



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue • P.O. Box 42702 • Olympia, Washington 98504-2702

March 29, 2017

TO: Potential Bidders

From: RFP Coordinator

SUBJECT: RFP 1812 – Integrated Managed Care-Mid Adopter-Amendment 3

The purpose of Amendment three (3) to RFP 1812 is:

1. HCA's responses to additional RFP questions submitted. Please see attached Q&A document with questions 78-88.
2. Exhibit C is replaced in its entirety with Exhibit C-1, attached as a separate document. Changes include:
 - a. The fixing of typo or administrative errors, indicated in track changes; and
 - b. The addition of one (1) question (Question #53, which will be scored under Section D, Community Linkages).
3. Due to the new question #53, RFP Section 4.2.1 and 4.3 are replaced in their entirety with the following:
 - 4.2.1 The maximum number of evaluation points available is 910. The Mandatory Requirements are evaluated on a pass/fail basis. The following weighted points will be assigned to the Proposal for evaluation purposes.

Specific Criteria for RFP Evaluation:

Evaluation Criteria	Maximum Weighted Points Possible
RFP Compliance	N/A
Mandatory Management Review <ul style="list-style-type: none">• Letter of Submittal and Certification and Assurances	N/A
Technical & Management	710
Provider Network	200
Total	910 Points

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

- 4.3 The following is the scoring breakdown for each section of Exhibit C-1, RFP Evaluation Questions.

RFP Question Section	Question Numbers	Points
Management	1-9	100
Behavioral Health Access	10-15	130
Network Description	16-20	100
Community Linkages	21-24 & 53	80
Quality Assessment and Performance Improvement	25-27	40
Information Systems/Claims	28-35	50
Utilization Management Program and Authorization of Services	36-42	50
Care Coordination	43-52	160

Please note:

- All communication regarding this RFP must be directed to the RFP Coordinator at contracts@hca.wa.gov. All other communication will be considered unofficial and non-binding on HCA. Communication directed to parties other than the RFP Coordinator may result in disqualification of the potential Bidder.
- Proposals are now **due April 14, 2017**

Thank you,

Andria Howerton
RFP Coordinator
contracts@hca.wa.gov

Amendment 3
HCA Response to additional RFP Questions

78	Exhibit A	<p>Section (n) Subcontractor does not include a definition for “Subcontractor” nor is one provided in the RFP on page 9 under Section 1.7 Definitions.</p> <p>Can HCA provide a definition for reference in section (n) Subcontractor?</p>	<p>Please refer to RFP Attachment 2, Draft Sample Integrated Managed Care Contract for the definition of Subcontractor.</p>
79	Exhibit A	<p>Please confirm the provider network groups delegated for functions such as credentialing, utilization management, and claims, are not applicable to Section 3.2, Letter of Submittal (Exhibit A), A(n), (a-g) (Subcontractor Information).</p>	<p>Please refer to RFP Attachment 2, Draft Sample Integrated Managed Care Contract for the definition of Subcontractor.</p>
80	Exhibit C	<p>RFP Exhibit C, Section 3.3 states “the section numbers and titles must be restated in the Bidder’s Proposal...provide a response as a separate document using the corresponding item number listed.” Does the State want all requirements that fall beneath sections A-H of Exhibit C restated in full, or will the State allow the Bidder to use the requirement number/letter and create a paraphrased heading in consideration of the page limits?</p>	<p>Yes, as stated in the RFP, "the section numbers and titles must be restated in the Bidder's Proposal." However, the restated question will not count against the final page count.</p>
81	Exhibit C	<p>Question 10 states – “10. {S. Max 40 points} For question 9, base the Bidders responses on the following vignette.” Please clarify whether this should state “for question 10” since question 9 is related to provider credentialing.</p>	<p>Yes, this should read "For question 10..."</p>
82	Exhibit C	<p>RFP Exhibit C, Question C.19(a) states bidder must address "Network development to assure the Bidder's behavioral health network reflects the cultural diversity of the region and includes sufficient CLAS providers to meet the needs of the Bidder's enrollees." Can the state clarify the definition or meaning of "CLAS providers"? Does this mean providers who are culturally and linguistically appropriate for the Bidder's enrollees based on Title VI and CLAS standards, or does this mean providers trained in CLAS standards, or does this indicate providers with a particular "CLAS" designation and if so, what would that designation be?</p>	<p>This means providers who are familiar with CLAS Standards requirements have implemented those standards in their practice and can demonstrate it in their daily business practices.</p>
83	Exhibit C	<p>RFP Exhibit C, Question C.19 says "Provide documentation of the Bidder's current accreditations standards that directly or indirectly support the provision of Culturally and Linguistically Appropriate Services (CLAS)..."</p> <p>Can the State please provide additional guidance on what type of documentation is expected here?</p> <p>Additionally, if the required documentation is a separate document, please confirm it can be provided as an attachment and that it will not count toward the page limit for this question.</p>	<p>Accreditation standards, such as of Joint Commission and of NCQA, support the provision of CLAS Standards.</p>
84	Exhibit C	<p>Question 25 “Describe how the Bidder’s Quality Improvement Program description will address Behavioral Health requirements . . .” appears to be asking how the description will address the program requirements rather than how the program will address the requirements. Please clarify.</p>	<p>Correct, the Bidder should describe how the Quality Improvement Program will address behavioral health requirements.</p>
85	Exhibit C	<p>Vignette on page 18 says use for question 51. Please confirm the vignettes on page 18 are actually for use in responding to question 52.</p>	<p>Yes, the vignettes relate to question 52.</p>

