



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

**REQUEST FOR PROPOSALS (RFP)
RFP NO. 2020-HCA-5**

***NOTE:** If you download this RFP from the Health Care Authority (HCA) website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP amendments or bidder questions/agency answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure.*

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.

E-mailed bids will be accepted. Faxed bids will not.

ESTIMATED TIME PERIOD FOR CONTRACT(S): 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.

BIDDER ELIGIBILITY: This procurement is open to those Bidders who: (1) have a current contract with HCA under the Apple Health Integrated Managed care program to provide services to Medicaid enrollees; and (2) satisfy the minimum qualification stated herein.

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1. INTRODUCTION

1.1. PURPOSE AND BACKGROUND

- 1.1.1. The State Health Care Innovation Plan, the Healthier Washington Initiative, and Engrossed Second Substitute House Bill 6312, enacted by the Legislature in 2014, provided policy direction for the Health Care Authority (HCA) to regionalize Medicaid purchasing by April 1, 2016, and to provide Medicaid enrollees with the full continuum of physical health and behavioral health (i.e., mental health and Substance Use Disorder [SUD]) services through managed care by January 1, 2020.

This program is known as “Apple Health – Integrated Managed Care” (IMC) (formerly known as Fully Integrated Managed Care). IMC is implemented through contracts between HCA and Medicaid Managed Care Organizations (MCOs), with MCOs responsible for the full continuum of physical and behavioral health services for Medicaid enrollees.

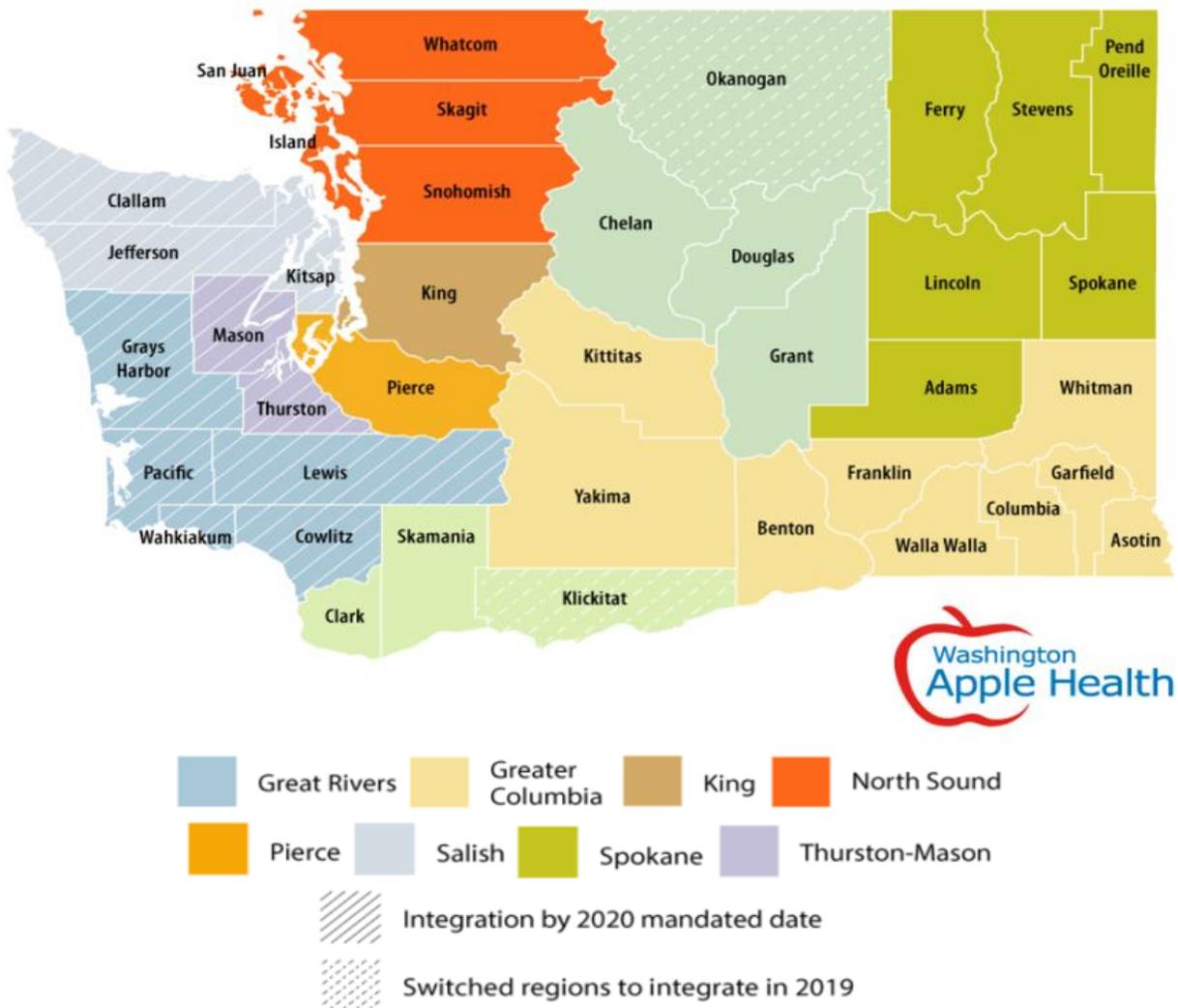
IMC took full effect on January 1, 2020.

HCA currently has contracts with five MCOs to provide services under the IMC program. The Bidders under this RFP are limited to those five MCOs. The purpose of this RFP is to solicit bids from MCOs who want to provide IMC services in additional regional service areas (RSAs). In some RSAs, all five currently contracted MCOs are operating; in other RSAs, there are less than five MCOs operating. In this RFP, HCA is seeking bids from MCOs to operate in RSAs in which (1) there are less than five MCOs currently operating and (2) the community of medical and behavioral health providers has indicated to HCA that it supports the potential addition of more MCOs for the IMC program.

