STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

RFP NO. 2020HCA2

NOTE: *If you download this RFP from the Health Care Authority website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP amendments or bidder questions/agency answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure.*

PROJECT TITLE: Administration of Tax-Advantaged Accounts (Flexible Spending Arrangements, Dependent Care Assistance Program Accounts, Health Benefit Accounts and Heath Savings Accounts)

PROPOSAL DUE DATE: November 4, 2020 by 2:00 p.m. *Pacific Standard Time,* Olympia, Washington, USA.

E-mailed bids will be accepted. Faxed bids will not.

ESTIMATED TIME PERIOD FOR CONTRACT: HCA estimates the Contract will be signed in February 2021 in order to begin contracted terms for open enrollment in the fall of 2021. The Benefits Start Date is January 1, 2022 and will extend through December 31, 2026.

HCA reserves the right, in its sole discretion, to extend this Contract for six (6) periods of up to one (1) year each.

BIDDER ELIGIBILITY: This procurement is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

Washington State Health Care Authority

1. INTRODUCTION

1.1. DEFINITIONS

Definitions for the purposes of this RFP include:

Administrator – A third party administrator contracted to provide services for tax-advantaged accounts that can be used by Participants.

Apparent Successful Bidder (ASB) – Any Bidder selected as an entity to perform the anticipated services under this RFP, subject to completion of contract negotiations and execution of a written contract.

Benefits Start Date – The day the ASB will begin providing benefit coverage under the Contract. This date is currently scheduled for January 1, 2022.

Bidder – An entity interested in the RFP that submits a Proposal in order to attain a contract with the Health Care Authority.

Blended Rate – The weighted average of the administrative fee per account type (FSA, DCAP, HBA, HSA).

Business Day – Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the State of Washington, unless otherwise specified within the RFP.

Calendar Day – Any calendar day, including weekends and holidays. All statements referring to a number of Days mean calendar days, regardless of the number of Days, unless something different is explicitly specified. If the time when something must be performed falls on a weekend, a day observed as a holiday by the State of Washington as an employer, or a day when HCA is officially closed for other reasons, then that action is due on the next Business Day. Day one is the Day after receipt, unless something different is explicitly specified.

Claim – A request by the Participant for payment or reimbursement for Qualified Medical Expenses, Out-of-Pocket Costs, or dependent care expenses. Claims may be made using a benefits card to pay the provider directly, or by submitting a claim form with documentation after an expense has been incurred.

COFA Islander – A person who originates from the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau but currently resides in Washington State.

COFA Islander Health Care – An HCA-administered program that pays the premium and Out-of-Pocket Costs for a silver level qualified health plan for eligible COFA Islanders.

Compact of Free Association (COFA) – A legal agreement between the government of the United States and the governments of the Federated States of Micronesia (U.S. Pub. L. 108-188); the Republic of the Marshall Islands (U.S. Pub. L. 108-188); and the Republic of Palau (U.S. Pub. L. 99-658).

Confidential Information – Information that may be exempt from disclosure to the public or other unauthorized persons under chapter 42.56 RCW or 70.02 RCW or any other state or federal statues or regulations. Confidential Information includes, but is not limited to, any information identifiable to an individual that relates to a person's health (also see Protected Health Information), finances, education, business, use or receipt of governmental services, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and any other identifying numbers, or law enforcement records, as well as HCA source code or object code, or HCA or State security information.

Contract – A written agreement, resulting from this procurement, between an ASB and HCA, including all exhibits, schedules, attachments, and other terms or documents referred to, incorporated by reference, or attached hereto. HCA's Draft Contract is included as Exhibit F.

Contractor – What an ASB becomes after a Contract has been executed. This includes its employees and agents, and any firm, provider, organization, individual or other entity performing services under the Contract. It also includes any Subcontractor retained by Contractor as permitted under the terms of the Contract.

Data – Information produced, furnished, acquired, or used by Bidder in meeting the measured requirements outlined in this RFP.

Dependent – An eligible spouse, Washington State state-registered domestic partner, and/or child, who meets the PEBB and/or SEBB Program eligibility requirements as described in WAC 182-12-250, WAC 182-12-260, and WAC 182-31-140.

Dependent Care Assistance Program (DCAP) – Employer-sponsored benefit that allows the Participant to set aside a pretax portion of their gross earnings to use for eligible child or elder care expenses.

Employee and Retirees Benefits Division (ERB) – HCA division which administers insurance coverage and other benefits for eligible state and school employees, their families, and retirees. Oversees the design, procurement, and delivery of plans as well as communication and marketing related to the programs. Promotes wellness programs and activities to make healthy choices easier for employees.

Flexible Spending Arrangement (FSA) – Employer-sponsored benefit that allows the Participant to set aside a pretax portion of their gross earnings to use for Qualified Medical Expenses.

HCA Account Manager – An employee of HCA designated to represent HCA in matters relating to the Contract.

Health Benefit Account (HBA) – An account funded by HCA to be used by Participants in COFA Island Health Care to pay for Out-of-Pocket Costs.

Health Savings Account (HSA) – A tax-advantaged savings account in which Participants, the employer, and others may deposit funds, which may be used to pay or reimburse Qualified Medical Expenses.

High Deductible Health Plan (HDHP) – HDHPs offer lower premiums, a higher medical deductible, and a higher medical out-of-pocket limit than most traditional health plans. The PEBB program uses the term Consumer-Directed Health Plan (CDHP). The SEBB program uses the term High Deductible Health Plan (HDHP).

Open Enrollment – A period of time during which an eligible Participant may enroll in or change their election in tax-advantaged accounts.

Out-of-Pocket Costs – Copayments, coinsurance, deductibles, and other cost-sharing requirements imposed under a qualified health plan for services, pharmaceuticals, devices, and other health benefits covered by the plan and rendered as in-network. Excludes premiums, balance billing amounts for out-of-network providers, and spending for noncovered services.

Participant – Individual who is eligible for and enrolled in a PEBB or SEBB tax-advantaged account, or COFA Islander Health Care.

Plan Year – The annual benefit period, which coincides with the then-current calendar year.

Proposal – A formal offer submitted in response to this RFP.

Protected Health Information (PHI) – As defined by 45 C.F.R. §160.103.

Public Employees Benefits Board (PEB Board) – An authorized board of individuals that design benefits and determine the terms and conditions for participation in health insurance benefits for eligible public employees and retirees under chapter RCW 41.05.

Public Employees Benefits Board (PEBB) Program – The program administered by HCA that purchases and coordinates benefits for eligible public employees as defined in RCW 41.05.011.

Qualified Medical Expenses – Expenses specified in the plan that generally would qualify for the medical and dental expenses deduction. Also, non-prescription medicines (other than insulin) aren't considered qualified medical expenses for FSA purposes. A medicine or drug will be a qualified medical expense for FSA purposes only if the medicine or drug: requires a prescription, is available without a prescription (an over-the-counter medicine or drug) and you get a prescription for it, or is insulin.

Request for Proposals (RFP) – Formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the bidder community to suggest various approaches to meet the need at a given price.

Revised Code of Washington (RCW) – Any references to specific titles, chapters, or sections of the RCW, including any substitute, successor, or replacement title, chapter, or section.

School Employees Benefits Board (SEB Board) – A board made up of individuals appointed by the Governor that is authorized to design and approve insurance benefit plans for school employees and to establish eligibility criteria for participation in benefit plans under RCW 41.05.

School Employees Benefits Board (SEBB) Program – The program administered by HCA that purchases and coordinates benefits for eligible school employees as defined in RCW 41.05.011.

Silver level qualified health plan – The second tier of health plans offered on the Health Benefit Exchange Marketplace which covers approximately 70% of health insurance expenses.

Subcontractor – A person, partnership, or entity not in the employ of or owned by the Bidder, who is performing all or part of those services under a separate contract with or on behalf of the Bidder. The terms "Subcontractor" mean Subcontractors in any tier.

Tax-advantaged accounts – Pre-tax or tax-exempt accounts used to pay for qualified medical and dependent care expenses. For purposes of this RFP, HBAs are tax-advantaged accounts.

Washington Administrative Code (WAC) – Any references to specific titles, chapters, or sections of the WAC includes any substitute, successor, or replacement title, chapter, or section.

1.2. **ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES**

Issue Request for Proposals	September 21, 2020
Letter of Intent Due	September 28, 2020 – 2:00 p.m. PT
First Round of Bidder Questions Due	September 29, 2020 – 2:00 p.m. PT
First Round Answers Posted	October 6, 2020
Second Round of Bidder Questions Due	October 14, 2020 – 2:00 p.m. PT
Second Round Answers Posted	October 21, 2020

Proposals Due	November 4, 2020 – 2:00 p.m. PT
Evaluate Proposals	November 6 – 20, 2020
Conduct Oral Interviews with Finalists, if required	December 2 – 4, 2020, 2020
Announce "Apparent Successful Bidder" and send notification via e-mail to unsuccessful Bidders	December 9, 2020
Debrief Request Deadline	December 14, 2020
Negotiate Contract	December 2020 – April 2021
Implementation Start Date	May 2021
Benefits Start Date	January 1, 2022

HCA reserves the right in its sole discretion to revise the above schedule.

