



## **REQUEST FOR PROPOSALS (RFP)**

**RFP NO. 2022HCA30**

**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: Recovery Audit Contractor (RAC)**

**PROPOSAL DUE DATE:** September 23, 2022 by 2:00 p.m. *Pacific Time*, Olympia, Washington, USA.

E-mailed bids will be accepted.

**ESTIMATED TIME PERIOD FOR CONTRACT:** October 1, 2022, to September 30, 2024.

The Health Care Authority reserves the right to extend the contract for up to four (4) additional one (1)-year periods at the sole discretion of the Health Care Authority.

**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.

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# 1. INTRODUCTION

## 1.1 DEFINITIONS

Definitions for the purposes of this RFP include:

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

**Audit** - An examination of a health care provider or entity's claims and records to determine whether payment is correct and in compliance with applicable rules, regulations and agreements. HCA considers an examination of one health care provider's or entity's claims to equal one audit.

**Bidder** – Individual or company interested in the RFP that submits a proposal to attain a contract with the Health Care Authority.

**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.

**Centers for Medicare and Medicaid Services (CMS)** - The federal office under the Secretary of the United States Department of Health and Human Services, responsible for publishing the Final Rule to define the Recovery Audit Contractor program.

**Claim** - A request for payment for services or items rendered, or encounters for episodes of care submitted from a health care provider or entity to a health care insurer. The claim includes dates of service and an itemization of costs. During the course of an audit, HCA considers the total overpayment or underpayment at the claim header level, not at each claim line level. The claim header level is the total of all claim lines.

**Code of Federal Regulations (CFR)** - The codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. All references in this RFP to CFR sections or subsections will include any successor, amended, or replacement statute. Pertinent CFR sections can be accessed at: <https://www.govregs.com/regulations>.

**Contract** - The RFP, the Response, the Contract document, all schedules and exhibits, all Work Orders, and all amendments to the Contract awarded pursuant to the RFP.

**Credit Balance** - An amount of credit noted on a financial ledger, typically when an account is paid by another payer, which results in an overpayment paid by HCA. HCA is the payer of last resort so this amount must be refunded to HCA.

**Health Care Authority or HCA** – An executive agency of the state of Washington that is issuing this RFP.

**Key Staff** - Contractor's Medical Director, Project Director, and Deputy Project Director.

**Mandatory (M)** - The Bidder must comply with the requirement, and the response will be evaluated on a pass/fail basis.

**Medical Necessity or Medically Necessary** - As defined in WAC 182-500-0070 and means a requested service that is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course

of treatment available or suitable for the client requesting the service. For the purposes of this section, 'course of treatment' may include mere observation or, where appropriate, no medical treatment at all.

**Proposal** – A formal offer submitted in response to this solicitation. To be responsive, a Proposal must include all items outlined in Section 3 (PROPOSAL CONTENTS AND REQUIREMENTS). Two such items that may be referred to throughout this document are:

- 1) **Cost Proposal** – Bidder's cost as described in Section 3.13.
- 2) **Written Proposal** – Bidder's written response as described in Section 3.8.

**RCW** - The Revised Code of Washington. All references in this RFP to RCW chapters or sections will include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.

**Request for Proposals (RFP)** – Formal solicitation 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.

**RFP Coordinator** - The person named in this RFP as the RFP Coordinator, or the RFP Coordinator's designee, who is the sole point of contact within HCA for potential Bidders and other interested parties regarding this RFP.

**Revised Code of Washington (RCW)** – The laws of the state of Washington, as enacted by the Legislature. Any references to specific titles, chapters, or sections of the RCW includes any substitute, successor, or replacement title, chapter, or section. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.

**Subcontractor** – A person, partnership, or entity not in the employment of or owned by the Bidder, who would be performing all or part of the services under this RFP under a separate contract with or on behalf of the Bidder. The term "Subcontractor" means Subcontractors in any tier.

**Third Party Liability (TPL) Audit** - An audit of other coverage codes billed on a pharmacy claim.

**Washington's Electronic Business Solution or WEBS** – An internet-based bid notification system HCA uses to post competitive solicitations. Individuals and firms interested in state contracting opportunities with the Department of Enterprise Services or any state agency should [register](#) for competitive solicitation notices on WEBS. *Note: There is no cost to register on WEBS.*

**WAC** - The Washington Administrative Code. All references to WAC chapters or sections will include any successor, amended, or replacement regulation. Pertinent WACs may be accessed at: <http://app.leg.wa.gov/wac/>

## 1.2 ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES

Activity	Due Dates and Time
Issue Request for Proposals	September 14, 2022
Bidder Questions ( <i>via email to Procurement Coordinator</i> )	September 16, 2022, by 2:00 p.m. Pacific Time
HCA Answers Posted on WEBS	September 19, 2022
Interested Subcontractor Responses Due	September 19, 2022, by 2:00 p.m. Pacific Time

Interested Subcontractor List Posted	September 20, 2022
Letter of Intent to Propose	September 21, 2022
Complaints Due	September 16, 2022 by 2:00 Pacific Time
Proposals Due	September 23, 2022, by 2:00 Pacific Time
HCA Evaluate Stage 1 Proposals	September 23-26, 2022
Announce "Apparent Successful Bidder"	September 27, 2022
Bidder Debrief Request Deadline	September 30, 2022
Anticipated Contract Start Date	October 1, 2022

\*Dates are anticipated and subject to change without an official amendment.

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

### 1.3 PURPOSE, OBJECTIVES, & BACKGROUND

The Washington State Health Care Authority (HCA) is initiating this Request for Proposals (RFP) to solicit proposals from firms interested in providing the services of a Recovery Audit Contractor (RAC), which has experience and expertise to audit all Apple Health (AH) providers to identify Credit Balances not reimbursed to HCA. The services will also include identifying overpayments and underpayments paid to pharmacy providers, including other coverage codes billed by pharmacies for Third Party Liability (TPL). The entire scope of audit activities includes the following:

- a) Claims review;
- b) Requests for records;
- c) Review of medical and/or financial records to determine if provider claims submitted to HCA were appropriate and accurate;
- d) Determining if HCA reimbursed those claims correctly;
- e) Determining if any provider has outstanding credit balances in their financial records that should have been reimbursed to HCA; and
- f) Defending such audits upon appeal.

The establishment of a RAC program is compliant with section 1902(a)(42)(B) of the Social Security Act (42 U.S.C. 1396a(a)(42)) and 42 CFR Part 455, Subpart F, §455.500 et. seq.

This RFP document sets forth the requirements for the HCA RAC program. HCA intends to award one (1) Contract as a result of this RFP. The Contract will govern how the Contractor will perform audits on payments made to HCA pharmacies, and identify credit balance for all provider types. The awarded Contractor's compensation will be in the form of a contingency fee percentage of the amount recovered from Contractor-identified overpayments and a flat fee for Contractor-identified underpayments of more than \$250.

Section 6411(a) of the Affordable Care Act expanded the RAC program to Medicaid and requires each state Medicaid program to establish a RAC program, absent an exception, to enable the auditing of claims for services furnished by Medicaid providers. The Medicaid RAC program was established as a measure for states to promote the integrity of the Medicaid program. States are required to enter into contracts with one or more eligible Medicaid RACs to carry out the activities described in 42 CFR part 455, subpart F, §455.500 et. seq. States must comply with reporting requirements describing the

effectiveness of their Medicaid RAC programs as specified by the Centers for Medicare and Medicaid Services (CMS). The State of Washington has not had a RAC since July 1, 2014 and currently has a RAC requirement exception from CMS.

Bidders are highly encouraged to read 42 CFR part 455, subpart F to fully understand the federal requirements and scope of the RAC program.