Any contracts resulting from this RFP will have an effective date of January 1, 2021.

HCA expects MCOs to exhibit a greater focus on innovative place-based community behavioral health education, skills training, and promotion of well-being across life stages and functional status. The Apparent Successful Bidder(s) will be responsible for maintaining a comprehensive network of mental health and SUD providers, capable of delivering the full range of covered services to support enrollees in improving their mental health, substance use, and life outcomes. This includes providing services in multiple community-based settings and clubhouse and drop-in centers, and providing vocational services, prevention and early intervention activities, support for enrollees transitioning to a new system of care or care environment, and other services that empower enrollees to reach their full potential.

Figure A



1.1.2. The following RSAs currently do not have five contracted MCOs:

- Great Rivers
- Greater Columbia
- North Central
- Salish
- Southwest
- Spokane
- Thurston-Mason

Under the previous procurement, RFP 2567, HCA established minimum numbers of MCOs in each RSA. And now, through this RFP, HCA is soliciting bids for the purpose of considering expansion of geographical coverage into RSAs where there is significant provider support for additional MCO(s).

This RFP is being released in order to identify MCOs qualified to operate in additional RSAs, effective January 1, 2021 (see Figure A). An MCO that currently has a contract with HCA to provide services in a given RSA does not need to submit a bid in order to continue operating in that RSA. The purpose of this RFP is to award contracts to MCOs for services in additional RSAs (i.e., RSAs in which the MCOs do not currently operate), as determined by the process defined herein.

HCA reserves the right to not enter into any contract at all under this RFP. HCA is under no obligation under this RFP to enter into any contracts with any Bidders, even if a Bidder meets all the qualifications for any given RSA.

1.1.3. General Parameters

Services for Medicaid enrollees have been incorporated into two (2) contracts, shown in Attachments 1 and 2, and comprise the Apple Health IMC program. The two contracts are (1) the IMC Contract and (2) the Behavioral Health Services Wraparound Contract (BH Wraparound Contract). The IMC Contract includes all physical and behavioral health benefits provided through the [Medicaid State Plan](#). The BH Wraparound Contract provides additional services and supports to Medicaid enrollees that are not covered by Medicaid, such as services funded solely by the state, with no federal matching funds.

Any MCO selected under this RFP must adhere to both the IMC Contract and the BH Wraparound Contract, which will allow the MCOs to provide the full continuum of behavioral health and medical services that are available to Medicaid enrollees in the current system.

The vast majority of Medicaid enrollees will be enrolled in the IMC program. A smaller subgroup of enrollees who are not eligible for managed care medical services, as identified in Exhibit J of Attachment 2 of this RFP, will receive Behavioral Health Services Only (BHSO) through the integrated contracts. BHSO enrollees will continue to receive their medical services through HCA's fee-for-service system. The BHSO population will be designated as such in enrollment files, and the MCOs will be required to produce a separate enrollee ID card for these enrollees. As with all Apple Health programs, BHSO clients will be able to choose the MCO through which they want to receive services. HCA intends to move towards greater alignment between the IMC and Dual Eligible – Special Needs Plans contracts' geographical coverage, in an effort to align client enrollment in 2022.

American Indian/Alaska Native (AI/AN) clients are exempt from mandatory managed care but may voluntarily opt-in to IMC. Also, BHSO is an option for AI/AN clients who are not otherwise eligible for IMC enrollment.

1.1.4. Network Requirements

Network submission requirements are included in Section 3.3.

1.2. OBJECTIVES AND SCOPE OF WORK

- 1.2.1. HCA will consider adding MCOs to RSAs for which HCA currently has fewer than five MCOs under contract, based on proven success in implementing IMC and the ability to meet the following objectives:
- 1.2.1.1. Provide the full continuum of comprehensive services, including primary care, pharmacy, mental health, and SUD treatment through collaborative care coordination and the integration of services under a single entity;
 - 1.2.1.2. Maintain a network capable of meeting the standards of all covered services, including behavioral health services, as outlined in Attachments 1 and 2. This network should, at a minimum, include all available Medicaid-contracted behavioral health providers and agencies, and should be improved over the course of the contract to expand access to behavioral health services;
 - 1.2.1.3. Support infrastructure capacity building and ensure providers are prepared and capable to undertake all necessary managed care authorization, credentialing, and billing processes; and
 - 1.2.1.4. Standardize managed care billing, authorization, and credentialing processes with other Medicaid payers in the region to the maximum extent possible, with the goal of administrative simplification and alleviating provider burden.
 - 1.2.1.5. In addition, and in accordance with RCW 74.09.871, HCA will give significant weight in this RFP to the following factors:
 - (a) Demonstrated commitment and experience in serving low-income populations;
 - (b) Demonstrated commitment and experience serving persons who have mental illness, substance use disorders, or co-occurring disorders;
 - (c) Demonstrated commitment to and experience with partnerships with county and municipal criminal justice systems, housing services, and other critical support services necessary to achieve the outcomes established in RCW 71.24.435, 70.320.020, and 71.36.025;
 - (d) Recognition that meeting enrollees' physical and behavioral health care needs is a shared responsibility of contracted behavioral health administrative services organizations, managed care organizations, service providers, the state, and communities;

- (e) Consideration of past and current performance and participation in other state or federal behavioral health programs as a contractor; and
- (f) The ability to meet requirements established by the authority.

1.2.2. Benefits and Services.

The MCO must provide access to a provider network for physical and behavioral health services that accommodates the needs of their enrollees and reflects the regional realities of: 1) utilization and travel patterns; 2) availability of specialty services; and 3) continuity of care. If necessary to achieve network adequacy throughout the entire RSA, the MCO must expand its provider network into bordering counties or bordering States. MCOs are not constrained by the geographic boundaries of the RSA in building an adequate network.

