Exhibit B

Certification of Minimum Qualifications

Bidder must respond to all questions in the space provided below. If you need additional space to provide answers, you may use a separate page; please identify the question number and corresponding question that you are responding to and attach that document to this Exhibit B.

The following are the Minimum Qualifications, Section 1.4 of RFP 2516, for Bidders to qualify for this procurement:

1. 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 Apparently Successful Bidder (ASB).

NOT licensed in Washington / Will NOT be licensed in Washington.

Currently licensed.

Commit to becoming licensed within 30 calendar days of being selected as ASB.

1. Registered with Office of Insurance Commissioner (OIC) in the State of Washington as an insurance carrier. Please note that Bidder must be registered at time of Proposal submission/due date (See section 2.2, Estimated Schedule of Procurement).

NOT registered with Washington OIC / Will NOT be registered with Washington OIC.

Currently registered with Washington OIC as an insurance carrier. Please include proof of registration.

1. Have an office in the State of Washington staffed to manage the day-to-day operations to be responsive to (including but not limited to): providers; Clients; HCA; and other stakeholders.

Does/Will NOT have an office in the State of Washington.

Currently has office in the State of Washington to manage day-to-day operations. Please list address of in-state office below:

Address:

Address:

City, State, Zip:

Phone:

Commit to having and staffing a functional office in the State of Washington by Readiness Review.

1. Submit a Letter of Intent to Propose, as defined in Section 2.4 of RFP 2516.

Did NOT submit Letter of Intent to Propose.

Submitted Letter of Intent to Propose.

1. Offer an adequate dental care network, as described in Sections 3.3 and 3.4 of RFP 2516.

Does/will NOT have an adequate dental care network.

Currently has an adequate dental care network.

Commits to having an adequate dental care network by Readiness Review.

1. Have actuarially sound rates able to be verified by HCA and/or HCA’s contracted actuary.

Rates are NOT actuarially sound.

Rates are actuarially sound.

1. The ability to send, receive, accept, and process HIPAA-compliant transaction files, to include but not limited to: 270 eligibility inquiry, 271 eligibility response, 820 payment files, 834 enrollment files, 835 payment advice files, and 837D dental healthcare claim files.

Does/Will NOT have the ability to send, receive, accept, and process HIPAA-compliant transaction files.

Currently has ability to send, receive, accept, and process HIPAA-compliant transaction files.

Commits to having ability to send, receive, accept, and process HIPAA-compliant transaction files by Readiness Review. Explain Bidder’s plan for this below:



1. Comply with all Encounter Data requirements, including: (1) ability to provide encounter data for all services delivered under the contract including diagnoses codes and risk codes; (2) encounter data must follow the standard electronic encounter data reporting process developed by HCA; (3) Bidder must use the Encounter Data Reporting Guide in conjunction with the 837 Healthcare Claim Guide Version 5010 for Dental when submitting encounters; and (4) Bidder must remain current on Encounter Data Reporting Guide’s periodic updates and modification related to dental encounters. Note: Encounter Guide will be updated to include dental encounters.

Can NOT comply with Encounter Data requirements.

Currently able to comply with Encounter Data requirements.

Commits to complying with Encounter Data requirements by Readiness Review. Explain Bidder’s plan for this below:



1. Comply with all federal requirements applicable to American Indian/Alaska Native Medicaid Enrollees and Indian Health Care Providers (IHCPs) and their referrals and claims, including those set forth in the “Model Medicaid Children’s Health Insurance Program (CHIP) Managed Care Addendum for Indian Health Care Providers” most recently issued by the Centers for Medicare and Medicaid Services (CMS) (<https://www.medicaid.gov/medicaid/indian-health-and-medicaid/downloads/addendum-ihcps.pdf>).

Does/Will NOT comply with all federal requirements related to AI/AN Medicaid Enrollees and IHCPs.

Currently complies with all federal requirements related to AI/AN Medicaid Enrollees and IHCPs.

Commits to compliance with all federal requirements related to AI/AN Medicaid Enrollees and IHCPs by Readiness Review. Explain Bidder’s plan for this below:



1. Comply with Washington State Office of the Chief Information Officer (OCIO) security standards to handle Category 4 data (Personal Health Information, or PHI) in accordance with OCIO Security Standard 141.10.

Does/Will NOT comply with OCIO Security Standard 141.10.

Currently complies with OCIO Security Standard 141.10.

Commits to comply with OCIO Security Standard 141.10 by Readiness Review.

1. Comply with HIPAA Security, Privacy, and Breach Notification Rules.

Does/Will NOT comply with HIPAA Security, Privacy, and Breach Notification Rules.

Currently complies with HIPAA Security, Privacy, and Breach Notification Rules.

Commits to comply with HIPAA Security, Privacy, and Breach Notification Rules by Readiness Review. Explain Bidder’s plan for this below:

1. Agree to undergo, and pass, Security Design Review conducted by HCA or Washington Technology Solutions (WaTech), if required. OCS Design Review Checklist is attached for reference, Attachment 6.

Will NOT undergo Security Design Review.

Agrees to undergo Security Design Review, and work with HCA to ensure passing such Security Design Review.

1. Agree to undergo, and pass, Readiness Review prior to Implementation.

Will NOT undergo Readiness Review.

Agrees to undergo Readiness Review, and working with HCA to ensure passing such Readiness Review.

**remainder of page left intentionally blank. signature page to follow.**

**AUTHORIZED SIGNATURE:**

*By signing below you hereby certify you are an authorized representative of your firm/company and empowered to negotiate, enter into, and execute, in the name and on behalf of your firm/company, any agreements or documents associated with this RFP and to bind your firm/company to the obligations stipulated therein.*

*On behalf of the Bidder submitting this Proposal, my name below attests to the accuracy of the above statements. We are submitting a scanned signature of this form with our Proposal.*

|  |  |
| --- | --- |
|  | |
| Signature of Bidder | |
|  | |
| Bidder Organization Name |  |
|  | |
| Title | Date |