and poorer outcomes for both mom and baby.

This Request for Proposals 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 $193,090,618.14 with 100 percent 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.

1.3 **Procurement Goals.** The purpose of this work is to produce actionable, data-informed recommendations that can support future state policy, financing, and pilot funding decisions related to rural maternal health access and sustainability.

For the purposes of this RFP, the rural maternity care system includes the clinical, financial, workforce, referral, transportation, emergency response, and community-based supports necessary to provide timely and high-quality maternal health care in rural communities. This includes, but is not limited to, prenatal

[1] Kozhimannil KB, Hung P, Henning-Smith C, Casey MM, Prasad S. Association Between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States. *JAMA.* 2018;319(12):1239–1247. doi:10.1001/jama.2018.1830

care, labor and delivery, postpartum care, emergency stabilization, transfer systems, and culturally responsive community supports.

Selected vendors will engage rural hospitals and partners and stakeholders in planning, design, and implementation of the project; develop key research questions; identify, collect and analyze relevant qualitative and quantitative data; and provide recommendations to understand the factors that drive capacity to provide and ensure maternal health care in a community. Vendors will use a multifaceted approach to engage partners and stakeholders and use data to inform criteria for pilot funding to test models of sustainability of services that MDH will implement with RHTP funds in subsequent budget periods. Vendors will also provide an outline for evaluation of the progress and outcomes of this pilot funding.

Vendors are expected to be able to assess, interpret and evaluate the finances and operations of maternal health care delivery units in rural Minnesota hospitals or birth centers; produce detailed estimates of the current costs and future projections of care across the state; analyze where there are gaps in care; create financial modeling; and deliver recommendations on sustainable policy and financing practices to MDH.

Vendors will:

- Conduct the study, data analysis, and engagement process;
- Develop potential pilot models, funding parameters, and site or regional selection criteria;
- Provide technical assistance, as requested by MDH, to support pilot design, readiness assessment, or interpretation of financial and operational data; and
- Develop an initial evaluation framework that MDH and/or a future evaluation contractor may use to assess pilot implementation and outcomes.

Vendors are not expected to conduct the full evaluation of funded pilots under this scope unless MDH later identifies that work as an optional or a separately negotiated activity.

Vendors are expected to be able to assess, interpret and evaluate finances and operations of rural maternal health care delivery units in rural Minnesota hospitals or birth centers, produce detailed estimates of the current costs and future projections of care across the state, create financial modeling, and deliver recommendations on sustainable policy and financing practices to MDH.

MDH recognizes that rural communities may require different maternal health access strategies depending on geography, workforce availability, service volume, financial position, community need, and regional referral patterns. Recommendations may include strategies to sustain hospital-based labor and delivery services where feasible, strengthen prenatal and postpartum care, improve emergency stabilization and transfer systems, support regional partnerships, and identify alternative or complementary care models where local delivery services are not feasible.

MDH will provide oversight and direction throughout the project, including but not limited to:

- Making final selection of entities that are recommended and selected for advisory and other participatory roles
- Informing and participating in the development of key research questions
- Assisting in identification and final selection of data and measures
- Reviewing methods and recommendations.
- Proposing criteria for evaluation

2. Tasks and Deliverables.

The deliverables of this contract will be a set of recommendations for sustainable models of financing informed by technical expertise, engagement and facilitation of stakeholder experience, research and evaluation. The recommendations are intended to be the basis for pilot grants for hospitals or health systems to use to test strategies for the goals of sustainable rural maternal care delivery.

Responders should demonstrate how they will achieve the goals of the RFP and demonstrate their understanding of the factors that drive capacity to provide and ensure maternal health care in a rural community.

Responders should organize their proposals with the following deliverables:

2.1 **Work plan and project management approach**: The vendor will provide to MDH a detailed project work plan and timeline with a detailed schedule of tasks and deliverables.

