



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

AMENDMENT No. 9

1. Procurement Schedule

The Procurement Schedule found in the RFP is hereby deleted in its entirety and replaced with the following schedule. Please note the new due date for certain files to be provided to Milliman, and different dates for Oral Presentations (if any).

Activity	Due date/time
Pre-Bid Conference #1	July 22, 2016
Pre-Bid Conference #2	September 7, 2016
RFP Released	November 21, 2016
Letters of Intent and DSA for Data Files Due	December 16, 2016
Round 1 - Bidder Questions Due	January 4, 2017
Anticipated Release of Responses to Bidder Questions	January 20, 2017
Round 2 - Bidder Questions Due	February 24, 2017
Repricing Files Due to Milliman (except for Network Analysis files)	March 1, 2017
Anticipated Release of Responses to Bidder Questions	March 15, 2017
Complaints Deadline	April 14, 2017
Repricing Files Finalized	April 21, 2017
Proposals Due	April 21, 2017 – 3:00 pm PT

Activity	Due date/time
Evaluation Period	April 24 – July 7, 2017
Network Analysis files due to Milliman (see, Exhibit 4.4)	April 28, 2017
Finalist Announcement for Oral Presentations	July 14, 2017
Finalist Oral Presentations	August 7 – 10, 2017
Oral Presentation Evaluation Period	August 14 – 17, 2017
Best and Final Offer Period	August 21 – November 30, 2017
Anticipated Announcement of ASB	December 15, 2017
Debrief Period	December 18 – December 21, 2017
Protest Period End Date	December 28, 2017
Contract Signed	December 29, 2017

2. EXHIBIT 4.4, “Specific Instructions”

The second sentence of the first paragraph of the “Specific Instructions” section of Exhibit 4.4 is deleted and replaced with the following:

After reviewing those files and instructions, Bidder must upload the matched file results to the Milliman FTP site by the deadline listed below.

3. EXHIBIT 4.4, “Key Elements to Be Addressed”

The “Key Elements to Be Addressed” section of Exhibit 4.4 is hereby deleted in its entirety and replaced with the following:

A. Network Disruption Analyses

To help with the review of network adequacy and provider disruption, a network file listing Washington State National Provider Identification (NPI) codes and associated Tax Identification Number (TIN) utilized by UMP Classic Non-Medicare members for a material amount of allowed claims incurred in 2015 or 2016, and paid through September 2016, has been developed. This file, named “Provider file (NPI and TIN)” and found on the Milliman FTP site, also provides the county of Washington, and major category of service associated with each NPI. If an NPI has a material amount of allowed claims in more than one county or major category of service, then the NPI will have multiple listings. The allowed amounts incurred between January 1, 2016 and February 28, 2017 are used for TIN assignment.

For each NPI listed in the “Provider file (NPI and TIN)” file, populate the following fields:

1. In_Bidder_Network – Indicate whether or not this NPI or TIN is in the Bidder’s current network

2. Provider_Type_1 – If the NPI or TIN is in the Bidder’s network, assign the category that corresponds to the Provider Types listed on Table 4.4 in the RFP.

After indicating which providers are currently contracted in the Bidder’s existing network to be used for the UMP Plans, populate the “Network Disruption Summary” worksheet in the file “Exhibit 4.4.1 WA Provider Network Analysis (NPI and TIN).xlsx” found on the Milliman FTP site. The workbook summarizes network disruption by county by counting the number of rows in the “Provider file (NPI and TIN)” indicated as in-network providers based upon either the NPI or TIN.

B. High Utilization Analyses

Indicate which of the providers listed on the “High Utilization” worksheet in the “Exhibit 4.4.1 WA Provider Network Analysis (NPI and TIN).xlsx” Excel workbook are in the Bidder’s current provider network. Each provider will be matched using the combination of NPI, TIN and county.

C. Geographical Analyses

Populate the “Network Adequacy Summary” worksheet in the “Exhibit 4.4.1 WA Provider Network Analysis (NPI and TIN).xlsx” Excel workbook with the percentage of UMP Members for a given county and provider type cell that satisfy the network adequacy standards. The location of Members is provided in the “Member File.csv”. The worksheet uses the standards in Table 4.4.

The HCA has identified minimum standards for provider network access in Table 4.4. The HCA stipulates the minimum percentage of Members who must have access to one provider of each provider type within both Urban and Rural mileage standards. For the purposes of this RFP, the HCA defines Urban and Rural service areas as follows:

1. Urban – a county with a density of 90 persons per square mile.
2. Rural – a county with a density of 89 or fewer persons per square mile.

At a minimum, define standards for the provider and facility types included in Table 4.4. Also define which specific provider types are included where indicated (e.g., Primary Care, Pediatric Subspecialties, etc.).

The data must be submitted by county or ZIP Code on an annual basis, or as requested by HCA.

