Exhibit A

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 1.3 of RFP 3866, for Bidders to qualify for this procurement:

1. (1.3.1) 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. **Please provide license number and a copy of license**.

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. (1.3.2) Compliance with HIPAA Security, Privacy, and Breach Notification Rules.

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

Certifies compliance 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 an attached response.

1. (1.3.3) Compliance 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. **Please submit most recent Service and Organization Controls (SOC) 2 Report (or equivalent); and attached response indicating how Bidder will/does meet the requirements of OCIO 141.10, Sections 4, 5, 6, 7, 8, 10, and 11.**

Does/Will NOT comply with OCIO Security Standard 141.10.

Certifies compliance with OCIO Security Standard 141.10.

Commits to comply with OCIO Security Standard 141.10 by Readiness Review. Explain Bidder’s plan for this in an attached response.

1. (1.3.4) 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 8.

Will NOT undergo Security Design Review.

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

1. (1.3.5) Submit a Letter of Intent to Propose, as defined in Section 2.4 of RFP 3866.

Did NOT submit Letter of Intent to Propose.

Submitted Letter of Intent to Propose.

1. (1.3.6) A minimum of five (5) years’ experience performing External Quality Review activities under federal regulations 42 C.F.R. Subpart E.

Does NOT have at least five (5) years’ experience.

Certifies has at least **five (5)** years’ experience.

1. (1.3.7) Leadership staff (CEO, CMO, Contract Manager, and Analytical Lead, to include any subcontractor lead staff) with skills, experience, and knowledge of: Medicaid beneficiaries, policies, and processes; managed care regulations, program, and data systems; managed care delivery systems, organizations, and financing; both physical and behavioral health care services; quality assessment and performance improvement methods; survey methods; research design and methodology, including statistical analysis; and writing and publication skills.

Does NOT have leadership staff with required skills, experience, and knowledge.

Certifies has leadership staff with required skills, experience, and knowledge.

1. (1.3.8) Independence from the State Medicaid Agency and from the MCOs that will be reviewed. “Independence” has the meaning as defined in 42 C.F.R. § 438.354: “…To qualify as “independent”: (1) if a State agency, department, university, or other State entity: (i) may not have Medicaid purchasing or managed care licensing authority; and (ii) must be governed by a Board or similar body the majority of whose members are not government employees. (2) An EQRO may not: (i) review any MCO, PIHP, PAHP, or PCCM entity, or a competitor operating in the State, over which the EQRO exerts control or which exerts control over the EQRO (“control” has the meaning given in 48 C.F.R. § 19.101) through: (A) stock ownership; (B) stock options and convertible debentures; (C) voting trusts; (D) Common management, including interlocking management; and (E) contractual relationships; (ii) deliver any health care services to Medicaid beneficiaries; (iii) Conduct, on the State’s behalf, ongoing Medicaid managed care program operations related to oversight of the quality of MCO, PIHP, PAHP, or PCCM entity services, except for the related activities specific in § 438.358; (iv) review any MCO, PIHP, PAHP, or PCCM entity for which it is conducting or has conducted an accreditation review within the previous 3 years; or (v) have present, or known future, direct, or indirect financial relationship with an MCO, PIHP, PAHP, or PCCM entity that it will review as an EQRO.

Is NOT “independent” from the State Medicaid agency and/or from the MCOs, PIHPs, PAHPs, or PCCMs that will be reviewed by the EQRO.

Certifies has and will maintain independence from the State Medicaid agency and from all MCOs, PIHPs, PAHPs, or PCCMs that will be reviewed by the EQRO, including:

* Bidder and any subcontractor(s) do not have Medicaid purchasing or managed care licensing authority.
* Bidder and any subcontractor(s) are governed by a board or similar body, the majority of whose members are not government employees.
* Bidder and any subcontractor(s) do not have “control” over any of the MCOs or PIHPs that Bidder will review, or that an MCO or PIHP exerts control over Bidder through:
  + Stock ownership;
  + Stock options and convertible debentures;
  + Voting trusts;
  + Common management, including interlocking management; and
  + Contractual relationship(s).
* Bidder and any subcontractor(s) does not conduct on the State’s behalf ongoing Medicaid managed care program operations related to oversight of the quality of the MCO services, except for the related activities specified in 42 C.F.R. § 438.358.
* Bidder and any subcontractor(s) does not have a present or known future direct or indirect financial relationship with an MCO that it will review as an EQRO.

1. (1.3.9) Experience, in the past five (5) years, working with a governmental agency.

Does NOT have experience working with a governmental agency in the previous five (5) years.

Certifies has experience working with governmental agency in the previous five (5) years.

1. (1.3.10) National Committee for Quality Assurance (NCQA)-certified Consumer Assessment of Health Plan Survey (CAHPS®) vendor, or subcontract with a vendor with this certification/qualifications.

Is NOT a NCQA-certified CAHPS® vendor / Does NOT subcontract with a NCQA-certified CAHPS® vendor.

Certifies Bidder is, or subcontracts with, a NCQA-certified CAHPS® vendor. **Please provide copy of certification for Bidder or subcontractor.**

1. (1.3.11) Is, or subcontracts with, an entity which is NCQA-Licensed to conduct HEDIS® audits.

Is NOT, does NOT subcontract with, an entity which is NCQA-licensed to conduct HEDIS® audits.

Certifies Bidder is, or subcontracts with, a NCQA-licensed entity to conduct HEDIS® audits. **Please provide copy of license for Bidder or subcontractor.**

1. (1.3.12) At least 70% of staff must be located in Washington State with dedicated office space, and experienced with Washington health care, culture, and geography dedicated to this project. Day-to-day business operation availability must be at least Monday through Friday, 8:00 a.m. to 5:00 p.m..

Does/Will NOT have 70% of project-dedicated staff located in Washington with dedicated office space.

Commits to / HAS 70% of project-dedicated staff as identified above located in Washington with dedicated office space at:

Address:

Address:

City, State, Zip:

Phone:

1. (1.3.13) Certification of staff experienced in behavioral health services, research collection, clinical chart review, and trained – or assurance of meeting training requirements – for HCA’s on-site Quality Improvement Review Tool (QIRT). Training on use of QIRT is provided by HCA or its subcontractor(s), and must be completed in-person within 30 calendar days of HCA notice.

Does/will NOT have appropriately experienced and trained staff.

Certifies and commits to have appropriately experienced and trained staff for QIRT reviews.

**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 |