As part of the project management strategy, the vendor will:

- Participate in at least monthly planning meetings with MDH, including a kick-off call within 14 days of contract execution and at least monthly project check-ins throughout the contract period. Monthly project calls should average 1 hour in duration and be held virtually. The project kick-off call should be no longer than 2 hours and can be split into two one-hour meetings as needed.
- Develop and provide meeting agendas.
- Submit quarterly written progress reports that summarize the project status and progress to date. Progress reports should be no longer than 2 pages in length, not including relevant data tables or figures.
- Provide ample time (at least two weeks per item) for MDH to provide input during the project period and review and provide feedback on all draft content and deliverables. MDH must approve all deliverables before final payment is made.

Deliverables: Kick-off meeting held; monthly planning meetings held; meeting agendas received; final work plan received; quarterly written progress updates received.

2.2 **Data Plan:** The vendor will provide MDH a proposed data plan that outlines potential data sources that will be used to complete all tasks and deliverables. The data plan must include:

- A description of data the vendor expects MDH to provide, if any.
- A description of data the vendor expects to obtain from publicly available or proprietary sources, if any.
- A description of data that may require participation from hospitals, health systems, birth centers, clinics, Tribal health organizations, or other providers, if any.
- Expected limitations in service-line-level financial, staffing, utilization, transfer, or payer-mix data.
- Proposed strategies for addressing missing, incomplete, inconsistent, or non-comparable data.

The vendor should identify any data access barriers early in the project and propose mitigation strategies for MDH review.

Deliverables: Initial data plan shared with MDH and revised based on feedback; final data plan reviewed and approved by MDH.

2.3 **Engagement process**: Under the direction of MDH, the vendor will engage rural partners in the development of the project design and identification of research and framing questions and resulting recommendations. MDH will retain final approval of all selection criteria and plan(s). The vendor will:

- Develop proposed criteria, rationale, and recommendations for identifying relevant partners that may be engaged as advisory members for program development. The final suggested criteria and rationale should be submitted to MDH within 45 days of contract execution.
- Include both provider and community perspectives in the proposed engagement approach. The total size of the group should not exceed 20 members, with the opportunity to consult additional perspectives as needed. Potential participants may include rural hospitals, health systems, clinics, birth centers, FQHCs, local public health, emergency medical services, doulas, midwives, family medicine physicians providing obstetric care, obstetric and maternal-fetal medicine specialists, Medicaid-serving providers, patients and families, community-based organizations, Tribal health organizations, and other partners identified by MDH. MDH will invite all organizations or individuals to participate.
- Codesign data selection, development of key questions, solutions and other methods. Vendors will describe their proposed framework that will be used to carry out and codesign the project. Frameworks should be evidence-based or otherwise proven to be successful for community-based participatory research design or rural engagement. MDH will not require a specific framework but expects vendors to provide an overview of the planned framework and justification for its selection.
- Support participation in the project by holding meetings with the full list of selected partners at least quarterly, preparing materials, supporting interpretation of financial, operational, and clinical data, and documenting stakeholder input. The vendor may also provide limited technical assistance, as directed by MDH, to support pilot design or readiness assessment. Any broader or ongoing technical assistance (TA) to future pilot grantees should be proposed as an optional or a separately priced activity.

Deliverables: Criteria and rationale for partner participants; project meetings held; meeting materials shared; a codesigned project and summary of engagement process.

2.4 **Recommendations:** The vendor will prepare and submit a set of draft recommendations for pilot funding parameters intended to sustain rural maternity care to MDH by March 31, 2027 and a final version of these recommendations by May 7, 2027.

Deliverables: Draft pilot models and financial scenarios; draft pilot selection criteria; draft recommendations report; initial evaluation framework; final report and presentation.

2.5 **Pilot sites:** The vendor will provide technical assistance to MDH and potential pilot sites throughout the pilot site selection and contracting process.

Deliverables: Technical Assistance (TA) provided through selection and contracting; meeting schedule with pilot sites established.