1.3. **PURPOSE AND OBJECTIVES**

The Washington State Health Care Authority (HCA) is initiating this Request for Proposals (RFP) to solicit proposals from Administrators interested in providing and administering tax-advantaged accounts for Participants of the Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) Programs and other designated HCA programs. HCA launched RFI 4192 on this topic on January 15, 2020 to gain a greater understanding of the marketplace and offerings; participation in RFI 4192 was not required for participation in this RFP.

It is possible that during the term of any Contract resulting from this RFP that HCA may be required or provided the opportunity to administer other programs (Future Programs). If that occurs, then it is possible that (i) one (1) or more of the existing programs will be replaced with a Future Program, and/or (ii) that some Participants are required to transition from an existing program to a Future Program. Regardless, it is the intent of HCA that the accounts described in this RFP and in any resulting Contract be made available to any eligible Participants of any Future Program. Therefore, all references to the PEBB, SEBB or COFA Islander Health Care include any Future Program that includes other Washington State Participants.

HCA is looking to contract with at least one (1) experienced third-party administrator of tax-advantaged accounts including Flexible Spending Arrangements (FSAs), Dependent Care Assistance Program (DCAP) Accounts and Health Benefit Accounts (HBAs). It is possible that the contract resulting from this RFP may also cover Health Saving Accounts (HSAs).

HCA will select at least one Apparent Successful Bidder (ASB) that demonstrates:

1. The ability to serve and effectively manage tens of thousands of Participants and hundreds of employers (public entities and school districts) throughout each annual business cycle.

2. A competitive Blended Rate which can be adjusted downward as participation and efficiencies increase.

3. Participant enrollment services and ongoing engagement facilitated by online access, claiming options and data security.

Bidders must demonstrate the ability to provide all staffing, systems, and procedures required to perform the services described in this RFP. They must have the ability to meet the needs of the PEBB and SEBB programs and the COFA Islander Health Care program and demonstrate a culture of flexibility, innovation, and adaptability in order to develop and administer affordable and consumer-friendly tax-advantaged accounts.

1.4. **BACKGROUND**

HCA is a cabinet-level agency within the Washington State executive branch and governed by chapter 41.05 of the Revised Code of Washington (RCW). HCA is the largest purchaser of health care services in Washington State through its management of the PEBB, SEBB and Apple Health (Medicaid) Programs. The Employees and Retirees Benefits (ERB) Division of HCA administers benefits designed for both the SEBB and PEBB Programs.

Currently, HCA is responsible for administering employee benefits, including tax-advantaged accounts, for nearly 300,000 active employees working in state government and public education. HCA currently offers this population a supplement of tax-advantaged accounts including FSAs and DCAPs. In 2020, the population participating in FSAs and DCAPs totals approximately 45,000 with a track record of over 6% annual growth. HCA also provides a Health Benefit Account to specialized populations designated by State legislature.

HCA intends to award one (1) or more Contracts to administer the services described in this RFP in order to provide an adequate portfolio of tax-advantaged account options for the PEBB and SEBB Programs, as well as Health Benefit Accounts for COFA Islander Health Care. The contract(s) may also cover Health Savings Accounts.

Populations Served by HCA

PEBB Program Population
The PEBB Program offers benefits for all eligible Washington State employees and their eligible dependents from 522 participating state agencies, higher education institutions (universities, colleges, etc.), counties, municipalities, political subdivisions, tribal governments, and some Educational Service Districts (ESDs) that contract with HCA for PEBB Program Benefits. There are approximately 380,000 PEBB members; approximately 130,000 members in the PEBB program are retirees or employees of political subdivisions who, generally, would only have access to HSA benefits included in this Proposal.

SEBB Program Population
On January 1, 2020, the SEBB Program began offering benefits to School Employees and their dependents who meet the eligibility criteria defined by the SEB Board and codified in the Washington Administrative Code (WAC). The SEBB Program offers benefits for all eligible school district, charter school, represented ESD employees, and effective January 1, 2024, all ESD employees, and their eligible dependents. There are approximately 260,000 SEBB members.

COFA Islander Health Care Population
In addition to the PEBB and SEBB populations, HCA also administers a health care program for the Compact of Free Association (COFA) Islander population, as designated by RCW chapter 43.71A. The COFA Islander population originates from Pacific Islanders from the Republic of the Marshall Islands, the Federated State of Micronesia or the Republic of Palau but currently reside in Washington State. There are approximately 1,700 eligible COFA Islander Participants.

Account Offerings

Flexible Spending Arrangement (FSA) Account
Currently HCA provides approximately 43,000 FSAs serving the PEBB and SEBB population. FSAs allow Participants to set aside pretax money from their paycheck to pay for Qualified Medical Expenses. Participants can pay these expenses for themselves, spouses, or qualified dependents and do not need to be enrolled in a PEBB or SEBB medical or dental plan.

As of Plan Year 2020, Participants can contribute a minimum amount of $240 and up to a maximum annual amount of $2,700 which is deducted directly from their paycheck. Participants can begin submitting reimbursement claims on the first day of the Plan Year (January 1) through the end of the Plan Year (December 31), however, HCA provides Participants a claims submission grace period which ends on March 15 of the following Plan Year. After the grace period, any unclaimed funds are

forfeited by the Participant to HCA. It is possible that HCA will transition from a grace period option to a rollover option.

Collective Bargaining Agreement FSA (CBA FSA) Account
As part of the biennial negotiations for the collective bargaining agreement (CBA) between the State of Washington and the public employee unions, in the summer of 2018 a tentative agreement was reached to put into effect an employer contribution to medical FSAs for those represented employees who had an annual base salary of $50,004 or less on November 1 of the year prior to the year the employer contribution FSA funds are being made available, subject to the qualifications below. These accounts are referred to by HCA as CBA FSAs. The tentative agreement was ratified by the Washington State Legislature during the 2019 session and the benefit went into effect on January 1, 2020.

Although negotiations for the 2021-2023 biennial collective bargaining agreement are currently taking place, ratification of any proposed agreement will not happen until the Washington State Legislature meets in the session starting on January 11, 2021. Should the employer contribution medical FSA be continued, it would be in effect from January 1, 2022 - December 31, 2023.

The employer contribution to the medical FSA is available to those employees who:

- Occupy a position that has an annual full-time equivalent base salary of fifty thousand four dollars ($50,004) or less on November 1 of the year prior to the year the CBA FSA funds are being made available; and
- Meet PEBB program eligibility requirements to receive the employer contribution for PEBB medical benefits on January 1 of the Plan Year in which the CBA FSA funds are made available, are not enrolled in a high-deductible health plan, and do not waive enrollment in a PEBB medical plan except to be covered as a dependent on another PEBB non-high deductible health plan.

The current employer contribution is $250. This contribution is available for both employees who have or who do not otherwise have a medical FSA.

As of July 15, 2020, there were 18,654 CBA FSAs. Of these, 17,357 (93%) were comprised of only the employer contribution ($250); the other 1,297 recipients enrolled in an FSA, to which the $250 benefit was added.

Dependent Care Assistance Program (DCAP) Account
Currently HCA provides approximately 4,200 DCAPs for the PEBB and SEBB Populations. DCAPs allow Participants to set aside pretax money from their paycheck to pay for child care or elder care expenses for qualifying dependents. A qualifying dependent is either (i) a child 12 years or younger who lives with the Participant or (ii) a person 13 years or older who is physically or mentally incapable of self-care, and regularly spends at least eight hours each day in the Participant's household.

As of Plan Year 2020, Participants can contribute a maximum of (i) $5,000 annually for a single person or married couple filing a joint income tax return or (ii) $2,500 annually for each married participant who files a separate income tax return which is deducted directly from their paycheck. Participants can begin submitting reimbursement claims on the first day of the Plan Year (January 1) through the end of the Plan Year (December 31), however, HCA provides Participants a claims submission grace period which ends on March 31 of the following Plan Year. After the grace period, any unclaimed funds are forfeited by the Participant to HCA.

Health Benefit Account – COFA Islander Health Care
HCA currently offers one type of Health Benefit Account (COFA Islander Health Care) but it is possible more accounts under this designation will be created by the Washington State Legislature and begin during the term of any contract resulting from this RFP.

COFA Islander Health Care is funded through the Washington State General Fund, and pays the monthly premiums and Out-of-Pocket Costs for silver level qualified health plans for eligible Participants. HCA makes the determination of who is eligible to participate in the program and

provides that information to the Administrator. There is no rollover of unspent funds in the Health Benefit Account.

HCA enrolls COFA Islander Health Care eligible Participants with debit cards to help pay for Out-of-Pocket Costs; premium payments are specifically prohibited, however, sometimes paid in error and need to be reimbursed to the debit card. Engrossed Senate Bill 5274, passed in May 2019, establishes a COFA Islander Dental Care, which is funded to begin January 1, 2021. HBAs will also be used to help pay for certain dental expenses.

In Plan Year 2020, HCA made an initial payment to the current Administrator to provide each COFA Islander HBA with $300. At the end of the month, funds depleted from the HBAs are replenished by the Administrator, so the beginning balance each month is $300 (if funds were not used during the prior month there is no additional money put into the HBA). Participants in this program may request funds beyond the monthly $300 limit but they must make this request in advance of the anticipated charge to prevent declined payments. In Plan Year 2020, the COFA Islander Health Care program provides approximately 1,700 individual HBAs.

