Community Behavioral Health Support (CBHS) Services Clearinghouse

RFP No. 2025HCA14

Amendment No. 6

Date Issued: 10/8/2025

To: RFP Bidders

From: Kimberly French, RFP Coordinator

Purpose: To Post Answers to the Third Round of Bidder Questions and update the RFP and Exhibit B.

This amendment hereby modifies and is attached to RFP No. 2025HCA14. All other terms, conditions, and specifications remain unchanged.

The above referenced solicitation is amended as follows:

1. RFP, Section 1.1, Definitions, Implementation of Claims Clearinghouse and Implementation of TPA Services are amended to read as follows:

   "Implementation of Claims Clearinghouse" means the day, no later than March 2, 2026, or at such time that the Security Design Review is complete, whichever is sooner, that the ASB will satisfy the contractual requirements of operating the Claims Clearinghouse.

   "Implementation of TPA Services" means the day, no later than March 2, 2026, or at such time that the Security Design Review is complete, whichever is sooner, that the ASB will begin providing TPA services under the Contract.

2. RFP, Section 1.1, Definitions, is amended to add the following definition:

   "Administrative Hearing" means a proceeding before an Administrative Law Judge (ALJ), HCA-employed presiding officer, or a review judge that gives a party an opportunity to be heard in disputes about medical services programs administered by HCA. For purposes of this definition, hearings include administrative hearings, adjudicative proceedings, and any other similar term referenced under chapter 34.05 RCW, the Administrative Procedure Act, Titles 182 and 388 WAC, chapter 10-08 WAC, or other law.

   "Claims Data" or **"Claims"** means a request for payment submitted by an Adult Family Home or other Residential Care Service Provider to an appropriate payer for healthcare services rendered to a patient. It is a bill that contains information about the patient's diagnosis, the procedures performed and the costs incurred.

"Intensive Behavioral Support Services" or **"IBSS"** means direct in-person monitoring, redirection, diversion, and cueing of the Enrollee to prevent at-risk behavior that may result in harm to the Enrollee or to others. These interventions are not related to the provision of personal care. Provides Enrollees with person-centered assistance to build skills and resiliency to support stabilized living and integration.

3. RFP, Section 1.2, Estimated Schedule of Solicitation Activities, is amended to read as follows:

1.2 ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES

Issue Request for Proposals	July 31, 2025
Pre-Proposal Conference (see Section 2.2 for details)	August 18, 2025
First Round of Bidder Questions Due	August 21, 2025 – 2:00 pm PT
First Round HCA Answers Posted*	August 27, 2025
Second Round of Bidder Questions Due	September 10, 2025 – 2:00 pm PT
Second Round HCA Answers Posted*	September 16, 2025
Second Pre-Proposal Conference	October 1, 2025 – 9:30 am PT
Third Round of Bidder Questions Due	October 6, 2025 – 2:00 pm PT
Third Round of HCA Answers Posted*	October 8, 2025
Complaints Due (if applicable)	October 10, 2025 – 5:00 pm PT
Proposals Due	October 17, 2025 – 2:00 pm PT
Evaluate Proposals*	October 20-28, 2025
Conduct Oral Presentations with Finalists, if required*	October 28-31, 2025
Announce "Apparent Successful Bidder" via WEBS*	November 4, 2025
Debrief Request Deadline	November 5-7, 2025
Begin Contract Work	December 8, 2025
Implementation of Claims Clearinghouse and TPA Services	No later than March 2, 2026
Complete Security Design Review	March 2, 2026

4. RFP, Section 1.5, Scope of Work, Subsection 1. Introduction, is amended to read as follows:

1. Introduction

The awarded Bidder will manage a Claims Clearinghouse and provide Technical Assistance (TA) support to Adult Family Homes, and other approved Residential Care Facilities with billing processes. In addition, the awarded Bidder will assist, at a minimum, Adult Family Homes to coordinate the delivery and payment of CBHS and IBSS services to approved Apple Health Enrollees on a daily basis.

The awarded Bidder's Claims Clearinghouse will review the Claims information submitted by Adult Family Homes, ensure Claims are accurate and complete, and then submit those Claims to the appropriate payer, HCA, or one of its contracted MCOs. The awarded Bidder is expected to execute any needed contracts or Data Share Agreements necessary to support the accurate and timely payment of Adult Family Homes.

