

Solicitation Amendment

COE for Spinal Fusion Bundle

RFP No. 2613

Amendment No. 3

Date Issued: March 14, 2018

Purpose: Questions and Answers

Amendment need not be submitted with Proposal. All other Terms, Conditions, and Specifications remain unchanged.

The following are the questions HCA has received for this procurement so far and the associated answers. The question period is still open up until 2:00 pm (PT) today. Additional questions received after this time will be addressed on a case-by-case basis at HCA's discretion.

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#	Section	Bidder Questions	HCA Answers
1	N/A	Please clarify if the HCA plans to guarantee 15-25 combined single-level and two-level lumbar fusion procedures per year to providers.	The volume given in the RFP was included so that HCA can have a meaningful comparison of applicants' bids based on the same assumptions around volumes. HCA anticipates that there could be adjustments to the contractual amount based on actual volumes, so 15-25 procedures per year is not a guarantee.
2	N/A	Will this bundle be strictly inpatient hospital or would the HCA allow the bundle to be performed in an Ambulatory Surgery Center or Hospital Outpatient Surgery Center?	The surgical part of the bundle must be performed in an inpatient acute care facility.
3	N/A	It is our understanding that the Bree Guidelines have been established for lumbar fusion procedures to be performed in an inpatient setting. Please clarify if lumbar spinal fusion procedures may be done in an Ambulatory Surgery Center (ASC) under the scope of this RFP. If so, please clarify what criteria would need to be met for procedures to be scheduled in an ASC.	The procedure must be performed within an inpatient setting.
4	1.2	Will the HCA publish demographic data and volumes similar to the total joint bundle ahead of time that will allow for bidders to understand the expected volumes and service area?	PEBB Member demographic utilization data has been distributed via email to Bidders that provided a signed Non-Disclosure Agreement as part of the Letter of Intent (LOI) requirement. HCA anticipates providing additional data to the ASBs as part of contract negotiations.
5	1.4	Please confirm whether any of the three Bundled Episodes of Care include outpatient pharmacy services.	Outpatient pharmacy services are outside the scope of all three of the bundled episodes of care.
6	1.4	Please confirm whether the warranty covers device failure?	Mechanical complications are covered in the 90-day warranty.

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7	1.4.A	<p>Regarding the Evaluation Only Bundle: can the HCA please clarify which specific services are expected to be included in the evaluation only bundle? If a patient receives a course of conservative therapy prior to the determination not to proceed with surgery, would that conservative therapy also be included in this bundle?</p>	<p>Services done as part of the course of conservative therapy should not be included in the bundle regardless of when the conservative therapy took place. Please refer to the Bree Collaborative Lumbar Fusion Surgical Bundle Report, Cycle I. "Disability Despite Non-Surgical Therapy." For the purposes of this program, the evaluation starts when the COE receives the referral packet from Premera and reviews the Participant's medical records while applying Cycle I. Although some of the services required in Cycle I must be included in the Evaluation Only Bundle, this list might not be all inclusive of the services your organization provides when performing the Evaluation Only bundle.</p>
8	1.4.B	<p>Regarding each of the bundles that include surgery (single level and two-level): can the HCA please define the trigger point for the start of each bundle? Will the bundle begin once the patient has cleared surgical appropriateness criteria of Cycle 1 and Cycle 2 of the Bree Collaborative? Can you please clarify if the HCA will also include in the bundle, the specialty consults, imaging studies and lab tests that were done prior to the patient being cleared for surgical appropriateness? If a patient receives a course of conservative therapy prior to the determination of fitness for surgery, would that conservative therapy also be included in the bundle?</p>	<p>Evaluation Only Bundle: Includes any service provided once the COE surgeon receives the referral packet (trigger point) from Premera through their decision for surgery or no surgery and receipt of a plan of care (end point). This will include services needed to meet evaluation requirements as specified in Cycle I. "Disability Despite Non-Surgical Therapy." This may or may not include necessary labs or imaging; keeping in mind one purpose of the program is to eliminate waste and unnecessary services to reduce the cost of care. Services provided by the COE prior to receiving the referral packet are not included in the bundle (conservative therapy, imaging, etc.). A plan of care developed by your organization for a patient who has been evaluated, whether or not they are approved for surgery could be included in the Evaluation Only bundle. Conservative therapy, excluding injection therapy during the Evaluation Only Bundle, when provided by your organization is not included in the bundled program. Surgical Bundles: Triggered after the member meets fitness for surgery (the patient has already been determined appropriate) and arrives for their pre-operative visit. Note: As a rule of thumb, HCA advises applicants to include in the bundled rate, any services that are provided at least 50% to 60% of the time as part of a lumbar fusion.</p>