Health Savings Account (HSA)
HCA directly contracts for approximately 3,000 HSA accounts. HSAs allow individuals enrolled in an HDHP to make pretax contributions to a federally insured savings account, which can be used to pay for Qualified Medical Expenses and there are no restrictions on the source of account contributions. HSAs allow for higher-level of flexibility than FSAs and Participants can use HSA funds to cover health expenses for spouses and dependents who are not enrolled in the Participant's health plan.

In Plan Year 2020, HCA contributed (i) $700.08 to each individual account or (ii) $1,400.04 to each family account (meaning an account with two or more individuals), which have an annual contribution limit of (i) $3,550 for an individual account or (ii) $7,100 for a family account. The contribution amounts will potentially change for the 2022 Plan Year (January 1, 2022 to December 31, 2022). Furthermore, there are no claim period limits on HSA account funds and funds can accrue interest over time. Participants enrolled in an HDHP with an HSA cannot also enroll in an FSA.

Open Enrollment Marketing of Benefit Participation

Each year, prior to the PEBB and SEBB Programs' annual Open Enrollment, HCA will publish and distribute a description of the tax-advantaged account offerings as well as benefit changes for the following year. PEBB Open Enrollment is historically November 1 through November 30. For SEBB, last year Open Enrollment ran from October 1 through November 15, 2019; for the 2021 Plan Year the SEBB Open Enrollment will run from October 26 through November 23, 2020. The exact dates for next Plan Year (2021) have not been set yet.

1.5. **OBJECTIVES**

HCA's objectives for this RFP are as follows:

1. Execute a Contract with a qualified Administrator for the services described in this RFP in order to provide a portfolio of tax-advantaged accounts that HCA determines will best serve identified Participants, with a Benefits Start Date of January 1, 2022.

2. Secure a competitive tax-advantaged account Blended Rate that can be adjusted downwards through methods such as increased participation, operational efficiencies, contract negotiations and increasing the number of contracted account types.

3. Work with Administrator to increase Participant volume through offering appealing product features, consumer-friendly and online account access, assertive Open Enrollment engagement, as well as targeted and effective marketing for the intended Participants.

1.6. **SCOPE OF WORK**

HCA will contract with at least one (1) experienced Administrator to provide tax-advantaged accounts including FSAs and DCAPs to Participants in the PEBB and SEBB Programs, and HBAs to Participants in COFA Islander Health Care. The contract(s) may also cover HSAs. The Administrator must provide the services and staff to perform the tasks and services listed in this section. A final Statement of Work will be negotiated with the Administrator prior to Contract signature.

1. Account Management

A. Administrator must provide an account management team that is accessible, engaged, and fully responsive to HCA concerns and immediately reports to HCA any situation that could potentially impact the administration of any of the accounts.

B. Administrator should process reimbursement requests for appropriate expenses via the Administrator's website, through debit cards, phone application, or directly to the Administrator via e-mail, mail or fax.

C. Administrator will have a functional Claims processing system for each account type in effect prior to the Benefits Start Date.

D. Administrator will establish procedures to ensure no Participant exceeds their annual elected reduction amount (or other applicable account limitation).

E. Administrator must have the ability to refund Health Benefit Accounts when Participant inadvertently uses funds to pay for ineligible health plan premiums.

F. Administrator must process FSA and DCAP Claims incurred during the Grace Period, which is two months and 15 days following the end of the Plan Year (March 15 of the next year).

G. Administrator should verify reimbursement Claims within thirty (30) days of receipt.

H. Participants in all account types must be notified electronically of Claim rejections within fifteen (15) days and must be provided with specific and understandable reasons for rejection and clear follow-up instructions.

2. Customer Services

A. The Administrator must provide a fully operational customer service center with customer service staff that are knowledgeable, responsive, and deliver high quality service to all Participants and/or HCA and/or other employers.

B. The customer service center must provide support for culturally and linguistically diverse communities as well as reasonable accommodations for communications that are consistent with ADA requirements for all Participant-oriented tools.

3. Online Services

A. The Administrator must provide a secure, ADA compliant online self-service portal that will allow Participants and/or HCA and/or employers to submit enrollment forms as well as provide easy and accurate access to information regarding the status of their FSA and/or DCAP payroll deductions, reimbursements and outstanding claims through a website. This portal should be available 24-hours a day, seven (7) days a week.

B. Administrator must provide Participants with account balance summaries, available on Administrator's website, including the following data elements:
   i. An ongoing summary of year-to-date total deposits;
   ii. Year-to-date total reimbursements;

iii. Year to date totals of authorized Claims;
iv. Balance of outstanding Claims; and
v. Pending verification transactions.

C. The Administrator's online services must at all times meet or exceed the Washington State Office of the Chief Information Officer (OCIO) Technology Standards, or their replacements or successors, found in Exhibit G.

4. Data and Reporting

Administrator must provide reports on all account types with reporting elements and recipients as outlined below:

A. Certification that all information sharing is in full compliance with HIPAA and other applicable regulations, with information and reporting structured to meet the needs of Participants, providers, HCA, the community, and other identified stakeholders.

B. Responsiveness to customer services questions and complaints including count of incoming calls, time to answer, number of complaints of received, reason for complaints, number of complaints or questions resolved, and appeals which must include a description of the appeals.

Administrator must also provide specialized reports for each account type with specific requirements as outlined below:

FSA Reporting Requirements

A. Enrollment information report: Administrator must provide monthly standard and ad hoc customized reports to HCA pertaining to PEBB and SEBB enrollment and identifying all new Participants. The enrollment report(s) should be separated by PEBB and SEBB populations.

B. Administrator must complete a quarterly full eligibility file match with HCA (and HCA's business partners, if applicable) and prompt reconciliation of any differences and reporting of any reconciled differences and any other discrepancies to HCA.

Dependent Care Assistance Program Reporting Requirements

A. Enrollment information report: Administrator must provide monthly standard and ad hoc customized reports to HCA pertaining to PEBB and SEBB enrollment and identifying all new Participants. The enrollment report(s) should be separated by PEBB and SEBB populations.

B. Completion of a quarterly full eligibility file match with HCA (and HCA's business partners, if applicable) and prompt reconciliation of any differences and reporting of any reconciled differences and any other discrepancies to HCA.

Health Benefit Accounts Reporting Requirements

A. Enrollment information report: Administrator must provide quarterly ad hoc customized reports to HCA pertaining to HBA enrollment information identifying all new Participants and all terminations of Participants from the Plan. The enrollment report(s) should be separated by population type.

B. Replacement cards: Administrator must provide a monthly accounting of issued replacement cards.

C. Card usage report: Administrator must provide monthly standard and ad hoc customized reports to HCA itemizing purchases made by Participants.

D. Automated warning for low-balances: Administrator must generate an automatic notice to HCA indicating accounts with balance funds of $20 or less.

Health Savings Accounts Reporting Requirements

A. Enrollment information report: Administrator must provide monthly standard and ad hoc customized reports to HCA pertaining to PEBB and SEBB enrollment and identifying all new Participants. The enrollment report(s) should be separated by PEBB and SEBB populations.

B. Completion of a quarterly full eligibility file match with HCA (and HCA's business partners, if applicable) and prompt reconciliation of any differences and reporting of any reconciled differences and any other discrepancies to HCA.

Data File Transfer and Access

A. Administrator must pick up and process electronic data files from Washington State's secure file transfer service.

B. Administrator must accept and execute, or transfer electronic data files including Claims data extracts, to HCA or on behalf of HCA to Business Associates or external contracted vendors when requested by HCA at no additional cost. HCA Business Associates include but are not limited to HCA's actuarial consultants. Data transfers may occur on a weekly or monthly basis, as specified by HCA.

C. Administrator must execute separate data sharing contracts with other HCA vendors, as needed, for purposes of sharing HCA data.

Eligibility System Requirements

A. Administrator must create an eligibility transaction file showing Participant SSN, numeric field, and benefit type (e.g. FSA, DCAP, HBA, HSA) to send weekly to HCA.

B. Administrator must conduct a reconciliation of the full eligibility file with HCA to send weekly to HCA.

5. Communications

A. The Administrator will be responsible for marketing, advertising, educating, or soliciting participation in their account offerings, with final approval of such efforts and materials from, and at the discretion of, HCA. Such materials must be submitted to HCA for review no later than September 1 of each year.

B. The Administrator must write, design, print and distribute the following customized materials for each of the contracted account types:
   i. Online enrollment instructions;
   ii. Account(s) overview;
   iii. Claim form (singular and recurring);
   iv. Claim denial letters;
   v. Direct deposit and/or debit card order form;
   vi. Termination forms;
   vii. Medical necessity letter;
   viii. HIPAA authorization form; and
   ix. Account holder statement.

Open Enrollment Requirements

A. The Administrator will support the PEBB and SEBB annual Open Enrollment activities in the summer and fall of 2021 for the 2022 Plan Year.

B. The Administrator must provide support as specified and approved by HCA to eligible PEBB and SEBB Participants during the annual Open Enrollment period; this may include but is not limited to:
   i. Customer service-based support to assist eligible Participants to complete their enrollment;
   ii. Communications to explain Administrator's offerings; and
   iii. Webinar and video support as requested.

C. Administrator must provide requested video materials or representatives to attend the annual live and/or virtual Open Enrollment benefit fairs for the PEBB and SEBB population. Benefit fairs will occur throughout the state in the fall of each contracted year and could be held either in-person, exclusively virtually-based, or a combination of in-person and virtual. The representatives or materials must be able to cover topics such as:
   i. An overview of account offerings;
   ii. Complaint and appeal procedures; and
   iii. How Participants can access information, tools and resources related to their account.