The awarded Bidder will additionally be responsible for onboarding providers, as necessary, and providing training and support on provider enrollment, costs and claiming. Onboarding activities will include working with the CBHS and IBSS provider to enroll with HCA ProviderOne and the process to submit for a National Provider Identifier or Atypical Provider identifier, submitting all required documents for provider enrollment, and helping to answer any questions about the process. This also includes assisting facilities to develop a strategy to ensure proper billing and claims processing to ensure timely payments and streamlined billing to HCA and Managed Care Organizations. If a facility is unable to receive timely payments for services, the awarded Bidder will either help the facility to identify why their billing is being rejected or the awarded Bidder will coordinate with the Managed Care Organization to resolve any submission errors and ensure submitted claims are clean.

To ensure the success of this program, the awarded Bidder shall actively engage and develop collaborative relationships with HCA and the Adult Family Home Council to ensure complete training and timely communications. The awarded Bidder must establish trust, maintain open communication channels, and respect the sovereignty of Tribal Governments while working to process and resolve outstanding claims. The awarded Bidder will also partner with other relevant entities, such as the Aging and Long Terms Services administration, to effectively support claims payment and resolve outstanding claims issues. The awarded Bidder will send completed claims to HCA's claim payment system and the claim payment systems that support the MCOs contracted by HCA. Five (5) MCOs are currently contracted by HCA to cover Apple Health Enrollees.

5. RFP, Section 1.5, Scope of Work, Subsection 2. Primary Support Services, is amended to read as follows:

2. Primary Support Services

2.1 Claims Clearinghouse

The awarded Bidder shall act as a central point of contact for the claims process by standing up a Claims Clearinghouse that supports the submission of claims or Claims Data by participating facilities and providers. The awarded Bidder shall receive, review, and process Claims Data for services related to CBHS and IBSS, turning Claims Data into submittable claims or encounters, and ensure that this process is compliant with all Medicaid billing requirements. The awarded Bidder shall prioritize the implementation of a Claims Clearinghouse and satisfy the contractual requirements of operating the Claims Clearinghouse by no later than March 2, 2026, or at such time that the Security Design Review

is complete, whichever is sooner. Specifically, the awarded Bidder shall be responsible for:

A. Claims/Encounter Processing and Provider Support

The awarded Bidder shall have the ability to create an Apple Health claim or encounter from data submitted by participating facilities and providers through billing modules from electronic medical record platforms, other electronic methods, or paper-based claims. The awarded Bidder must have the ability to check eligibility and be compliant with HIPAA data sharing. The awarded Bidder shall also provide TA to participating facilities and providers submitting Claims Data or submitting claims with service that meets the needs of each participating facility or provider.

In accordance with all applicable HCA policies, the awarded Bidder shall have the ability to create an Apple Health Claims from data submitted by participating CBHS and IBSS Providers through billing modules from electronic medical record platforms, other electronic methods, or paper-based claims. The awarded Bidder must provide the following support:

i) Onboarding facilities and providers. The awarded Bidder shall work closely with providers to ensure they understand the submission process, whether electronically or via paper processes, including how to prepare and submit claims information, upload supporting documentation, and monitor claim status through the awarded Bidder's Claims Clearinghouse.

ii) Have the ability to check eligibility and be compliant with HIPAA.

iii) Check Claims to ensure that a Claim is associated with an approved CBHS IBSS service

iv) Use HCA's ProviderOne Billing and Resource Guide and the CBHS Operations and Billing guides to inform the development of Claims, as applicable.

v) Provide CBHS and IBSS providers with written information that outlines the process to submit Claims Data through the awarded Bidder's Claims Clearinghouse. This documentation should provide clear instructions to Providers that ensure the reader understands how to submit Claims Data that is complete, accurate, compliant with Medicaid rules, and HCA requirements.

vi) Check Claims to ensure that a Claim is associated with an approved CBHS or IBSS service

vii) Notify providers of any missing Claims documentation.

viii) Use HCA's ProviderOne Billing and Resource Guide and the CBHS Operations and Billing guides to inform the development of Claims, as applicable.

ix) Provide providers with written information that outlines the process to submit Claims Data through the awarded Bidder's Claims Clearinghouse. This documentation should provide clear instructions to Providers that ensure the reader understands how to submit Claims Data that is complete, accurate, compliant with Medicaid rules, and HCA

requirements.

B. TA Support

Upon request, the awarded Bidder shall also provide TA to participating Providers submitting Claims or Claims Data that meets the needs of each participating Provider.

Onboarding CBHS and IBSS Providers. The awarded Bidder shall work closely with Providers to ensure they understand the submission process, whether electronically or via paper processes, including how to prepare and submit claims information, upload supporting documentation, and monitor Claim status through the awarded Bidder's Claims Clearinghouse.

Outlining the technical requirements a Provider may need to meet to facilitate billing.

