



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

RFP NO. 2020HCA5

Amendment #2

PROJECT TITLE: 2021 Integrated Managed Care (IMC) – Expanded Access

PROPOSAL DUE DATE: July 1, 2020 by 2:00 p.m. Pacific Time, Olympia, Washington, USA.

Emailed bids will be accepted. Faxed bids will not be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: January 1, 2021 to December 31, 2021

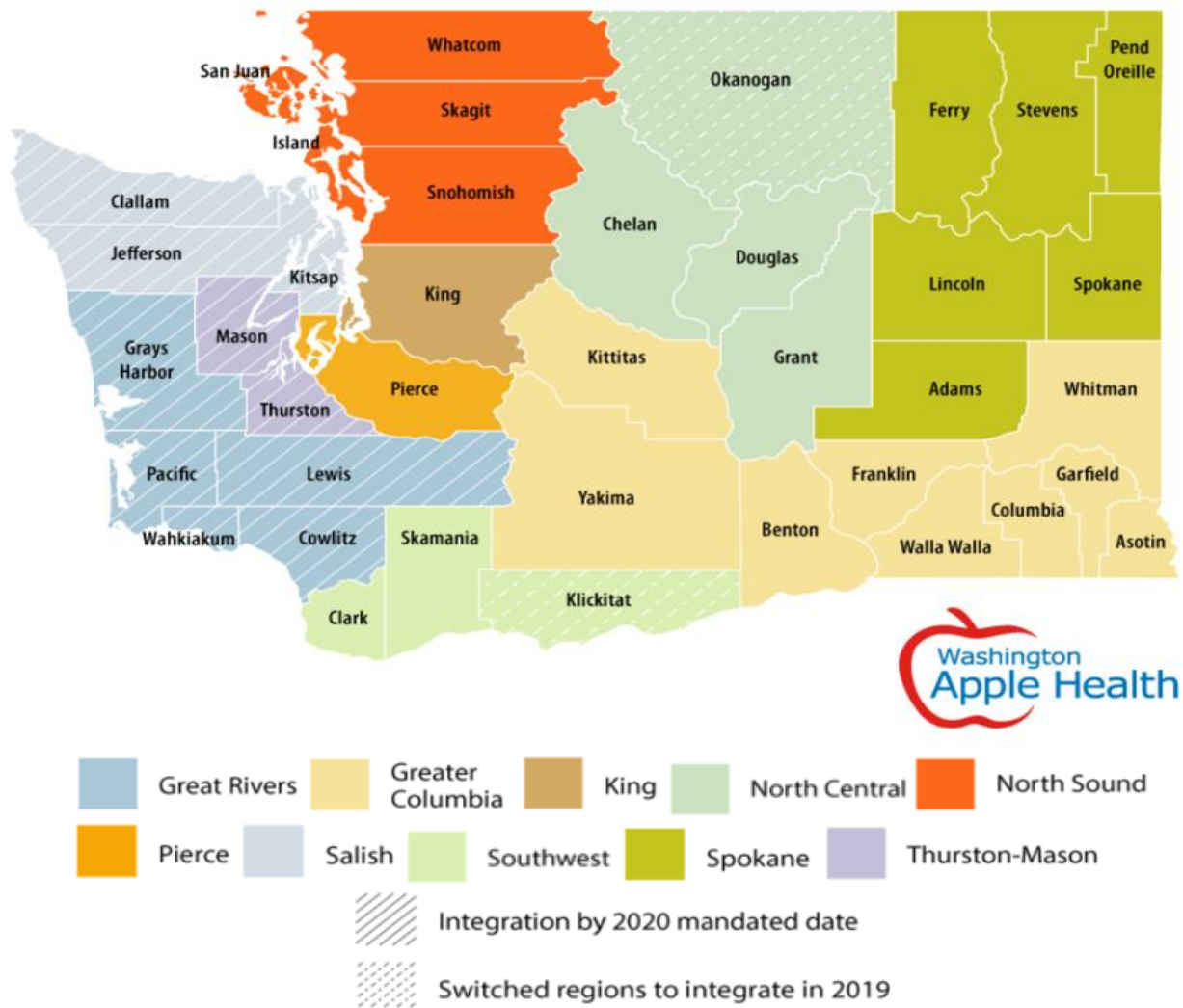
At its sole discretion, HCA reserves the right to extend any contract that might result from this RFP for up to two additional one-year periods.