HCA is the single state agency for the state of Washington. In that capacity, HCA is responsible for administering the Title XIX, Title XXI, and state-funded programs, collectively known as AH. Within HCA, the Division of Program Integrity (PI) is tasked with the coordination of program and payment integrity activities to protect taxpayer resources against improper payments and to guard against fraud, waste and abuse in Washington's AH programs.

The Washington Medicaid RAC program is supplemental to current HCA program integrity efforts already in place within PI, and shall not duplicate or interfere with audit or review processes already being conducted.

On the state level AH is regulated through a combination of administrative regulations (Washington Administrative Code (WAC) [Chapters 182-500 through 182-557](#)), Provider Guides and Notices, available at: <https://www.hca.wa.gov/medicaid/Pages/index.aspx>.

Over 85% of the AH program's population in State Fiscal Year (SFY) 2021 were enrolled in managed care programs. HCA contracts with Managed Care Organizations (MCOs) that are responsible for providing Acute, Skilled Nursing Facility, and Behavioral Health Services. Further information can be found at <https://www.hca.wa.gov/billers-providers/programs-and-services/managed-care>.

HCA's fee-for-service (FFS) expenditures in SFY 2021 were \$2.18 billion. Identification of underpayments and overpayments by the RAC under the Contract resulting from this RFP will apply only to FFS claims paid by HCA. FFS expenditures by claim type for SFY 2021 are shown in the table below:

<b>Claim Type</b>	<b>SFY 21 FFS Expenditures</b>	<b>Percentage of Total FFS Claims</b>
ADSA-H*	\$1,071,080,050.25	19.06%
ADSA-D**	\$998,503,222.34	17.76%
W2-ADSA-H***	\$894,543,776.90	15.91%
Nursing Facility Claim	\$691,311,002.56	12.30%
W2-ADSA-D***	\$391,528,510.98	6.97%
Dental Claim	\$361,343,381.38	6.43%
Professional Claim	\$344,518,435.87	6.13%
Inpatient Claim	\$326,183,901.15	5.80%
Med Vendor Claim	\$215,326,844.07	3.83%
Pharmacy Claim	\$124,660,023.35	2.22%
OPPS Claim	\$59,839,357.47	1.06%
Professional Claim ADSA-H*	\$27,953,375.61	0.50%
Med Vendor Claim ADSA-H*	\$26,882,304.31	0.48%
Hospice Claim	\$25,062,437.48	0.45%
Med Vendor Claim ADSA-D**	\$21,822,351.55	0.39%
Kidney Center Claim	\$15,020,203.31	0.27%
Outpatient Claim	\$13,638,350.36	0.24%
Professional Claim ADSA-D**	\$5,566,188.54	0.10%
EPSDT Claim	\$4,814,782.58	0.09%

Ambulatory Surgery Centers (ASC) Claim	\$881,395.27	0.02%
Home Health Claim	\$449,215.99	0.01%

\*ADSA-H are claims billed by Department of Social and Health Services (DSHS) Aging and Long Term Support Administration (AL TSA - formerly ADSA) Home and Community Services contracted providers.

\*\*ADSA-D are claims for DSHS Developmental Disabilities Administration (DDA) contracted providers.

\*\*\*W2 are claims billed by Individual Providers contracted with DSHS AL TSA or DDA.

With a staff of 45, the PI mines AH payment data and performs an array of provider audits to identify, prevent and recover improper payments. PI staff also develop and run algorithms, conduct Surveillance and Utilization Reviews, conduct provider site visits, coordinate federal audit initiatives, and manage HCA's state-of-the-art Fraud and Abuse Detection System (FADS) to assist with audits and data analytics, including data-mining activities. Data mining is included in the FADS contract and will not be duplicated in the RAC Contract. FADS generates universe and sample reports, which will be provided to Contractor in the service of audits performed on behalf of HCA.

In the HCA RAC program, one provider's claims universe and/or sample of selected claims is considered one audit. HCA will provide all appropriate data and data sets pertaining to the audit work performed by the Contractor. A full extract of AH data or access to all AH data for the purpose of data mining and data analysis is not included in the scope of this RFP.

HCA intends to award one contract to provide the services described in this RFP.

#### **1.4 SCOPE OF WORK**

The scope of the RAC Program is to provide a structured auditing program to review claims submitted by pharmacy providers of items and services, and other coverage codes for which payment has been made from FFS AH funds and to identify underpayments and overpayments on behalf of the state. The resulting contract from this RFP is limited to conducting credit balance, pharmacy, and pharmacy third party liability (TPL) audits. Additional audit types may be assigned by HCA.

Under this Scope of Work, the resulting Contractor must provide the following services and/or adhere to the following obligations, as applicable:

- 1.4.1 Contractor must provide all resources necessary to perform audits of Washington Medicaid providers.
- 1.4.2 HCA PI staff will be available to assist with the RAC Project, including: General audit staff, nurse auditors, coding auditors, data analysts and a RAC Coordinator/Liaison.
- 1.4.3 Contractor will familiarize itself with applicable state and federal laws and regulations pertaining to Washington AH programs in order to accurately interpret all policies and regulations necessary to review and audit AH claims.
- 1.4.4 Contractor must work with HCA to develop an education and outreach program that includes notification to providers of RAC audit policies and protocols.
- 1.4.5 As required in 42 CFR 455.508(e), Contractor must provide customer service measures including at a minimum:

- 1.4.5.1 Providing a toll-free customer service telephone number in all correspondence sent to providers and staffing the toll-free number during normal business hours of 8:00 a.m. to 5:00 p.m. Pacific Time, Monday through Friday;
- 1.4.5.2 Compiling and maintaining provider-approved addresses and points of contact;
- 1.4.5.3 Mandatory acceptance of provider submissions of electronic medical records on CD/DVD or via facsimile at the providers' request;
- 1.4.5.4 Notifying providers of preliminary overpayment findings within sixty (60) calendar days of receipt of records from the providers.
- 1.4.6 HCA will set limits on the number and frequency of medical records to be reviewed by Contractor, subject to requests for exception from Contractor.
- 1.4.7 HCA will provide Contractor with pharmacy claims data for Contractor's review for potential improper payments and will set the time period available for Contractor review, by whether or not the provider is active and billing, or by any other reason that HCA believes is in the best interests of the AH program. The Contractor must not review claims that are older than 3 years from the date of the claim unless it receives approval from HCA (42 CFR 455.508(f)).
- 1.4.8 HCA will coordinate all audit and review efforts with other contractors and organizations, including but not limited to Payment Error Rate Measurement contractors, Unified Program Integrity Contractors, FADS contractor, HCA, federal and state law enforcement, the Federal Department of Justice, the Federal Bureau of Investigations, the Federal Office of Inspector General, and the Washington State Medicaid Fraud Control Unit to ensure activities proposed are not duplicative of other program integrity activities or operations. Contractor will not audit claims that have already been audited or are being audited by another entity.
- 1.4.9 Contractor must report suspected cases of fraud and/or abuse to HCA within 3 business days of its discovery. Contractor must cooperate in the investigation of any case referred to the Medicaid Fraud Control Unit in the WA State Attorney General's Office.
- 1.4.10 Contractor will request and review financial documents from providers to identify non-refunded credit balances.
- 1.4.11 Contractor will review claims data provided by HCA, and financial documents and healthcare records submitted by pharmacy providers, to identify any improper payments, which include, but are not limited to:
  - 1.4.11.1 Non-covered services;
  - 1.4.11.2 Duplicate services;
  - 1.4.11.3 Non-medically necessary services;
  - 1.4.11.4 Incorrectly coded services;
  - 1.4.11.5 Underpayment amounts;
  - 1.4.11.6 Missing or inadequate documentation; and
  - 1.4.11.7 Use of other coverage codes for pharmacy TPL.
- 1.4.12 Improper payments do not include incorrectly coded claims where the mistake does not change the payment amount.
- 1.4.13 Improper payments do not include non-billed services or zero-paid services or supplies. Non-billed services or supplies means those that were provided, but never billed. Zero-paid services or supplies means claims or claim lines for which HCA paid no money, "zero dollars."