3. Recommendations Report: The Vendor will prepare and submit a draft of initial recommended actionable strategies for pilot project(s) or other models of support or recommendations by March 31, 2027. Strategies may be adopted at the discretion, and under the direction and administration, of MDH. MDH may use recommendations to grant funds to individual providers or groups of providers to implement selected strategies with future Minnesota RHTP dollars. Recommendations may be modified in subsequent budget years as information is gained through program evaluation.

- The recommendations report must include financial analysis sufficient to inform pilot design and financing recommendations. The vendor should propose and conduct scenario-based financial modeling, which may include:
  - The cost of maintaining existing rural labor and delivery services;
  - The gap between reimbursement and estimated service-line costs;
  - Minimum-volume or break-even considerations, where feasible;

        - Low-volume stabilization models; prenatal and postpartum care models in communities without local delivery services;
        - Workforce models such as family medicine obstetrics, midwifery, shared call coverage, telehealth-supported specialty care, or other approaches identified through the engagement process, and potential levels and types of public investment needed to support sustainable access.
    - The vendor should clearly identify assumptions, data limitations, and the extent to which estimates are statewide, regional, site-specific, or model-based.
    - This deliverable will be written in a report format. A draft of the report and sections should be shared with MDH in advance of the final report.
    - The report will include, but is not limited to, the following sections that summarize the outcomes of the design and engagement process:
        - Background
        - Key research questions
        - Methodology and analytic approach
        - Summary of the engagement and input process, to include a summary of how the selected framework was applied, and any challenges or lessons learned
        - Strategies and recommendations
            - Parameters for eligible grant activities that may result in funded pilot projects in rural sites, collaboration on a regional or statewide level, financing or policy recommendations to MDH, and other actionable strategies informed by the advisory group, literature, qualitative and quantitative data analysis and synthesis.
            - Selection criteria for potential pilot sites that will test practices, policies and funding mechanisms.
            - Intended outcomes or goals of each proposed strategy
            - Potential challenges and mitigation plan for each proposed strategy
        - Challenges, gaps or other barriers
        - Literature review
    - A PowerPoint or similar presentation slide deck that summarizes the key sections of the report will also be prepared as part of the recommendations report.
    - The vendor will propose initial evaluation criteria that MDH can use as a starting point to develop a subsequent proposal to evaluate implementation of the pilot funding.

    Deliverables: Report, presentation slide deck

General guidelines for all deliverables: The following are general guidelines when estimating the time and cost of deliverables.

A. Each deliverable defined in the Tasks above is subject to MDH's approval, and the vendor must allow MDH sufficient time (at least two weeks) to prepare and provide feedback.
B. Ease of use requirements.
    - All documents provided to MDH must be available in editable format in their original software program, not as a PDF.
    - For all written reports and presentations:
        - Reports and presentations should be written in plain language as much as possible and include tables and figures as appropriate.
        - Report should follow Minnesota's RHTP style guide, which will be provided by MDH.
        - Reports and presentations should be in an accessible format per the State of Minnesota Standards found here: https://www.health.state.mn.us/about/tools/accessibility.html Additional information

about plain language and accessibility is available here: https://mn.gov/mnit/media/blog/?id=38-614411.

- Any use of artificial intelligence (AI) to produce any component of the project tasks and deliverables must be disclosed to and approved by MDH *before* implementation. This requirement includes but is not limited to AI tools that are used in the collection or analysis of data and those used in the creation of content (e.g., text, images, figures, or graphs) for written deliverables. It is up to the discretion of MDH if any awarded respondent report will be published; however, it is the expectation that the report will be made accessible and not contain non-public information. If the report has non-public information, it must be stated which information is not public.

Optional Tasks: Responders are encouraged to propose additional tasks or activities if the task or activity will improve the results of the project. These optional tasks will not be scored as part of the evaluation process; cost proposals for optional tasks should be provided separately from the required tasks and the required tasks' cost proposal. If a responder chooses to not propose other tasks, it will not affect the responder's score as part of the evaluation process.