Provide technical support to Providers who need assistance submitting accurate and complete Claims, including:

i) Notifying providers of any missing Claims documentation.

ii) Assuring that the Claim is associated with an approved CBHS or IBSS Apple Health Enrollee.

iii) Notifying providers of any missing documentation and providing technical support as needed, to correct any Claims Data deficiencies.

iv) Submitting Claims and encounters through the awarded Bidder's Claims Clearinghouse using data submitted by participating entities, ensuring data is complete, accurate, compliant with Medicaid rules, and submitted timely to the correct payer. The awarded Bidder will use the HCA ProviderOne Billing and Resource Guide to support CBHS billing. The Provider will also use the HCA CBHS Provider guide and Health Related Social Needs (HRSN) guide to support CBHS and IBSS claims processing.

v) Providing a virtual help desk with trained staff available to assist participating providers with any technical issues or questions related to Claim submissions. This support must be available during regular business hours, Monday - Friday 8am - 5pm Pacific Time.

vi) Provide all contracted services including billing support provided to Adult Family Homes and all other providers not identified as Adult Family Homes who are paying for access directly.

vii) Provide support in order to ensure the Adult Family Home can successfully bill for provided services, including maintaining the documentation necessary to support Claims the TPA is processing on their behalf.

viii) Provide any related billing documents the Adult Family Home (AFH) may need to support their retiering requests.

The awarded Bidder shall monitor written communications sent from HCA and will be responsible for updating systems within sixty (60) days to meet any changes to Apple Health billing/encounter guidelines, Encounter Data Reporting

Guide, eligibility policy, and the CBHS Program and Billing Guide. The awarded Bidder shall have a process for communicating all relevant HCA policy changes to supporting providers to understand these changes and the impacts on their operations.

6. RFP, Section 1.5, Scope of Work, Subsection 3. Administrative Activities Supporting Providers and Enrollees, is amended to read as follows:

3. Administrative Activities Supporting Providers and Enrollees

3.1 The awarded Bidder shall actively engage in all Knowledge Transfer Sessions scheduled with HCA. These sessions will provide necessary background information and implementation options for participating facilities and providers.

3.2 The awarded Bidder shall work with HCA to act as a centralized place for resources to support facilities in addressing questions, navigating requirements and processes, and making the appropriate connections to other resources as necessary. Examples include: developing and sharing FAQs, best practices and recorded webinars; or hosting office hours to provide participating facilities and providers an opportunity to drop in and ask procedural questions or seek assistance with claim/encounters, checking eligibility, or other administrative activities.

3.3 The awarded Bidder shall provide individualized TA to each CBHS and IBSS Provider in need of assistance in navigating the steps to become a Medicaid-billing provider with HCA. At a minimum, the TA will include the following:

A. Provider enrollment support: Support providers new to billing Apple Health for services in navigating the provider enrollment process with HCA including completing the Core Provider Agreement. HCA will remain responsible for performing the duties of enrolling a provider into Apple Health.

B. Provider MCO credentialing support: Provide assistance to providers and facilities in becoming credentialed with an MCO serving Apple Health by leveraging information and training developed by MCOs and/or providing MCO points of contact.

C. Eligibility and enrollment support: Assist with the mechanisms, relationships, state policies and procedures, and agreements that help facilities and providers establish the capacity to enroll eligible individuals into Apple Health.

3.4 The awarded Bidder will accept and file appeals with the Washington State Office of Administrative Hearings (OAH) and coordinate the appeal and hearing process with OAH on behalf of the CBHS or IBSS Providers that wish to appeal a decision related to payments. The awarded Bidder shall also provide Administrative Hearing coordination support services, which may include administrative activities such as accessing forms, ensuring form data is completed, and accessing relevant websites, to ensure Enrollees and Applicants have opportunity to participate in the process as entitled by 42 CFR Part 431, RCW 74.09.741, and WAC 182-526. The awarded Bidder must develop a system with each AFH to intake appeals, and coordinate participation in a telephonic hearing.

3.5 When an Apple Health Provider appeals an HCA decision, the TPA will be required to assist them with requesting a hearing including completing any related forms, providing any necessary claims related documentation, and helping to explain the

process. The TPA should refer the provider to the HCA website for any resources for legal counsel.

A. If an Apple Health Enrollee is requesting a Administrative Hearing related to eligibility or adverse benefit determination, the TPA should refer the Apple Health Enrollee to the HCA website link at www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/requesting-administrative-hearing.

B. If an Adult Family Home or Assisted Living Facility is requesting assistance for a Administrative Hearing related to payment, enrollment, or claims submissions the TPA is required to assist the provider with accessing appropriate resources.

C. The TPA's involvement in the hearing process will be limited to relaying procedural motions, orders, etc. between the appellant/participant and the Office of Administrative Hearings (OAH), or HCA, providing supporting documentation related to payments and claims, directing to available resources and documents, and serving as a liaison for scheduling hearing related activities.