86	Exhibit C	<p>Vignette for Older Adults appears to be missing a word. Should the time frame include the word "months" on line 14?</p> <p>Text of the vignette (highlight added): "Older Adults: Thomas, 67, is on both Medicaid and Medicare and has end-stage kidney failure ... He sees his Primary Care Provider and diabetes educator at least every three (3) for routine care and monitoring and his nephrologist every six (6) months...."</p>	<p>Yes, this should read, "three (3) months..."</p>
87	Exhibit C	<p>RFP Exhibit C, Question H.44 states: "Apply core principles of the Collaborative Care Model (see above) to integration into the Behavioral Health setting." Please clarify if this question is referring to the Collaborative Care Model (AIMS) referenced in sub-item (b) or the Millbank report referenced in sub-item (c). If this refers to the Collaborative Care Model referenced in sub-item (b), should (iv) be changed to sub-item (d)? If the reference to the Collaborative Care Model refers to the Millbank Report, please clarify where we may locate the principles in this report.</p>	<p>44(c)(iv) refers to the Collaborative Care Model, referenced in 44(b). Per Exhibit C-1, Question 44(c)(iv) will now read: "Regardless of the approach(es) selected, apply core principles of the Collaborative care model (see above) to integration into the Behavioral Health setting."</p>
88	Exhibit D	<p>We understand the Question and Answer period has closed, but after reviewing the responses today, we do have a requested clarification as a result of response provided to question 77 in Amendment 2. There are discrepancies in the Attachment 1 Sample Contract, the Exhibit D GeoCoding document, and Exhibit F Evaluation scoring.</p> <p>In the draft contract, in section 6.11 (page 113) a defined network standard for Urban and Non-Urban areas, is given for PCP, Obstetrics, Pediatricians or Family Physical Qualified to Provide Pediatric Services, Hospitals, Pharmacy and Mental Health Professionals/ CDP's.</p> <p>Exhibit F Evaluation Scoring also refers to section 6.11 of the sample contract, and goes on to restate the "critical providers" Hospital, Pharmacy, PCPs, PED PCPs, OBs and Mental Health.</p> <p>However, in the GeoCoding file there is a 1 in 25 mile standard listed for every provider type, beyond the 6 provider types listed in the sample contract and in the scoring exhibit.</p>	<p>The 1 in 25 standard in the Geo file is there for purposes of tracking locations and assisting HCA in developing data on those providers and services. This has been in place since 2012 and are not scored as part of the RFP process or Network Monitoring processes. RFP section 3.4 discusses how bidders should approach Specialty provider network measurement.</p>