REQUEST FOR PROPOSAL

Healthcare Benefits for Members

Issue Date: November 2, 2026

RFP Reference No.: RFP26.10.003

COWLITZ INDIAN TRIBE

1055 9th Avenue
Longview, WA 98632

Feasibility Study, Strategic Design, and Implementation Framework for a Nationwide Tribal Member Health Benefits Program

RFP Number	RFP26.10.003
RFP Issue Date	11/02/2026
Deadline for Questions	11/16/2026
Responses to Questions	11/23/2026
Proposal Due Date and Time	30 days from issue date by 5 PM
Single Point of Contact	Amanda Moyer at amoyer@cowlitz.org

Proposals shall be submitted electronically to Amanda Moyer at amoyer@cowlitz.org

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1. Introduction

The Cowlitz Indian Tribe (the "Tribe") is soliciting proposals from qualified healthcare consulting firms, tribal health experts, actuaries, employee benefit specialists, healthcare policy organizations, third-party administrators, and related professionals to evaluate, design, and recommend a sustainable healthcare benefits program that provides meaningful healthcare coverage and access to healthcare services for enrolled Tribal members regardless of where they reside within the United States.

The Tribe recognizes that Tribal members live both within and outside the Tribe's traditional service area and seeks innovative solutions that ensure equitable access to healthcare benefits and services for all Tribal citizens.

The selected consultant will conduct a comprehensive assessment and provide recommendations regarding healthcare benefit structures, funding mechanisms, administration models, legal considerations, and implementation strategies.

2. Background

The Cowlitz Indian Tribe is a federally recognized sovereign nation committed to improving the health and well-being of its citizens. Tribal members reside throughout Washington State, neighboring states, and across the United States.

Currently, Tribal members may access healthcare through a variety of programs and systems, including:

- Indian Health Service (IHS)
- Tribal Health Programs
- Urban Indian Health Clinics
- Medicaid
- Medicare
- Affordable Care Act Marketplace Plans
- Employer-Sponsored Health Insurance
- Veterans' Health Administration
- Commercial Healthcare Plans

The Tribe seeks to explore whether a Tribal healthcare benefit program can be developed that supplements, coordinates, or serves as a primary healthcare benefit for eligible Tribal members regardless of geography.

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3. Purpose of the RFP

The purpose of this RFP is to identify a qualified consultant to evaluate and develop a strategic framework for a Tribal Member Health Benefits Program.

The consultant will provide objective analysis and recommendations addressing:

- Healthcare needs of Tribal members.
- Potential healthcare benefit structures.
- Funding models.
- Legal and regulatory considerations.
- Administrative requirements.
- Financial sustainability.
- Risk management.
- National provider access.
- Telehealth opportunities.

- Long-term implementation strategies.

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4. Project Objectives

The selected consultant shall develop recommendations that help the Tribe answer the following questions:

A. Program Design

What healthcare benefit structures are available to federally recognized Tribes? Should the Tribe establish:

- Should the Tribe establish:
- A self-funded health plan
- A fully insured health plan
- A wraparound benefit plan
- A healthcare reimbursement arrangement
- A hybrid model

B. Eligibility

Which populations should be eligible for benefits, and under what criteria? Options to evaluate include:

- All enrolled Tribal members
- Tribal members and dependents
- Elders
- Children

C. Coverage

What services should be included?

- Medical
- Behavioral health
- Dental
- Vision
- Pharmacy

- Telehealth
- Preventive care
- Traditional and cultural wellness services

D. Sustainability

- What funding sources are available?
- What level of Tribal subsidy is required?
- What are the short-term and long-term financial implications?

E. Access

- How can nationwide healthcare access be provided?
- Can national provider networks be leveraged?
- What role can telehealth play?

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5. Scope of Work

The selected consultant shall perform the following tasks. The Tribe anticipates completion within approximately 6 to 9 months after contract execution. Proposers may recommend an alternative timeline when supported by their proposed methodology and shall explain any assumptions affecting the schedule.

Phase I: Assessment and Discovery

Demographic Analysis

Review Tribal data and assess:

- Current Tribal enrollment population.
- Geographic distribution of Tribal members.
- Age demographics.
- Healthcare utilization patterns.
- Existing insurance coverage patterns.

Healthcare Needs Assessment

Conduct surveys of Tribal members, stakeholder interviews, focus groups, and community engagement sessions.

Evaluate:

- Access barriers.
- Unmet healthcare needs.
- Mental health needs.
- Specialty care challenges.
- Geographic disparities.

Phase II: Healthcare Benefit Model Analysis

Evaluate the feasibility of multiple healthcare benefit approaches including:

Model	Healthcare Benefit Approach
Model 1	Tribal-sponsored self-funded health plan
Model 2	Fully insured Tribal healthcare plan
Model 3	Health reimbursement arrangement (HRA)
Model 4	Wraparound benefits supplementing existing insurance
Model 5	Catastrophic care assistance program
Model 6	Tribal healthcare trust fund model
Model 7	Telehealth-centered healthcare benefit model
Model 8	Hybrid healthcare benefit program

For each model, the consultant shall provide advantages, disadvantages, administrative requirements, cost estimates, sustainability analysis, risk assessment, scalability, member access implications, and implementation feasibility.