- 1.4.14 Contractor must follow an audit process that has been approved by HCA, including the following requirements at a minimum:
  - 1.4.14.1 Use of qualified professionals to perform audits of Washington Medicaid providers;
  - 1.4.14.2 Time frame for completing reviews that is in alignment with this scope of work;
  - 1.4.14.3 Adequate documentation for every claim reviewed and every improper payment identified. This includes a description of all processes utilized by the RAC in the determination of audit results;
  - 1.4.14.4 HCA approval of all provider correspondence templates;
  - 1.4.14.5 HCA approval prior to issuance of all actual provider correspondence, including but not limited to:
    - 1.4.14.5.1 Record request letters and lists;
    - 1.4.14.5.2 Preliminary finding notices and preliminary findings;
    - 1.4.14.5.3 Response to provider disputes;
    - 1.4.14.5.4 Notice of Improper Payment and final findings.
  - 1.4.14.6 HCA approval of any modifications to language in any provider correspondence previously approved by HCA;
  - 1.4.14.7 Submission to HCA of any review or audit findings with claim details prior to issuance to providers;
  - 1.4.14.8 Detection of improper payment trends and process for reporting to HCA;
  - 1.4.14.9 Quality review of findings prior to issuance to provider;
  - 1.4.14.10 A provider informal dispute resolution process to include a Medical Director review of all upheld findings.
- 1.4.15 HCA has final approval authority on the assessment of overpayments and underpayments.
- 1.4.16 HCA will collect overpayments and may process new claims to calculate net overpayments and underpayments.
- 1.4.17 Contractor must follow HCA's adjudicative hearing process for a provider appeal of an overpayment. There is no adjudicative hearing process for provider underpayments.
  - 1.4.17.1 Contractor must notify providers of appeal rights under chapter 182-502A WAC and RCW 41.05A.170.
  - 1.4.17.2 When a provider initiates an appeal, an Assistant Attorney General (AAG) from the Washington State Office of the Attorney General will represent HCA and the Contractor when the Contractor is acting as the agent of HCA.
  - 1.4.17.3 During the Appeal process, Contractor must make Key Staff and/or Project Staff available to testify in support of any claims findings and provide any other support as needed, e.g., responding to discovery requests, preparation of prehearing briefs or declarations, testimony preparation, etc. This requirement survives Contract expiration.
  - 1.4.17.4 Contingency fees related to an overpayment determination will not be paid to a Recovery Audit Contractor until the provider's administrative remedies are expired and the overpayment is recovered.

- 1.4.18 Contractor will be required to prepare and submit to HCA the plans set forth in this section upon request from HCA.
- 1.4.18.1 Within fifteen calendar (15) days of Contract execution, a Start-Up Plan that must be based on the start-up plan required in in Subsection 3.10.1 and must receive HCA approval before Contractor proceeds.
  - 1.4.18.2 Within thirty (30) calendar days of Contract execution, a Project Management Plan outlining key tasks, deliverables and timelines for execution of Contractor's approach. The Project Management Plan must be approved by HCA.
  - 1.4.18.3 Within thirty (30) calendar days of Contract execution, an Initial Quality Assurance Plan. The Quality Assurance Plan is not final until it is approved by HCA.
  - 1.4.18.4 At least thirty calendar (30) days prior to each anniversary date of the Contract, an Annual Business Plan that includes an outline of major activities planned for the coming year, business improvement objectives and outcomes for the coming year based upon performance of the previous year, methodology for performing activities and meeting objectives, methods for measuring customer service performance, approach for developing and implementing corrective actions. The Annual Business Plan is not final until it is approved by HCA.
- 1.4.19 Contractor is required to prepare and submit to HCA the reports set forth in this section and Sections 1.4.20-21.

A monthly status report formatted as set out in Attachment 1 that includes the following information:

- 1.4.19.1 Number of records requested;
- 1.4.19.2 Number of records reviewed;
- 1.4.19.3 Number and status (e.g., preliminary, final) of audits initiated;
- 1.4.19.4 Number and dollar value of audits finalized;
- 1.4.19.5 Number of cases referred to HCA with a credible allegation of fraud;
- 1.4.19.6 Number and amount of underpayments identified;
- 1.4.19.7 Number and amount of overpayments identified;
- 1.4.19.8 Number of informal disputes with dollar value;
- 1.4.19.9 Number of formal appeals with dollar value; and
- 1.4.19.10 Details of all provider correspondence issued to include:
  - 1.4.19.10.1 Case Status
  - 1.4.19.10.2 HCA Case ID number
  - 1.4.19.10.3 Provider Name
  - 1.4.19.10.4 Provider ID number
  - 1.4.19.10.5 Provider City
  - 1.4.19.10.6 Provider State
  - 1.4.19.10.7 Type of correspondence (e.g., record request, preliminary finding notice, final notice of improper payment, etc.)
  - 1.4.19.10.8 Date of issuance
  - 1.4.19.10.9 Number of audit findings
  - 1.4.19.10.10 Dollar value of audit findings
  - 1.4.19.10.11 Date provider received certified mail
  - 1.4.19.10.12 Days between receipt of records and issuance of preliminary notice.

- 1.4.20 A semi-annual assessment report providing an overview of:

- 1.4.20.1 Patterns in provider billing aberrancies; and
  - 1.4.20.2 Lessons learned through the audit process and quality control.
- 1.4.21 A comprehensive annual report that includes, but is not limited to:
- 1.4.21.1 Total number of audits initiated;
  - 1.4.21.2 Total number of audits finalized with dollar values;
  - 1.4.21.3 Total number of audits informally disputed with dollar values;
  - 1.4.21.4 Total number of audits formally appealed with dollar values; and
  - 1.4.21.5 A summary of lessons learned throughout the year.
- 1.4.22 Contractor will participate in all scheduled meetings with the HCA PI staff to report project status and issues. Contractor will participate in additional meetings as needed, e.g., with AAGs during the appeals process.

## **1.5 MINIMUM QUALIFICATIONS**

The following are the minimum qualifications for Bidders:

- A. Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
- B. Bidder must have a minimum of three years' experience providing audit services, including the review of pharmacy and third party liability billing, and credit balances to identify overpayments and underpayments made to Medicaid or Medicare providers.
- C. Bidder must have a minimum of three years' experience with RAC services, as outlined in 42 CFR 455 Subpart F.

## **1.6 PERIOD OF PERFORMANCE**

The period of performance of any contract resulting from this RFP will be October 1, 2022, through September 30, 2024. (Start date for resulting contract will be set retroactively to October 1, 2022). Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend the contract for four (4) one (1) year periods.

## **1.7 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. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

## **1.8 ADA**

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive written information in another format (e.g., large print, audio, accessible electronic formats, and other formats).

## 2. GENERAL INFORMATION FOR BIDDERS

### 2.1 RFP COORDINATOR

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

Name	Mitch Gonzales
E-Mail Address	<a href="mailto:HCAProcurements@hca.wa.gov">HCAProcurements@hca.wa.gov</a>

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 LETTER OF INTENT TO PROPOSE

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 the Solicitation Schedule, Section 1.2. The subject line of the email must include the following: [Solicitation #] – 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:

- A. Bidder's Organization Name;
- B. Bidder's authorized representative for this RFP (who must be named the authorized representative identified in the Bidder's Proposal);
- C. Title of authorized representative;
- D. Address, telephone number, and email address;
- E. Statement of intent to propose; and
- F. A statement of how the Bidder meets ALL the minimum requirements specified in Section 1.5 of this RFP.