6. RFP, Section 1.5, Scope of Work, Subsection 4. Reporting to HCA, Subsection 4.6, is amended to read as follows:

4.6 The awarded Bidder shall develop, maintain, and submit to HCA a statewide map of enrolled Apple Health providers serving individuals through CBHS or IBSS, with breakdowns by affiliated provider type, and the number of approved payments by tier the awarded Bidder identified and/or the number of Facilities or Providers the awarded Bidder provided TA support to ensure they were paid timely.

A. The awarded Bidder shall submit the map by February 28, 2026, and updated maps every six (6) months thereafter.

7. RFP, Section 1.5, Scope of Work, Subsection 4. Reporting to HCA, Subsection 4.7, is amended to read as follows:

4.7 The awarded Bidder shall provide a monthly Administrative Hearing data report, to include new cases filed, scheduling of events, disposition of cases, communication initiated and responses to Facilities.

8. RFP, Section 1.5, Scope of Work, Subsection 4. Reporting to HCA, Subsection 4.8, is amended to read as follows:

4.8 HCA will require maintenance of a data dashboard that monitors general service usage and other outcomes to be identified as the program ramps up. To support this dashboard, the awarded Bidder shall leverage Claims Clearinghouse data to provide detailed CBHS and IBSS service utilization reports monthly to HCA beginning no later than March 2, 2026.

Required data includes but is not limited to the following:

i. Facility-Type utilization

ii. Number of individuals receiving services

iii. Total Claims submitted by Procedure/Modifier code

iv. Total Claims paid by Procedure/Modifier code

v. Service dollars spent

vi. Number of facilities served

vii. Provider enrollments assisted

viii. Provider credentialing assisted

The awarded Bidder will work with HCA to develop any new reports as requested by HCA to support the work of the TPA.

9. Exhibit B, Draft Contract, Section 2. Definitions, is amended to add the following definitions:

"Administrative Hearing" means a proceeding before an Administrative Law Judge (ALJ), HCA-employed presiding officer, or a review judge that gives a party an opportunity to be heard in disputes about medical services programs administered by HCA. For purposes of this definition, hearings include administrative hearings, adjudicative proceedings, and any other similar term referenced under chapter 34.05 RCW, the Administrative Procedure Act, Titles 182 and 388 WAC, chapter 10-08 WAC, or other law.

"Claims Data" or **"Claims"** means a request for payment submitted by an Adult Family Home or other Residential Care Service Provider to an appropriate payer for healthcare services rendered to a patient. It is a bill that contains information about the patient's diagnosis, the procedures performed and the costs incurred.

"Intensive Behavioral Support Services" or **"IBSS"** means direct in-person monitoring, redirection, diversion, and cueing of the Enrollee to prevent at-risk behavior that may result in harm to the Enrollee or to others. These interventions are not related to the provision of personal care. Provides Enrollees with person-centered assistance to build skills and resiliency to support stabilized living and integration.

10. Exhibit B, Draft Contract, Section 2. Definitions, Implementation of Claims Clearinghouse, is amended to read as follows:

"Implementation of Claims Clearinghouse" means the day, no later than March 2, 2026, or at such time that the Security Design Review is complete, whichever is sooner, that the ASB will satisfy the contractual requirements of operating the Claims Clearinghouse.

11. Exhibit B, Draft Contract, Section 2. Definitions, Implementation of TPA Services, is amended to read as follows:

"Implementation of TPA Services" means the day, no later than March 2, 2026, or at such time that the Security Design Review is complete, whichever is sooner, that the ASB will begin providing TPA services under the Contract.

12. Exhibit B, Draft Contract, Attachment 3: Statement of Work, Section 1. Introduction, is amended to read as follows.

1. Introduction

The Contractor will manage a Claims Clearinghouse and provide Technical Assistance (TA) support to Adult Family Homes, and other approved Residential Care Facilities with billing processes. In addition, the Contractor will assist, at a minimum, Adult Family Homes

to coordinate the delivery and payment of CBHS and IBSS services to approved Apple Health Enrollees on a daily basis.

The Contractor's Claims Clearinghouse will review the Claims information submitted by Adult Family Homes, ensure Claims are accurate and complete, and then submit those Claims to the appropriate payer, HCA, or one of its contracted MCOs. The Contractor is expected to execute any needed contracts or Data Share Agreements necessary to support the accurate and timely payment of Adult Family Homes.