1.3. MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- 1.3.1. Submit a Letter of Intent to Propose to HCA by the deadline of April 29, 2020, at 2:00 p.m., as identified in Subsection 2.2;
- 1.3.2. Have a current contract with HCA under the Apple Health IMC program to provide full scope managed care to Medicaid enrollees covered by HCA; and
- 1.3.3. Have a contracted health care provider network that covers each region for which the MCO is submitting a bid, and includes essential providers, as described in this RFP.

1.4. FUNDING

- 1.4.1. Any contract awarded as a result of this solicitation is contingent upon the availability of federal and state funding, as determined solely by HCA.

1.4.2. Rates and Funding:

HCA will set actuarially sound capitation rates under the IMC Contract as per-member, per-month payments.

Under the BH Wraparound Contract, HCA will determine a maximum level of available funding for each RSA, and MCOs will receive allocations in proportion to their percentage of enrollment. **Newly awarded MCOs will receive a minimal allocation of state only funds based on HCA's projected numbers of enrollees in a region starting January, 2021.**

HCA will not make any payments in advance or in anticipation of goods or services to be provided under any resulting contract. This includes no early payment, down payment, or partial payment of any kind. The Contractor shall only be compensated for performance delivered and accepted by HCA.

1.5. PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about January 1, 2021 and to end on December 31, 2021. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA intends that the contract(s) awarded as a result of this RFP will be aligned with any possible changes to the current Apple Health MC contract(s) through January 1, 2021, as appropriate to the IMC program. Any changes made to the current Apple Health IMC or BH-Wraparound contracts will be reviewed by HCA for inclusion into the contract(s) awarded as a result of this RFP. Behavioral health benefits may also be updated for parity and alignment with changes in state or federal law and/or funding.

1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.7. DEFINITIONS

Definitions for the purposes of this RFP include:

Accountable Community of Health (ACH) means a regionally governed, public-private collaborative or structure tailored by the region to align actions and initiatives of a diverse coalition of participants in order to achieve healthy communities and populations.

Actuarially Sound Capitation Rates means capitation rates that have been developed in accordance with generally accepted actuarial principles and practices; are appropriate for the populations to be covered and the services to be furnished under the Contract; have been certified by an actuary as meeting the requirements of 42 C.F.R. § 438.4; and otherwise meet all applicable requirements established in 42 C.F.R. § 438.4 and other applicable law.

Apparent Successful Bidder (ASB) means the Bidder(s) selected as the entity to perform the anticipated services under this RFP, subject to completion of contract negotiations and execution of a written contract.

Apple Health –Integrated Managed Care (AH-IMC) means the program for which the contract(s), if any, resulting from this RFP will be executed, including the IMC Contract and the Behavioral Health Services Wraparound Contract.

Behavioral Health Integration means care provided to individuals of all ages, families, and their caregivers in a patient-centered setting by licensed primary care providers, behavioral health clinicians, and other care team members working together to address one or more of the following: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks/conditions, stress-related physical symptoms, preventative care, and ineffective patterns of health care utilization.

Bidder means the individual or company interested in the RFP that submits a proposal in order to attain a contract with HCA.

Business Hours means 8:00 a.m. to 6:00 p.m. Pacific Time, Monday through Friday.

Contractor means a company whose proposal has been accepted by HCA and is awarded a fully executed, written contract.

Health Care Authority or HCA means the executive agency of the state of Washington that is issuing this RFP.

Health Insurance Portability and Accountability Act (HIPAA) means the federal Health Insurance Portability and Accountability Act of 1996 and its amendments, an act designed in part to protect patient medical records and other health information provided to health care providers.

Indian/Tribal/Urban (I/T/U) Provider means the Indian Health Service and/or any Tribe, Tribal organization, or Urban Indian Organization which provides Medicaid-reimbursable services.

Proposal means a formal offer submitted in response to this solicitation.

Regional Service Areas (RSA) or Regions means a geographic boundary that defines a region for which HCA will purchase behavioral and physical healthcare through managed care contracts.

Request for Proposals (RFP) means this formal procurement document.

Systems of Care (SOC) means a spectrum of effective, community-based services and supports for enrollees with or at risk for chronic conditions, including behavioral health conditions, or other challenges and their families. SOCs are organized into a coordinated network, build meaningful partnerships with Enrollees and their families, and address their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Wraparound with Intensive Services (WISe) means a range of services that are individualized, intensive, coordinated, comprehensive, culturally competent, and provided in the home and community. The WISe Program is for youth who are experiencing mental health symptoms that are causing severe disruptions in behavior and/or interfering with their functioning in family, school, or with peers requiring: a) the involvement of the mental health system and other child-serving systems and supports; b) intensive care collaboration; and c) ongoing intervention to stabilize the youth and family in order to prevent more restrictive or institutional placement.

1.8. **ADA**

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive this RFP in Braille or on tape.

2. GENERAL INFORMATION FOR BIDDERS

2.1. RFP COORDINATOR

The RFP Coordinator is the sole point of contact in HCA for this procurement. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

| | |
|-----------------|--|
| Name | Angela Hanson |
| E-Mail Address | HCAProcurements@hca.wa.gov |
| Mailing Address | PO Box 42702 Olympia, WA 98504-2702 |

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Bidder.

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

| | |
|---|-----------------------------------|
| Issue Request for Proposals | April 20, 2020 |
| Pre-Bidder Conference Call – 1 hour | April 23, 2020 – 2:00 – 3:00 p.m. |
| Letter of Intent to Propose Due | May 4, 2020 – 2:00 p.m. |
| Questions Due | May 18, 2020 – 2:00 p.m. |
| Answers Posted | May 25, 2020 |
| Complaint Deadline | June 24, 2020 |
| Proposals Due | July 1, 2020 – 2:00 p.m. |
| Evaluate Proposals | July 3 – July 17, 2020 |
| Announce “Apparent Successful Bidder(s)” and send notification via e-mail to unsuccessful Bidders | July 24, 2020 |
| Deadline to Request a Debriefing | July 29, 2020 |
| Readiness Review (estimated) | October 2020 |
| Contracts Signed | December 2020 |
| Begin Contract Work | January 1, 2021 |

HCA reserves the right in its sole discretion to revise the above schedule.