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

### 2.3 BIDDER QUESTIONS PERIOD

Bidders are provided an opportunity to ask questions during the bidder question period which starts on the date of the RFP posting and concludes on the *Questions Due* date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).

- A. Questions regarding the RFP will only be accepted in writing, sent by email to the RFP Coordinator. The Bidder must use the following email subject line when submitting questions: "RFP # Question(s) – [Bidder Name]" to ensure timely receipt.
- B. HCA anticipates it will post answers to the questions in WEBS as an RFP amendment on the *Answers Posted* date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
- C. HCA is under no obligation to respond to any questions received after the *Questions Due date* but may do so at its discretion.

## **2.4 SUBMISSION OF PROPOSALS**

Proposals must be received by the RFP Coordinator no later than the *Proposal Due* deadline in Section 1.2, (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES). 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, and meet the following requirements:

- A. Attachments to e-mail must be in Microsoft Word format or PDF.
- B. The Cost Proposal must be submitted as a separate attachment.
- C. Zipped files cannot be received by HCA and cannot be used for submission of proposals.
- D. The following forms and certifications must have a signature of the individual within the organization authorized to bind the Bidder to the offer:
  - i. Bidder Profile & Submittal Form (Exhibit A, Section A);
  - ii. Proclamation 21-14 – COVID-19 Vaccination Certification (Exhibit A, Section C); and
  - iii. Executive Order 18-03 Worker's Rights (Exhibit A, Section D).
- E. HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

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 or HCA deems a grace period is in the best interest of the State. All proposals and any accompanying documentation become the property of HCA and will not be returned.

## **2.5 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. Each page claimed to be exempt from disclosure must be clearly identified and must reference either: (1) the specific basis claimed under 42.56 RCW, or (2) a

statement of why the information is designated propriety. 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 solicitation 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.

## **2.6 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 publish addenda on 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 published on WEBS.

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

## **2.7 COMPLAINT PROCESS**

The complaint process allows potential Bidders to focus on the solicitation requirements and evaluation process and raise issues early enough in the process to allow HCA to correct a problem before proposals are submitted. The complaint period starts on the date of the RFP posting and concludes on the *Complaints Due* date identified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).

- A. Potential Bidders may submit a complaint to HCA based on any of the following:
  - i. The RFP unnecessarily restricts competition;
  - ii. The RFP evaluation or scoring process is unfair or unclear; or
  - iii. The RFP requirements are inadequate or insufficient to prepare a response.
- B. For a complaint to be considered, it must be received by HCA by 5:00 pm PT on the *Complaints Due* date identified in Section 1.2. The complaint must:
  - i. Be in writing;
  - ii. Be sent to the RFP Coordinator, or designee;

- iii. Clearly articulate the basis for the complaint; and
- iv. Include a proposed remedy.

C. HCA will address any complaint as follows:

- i. The RFP Coordinator, or designee will respond to the complaint in writing.
- ii. The response to the complaint and any changes to the RFP will be posted on WEBS.
- iii. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response.

Complaints may not be raised again during a protest and HCA's action or inaction in response to a complaint will be final. There is no appeal process.

## **2.8 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.

## **2.9 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 reserves the right to contact a Bidder for clarification of its proposal.

The ASB 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 solicitation file on this matter without obligation to HCA.

## **2.10 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.

## **2.11 NO OBLIGATION TO CONTRACT**

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

## **2.12 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.

## 2.13 INTERESTED SUBCONTRACTOR LIST

HCA supports and encourages contracts and subcontracts with small, diverse, and veteran-owned businesses. To support participation in this process, the RFP Coordinator will add a list of Interested Subcontractors to the RFP. The RFP Coordinator will prepare the List based on the timely and complete submission of specific information requested in this Section. The purpose of the List is to communicate to prime bidders the capabilities of interested subcontractors who can perform components of this RFP's Scope of Work.

### A. Interested Subcontractor Instructions

- iv. Failure to follow the instructions in this Section may prevent your information from being included in the List.
- v. An interested party must complete the below table to submit their firm name, contact information, and the summary of their capabilities as they relate to this RFP's Scope of Work. Submissions are limited to what is requested in the table below and capability summaries must be two paragraphs or less.
- vi. The RFP Coordinator will only include the information requested below. Do not submit marketing materials.
- vii. Submissions must be emailed to the RFP Coordinator, with the subject line "RFP # Interested Subcontractor List – [Interested Subcontractor Name]" by the date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
- viii. All material submitted for the Interested Subcontractor List becomes a public record.

Interested Subcontract Name	Contact Name	Contact Address, Phone Number, and Email Address	Summary of your capabilities as it relates to the Scope of Work

### B. Posting Date

Complete and timely submissions will be compiled and posted in alphabetical order by interested subcontractor name. HCA anticipates the List will be posted as an RFP amendment on the *Interested Subcontractor List Posted* date identified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES). Late submissions will not be posted.

### C. Information Provided As-Is

The Interested Subcontractor List is provided as an opportunity to support participation in this RFP. HCA provides this information as a courtesy with no warranties or representations as to any party and no guarantee of a subcontract. The Interested Subcontractor List shall not be construed as an endorsement by the state of Washington or HCA. The interested party is responsible for the completeness and accuracy of their submission.



### 3. PROPOSAL CONTENTS AND REQUIREMENTS

#### 3.1 PROPOSAL CONTENTS OVERVIEW

Proposals must be submitted per the instructions in Sections 2.4 (SUBMISSION OF PROPOSALS) and 0 (**Error! Not a valid bookmark self-reference.**) in the order noted below.

A. Bidder Forms and Certifications (Exhibit A)

All the following are included in Exhibit A:

- ix. Bidder Profile & Submittal Form\* (Section 3.3 and Exhibit A, Section A)
- x. Diverse Business Inclusion Plan (Section 3.4 and Exhibit A, Section B)
- xi. Proclamation 21-14 – COVID-19 Vaccination Certification\* (Section 3.5 and Exhibit A, Section C)
- xii. Executive Order 18-03 Worker's Rights\* (Section 6 and Exhibit A, Section D)

B. Draft Contract (Section 3.7 and Exhibit B)

C. Written Proposal (Section 3.8)

D. Organizational Capabilities (Section 3.9)

E. Management Approach & Methodology (Section 3.10)

F. Key Staff Qualifications (Section 3.11)

G. Project Staff Qualifications (Section 3.12)

H. Cost Proposal (Section 3.13)

***\*Authorized signature required***

#### 3.2 PROPOSAL REQUIREMENTS AND GUIDELINES

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

- A. State the Bidder's full legal name on the first or cover page of the Proposal.
- B. Proposals must provide information in the same order as presented in this RFP and 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.
- C. **All items listed in Section 3.1 (PROPOSAL CONTENTS OVERVIEW) must be included as part of the Proposal for the Proposal to be considered responsive;** however, only the following items will be scored during the evaluation process: Executive Order 18-03 Worker's Rights, Written Proposal, Cost Proposal, Organizational Capabilities, Management Approach & Methodology, and Key Staff Qualifications..

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

### **3.3 BIDDER PROFILE & SUBMITTAL FORM (MANDATORY)**

Exhibit A, Bidder Forms and Certifications, Section A, Bidder Profile & Submittal Form must be completed in its entirety and 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).

### **3.4 DIVERSE BUSINESS INCLUSION PLAN (MANDATORY)**

Exhibit A, Bidder Forms and Certifications, Section B, Diverse Business Inclusion Plan must be completed in its entirety. 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.

### **3.5 COVID-19 VACCINATION CERTIFICATION (MANDATORY)**

Bidder must review and complete Exhibit A, Bidder Forms and Certifications, Section C, COVID-19 Vaccination Certification to respond as to whether or not the Bidder complies with Proclamation 21-14.1 – COVID-19 Vaccination Requirement. Bidder must sign and return this certification as part of its Proposal.