The Contractor will additionally be responsible for onboarding providers, as necessary, and providing training and support on provider enrollment, costs and claiming. Onboarding activities will include working with the CBHS and IBSS provider to enroll with HCA ProviderOne and the process to submit for a National Provider Identifier or Atypical Provider identifier, submitting all required documents for provider enrollment, and helping to answer any questions about the process. This also includes assisting facilities to develop a strategy to ensure proper billing and claims processing to ensure timely payments and streamlined billing to HCA and Managed Care Organizations. If a facility is unable to receive timely payments for services, the Contractor will either help the facility to identify why their billing is being rejected or the Contractor will coordinate with the Managed Care Organization to resolve any submission errors and ensure submitted claims are clean.

To ensure the success of this program, the Contractor shall actively engage and develop collaborative relationships with HCA and the Adult Family Home Council to ensure complete training and timely communications. The Contractor must establish trust, maintain open communication channels, and respect the sovereignty of Tribal Governments while working to process and resolve outstanding claims. The Contractor will also partner with other relevant entities, such as the Aging and Long Terms Services administration, to effectively support claims payment and resolve outstanding claims issues. The Contractor will send completed claims to HCA's claim payment system and the claim payment systems that support the MCOs contracted by HCA. Five (5) MCOs are currently contracted by HCA to cover Apple Health Enrollees.

13. Exhibit B, Draft Contract, Attachment 3: Statement of Work, Section 2. Primary Support Services, is amended to read as follows:

2. Primary Support Services

2.1 Claims Clearinghouse

The Contractor shall act as a central point of contact for the claims process by standing up a Claims Clearinghouse that supports the submission of claims or Claims Data by participating facilities and providers. The Contractor shall receive, review, and process Claims Data for services related to CBHS and IBSS, turning Claims Data into submittable claims or encounters, and ensure that this process is compliant with all Medicaid billing requirements. The Contractor shall prioritize the implementation of a Claims Clearinghouse and satisfy the contractual requirements of operating the Claims Clearinghouse by no later than March 2, 2026, or at such time that the Security Design Review is complete, whichever is sooner. Specifically, the Contractor shall be responsible for:

A. Claims/Encounter Processing and Provider Support

The Contractor shall have the ability to create an Apple Health claim or encounter from data submitted by participating facilities and providers through billing modules from electronic medical record platforms, other electronic methods, or paper-based Claims. The Contractor must have the ability to check eligibility and be compliant with HIPAA data sharing. The Contractor shall also provide TA to participating facilities and providers submitting Claims Data or submitting Claims with service that meets the needs of each participating facility or provider.

In accordance with all applicable HCA policies, the Contractor shall have the ability to create an Apple Health Claims from data submitted by participating CBHS and IBSS Providers through billing modules from electronic medical record platforms, other electronic methods, or paper-based Claims. The Contractor must provide the following support:

i) Onboarding facilities and providers. The Contractor shall work closely with providers to ensure they understand the submission process, whether electronically or via paper processes, including how to prepare and submit Claims information, upload supporting documentation, and monitor claim status through the Contractor's Claims Clearinghouse.

ii) Have the ability to check eligibility and be compliant with HIPAA.

iii) Check Claims to ensure that a Claim is associated with an approved CBHS IBSS service

iv) Use HCA's ProviderOne Billing and Resource Guide and the CBHS Operations and Billing guides to inform the development of Claims, as applicable.

v) Provide CBHS and IBSS providers with written information that outlines the process to submit Claims Data through the Contractor's Claims Clearinghouse. This documentation should provide clear instructions to Providers that ensure the reader understands how to submit Claims Data that is complete, accurate, compliant with Medicaid rules, and HCA requirements.

vi) Check Claims to ensure that a Claim is associated with an approved CBHS or IBSS service

vii) Notify providers of any missing Claims documentation.

viii) Use HCA's ProviderOne Billing and Resource Guide and the CBHS Operations and Billing guides to inform the development of Claims, as applicable.

ix) Provide providers with written information that outlines the process to submit Claims Data through the Contractor's Claims Clearinghouse. This documentation should provide clear instructions to Providers that ensure the reader understands how to submit Claims Data that is complete, accurate, compliant with Medicaid rules, and HCA requirements.

B. TA Support

Upon request, the Contractor shall also provide TA to participating Providers submitting Claims or Claims Data that meets the needs of each participating Provider.

Onboarding CBHS and IBSS Providers. The Contractor shall work closely with Providers to ensure they understand the submission process, whether electronically or via paper processes, including how to prepare and submit Claims information, upload supporting documentation, and monitor Claim status through the Contractor's Claims Clearinghouse.

Outlining the technical requirements a Provider may need to meet to facilitate billing.