SECTION 3 – PROPOSAL INSTRUCTIONS AND ADDITIONAL INFORMATION

1. **Anticipated Contract Term.**

The term of this contract is anticipated to be from September 2026 to September 2027, with the option to extend up to an additional four (4) years in increments determined by the State.

2. **Question and Answer Instructions.**

All questions should be submitted no later than the date and time listed in Section 1, Instructions to Responders. The State is not obligated to answer questions submitted after the question due date and time.

Only personnel listed above are authorized to discuss this solicitation with responders. Contact regarding this solicitation with any personnel not listed above could result in disqualification. This provision is not intended to prevent responders from seeking guidance from state procurement assistance programs regarding general procurement questions.

If a Responder discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in the solicitation, please immediately notify the contact person detailed above in writing of such error and request modification or clarification of the document.

3. **Additional Tasks or Activities.**

Responders are encouraged to propose additional tasks, activities, or goods above and beyond the scope of what is requested in this solicitation if they will substantially improve the results of this procurement. Any costs associated with these additional tasks, activities, or goods should be clearly marked and separated from costs associated with the tasks, activities, or goods specifically requested under this solicitation. Because cost is a factor in the evaluation of responses to this solicitation, failure to separate costs for additional tasks, activities, or goods may result in those costs being included in a responder's cost proposal and result in a lower cost score for that proposal.

SECTION 4 – PROPOSAL CONTENT

Please submit the following information. Responses should be 12-point font and double-spaced and adhere to the page limits as indicated. Responses should be submitted as Microsoft Word or PDF files. All pages exceeding the page limit will not be reviewed nor evaluated.

Technical Proposal (15 pages total): Responder should provide the contents of the technical proposal in a single document with a table of contents that clearly identifies each section. Responders are encouraged to use headers to organize their proposals. Responders should demonstrate how they will achieve the goals of the RFP and demonstrate their understanding of the factors that drive capacity to provide and ensure maternal health care in a rural community, including addressing all deliverables in Section 2: Tasks and Deliverables of the RFP.

This document should NOT list cost detail. If any cost detail is included in this document, the State may disqualify the proposal as non-responsive.

1.1 Proposed Approach (10-page limit). Responder should provide a clear and concise summary of the responder's understanding of MDH's needs and intended results, including a description of the value that the responder brings to the project. Responders should describe how their approach will allow the State to meet RHTP goals. Responders are advised here and elsewhere that restating language from this solicitation is not an adequate response. The summary should not be more than 2 pages of the total proposed approach.

Responder should provide the following:

1.1.1 A detailed plan that identifies all tasks to be accomplished to complete each deliverable and the proposed timeline for completion. This plan will be used as a scheduling and project management tool, as well as the basis for invoicing.

1.1.2 A description of all deliverables to be provided by the Responder and the person (or role) responsible for completion of each deliverable.

1.1.3 A description of measurable outcomes for each deliverable to assess the success of that deliverable.

1.1.4 The plan should describe how the responder will conduct the study, engage stakeholders, analyze financial and operational data, develop pilot models or strategies, recommend pilot selection criteria, and prepare an initial evaluation framework.

1.1.5 A description of potential challenges that may be encountered and a proposed strategy to address those challenges. The response should specifically address anticipated challenges related to data access, service-line-level financial analysis, rural hospital participation, stakeholder engagement, Tribal engagement, small-volume analysis, and generalizability of findings across rural communities.

1.1.6 Responders should describe their proposed methodology, analysis and financial modeling approach, including anticipated scenarios, data sources, assumptions, limitations, and how the analysis will inform pilot funding or financing recommendations. Responders should describe any data sources that are expected to be used, and how they will collect, analyze, and interpret data.

1.1.7 Responders should describe how they will develop distinct recommendations for various audiences with potential evaluation measures.

Responders should address each task and deliverable one by one and. The proposal should indicate any tasks or roles that will be subcontracted, if applicable.

