



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

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**November 10, 2015**  
**REQUEST FOR PROPOSAL 15-026**  
**Behavioral Health – Administrative Service Organization**  
**AMENDMENT #2**

RFP 15-026 is amended as follows:

1. **Bidders Questions and Answers:** Pursuant to paragraph 3.10 of the RFP, Page two (2) of this Amendment contains a table of bidder questions and the official HCA answers. This table is hereby incorporated as being part of this RFP.
2. **Bid Submission Deadline:** Paragraph 3.3 of the RFP is hereby amended so that the Bid Submission Date is now December 9, 2015. This amended date takes priority over all previously stated dates (including as stated on the RFP cover page), and is now the official final date for Bid Submissions. An updated copy of paragraph 3.3 and the Procurement Schedule is incorporated on page three (3) of this amendment.
3. **Formatting Correction:** Exhibit C - Question 17 had a formatting error and is hereby corrected so that it reads as set forth below.

**Question 17: (MS) Scored**

Describe how you will ensure a comprehensive communication program to provide all consumers/potential consumers, providers, first responders, hospitals, and stakeholders in the region with appropriate information about BH benefits and services offered by the BH-ASO, including crisis contact information and toll-free crisis telephone numbers:

- a. Include a description of the standard materials to be included in the communications program at no additional cost to the State.
  - b. Describe how you will ensure that first responders, providers and consumers in the RSA are aware of the changes to the crisis system and know how to access necessary information to obtain services or refer to services.
  - c. Address how your process reflects the transient lifestyle of some BH consumers, and ensures cultural competency.
  - d. Provide an example of the Responder's member communications that best reflect the system goals.
4. **Network Coding Directions – Exhibit I:** Pages four (4) through six (6) of this amendment contains directions for filling out the networking spreadsheet on Exhibit I. These instructions are hereby incorporated as part of this RFP.

**TABLE OF BIDDER QUESTIONS AND HCA ANSWERS:**

Section 3.3	Due to the complexity of the program design and the need to align with a multitude of potential partners, the bid timeline and due date appear especially aggressive. To best respond to HCA's vision related to this program, would HCA consider extending the due date to ensure bidders have adequate time to collaborate with their partners and put forth a program that meets HCA's aspirations?	HCA is amending the RFP to reflect a later response deadline of December 9
Section 5.2.5	Are RFP response attachments also subject to the page numbering format requirement (i.e., consecutively numbered) with Attachment 1 starting off with the page number following the last page of Exhibit C?	No, not for purposes of compliance. However, attachments should clearly reflect the answer to which they relate (whether by file name or as stated on the attachment pages). Evaluators who cannot easily identify an attachment have the right to omit it.
Exhibit I	Exhibit I specifies that bidders may provide a narrative up to two pages in length that details their plan to address deficiencies in SUD ITA and E&T beds. Should that narrative be submitted as part of the response to Exhibit I and submitted electronically per Section 5.1.4 of the RFP, or separately in hardcopy as an attachment or additional narrative provided under Exhibit C: Evaluation Questions – Network?	<p>The two page narrative should be submitted in the electronic copy associated with the Network (Exhibit I). This narrative should be done in Microsoft Word.</p> <p>Additionally, after this answer-table, there is a set of instructions on the GeoCoding (which is hereby incorporated into this RFP).</p>
Attachment A, Sample Contract; Section 4.3 Eligibility	Will the BH-ASO be required to register members/consumers via an online or batch program?	<p>The BH-ASO must be able to access the State's Medicaid Management Information System (ProviderOne) via a web portal or a HIPAA 270/271 transaction to determine whether or not members/consumers are Medicaid clients.</p> <p>The BH-ASO must also be able to access and submit reporting data to the DSHS via a new reporting system that is under development.</p>
Attachment A, Sample Contract; Section 7.6 Health Information Systems	Will the BH-ASO be required to store multiple member ID numbers that are associated with the various funding streams (e.g., GFS, CJTA, SAPT, MHBG) within their information management system?	<p>All Medicaid clients are issued a ProviderOne identifier. The BH-ASO will need to reference this identifier for a number of business processes.</p> <p>There may be a need to also store unique identifiers assigned by a Medicaid client's Managed Care plan. This is not a state requirement, but may be a requirement of those organizations.</p> <p>The DSHS reporting system, which is currently under development, will likely require the BH-ASO assign a unique identifier of its own choosing to any non-Medicaid clients.</p>

### 3.3 Procurement Schedule

All Bidders must adhere to the following schedule of activities. Bidders mailing Proposals should allow normal mail delivery time to ensure timely receipt of their Proposals by the RFP Coordinator. A postmark date is not the equivalent of receipt. Late Proposals will not be accepted, nor will time extensions be granted after the fact.

#### **RFP PROCUREMENT SCHEDULE**

Activity	Due Dates	Time
RFP Release Date	September 18, 2015	
Mandatory Letter of Intent to Propose	October 6, 2015	<b>2:00 p.m. Pacific Time</b>
Bidder Conference (Pre-Proposal)	November 3, 2015	
Bidder Questions	October 13, 2015	
Amendment - HCA Response to Bidder Questions	November 10, 2015	
Complaints Deadline	November 24, 2015	<b>2:00 p.m. Pacific Time</b>
Proposal Deadline from Bidders	December 9, 2015	<b>2:00 p.m. Pacific Time</b>
Evaluation Period (approximate time frame)	December 10 - 22, 2015	
Projected Announcement of Apparent Successful Bidder(s)	December 23, 2015	
Announce Any Unsuccessful Bidder(s)	December 23, 2015	
Hold Debriefing conference calls	December 28 – 31 2015	
Unsuccessful Bidder Protest	Within 5 days of Debrief	
Contract Execution	January 15, 2016	
Contract Start Date (on or before)	April 1, 2016	

HCA reserves the right to adjust this schedule as it deems necessary, at its sole discretion. Any adjustment will be made with consideration to the overall timeline and amended adjustments (extensions) to the timeline may be made if necessary

## GeoCoding Instructions For Administrative Services Organization - ASO

The goal of this activity is to produce a set of Excel tables describing the Bidder's provider network and verify presence of service within the network. First, the bidder will prepare a set of tables describing their provider network of The bidder is to list their network of Evaluation and Treatment Available Beds and Involuntary Treatment Available Beds using the submission form provided (ASO Providers Submission Form.xls).