Provide technical support to Providers who need assistance submitting accurate and complete Claims, including:

i) Notifying providers of any missing Claims documentation.

ii) Assuring that the Claim is associated with an approved CBHS or IBSS Apple Health Enrollee.

iii) Notifying providers of any missing documentation and providing technical support as needed, to correct any Claims Data deficiencies.

iv) Submitting Claims and encounters through the Contractor's Claims Clearinghouse using data submitted by participating entities, ensuring data is complete, accurate, compliant with Medicaid rules, and submitted timely to the correct payer. The Contractor will use the HCA ProviderOne Billing and Resource Guide to support CBHS billing. The Provider will also use the HCA CBHS Provider guide and Health Related Social Needs (HRSN) guide to support CBHS and IBSS Claims processing.

v) Providing a virtual help desk with trained staff available to assist participating providers with any technical issues or questions related to Claim submissions. This support must be available during regular business hours, Monday - Friday 8am - 5pm Pacific Time.

vi) Provide all contracted services including billing support provided to Adult Family Homes and all other providers not identified as Adult Family Homes who are paying for access directly.

vii) Provide support in order to ensure the Adult Family Home can successfully bill for provided services, including maintaining the documentation necessary to support Claims the TPA is processing on their behalf.

viii) Provide any related billing documents the Adult Family Home (AFH) may need to support their retiering requests.

The Contractor shall monitor written communications sent from HCA and will be responsible for updating systems within sixty (60) days to meet any changes to Apple Health billing/encounter guidelines, Encounter Data Reporting Guide, eligibility policy, and the CBHS Program and Billing Guide. The Contractor shall have a process for communicating all relevant HCA policy changes to supporting providers to understand these changes and the impacts on their operations.

14. Exhibit B, Draft Contract, Attachment 3: Statement of Work, Section 3. Administrative Activities Supporting Providers and Enrollees, is amended to read as follows:

3. Administrative Activities Supporting Providers and Enrollees

3.1 The Contractor shall actively engage in all Knowledge Transfer Sessions scheduled with HCA. These sessions will provide necessary background information and implementation options for participating facilities and providers.

3.2 The Contractor shall work with HCA to act as a centralized place for resources to support facilities in addressing questions, navigating requirements and processes, and making the appropriate connections to other resources as necessary. Examples include: developing and sharing FAQs, best practices and recorded webinars; or hosting office hours to provide participating facilities and providers an opportunity to drop in and ask procedural questions or seek assistance with claim/encounters, checking eligibility, or other administrative activities.

3.3 The Contractor shall provide individualized TA to each CBHS and IBSS Provider in need of assistance in navigating the steps to become a Medicaid-billing provider with HCA. At a minimum, the TA will include the following:

A. Provider enrollment support: Support providers new to billing Apple Health for services in navigating the provider enrollment process with HCA including completing the Core Provider Agreement. HCA will remain responsible for performing the duties of enrolling a provider into Apple Health.

B. Provider MCO credentialing support: Provide assistance to providers and facilities in becoming credentialed with an MCO serving Apple Health by leveraging information and training developed by MCOs and/or providing MCO points of contact.

C. Eligibility and enrollment support: Assist with the mechanisms, relationships, state policies and procedures, and agreements that help facilities and providers establish the capacity to enroll eligible individuals into Apple Health.

3.4 The Contractor will accept and file appeals with the Washington State Office of Administrative Hearings (OAH) and coordinate the appeal and hearing process with OAH on behalf of the CBHS or IBSS Providers that wish to appeal a decision related to payments. The Contractor shall also provide Administrative Hearing coordination support services, which may include administrative activities such as accessing forms, ensuring form data is completed, and accessing relevant websites, to ensure Enrollees and Applicants have opportunity to participate in the process as entitled by 42 CFR Part 431, RCW 74.09.741, and WAC 182-526. The Contractor must develop a system with each AFH to intake appeals, and coordinate participation in a telephonic hearing.

3.5 When an Apple Health Provider appeals an HCA decision, the TPA will be required to assist them with requesting a hearing including completing any related forms, providing any necessary Claims related documentation, and helping to explain the process. The TPA should refer the provider to the HCA website for any resources for legal counsel.

A. If an Apple Health Enrollee is requesting an Administrative Hearing related to eligibility or adverse benefit determination, the TPA should refer the Apple Health Enrollee to the HCA website link at www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/requesting-administrative-hearing.

B. If an Adult Family Home or Assisted Living Facility is requesting assistance for a Administrative Hearing related to payment, enrollment, or Claims submissions the TPA is required to assist the provider with accessing appropriate resources.

C. The TPA's involvement in the hearing process will be limited to relaying procedural motions, orders, etc. between the appellant/participant and the Office of Administrative Hearings (OAH), or HCA, providing supporting documentation related to payments and Claims, directing to available resources and documents, and serving as a liaison for scheduling hearing related activities.