The above referenced RFP is amended as follows:

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1. Section 1, Introduction, 1.1 Purpose and Background, 1.1.1, Figure A, is amended to identify North Central and Southwest Regions, as follows:

Figure A



2. Section 2, General Information for Bidders, 2.2 Estimated Schedule of Procurement Activities, is amended to update the “Answers Posted” date as follows:

Answers Posted	May 28, 2020
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3. Section 2, General Information for Bidders, 2.5 Submission of Electronic Proposals, is amended to indicate HCA’s acceptance of digital signatures, as follows:

2.5 Submission of Electronic Proposals

The proposal must be received by the RFP Coordinator no later than the Proposal Due deadline in Section 2.2, *Estimated Schedule of Procurement*.

Proposals must be submitted electronically through SFT, with an e-mail to the RFP Coordinator at the e-mail address listed in Section 2.1 to notify the proposal is available for retrieval. Attachments to e-mail should be in Microsoft Word format or PDF. The cover submittal letter and the Certifications and Assurances form must have a scanned signature of the individual within the organization authorized to bind the Bidder to the offer. **HCA will accept digital signature(s) for all RFP Proposal submission requirements.** HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

Proposals may not be transmitted using facsimile transmission.

Bidders should allow sufficient time to ensure timely receipt of the proposal by the RFP Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault. All proposals and any accompanying documentation become the property of HCA and will not be returned.

4. Section 3, Proposal Contents, first paragraph is amended as follows:

Proposals must be written in English, on eight-and-one-half by eleven inch pages (8 ½" x 11") with each section, noted below, separated. **Proposals should be in no less than 12 point font, with margins no less than 1".** Proposals must be submitted electronically through SFT, with email notification to the RFP Coordinator when they are available.

5. Section 3, Proposal Contents, 3.3 Provider Network, the first paragraph and subsection 3.3.1 are amended as follows:

Documents for Provider Network, including Exhibit F, Provider Network(s) Submission, will be available via Secure File Transfer (SFT) site. Bidders who submit a Letter of Intent to Propose will receive an email from the RFP Coordinator with access information to the SFT. Bidders will use the Enrollees file, currently used for quarterly submissions, to complete the submission of the Provider Network as described in this Section and Exhibit F. **Bidder will submit the Provider Network through SFT with the Proposal, and is not required to submit a separate USB drive.**

3.3.1 Bidder must submit a combined medical and behavioral health network based on signed contracts with providers. **Bidder is required to submit contract signature pages for Behavioral Health providers with Provider Network Submission. HCA may request, using a random sampling methodology, contract signature pages for other critical provider types during the HCA evaluation of Bidders' networks.**

6. Section 3, Proposal Contents, 3.5 Executive Order 18-03 (SCORED), is amended to update the points available as follows:

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers' Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate bids for best value and provide a bid preference in the amount of **12** points to any Bidder who certifies, pursuant to the certification attached as Exhibit D, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a

condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified evaluation of this RFP, however they will receive 0 out of **12** points for this section.

- 7.** Exhibit E-1, RFP Evaluation Questions, supersedes and replaces Exhibit E, and is attached hereto and incorporated herein.
- 8.** Question and Answers are attached hereto and incorporated herein.

Exhibit E-1
RFP Evaluation Questions
(Max 245 Points)

Terminology

“M” means “Mandatory.” The question is not scored, but is for informational purposes.

“P/F” means “Pass/Fail.” The question is not scored but is reviewed to determine if the Bidder met the requirements or not.

“S” means “Scored.” The question is scored as described in RFP Section 4.2, Evaluation of the RFP.

Required attachments, reports, graphs, or charts do not count towards the identified page limit(s).

A. Management and Administration (Max 20 weighted points):

1. [M] List all regions on which Bidder is submitting its bid.
2. [S, Max 20 points] Describe the human resources and staffing plan for implementing in each region(s).

For each region, include:

- a. How the Bidder will ensure it has the capacity to implement integration. Provide a detailed plan for staffing for 2021.
- b. How the Bidder will augment customer services to address anticipated higher call volume.
- c. A detailed timeline for each region with a description of tasks and deliverables to ensure compliance with the Contracts by January 1, 2021.
- d. The Bidder’s plan to ensure staff are trained on each region Behavioral Health delivery system, including services, local service systems (including Tribal and urban Indian health programs), local populations (including American Indians/Alaska Natives), and crisis services.
- e. Mitigation strategies for tasks not completed in time for implementation.