2.3. PRE-PROPOSAL CONFERENCE

A pre-proposal conference is scheduled to be held on April 23, 2020 at 2:00 p.m., Pacific Time by teleconference. The pre-proposal conference call-in information will be provided by email to potential Bidders. All prospective Bidders should attend; however, attendance is not mandatory.

HCA will be bound only to HCA written answers to questions. Questions arising at the pre-proposal conference or in subsequent communication with the RFP Coordinator will be documented and answered in written form. A copy of the questions and answers will be sent to each prospective Bidder that has made the RFP Coordinator aware of its interest in this procurement and will be posted on WEBS.

2.4. LETTER OF INTENT TO PROPOSE (MANDATORY)

To be eligible to submit a Proposal, a Bidder must submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFP Coordinator, listed in Section 2.1, and must be received by the RFP Coordinator no later than the date and time stated in the Procurement Schedule, Section 2.2. The subject line of the email must include the following: [Procurement #] – Letter of Intent to Propose – [Your entity's name].

The Letter of Intent to Propose may be attached to the email as a separate document, in Word or PDF, or the information may be contained in the body of the email.

Information in the Letter of Intent to Propose should be placed in the following order:

- 2.4.1. Bidder's Organization Name;
- 2.4.2. Bidder's authorized representative for this RFP (who must be named the authorized representative identified in the Bidder's Proposal);
- 2.4.3. Title of authorized representative;
- 2.4.4. Address, telephone number, and email address;
- 2.4.5. Statement of intent to propose;
- 2.4.6. A list of RSA(s) for which Bidder intends to submit a Proposal; and
- 2.4.7. A statement of how the Bidder meets ALL of the minimum requirements specified in Section 1.3 of this RFP.

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met.

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 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.

2.6. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this RFP will become the property of HCA. HCA will deem all proposals as "public records" under RCW 42.56 but as "confidential" until the Apparent Successful Bidder is announced; thereafter, the proposals will be deemed subject to release as "public records" under RCW 42.56.

The Bidder must clearly designate any information in the proposal that the Bidder desires to claim as confidential or proprietary and exempt from disclosure under RCW 42.56, or other state or federal law that provides for the nondisclosure of a document. The information must be clearly identified, and the particular exemption from disclosure upon which the Bidder is making the claim must be cited. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right-hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to RCW 42.56, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

HCA will impose a charge for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFP Coordinator is required. All requests for information must be directed to the publicdisclosure@hca.wa.gov.

The submission of any public records request to HCA pertaining in any way to this RFP will not affect the procurement schedule, as outlined in Section 2.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

2.7. REVISIONS TO THE RFP

If HCA determines in its sole discretion that it is necessary to revise any part of this RFP, amendments will be posted on [HCA's procurement website](#) and on [Washington's Electronic Bid System \(WEBS\)](#). For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFP and will be placed on the website.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.8. DIVERSE BUSINESS INCLUSION PLAN (EXHIBIT C)

Bidders will be required to submit a Diverse Business Inclusion Plan with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal governmental regulations included or referenced in the contract documents will apply.

2.9. ACCEPTANCE PERIOD

Proposals must provide one hundred eighty (180) calendar days for acceptance by HCA from the due date for receipt of proposals.

2.10. COMPLAINT PROCESS

2.10.1. Bidders may submit a complaint to HCA based on any of the following:

2.10.1.1. The RFP unnecessarily restricts competition;

- 2.10.1.2. The RFP evaluation or scoring process is unfair or unclear; or
- 2.10.1.3. The RFP requirements are inadequate or insufficient to prepare a response.
- 2.10.2. A complaint must be submitted to HCA prior to five business days before the bid response deadline. The complaint must:
 - 2.10.2.1. Be in writing;
 - 2.10.2.2. Be sent to the RFP Coordinator in a timely manner;
 - 2.10.2.3. Clearly articulate the basis for the complaint; and
 - 2.10.2.4. Include a proposed remedy.

The RFP Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFP will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. A Bidder or potential Bidder cannot raise during a bid protest any issue that the Bidder or potential Bidder raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.

2.11. RESPONSIVENESS

The RFP Coordinator will review all proposals to determine compliance with administrative requirements and instructions specified in this RFP. A Bidder's failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.12. MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. HCA reserve the right to contact a Bidder for clarification of its proposal.

HCA also reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

The ASB should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract resulting from this RFP will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official procurement file on this matter without obligation to HCA.

2.13. CONTRACT AND GENERAL TERMS AND CONDITIONS

2.13.1. The ASB(s) will be expected to enter into both (1) a contract, which is substantially the same as the Draft Sample IMC Contract, attached as Attachment 1; and (2) a contract, which is substantially the same as the Draft Sample BH Wraparound Contract, attached as Attachment 2. HCA will not accept any draft contracts prepared by any Bidder. The Bidder may submit exceptions as allowed in the Certifications and Assurances form, Exhibit B to this RFP. All exceptions must be submitted as an attachment to Exhibit B. HCA will review requested exceptions and accept or reject the same at its sole discretion.

2.13.2. HCA anticipates amendments to the current Apple Health IMC and BH-Wraparound Contracts prior to January 1, 2021, which will affect the contracts resulting from this RFP.

2.14. COSTS TO PROPOSE

HCA will not be liable for any costs incurred by the Bidder in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related in any way to this RFP.