D. If the Administrator has other lines of business beyond the tax-advantaged accounts they provide under the PEBB or SEBB Program that relate to other benefits offered by the PEB Board or the SEB Board, the resulting Contractor(s) is/are prohibited from using any information obtained as a result of the Contract to solicit PEBB Program or SEBB Program enrollees or Participants to purchase or participate in the Administrator's other products or services.

E. The Administrator must mail enrollment welcome packets (i) no later than December 20 (pending HCA's delivery of the eligibility file by December 10) for all enrollments completed during the PEBB annual Open Enrollment; (ii) no later than December 10 (pending HCA's delivery of the eligibility file by November 30) for all enrollments completed during the SEBB annual Open Enrollment; and (iii) within thirty (30) Business Days of enrolling for Participants who enroll in the Administrator's tax-advantaged account outside of annual Open Enrollment.

Appeals and Complaints Requirements

A. Administrator must provide designated forms or methods for Participant to file appeals and complaints including physical forms, web-based forms and via customer service call lines.

B. Administrator must resolve 95% of Participant appeals and complaints within 30 days of receipt.

6. Implementation

A. The initial term of the Contract will commence on the date of last signature and continue through December 31, 2026, unless terminated sooner as provided therein. Implementation will begin immediately following Contract execution. Administrator must complete all necessary steps to ensure successful enrollment of all Participants in appropriate accounts; the creation of necessary systems to ensure successful Claim processing for all accounts; the preparation of all marketing and informational materials and the scheduling of requested reports and analytics. Benefits and other administrative services will not begin until January 1, 2022.

B. If HCA decides to transition from grace period option to rollover option for FSA accounts, then Administrator must partner with HCA on necessary communications and processes to implement this transition.

Emergency Response Management

A. Administrator must have an emergency response plan to maintain uninterrupted core business and operations during natural disasters or other system outages.

B. Administrator must have a system of emergency records management and records back-up.

1.7. **MINIMUM QUALIFICATIONS**

The following are the minimum qualifications for Bidders:

Within the *Letter of Submittal*, section 3.4, Bidders must explain and demonstrate compliance with the following minimum qualifications to participate as a Bidder in response to this RFP. Bidder must meet these minimum requirements at the time its Proposal is submitted to HCA.

1. Must be licensed to do business in the State of Washington with an issued UBI number or provide a commitment that the Administrator will be licensed in Washington within 30 days of being selected as the ASB.

2. Must comply with all state and federal privacy and security laws, statues, and regulations for protecting Participant data, including HIPAA.

3. 10 years' experience administering tax-advantaged accounts (i.e. FSA, DCAP, HSA).

4. 5 years' experience administering tax-advantaged accounts for a public entity.

1.8. **PERIOD OF PERFORMANCE**

The Contract(s) resulting from this procurement is estimated to be executed in February 2021. The initial Contract period is expected to run from the date of execution through December 31, 2026. Implementation is expected to begin upon Contract execution. The Benefits Start Date is January 1, 2022. Benefit years run from January 1 to December 31.

HCA reserves the right, in its sole discretion, to extend the Contract for six (6) periods of up to one (1) year each.

1.9. **CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES**

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington (RCW). Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.10. **ADA**

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive this RFP in Braille or on tape.

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2. GENERAL INFORMATION FOR BIDDERS

2.1. **RFP COORDINATOR**

The RFP Coordinator is the sole point of contact in HCA for this procurement. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

Name	Julia Jacobs
E-Mail Address	HCAProcurements@hca.wa.gov

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Bidder.

2.2. **BIDDER QUESTIONS PERIOD**

Bidders are provided two (2) scheduled opportunities to ask questions as set forth in section 1.2, *Estimated Schedule of Procurement Activities*. Bidders are not required to participate in the Question and Answers, however if they elect to, the due date by which Bidders must submit their questions is listed in section 1.2, *Estimated Schedule of Procurement Activities*.

Bidders may submit written questions only. Questions regarding the RFP will only be accepted in writing, sent by email to the RFP Coordinator. The Bidder should include the email subject line as "RFP 2020HCA2 Question(s) – [Bidder name]" to ensure timely review of the submitted question(s).

HCA is only obligated to answer questions received in writing by the dates/times stated in section 1.2, *Estimated Schedule of Procurement Activities*. HCA will post answers to the questions in WEBS as an RFP amendment.

HCA is under no obligation to respond to any questions received after the final scheduled question opportunity, but may do so at its discretion.

2.3. **LETTER OF INTENT TO PROPOSE (MANDATORY)**

To be eligible to submit a Proposal, a Bidder must submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFP Coordinator, listed in section 2.1, and must be received by the RFP Coordinator no later than the date and time stated in section 1.2, *Estimated Schedule of Procurement Activities*. The subject line of the email must include the following: **2020HCA2**– Letter of Intent to Propose – [Your entity's name].

The Letter of Intent to Propose may be attached to the email as a separate document, in Word or PDF, or the information may be contained in the body of the email.

Information in the Letter of Intent to Propose should be placed in the following order:

1. Bidder's Organization Name;
2. Bidder's authorized representative for this RFP (who must be named the authorized representative identified in the Bidder's Proposal);
3. Title of authorized representative;
4. Address, telephone number, and email address;
5. Statement of intent to propose; and
6. The plan types the Bidder is intended to include in its proposal (FSA, DCAP, HBA, HSA).

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met.

2.4. **PROPRIETARY INFORMATION / PUBLIC DISCLOSURE**

Proposals submitted in response to this RFP will become the property of HCA. All proposals received will remain confidential until the Apparent Successful Bidder is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the Bidder is making the claim must be cited. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFP Coordinator is required. All requests for information should be directed to the RFP Coordinator.

The submission of any public records request to HCA pertaining in any way to this RFP will not affect the procurement schedule, as outlined in section 1.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

2.5. **REVISIONS TO THE RFP**

If HCA determines in its sole discretion that it is necessary to revise any part of this RFP, then HCA will provide addenda via e-mail to all individuals who have made the RFP Coordinator aware of their interest. Addenda will also be published on Washington's Electronic Bid System (WEBS), at https://fortress.wa.gov/ga/webs/. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFP and will be placed on the website.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.6. **DIVERSE BUSINESS INCLUSION PLAN**

Bidders will be required to submit a Diverse Business Inclusion Plan with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal governmental regulations included or referenced in the contract documents will apply.

2.7. **ACCEPTANCE PERIOD**

Proposals must provide one hundred twenty (120) calendar days for acceptance by HCA from the due date for receipt of proposals.

2.8. **COMPLAINT PROCESS**

A. Vendors may submit a complaint to HCA for any of the following reasons:

   1. The RFP unnecessarily restricts competition;

   2. The RFP evaluation or scoring process is unfair or unclear; or

   3. The RFP requirements are inadequate or insufficient to prepare a response.

B. A complaint must be submitted to HCA prior to five business days before the bid response deadline. The complaint must:

   1. Be in writing;

   2. Be sent to the RFP Coordinator in a timely manner;

   3. Clearly articulate the basis for the complaint; and

   4. Include a proposed remedy.

The RFP Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFP will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. A Bidder or potential Bidder cannot raise during a bid protest any issue that the Bidder or potential Bidder raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.

2.9. **RESPONSIVENESS**

The RFP Coordinator will review all proposals to determine compliance with administrative requirements and instructions specified in this RFP. A Bidder's failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.10. **MOST FAVORABLE TERMS**

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. HCA reserve the right to contact a Bidder for clarification of its proposal.

HCA also reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

The ASB(s) should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract resulting from this RFP will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official procurement file on this matter without obligation to HCA.

2.11. CONTRACT AND GENERAL TERMS & CONDITIONS

The ASB will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as Exhibit F. HCA will not accept any draft contracts prepared by any Bidder. The Bidder may submit exceptions as allowed in the Certifications and Assurances form, Exhibit A to this RFP. All exceptions must be submitted as an attachment to Exhibit A. HCA will review requested exceptions and accept or reject the same at its sole discretion.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB and HCA cannot reach agreement on acceptable terms for the Contract, the HCA may cancel the selection and Award the Contract to the next most qualified Bidder.

2.12. COSTS TO PROPOSE

HCA will not be liable for any costs incurred by the Bidder in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related in any way to this RFP.

2.13. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one responsive proposal as a result of this RFP, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the bidder complete the entire RFP. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.14. NO OBLIGATION TO CONTRACT

This RFP does not obligate HCA to enter into any contract for services specified herein.

2.15. REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue any contract as a result of this RFP.

2.16. COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract. The Administrator must be willing to take on the full financial risk of beginning implementation on a signed Contract.

2.17. ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The ASB will need to be registered with the Office of Financial Management as a Statewide Vendor.

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3. PROPOSAL CONTENTS AND REQUIREMENTS

3.1. **PROPOSAL CONTENTS OVERVIEW**

In order to have its Proposal evaluated by HCA, Bidder **must provide** the items listed below following the specific instructions outlined in sections 3.2, *Proposal Format and Length* and 3.3, *Proposal Submission*.