Page limit: Two (2) pages, excluding the region-specific staffing plan and detailed timelines.

B. Behavioral Health Network and Access (Max 145 weighted points)

1. [S, Max 20 points] Describe how the Bidder will ensure clients have:
 - a. Access to mental health evaluations and SUD assessments in all living situations, including adult family homes, assisted living facilities, or skilled nursing facilities; and

- b. Access to medically necessary behavioral and physical health services wherever the individual resides, including residential SUD facilities for youth and adults and SUD treatment for individuals supervised by the Washington State Department of Corrections.

Page limit: two (2) pages.

- 2. [S, Max 30 points] Please describe how the Bidder will assess and facilitate discharge, as well as assess and locate placements, for individuals who are being discharged from Eastern State Hospital or similar treatment facilities to community-based settings. Describe the Bidder's staffing plan to manage transitions of care and collaboration with providers, as appropriate.

Page limit: two (2) pages.

- 3. [S, Max 20 points] Describe the Bidder's experience with providing support and technical assistance to behavioral health providers with two specific examples of assisting BH providers who experienced difficulty adapting to payment processes, including claims and encounter submission post-implementation of IMC.
 - a. Describe how the Bidder offered and provided training for the provider to submit HIPAA-compliant encounters before go-live in a timely manner.
 - b. Describe how the Bidder worked with the provider to rapidly resolve rejected claims/encounters, to quickly identify and resolve errors in encounter submission before they become widespread and systemic, and to address other billing issues post go-live.
 - c. What in-person assistance did you offer when the provider reached out for assistance?
 - d. Provide at least one letter of support from a behavioral health agency, from a region the Bidder implemented in 2019, that the Bidder assisted in management of claims and encounters under Bidder's current IMC contract.

Page limit: five (5) pages, excluding the letter of support.

- 4. [S, Max 30 points] Provide the Bidders methodology to ensure prompt payment to the BH providers in IMC regions. This must include:
 - a. A contingency plan for paying mental health and SUD providers if they cannot submit on an 837, and how this contingency was made available to providers in 2019.
 - b. Attach any tools and reports the Bidder shared with providers to help them with claims management, and at least one actual snapshot of such a tool;

- c. Describe the Bidder's history of timely payment of clean claims in IMC regions, and provide an analysis of how the Bidder has met timeliness of payment in the past 12 months, and include any corrective action the Bidder took to address deficiencies;
- d. Describe the Bidder's experience with rejected and denied claims in the first six months of each IMC region, and efforts you made to reduce rates of rejected and denied claims;
- e. For any providers paid on a fee-for-service basis, describe the Bidder's process for approving and issuing payment within 30 days of receipt, and include what assistance you would give providers to ensure their claims qualify for payment on submission;

Page limit: six (6) pages, excluding examples of tools and reports requested in b. If additional data reports would support your response to c and d, those reports can also be excluded from the page limit.

- 5. [S, Max 20 points] Please describe how the Bidder will work collaboratively in the region to ensure continued investment and utilization in existing BH infrastructure, as well as BH delivery system capacity building and expansion. The Bidder's answers must also include the following:
 - a. What would the Bidder's commitment be to assist in assuring adequate capacity in a region, and what resources would you use to achieve that?
 - b. How would the Bidder collaborate with other regional payers and stakeholders on regional investment opportunities?

Page limit: two (2) pages.

- 6. [S, Max 25 points] How will the Bidder accomplish the following to support BH providers?
 - a. Develop an equitable and sustainable payment model that supports program capacity and value-based contracting (rather than a volume-based payment model) for providers contracting with multiple MCOs, which considers the invisible, indirect, and direct costs necessary to provide quality, responsive BH services to individuals with complex needs? The Bidder's response should include what percentage of BH **spending through agency** provider subcontracts is value-based, and in which HCP-LAN category (e.g. 2C, 3A, etc.). If the percentage of VBP **spending through** BH agency subcontracts is less than 90%, include Bidder's plan for achieving 90% VBP **spending through** BH **agency** provider subcontracts.
 - b. Develop payment methodologies for valuable and critical programs and facilities in the region's system of care (i.e., outpatient mental health and SUD providers, Evaluation and Treatment Centers, Crisis Stabilization Facilities, WISe teams, Secure Detox, Residential SUD providers) that ensure these providers can remain viable and sustainable.