2.15. RECEIPT OF MINIMAL NUMBER OF PROPOSALS

If HCA receives only minimal responsive proposal(s) as a result of this RFP, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder(s); or 2) not award any contract at all. HCA may continue to have the Bidder complete the entire RFP. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.16. NO OBLIGATION TO CONTRACT

This RFP does not obligate HCA to enter into any contract for services specified herein.

2.17. REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue any contract as a result of this RFP.

2.18. COMMITMENT OF FUNDS

The Director of HCA or their delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.19. GOVERNING LAW AND VENUE

This RFP will be construed and enforced in accordance with the laws of the state of Washington, and the venue of any lawsuit or any other legal action related in any way to this RFP will be in the Superior Court for Thurston County.

3. PROPOSAL CONTENTS

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 must be submitted electronically through SFT, with email notification to the RFP Coordinator when they are available.

- A. Exhibit A, Letter of Submittal;
- B. Exhibit B, Signed Certifications and Assurances;
- C. Exhibit C, Diverse Business Inclusion Plan
- D. Exhibit D, Executive Order 18-03 Attestation
- E. Exhibit E, Evaluation Questions;
- F. Letters of Support, Section 3.4;
- G. Exhibit F, Provider Network(s) Submission, including attestation as described in 3.4.5. below;
and
- H. Exhibit G, Behavioral Health (BH) Attestation

Proposals must provide information in the same order as presented in this document with the same headings.

Items marked "mandatory" must be included as part of the proposal for the proposal to be considered responsive; however, these items are not scored. Items marked "scored" are those that are awarded points as part of the evaluation conducted by the evaluation team.

3.1. LETTER OF SUBMITTAL (MANDATORY)

The Letter of Submittal, Exhibit A, and the Certifications and Assurances form, Exhibit B, must be signed and dated by a person authorized to legally bind the Bidder to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal must include by attachment the following information about the Bidder and any proposed subcontractors:

- 3.1.1. Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom a contract would be entered.
- 3.1.2. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.).
- 3.1.3. Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
- 3.1.4. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must state that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.

- 3.1.5. Location of the facility from which the Bidder would operate.
- 3.1.6. Identify any state employees or former state employees employed or on the firm's governing board as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If following a review of this information, it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
- 3.1.7. Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of RCW 42.56 must be clearly designated. The page must be identified and the particular exemption from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right-hand corner of the page. In your Letter of Submittal, please list which pages and sections that have been marked "Proprietary" and the particular exemption from disclosure upon which the Bidder is making the claim.

3.2. EVALUATION QUESTIONS (EXHIBIT E) (SCORED)

Bidders must respond and provide detailed information for all items and provide all information in the exact order specified in Exhibit E, Evaluation Questions. The section numbers and titles must be restated in the Bidder's Proposal. Page limits for each question are noted. Please do not cut and paste responses into Exhibit E. Instead, provide a response as a separate document using the same numbering as Exhibit E.

Failure to meet an individual requirement will not be the sole basis for disqualification; however, failure to provide a response to any scored requirements may be considered non-responsive and be the basis for disqualification of the application.

3.3. PROVIDER NETWORK (MANDATORY)

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.

- 3.3.1. Bidder must submit a combined medical and behavioral health network based on signed contracts with providers.

Bidder must submit a network capable of providing all covered services to enrollees in each region for which it is submitting a bid. The network submission must meet access standards described in Attachment 1, Draft Sample IMC Contract, Section 6. Networks must be submitted using the forms that are located on the SFT site. Exhibit F, Provider Network(s) Submission contains the instructions for submitting the network.

According to the due date in the table below, Bidders will be required to submit their networks and achieve a passing score on those submissions.

3.3.2. A pass/fail methodology will be applied to the network scoring for both medical and behavioral networks in each region. HCA will review the content of the contracts with essential Behavioral Health (BH) providers during the readiness review and will determine whether the contracts are adequately specific for covering the complete set of BH services, with a specific and appropriate provider rate, by the date established in Section 4.7.

3.3.3. Due dates for submitting the medical and BH networks are as follows:

| Networks Due | Region-specific requirements (Must be submitted for each RSA Bidder is submitting its Proposal in) |
|--|---|
| Medical and BH Network due with the RFP on July 1, 2020. | <p>An MOU detailing the delegation agreement between the Bidder and the Behavioral Health – Administrative Service Organization (BH-ASO), as described in Section 3.3.8.</p> <p>Submission of attestation described in section 4.3.2.2.</p> |

3.3.4. Medical / Mental Health

The Bidder must show that it will have the capacity to serve 80% or more of all eligible clients within a given RSA for the following providers: Hospitals, pharmacy, primary care providers (PCP), Pediatric PCP, obstetrics, and behavioral health providers per instructions sent via SFT.

Bidders must submit a BH network that meets distance standards included in Attachment 1, Draft Sample IMC Contract, Section 6.11.

The Bidder’s network must be able to provide reasonable access to all enrollees without unnecessary travel time or wait times for appointments with the following: cardiologists, oncologists, ophthalmologists, orthopedic surgeons, general surgery, gastroenterologists, pulmonologists, neurologists, otolaryngologists, obstetrics, mental health providers and specialists in physical medicine, rehabilitation services, and essential behavioral health providers (described below).

3.3.5. Essential Behavioral Health Providers

The Bidder must demonstrate capacity to provide BH services through established contracts with providers within or outside the RSA, inclusive of the Essential Behavioral Health Providers (listed below).

- 3.3.5.1. Certified residential treatment providers¹;
- 3.3.5.2. Licensed Community Mental Health (MH) agencies;
- 3.3.5.3. Certified SUD Provider agencies;
- 3.3.5.4. Department of Health (DOH)-certified medication-assisted treatment (e.g., buprenorphine) providers;
- 3.3.5.5. Certified opiate substitution providers (methadone treatment programs);
- 3.3.5.6. Licensed and certified free-standing facilities, hospitals, or psychiatric inpatient facilities that provide Evaluation and Treatment, including Freestanding Evaluation and Treatment facilities;
- 3.3.5.7. Licensed and certified detox facilities (for acute and subacute), including Secure Withdrawal Management and Stabilization facilities;
- 3.3.5.8. Licensed and certified residential treatment facilities to provide crisis stabilization services;
- 3.3.5.9. DBHR-Recognized Wraparound with Intensive Services (WISe) providers; and
- 3.3.5.10. DBHR-Recognized Program for Assertive Community Treatment (PACT) providers for the provision of outpatient behavioral health services, as outlined in the Medicaid State Plan.