A. Letter of Submittal (see section 3.4)

B. Written Response (see section 3.5 and Exhibit C)

C. Cost Proposal (see section 3.5 and Exhibit D)

D. Executive Order 18-03 (see section 3.5 and Exhibit E)

3.2. **PROPOSAL FORMAT AND LENGTH**

Proposals must comply with the format requirements or restrictions listed below. Failure to do so may result in the disqualification of the Bidder's Proposal:

A. Use standard 8.5" x 11" white paper, with no smaller than 11 point font. All page margins can be no less than 1 inch.

B. State the Bidder's full legal name on the first or cover page of all copies of the Proposal.

C. Proposals must provide information in the same order as presented in this RFP with the same headings. Title and number each item in the same way it appears in the RFP. Each question must be restated prior to the Bidder's response.

D. Items marked "mandatory" must be included as part of the Proposal for the Proposal to be considered responsive; however, these items are not scored. Items marked "scored" must be included as part of the Proposal for the Proposal to be considered responsive and are awarded points by the evaluation team.

E. Page limits stated in this RFP are determined counting single-sides of the response. HCA has no obligation to read, consider, or score any material exceeding the stated page limits. Also, there will be no grounds for protest if critical information is on the pages exceeding the specified page limit that is not reviewed.

F. Proposals are to be prepared simply and economically, providing a straightforward, concise description of the Bidder's Proposal to meet the requirements of this RFP.

G. Bidders are liable for all errors or omissions contained in their Proposals. Bidders will not be allowed to alter Proposal documents after the deadline for Proposal submission. HCA is not liable for any errors in Proposals. HCA reserves the right to contact a Bidder for clarification of Proposal contents.

H. HCA is under no obligation to consider any supplemental materials submitted that have not been requested.

3.3. **PROPOSAL SUBMISSION**

The proposal must be received by the RFP Coordinator no later than the Proposal Due deadline listed in section 1.2, *Estimated Schedule of Procurement Activities*.

A. Proposals must be submitted electronically as an attachment to an e-mail to the RFP Coordinator at the e-mail address listed in section 2.1 with the following submittal considerations:
    i. Attachments to e-mail should be in Microsoft Word format or PDF;
    ii. The cover submittal letter and the Certifications and Assurances form must have a scanned signature of the individual within the organization authorized to bind the Bidder to the offer;
    iii. The Cost Proposal must be included as a separate attachment; and
    iv. HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

B. Proposals may not be transmitted using facsimile transmission.

C. Bidders should allow sufficient time to ensure timely receipt of the proposal by the RFP Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault. All proposals and any accompanying documentation become the property of HCA and will not be returned.

3.4. **LETTER OF SUBMITTAL (MANDATORY)**

The Letter of Submittal and the attached Certifications and Assurances form (Exhibit A to this RFP) must be signed and dated by a person authorized to legally bind the Bidder to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Bidder and any proposed subcontractors:

1. Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.

2. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.).

3. Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.

4. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must state that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.

5. Location of the facility from which the Bidder would operate.

6. Identify any state employees or former state employees employed or on the firm's governing board as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If following a review of this information, it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.

7. Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of RCW 42.56 must be clearly designated. The page must be identified and the particular exemption from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right-hand corner of the page. In your Letter of Submittal, please list which pages and sections that have been marked "Proprietary" and the particular exemption from disclosure upon which the Bidder is making the claim.

8. A statement and explanation of how Bidder meets ALL of the minimum qualifications specified in section 1.7, *Minimum Qualifications* of this RFP. Bidder will need to provide legible copies of the appropriate documents that demonstrate how the Bidder complies with the eligibility requirements to participate as a Bidder in response to this RFP.

9. A copy of the Certificate of Assurances form (Exhibit A) signed by a person authorized to bind the Bidder to a Contract.

10. A completed Diverse Business Inclusion Plan (Exhibit B). This is a requirement as described in section 2.6.

3.5. **SCORING ELEMENTS (MANDATORY)**

Bidders must submit the Scoring Elements of their Proposal in the following three (3) separate exhibits:

1. Exhibit C – Written Response

Bidder must respond in detail to all questions and complete all tables as directed in Exhibit C. Bidder must also adhere to all page limit requirements provided at the top of each Written Response subsection.

2. Exhibit D – Cost Proposal

Bidder must complete the Cost Proposal spreadsheet, provided as Exhibit D, per the instructions below. This includes not-to-exceed (NTE) per participant per month (PPPM) rates for all account types, discount opportunities based on Participant increase, and potential percent reduction or increase on the Blended Rate based on the transition to a rollover option. The Cost Proposal must be submitted as its own separate attachment.

A. *Tabs 1 – 4: NTE PPPM Rates Section*
All PPPM rates provided by Bidders are to be NTE rates. The resulting ASB(s) will be required to honor their Proposal's NTE rates during contract negotiations.

Tabs 1 – 4 each show a different account type scenario and HCA has included current Participant counts for each account type. For each numbered tab in the Cost Proposal spreadsheet, Bidder must complete the green shaded areas with an NTE PPPM rate for each account type. All other areas in this section are locked for editing. The Cost Proposal has been created to extrapolate the Bidders' individual NTE PPPM rate inputs to calculate a Blended Rate for each tab. The Blended Rates will be used to evaluate the Cost Proposal. The Blended Rate(s) is what HCA intends to negotiate in any resulting contract.

At this point HCA has not determined whether to include HSA in any contract resulting from this procurement. While Tabs 3 and 4 will be scored for the purposes of evaluating the Bidder's Cost Proposal under this RFP, it should not be assumed that an HSA will be selected by HCA for inclusion in the benefits portfolio.

B. *Tabs 1 – 4: Discount Tables Section (Mandatory and NOT Scored)*
Bidder must also complete the green shaded areas for the discount tables provided at the bottom of each numbered tab, even if the Bidder does not intend to apply a discount, in which case please insert N/A. Bidder must fill out each discount line to illustrate the potential percent reduction on the Blended Rate based on an increase in population (5%, 10% and 15% increase). These discount tables will not be scored, but may be something HCA will want to discuss in any resulting contract negotiations. Bidder must also provide an explanation for how they came up with the rate discount(s), including all assumptions they made (i.e., how the population increase was distributed across the different account types).

C. *Tab 5: Rollover Option (Mandatory and NOT Scored)*
Bidder must also complete the green shaded area for the rollover option table in Tab 5. Bidder must fill out each discount line to illustrate the potential percent reduction or increase on the Blended Rate based on the transition to a rollover option for the FSA account. If no impact is identified, please insert "0" in the table. This tab will not be scored, but may be something HCA will want to discuss in any resulting contract negotiations.

3. Exhibit E – Executive Order 18-03 Worker's Rights

Bidder must review Exhibit E and respond to whether the Bidder requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses and class or collective action waivers.

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4. EVALUATION AND CONTRACT AWARD

4.1. **EVALUATION PROCEDURE**

All proposals received by the stated deadline in section 1.2, *Estimated Schedule of Procurement Activities*, will undergo an administrative review to be completed by the RFP Coordinator. Proposals that pass the administrative review are considered responsive and will move on to be evaluated by the evaluation team. A Bidder submitting any Proposal that does not pass administrative review will be notified by the RFP Coordinator, and the Proposal will be rejected as non-responsive.

1. Administrative Review

A. The administrative review of responsiveness is made on a pass/fail basis and will be used to initially evaluate a Bidder's compliance with the administrative requirements of this RFP. To meet the administrative requirements, a Proposal must follow the specifications, and include all of the mandatory information outlined in section 3, *Proposal Contents and Requirements*.

B. The RFP Coordinator may, at his or her sole discretion, contact the Bidder for clarification of any portion of the Bidder's Proposal. Bidders should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.

C. HCA reserves the right, in its sole discretion, to waive administrative irregularities.

2. Evaluation of Proposals

A. Responsive Proposals will be evaluated and scored in accordance with the requirements stated in this RFP and any addenda issued. Evaluations will only be based upon information provided in the Bidder's Proposal.

B. The evaluation of Written Proposals will be accomplished by an evaluation team, to be designated by HCA. The scores assigned by individual evaluation team members will be used in calculating the total number of points awarded to each Bidder. Included in section, 4.2 *Evaluation Weighting and Scoring*, is a listing of all the sections in the Written Response broken out by question, and the associated weights and the maximum points possible for each (Evaluation Table). Also included is this section is the scale of scores used by individual team members (0 – 10) and a brief statement about the scoring criteria associated with each of the scores (Scoring Methodology).

C. The evaluation of the Cost Proposal and Executive Order 18-03 will be accomplished by the RFP Coordinator.

D. HCA, at its sole discretion, may elect to select the top-scoring firms as finalists for an oral presentation.

E. HCA reserves the right to award the contract to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.2. **EVALUATION WEIGHTING AND SCORING**

Bidders' final scores will be based on the three (3) scored sections (Scoring Elements): Written Response, Cost Proposal, and Executive Order 18-03.

