



STATE OF WASHINGTON
WASHINGTON STATE HEALTH CARE AUTHORITY
REQUEST FOR PROPOSAL (RFP)
NO. K1807

AMENDMENT No. 5

1. Bidder Questions

SECTION 1 – GENERAL INFORMATION	
Q1	Regarding Section 1.5, <i>Proposal Format & Length</i> , does the HCA have a preference or requirement as to whether or not the Bidder (a) includes all the Key Elements at the top of the Bidder’s response to the Exhibit, or (b) includes the text for each Key Element right before each response?
A1	All of the Key Elements for each Exhibit should be restated on a separate page(s) and placed immediately prior to the Bidder’s response.
Q2	Regarding Section 1.5, <i>Proposal Format & Length</i> , will the repeated Key Element text count toward the page limit for each Exhibit?
A2	No.
EXHIBIT 1 – HCA HEALTH TRANSFORMATION VISION	
Q3	Regarding the “Evaluation and Scoring Insight” for Exhibit 1.4, the items do not appear to relate to the “Overview” or “Key Elements” focused on Data Analytics and Reporting. Please confirm that this “Evaluation and Scoring Insight” section lists the correct evaluation and scoring insights for this Exhibit.
A3	This section of Exhibit 1.4 is amended as set forth in Section 2 of this Amendment No. 5.
EXHIBIT 3 – ADMINISTRATIVE SERVICES	
Q4	Regarding Exhibit 3.8.1, <i>Account Management Resourcing</i> , would any of the listed roles be expected to be onsite at HCA headquarters in Olympia on either a part-time or full-time basis? If part-time, how many hours per week? <ul style="list-style-type: none"> • Strategic Account Manager

	<ul style="list-style-type: none"> • Daily Operations Manager • ACN Account Manager
A4	No members of the account team need to be present at the HCA’s Olympia headquarters on either a part-time or full-time basis, and no dedicated work space is available to the ASB’s staff. Instead, they will be expected to come to Olympia for account management meetings with the HCA Executive and account management teams (as frequently as weekly), and at other times upon request of the HCA Contract Manager. If work space is needed during these times, the HCA does have a “contractor lounge” that might have a desk available, but the HCA will not be obligated to ensure such space is free. Most other regular, periodic meetings are by teleconference, Skype, or WebEx.
Q5	Items A and B of the “Required Accompanying Documents” for Exhibit 3.8.3, <i>Emergency Response Account Management</i> , ask for disaster recovery plans. Is it acceptable for a Bidder to submit more than one disaster recovery plan for each of these items?
A5	As these plans are typically very detailed, the bidder should submit one example that best typifies the processes in place to maintain service in the areas of health care services, customer service and claim adjudication for current clients and current clients of more than 20,000 lives. In addition, confirm location of offsite data backup and process for retrieving data files in the event of a disaster.
Q6	Regarding Exhibit 3.10, <i>Reporting Requirements</i> , what is the difference between “Key Elements” K. and J.? And can the HCA clarify to what “consumer support services” refers?
A6	<p>“Key Elements” J. and K. are intended to be different. In J., the response should focus on process and outcome measures related to typical or standard insurance-based Clinical Management programs, such as Disease Management or Care Management.</p> <p>In K., the response should focus on process and outcome measures related to new or novel Clinical Management consumer support programs, including new methods for delivering typical or standard services. Examples might include use of social media/networks (e.g., blogs, tweets, wikis, Facebook, etc.) to provide educational information and reminders to patients about managing a chronic condition, or about time-limited conditions such as pregnancy.</p>
Q7	Regarding “Key Element” C.8. of Exhibit 3.12, <i>Enrollee Communications</i> , what is meant by “disclosure items”?
A7	“Disclosure items” refers to the various information carriers are required to provide under the statutes cited in RCW 41.05.017. For example, RCW 48.43.510(1) provides a list of items a carrier must provide prior to the purchase or selection of a health plan. This list includes “listing of covered benefits,” “listing of exclusions, and a “summary explanation of the carrier’s review of adverse benefit determinations and grievance processes,” among others.
Q8	Regarding the “Overview” section of Exhibit 3.13, <i>Online Services</i> , since the Public Records Privacy Protection Policy was sunsetted in 2011 (according to the OCIO website), which

