



STATE OF WASHINGTON

HEALTH CARE AUTHORITY

RFP NO. 2020HCA5

Amendment #3

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:

HCA received some additional clarifying questions, to which responses are below.

1. Q: The requirement in Amendment 2 for Section 3, Proposal Contents, for Proposal response to be in 12 point font with no less than 1 inch margins: Does this apply to charts, graphs, figures, etc.?

A: No. This does not apply to charts, graphs, figures, or sample reports.

2. Q: Can HCA provide guidance on how bidding MCOs should proceed when meeting network adequacy may be jeopardized by noted provider concerns? How is "pass/fail" for the contracts and letters of support? How will this be assessed? If no MCOs can move forward, what will be the HCA response?

A(1): The providers are conveying HCA's reassurances that MCOs will not pressure them into contracting. Bidders should not apply pressure on providers if the provider chooses not to contract.

A(2): Please refer to the RFP, and Amendment 2, for guidance and responses on how network adequacy will be assessed for the purposes of being awarded a contract. See, for example, questions 10, 15, 16, 17, 19, 20 and 26-32.

A(3): HCA will not award contracts without adequate networks.

3. Q: Regarding the RFP requirement to contact tribes, either to offer contracts or “establish plans for coordination of care, coordination of access to services (including crisis services), and coordination of patient release from inpatient settings.” The engagement in question here requires an invitation from tribes. Can HCA please confirm that it does not expect a Bidder to have conducted outreach or collaboration with tribes for the above stated purposes in regions where the Bidder is not currently an MCO?

A: HCA is clarifying these requirements. Exhibit E, Section D, Care Coordination, Question 2 is revised to read as follows:

[S, Max 20 points] In regions where Bidder is currently operating in under IMC, 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? Please provide specific examples of how these care coordination plans have been established, and describe the planned outreach Bidder will conduct if a new region is awarded.

4. Exhibit E-2, RFP Evaluation Questions, supersedes and replaces Exhibit E-1, and is attached hereto and incorporated herein.

Exhibit E-2
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] In regions where Bidder is currently operating in under IMC, 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? Please provide specific examples of how these care coordination plans have been established, and describe the planned outreach Bidder will conduct if a new region is awarded

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