A. Scoring of Written Response

Each question in Exhibit C, *Written Response* has been assigned a weight. Points will be assigned to each question based upon the average of all evaluation team member scores for the question (0-10) multiplied by the weight indicated below. Individual question scores will

then be combined to result in the Bidder's total weighted score. The weight and maximum points for each question are as outlined in the following Evaluation Table:

Evaluation Table – Written Response			
No.	**Section Title**	**Weight**	**Maximum Points**
1	**Account Administration and Management**		**45**
	Account Administration		**35**
	A	1.0	10
	B	0.8	8
	C	0.3	3
	D	0.3	3
	E	0.5	5
	F	0.4	4
	G	0.2	2
	Account Management		**10**
	H	0.4	4
	I	0.6	6
2	**Customer Services**		**35**
	A	0.4	4
	B	0.2	2
	C	0.4	4
	D	0.7	7
	E	0.2	2
	F	0.1	1
	G	0.1	1
	H	0.1	1
	I	0.2	2
	J	0.2	2
	K	0.3	3
	L	0.1	1
	M	0.4	4
	N	0.1	1
3	**Online Services and Security**		**35**
	Online Services		**20**
	A	0.2	2
	B	0.3	3
	C	0.3	3
	D	0.6	6
	E	0.6	6
	Online Security		**15**
	F	0.5	5
	G	1	10
4	**Data Reporting and Sharing**		**30**
	Data Reporting		**10**
	A	0.4	4
	B	0.3	3
	C	0.3	3
	Data File Transfer and Access		**10**
	D	0.2	2
	E	0.2	2
	F	0.2	2
	G	0.2	2
	H	0.2	2
	Eligibility System Requirements		**10**

	I	0.3	3
	J	0.4	4
	K	0.3	3
5	**Communications and Appeals and Complaints**		**20**
	General Communications		**10**
	A	0.3	3
	B	0.2	2
	C	0.2	2
	D	0.1	1
	E	0.1	1
	F	0.1	1
	Appeals and Complaints		**10**
	G	0.4	4
	H	0.4	4
	I	0.2	2
6	**Implementation and Emergency Response Management**		**15**
	Implementation		**10**
	A	0.5	5
	B	0.3	3
	C	0.2	2
	Emergency Response Management		**5**
	D	0.3	3
	E	0.1	1
	F	0.1	1
	Maximum Total Points		**180**

B. Scoring Methodology for Written Response

Scoring Methodology – Written Response		
Score	**Description**	**Scoring Criteria**
10	Far Exceeds Requirements	The Bidder has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a high level of experience with, or understanding of the requirement.
7	Exceeds Requirements	The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution.
5	Meets Requirements	The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered “as substantially meeting the requirements”.
3	Below Requirements	The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the Bidder will be fully able to meet the requirements.
1	Substantially Below Requirements	The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement.
0	No Value	The Bidder does not address any component of the requirement or no information was provided.

C. Scoring of Cost Proposal

The *NTE PPPM Rates Sections* in Tabs 1 – 4, included in the Cost Proposal (Exhibit D), will be scored individually based on the lowest Blended Rate for the tab. Points for each tab will

be awarded according to the following formula, any point calculations that result in decimal points will be rounded to the nearest whole number:

Lowest Blended Rate / Bidder's Blended Rate	x	Tab Weight	=	Bidder's Cost Proposal Points

The weights and maximum number of points possible for each tab are outlined in the table below:

Evaluation Table – Cost Proposal			
Tab	**Cost Proposal**	**Weight**	**Maximum Points Possible**
1	FSA and DCAP	2.5	25
2	FSA, DCAP, and HBA	3.0	30
3	FSA, DCAP, and HSA	2.5	25
4	FSA, DCAP, HBA, and HSA	2.5	25
	Cost Maximum Points		**105**

The Bidder's score for each of the numbered tabs will then be summed to determine the Bidder's total Cost Proposal score.

For example (dollar amounts are for illustrative purpose only):

Tab 1			
Bidder No.	**Blended Rate**	**Lowest Blended Rate Tab 1**	**Awarded Points**
1	2.50	2.10	21
2	3.20	2.10	16
3	2.70	2.10	19
4	2.10	2.10	25

Tab 2			
Bidder No.	**Blended Rate**	**Lowest Blended Rate Tab 1**	**Awarded Points**
1	3.40	2.20	19
2	3.10	2.20	21
3	2.20	2.20	30
4	2.90	2.20	23

Tab 3			
Bidder No.	**Blended Rate**	**Lowest Blended Rate Tab 1**	**Awarded Points**
1	3.30	2.80	21
2	3.50	2.80	20
3	2.80	2.80	25
4	3.10	2.80	23

Tab 4			
Bidder No.	**Blended Rate**	**Lowest Blended Rate Tab 1**	**Awarded Points**
1	3.00	3.00	25
2	3.30	3.00	23
3	3.60	3.00	21
4	3.50	3.00	21

Total Cost Proposal Scores					
Bidder No.	**Tab 1 Score**	**Tab 2 Score**	**Tab 3 Score**	**Tab 4 Score**	**Total Awarded Points**
1	21	19	21	25	87
2	16	21	20	23	80
3	19	30	25	21	95
4	25	23	23	21	92

D. Executive Order 18-03

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers' Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate bids for best value and provide a bid preference in the amount of 15 points to any Bidder who certifies, pursuant to the certification attached as Exhibit E, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified evaluation of this RFP, however they will receive 0 out of 15 points for this section.

E. Total Possible Score from all Scoring Elements

Evaluation Table – Scoring Elements		
Exhibit	**Title**	**Maximum Points**
C	Written Proposal	180
D	Cost Proposal	105
E	Executive Order 18-03	15
	Total Maximum Points	**300**
Section 4.3	Oral Presentation (if applicable)	50
Total Maximum Points with Oral Presentation		**350**

HCA reserves the right to award the contract to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.3. **ORAL PRESENTATIONS MAY BE REQUIRED**

After evaluating the Scoring Elements, HCA may elect to schedule Oral Presentations to be made by one (1) or more finalists to make one (1) or more Oral Presentations to HCA representatives to provide additional details on specific services or capabilities of the Bidder. Should Oral Presentations become necessary, HCA will contact the top-scoring Bidder(s), determined by the Scoring Elements, to schedule a date, time, and location. Commitments made by the Bidder at the oral interview, if any, will be considered binding. The total possible score for the Oral Presentation is 50 points. The scores from the Scoring Elements and the Oral Presentation combined together will determine the ASB(s).

4.4. **SUBSTANTIALLY EQUIVALENT SCORES**

Substantially equivalent scores are scores separated by two percent or less in total points. If multiple Proposals receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASB the one Proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in section 1.30 of this RFP.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with equivalent scores.

4.5. **NOTIFICATION TO BIDDERS**

HCA will notify the ASB(s) of their selection in writing upon completion of the evaluation process. Bidders whose proposals were not selected for further negotiation or award will be notified separately by e-mail.

4.6. **DEBRIEFING OF UNSUCCESSFUL BIDDERS**

Any Bidder who has submitted a Proposal and been notified it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFP Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three business days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

A. Evaluation and scoring of the Bidder's Proposal;

B. Critique of the Proposal based on the evaluation; and

C. Review of the Bidder's final score in comparison with other final scores without identifying the other Bidders.

Topics a Bidder could have raised as part of the complaint process (section 2.8) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

Comparisons between proposals, or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.7. **PROTEST PROCEDURE**

A bid protest may be made only by Bidders who submitted a response to this RFP and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five business days to file a protest with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth business day following the debriefing. Protests must be submitted by e-mail.

Bidders protesting this RFP must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this RFP.

All protests must be in writing, addressed to the RFP Coordinator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFP number, (2) the grounds for the protest

with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested.

Only protests alleging an issue of fact concerning the following subjects will be considered:

A. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

B. Errors in computing the score; or

C. Non-compliance with procedures described in the RFP or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of a Proposal; or 2) HCA's assessment of its own needs or requirements.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFP, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the RFP Coordinator. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.

The final determination of the protest will:

A. Find the protest lacking in merit and uphold HCA's action; or

B. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

C. Find merit in the protest and provide options to the HCA Director, which may include:
   i. Correct the errors and re-evaluate all Proposals; or
   ii. Issue a new solicitation document and begin a new process; or
   iii. Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASB(s), assuming the parties reach agreement on the contract's terms.

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5. RFP EXHIBITS

Exhibit A	Certifications and Assurances
Exhibit B	Diverse Business Inclusion Plan
Exhibit C	Written Response
Exhibit D	Cost Proposal
Exhibit E	Executive Order 18-03
Exhibit F	Draft Contract including General Terms and Conditions (GT&Cs)
Exhibit G	Washington State OCIO Technology Standards

EXHIBIT A – CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.

2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.

3. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.

4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.

5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.

6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.

7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.

8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFP.

10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are / are not** submitting proposed Contract exceptions. (See section 2.11, Contract and General Terms and Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. *If electronic, also include*: We are submitting a scanned signature of this form with our proposal.

_____
Signature of Bidder

_____
Title Date

EXHIBIT B – DIVERSE BUSINESS INCLUSION PLAN

DIVERSE BUSINESS INCLUSION PLAN

Do you anticipate using, or is your firm, a State Certified Minority Business?	Y/N
Do you anticipate using, or is your firm, a State Certified Women's Business?	Y/N
Do you anticipate using, or is your firm, a State Certified Veteran Business?	Y/N
Do you anticipate using, or is your firm, a Washington State Small Business?	Y/N

If you answered No to all of the questions above, please explain:

_____

Please list the approximate percentage of work to be accomplished by each group:

Minority	__%
Women	__%
Veteran	__%
Small Business	__%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: _____

Phone: _____

E-Mail: _____

EXHIBIT C – WRITTEN RESPONSE

1. **Account Administration and Management** (total **45** points)

Account Administration

Please limit response to two (2) pages, excluding any requested flow charts, examples, etc.

