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## Maternity Episode of Care

### RFP No. 2021HCA31

#### Amendment No. 2

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**Date Issued:** 11/10/2021

**To:** RFP Bidders

**From:** Mitch Gonzales, RFP Coordinator

**Purpose:** The purpose of this amendment is two-fold: (1) remove language in the RFP pertaining to commercial insurance and (2) provide answers to the questions that prospective bidders have asked.

This amendment hereby modifies and is attached to RFP No. 2021HCA31. All other terms, conditions, and specifications remain unchanged.

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The above referenced solicitation is amended as follows:

1. Section 1.3, Purpose and Background, is amended to read as follows:

The Washington State Health Care Authority, hereafter called "HCA," is initiating this Request for Proposal (RFP) to solicit proposals from firms interested in participating on a project to develop, scope and refine a Maternity Episode of Care, a value-based payment approach in which care services are defined and required, reporting and accountability for high value outcomes are included and payment is redesigned in a single, fixed rate. All of this is over a defined period of time from initiation of prenatal care through a specified postpartum timeframe. In partnership with HCA, the episode will be completed and will move to implementation. HCA's plan for this episode of care is for it to be implemented in Medicaid, both in fee-for-service and Managed Care.

HCA administers programs that provide health care coverage for nearly 1 in 3 Washington residents as well as community behavioral health services, supports, recovery and prevention efforts for the entire state. HCA is the state's largest health care purchaser and oversees the Medicaid program (Apple Health), Public Employees Benefits (PEB), School Employees Benefits (SEB). Through these collective programs HCA covers nearly 2.6 million lives. HCA provides care for just under half of the pregnancies and births in Washington.

HCA's policy and purchasing approaches are focused on transforming the health care delivery system in Washington State. These value-based purchasing strategies are designed to transform care through better health, better care, and lower costs; provide whole-person care through integrating physical and behavioral health services; and make data informed and evidence-based purchasing decisions that drive improved health outcomes.

The U.S. spends more than any other country on maternity care and, yet, has some of the worst perinatal and infant health outcomes, particularly in terms of racial and ethnic disparities. Some of the drivers of poor perinatal and infant health outcomes are: over medicalization of birth, overuse of some interventions and underuse of other evidence-based interventions, uncoordinated care, systemic racism, lack of attention to behavioral health issues and social determinants of health, disrespectful and depersonalized care, and underutilization of postpartum care.

In Washington, the c-section rate is 27.9%, which is substantially higher than the ideal rate of 19% suggested by a widely quoted 2015 study, (Molina, G., Weiser, T., Lipsitz, S., & al, e. (2015). Relationship Between Cesarean Delivery Rate and Maternal and Neonatal Mortality. *Journal of the American Medical Association*.) and even further from the rate of 10-15% recommended by the World Health Organization. In Washington, the preterm birth rate of 8.3% is lower than the national average of 9.85%, but Washington lags significantly behind rates in the 5-6% range that have been achieved in Ecuador, Latvia, and Estonia. Similar to maternal death rates, preterm birth rates are the highest among Native American/Alaska Native and Black people. The Washington State Maternal Mortality Review Panel has determined that 60% of maternal deaths in Washington are preventable, with a significant number being tied to lack of access to behavioral health evaluation, treatment recovery and support. The panel also found that Native American/Alaska Native women were nearly ten times as likely to die of a pregnancy-associated cause than white women.

In consideration of the gains we are hoping to make, the Bree Collaborative engaged in a statewide effort to identify opportunities. The framework/draft maternity episode of care that has been created by our state Bree Collaborative and is available here:

<https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2021/01/Perinatal-Bundle-FINAL-2021.pdf>

While we will use this Bree Collaborative episode of care as a foundation to move this work forward to implementation, there are numerous components that deserve additional consideration and revision. For example, while the Bree maternity episode of care includes the infant for the first 30 days of life there is a lack of information on how this care will be incorporated or implemented. Additionally, recent legislation passed in Washington in the 2020/21 session that requires implementation of 12 months of postpartum Medicaid coverage following end of pregnancy in June of 2022.

In terms of the 12 months of postpartum coverage, HCA wants to explore both birth parent and infant in the episode. This work will include facilitating the development of short- and long-term goals and what dyadic timeframe will be the most meaningful in terms of impact and improved outcomes. HCA also wants to explore the pros/cons and the facilitators/barriers to having an episode for pregnancy care; and potentially the first 2 or 3 months postpartum; and then a separate episode for the subsequent 9 or 10 months (a design that we see in acute versus chronic/stable phase episodes for some conditions).

We are eager to incentivize and drive high quality care with this episode of care, for both birth parent and infant, with core principles of equity and addressing disparities, more emphasis on behavioral health, greater attention to addressing unmet social needs and providing whole person, relational, and dyadic care.

Lastly, we want to explore the value of implementing an episode(s) that would capture the majority of the population and then a separate episode(s) which would be designed for persons who have higher, more complex needs and therefore require more services to achieve the same positive outcomes. We envision that this higher service level episode of care would be appropriate for those with increased physical and/or behavioral health needs.