Note: Compliance with the Proclamation is mandatory. For more information, please visit <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/505-160-VaccinationRequirementFAQs.pdf>.

### **3.6 EXECUTIVE ORDER 18-03 (SCORED)**

Bidder must review Exhibit A, Bidder Forms and Certifications, Section D and respond as 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.

### **3.7 DRAFT CONTRACT (MANDATORY)**

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 B. HCA will not accept any draft contracts prepared by any Bidder. The Bidder must be prepared to agree to all terms of the attached Exhibit B, Draft Contract, as presented or the Proposal may be rejected. If Bidder has exceptions to the terms and conditions, they must include with their Proposal a copy of the Draft Contract with redline edits/comments documenting the changes they propose to be made if selected as ASB. If the Bidder fails to identify an objection to any particular term or condition, the term or condition will be deemed agreed to by the Bidder. 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

### **3.8 WRITTEN PROPOSAL (SCORED) (MAX 400 POINTS)**

***Page Limit: 50 pages***

The Written Proposal must contain a comprehensive description of services including the following elements:

**3.9.1 Education and Outreach Program (40 Points Max)**

Per 42 CFR 455.508(d), the Contractor will work with HCA to develop an education and outreach program, which includes notification to providers of RAC audit policies and protocols.

Describe Bidder's approach and provide samples of provider outreach and education activities, including but not limited to, the following components:

- 3.9.1.1 Samples of template letters to be used in communications with providers;
- 3.9.1.2 Notification to providers of RAC audit policies and protocols;
- 3.9.1.3 Description of how provider questions regarding methodologies or processes employed in the audit process will be answered;
- 3.9.1.4 Description of informal negotiation processes the Bidder plans to engage in with providers regarding determinations; and
- 3.9.1.5 A system for both the measurement and evaluation of the effectiveness of provider outreach and education activities.

**3.9.2 Customer Service (40 Points Max)**

Describe Bidder's customer service plan which must meet or exceed the following requirements:

- 3.9.2.1 Providing a toll-free customer service telephone number in all correspondence sent to providers, and staffing the toll-free number during normal business hours of 8:00 a.m. to 5:00 p.m. Pacific Time, Monday through Friday;
- 3.9.2.2 Compiling, updating and maintaining provider approved addresses and points of contact;

- 3.9.2.3 System and method for documenting all provider contacts during the course of an audit;
- 3.9.2.4 Mandatory acceptance of provider submissions of electronic medical records on DVD/CD or via facsimile at the providers' request; and
- 3.9.2.5 Notifying providers of overpayment findings within 60 calendar days of receipt of records from the providers.

3.9.3 Gathering Medical Records (40 Points Max)

Describe Bidder's methodology for the acquisition of medical records, in both hardcopy and electronic formats, including, but not be limited to, the following components: Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security rule requirements, storage of records, and the method of transmittal or transporting of data. Please see the Data Security Requirements set out in Subsection 3.8.9 of this RFP.

Note: HCA's written approval is required in order for Contractor to finalize and implement its methodology.

3.9.4 Record Review Process (40 Points Max)

Describe how Bidder will complete reviews of claims for pharmacies and credit balances for all provider types:

- 3.9.4.1 Pharmacy claims data, billing and records to identify improper payments due to non-covered services, lack of prescriptions or orders, missing required documentation, overbilling quantity ordered or delivered, etc.;
- 3.9.4.2 Financial records from all provider types to determine if any outstanding credit balances are owed to HCA; and
- 3.9.4.3 Payment or processing error that may have resulted in an underpayment to the provider.

3.9.5 Bidder's Audit Process (60 Points Max)

Describe Bidder's process to conduct a provider audit, including the following components:

- 3.9.5.1 Bidder's proposed methodology for the identification of overpayments and underpayments on a claim by claim basis;
- 3.9.5.2 How Bidder will ensure that its audit processes and practices will conform to the directions provided by HCA;
- 3.9.5.3 How Bidder's provider audit process complies with CMS guidance and HCA administrative regulations governing audit protocols and processes (see chapter 182-502A WAC);
- 3.9.5.4 Review and application of Washington Apple Health benefit plans, rules, regulations, and policies to confirm payments to providers;
- 3.9.5.5 A description of the process Bidder will use to determine an audit finding resulting from an improper payment (overpayment or underpayment)— including the methods of detection; the basis for the finding, with references used for determination; accurate documentation of all findings; the quality control processes utilized; the calculation method for the improper payment; and the amount of the improper payment;

- 3.9.5.6 Contextual review of selected claims to identify any duplication or overlapping of claim payments;
  - 3.9.5.7 Issuance of preliminary finding notice and draft audit reports to provider after HCA approval; (Note: Correspondence must be sent by US Postal Service certified mail, return receipt requested);
  - 3.9.5.8 Conducting an exit conference with the provider at the end of the review to discuss findings;
  - 3.9.5.9 Allowing provider the opportunity to present additional documentation in accordance with Washington state policies and participate in the informal dispute resolution process for reconsideration of the estimated overpayment amount;
  - 3.9.5.10 Issuance of notice of improper payment and final audit reports to the provider, following HCA review and approval; (Note: Correspondence must be sent by US Postal Service, certified mail, return receipt requested);
  - 3.9.5.11 Providing all necessary documentation, support and testimony to defend the audit findings in the formal appeals process, if needed; and
  - 3.9.5.12 Providing copies of all findings and back-up documentation to the HCA PI, coordinating with case development and attending scheduled meetings with PI staff and other meetings when requested by HCA.
- 3.9.6 Quality Control Process (20 Points Max)

Describe in detail Bidder's methods related to internal controls and quality assurance for all work conducted by Bidder staff. Explain how Bidder's internal quality control processes ensure the results of audit activities are accurate, reliable, valid, and responsive to the rules and regulations applicable in the state of Washington. Include a description of Bidder's "lessons learned" process and Bidder's plan for reporting potential issues or problems with quality control to HCA.

3.9.7 Maintenance of Audit Files and Records Retention (60 Points Max)

Describe how Bidder will create and maintain audit files and retain records in compliance with the following requirements:

- 3.9.7.1 Contractor will be required to maintain a case file for each audit performed, which must contain, at a minimum:
  - 3.9.7.1.1 A copy of all correspondence sent to the provider, provider representatives, provider groups and associations, and any other entities in regard to the claims under review, which must also include copies of USPS return receipts for all certified mail;
  - 3.9.7.1.2 A description, including dates, times and Contractor personnel involved, of all contacts with providers, provider representatives, provider groups and associations, and any other entities communicating with Contractor about the claims under review;
  - 3.9.7.1.3 A copy of all medical and financial records, documents and correspondence received from the provider, provider representatives, provider groups and associations, and any other entities related to the claims under review;
  - 3.9.7.1.4 All records and correspondence related to any disputes;

- 3.9.7.1.5 Notes, write-ups, opinions and all other materials generated by the Contractor in each case.
- 3.9.7.1.6 At HCA's request or no later than thirty (30) calendar days after Contract termination, the Contractor must provide HCA scanned or PDF versions of all case files.
- 3.9.7.2 During the term of the Contract resulting from this RFP, and for a period of six (6) years after its expiration or termination, Contractor must retain and provide access to all records, supporting documents, statistical records and any other records related to the performance of its obligations under the Contract in compliance with applicable state and federal regulations.

### 3.9.8 Data Transfer (40 Points Max)

- 3.9.8.1 Bidder must create, grant access and maintain a Secure File Transfer Protocol (SFTP) site for incoming and outgoing data transfers that uses FileZilla or a compatible application approved by HCA.
- 3.9.8.2 Bidder will provide a designated staff member and a back-up staff member who will be the contacts for any questions or resolution of any technical issues. (See Subsection 3.12.4, Technical Point of Contact).
- 3.9.8.3 Bidder will ensure that the SFTP version is compatible with HCA's, e.g. Created Date / Last Modified Date.
- 3.9.8.4 Bidder will comply with agreed upon file naming conventions and site housekeeping policies.