3.3.6. Substance Use Disorder (SUD) Programs

The Bidder must submit its network for SUD providers as part of the RFP provider network submission using the files located on the SFT site. The Bidder must demonstrate the capacity to provide the following SUD services:

- 3.3.6.1. Opiate Substitution Treatment;
- 3.3.6.2. Adult and Youth Outpatient Treatment;
- 3.3.6.3. Adult Long-Term Care Residential Services;
- 3.3.6.4. Intensive Inpatient Residential Services;
- 3.3.6.5. Involuntary Commitment (SUD);

¹ Certified residential treatment providers: residential programs must have Department of Health (DOH) Residential Treatment Facility (RTF) license and then can apply for Certification for a type of services such as Evaluation and Treatment, Crisis Stabilization, Intensive Inpatient, Recovery House, Long Term, and Detoxification.

- 3.3.6.6. Services for Parenting and Pregnant Women;
- 3.3.6.7. Recovery House Residential Services;
- 3.3.6.8. Adult and Youth Intensive Outpatient Treatment; and
- 3.3.6.9. Adult and Youth Residential Services.

3.3.7. Substance Use Disorder Residential (Beds)

The Bidder must submit a network capable of providing SUD Residential Services to all eligible clients within the awarded service area. In order to meet capacity for adult and youth in-patient SUD services, the Bidder must have contracts or non-par agreements with providers outside the RSA for statewide resources. The Bidder must submit their network for these providers as part of the RFP provider network submission using the files located on the SFT site. These services are:

- 3.3.7.1. Adult Residential Beds;
- 3.3.7.2. Youth Residential Beds;
- 3.3.7.3. Pregnant Women Service Beds;
- 3.3.7.4. Parenting Women Service Beds;
- 3.3.7.5. Adult Detox IMD beds;
- 3.3.7.6. Youth Detox IMD beds;
- 3.3.7.7. Adult Detox non-IMD beds; and
- 3.3.7.8. Youth Detox non-IMD beds.

3.3.8. Behavioral Health Administrative Services Organization

The following are requirements for a contract or a Memorandum of Understanding (MOU) between the Bidder and the BH-ASO in the RSA:

- 3.3.8.1. Bidders must submit, with their proposals, a signed MOU or contract between the Bidder and the BH-ASO detailing a delegation agreement for the administration of Medicaid crisis services by the BH-ASO.
- 3.3.8.2. The MOU or contract must include at least the following information:
 - 3.3.8.2.1. Which administrative functions will be managed by the MCO;
 - 3.3.8.2.2. Which administrative functions, if any, will be delegated to the BH-ASO;
 - 3.3.8.2.3. Monitoring agreement between the Bidder and the BH-ASO; and

3.3.8.2.4. Proposed milestones and deliverables to achieve implementation on January 1, 2021.

3.4. LETTERS OF SUPPORT (MANDATORY)

- 3.4.1. Bidder must submit letters of support for each region Bidder is submitting a bid for from the following, at a minimum:
- 3.4.1.1. one MH provider;
 - 3.4.1.2. one SUD provider;
 - 3.4.1.3. one residential provider (if present in region);
 - 3.4.1.4. one medical provider that provides Medication Assisted Treatment (MAT);
and
- 3.4.2. Bidder should also submit letter of support from the BH-ASO for that region, if possible. This letters it is not “mandatory” and will not have an effect on the pass/fail scoring of this Section.
- 3.4.3. A pass/fail methodology will be applied to the letters of support scoring in each region.

3.5. EXECUTIVE ORDER 18-03 (SCORED)

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 15 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 15 points for this section.

4. EVALUATION AND CONTRACT AWARD

4.1. EVALUATION PROCEDURE

- 4.1.1. HCA will evaluate responsive Proposals strictly in accordance with the requirements stated in this RFP and any addenda issued. Evaluations will be based only upon information provided in the Bidder's proposal. When it is unclear to what extent a requirement has been addressed, the RFP Coordinator may, at their discretion, contact the Bidder to clarify specific points in a response. The Bidder should take every precaution to ensure all answers are clear, complete, and directly address the specific requirement.
- 4.1.2. The RFP Coordinator will review all proposals received by the stated deadline, Section 2.2, *Estimated Schedule of Procurement Activities*, to ensure that the Proposals contain all of the required information requested in the RFP. Only responsive Proposals that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any Proposal that does not contain all of the required information will be rejected as non-responsive.
- 4.1.3. Responsive Proposals will be reviewed and scored by an evaluation team using a weighted scoring system, Section 4.2, *Evaluation Weighting and Scoring*. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda issued.
- 4.1.4. HCA will determine the members of the evaluation team.

4.2. EVALUATION WEIGHTING AND SCORING

The Mandatory Requirements are evaluated on a pass/fail basis. The following weighted points will be assigned to the Proposal for evaluation purposes.

| Evaluation Criteria | Maximum Weighted Points Possible |
|--|---|
| RFP Compliance | N/A |
| Mandatory Management Review, including but not limited to: Exhibit A, Letter of Submittal; Exhibit B, Certification and Assurances; and Exhibit G, BH Attestation | N/A |
| Section 3.3. (Exhibit F), Provider Network | Pass/Fail |
| Section 3.4, Letters of Support | Pass/Fail |
| Exhibit D, Executive Order 18-03 Attestation | 12 |
| Exhibit E, Evaluation Questions | 245 |

HCA reserves the right to award the contract(s) to the Bidder(s) whose proposal is deemed to be in the best interest of HCA and the state of Washington.