Page limit: four (4) pages, excluding any reports or data tables that support this response.

C. **Quality and Utilization Management (Max 40 weighted points)**

1. [S, Max 20 points] Describe the performance measures you monitor to ensure you are providing access and high quality of services to enrollees who use BH services? What efforts have you made in 2018-2019 to improve BH services?

Page limit: three (3) pages.

2. [S, Max 20 points] How will the Bidder monitor the Bidder's non-Medicaid expenditures? Specify:

- a. Provide a commitment that the Bidder will cover required non-Medicaid expenses in advance of an adjustment to the GFS dollars in awarded regions.

Page limit: three (3) pages.

D. **Care Coordination (Max 40 weighted points)**

1. [S, Max 20 points] Describe how the Bidder will build and maintain its relationships with community partners and resources, such as county commissioners, county human service departments, advisory boards, Allied Systems, jails, community hospitals, Evaluation and Treatment facility providers, Adult Residential Treatment Facility providers, Congregate Care Facility providers, transitional housing providers, step down providers, drug and mental health therapeutic courts, the regional Ombuds, etc.)

Page limit: two (2) pages

2. [S, Max 20 points] What outreach and/or collaboration have you conducted with tribes and/or other Indian health care providers in the regions to establish plans for coordination of care, coordination of access to services (including crisis services), and coordination of patient release from inpatient settings?