1.1.7.1 Optional: Responders may also propose additional tasks or activities if they will improve the results of the project.

1.2 Qualifications and Experience (5 pages plus resumes). Responder should provide a description of background and experience with examples of similar work done by the responder and a list of personnel who will conduct the project, detailing their training, relevant work experience and corresponding project role. This should include any sub-contractors that will be working on the project. If applicable, please note how the responder meets the Desired Qualifications listed below. Resumes or other information about project personnel should not, if possible, contain personal telephone numbers, home addresses, or home email addresses. If it is necessary to include personal contact information, please clearly indicate in the response that personal contact information is being provided. Resumes do not count toward the 5-page limit.

1.2.1 Mandatory qualifications for the responding organization. Mandatory qualifications will be assessed on a pass/fail basis. Responders should clearly identify in their proposal how they meet these qualifications. Experience can be the experience of an individual employee or combined collective experience within an organization:

- At least five (5) years of experience in convening and facilitating conversations among large groups to come to a common goal.
- At least five (5) years of experience in health services research.
- At least five (5) years of experience with hospital finances, cost accounting, and providing technical assistance to hospital financial staff.
- At least five (5) years of experience working on projects that serve rural health or healthcare.
- Experience from two (2) or more projects conducting research for, or in partnership with, states for policy development.
- Experience from two (2) or more projects with research plans informed by a wide range of stakeholders with different perspectives and backgrounds.

1.2.2 Desired qualifications:

- Experience from two (2) or more projects related to Minnesota healthcare and healthcare policy.
- At least two (2) years of experience working on projects in maternal healthcare.

2. Work Sample (Does not count toward the page limit). Responder should complete and submit "Attachment E: Work Samples" with their response. Responder should submit at least 2 completed work samples with their response. Work samples should demonstrate similar deliverables, skills or methods that will be implemented under this contract. Responders are advised to choose samples that are limited to a two-page count.

   The State reserves the right to verify the information submitted on Attachment E before an award is made. The solicitation response will be rejected if the State, in its sole discretion, receives information that indicates the Responder is non-responsible or non-responsive.

3. Cost Detail. Complete and submit Attachment C, "Cost Detail," attached to this solicitation. The Cost Detail must be submitted as a separate attachment from the technical proposal.

   The submission instructions for the cost detail are available in the attachments of this solicitation.

4. Sample Transaction Documents (Do not count toward the page limit. Sample transaction documents will not be scored as part of the evaluation process). Prior to award, a potential successful Responder must submit samples of any transaction documents proposed for use under the resulting contract. The State will review the transaction

documents to ensure they contain sufficient detail and to review additional terms and conditions contained therein, if any. The State reserves the right to request additional detail in the transaction documents or to reject additional terms and conditions within transaction documents. Once approved by the State, Contractor may not materially change transaction documents unless a change has been approved in writing by the Commissioner of Administration, as delegated to the Office of State Procurement. Any terms and conditions included in transaction documents but not approved by the State are voidable by the State. Any terms and conditions that are in conflict with Minnesota law or in conflict with the terms of the State Contract are void. Failure to void a non-approved term or condition included in a transaction document does not waive the State's right to void any non-approved term or condition.

Please clearly label and submit all requested documentation, including, but not limited to, the following documents:

- Technical Proposal
- Attachment A: Responder Declarations
- Attachment B: Exceptions to State's Standard Terms and Conditions
- Attachment C: Cost Proposal
- Attachment D: Responder Forms
    - Workforce and Equal Pay Declaration Page
- Attachment E: Work Samples
- Attachment F: Federal Award Compliance Requirements

<u>DO NOT INCLUDE</u> Non-Public/Trade Secret data (as defined by Minn. Stat. § 13.37).