The consultant shall provide a comparative decision matrix evaluating each viable model against consistent criteria, including cost, member access, administrative complexity, legal and regulatory considerations, financial risk, scalability, sustainability, and implementation feasibility. The consultant shall identify a recommended model, or combination of models, and clearly explain the basis for the recommendation.

Phase III: Legal and Regulatory Analysis

Evaluate Tribal sovereignty considerations; IHS and Purchased Referred Care coordination; HIPAA compliance; ERISA applicability; Internal Revenue Service requirements; Affordable Care Act requirements; Medicare and Medicaid coordination; multi-state healthcare accessibility; state insurance regulations; and provider contracting requirements.

The analysis shall identify which federal and state requirements apply or do not apply to each proposed model based on the Tribe's status as a federally recognized sovereign government. It shall identify unresolved legal questions, material assumptions, and areas requiring specialized legal counsel or additional Legal Department review before implementation.

Phase IV: Financial Feasibility Study

Cost Projections

Develop three-year, five-year, and ten-year cost projections, clearly stating all assumptions and sensitivity factors.

Funding Analysis

Evaluate potential funding sources including:

- Tribal governmental revenues
- Federal grants
- IHS resources
- Third-party reimbursements
- Healthcare trust funds

- Investment-generated revenues

Actuarial Analysis

Provide estimated annual claims costs, administrative expenses, reserve requirements, financial risk exposure, and stop-loss recommendations.

Phase V: Administrative Structure Assessment

Identify and evaluate internal administration through the Tribal Health and Human Services Department, a dedicated healthcare authority, or a Tribal healthcare corporation. Evaluate external administration through third-party administrators, benefits administrators, and managed care organizations. Provide recommendations regarding staffing, governance, operational oversight, reporting requirements, and the division of responsibilities between the Tribe and outside vendors.

Phase VI: Nationwide Access Strategy

Develop recommendations regarding national and regional provider networks, Urban Indian Health Programs, Tribal Health Programs, telehealth partnerships, direct provider contracts, network leasing arrangements, reimbursement models, and care coordination systems.

Phase VII: Final Strategic Plan

Provide strategic recommendations regarding the preferred healthcare benefit model, governance structure, funding strategy, and administrative framework. Provide an implementation plan that includes a timeline, milestones, budget estimates, staffing requirements, procurement recommendations, dependencies, and decisions required from Tribal leadership.

Identify financial, administrative, legal, and operational risks and provide corresponding mitigation strategies. Recommendations shall distinguish among models that are legally permissible, financially sustainable, and operationally feasible and shall identify

assumptions, dependencies, unresolved questions, and additional actions required before implementation.

Data Privacy Security and Tribal Data Sovereignty

The consultant shall protect all Tribal, enrollment, demographic, survey, utilization, financial, and health-related information received or created during the project. The proposal shall describe the firm's data security and confidentiality practices, including data collection, transmission, access controls, storage locations, encryption, incident response, retention, destruction, and management of subcontractors or third parties with access to Tribal data.

All project data and work products shall remain the property of the Tribe unless otherwise agreed in writing. The consultant shall comply with HIPAA when applicable and acknowledge the Tribe's authority to govern the collection, ownership, use, access, and disposition of Tribal data. Any proposed use of cloud services, artificial intelligence tools, offshore resources, or secondary data uses must be disclosed and approved by the Tribe in writing before use.

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6. Deliverables

1. Deliverable 1: Project Work Plan and Schedule
2. Deliverable 2: Healthcare Needs Assessment Report
3. Deliverable 3: Healthcare Benefits Options Analysis and Comparative Decision Matrix
4. Deliverable 4: Financial and Actuarial Feasibility Study
5. Deliverable 5: Legal and Regulatory Analysis
6. Deliverable 6: Nationwide Access and Provider Network Strategy
7. Deliverable 7: Draft Strategic Healthcare Benefits Program Plan
8. Deliverable 8: Final Healthcare Benefits Program Recommendation Report
9. Deliverable 9: Presentation to Tribal Council
10. Deliverable 10: Implementation Roadmap

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7. Minimum Qualifications

Proposers should demonstrate:

- Minimum five years' healthcare consulting experience.
- Experience with tribal governments.
- Healthcare financing expertise.
- Actuarial capabilities.
- Benefits administration expertise.
- Experience designing health plans.
- Knowledge of Indian Health Service systems.
- Experience working with geographically dispersed populations.
- Preference will be given to firms with demonstrated experience assisting tribes in developing member health benefit programs.

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8. Proposal Requirements

To support a consistent and equitable evaluation, proposals shall follow the organization below and include all requested information.