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9	1.4.B	Please clarify what post-operative care is expected to be included in the single-level and two-level surgical bundles. As examples: basic labs? X-ray (if appropriate)? Clearance to travel? Physical therapy? Inpatient rehabilitation and/or SNF services? Does HCA have a detailed list of the post-operative care services that are expected to be included in the Bundled Payments?	Post-operative care includes any service necessary to meet the requirements in Cycle IV of the Bree Collaborative Lumbar Fusion Surgical Bundle, "Post-Operative Care and Return to Function," to include: recovery, labs, imaging, inpatient rehab, clearance to travel and any other services required to discharge the patient to home.
10	1.5	How likely will the HCA select more than one Apparent Successful Bidder (ASB) from the Puget Sound Area for the Spinal Fusion Bundle, assuming more than one RFP is received from qualified ASBs?	The HCA anticipates awarding up to three COEs in the first year based on the criteria identified in the RFP. Location of the COE is not among the criteria being considered so it is possible that more than one COE within a single geographic region could be selected.
11	2.1	The press release issued by the HCA on 2/22/18 states that responses to this RFP are due by March 30, 2018. However, the RFP states that responses are due by April 20, 2018. Can you please clarify the due date?	The proposal due date of April 20, 2018 listed in the RFP is the correct due date.
12	2.1	According to the anticipated procurement schedule, Bidder Questions are due at 2:00 p.m. (PT) on February 28, 2018. Will the HCA allow additional questions throughout the proposal period? Will these questions and answers be made publicly available, either through WEBS or on the HCA website?	The question and answer period was extended in Amendment 1. Bidder questions are now due by 2:00 pm (PT) on March 14, 2018. These questions and the associated answers will be posted in WEBS and to the HCA website. Additional questions received after this date will be addressed on a case-by-case basis at the discretion of HCA.
13	3.8	The RFP states that the RFP for this solicitation must be downloaded from WEBS. It further states that notification of amendments to this solicitation may only be provided to those vendors who have registered with WEBS and have downloaded the RFP from WEBS. However, in searching WEBS, we did not find RFP No. 2613, and instead downloaded the solicitation documents from the HCA website. Will the official solicitation documents for this RFP be available through WEBS? Does the HCA intend to post any amendments to this solicitation on the HCA website?	We are showing on our end that RFP 2613, the appendices, and amendments are posted in WEBS and on the HCA website. If you continue to have trouble locating these items please feel free to reach out to the Procurement Coordinator for assistance.

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14	4.2.B.2	In reviewing the Cost Scoring formulas on page 21 of RFP No. 2613, it appears that there may be an error in one of the formulas. The RFP states that Outliers will be scored individually based on the highest scoring bid. It goes on to say that the highest cost per phase will receive the maximum points per bundle using the following formula: $(\text{Highest Cost}/\text{Bidder's Cost}) \times \text{Weight} = \text{Bidder's Score}$. Because the highest cost per phase will receive the maximum points per bundle, we believe that the formula should be as follows: $(\text{Bidder's Cost}/\text{Highest Cost}) \times \text{Weight} = \text{Bidder's Score}$. Can you please clarify the appropriate cost scoring formula for Outliers?	Thank you for pointing this out, you are correct. The calculation for the Outliers score was corrected in Amendment 1.
15	5 (Definitions)	The Bree Warranty lists complications with ICD-9 codes although ICD-10 codes have been implemented. Please clarify the ICD-10 equivalent codes.	The Bree Criteria used the existing ICD-9 codes since at the time of the bundle development, ICD-10 was not yet implemented. Please list the ICD-10 codes that you believe would be included in the warranty, based on the Bree Warranty.
16	Appendix A, Section 1	<p>Regarding the Master Letter of Transmittal: page 2 of the submittal document indicates that the following information is requested about the Bidder and any proposed subcontractors:</p> <ul style="list-style-type: none"> Name, address, principal place of business, DBA name (if any), telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.) Names, addresses, e-mail addresses and telephone numbers of the sole proprietors, partners, or principle officers as appropriate to the organization. A list identifying by name which individuals have the authority to sign contracts/amendments on behalf of the organization. <p>Can you please confirm that this information is required for all proposed subcontractors, in addition to the Bidder?</p>	All of this information is not required for the proposed subcontractors. The name and DBA information for any subcontractors will be sufficient.