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

2. The introductory paragraph of Section 1.4.2, Scope of Work 2: Design and Implementation Plan, is amended, as shown below, and all other terms in 1.4.2 remain the same:

HCA is seeking highly skilled, experienced personnel, who will proactively collaborate with HCA to design and implement a maternity episode of care across Medicaid that will span pregnancy care initiation through 12 months postpartum. The contractor will bring expertise in designing, developing, and implementing maternity episodes of care using the framework developed in Scope of Work 1 above. The contractor will engage HCA as thought partners and bring outside expertise and experience in all the components of a maternity episode of care including scope of services and clinical components (framed by integrated health and whole-person care with particular attention to behavioral health needs), quality metrics (reporting only and those tied to thresholds for incentive and penalty), payment models and structural considerations. These components must align and complement each other to achieve success and this is an intricate and iterative process to get to successful implementation. The contractor will use creativity and innovation in refining and designing a maternity episode of care which centers equity in this work as a core value through intentionally addressing disparities in perinatal and infant outcomes.

3. HCA received the following questions regarding this RFP, as attached.

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#	Bidder Questions	HCA Answers
1	Is HCA seeking clinical guidance and expertise, in addition to policy and analytic guidance, from a contractor to meet the scope of work needs?	Yes; please reference Section 1.4 of the RFP.
2	Is the maternity episode going to include the full length of pregnancy, and then another 12 months for both the mother and the newborn afterwards?	Under Section 1.4.2, HCA seeks an experienced vendor to design and implement a maternity episode of care that will span the duration of pregnancy through 12 months postpartum for the gestational parent. As for the episode definition and care for the infant, we anticipate the infant being included for a length of time to be determined, based on the available evidence and alignment with our goals for more integrated, dyadic care.
3	Would this be broken out into two separate episodes, or one episode in its entirety?	Section 1.4.2.7 states that ASB will design episode(s) of care based on a list of components. One of the components, see section 1.4.2.7.8, is a “[p]otential phased approach.” HCA is receptive to two separate episodes, as well as unique ways of structuring the episodes
4	Please confirm we can build a bundle that does not follow the existing Bree collaborative bundle with rationale on why it would deliver superior outcomes and enrollment.	Bidders may propose a bundle that does not mirror the existing Bree Collaborative; yet, the Bree Collaborative bundle should be utilized as a starting point and then applying expertise, evidence, and rationale for suggested changes/divergence.
5	If implementation is post January 2023, what is the projected timeline for implementation?	At this time, HCA cannot answer that question. While the target goal for implementation is January 2023, the design of the maternity episode of care and other factors will determine HCA’s implementation plan and timeline.
6	Does the January 2023 implementation timeline include time for implementation itself, or does this timeframe allow for an implementation timeframe following January 2023?	The January 2023 implementation timeline does not include time for implementation itself; rather, there will be an implementation timeline following January 2023.
7	If implementation is planned for January 2023, when will the RFP for administration of the episode be released?	HCA intends to implement the episode. At this time, there is not a plan for a subsequent RFP.
8	Are specific definitions being assigned to this episode or is that part of the responsibility of the bid winner?	This is part of the responsibility of the contractor awarded this contract. HCA will adhere to all federal/state regulations and will consider definitions as part of the BREE Collaborative process and expect the Contractor to provide any relevant definitions or highlight any current concerns and/or limitations in the definitions.
9	Is there expectation that vendors will provide bundle and implementation plan to be managed directly by the State or the MCOs? Or, do you feel you will request the consultant to administer an RFP for vendors to support suggested program?	HCA plans to implement the episode.

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#	Bidder Questions	HCA Answers
10	What is the timeline for implementing the commercially insured episodes?	As a result of this amendment, this question is outside the scope of this RFP. Please see Sections 1. and 2. of this amendment, which removes language pertaining to commercial insurance.
11	Will consultant provide support services in years 2 and 3 to monitor the performance?	This question is not within the scope of the SOWs laid out in the RFP. However, if HCA extends the contract or issues a subsequent RFP, HCA may consider this or factor this in for future work.
12	Since the RFP indicates a 1 year contract/consulting period (“The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about January 15, 2022 and to end on January 14, 2023.”), does that mean the bundle is expected to go live in January 2023, or when does WHCA expect to launch the bundle?	At this time, HCA cannot answer that question. While the goal for implementation is January 2023, the design of the maternity episode of care and other related factors will determine HCA’s implementation plan and timeline.
13	The Washington Health Care Authority payer Regence BCBS is now contracted with Signify Health for Episodes of Care for January 2022. Is there any expectation of coordination or crossover with this organization?	HCA does not expect coordination or crossover with this organization. With that said, HCA expects that some of the design principles from this maternity episode of care would be considered as part of the research aspect of Statement of Work 1.
14	Is HCA expecting that the contractor will perform data analyses (receive data and conduct analyses for HCA) to meet the requirements for “1.4.2.9 Financial modeling” and other requirements? Or is HCA expecting that the contractor would not receive data and conduct analyses, rather the contractor would provide analytic and methods guidance? Can you furnish service line data via the state’s APCD?	HCA acknowledges that the sharing of data and, execution of a data share/business associate agreement, with the Contractor may be necessary. In the event that HCA shares data, there are resources within HCA to assist with data analysis, including the APCD database. Bidders should address the possibility of data share in their bid proposals, including what data Bidders expect to need for their analyses.
15	In order to assess opportunity, we analyze claims data – at least 3 years. Is there access to data – both Medicaid and Commercial; i.e. detailed claims detail and allowed amounts, etc.? If data is available, is it available in a standardized format?	HCA acknowledges that the sharing of data and, execution of a data share/business associate agreement, with the Contractor may be necessary. In the event that HCA shares data, there are resources within HCA to assist with data analysis, including the APCD database. Bidders should address the possibility of data share in their bid proposals, including what data Bidders expect to need for their analyses.
16	Is the \$400k budget (in item 1.7, Funding) for a single year or would it be the maximum should HCA extend the contract for up to three one-year periods (per 1.8, period of performance)?	\$400,000 is the budget for the work set out in this RFP. If additional work is required, there will be an additional budget.
17	Would HCA extend the proposal due date given that staff will be out of the office for several days during the Thanksgiving holiday?	HCA is unable to extend the proposal due date. HCA is hopeful that that bidders will respond to the RFP within the stated deadlines.