A. Complete Table 1, below, by providing information regarding the tax-advantaged accounts the Bidder administers. (10 points)

Table 1 – Account Administration Experience

Account Type	Number of account holders in the Bidder's largest account	Years of Experience with Bidder's largest account	Number of accounts with >1,000 account holders	Total years of experience offering this product type	Total number of account holders under all accounts
Flexible Spending					
DCAP					
Health Benefit					
Health Savings					

B. Provide the Bidder's client retention rate for the past 3 years for all account types across its Book-of-Business. (8 points)

Describe the Bidder's:

C. Willingness to dual brand communications with HCA logo and name, unless HCA requests single branding. (3 points)

D. Process for Participants to receive account statements; how often are they sent out and by what method. (3 points)

E. Ability to issue debit cards (must display an HCA-approved logo, the Bidder's logo, and any other information needed by providers and Participants to access benefits). Indicate whether the Bidder imposes a charge for reissued or replacement debit cards for any reason. If yes, describe the process and reason(s). (5 points)

F. Process for ensuring Claim forms are processed accurately and within 30 days. (4 points)

G. Optional Claims forms for additional eligible expenses. (2 points)

Account Management

HCA is looking for ASB(s) with employees who are knowledgeable, attentive, and responsive to HCA's administrative needs, which may be urgent or need a 24-hour turnaround time. ASB(s) should provide dedicated staff to HCA in the following areas: account management, data analytics, communications, implementation, Information Technology (IT), and customer service.

Please limit response to three (3) pages, excluding any requested flow charts, examples, etc.

Describe:

H. The Bidder's office locations for and number of full-time employees dedicated to this account. Preference may be given to Bidders with regional office(s). (4 points)

I. How the Bidder's account management staff will manage all contracted functions for the HCA account, including: (6 points)

i. Participation in annual account management meetings with HCA staff to be held virtually or at the HCA headquarters in Olympia, WA;
ii. Participation in activities to analyze plan performance, identify improvement opportunities, design interventions, and coordinate implementation with HCA;
iii. Ensure the account management team is responsive to HCA's inquiries, contacts and requests, and keeps the HCA informed of new and outstanding issues;
iv. Report semi-annual performance on utilization and costs for all account types, or as requested;
v. Present analyses and recommendations in response to reported performance outcomes; and
vi. Inform the HCA account manager(s) of federal law changes within fifteen (15) days of notification.

2. **Customer Services** (total **35** points)

Please limit response to four (4) pages, excluding any requested flow charts, examples, etc.

Describe the Bidder's:

A. Customer service center and staff including: (4 points)
i. Proposed customer service center location;
ii. Days and hours of operation (converted to Pacific Time);
iii. Size of account support staff and annual staff turnover rate;
iv. Whether customer service staff would perform other roles, such as processing Claims;
v. Number of account holders the Bidder's customer service center currently supports;
vi. How long the customer service center has been in service; and
vii. If there is a back-up customer service center and its location.

B. Separate customer service staff for specific account types (i.e. FSA, DCAP, HBA, HSA), as applicable. (2 points)

C. Commitment to provide support and resources for the PEBB and SEBB annual Open Enrollment(s). Support may include, but is not limited to: trained staff to attend in-person or virtual benefit fairs, written (paper, online) communications to explain the Bidder's account offering(s), and webinar and video support as requested. Topics may include: overview of account offerings, complaint and appeal procedures, and how Participants can access information, tools and resources related to their account. (4 points)

D. Customer service phone system, including: (7 points)
i. Toll-free Customer Service number, including where the number is posted (e.g., online, enrollment welcome packet, debit cards, benefit summary comparison documents and other coverage documents, Claims denial letters, disenrollment letter, Appeal denial letters, etc.).
ii. Call triage process (e.g., a phone tree). Provide a description or diagram.
iii. Call queuing (in the order received). Is there a time limit for how long Participants may be placed on hold?
iv. Transfers. Is there a limit on the number of transfers for a single call? Do customer service representatives provide warm transfers (i.e., stay on the line to describe the issue/provide background to the new customer service representative)?
v. Call-back feature (so account holders don't have to wait on hold). If account holders use this feature, how quickly is their call returned?
vi. Customer service operating hours and after-hours access (based on Pacific Time).
vii. Message system, and whether Participants can leave a message with a call back within the next Business Day.
viii. Use of recorded messages (when, for what purpose). When and how can account holders override recorded messages to speak to a customer service representative?
ix. Interactive Voice Response System (IVR).
x. Procedure for dropped or abandoned calls.
xi. Other telephone customer service tools or supports offered to account holders (specify).

E. Process to ensure consistent information is provided to account holders who communicate with customer service staff through different communication channels (e.g. telephone, e-mail, digital messaging), or who speak with multiple customer service staff regarding the same issue. (2 points)

F. Escalation process for customer service issues. Include in the description a diagram or flow chart. (1 point)

G. Support for linguistically and culturally diverse populations through telephone, written, and digital (desktop, mobile) communications. Describe the primary language(s) served and the availability of translation services for other languages. (1 point)

H. Accommodations for account holders who are sight, hearing, and/or speech impaired, in accordance with the ADA. (1 point)

I. Current methods of communicating with account holders electronically, including but not limited to email, online messaging, mobile applications, and other methods. Include in the response: (2 points)
   i. Types of transactional activities account holders can conduct via these methods; and
   ii. Average response time for each.

J. Business policies and procedures used to ensure safeguards are in place for PHI when communicating with account holders and HCA staff by email or online messaging. Include in the answer whether emails and messaging are secure. (2 points)

K. Process for conducting a Participant satisfaction survey. Who conducts the survey? What is the frequency? How are the results used to make improvements? (3 points)

L. What feedback procedures exist for situations that require urgent review and/or escalation to HCA (within 24 hours)? (1 point)

M. Customer Service Performance Standard measures by completing Table 2: (4 points)

Table 2 – Customer Service Performance Standards

Measure	**2018 Actual**	**2019 Actual**
Percentage of calls answered within 30 seconds or less (measured from the time the call begins to ring in the Bidder's customer service center)		
Average call abandonment rate		
Average time for account holder issue resolution from initial notification (for all channels of account holder notification)		
First-call resolution percentage (account holder's issue is resolved to their satisfaction during first call)		
Average call-in wait time (hold time)		
Average message return time		

N. Process or procedures for communicating with family or friends who are assisting account holders with their tax-advantaged accounts. Include in the response how the Bidder handles communications with family or friends who do not have Power of Attorney on behalf of the account holder, and those who do or do not have a written consent from the account holder to communicate on their behalf. (1 point)

3. **Online Services and Security** (total **35** points)

Online Services

Please limit response to three (3) pages, excluding any requested flow charts, examples, etc.

Describe the following:

A. How the Bidder complies with ADA requirements for online services. (2 points)

B. HCA is looking for ASB(s) who can provide a microsite for all HCA account types. Please indicate whether the Bidder can provide a dedicated microsite for each account type, or if account holders can only access account information through the Bidder's Book-of-Business online services page. (3 points)

C. Whether account holders can access public information regarding the Bidder's contracted account types. If yes, describe the kinds of information that would be publicly available. (3 points)

D. Describe the Bidder's account holder-oriented websites (this may include the PEBB and SEBB microsites), including desktop and mobile optimization. (6 points)
   i. Is the website built and maintained by the Bidder or by an external vendor?
   ii. How often are maintenance updates conducted?
   iii. Do maintenance updates disrupt account holder access? If yes, what does the Bidder do to try to limit disruption?

E. Describe account holder-oriented website features, capabilities, and information that account holders can access through the website. Provide the link to where account holders can access their information, along with a dummy login and password credential so HCA evaluators can test the features and capabilities of the resource. Check all of the features, capabilities, and information below that apply to the Bidder's website: (6 points)

☐ Appeals and Complaints
☐ Account Type Description
☐ Bidder's Contact Information
☐ Claims Look-up
☐ Customer Service Messaging (e.g., instant messaging)
☐ Discount or affinity programs available to all account holders
☐ FAQ
☐ Account holder forms and documents: Describe which forms and documents are available for account holders to view and/or download
☐ Account holder Notices (check box if "yes"):
    ☐ Account holders review Appeal/Grievance Status
    ☐ Message from Bidder
    ☐ Claim(s) Processed
☐ Order new debit cards
☐ Other features, capabilities, and information. Describe each.

Online Security

Please limit response to one (1) page, excluding any requested flow charts, examples, etc.

F. Describe the Bidder's capability to provide Participants with secure access to account information online. This would require secure sign-in, and a portal that includes PHI, such as services a Participant has received. (5 points)

G. Describe the Bidder's capability to meet the following: (10 points)
   i. Apply a multi-factor authentication for sign-in;
   ii. Ability for Participants to login from the Bidder's Program-specific sites;
   iii. Provide personal and family Claims history that complies with HIPAA privacy requirements (e.g., some family members may need to be masked on diagnosis or age-related Claims, accumulated status, deductible status, and expenses maximum status); and
   iv. Secure electronic communications (email, messaging, other) to and from customer services.

4. **Data Reporting and Sharing** (total **30** points)

Data Reporting

Please limit response to five (5) pages, excluding any requested flow charts, examples, etc.