### 3.9.9 Data Security (40 Points Max)

- 3.9.9.1 The federal government, CMS, and the State of Washington all maintain security requirements regarding privacy, data access, and other areas. Contractor will be required to comply with Washington State Office of the Chief Information Officer (OCIO) security standards to handle Category 4 Data (PHI) in accordance with OCIO Security Standard 141.10, attached as Attachment 2, and Information Services Board (ISB) Identity Management User Authentication Standards, attached as Attachment 3. Further information can be found at <https://ocio.wa.gov/policy/securing-information-technology-assets-standards>.
- 3.9.9.2 Describe how Bidder will meet the Security Requirements of OCIO Security Standard 141.10, Attachment 2, and pass the Security Design Review, Checklist Attachment 4. Attachment 3, Information Services Board (ISB) Identity Management User Authentication Standards is also attached for reference.

Describe how Bidder will meet the requirements in:

- 3.9.9.2.1 OCIO 141.10 Section 4
- 3.9.9.2.2 OCIO 141.10 Section 5
- 3.9.9.2.3 OCIO 141.10 Section 6
- 3.9.9.2.4 OCIO 141.10 Section 7
- 3.9.9.2.5 OCIO 141.10 Section 8
- 3.9.9.2.6 OCIO 141.10 Section 10
- 3.9.9.2.7 OCIO 141.10 Section 11

- 3.9.10 Outcomes and Performance Measurement – Describe the impacts/outcomes the Bidder proposes to achieve as a result of the delivery of these services including how these outcomes would be monitored, measured, and reported to HCA. (10 Points Max)
- 3.9.11 Deliverables – Fully describe deliverables to be submitted under the proposed contract. Deliverables must support the requirements set forth in Section 1.4, Scope of Work. (10 Points Max)

### **3.9 ORGANIZATIONAL CAPABILITIES (SCORED) (MAX 50 POINTS)**

***Page Limit: 10 pages***

3.10.1 Firm Overview (10 Points Max)

Provide a brief description of Bidder’s firm, including primary business location(s), size, areas of specialization and expertise, client base and any other pertinent information that would aid an evaluator in formulating a determination about the stability and strength of the entity, as well as the value and commitment of the Bidder as a resource to State government.

3.10.2 Medicaid Auditing Knowledge and Experience (20 Points Max)

Describe Bidder’s experience in reviewing and auditing Medicaid claims data that demonstrates Bidder’s knowledge of state and federal Medicaid laws, rules and policies. How does Bidder identify patterns that suggest inappropriate billing and improper payments? This description must identify when and for whom (name of organization) the reviewing and auditing of Medicaid claims data was performed.

3.10.3 RAC Program Knowledge and Experience (20 Points Max)

Describe how Bidder’s experience and knowledge of other states’ RAC efforts will provide expert strategic advice and recommended direction to Washington State for its RAC program approach, communications, outreach, methods and practices.

### **3.10 MANAGEMENT APPROACH & METHODOLOGY (SCORED) (MAX 75 POINTS)**

***Page Limit: 20 pages***

3.11.1 Provide a start-up plan that describes the process from Contract signing to commencement of the first audit. (15 Points Max). The plan should, at a minimum, provide all of the following

3.11.1.1 A description of how the Bidder will collaborate with HCA to develop the RAC project;

3.11.1.2 A description of the process and timeline for bringing proposed Key Staff and Project Staff onto the project and their various start-up responsibilities;

3.11.1.3 A description of how Bidder will provide an operational readiness review for HCA to determine if Bidder is ready to begin performing audits;

3.11.1.4 The operational start date by which Bidder will be ready to begin performance under the Contract; and

- 3.11.1.5 The risks associated with the start-up and a plan to mitigate those risks.
- 3.11.2 Provide a description of Bidder's overall approach and methodology for managing and delivering a successful and high quality RAC project consistent with the scope of this RFP. (See also Section 1.4 Scope of Work). (15 Points Max)
- 3.11.2.1 Describe how Key Staff and Project Staff located outside of the greater Olympia, Washington area will work with HCA staff and providers and their staff to accomplish the requirements of the RFP.
- 3.11.2.2 Describe how Bidder would make Key Staff and/or Project Staff available to testify in support of any appealed claims findings in the event a provider files an appeal of an overpayment determination.
- 3.11.2.3 Describe Bidder's plan to ensure the Key Staff listed would complete the duties and responsibilities as described in this RFP.
- 3.11.2.4 Describe Bidder's plan for establishing and maintaining effective communications throughout the service period.
- 3.11.3 Include a list of contracts the Bidder has had during the last five years that relate to the Bidder's ability to perform the services needed under this RFP. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and fax numbers/e-mail addresses. (15 Points Max)
- 3.11.4 Bidder Resources for Washington (15 Points Max)
- 3.11.4.1 Identify the total number of employees and/or staff resources available to provide services relative to this RFP;
- 3.11.4.2 Provide a description of the proposed team, including any Subcontractors, and how the team will be managed during the course of service delivery. If Subcontractors are to be used, state the length of time of the association and number of previous engagements that have been performed together (see also Section 1.7, Contracting with Current or Former State Employees, for subcontractors that may fall under this requirement);
- 3.11.4.3 All Bidder Project staff and Subcontractors must be proficient in written and spoken English; and
- 3.11.4.4 Provide an organization chart highlighting responsibilities and lines of authority for personnel who will be involved in the performance of any resulting Contract. Also indicate relationships of these staff to other programs or functions of the firm.
- 3.11.5 Staffing Continuity (15 Points Max)
- In order to ensure the success of this project, it is important that there is a continuity of Key Staff assigned to the project. The Bidder's proposal must:
- 3.11.5.1 Describe its policies, plans, and intentions with regard to maintaining continuity of Key Staff assignments throughout the performance of any contract resulting from this RFP.
- 3.11.5.2 Discuss Bidder's plans to avoid and minimize the impact of personnel changes.
- 3.11.5.3 Commit to using the Key Staff identified in the Proposal and agree that Bidder's proposed project personnel may not be reassigned, replaced, or added during the



project without the prior written consent of HCA. Should a Key Staff position be vacated, Bidder must give HCA resumes of and an opportunity to interview and approve potential replacements.

- 3.11.5.4 Agree that HCA may require a change in Bidder's Key Staff and Project Staff at HCA's sole discretion and that HCA must be given an opportunity to interview and approve potential replacements for any Key Staff position. HCA, however, will not unreasonably exercise this option and will take reasonable steps to work with the Contractor toward a solution.
- 3.11.5.5 Agree that responses to these staffing continuity requirements apply to proposed Subcontractor key staff as well as Bidder's proposed key staff.

### **3.11 KEY STAFF QUALIFICATIONS (SCORED) (MAX 75 POINTS)**

**Page Limit: 3 pages per resume**

#### 3.12.1 Medical Director (25 Points Max)

3.12.1.1 Bidder must employ a Medical Director who is a Doctor of Medicine or Doctor of Osteopathy in good standing with the state of Washington licensing authorities and who has work and educational experience relevant to the requirements for the HCA RAC program. The Medical Director must be a full time employee of Bidder and must be available to the HCA RAC program as often as necessary to fulfill the requirements set forth in this RFP and in the resulting Contract. The Medical Director will provide professional expertise and direction in the determination of Medical Necessity and other clinical matters and provide expert witness testimony in any hearings or depositions, and assist in preparing any necessary written legal documents to explain and defend audit findings where Medical Necessity or adherence to medical standards is called into question.

