Exhibit F – Innovation & Health Transformation (60 maximum points)

Mandatory and Scored (unless otherwise specified)

1. Innovative Leadership and Administrative Support **(12 maximum points)**
   Please limit response to four (4) pages, excluding any requested flow charts, examples, etc. Describe the Bidder's:

   1.1. Vision for health innovation and transformation in Medicare Advantage and Medicare Part D, progress made to date, and future tasks. Please describe how the Bidder's vision aligns with HCA's purchasing and transformation vision described in Section 1.5, *HCA's Strategic Vision*.

   1.2. Experience in identifying and implementing innovations in clinical and pharmacy management for Medicare Advantage and Part D. The Bidder should provide specific examples from previous innovation projects, including successes and lessons learned.

   1.3. Past, current and future strategies to help address Social Determinants of Health Members may face. Provide specific examples.

   1.4. Experience with, or plans to incorporate, elements similar to the HCA's health transformation vision across its Washington State Book-of-Business, including:

      1.4.1. Integrated physical and behavioral health;

      1.4.2. Bundled payments;

      1.4.3. Tiered hospital networks;

      1.4.4. APM arrangements;

      1.4.5. Episode of care reimbursements; and

      1.4.6. Value-based Insurance Design (VBID).

   1.5. Experience developing and supporting strategies to improve access and quality of care for a culturally and linguistically diverse Membership.

   1.6. Approach to expanding rural health coverage and access.

   1.7. Involvement and experience with local, regional, statewide or national health transformation efforts that support Medicare beneficiaries. Please provide a brief description of each effort listed.

2. Support of Alternative Payment Models in Medicare Advantage and Part D **(21 maximum points)**
   Please limit response to three (3) pages, excluding any requested flow charts, examples, etc. Describe the Bidder's:

2.1. Current financial risk arrangements for its Medicare Advantage and/or Part D Book-of-Business using the Alternate Payment Model (APM) framework (see Appendix 1 – CMS Framework for Value Based Payments or Alternative Payment Models (CMS Lan APM)) to indicate by category the proportion of providers in APM arrangements. The Bidder should anticipate responding to HCA's Paying for Value Survey on an annual basis in accordance with HCA's release of the survey and requested timeline. A copy of the Survey is included in *Appendix 4*, and the Bidder can submit its response to the Survey as a response to this question.

2.2. Use of bundled payments for defined episodes of care. If the Bidder uses bundled payments, please describe the applicable episodes of care, and whether the bundled payment is prospective or retrospective. If the Bidder does not use bundled payments, please explain why, and whether the Bidder has plans to use them in the future.

2.3. Use of APMs to control pharmacy costs, e.g., by including prescription drug costs in total cost of care, use of a value-based formulary, innovative purchasing strategies for specialty drugs, etc.

2.4. Experience with other value-based payment models not included in the CMS HCP LAN framework.

2.5. Experience with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

2.5.1. Have any of the Bidder's APMs achieved certification as an All-Payer Advanced APM? If yes, describe the model. If no, describe any future plans to apply for certification.

2.5.2. How does the Bidder support network providers in achieving Qualifying Participant (QP) status?

2.6. Process for selecting provider groups or delivery systems for APMs, including the assessment of clinical, operational and financial capabilities.

2.7. Experience implementing programs or APMs that promote and support primary care.

2.8. Experience modifying its current Claims system to support new payment methodologies, including working with and customizing payment programs for large purchasers.

3. Clinical Transformation Activities **(18 maximum points)**

Please limit response to two (2) pages, excluding any requested flow charts, examples, etc.
Describe the Bidder's:

3.1. Strategies to promote evidence-based clinical care (for example, implementing The Bree Collaborative's recommendations for select procedures).

3.2. Approach to aligning benefit design with new models of payment and care that promote the effective treatment and management of members with complex and/or chronic conditions.

3.3. Plans to participate in the CMS Value Based Insurance Design Model 1 for Plan Year 2020 for any Medicare Advantage health plans in its Book-of-Business. If the Bidder has plans to participate, please describe which interventions and whether the Bidder will provide these interventions to HCA.

3.4. Experience providing technical support to providers for clinical practice transformation (including integration for the delivery of physical and behavioral health care) and participation in APMs.

4. Multi-Stakeholder Quality Improvement and Transparency Initiatives **(9 maximum points)**

Please limit response to three (3) pages, excluding any requested flow charts, examples, etc.

4.1. Describe the Bidder's approach to involving providers, plan sponsors, patients, and other stakeholders in health innovation initiatives.

4.2. Complete Table 1 below describing Bidder's involvement in multi-stakeholder organizations/committees. The Bidder may add rows as necessary.

Table 1. Multi-stakeholder Organization Involvement

Committee/ Organization	Specific Roles	Length of Participation	Staff level (e.g. executive, staff, etc.)	Committee Participation (current, past, and future)	Approach to encouraging provider and hospital participation	Approach to monitoring provider and hospital participation in community initiatives
Washington Healthcare Alliance (WHA)						
Bree Collaborative						
Accountable Communities of Health (ACHs)						
Other (please describe)						

[1] https://innovation.cms.gov/initiatives/vbid/

4.3. Describe how the Bidder will permit access to and use of enrollment and price data at HCA's discretion, to be used in multi-stakeholder Quality Improvement and transparency initiatives.

4.4. In Table 2 below, provide a "Yes" or "No" response to each question listed, and include the completed table with Bidder's response to this section. If Bidder responds "No," describe why.

Table 2. Multi-stakeholder Data Sharing

QUESTION	RESPONSE (Yes/No)	Explanation (if No)
Did the Bidder submit data for its Washington State Book-of-Business for the WHA Community Checkup project in 2018?		
Has the Bidder submitted data from its Book-of-Business to Fred Hutchinson Institute for Cancer Outcomes Research in the past?		
Did the Bidder participate in a National Business Coalition on Health (NBCH) e-Value8™ survey as a PPO in 2018 in Washington State or another U.S. market?		
Will the Bidder participate in an NBCH e-Value8™ survey as a PPO in 2020 in Washington State or another U.S. market, without charging additional fees, and share results with HCA?		
Will the Bidder agree to respond affirmatively to all WHA invitations to participate in the e-Value8™ survey as a Washington State PPO during the term of the Contract and without charging additional fees?		
Will the Bidder submit claims data monthly for its entire Washington State Book-of-Business to the All Payer Claims Database (APCD) without charging additional fees?		
Will the Bidder submit clinical data for its entire PEBB Program Book-of-Business to the Clinical Data Repository (CDR) without charging additional fees?		
Will the Bidder assist hospitals and clinics (through financial and/or other support) to submit clinical data from their Electronic Health Records (EHRs) to the CDR without charging additional fees?		