A. Describe the Bidder's experience providing reports with the following elements: (4 points)
   i. Compliance with HIPAA and other applicable regulations;
   ii. Responsiveness to customer services questions and complaints;
   iii. Enrollment information;
   iv. Eligibility file matches; and
   v. Balance summaries.

B. Because of the environment HCA operates in, often a data request or inquiry is submitted to HCA with a same day turnaround time; for example, a legislative request during legislative session. Describe the Bidder's ad-hoc reporting capabilities. What is the minimum number of Calendar Days the Bidder needs to produce an ad-hoc report from the time the request is received by the Bidder to delivery of the final report to the requestor? (3 points)

C. Provide a copy of Bidder's standard data security policies and standards, as well as a SOC 2 Type II report completed within twelve (12) months prior to the date of response. If Bidder does not have a SOC 2 Type II report from such time frame, please provide any audit report of data security policies and standards completed within twelve (12) months prior to the date of Bidder's response. If no such audit report has been completed in that timeframe, indicate this in the Bidder's response. NOTE: A SOC 2 Type II report is not strictly required, but it does contain much of the information needed to complete a full security design review. A SOC 1 Type II report does contain some security-related information as its focus is on financial controls. However, in the absence of a SOC 2 Type II report, HCA will need to gather required security information from other Bidder-provided source documents. The availability, quantity, and quality of those documents may affect the timing of the required security design review. (3 points)

Data File Transfer and Access

Please limit response to two (2) pages, excluding any requested flow charts, examples, etc.

Describe how the Bidder will comply with all of the following Data File Transfer and Access Requirements:

D. Pickup and process electronic data files from Washington State's secure file transfer service. (2 points)

E. Accept and execute, or transfer electronic data files including Claims data extracts, to HCA or on behalf of HCA to business associates or external contracted vendors when requested by HCA at no additional cost. HCA business associates include but are not limited to HCA's

actuarial consultants. Data transfers may occur on a weekly or monthly basis, as specified by HCA. (2 points)

F. Execute separate data sharing contracts with other HCA vendors for purposes of sharing HCA data. (2 points)

G. Administer Participant information in compliance with HIPAA and OCIO standards for privacy, security, and electronic data interchange. (2 points)

H. Comply with HCA data requests for any internal or external audits. (2 points)

Eligibility System Requirements

Please limit response to two (2) pages, excluding any requested flow charts, examples, etc.

Provide an overview of the Bidder's capability to comply with all of the following Eligibility System Requirements:

I. Participant ID Numbers: Describe how the Bidder would identify Participants and whether there is an ability to create unique, non-Social Security Number (SSN)-based identifications for each Participant. (3 points)

J. Eligibility Files: Create a daily eligibility file in the format specified by HCA. (4 points)
   i. Upload and download eligibility files, on the schedule specified by HCA, from the secure file transport (SFT) site (https://sft.wa.gov).
   ii. Store Participant data, including SSNs, along with non-SSN IDs, in order to communicate with program eligibility staff and perform quarterly eligibility audits.
   iii. Transfer SSNs of Employees and their Dependents to HCA vendors and subcontractors, as required, as that is HCA's Participant ID within its eligibility system.

K. Eligibility Files and Matches: Conduct a reconciliation of the full eligibility file with HCA not less frequently than monthly. (3 points)

5. **Communications and Appeals and Complaints** (total **20** points)

General Communications

Please limit response to three (3) pages, excluding any requested flow charts, examples, etc.

Describe the Bidder's:

A. Ability and resources to write, design, print and distribute the following customized materials for each of the Bidder's potential contracted account type and provide an example of each: (3 points)
   i. Online enrollment instructions;
   ii. Account(s) overview;
   iii. Claim form (singular and recurring);
   iv. Claim denial letters;
   v. Direct deposit and/or debit card order form;
   vi. Termination forms;
   vii. Medical necessity letter;
   viii. HIPAA authorization form; and
   ix. Account holder statement.

B. Resources to provide internet-ready and ADA-compliant electronic forms for each of the Bidder's potential contracted account type. (2 points)

C. Ability to mail the enrollment welcome packet (a) no later than December 20 (pending HCA's delivery of the eligibility file by December 10) for all enrollments completed during the PEBB

annual Open Enrollment; (b) no later than December 10 (pending HCA's delivery of the eligibility file by November 30) for all enrollments completed during the SEBB annual Open Enrollment; and (c) within thirty (30) Business Days of enrolling for Participants who enroll in the Bidder's tax-advantaged account outside of annual Open Enrollment. These materials may include: (2 points)

i. Cover letter;
ii. Notice of Privacy Practices (print and distribute only);
iii. Web services promotional piece; and
iv. Other materials, including other vendor materials, as requested by HCA.

D. Compliance with WAC 182-08-220 and WAC 182-30-120 which state all materials describing PEBB or SEBB benefits must be prepared by or approved by HCA before use, distribution or mailing of all benefit descriptions must be performed by or under the direction of HCA, and media announcements or advertising materials which includes any mention of PEBB, SEBB, HCA, school employees, state employees, Retirees, or any group of enrollees covered by PEBB or SEBB benefits must receive the advance written approval of HCA. What schedule is proposed for review and revision of relevant documents. (1 point)

E. Communication with account holders over a calendar year to educate them about the Bidder's account offerings, including lists of eligible expenses, grace period reminders, employer transfer forms, confirmation of enrollment forms, and COBRA information. Provide at least an eligible expense list and one sample form. (1 point)

F. Process to ensure all communications sent to account holders will relate directly to the Bidder's account types. The Bidder may not send, help, or allow any other person or entity to send any communications to account holders except those relating directly to the Bidder's account types, unless authorized in writing in advance by HCA. (1 point)

Appeals and Complaints

Please limit response to three (3) pages, excluding any requested flow charts, examples, etc.

G. Provide an overview of the Bidder's Appeals process. Please include the following in the response: (4 points)

i. How appeals are received;
ii. How the Bidder categorizes communication from an account holder as an appeal (as differentiated from an inquiry or Complaint);
iii. How decisions are made;
iv. Who is involved in the decision-making process (include the title, credentials, and qualifications for each person involved);
v. Completion timelines; and
vi. Under which circumstances account holders are notified of appeals being processed by the Bidder, such as in the event of an appeal that is being escalated.

H. Provide an overview of the Bidder's complaint process. Please include the following in the response: (4 points)

i. How a complaint may be filed with the Bidder;
ii. How the Bidder categorizes communication from an account holder as a complaint (as differentiated from an inquiry, coverage request, or Appeal);
iii. How the Bidder's customer service staff are trained to distinguish between coverage requests, appeals, and complaints;
iv. The Bidder's process for assigning a complaint as standard or expedited. Provide an example of each;
v. The Bidder's procedure for processing two or more issues (complaints, appeals, inquiries, or coverage requests) at the same time;
vi. How complaints are logged, tracked and stored/maintained. Describe the centralized location where complaints are captured;
vii. Individuals involved in the decision-making process (include the titles and qualifications of each person);
viii. Complaint resolution timelines; and

ix. How and when account holders are notified that their complaint(s) have been received and their results, and in which circumstances HCA would be notified.

I. Describe and provide two (2) examples of how complaint and appeal results and information are used to improve the Bidder's claims processing, account holder services, and business processes, such as staff training and account holder experience when the ratio of overturned appeals is high in a particular area or for a specific service or benefit. (2 points)

6. **Implementation and Emergency Response Management** (total **15** points)

Implementation

Please limit response to three (3) pages, excluding any requested flow charts, examples, etc.

A. Bidder(s) must provide a comprehensive implementation plan that addresses all key operational areas necessary to implement all contracted account types prior to the first-occurring Open Enrollment. Bidder must address possible transition from grace period option to rollover option for FSA accounts. (5 points)

B. Describer the timeframe needed to build the eligibility structure and complete eligibility file testing. (3 points)

C. Provide a detailed plan for an implementation audit ensuring all components for go-live are ready and 100% operational. (2 points)

Emergency Response Management

Please limit response to three (3) pages, excluding any diagrams or flow charts.

D. Describe the Bidder's emergency response plan to maintain uninterrupted core business and operations during natural disasters or other system outages, and include in the response detailed descriptions of: (3 points)
   i. How the Bidder defines core business and operations; and
   ii. Where core business and operations would be conducted and by whom.

E. Describe the circumstances under which the Bidder's emergency response plan applies. (1 point)

F. Describe the Bidder's emergency records management/back-up. (1 point)

EXHIBIT D – COST PROPOSAL

The Cost Proposal is included as a separate document.

EXHIBIT E – EXECUTIVE ORDER 18-03 – WORKERS' RIGHTS

CONTRACTOR CERTIFICATION
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Health Care Authority is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation No.: 2020HCA2

I hereby certify, on behalf of the firm identified below, as follows (check one):

☐ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES**. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES**. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: _____
Name of Contractor/Bidder – Print full legal entity name of firm

By: _____ _____
Signature of authorized person — Print Name of person making certifications for firm

Title: _____ Place: _____
Title of person signing certificate — Print city and state where signed

Date: _____

EXHIBIT F – DRAFT CONTRACT

The Draft Contact is included as a separate document.

EXHIBIT G – WASHINGTON STATE OCIO TECHNOLOGY STANDARDS

The Washington State OCIO Technology Standards is included as a separate document.