	policy regarding privacy protection should the Bidder review to develop our response to this Exhibit? Can you please provide a direct link?
A8	All of the security standards that Bidders must comply with are listed in Appendix 5, Attachments 1 through 8. Here is a link to all of the OCIO policies , including those listed in Appendix 5.
EXHIBIT 4 – PROVIDER NETWORK	
Q9	The RFP refers to “Table 4.4.1” in several sections. Is the HCA referring to Table 4.4? Or is there an additional table not in the RFP that is being referenced?
A9	All references are to Table 4.4.
Q10	The census file provided for Exhibit 4.4, <i>Washington Provider Network Analysis</i> , includes fewer Washington State zip codes than we would expect. Please confirm that the census file provided is correct.
A10	The original census file is not correct. Milliman has revised the census file, which should include more Washington State zip codes. Please let Milliman know if the revised file is consistent with expectations. The revised census file has also removed individuals without a zip code.
Q11	Regarding Exhibit 4.4, <i>Washington Provider Network Analysis</i> , is the HCA asking for something different in “Key Element” D than what is being asked in “Key Element” C?
A11	Yes. Key Element D is requesting one additional item. From the working for Key Element D: “any additional provider types that are included in the Bidder’s internal standards for network adequacy and geographical access”. It is confirmed that the first part of Key Element C and Key Element D were intended to overlap.
Q12	Regarding “Key Element” G.4. of Exhibit 4.4, <i>Washington Provider Network Analysis</i> , what is the HCA expecting, specifically, in the request for maps?
A12	Appendix 6, Attachment 29 is a sample mapping that was provided for informational purposes only. There are no expectations in the request for maps beyond a secondary opportunity to convey a compelling response in addition to completing the workbook.
EXHIBIT 5 – CONTRACT COSTS AND TREND GUARANTEE	
Q13	The RFP states that we’re only to contact Ben Diederich at Milliman with questions about Exhibit 5.1 or the network adequacy files. Who should we contact to retrieve the Milliman reports referenced in Exhibit 5.3? These reports were not included in the zip folder posted on the Milliman site. Are they forthcoming?
A13	The reports referenced in Exhibit 5.3 are being uploaded to Milliman SFTP site with the revised census file.

ATTACHMENTS

Q14	Is the map in Appendix 6, Attachment 29 for informational purposes only, or are Bidders required to take some sort of action or meet a requirement related to the map?
A14	The map is provided for informational purposes only.

2. Data, Reporting and Analytics

The "Evaluation and Scoring Insight" section of Exhibit 1.4, *Data, Reporting and Analytics*, is hereby deleted and replaced with the following:

Evaluation and Scoring Insight

Preference will be given to Responses that include detailed descriptions of the following:

- A. Substantial experience, knowledge, and expertise providing plan-specific data reports and data/analytic support.
- B. Demonstrated experience, knowledge, and ability to provide robust standard and customized ad hoc reports on multi-source, comprehensive sets of measures (including, but not limited to cost, utilization, Member reported outcomes, provider performance, and population health measures), including detailed reports on measures from the Common Measure Set and HEDIS measures.
- C. Demonstrated experience and expertise supporting providers and clients adoption of Value Based Payment arrangements while leveraging a current Claims data system capable of supporting current and new Value Based Payment arrangements.
- D. Robust systems in place with capacity to accept, store, process, and validate multi-source data and demonstrated experience integrating multi-source data sets into provider- and client-facing reports and/or portals.
- E. Innovative risk adjustment and data aggregation, integration, and reporting strategies.
- F. Multi-level communication strategies to coordinate outreach and program integration across multiple client vendors (including wellness programs, pharmacy benefit managers, and other benefit programs).

All other terms and conditions of the RFP remain in full force and effect. Capitalized terms not defined in this amendment have the meaning provided in the RFP.