15. Exhibit B, Draft Contract, Attachment 3: Statement of Work, Section 4. Reporting to HCA, Subsection 4.6, is amended to read as follows:

4.6 The Contractor shall develop, maintain, and submit to HCA a statewide map of enrolled Apple Health providers serving individuals through CBHS or IBSS, with breakdowns by affiliated provider type, and the number of approved payments by tier the Contractor identified and/or the number of Facilities or Providers the Contractor provided TA support to ensure they were paid timely.

A. The Contractor shall submit the map by February 28, 2026, and updated maps every six (6) months thereafter.

16. Exhibit B, Draft Contract, Attachment 3: Statement of Work, Section 4. Reporting to HCA, Subsection 4.7, is amended to read as follows:

4.7 The Contractor shall provide a monthly Administrative Hearing data report, to include new cases filed, scheduling of events, disposition of cases, communication initiated and responses to Facilities.

17. Exhibit B, Draft Contract, Attachment 3: Statement of Work, Section 4. Reporting to HCA, Subsection 4.8, is amended to read as follows:

4.8 HCA will require maintenance of a data dashboard that monitors general service usage and other outcomes to be identified as the program ramps up. To support this dashboard, the Contractor shall leverage Claims Clearinghouse data to provide detailed CBHS and IBSS service utilization reports monthly to HCA beginning no later than March 2, 2026.

Required data includes but is not limited to the following:

i. Facility-Type utilization

ii. Number of individuals receiving services

iii. Total Claims submitted by Procedure/Modifier code

iv. Total Claims paid by Procedure/Modifier code

v. Service dollars spent

vi. Number of facilities served

vii. Provider enrollments assisted

viii. Provider credentialing assisted

The Contractor will work with HCA to develop any new reports as requested by HCA to support the work of the TPA.

18. Exhibit C, Written Proposal, Section 3. Provider Support around Administrative Medicaid Rules/Requirements, Subsection 3.7 Appeals, is amended to read as follows:

3.7 Appeals (20 points)

Describe how the Bidder will provide Administrative Hearing coordination services to ensure Adult Family Homes have an opportunity to participate in the process as entitled by 42 CFR Part 431, RCW 74.09.741, and WAC 182-526.

19. HCA received the following questions from the Second Pre-Proposal Conference and the Third Round of Bidder Questions and responses are provided in the attachment below:

Remainder of page left intentionally blank. Questions and Answers attachment to follow on next page.

RFP - 2025HCA14 - CBHS (Community Behavioral Health Support) Services Clearinghouse			
#	**Section**	**Bidder Questions**	**HCA Answers**
1	General Question	Will HCA be issuing a revised RFP based on the clarifications provided during the October 1 preproposal conference?	HCA will review all questions submitted and amend the RFP as needed.
2	Section 1.5	What kinds of roles would the TPA need to provide to support the fair hearings process described in the RFP?	When an Adult Family Home appeals an HCA decision, the TPA will be required to assist them with requesting a hearing including completing the forms, providing any necessary claims related documentation, and helping to explain the process. The TPA should refer the provider to the HCA website for any resources for legal counsel. To date, the HCA has not had a provider need this assistance to appeal payments. An Apple Health Enrollee who calls for support for fair hearings should be referred to the HCA website for client specific support.
3	Section 1.5	What processes should the TPA understand to provide fair hearing coordination?	The TPA should be able to explain the process, including how to prepare, what documents to have prepared, and what to expect. The TPA should not be providing legal counsel.
4	Section 1.5	Is the fair hearing support the TPA is required to provide limited to directing providers how to appeal claim denials? If not, please identify the additional responsibilities.	This is correct, the TPA will provide fair hearing support for any payment disputes. The TPA will not be required to assist with any further actions.
5	General Question	Can the HCA provide any information on the expected volume of provider appeals of claim denials/payment disputes?	This is unknown. At this time, there are only 56 total Fee-for-Service Apple Health Enrollees in total and no appeals as of this date.
6	Section 1.5	Can HCA clarify whether “fair hearing” refers to provider payment disputes rather than enrollee appeals?	This refers to Provider Appeals and includes WAC 182-502-0220, 182-502-0050 and RCW 41.05A.170.