SECTION 5 – EVALUATION PROCEDURE AND CRITERIA

The State will conduct an evaluation of responses to this Solicitation. The evaluations will be conducted in three phases:

Phase 1 - Review responses for responsiveness and pass/fail requirements
Phase 2 - Evaluate responses
Phase 3 - Select finalist(s)

1. Phase 1 – Responsiveness and Pass/Fail Requirements

The purpose of this phase is to determine if each response complies with mandatory requirements. The State will first review each proposal for responsiveness to determine if the Responder satisfies all mandatory requirements. The State will evaluate these requirements on a pass/fail basis.

Mandatory Requirements. The following will be considered on a pass/fail basis:

- Responses must be received by the due date and time specified in this RFP.
- All responses to this solicitation (termed an "Event" within SWIFT) must be submitted through SWIFT using the Supplier portal (https://mn.gov/supplier).
    - Responses must include all content described in section 4 and all Responder forms.
- Respondents should specifically and clearly indicate the experiences that satisfy the qualifications in Section 4: Proposal Content, Mandatory Qualifications for this RFP, also listed here:
    - Mandatory qualifications for the responding organization. Experience can be the experience of an individual employee or combined collective experience within an organization:
        - At least five (5) years of experience in convening and facilitating conversations among large groups to come to a common goal.
        - At least five (5) years of experience in health services research.
        - At least five (5) years of experience with hospital finances, cost accounting, and providing technical assistance to hospital financial staff.
        - At least five (5) years of experience working on projects that serve rural health or healthcare.
        - Experience from two (2) or more projects conducting research for, or in partnership with, states for policy development.
        - Experience from two (2) or more projects with research plans informed by a wide range of stakeholders with different perspectives and backgrounds.

2. Phase 2 - Evaluate Responses

Only those responses found to have met Phase 1 criteria will be considered in Phase 2. The factors and weighting on which responses will be evaluated are:

1.	Proposed Approach	400 points
2.	Qualifications, Experience and Work Samples	300 points
3.	Cost Detail	300 points
		1000 points

3. Phase 3 - Select Finalist(s)

Only those responses that have been evaluated under Phase 2 shall be eligible for Phase 3.
The State will make its selection based on best value, as determined by this evaluation process. The State reserves the right to pursue negotiations on any exception taken to the State's standard terms and conditions. In the event that negotiated terms cannot be reached, the State reserves the right to terminate negotiations and begin negotiating with the next highest scoring responder or take other actions as the State deems appropriate. If the State anticipates multiple awards, the State reserves the right to negotiate with more than one Responder.

It is anticipated that the evaluation and selection will be completed by September 30, 2026.

SECTION 6 – UNENFORCEABLE TERMS AND SOLICITATION TERMS

Unenforceable Terms

As of July 1, 2025, certain terms are unenforceable in state contracts. See Session Laws, 2025 Regular Session, Chapter 39, Article 2, Section 45.

Unenforceable terms

(a) A contract entered into by the state shall not contain a term that:

(1) requires the state to defend, indemnify, or hold harmless another person or entity, unless specifically authorized by statute;
(2) binds a party by terms and conditions that may be unilaterally changed by the other party;
(3) requires mandatory arbitration;
(4) attempts to extend arbitration obligations to disputes unrelated to the original contract;
(5) construes the contract in accordance with the laws of a state other than Minnesota;
(6) obligates state funds in subsequent fiscal years in the form of automatic renewal as defined in section 325G.56; or
(7) is inconsistent with chapter 13, the Minnesota Government Data Practices Act.

(b) If a contract is entered into that contains a term prohibited in paragraph (a), that term shall be void and the contract is enforceable as if it did not contain that term.

Solicitation Terms

1. **Competition in Responding**

The State desires open and fair competition. Questions from responders regarding any of the requirements of the Solicitation must be submitted in writing to the Solicitation Administrator listed in the Solicitation before the due date and time. If changes are made the State will issue an addendum.

Any evidence of collusion among responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.

2. **Addenda to the Solicitation**

Changes to the Solicitation will be made by addendum with notification and posted in the same manner as the original Solicitation. Any addenda issued will become part of the Solicitation.