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#	Bidder Questions	HCA Answers
18	Is HCA willing to consider alternative timeframes for the episode to include pregnancy timeframes and other post-partum timeframes to be included?	Given Washington has passed legislation and will be implementing 12 months of postpartum coverage in June of 2022, HCA’s intent is to design a high-value episode(s) of care that will span this entire timeframe.
19	Pg. 14 - Section 3.1.2: Can WA confirm the acceptability of listing only Contractor's C-suite executives in addition to the chairperson of the board? Can WA also confirm that office addresses should be used?	Under Section 3.1.2, it is acceptable to (1) list bidder’s C-suite executives (in addition to the chairperson of the board) and (2) list the office address or legal address.
20	Does the successful bidder need to be in operation as an entity in episodes of care for 5 years, or does this need to be specific to maternity episodes of care?	The minimum qualification is that “the business of the Bidder must have been in operation for at least five (5) consecutive years”. It is not specific to maternity episodes of care.
21	Can you provide the Washington State licensure requirements referenced within the application.	Please see the following hyperlink <a href="https://dor.wa.gov/open-business/apply-business-license">https://dor.wa.gov/open-business/apply-business-license</a>
22	Can an organization who responds to this RFP for consultative purposes, either directly or in collaboration with another consulting firm, be involved in any upcoming opportunities for administration and implantation of episodes either with HCA or any of its MCOs?	Responding to the RFP or being selected as the ASB does not preclude that Bidder from subsequent related work.
23	Do you have strong relationships with provider networks already interested in working with you? Other bundles in place and accurate connections inside provider networks?	HCA responds as follows: (1) HCA has developed relationships through the Bree collaborative and (2) Medicaid does not have currently have other bundles in place.
24	Please break out of # of births by Medicaid and commercially insured.	HCA estimates that the annual number of births by Medicaid is just under 40,000. As for number of births by commercially insured, this question is outside the scope of this RFP.
25	What is HCA looking for in an evaluation framework? Should bidders plan to integrate Sections 1.4.2.8.1, 1.4.2.8.2, and 1.4.2.8.3 into the episode of care? Is HCA looking to measure and create accountability for each of the ideas/initiatives listed in Sections 1.4.2.8.1, 1.4.2.8.2, and 1.4.2.8.3?	HCA is looking to integrate the components listed in Sections 1.4.2.8.1, 1.4.2.8.2, and 1.4.2.8.3 into the episode of care. Similarly, we are looking for expertise/evidence on how to measure and drive accountability for the components listed in Sections 1.4.2.8.1, 1.4.2.8.2, and 1.4.2.8.3. See also Section 1.4.2.10 (stating that the “design and implementation plan must consider and factor in all of the above components contained in Section 1.4.2).
26	Has the state built Advanced Primary Care, and OB infrastructure that can steer and clinically integrate into the episodic providers?	The State of Washington, via the Bree Collaborative, established a system of care for both OB and primary care. HCA has a network of providers providing these services. Yet, without having the definition of “Advanced Primary Care,” HCA cannot thoroughly respond to this question.

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#	Bidder Questions	HCA Answers
27	How has the Washington State Hospital Association been engaged in the project / has WSHA leadership committed to supporting the work?	WSHA has not been involved in the past year and HCA has not received a formal indication of commitment from WSHA supporting this work. Per Section 1.4.2.1, HCA expects the awarded contractor to “[c]ollaborate with HCA and identify additional stakeholders and potential future state . . . .”
28	Are there opportunities on the Maternity Episode of Care RFP to be a subcontractor?	HCA is not disallowing subcontractor relationships. See Section 3.7.1.1. which states that the bidder will “Provide a description of the proposed team structure and internal controls to be used during the course of the project, including any subcontractors.”