Page limit: two (2) pages

QUESTIONS AND ANSWERS

RFP 2020-HCA-5 - IMC Expanded Access					
#	Section	SubSection / Question	Page #	Bidder Questions	HCA Answers
1	General			Providers are hearing from one or more of the health plans that the MCOs feel they have to seek a contract with every licensed behavioral health provider in the area.	Per Amendment 1, HCA has clarified that Bidders are expected to offer contracts with providers willing to serve Medicaid enrollees, not 100% of licensed providers.
2	General			In view of present circumstances, will HCA accept a digital signature in fulfillment of all signature requirements on all RFP components?	Yes, HCA will accept digital signatures on all RFP components.
3	General			How will HCA auto-assign membership to new entrants in each RSA at implementation?	HCA will assign based on a equal split of auto-assignment amongst the plans in a region, with the exception of those MCOs who have over 40% membership statewide. Exceptions also include reconnects and families.
4	General			Please confirm only HCA staff will conduct the RFP evaluation.	HCA can confirm that only HCA staff will evaluate the RFP.
5	General			We ask that HCA consider that a global addition of providers, without taking into account existing structures and systems, could have dramatic unintended consequences.	Thank you for the comments. HCA does now, and will continue to, carefully and continuously monitor network access.
6	1.1 - Purpose and Background	1.1.2	6	In examining the feasibility of expanding geographical coverage, has the State determined the methodology to use for assigning members to a new entrant entering an RSA?	HCA will assign based on a equal split of auto-assignment amongst the plans, with the exception of those MCOs over 40% membership statewide. Exceptions also include reconnects and families.
7	1.1 - Purpose and Background			In light of the planned expansion of MCOs in particular regions, as discussed in this section, can the state elaborate on its plans to support an increase in provider capacity to contribute to increased access to care for the Medicaid population?	HCA has consistently requested MCOs to expand provider capacity to meet the needs of enrollees.
8	1.1 - Purpose and Background	1.1.1		Could HCA please provide more clarity regarding what is meant by “place-based community behavioral health education” as used in the last paragraph of Section 1.1.1?	This would entail innovative, targeted, and strategic efforts in educating enrollees and potential enrollees in the core competencies in recognizing and understanding behavioral health. Example strategy could be anti-stigma, trauma informed, and/or first aid in nature. "Place-based" goes beyond website or social media campaign, but would be community settings and involve collaboration with key stakeholders/partners.
9	1.1 - Purpose and Background	1.1.2	6	The map legend for Figure A does not identify the Southwest or North Central regions. Will the HCA please confirm that this does not impact the regions for which a bid may be submitted in this RFP? Alternatively, could the HCA please confirm that a Bidder may apply for any (or all) of the RSAs listed in Section 1.1.2 of the RFP?	Amendment 2 corrects the legend for the map that had regions inadvertently un-identified. Yes, Bidders may apply for any, or all, of the RSAs listed in Section 1.1.2
10	1.1 - Purpose and Background	1.1.2	6	In Section 1.1.2. the RFP indicates “where there is significant provider support for additional MCO(s). Please define how HCA will measure "significant provider support". Please confirm provider preference for or support of a specific MCO will not be factored into the selection.	HCA is interested in the general level of provider support for additional MCOs in the region(s), not specifically supporting an individual MCO. HCA will evaluate the Bidders' responses and network as stated in the RFP, and will use all available information provided to make decisions.
11	1.2 - Objective and Scope of Work	1.2.1	8	1. Can the State offer more clarity around its expectations of MCOs in assessing BH provider's capabilities and providing technical assistance for improvement? Specifically, regarding the standards mentioned throughout Section 1.2.1, what will the key performance indicators (KPIs) be for measuring performance? Will these KPIs compare plans and/or services? What tools and analysis will be used to measure these KPIs? Will these KPIs provide the State with a method to remove MCOs from an RSA? 2. We recommend that as the State works to develop KPIs, it seeks input from BH providers and collaborates directly with MCOs to obtain development input.	