**Table 4.4
Washington Provider Network Coverage Access Standards**

Provider Type	Urban Standard (Miles)	Rural Standard (Miles)	Percent of Members Within Standard
Primary Care			
All Primary Care	1:30	1:60	80%
Pediatrics	1:30	1:60	80%
Women’s Health OB/GYN	1:30	1:60	80%
Pediatric Subspecialties			

Provider Type	Urban Standard (Miles)	Rural Standard (Miles)	Percent of Members Within Standard
All Pediatric Subspecialties	1:60	1:90	80%
Pediatric Cardiology	1:60	1:90	80%
Pediatric Neurology	1:60	1:90	80%
Pediatric Psychiatry	1:60	1:90	80%
Medical Specialties			
All Medical Specialties	1:30	1:60	80%
Allergy/Immunology	1:30	1:60	80%
Cardiology	1:30	1:60	80%
Dermatology	1:30	1:60	80%
Endocrinology	1:30	1:60	80%
Gastroenterology	1:30	1:60	80%
Hematology/Oncology	1:30	1:60	80%
Infectious Disease	1:30	1:60	80%
Nephrology	1:30	1:60	80%
Neurology	1:30	1:60	80%
Pulmonology	1:30	1:60	80%
Rheumatology	1:30	1:60	80%
Surgical Specialties			
All Surgical Specialties	1:30	1:60	80%
General Surgery	1:30	1:60	80%
Neurosurgery	1:30	1:60	80%
OB/GYN	1:30	1:60	80%
Ophthalmology	1:30	1:60	80%
Orthopedic Surgery	1:30	1:60	80%
Urology	1:30	1:60	80%
Behavioral Health			
Psychiatry	1:30	1:60	80%
Behavioral Health: Non-Physician PhD and Master's-Level Providers	1:30	1:60	80%
Behavioral Health: Non-Physician with All Other Credentials	1:30	1:60	80%
Applied Behavioral Analysis	1:30	1:60	80%

Provider Type	Urban Standard (Miles)	Rural Standard (Miles)	Percent of Members Within Standard
Inpatient and Outpatient Behavioral Health Facility/Treatment Center	1:30	1:60	80%
Inpatient and Outpatient Chemical Dependency Facility/Treatment Center	1:30	1:60	80%
Facility			
Hospital	1:30	1:60	100%
Urgent/Emergent Care	1:30	1:60	100%
Ancillary			
Home Health	1:30	1:60	80%
Durable Medical Equipment	1:30	1:60	80%
Therapies: Chiropractic	1:30	1:60	80%
Therapies: OT/PT	1:30	1:60	80%
Therapies: Acupuncture	1:30	1:60	80%
Therapies: Massage	1:30	1:60	80%
Hospice	1:30	1:60	80%

- D. Generate geographic network reports using HCA standards and PEBB membership data (to be supplied by the HCA). Include clearly labeled access statistic tables at a county level for each of the provider types in Table 4.4, and for any additional provider types that are included in the Bidder’s internal standards for network adequacy and geographical access.
- E. Provide the Bidder’s definition of provider types included in each of the provider categories in Table 4.4. Detailed definitions must include descriptions of how mid-level practitioners, e.g. Advanced Registered Nurse Practitioners (ARNPs), are categorized.
- F. Analyses Results to Report
1. Provide the member-weighted total provider disruption percentage, which is calculated on the “Network Disruption Summary” worksheet in the “Exhibit 4.4.1 WA Provider Network Analysis (NPI and TIN).xlsx” Excel workbook. If the Network Disruption Analyses matches are below 80%, describe how the match rate will be improved. Include regular monitoring and action taken to retain and recruit providers to avoid disruption.
 2. Provide the percentage of high utilization providers that are in the Bidder’s network, which is calculated on the “High Utilization” worksheet in the “Exhibit 4.4.1 WA Provider Network Analysis (NPI and TIN).xlsx” Excel workbook.
 3. Provide copies of internal network adequacy standards that are used for the Bidder’s commercial Book-of-Business or other large public sector clients, including adequacy measures by provider type, as well as internal definitions and policies around provider adequacy.

4. Provide a summary of analysis results for the Bidder's Washington State Book-of-Business. Provide a separate summary for the Members when matched against network adequacy standards for Washington State. Provide the percent of the Washington State ZIP Codes and counties that met the Bidder's internal standards. Describe how the network will be regularly monitored, and describe what action will be taken to retain and recruit providers to avoid reduction in access. If the Bidder does not meet the geographical access standards in 95% of counties, explain how this standard will be met before January 1, 2020.
 5. Document whether the proposed provider network contains all network provider types necessary to cover all benefits set forth in the UMP 2017 COCs (Appendix 6, Attachments 4 – 7).
- G. Files To Upload To Milliman FTP
1. Upload the "Exhibit 4.4.1 WA Provider Network Analysis (NPI and TIN).xlsx" Excel workbook to the Milliman FTP by April 28, 2017. The "Network Disruption Summary", "High Utilization", and "Network Adequacy Summary" worksheets should have the gray cells populated with the Bidder's information. All other responses to "Key Elements" in this Exhibit 4.4 remain unchanged.
 2. Upload the "Provider file (NPI and TIN)." Add an indicator to each record showing whether the provider is in the Bidder's network. '1' means the provider NPI or TIN and county are 'IN Network' and '0' means they are 'OUT of Network'. Milliman will supply this file to the HCA.
 3. Upload the files and documentation supporting how the "Network Adequacy Summary" worksheet was populated.
 4. Upload the geographic network reports using the HCA's standards. Include clearly labeled access maps and statistic tables for PEBB membership.
 5. Provide copies of internal network access and adequacy standards used for the Bidder's Book-of-Business or other large public-sector clients. Show that the internal standard policy was written and in place before the RFP release date.

4. Miscellaneous

All capitalized terms used in this amendment will have the meaning ascribed to them in the RFP.

All other terms and conditions of the RFP remain unchanged.