#	Section	Bidder Questions	HCA Answers
17	Appendix A, Section 3	Regarding the Conflict of Interest Statement: page 6 of the submittal document instructs that the Bidder must identify any state employees or former state employees employed by the Bidder. Would this request apply only to those employees directly involved in our Response to this RFP, or additionally, where a known/possible conflict of interest exists? Are Bidders expected to provide this information for all employees, regardless of their involvement in this Response? Please clarify.	Pursuant to RCW 39.36.020(2), entities seeking to contract with HCA may not engage in certain activity that would cause a violation of listed provisions of the Ethics in Public Service Act, including RCW 42.52.040. Additionally, RCW 42.52.080 provides restrictions on the work performed by former state officers and employees for a period of time following their state employment. A Bidder may respond to the "Conflict of Interest Statement" by certifying that it has engaged in a review of its records and has determined that, in responding to this RFP, it will not be violating or causing a violation of RCW 39.26.020 or RCW 42.52.080. Bidders should continue to list any owner, key officer, or key employee of Bidder is related by blood, marriage, or qualified domestic partner to an employee of HCA and/or members of the PEB or SEB Board, or has close personal relationship to the same.
18	Appendix A, Section 8	Please confirm if it is HCA's intent that the initial Bundled Payment in the Cost Proposal be held at a flat rate through the initial four (4) year term of the Contract. Is there a provision for trending the price during the length of the contract?	HCA and the ASB(s) will negotiate increases to the different rates during the contract negotiations stage.
19	Appendix A, Section 8	Please clarify if second opinions may be included in the pricing of the bundled payments for a bundled service or if they will be billed as a separate service.	If the member were seeking a second opinion after being evaluated by the COE, these costs would not be included in the bundle and would be billed as a separate service and covered under their normal plan benefits.

#	Section	Bidder Questions	HCA Answers
20	Appendix A1	Regarding Appendix A1: columns b, c, d and e all request information for volume of procedures performed at your facility. The final column, column f, asks for individual count and type of adverse events per surgeons during the past 2 years. Is the HCA requesting adverse event information only for those procedures performed at our facility (in keeping with the information provided in the preceding columns), or is the HCA requesting this information for all procedures performed by these surgeons, regardless of where they were performed?	The HCA is requesting this information only for those procedures performed at the facility where the procedure would be performed as part of the bundle.
21	Appendix A2	Regarding Appendix A2: the table requests information for both single level and multi-level lumbar fusions. We understand that the scope of this RFP would be limited to single-level and two-level lumbar fusions. With this in mind, is the multi-level lumbar fusion data requested for two-level lumbar fusions only, or for all multi-level lumbar fusions? Can the HCA please provide corresponding CPT codes?	Data being requested is for single and two level fusion only. HCA requests that the applicant provide corresponding CPT codes.
22	Appendix A2, 1a	Regarding Appendix A2, 1a: we understand that the HCA has not yet certified decision aids related to lumbar spinal fusion. With this in mind, what would be considered an acceptable, formal decision aid for this population?	Decision aid selection is at the discretion of the provider/facility.
23	Appendix A2, 1e	Regarding Appendix A2, 1e: regarding the number of patients receiving measures to maintain optimal blood sugar control in the peri-operative period, please clarify if this measure applies only to known diabetics?	Yes, the measure applies to patients with diabetes.

#	Section	Bidder Questions	HCA Answers
24	Appendix A2, Section 2	Regarding Appendix A2: under the Standards for Evidence-Based Surgery, rows a, b, c, d and e each reference the peri-operative period. For each of these measures, please clarify what the HCA's definition of "peri-operative" period is.	Perioperative includes the period of time relating to, occurring in, or being around the time of surgery. For the purposes of these measures this includes: any measures being taken to manage pain using multimodal anesthesia, reduce the risk of venous thromboembolism and pulmonary embolism, reduce blood loss, reduce infection, and maintain optimal blood sugar control through the different phases of care: preoperative, during surgery, and post-operative.
25	Appendix A2, 4a & 4c	Regarding Appendix A2: questions 4a and 4c both refer to Q6 and Q22-Q25 in the HCAHPS. Please confirm the specific questions to which HCA is referring, as questions can be modified.	Q6 - "During this hospital stay, how often did doctors listen carefully to you?" Q22 - "Would you recommend this hospital to your friends and family?" Q23 - "During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left." Q24 - "When I left the hospital I had a good understanding of the things I was responsible for in managing my health." Q25 - "When I left the hospital I clearly understood the purpose for taking each of my medications."
26	Appendix A3	Regarding Appendix A3: the table requests information for both single level and multi-level lumbar fusions. We understand that the scope of this RFP would be limited to single-level and two-level lumbar fusions. With this in mind, is the multi-level lumbar fusion data requested for two-level lumbar fusions only, or for all multi-level lumbar fusions? Can the HCA please provide corresponding CPT codes?	Data being requested is for single and two level fusion only. HCA requests that the applicant provide corresponding CPT codes.
27	Appendix A3	Regarding Appendix A3: are the requested readmission rates all cause, or only for those readmissions related to the nine complications and intervals included under the terms of the warranty?	The readmission rates are for all cause readmissions.