1. The standards in 1.2.1 are considerations for awarding new contracts. In accordance with RCW 74.09.871, certain factors in this list are specifically called out in the RFP, e.g. demonstrated success with timely claims processing and provider payments. The other factors listed in 1.2.1 will be shared with evaluators in order to guide their scoring of responses to the questions in Exhibit E, Evaluation Questions. Termination of contracts would need to follow contract requirements outlined in the IMC contract. 2. Key Performance Indicators is a term not referenced in the RFP. However, HCA is interested in further developing key performance indicators in partnership with providers and MCOs. Changes in assessing MCOs' performance regarding claims payment, for example, is reflected in Section 9.13 of the IMC contract.
12	2.12 - Most Favorable Terms	2.12	17	Section 2.12 indicates the contract will incorporate some or all of the bidders proposal. Please identify which components will be incorporated in the resulting contract.	The entirety of the RFP and Proposal Response will be incorporated as Attachments into the Apple Health agreemeent, Section 2.20 (Attachment 1 Draft Sample IMC Contract) and 2.19 (Attachment 2 Draft Sample Wraparound Contract). They are incorporated by reference, as all the previous RFPs have been.
13	3 - Proposal Contents	3.1	20	The RFP does not appear to contain font size, spacing, or margin requirements. Does HCA have any expectations for formatting of the response other than those currently specified in Section 3 (Proposal Contents)?	Amendment 2 clarifies for the sake of consistency. Proposals should be in no less than 12 point font, with margins no less than 1".
14	3.1 - Letter of Submittal	3.1.6	21	In 3.1.6, HCA asks that bidders “Identify any state employees or former state employees employed or on the firm’s governing board as of the date of the application.” Will HCA confirm this requirement does not apply to subcontractors?	This requirement <u>does</u> apply to the Bidder and subcontractors.
15	3.3 - Provider Network	3.3.5		The DOH directory that is linked to in Section 3.3.5 of the RFP contains mental health counselors, which are not identified as Essential Behavioral Health Providers and were not formally part of the BHOs' regional networks. Given this distinction, could the HCA please clarify whether it expects a Bidder to obtain or attempt to obtain contracts with all the mental health counselors in the DOH directory in each region for which a Bidder is applying?	MH counselors that did not historically provide services under the BHOs are not required to be offered contracts to meet expectations in this RFP. The link shared in 4.3.2 includes only <u>agencies</u> , not individual counselors. HCA expects the Bidder to attempt to contract with all agencies willing to provide services to Medicaid Enrollees, regardless of whether they were in the BHO network, as new providers have become licensed since BHO contracts were in place.
16	3.3 - Provider Network			Prior to IMC, these mental health counselors (noted in the above question) would have been part of a Bidder’s Apple Health network to address mild to moderate mental health conditions. As such, should a Bidder include mental health counselors as part of the medical network or the behavioral health network?	The Bidder should include Counselors on the indicated tab of the Network Submission, as normally done for IMC network submission.
17	3.3 - Provider Network	3.3.8.1		Section 3.3.8.1 requires Bidders to submit a signed MOU or contract between the Bidder and the BH-ASO, but some BH-ASOs require approval from their Boards to enter into an MOU. Due to the timing of the RFP and the pre-determined schedules of the BH-ASO Board meetings, it may not be feasible to obtain a signed MOU with a BH-ASO prior to the due date of the RFP. In such cases, will the HCA accept a signed Letter of Support from the BH-ASO and/or draft MOU as evidence of the progress of the negotiation between the Bidder and the BH-ASO? This could be followed by a signed MOU submitted to the HCA at the earliest possible date.	HCA will accept a signed Letter of Support from the BH-ASO, along with the date of the upcoming Board Meeting, in which they anticipate approving the MOU. The signed MOU would be required no later than August 31, 2020.
18	3.4 - Letters of Support	3.4.2	25	How will HCA use the Letter of the Support from the BH ASO if it’s not required?	HCA is interested in having the BH-ASOs' perspective(s) on the procurement. However, this "letter of support" is optional in the Bidder's Proposal submission and will not affect the pass/fail methodology applied to HCA's evaluation of the Bidder's Proposal submission.