### Create and Self-Audit Bidder's Provider Files

1. Create files describing selected provider types in the format below. Audit your provider files to assure accuracy.
  - Bidders MUST use 9999999 exactly in each provider's capacity field.
  - Enter your internal provider information into the **ASO Providers Submission Form.xlsx**

Final File formats:

**Evaluation and Treatment Beds (E & T)** (Sheet 1, Providers\_BidderName.xls)

E & T Beds	Description / Valid Values
HealthCarrier	Enter the name of the bidder.
Type	<b>E &amp; T Beds</b>
National Provider Identifier	A unique value
Business Name	Enter the name of the Facility or Hospital
Facility Type	Enter the type of facility. Free Standing Facility ( <b>F</b> ) or Hospital ( <b>H</b> )
Address	Enter the street address where the Facility or Hospital is physically located.
City	Enter the full name of the city in which the facility or hospital is physically located.
State	Enter the 2 character abbreviation of the state where the facility or hospital is physically located. WA, ID or OR values
County	Enter the County in which the facility or hospital is physically located
Zip	Enter the postal ZIP code in which the facility or hospital is physically located
Contract Status	Values: C= Contracted; L = Letter of intent
Contact	Enter name of facility or hospital staff person who can confirm contract status
Phone	Enter daytime phone number for facility or hospital contact.
CAPACITY	9999999
TOTAL Number of Available E & T Beds Contracted	Total Number of Available E & T Beds (sum of columns P, Q, R, S, T, U, V, and W. Contracted for Medicaid at that facility or hospital. Numeric (no text)
IMD (Institution for Mental Disease) Beds	Enter the number of IMD Beds available at that Facility or Hospital. Numeric (no text)

<b>E &amp; T Beds</b>	<b>Description / Valid Values</b>
Non-IMD Beds	Enter the number of Non-IMD Beds available at that Facility or Hospital. Numeric (no text)
Adult Only Beds	Enter the number of Adult Beds available at that Facility. Numeric (no text)
Youth Only Beds	Enter the number of Youth Beds available at that Facility. Numeric (no text)
Both Adult & Youth Beds	Enter the total number of both Adult & Youth Beds available at that Facility. Numeric (no text)
Male Only Beds	Enter the number of Male Only Beds available at that Facility. Numeric (no text)
Female Only Beds	Enter the number of Female Only Beds available at that Facility. Numeric (no text)
Both Male & Female Beds	Enter the number of Male & Female Beds available at that Facility. Numeric (no text)

**Involuntary Treatment Act (ITA) Beds** (Sheet 2, Providers\_BidderName.xls)

<b>ITA Beds</b>	<b>Description / Valid Values</b>
Health Carrier	Enter the name of the bidder.
Type	ITA Beds
National Provider Identifier	A unique value
Business Name	Enter the name of the Facility or Hospital
Facility Type	Enter the type of facility. Free Standing Facility ( <b>F</b> ) or Hospital ( <b>H</b> )
Address	Enter the street address where the Facility or Hospital is physically located.
City	Enter the full name of the city in which the facility or hospital is physically located.
State	Enter the 2 character abbreviation of the state where the pharmacy is physically located. WA, ID or OR values
County	Enter the County that in which the pharmacy is physically located
Zip	Enter the postal ZIP code in which the pharmacy is physically located
Contract Status	Values: C= Contracted; L = Letter of intent
Contact	Enter name of pharmacy staff person who can confirm contract status
Phone	Enter daytime phone number for pharmacy contact.
CAPACITY	9999999
TOTAL Number of Available ITA Beds Contracted	Total Number of Available ITA Beds (sum of columns P, Q, R, S, T, U, V, and W. Contracted for Medicaid at that facility or hospital. Numeric (no text)
IMD (Institution for Mental Disease) Beds	Enter the number of IMD Beds available at that Facility or Hospital. Numeric (no text)
Non-IMD Beds	Enter the number of Non-IMD Beds available at that Facility or Hospital. Numeric (no text)

<b>ITA Beds</b>	<b>Description / Valid Values</b>
Adult Only Beds	Enter the number of Adult Beds available at that Facility. Numeric (no text)
Youth Only Beds	Enter the number of Youth Beds available at that Facility. Numeric (no text)
Both Adult & Youth Beds	Enter the total number of both Adult & Youth Beds available at that Facility. Numeric (no text)
Male Only Beds	Enter the number of Male Only Beds available at that Facility. Numeric (no text)
Female Only Beds	Enter the number of Female Only Beds available at that Facility. Numeric (no text)
Both Male & Female Beds	Enter the number of Male & Female Beds available at that Facility. Numeric (no text)

**Analyze Your Network**

The bidder is expected to know and be responsive to questions on their Provider Submission.

**Geographic Network Analysis RFA Submission**

Submit the following material electronically:

1. Network analysis written report. Include attestation that provider file was structured as instructed; name, position, email address and phone number of staff fielding network reporting questions. Provider files will be checked for quality. Describe any irregularities or imbalances by county in your network analysis of results.
3. The bidder’s provider file (ASO Providers Submission Form.xlsx)