3.12.1.1.1 Provide a resume for Bidder's proposed Medical Director that substantiates how the proposed Medical Director meets the requirements listed here including prior work experience with and general knowledge of hospital and pharmacy third party liability audits. Prior work experience in the health insurance industry, a utilization review firm, or another health care claims processing organization, in a role that involved developing coverage or medical necessity policies and guidelines. Public relations experience, preferably working with physician groups and/or beneficiary organizations, experience with and general knowledge of the Medicaid program, particularly the coverage and payment rules, and experience and working knowledge in managing and conducting audits of Medicaid providers.

#### 3.12.2 Project Director (25 Points Max)

3.12.2.1 Bidder must employ a Project Director who has work and educational experience relevant to the requirements for the HCA RAC program. The Project Director will have prime responsibility and final authority for the services provided under the resulting Contract. The Project Director will also be the principal point of contact for the HCA Office of Program Integrity (OPI) Section Manager for all business matters, performance matters, and administrative activities.

3.12.2.1.1 Provide a resume for Bidder's proposed Project Director that substantiates how the proposed Project Director meets the requirements listed here including but not limited to a Bachelor's degree or higher in a relevant field, at least seven (7) years' recent

and relevant experience in managing projects and personnel, at least five (5) years' recent and relevant experience in conducting health care audits, and experience that demonstrates knowledge of the Medicaid program.

### 3.12.3 Deputy Project Director (25 Points Max)

3.12.3.1 Bidder must employ a Deputy Project Director who has work and educational experience relevant to the requirements for the HCA RAC program. The Deputy Project Director will oversee and manage the Bidder's day-to-day operations under the Contract and will be the main point of contact for HCA Program Integrity staff. The Deputy Project Director must have sufficient authority to make key decisions on behalf of the Project Director.

3.12.3.1.1 Provide a resume for Bidder's proposed Deputy Project Director that substantiates how the proposed Deputy Project Director meets the requirements listed here including but not limited to a Bachelor's degree or higher in a relevant field, at least three (3) years' recent and relevant experience in managing projects and personnel, at least three (3) years' recent and relevant experience in conducting health care audits, and experience that demonstrates knowledge of the Medicaid program.

## **3.12 PROJECT STAFF QUALIFICATIONS (MANDATORY) (MAX 75 POINTS)**

Bidder's Project Staff must include all of the positions listed in this section. Bidder must identify how many of each Project Staff position will be assigned to this project, and whether each is an employee or Subcontractor.

- 3.13.1 Coding Specialists: Bidder must provide Coding Specialists with at least two (2) years' experience auditing healthcare claims from pharmacy providers and credit balance from all provider types; (18 Points Max)
- 3.13.2 Audit Staff: Bidder must provide audit staff with experience and working knowledge of Medicaid provider audits, medical documentation review, and financial transactions, including specific experience with auditing Medicaid claims. Audit staff must comply with standards set forth in the Generally Accepted Government Auditing Standards (GAGAS); (18 Points Max)
- 3.13.3 Customer Service Staff: Bidder must provide customer service staff appropriately trained and at a sufficient enough level to ensure the requirements of Subsection 3.8.2, Customer Service are fulfilled; (18 Points Max) and
- 3.13.4 Technical Point of Contact: Bidder must provide a technical point of contact with relevant IT experience and expertise with Bidder's systems, tools, and methodologies who can manage the exchange of data, communicating as appropriate with OPI staff and will be the designated Bidder staff member who will be the contact for any questions or resolution of any technical issues. (See Subsection 3.9.8 Data Transfer) This person must be able to conduct web based meetings, make schedules and communicate and manage the exchange of data. This individual should have experience with ensuring the Bidder's Systems, tools, methodologies capable of efficiently and correctly accepting and safeguarding Washington claims data, operate effectively to protect sensitive information, and adhere to state, federal, and HCA-specific requirements regarding processing capacity, security, mitigation of risk, and corporate compliance. (21 Points Max)

### **3.13 COST PROPOSAL (SCORED) (MAX 200 POINTS)**

The evaluation process is designed to award this procurement not necessarily to the Bidder of least cost, but rather to the Bidder whose proposal best meets the requirements of this RFP. However, Bidders are encouraged to submit proposals which are consistent with state government efforts to conserve state resources.

#### 3.14.1 Overview

HCA seeks to acquire the RAC Services that best meet the State's needs at the lowest cost and best value to the State. HCA will compensate Contractor on the total overpayment or underpayment at the claim header level, not at each claim line level. The claim header level is the total of all claim lines.

3.14.1.1 Miscellaneous Expenses: Day-to-day expenses related to performance under the Contract resulting from this RFP, including but not limited to, travel, lodging, meals, incidentals will not be reimbursed to the Bidder.

3.14.1.2 Taxes: Bidder must collect and report all applicable state taxes.

3.14.1.3 Price Protection: For the term of the Contract, the Bidder must guarantee to provide Services at the proposed rates. The proposed rates will not be increased during the term of the Contract.

#### 3.14.2 Contingency Fee Rate for Identification of Overpayments (100 Points)

3.14.2.1 The compensation rate quoted by Bidder in this section is considered all-inclusive for the costs of auditing claims, financial records and working with HCA in the Olympia, WA area, i.e., rates include all overhead costs. (See also subsection 3.14.1.1 Miscellaneous Expenses.)

3.14.2.2 In compliance with 42 CFR 455.510(4), the contingency fee rate proposed by Bidder must not exceed that of the highest Medicare RAC, as specified by CMS in the Federal Register.

3.14.2.3 Provide the contingency fee rate proposed by Bidder to be calculated against actual overpayment amounts recovered. Also provide an explanation and justification for how the rate was established.

#### 3.14.3 Flat Fee Rate for Identification of Underpayments (100 Points)

3.14.3.1 The compensation rate quoted by Bidder in this section is considered all-inclusive for the costs of consulting and working with HCA in the Olympia area, i.e., rates include all overhead costs. (See also subsection 3.14.1.1 Miscellaneous Expenses.)

3.14.3.2 Provide the flat fee rate proposed by Bidder for the identification of underpayments of two-hundred fifty dollar (\$250) or more. Also provide an explanation and justification for how the rate was established.



## 4. EVALUATION AND CONTRACT AWARD

### 4.1 EVALUATION PROCEDURE

Responsive Proposals will be evaluated strictly in accordance with the requirements stated in this RFP and any addenda issued. The evaluation of proposals will be accomplished by an evaluation team, to be designated by HCA, which will determine the ranking of the proposals. Evaluation teams could be comprised of internal (HCA) and external individuals. Evaluations will only be based upon information provided in the Bidder's Proposal.

- A. All proposals received by the stated deadline in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES) will be reviewed by the RFP Coordinator to ensure that they contain all of the required information requested in the RFP. Only responsive proposals that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any proposal that does not contain all the required information will be rejected as non-responsive.
- B. HCA may, at its sole discretion, waive minor administrative irregularities.
- C. The RFP Coordinator may, at their 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.
- D. Responsive Written Proposals will be reviewed and scored by an evaluation team using the weighted scoring system described in Section 4.2 (EVALUATION WEIGHTING AND SCORING). Written Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda issued.
- E. The evaluation of the Cost Proposal and Executive Order 18-03 will be completed by the RFP Coordinator.
- F. 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

The evaluation will be conducted in two stages, as further explained below in subsections 4.1.1 and 4.1.2. Only the Bidders with the highest Stage 1 scores (Finalists) will be evaluated in Stage 2 (the number of Stage 2 finalists will be dependent on the number of Bids received by HCA). Responses with tied scores will be treated equally. The Apparent Successful Bidder will be the Bidder with the highest total number of points from Stage 1 or the Bidder with the highest total number of points from Stage 1 and Stage 2.