3. **Data Security - Foreign Outsourcing of Work is Prohibited**

All storage and processing of information shall be performed within the borders of the United States. This provision also applies to work performed by subcontractors at all levels.

4. **Joint Ventures**

The State allows joint ventures among groups of responders when responding to the solicitation. However, one responder must submit a response on behalf of all the others in the group. The responder that submits the response will be considered legally responsible for the response (and the contract, if awarded).

5. **Withdrawing Response**

A responder may withdraw its response prior to the due date and time of the Solicitation. For solicitations in the SWIFT Supplier Portal, a responder may withdraw its response from the SWIFT Supplier Portal. For solicitations done any other way, a responder may withdraw its response by notifying the Solicitation Administrator in writing of the desire to withdraw.

After the due date and time of this Solicitation, a responder may withdraw a response only upon showing that an obvious error exists in the response. The showing and request for withdrawal must be made in writing to Solicitation Administrator within a reasonable time and prior to the State's detrimental reliance on the response.

6. Rights Reserved

The State reserves the right to:

- Reject any and all responses received;
- Waive or modify any informalities, irregularities, or inconsistencies in the responses received;
- Negotiate with the highest scoring Responder[s];
- Terminate negotiations and select the next response providing the best value for the State;
- Consider documented past performance resulting from a State contract may be considered in the evaluation process;
- Short list the highest scoring Responders;
- Require Responders to conduct presentations, demonstrations, or submit samples;
- Interview key personnel or references;
- Request a best and final offer from one or more Responders;
- The State reserves the right to request additional information ; and
- The State reserves the right to use estimated usage or scenarios for the purpose of conducting pricing evaluations. The State reserves the right to modify scenarios, and to request or add additional scenarios for the evaluation.

7. Samples and Demonstrations

Upon request, Responders are to provide samples to the State at no charge. Except for those destroyed or mutilated in testing, the State will return samples if requested and at the Responder's expense. All costs to conduct and associated with a demonstration will be the sole responsibility of the Responder.

8. Responses are Nonpublic during Evaluation Process

All materials submitted in response to this Solicitation will become property of the State. During the evaluation process, all information concerning the responses submitted will remain private or nonpublic and will not be disclosed to anyone whose official duties do not require such knowledge. Responses are private or nonpublic data until the completion of the evaluation process as defined by Minn. Stat. § 13.591. The completion of the evaluation process is defined as the State having completed negotiating a contract with the selected responder. The State will notify all responders in writing of the evaluation results.

9. Trade Secret Information

9.1 Responders must not submit as part of their response trade secret material, as defined by Minn. Stat. § 13.37.

9.2 In the event trade secret data are submitted, Responder must defend any action seeking release of data it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments awarded against the State in favor of the party requesting the data, and any and all costs connected with that defense.

9.3 The State does not consider cost or prices to be trade secret material, as defined by Minn. Stat. § 13.37.

9.4 A responder may present and discuss trade secret information during an interview or demonstration with the State, if applicable.

10. **Conditions of Offer**

Unless otherwise approved in writing by the State, Responder's cost proposal and all terms offered in its response that pertain to the completion of professional and technical services and general services will remain firm for 180 days, until they are accepted or rejected by the State, or they are changed by further negotiations with the State prior to contract execution.

11. **Award**

Any award that may result from this solicitation will be based upon the total accumulated points as established in the solicitation. The State reserves the right to award this solicitation to a single Responder, or to multiple Responders, whichever is in the best interest of the State, providing each Responder is in compliance with all terms and conditions of the solicitation. The State reserves the right to accept all or part of an offer, to reject all offers, to cancel the solicitation, or to re-issue the solicitation, whichever is in the best interest of the State.

12. **Requirements Prior to Contract Execution**

Prior to contract execution, a responder receiving a contract award must comply with any submittal requests. A submittal request may include, but is not limited to, a Certificate of Insurance.