Evaluators will assign scores on a scale of zero (0) to ten (10) where the end and midpoints are defined as follows:

| Score | Description | Discussion |
|--------------|--------------------|---|
| 0 | No Value | The Response does not address any component of the requirement or no information was provided |
| 1 | Poor | The Response only minimally addresses the requirement and is missing components or components were missing |
| 3 | Below Average | The Response only minimally addresses the requirement and the Bidder’s ability to comply with the requirement or simply has restated the requirement |
| 5 | Average | The Response shows an acceptable understanding or experience with the requirement. Sufficient detail to be considered “as meeting the minimum requirements.” |
| 7 | Good | The Response is thorough and complete and demonstrates firm understanding of concepts and requirements |
| 10 | Excellent | The Response has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a high level of experience with or understanding of the requirement |

A score of zero (0) from any evaluator on any Scored requirement may cause the entire proposal to be eliminated from further consideration.

4.3. NETWORK SCORING (PASS/FAIL)

Along with the network submissions, Bidders must submit the following with the RFP proposals in order for the networks to be considered a “pass.”

4.3.1. Medical Network Pass:

For each region in which Bidder is submitting a bid, Bidders must submit an adequate medical network that covers all counties in those region(s). A “Passing” score means the Bidder demonstrates capacity to serve 80% or more of all eligible clients within a given service area for the following providers: hospitals, pharmacy, primary care providers (PCP), Pediatric PCP, obstetrics, and behavioral health providers. A passing score may be awarded even if there is one county, or multiple counties that account for 10% or less of the RSA’s total population, for which the Bidder falls below the 80% threshold for one

category of critical medical providers². The Bidder's network must provide reasonable access to all enrollees without unnecessary travel time or wait times for appointments with the following: cardiologists, oncologists, ophthalmologists, orthopedic surgeons, general surgery, gastroenterologists, pulmonologists, neurologists, otolaryngologists, obstetrics, mental health providers, and specialists in physical medicine, rehabilitation services.

4.3.2. BH Network Pass. For each bidding region, the Bidder must submit, separated and organized by region:

4.3.2.1. Signed network contracts in accordance with Sections 3.3.4, 3.3.5, 3.3.6, and 3.3.7.

4.3.2.2. An attestation verifying (a) attempts to contract with 100% of the Department of Health certified Behavioral Health agency providers willing to contract to serve Medicaid enrollees within each region (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/606019-BHADirectory.pdf>), and (b) meeting contractually required distance standards set in Attachment 1, Draft Sample IMC Contract. A sample attestation document is attached as Exhibit G, Sample BH Attestation. Bidders must include a list with their attestation of all BH provider who are not willing to contract with the Bidder at the time of proposal; and

4.3.2.3. An MOU with the BH-ASO and proof (i.e. dated letter, email with date stamp, etc.) of sent minimum set of standard delegation requirements to the BH-ASO with Proposal, per Section 3.3.8.

4.4. FINAL SCORE AND APPARENT SUCCESSFUL BIDDER(S) (ASBs)

4.4.1. The RFP Coordinator will compute the Bidder's final score by totaling the Scores from all evaluators and then averaging;

4.4.2. ASB(s)

HCA may announce as an ASB the Bidder(s) that have (1) the highest combined final scores, (2) have passed the medical and behavioral health network requirements described in Section 4.3, and (3) passed the Letters of Support requirement described in Section 3.4. The ASB(s) will be invited to begin contract negotiations and participate in a readiness review for the region.

² This does NOT include network deficiencies in provider types and locations identified by HCA as having a provider infrastructure shortage in a specific provider type (for example, the six counties that have been identified as having a lack of infrastructure in OB providers). Plans would not be expected to present an adequate OB capacity in those counties, nor would they be expected to provide a plan in how they will build an OB network in a county in which that provider network does not exist.

If no Bidder has a total score greater than 75% of the total available points in any given region, it is at HCA's sole discretion whether to announce any Bidder as an ASB for that region(s).

4.5. SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are scores separated by two percent or less in total points. If multiple Proposals receive a substantially equivalent score, HCA may leave the matter as scored, or select as the ASB the one Proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1.1 and 1.2 of this RFP.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with substantially equivalent scores.

4.6. NOTIFICATION TO BIDDERS

HCA will notify the ASB(s) of their selection in writing upon completion of the evaluation process. Bidders whose proposals were not selected for further negotiation or award will be notified separately by e-mail.

4.7. READINESS REVIEW

- 4.7.1. Once the ASB(s) are announced, HCA will schedule and conduct readiness reviews on the ASB(s). Readiness Review is tentatively scheduled for October 2020.
- 4.7.2. HCA will send requests for documents to the ASB(s) in late August or early September 2020 for the January 1, 2021 implementation.
- 4.7.3. If the ASB(s) passes the readiness review requirements, and assuming no further corrective actions or other issues arise, HCA tentatively plans to have determination of readiness finalized on or before November 1, 2020 for 2021 implementation. HCA will continue to work with ASBs throughout November and December to finalize any remaining elements.

4.8. DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who has submitted a Proposal and been notified it was not selected for a contract in any given RSA that was included in their Proposal, may request a debriefing conference. The request for a debriefing conference must be received by the RFP Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three business days after the unsuccessful bidder notification is e-mailed to the Bidder. The debriefing will be held within three business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- 4.8.1. Evaluation and scoring of the Bidder's Proposal;
- 4.8.2. Critique of the Proposal based on the evaluation; and
- 4.8.3. Review of the Bidder's final score in comparison with other final scores without identifying the other Bidders.