7	Section 1.5	Would the HCA consider replacing references to “fair hearings” with “provider appeals” to make clear that member appeals and fair hearings are outside the TPA’s scope?	HCA will change references to fair hearing to administrative hearing. See the revisions to Section 1.5 Scope of Work in Amendment 6 of this RFP.
8	General Question	Will the Claims Clearinghouse be required to accept and process claims from facilities that are not Adult Family Homes?	The TPA clearinghouse will not be required to accept claims from other providers, but may do so at their discretion.
9	General Question	Will HCA include IBSS claims from Adult Family Homes in the scope of the CBHS Claims Clearinghouse?	Yes, IBSS claims from Adult Family Homes are included in the scope of this RFP. See the revisions to Section 1.5 Scope of Work included in Amendment 6 of this RFP.
10	General Question	What is the expected annual volume of CBHS and IBSS claims?	There are approximately 400 total Apple Health Enrollees in IBSS and we have approximately 4,000 CBHS Apple Health Enrollees. We do not anticipate the total volume of Apple Health Enrollees to exceed 4,500. Based on current information that claims are generally submitted no more frequently than two times a month, HCA anticipates no more than 9,000 claims to be processed monthly.
11	General Question	Will the inclusion of IBSS claims increase the budget for the Claims Clearinghouse?	No, the inclusion of IBSS claims will not increase the budget for the Claims Clearinghouse. HCA estimates that the total number of Apple Health Enrollees approved for IBSS will be no more than 800 claims per month.
12	General Question	Can HCA clarify the funding model and annual allocation given the revised implementation timeline?	The total funding amount remains $250,000 per year, adjusted in the first year based on the actual start date.
13	Exhibit F	Is the cost proposal expected to be structured entirely as a per-claim cost, or will there also be a separate administrative component for technical assistance?	HCA is considering a per month budget to cover administrative and per claim processing dependent on State budget and Bidder proposal.
14	Exhibit B, Exhibit F	Given the revised timeline, what is the new contract period and what are the budget period(s) under that contract?	The initial term of the contract will be December 8, 2025 to June 30, 2027 with the right to extend for up to three (3) additional one (1) year periods at HCA's sole discretion, dependent on mutual agreement of the contract terms by the parties. The budget periods are December 8, 2025 to June 30, 2026, July 1, 2026 to June 30, 2027, and July 1, 2027 to June 30, 2028.

15	General Question	How does the revised timeline affect the budget for this project?	The initial budget would be based on the actual month work began/12 months. The budget for the first fiscal year, contract start date through June 30, 2026, will be prorated based on the contract start date. HCA may consider additional approaches to reimbursement to address star-up phase work.
16	Section 1.2	The schedule lists “Begin Contract Work” and “Implementation of TPA Services” on the same day, does HCA expect a ramp-up period for hiring and onboarding staff after contract signing.	HCA expects that the TPA will begin onboarding and training staff, preparing documents and trainings, implementing a readiness review, and other contract activities necessary to begin processing claims prior to the agreed clearinghouse go live date of no later than March 2, 2026. See the revisions to Section 1.2 Estimated Schedule of Solicitation Activities in Amendment 6 of this RFP.
17	General Question	What is HCA’s expectation for Implementation of TPA Services vs. Implementation of the Claims Clearinghouse (are they distinct phases)?	HCA expects that the TPA will begin onboarding and training staff, preparing documents and trainings, implementing a readiness review, and other contract activities necessary to begin processing claims prior to the agreed clearinghouse go live date of no later than March 2, 2026. See the revisions to Section 1.2 Estimated Schedule of Solicitation Activities in Amendment 6 of this RFP.
18	General Question	By when does HCA expect the contract to be signed?	HCA expects the contract to be signed no later than December 8, 2025, but would work to get a contract signed earlier.
19	Section 1.6	Will an organization that has already completed a Security Design Review with HCA need to undergo the process again for this contract?	As long as the same solution is being used, an SDR may not be necessary, but HCA will still need to confirm the system and user types are the same.
20	General Question	Is the TPA effective date expected to occur before or after SDR approval?	A vendor cannot begin claims clearinghouse work until the SDR is completed. See the revisions to Section 1.2 Estimated Schedule of Solicitation Activities in Amendment 6 of this RFP.
21	General Question	Are bidders allowed to begin administrative or outreach work prior to SDR approval?	A vendor cannot begin claims clearinghouse work until the SDR is completed.
22	General Question	Given prior SDR restrictions, will bidders be permitted to use tools like email, phone, or Smartsheet for pre-launch work or must all these communications and tracking modalities be approved through the SDR process?	These tools can be used once a signed contract is in place.

23	General Question	From HCA's perspective, are there any high-level priorities or updates (e.g., from the collective bargaining agreement) that bidders should be aware of?	None that are not already included in the RFP.
24	General Question	Given HCA's plan to reduce IBSS eligibility, what impact does that have on projected claim volume or TPA workload?	This will decrease the volume of IBSS claims to be processed by the Clearinghouse.