#### 4.1.1 Stage 1 Evaluation

##### 4.1.1.1 Written and Cost Proposals Review

- 4.1.1.1.1 The evaluation team members will individually review, evaluate, and score each of Bidders' Responses against the requirements in Section 4.2, Evaluation Weighting and Scoring. The following will be reviewed and scored by the evaluation team members: Written Proposal (Sec. 3.9), Organizational Capabilities (Sec. 3.10), Management Approach & Methodology (Sec. 3.11), Key Staff Qualifications (Sec. 3.12), and Project Staff Qualifications (Sec. 3.13).

##### 4.1.1.2 Cost Scoring

- 4.1.1.2.1 The score for the Contingency Fee Rate and Flat Fee rate will be computed separately using the formula below.

Lowest Cost Proposal	x	100	=	Bidder's Cost Proposal Points
Bidder's Cost Proposal				

- 4.1.1.2.2 The Bidder proposing the lowest contingency fee rate in Section 3.13.2, Contingency Fee Rate for Identification of Overpayments, will receive a score of 100 points.
- 4.1.1.2.3 The Bidder proposing the lowest flat fee rate in Section 3.13.3, Flat Fee Rate for Identification of Underpayments, will receive a score of 100 points.
- 4.1.1.2.4 The Bidder's resulting Contingency Fee Rate score and Flat Fee Rate score will be summed resulting in the Bidder's Total Cost Score for a Maximum available score of 200 points.

4.1.1.3 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 proposals for best value and provide a preference in the amount of 50 points to any Bidder who certifies, pursuant to the certification included in Exhibit A, Bidder Forms and Certifications, Section D, 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 from evaluation of this RFP, however they will receive 0 out of 50 points for this section.

4.1.1.4 Total Stage 1 Score

- 4.1.1.4.1 Each Bidder's Total Stage 1 Score will be calculated by adding together Bidder's scores from the following: Written Proposal (Sec. 3.9), Organizational Capabilities (Sec. 3.10), Management Approach & Methodology (Sec. 3.11), Key Staff Qualifications (Sec. 3.12), Project Staff Qualifications (Sec. 3.13), Cost Proposal (Sec. 3.14), and Executive Order 18-03.
- 4.1.1.4.2 After all scores have been computed, HCA may announce an ASB or reserve the right to cancel the RFP.

Stage 1 Requirements/Criteria	Maximum Points Possible
Written Proposal - Section 3.8	400
Organizational Capabilities – Section 3.9	50
Management Approach & Methodology - Section 3.10	75
Key Staff Qualifications - Section 3.11	75
Project Staff Qualifications - Section 3.12	75
Cost Proposal – Section 3.13 Contingency Fee Rate & Flat Fee Rate	200

Executive Order 18-03 – Section 3.6	50
<b>Stage 1 Total Possible Weighted Points:</b>	<b>925</b>

4.1.1.5 Scoring of Rubric for Written Proposal (Sec. 3.8), Organizational Capabilities (Sec. 3.9), Management Approach & Methodology (Sec. 3.10), Key Staff Qualifications (Sec. 3.11), and Project Staff Qualifications (Sec. 3.12)

Each subsection/question within Sections 3.8-3.12 have been allocated a maximum number of points that may be earned by a Bidder. Points will be assigned to each subsection/question based on the average of all evaluation team members scores for the subsection/question (0-10) as identified in the Scoring Rubric below. The averages scores will be multiplied by the assigned weights. Individual question scores will then be combined to result in the Bidder's total weighted score. Any point calculations that result in decimal points will be rounded to the nearest whole number.

<b>Scoring Rubric</b>		
<b>Score</b>	<b>Description</b>	<b>Scoring Criteria</b>
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.

4.1.2 Total Score

<b>Evaluation Table – All Scored Items</b>	
<b>Title</b>	<b>Maximum Points</b>
Stage 1	925
<b>Total Maximum Points</b>	<b>925</b>

#### 4.1.1 Successful Bidder

The ASB will be the Bidder with the highest total number of points from Stage 1.

The results will be communicated to the Bidders by email.

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 BEST AND FINAL OFFER (BAFO)**

HCA reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining 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 1.3 of this RFP.

If applicable, HCA's best interest will be determined by HCA staff, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with Substantially Equivalent Scores.

### **4.5 NOTIFICATION TO BIDDERS**

HCA will announce the ASB to all Bidders via the WEBS notification system.

### **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 conference. The request for a debriefing conference must be received by the RFP Coordinator no later than 5:00 p.m., Pacific Time, within three (3) Business Days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three (3) 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 2.7) 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 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 (5) Business Days to file a protest. Protests must be received by the Contracts Administrator no later than 4:30 p.m., Pacific Time, on the fifth Business Day following the Bidder's debriefing. Protests must be submitted by e-mail to ensure timely receipt.

Consistent with RCW 39.26.030, proposal submissions and proposal evaluations will be available for public inspection following the announcement of ASB(s). If requested by a Bidder who received a debriefing pursuant to Section 4.6, the protest period will not conclude before the requestor has been provided with the applicable proposal submissions and proposal evaluations and provided five (5) Business Days to review the same. Bidder is responsible for notifying the RFP Coordinator of any such public disclosure requests so the timeline can be adjusted accordingly.

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.

- A. All protests must be in writing, addressed to the Contracts Administrator, 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. Protests must be emailed to [contracts@hca.wa.gov](mailto:contracts@hca.wa.gov) with the following subject line: "RFP # Protest – [Bidder Name]"
- B. Only protests alleging an issue of fact concerning the following subjects will be considered:
  - i. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
  - ii. Errors in computing the score; or
  - iii. Non-compliance with procedures described in the RFP, HCA's protest process, or Department of Enterprise Services (DES) policy requirements (POL-DES-170-00).

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.

- C. Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who is a neutral party with no involvement in the evaluation and award process (Protest Officer), will review and respond to the protest. 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 Protest Officer will have the right to seek additional information regarding the solicitation from sources they deem appropriate in order to fully consider the protest.
- D. 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 Protest Officer. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.
- E. The Protest Officer will issue a written protest response no more than ten (10) Business Days after receipt of the protest, unless additional time is needed, in which case HCA will notify the protesting

Bidder in writing. The Protest Officer's decision is final unless the HCA Director exercises their right to make the final agency decision on the protest. There will be no appeal process.

F. The final determination of the protest will:

- i. Find the protest lacking in merit and uphold HCA's action; or
- ii. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
- iii. Find merit in the protest and provide options to the HCA Director, which may include:
  - 1) Correct the errors and re-evaluate all proposals; or
  - 2) Issue a new solicitation document and begin a new process; or
  - 3) 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.

## 5. RFP EXHIBITS AND ATTACHMENTS

Exhibit A	Bidder Forms and Certifications (included as a separate attachment)
Exhibit B	Draft Contract (included as a separate attachment)
Attachment 1	Monthly Status Report Template (included as a separate attachment)
Attachment 2	OCIO Security Standard 141.10 (included as a separate attachment)
Attachment 3	ISB Identity User Standards (included as a separate attachment)
Attachment 4	Security Design Checklist (included as a separate attachment)

## **EXHIBIT A – BIDDER FORMS AND CERTIFICATIONS**

Exhibit A is included as a separate document.

## **EXHIBIT B – DRAFT CONTRACT**

Exhibit B is included as a separate document.

## **ATTACHMENT 1: MONTHLY STATUS REPORT TEMPLATE**

Attachment 1 is included as a separate document.

## **ATTACHMENT 2: OCIO SECURITY STANDARD 141.10**

Attachment 2 is included as a separate document.

### **ATTACHMENT 3: IBS IDENTITY USER STANDARDS**

Attachment 3 is included as a separate document.



## **ATTACHMENT 4: SECURITY DESIGN CHECKLIST**

Attachment 4 is included as a separate document.