

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFP NO. 2516
Amendment #3

PROJECT TITLE: Medicaid Managed Care Dental

PROPOSAL DUE DATE: June 29, 2018 by 2:00 p.m. Pacific Time, Olympia, Washington, USA.

Faxed bids will not be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: January 1, 2019 to December 31, 2020

The Health Care Authority reserves the right, in its sole discretion, to extend the contract for up to five (5) additional years in increments of one (1). Amendments to extend the period of performance of the contract may require network capacity increases.

The above referenced RFP is amended as follows:

1. Section 1.2, Background, is amended to include the following section at the end:

Washington Health Alliance. HCA and contracted medical managed care organizations currently cooperate with the Washington Health Alliance (WHA) in efforts to improve the quality and efficiency of healthcare services. This includes submitting data to WHA for producing various healthcare measurements and reports. Though dental is not currently incorporated into this initiative, HCA intends that it will be in the future, and any ASB(s) will be expected to collaborate with HCA and WHA to continue to further these efforts, and to ensure the smooth incorporation of dental data for WHA use in these efforts.

2. Section 1.4, Minimum Qualifications, Preferred Qualifications, 1.4.17 is amended to read as follows:

1.4.17 Experience with outreach to vulnerable populations, which includes: the economically disadvantaged; racial and ethnic minorities; the uninsured; low-income children; the elderly; the homeless; and those with chronic health conditions, including severe mental illness, who have reduced access to health care services. Bonus points will be given to MCEs that are able to demonstrate this requirement. See Exhibit E, Section 6 for Bonus Questions.

3. Section 3, Proposal Contents, 3.1, Proposal Format (Mandatory) is amended to read as follows:

3.1 Proposal Format (Mandatory)

Proposals must be written in English and submitted on eight and one-half by eleven inch (8 ½” x 11”) paper with tabs separating the major sections of the Proposal. The eleven major sections of the Proposal are to be submitted in the order noted below:

- Letter of Transmission
- Exhibit A, Letter of Submittal
- Exhibit B, Signed Minimum Qualifications Certification
- Exhibit C, Signed Certifications and Assurances
- Exhibit D, Provider Network Submission
- Provider Network Questions, Sections 3.3 and 3.4
- Exhibit E, Evaluation Questions
- Experience, Section 3.6
- References, Section 3.7
- Cost Proposal Template, included in Exhibit F, Dental Data
- Exhibit H, Diverse Business Inclusion Plan

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.

4. Section 3.4, Provider Network (Scored) is amended to read as follows

3.4 Provider Network (Scored) (Max 400 points) (Page Limit: 15)

For the purposes of this Section, “Adult” is defined as twenty-one years of age and older; “Children” is defined as twenty years of age and younger.

3.4.1 [Scored, Max 134 points] What steps will Bidder’s organization take to develop, monitor, and maintain a network that meets time and distance standards described above within the first year after Contract implementation, and meets the following milestones:

	Date (Due by)	Adult Network Capacity (% of Clients in RSA)	Children Network Capacity (% of Clients in RSA)
<i>Starting</i>	<i>June 29, 2018 – Proposal Due Date</i>	7	18
3.4.1.1	August 17, 2018	15	35
3.4.1.2	October 1, 2018 – Readiness Review	25	60
3.4.1.3	June 30, 2019 – 6 months post implementation	35	65
3.4.1.4	December 31, 2019 – 12 months post implementation	45	65
3.4.1.5	Each Quarter of Year 2	+1	

Amendments to extend the period of performance of the contract may require additional network capacity increases.

- 3.4.2 [Scored, Max 93 points] How will Bidder develop a network reflecting the diversity of the population being served?
- 3.4.3 [Scored, Max 67 points] What written policies does Bidder's organization have regarding the selection and retention of providers? How will Bidder's organization attract and retain providers that serve high-risk populations (including Developmental Disabilities Administration (DDA), mental health issues, addiction issues, etc.)?
- 3.4.4 [Scored, Max 40 points] How will Bidder's organization coordinate services for Enrollees who may need to go outside their service area to obtain services in areas where Bidder may have an inadequate network or where an out-of-network provider has specialized expertise? For example: working with special needs children; non-English speaking Enrollees; or an Enrollee in need of maxilla-facial surgery to correct defects caused by accident or illness.
- 3.4.5 [Scored, Max 13 points] How will Bidder's organization ensure Enrollees have access to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for dental services?
- 3.4.6 [Scored, Max 53 points] Does Bidder's organization have the ability to initiate "Single Case Agreements" for situations in which a provider chooses not to contract with Bidder's organization, but his or her services are needed to address an Enrollee need? Please describe the process for negotiating a Single Case Agreement.

- 5. Section 3.8, Cost Proposal, is amended to correct the "Max points" to 400, and subsection 3.8.3 is amended to read as follows:

3.8.3 Evaluation and Cost Proposal Scoring Methodology

Cost Proposals will be scored with a preference for statewide coverage, with each Regional Service Area (RSA) being worth a maximum of 32 points and all ten RSAs being worth the maximum of 320 points.

- A. Scoring. Bidder will submit the Cost Proposal Template by proposing a set of rate factors to HCA. HCA, or HCA's contracted actuary, will develop assumptions for the remaining rate factors. HCA, or HCA's contracted actuary, will review, and incorporate HCA rate factors and any adjustments to Bidder's proposed rate factors. This adjustment may involve a request for more information or feedback from the Bidder regarding rate assumptions. The final rates for each Bidder will be submitted to Bidder for acceptance. Accepted rates will be the Final Proposed Rates. Final Proposed Rates score will be computed for each program by dividing the lowest cost Final Proposed Rate, for each program in each RSA, by the Bidder's Final Proposed Rate, for each program in each RSA. The resulting number(s) for each region in each program, will be multiplied by one tenth of the maximum possible points for the cost section (40). The bidder's statewide total for each of the programs will be averaged to determine the bidder's final cost proposal score.

An Excel spreadsheet, *Managed Care Dental Cost Proposal Scoring*, will be provided as part of the Dental Data Book to show the methodology of scoring of Final Proposed Rates.

- B. Final Rates Paid. The Cost Proposal submissions will be utilized to score and award points to Bidders. Cost submission points are one component of the overall available points outlined in this RFP. Final Proposed Rate bids represent the prospective monthly capitation payment for January 1, 2019 through December 31, 2019 that the HCA may pay the Apparent Successful Bidder(s).

The monthly capitation base rate paid to ASB(s) may be adjusted, at the discretion of HCA, prior to implementation due to a variety of factors currently unknown, which could include the following:

- CMS feedback
- Payments expected to function as pass-through items
- Modifications to the benefit package or administrative expectations
- Other material items that may impact the rate ranges

6. Exhibit E, Evaluation Questions, Section 6, Bonus Questions, is amended to include the following additional bonus question:

6.4 Experience with Outreach to Vulnerable Populations (Page Limit: 3)

Provide at least one example, of three or more years' experience, demonstrating Bidder providing outreach to vulnerable populations, which includes: the economically disadvantaged; racial and ethnic minorities; the uninsured; low-income children; the elderly; the homeless; and those with chronic health conditions, including severe mental illness, who have reduced access to health care services. Include: a summary of the program, successes, and lessons learned.

Bidders that are able to provide a responsive demonstration to Question 6.4 will be awarded up to 30 bonus points.