QUESTIONS AND ANSWERS

RFP 2020-HCA-5 - IMC Expanded Access					
#	Section	SubSection / Question	Page #	Bidder Questions	HCA Answers
19	3.4 - Letters of Support	3.4.2	25	Can HCA define what pass fail means on letters of support? Does it mean 100% must be covered for all categories?	Yes. 100% must be covered for all categories, to pass.
20	3.4 - Letters of Support			Will the Bidder's letters of support be considered as evidence of the provider community's support for the addition of MCOs for the IMC program in that RSA?	HCA is interested in the general level of provider support for additional MCOs in the region(s), not necessarily specifically supporting an individual MCO. HCA will evaluate the Bidders' responses and network as stated in the RFP, and will use all available information provided to make decisions.
21	3.4.1 - Letters of Support		25	To meet the requirement specified in section 3.4.1 Letters of Support, can one provider represent multiple provider types? For example, can bidders obtain one letter of support from one provider in a region who is both a SUD and MAT provider?	No, each category must be represented by a unique provider.
22	3.5 - Executive Order 18-03			Please clarify if the Contractor Certification in Exhibit D is worth 15 points as noted in Section 3.5 or if it is worth 12 points as noted in Section 4.2.	Section 3.5 should read "12 points" in alignment with the points noted in Section 4.2. Amendment 2 to the RFP will correct this.
23	4.1 - Evaluation Procedure	4.1		Could HCA clarify if each of the evaluators will review the entire RFP response? Will we be able to refer to our responses to other sections or questions for operational details or attachments that are relevant to multiple questions or should we repeat necessary details and attachments for each question?	The Network Submission must stand on its own. For all written Evaluation Questions, Bidder may refer to other questions and answers within the Proposal response.
24	4.1 - Evaluation Procedure	4.1.3	26	Will HCA be scoring the proposals or will there be regional ACH or other participants as well?	HCA staff are the only evaluators for this RFP.
25	4.1 - Evaluation Procedure	4.1.3		Subsection 4.1.4 indicates that HCA will determine members of the evaluation team. Will regional reviewers will be included in the RFP evaluation? If so, how will they be included given that Bidders are applying for different regions and there are no regionally specific questions?	HCA staff are the only evaluators for this RFP.
26	4.3 - Network Scoring	4.3.2.1	28	BH Network Pass - 1. We recommend changing the language in this section that reads, "the Bidder must provide evidence of contracts with at least one of each of the essential BH provider types listed in 3.3.5, if they are present in a region" to instead read, "the Bidder must provide evidence of contracts with ALL of the essential BH provider types listed in 3.3.5, if they are present in a region." This change will improve access to care, reduce member disruption, and promote consistency in RFP procurements.	The requested change is part (b) of this question. A passing score will be reliant on parts (a) and (b). Between the two, HCA feels that the current language covers the intent.
27	4.3 - Network Scoring	4.3.2.2	Amendment 1, page 3	Will HCA provide a list of which providers in the directory are willing to contract to serve Medicaid enrollees? Alternatively, if HCA cannot share this list, can HCA please define or clarify what is meant by "willing" in the statement? The directory statewide contains over 1000 providers. Without distinction of who is and is not willing, this is an extremely high volume of providers to attempt contracting within the timeline of this RFP.	"Willing" is intended to mean that Bidders have made a good faith effort to contract with all behavioral health provider agencies in the region that would be open to contracting with Bidders to provide Medicaid and/or wraparound services to Medicaid enrollees.
28	4.3 - Network Scoring		27-28	Regarding 4.3 Network Scoring, please provide a list of network deficiencies in provider types and locations identified by HCA as having a provider infrastructure shortage in a specific provider type, including the six counties that have been identified as having a lack of infrastructure in OB providers.	HCA has identified an OB provider shortage. The six counties affected by this are Columbia, Ferry, Garfield, Klickitat, Lincoln, and Pacific. HCA has not designated any other exception counties or found there to be a significant shortage in any other provider type at this time.
29	4.3 - Network Scoring			For Section 4.3.1, Footnote 2, will the HCA please define the six counties that lack OB infrastructure?	The six counties affected by the OB shortage are Columbia, Ferry, Garfield, Klickitat, Lincoln, and Pacific.
30	4.3 - Network Scoring			Subsection 4.3.2.1 states that in order to achieve a Behavioral Health Network Pass, the Bidder must submit "Signed network contracts in accordance with sections 3.3.4, 3.3.5, 3.3.6, and 3.3.7...". Please confirm that HCA only requires behavioral health contract signature pages to be submitted with the RFP response.	Only the BH providers' contract signature pages are required with the RFP submission. HCA may request, using a random sampling methodology, contract signature pages for other critical provider types during the HCA evaluation of Bidders' networks.
31	4.3 - Network Scoring			Subsection 4.3.2.1 states that in order to achieve a BH Network Pass, the Bidder must submit "Signed network contracts in accordance with sections 3.3.4, 3.3.5, 3.3.6, and 3.3.7...". Section 3.3.4 contains a description of the medical network. Please confirm that the HCA does not expect a Bidder to submit signed contracts or contract signature pages for the medical network in each region.	Only the BH providers' contract signature pages are required with the RFP submission. HCA may request, using a random sampling methodology, contract signature pages for other critical provider types during the HCA evaluation of Bidders' networks.
32	4.3.2.1 - BH Network Pass		Amendment 1, page 3	Due to the volume of contracts and potential file size, please confirm bidders may submit an OIC-approved model contract with signature pages as contracts will be reviewed during readiness review, per RFP section 3.3.2.	HCA reserves the right to request individual contracts during readiness review. Initially, signature pages and model contracts will be accepted as evidence of contracting.
33	Exhibit E, Evaluation Questions	General	21	Will HCA consider adding to the page count limits, especially for questions that ask for regional differentiation? Alternatively would we be allowed to use more pages in one section if use less in another area?	Amendment 2 updates the page count limit information in Exhibit E.
34	Exhibit E, Evaluation Questions	General	38	Please confirm that attachments do not count toward page limits. For example, Question 4.b requires bidders to attach tools and reports shared with providers.	Required attachments, reports, graphs, or charts do not count towards the page limit.
35	Exhibit E - B. Behavioral Health Network and Access	2		Should Western State Hospital, CLIP facilities, and long-term civil commitment beds be addressed within the response?	Yes, Bidders could choose to discuss coordination efforts around these settings specifically.