Topics a Bidder could have raised as part of the complaint process (Section 2.10) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

Comparisons between proposals, or evaluations of the other proposals, will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes. On behalf of HCA, the debriefing conferences may include the RFP Coordinator, HCA program staff, and/or RFP evaluators, to be determined in the sole discretion of HCA.

4.9. PROTEST PROCEDURE

A bid protest may be made only by Bidders who submitted a response to this RFP and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five business days to file a protest with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth business day following the debriefing. Protests may be submitted by e-mail or by mail but not by fax.

Bidders protesting this RFP must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this RFP.

All protests must be in writing, addressed to the RFP Coordinator, and signed by the protesting party or an authorized agent. The protest must include (1) the RFP number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested.

- 4.9.1. Only protests alleging an issue of fact concerning the following subjects will be considered:
 - 4.9.1.1. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
 - 4.9.1.2. Errors in computing the score; or
 - 4.9.1.3. Non-compliance with procedures described in the RFP or HCA requirements.

Protests based on anything other than those items listed above will not be considered. In addition, HCA will not consider the portion of any protest that contains allegations other than those listed above. Protests will be rejected as without merit to the extent they address issues such as: 1) an

evaluator's professional judgment on the quality of a Proposal; or 2) HCA's assessment of its own needs or requirements.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFP, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

If possible, a final HCA decision will be issued within ten (10) business days of receipt of the protest. If HCA determines in its sole discretion that it requires additional time to review the protest, the protesting party, and any other parties that HCA deems appropriate, will be notified of the delay and the revised timeline for completion.

If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the RFP Coordinator. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.

4.9.2. The final determination of the protest will:

- 4.9.2.1. Find the protest lacking in merit and uphold HCA's action; or
- 4.9.2.2. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
- 4.9.2.3. Find merit in the protest and provide options to the HCA Director, which may include:
 - 4.9.2.3.1. Correct the errors and re-evaluate all Proposals; or
 - 4.9.2.3.2. Issue a new solicitation document and begin a new process; or
 - 4.9.2.3.3. Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASB(s), assuming the parties reach agreement on the contract's terms.

5. RFP EXHIBITS

| | |
|--------------|---|
| Exhibit A | Letter of Submittal |
| Exhibit B | Certifications and Assurances |
| Exhibit C | Diverse Business Inclusion Plan |
| Exhibit D | Executive Order 18-03 |
| Exhibit E | Evaluation Questions |
| Exhibit F | Provider Network(s) Submission (available via SFT site) |
| Exhibit G | Sample BH Attestation |
| Attachment 1 | Draft Sample Integrated Managed Care Contract |
| Attachment 2 | Draft Sample Behavioral Health Services Wraparound Contract |

Exhibit A
Letter of Submittal

To be created by the Bidder per Section 3.1.

Exhibit B

Certifications and Assurances

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of one hundred eighty (180) calendar days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and others, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, their name(s) is noted on a separately attached page.

We (circle one) **are / are not** submitting proposed Contract exceptions. (See Section 2.13, Contract and General Terms & Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. *If electronic, also include:* We are submitting a scanned signature of this form with our proposal.

Signature of Bidder

Title

Date

Exhibit C
Diverse Business Inclusion Plan

| | | |
|--|-----|----|
| Do you anticipate using, or is your firm, a State Certified Minority Business? | Yes | No |
| Do you anticipate using, or is your firm, a State Certified Women’s Business? | Yes | No |
| Do you anticipate using, or is your firm, a State Certified Veteran Business? | Yes | No |
| Do you anticipate using, or is your firm, a Washington State Small Business? | Yes | No |

If you answered No to all of the questions above, please explain:

Please list the approximate percentage of work to be accomplished by each group:

- Minority _____%
- Women _____%
- Veteran _____%
- Small Business _____%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: _____

Phone: _____

E-Mail: _____

Exhibit D
Contractor Certification
Executive Order 18-03 – Workers’ Rights
Washington State Goods & Services Contracts

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Health Care Authority is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation No.: 2020HCA5

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This 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 waivers.

or

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

Firm Name: _____
Name of Contractor/Bidder – Print full legal entity name of firm

By: _____
Signature of authorized person

Print Name of person making certifications for firm

Title: _____
Title of person signing certificate

Place:

Date: _____

Print city and state where signed

Exhibit E
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.

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: three (3) pages

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 provider subcontracts are value-based, and in which HCP-LAN category (e.g. 2C, 3A, etc.). If the percentage of VBP BH subcontracts is less than 90%, include Bidder's plan for achieving 90% VBP BH 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: two (2) pages.

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 (2) pages.

D. Care Coordination (Max 40 weighted points)

3. [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

4. [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

Exhibit F
Provider Network(s) Submission

Available via SFT site.

Exhibit G
Sample Behavioral Health (BH) Attestation

I, Insert Bidder Name, hereby attest to having attempted in good faith and with due diligence to contract with each behavioral health organized-contracted provider, as identified on the Washington State Department of Health (DOH) website (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/606019-BHADirectory.pdf>), in the Identify RSA(s) Regional Service Area. I further attest to having made, in good faith and with due diligence, an actual and sincere attempt to establish a contract with each provider, which includes a description of services to be provided under the IMC contract and payment methodology specific and appropriate to those services. I further attest that Insert Bidder Name acknowledges and agrees that the awarding of any contract to Insert Bidder Name under this RFP is subject to HCA's verification and confirmation of these attestations and that HCA may, as a result of its review, decide in its sole discretion not to award the contract.

I, Insert Bidder Name attest to having a network of contracted mental health professionals and chemical dependency professionals that meet the distance standards, as required by Attachment 1, Draft Sample IMC Contract, Section 6.11.

I further attest that I have the authority on behalf of Insert Bidder Name to make these attestations.

Bidder Authorized Signatory Name

Title

Date

Attachment 1
Draft Sample IMC Contract

Attached as a separate PDF.

Attachment 2
Draft Sample BH Wraparound Contract

Attached as a separate PDF.