A. Executive Summary

Summarize the proposer's understanding of the project, proposed approach, principal qualifications, and key differentiators.

B. Firm Qualifications

Provide the firm's organizational history, healthcare consulting experience, actuarial and benefits expertise, and capacity to complete the work.

C. Relevant Tribal Experience

Describe experience with Tribal governments, Tribal member benefit programs, IHS and Purchased Referred Care coordination, Tribal healthcare financing, and geographically dispersed populations.

D. Project Team and Key Personnel

Identify key personnel, roles, relevant credentials, and availability. Include resumes and disclose subcontractors or partner organizations.

E. Technical Approach and Methodology

Describe the detailed methodology for completing each phase of the scope of work, stakeholder engagement methods, data requirements, quality assurance, and the process for developing recommendations.

F. Data Privacy Security and Tribal Data Sovereignty

Describe the proposer's safeguards, data ownership approach, retention and destruction practices, incident response, subcontractor controls, and any proposed use of cloud services or artificial intelligence tools.

G. Project Schedule and Milestones

Provide a proposed schedule showing major tasks, deliverables, review periods, decision points, and dependencies. Explain any proposed deviation from the Tribe's anticipated duration.

H. Cost Proposal

Provide a detailed cost breakdown for professional fees, travel, data analysis, actuarial services, subcontractors, and all other project expenses. Identify assumptions and optional services separately.

I. References

Provide at least three references from comparable projects, preferably for Tribal governments or Tribal healthcare programs.

9. Evaluation Criteria

Criteria	Weight
Tribal Healthcare Experience	25%
Technical Approach	25%
Healthcare Benefit Design Experience	20%
Financial and Actuarial Expertise	15%
Project Team Qualifications	10%

Cost Proposal	5%

The Tribe reserves the right to reject any or all proposals; issue no contracts; request clarifications; conduct interviews; verify references; negotiate terms; modify scope, portfolio assignments, or timelines; or cancel and reissue this RFP at any time.

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10. Tribal Sovereignty, Order of Precedence.

The Tribe reserves the right to reject any or all proposals; request clarifications; conduct interviews; verify references; negotiate terms; modify scope, portfolio assignments, or timelines; or cancel and reissue this RFP at any time.

A. Sovereign Immunity; No Waiver: Nothing in this RFP, the Tribe's issuance of this solicitation, evaluation of proposals, communications with proposers, selection of any proposer, or any subsequent negotiations shall be construed as a waiver of the Tribe's sovereign immunity. Any waiver of sovereign immunity must be expressly authorized by written action of Tribal Council and, if granted, shall be specific and limited to the particular matter identified in the written authorization.

B. Dispute Resolution; No Arbitration/Mediation: The Tribe does not agree to mandatory arbitration or mediation provisions. Any dispute resolution mechanism proposed by a proposer — including arbitration, mediation, or consent to jurisdiction — must be expressly disclosed in the proposal. The Tribe will not accept any dispute resolution provision that requires arbitration or mediation unless expressly authorized in writing by Tribal Council.

C. Order of Precedence

(i) **Contract Documents.** Any contract resulting from this RFP (the "Contract") will consist of the following documents, each of which is incorporated by reference: (1) the negotiated and executed agreement between the Tribe and the successful Proposer, including its exhibits and any written amendments (the "Agreement"); (2) this RFP, including all addenda issued by the Tribe; and (3) the successful Proposer's proposal, including any clarifications or best and final offer accepted in writing by the Tribe (the "Proposal").

(ii) **Conflicts.** In the event of any conflict, inconsistency, or ambiguity among the Contract documents, the documents will control in the following order of precedence: (1) the

Agreement; (2) this RFP, including all addenda, with later-issued addenda controlling over earlier addenda and over the RFP; and (3) the Proposal.

(iii) **Proposer Terms Excluded.** No terms, conditions, assumptions, limitations, or exceptions contained in the Proposal or in any document submitted with it, including any license agreement, terms of service, purchase order acknowledgment, invoice, or other form furnished by the Proposer, will become part of the Contract or bind the Tribe unless expressly set forth in the Agreement or accepted in a writing signed by an authorized representative of the Tribe that specifically identifies the term being accepted. Any such term not so accepted is void, regardless of whether the Tribe objects to it, and regardless of any "click-through," "shrink-wrap," or similar acceptance mechanism.

(iv) **Construction.** The Contract will be construed as a whole and in accordance with its fair meaning, and no presumption will arise against the Tribe as the drafting party.

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11. Desired Outcome

At the completion of this project, the Tribe will possess a comprehensive blueprint and implementation strategy that answers the central question:

How can the Cowlitz Indian Tribe create and sustain a healthcare benefit program that provides equitable, affordable, and accessible healthcare benefits to all enrolled Tribal members, regardless of where they reside within the United States?

The resulting plan should provide Tribal leadership with the information necessary to make informed decisions regarding funding, administration, implementation, and long-term sustainability of a Tribal Member Health Benefits Program.