QUESTIONS AND ANSWERS

RFP 2020-HCA-5 - IMC Expanded Access					
#	Section	SubSection / Question	Page #	Bidder Questions	HCA Answers
36	Exhibit E - B. Behavioral Health Network and Access	4		Part A of this question refers to 2019 IMC implementation experience specifically, but Part D of the same question asks for experience with rejected and denied claims “in the first six months of each IMC region” without reference to an implementation year. Should Bidders include experience with pre-2019 IMC regions in their response to Question 4?	This question can be answered just for the 2019 implementation period.
37	Exhibit E - B. Behavioral Health Network and Access	6.a	39	Please confirm that all providers of behavioral health services, not only those certified by the Department of Health, including FQHCs, are eligible to be included in the VBP BH provider subcontract calculation.	<p>The intention of this question is to identify the proportion of BH agency providers that are paid through VBP arrangements, so including FQHCs would not be appropriate. This questions refers only to Behavioral Health Agencies. Please see amended question below:</p> <p>"The Bidder's response should include what percentage of BH spending through agency provider subcontracts is value-based, and in which HCP-LAN category (e.g. 2C, 3A, etc.). If the percentage of VBP spending through BH agency subcontracts is less than 90%, include Bidder's plan for achieving 90% VBP spending through BH provider subcontracts."</p>
38	Exhibit E - B. Behavioral Health Network and Access	6.a	39	In the past, HCA has tied VBP expectations to percentage of payment within the VBP Exhibit of the IMC contract and within its VBP annual survey. However, in this question the Bidder is asked to include information on the percentage of BH provider subcontracts that are value-based. Could the HCA please clarify whether it is expecting the Bidder to provide information on the percentage of the total number of BH subcontracts that are VBP arrangements or is the HCA expecting the Bidder to provide information on the percentage of payments that are value-based (consistent with the IMC contract)? Further, following the logic stated above, if we have 90% of payments in value-based payment agreements or a plan to achieve 90% of payments in value-based payment agreements, is this sufficient to meet the requirements for this RFP?	Please see the amended language for this question:"The Bidder's response should include what percentage of BH spending through agency provider subcontracts is value-based, and in which HCP-LAN category (e.g. 2C, 3A, etc.). If the percentage of VBP spending through BH agency subcontracts is less than 90%, include Bidder's plan for achieving 90% VBP spending through BH provider subcontracts."
39	Exhibit E - B. Behavioral Health Network and Access	6.a	39	Please confirm that the 90% VBP BH target is measured in the same way as the VBP Payments section of IMC Contract, Exhibit D – Value-Based Purchasing, such that 90% of BH spend should be tied to VBP, rather than % of contracts.	Please see the amended language for this question:"The Bidder's response should include what percentage of BH spending through agency provider subcontracts is value-based, and in which HCP-LAN category (e.g. 2C, 3A, etc.). If the percentage of VBP spending through BH agency subcontracts is less than 90%, include Bidder's plan for achieving 90% VBP spending through BH provider subcontracts."
40	Exhibit E - C. Quality and Utilization Management	2.a	40	Please confirm the page limit for bidder's response to question C.2.a is three pages.	Yes, the page limit is three (3) pages.
41	Exhibit E - D. Care Coordination	3 & 4	40	Please confirm the Exhibit E Section D Care Coordination questions should be numbered 1 and 2 rather than 3 and 4, respectively.	Yes, Exhibit E, Section D, Care Coordination, should be numbered 1, and 2, respectively.
42	Exhibit E - D. Care Coordination		40	<p>In a 2019 AH and IMC Contract amendment, HCA removed language requiring MCOs to develop and submit Coordination of Care agreements with IHCPs addressing access to services, crisis protocols, and transition/release planning. Since that time, the HCA Office of Tribal Affairs has communicated to MCO Tribal Liaisons their intent to develop these plans directly with tribes via government-to-government structures, including MCO Tribal Liaisons upon invitation. This process is formally referenced in the July 2020 contract amendment draft (14.16.6). These HCA-led processes have not yet begun, though MCO's are aware of work planned for the future.</p> <p>Can HCA clarify it is their intent for this RFP that MCOs have worked independently with tribes, separate from HCA, to develop these plans and protocols in expansion regions?</p>	There are requirements in the contract around coordination in section 14 and engagement requirements in section 15.2 of the IMC Contract. The intent is to understand the work Bidders have done to engage with Tribes and IHCP in the regions the Bidders wish to enter.
43	Exhibit G - Sample BH Attestation			The attestation requests the Bidder attest to having attempted to contract with each BH agency identified in the DOH directory that is willing to accept Medicaid. However, the DOH Certified BH Agency directory includes mental health counselors, which would have been a part of the Bidders' Apple Health Network prior to IMC and were not part of the BHOs' formal networks. Will the HCA please consider revising the attestation requirement to exclude mental health counselors?	The attestations should include BH Provider Agencies, not individual providers.
44	GeoCoding2020 IMC Bidders Instructions - RFA Submission	6	15	Exhibit F GeoCoding bidder instructions indicate on page 15 item 6 bidders should submit a USB jump drive with submission. Please confirm this may be submitted as SFT, in accordance with the instructions in RFP section 2.5.	Yes, please submit through SFT with the rest of Bidder Proposal.