



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

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

January 8, 2018

TO: Potential Bidders  
From: RFP Coordinator  
SUBJECT: RFP 2474 – Face to Face Interpreter Services-Amendment 1

The purpose of Amendment one (1) to RFP 2474 is as follows:

- HCA's responses to all submitted RFP questions, attached below;
- Amended RFP 2474, attached as a separate document, to update the RFP schedule and to clarify language (all edits are in redline strikeout for reference);
- Exhibit C is now amended as Exhibit C-1, Draft Sample Contract to update information and clarify language (all edits are in redline strikeout for reference); and
- The addition of Exhibit G, Language Data, attached to the amended RFP 2474.

Please note:

- All communication regarding this RFP must be directed to the RFP Coordinator at [contracts@hca.wa.gov](mailto: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 due February 8, 2018 by 2:00 p.m. PT.

Thank you,

Andria Howerton  
RFP Coordinator  
[contracts@hca.wa.gov](mailto:contracts@hca.wa.gov)

Amendment 1			
RFP 2474 Face to Face Interpreter Services - Questions and Answers			
#	RFP Section	Bidder Questions	HCA Response
1	1.1	Are services under this RFP exclusive to HCA? If not, what other agencies can buy off the contract?	Please refer to the RFP Section 1.1.
2	1.2	This section indicates that RFP 2474 is for face-to-face interpreter services in spoken and sign languages, please explain the decision to continue to combine ASL and spoken language services despite extensive evidence that most, if not all, vendors do not serve both spoken language and sign language populations.	Thank you for your comment. This is the approach within the current budget.
3	1.3	For clarification, regarding the Letter of Intent, in 2.3.6 it asks for us to include a statement of how we meet ALL the Minimum Requirements specified in that section. Are the Minimum Requirements referring to the Minimum Qualifications that are found in 1.3 on page 5 of the RFP?	Yes.
4	1.3	I would like to clarify which Minimum Requirements the bidders must be addressing in the Letter of Intent to Propose. Is it the requirements detailed in section 1.3 Minimum Qualifications, or section 2 General Information for Bidders? We want to make sure we understand this phrase correctly.	Yes, Section 1.3 Minimum Qualifications
5	1.3.3	There is no requirement in WA that ASL interpreters be RID Certified to work in the medical field, although "RID Certified Interpreter" is in the RFP on Page 5 1.3.3. Could you please clarify if this is a requirement?	RID certification is a requirement when working with Medicaid eligible clients per HCA.
6	1.4	Are the 1 Million predicted encounters all for On-Site Interpretation?	Yes
7	1.4	The RFP indicates that HCA forecasts 1,062,007 Interpreter Service Encounters during the initial 2 years of the contract. Is this forecast based on the current number of Encounters that were completed over the last two years? If so, what was the number of Encounters completed for the last two years under this contract? In the past, we have received forecast information from Washington State for other interpreting contracts that turned out to be inaccurate, so we just want to be sure that this forecast is based on reliable and accurate information.	HCA calculated the rate based on current utilization for the last two fiscal years and Medicaid growth of LEP clients.
8	1.4	The HCA forecasts 1,062,007 Interpreter Service Encounters over the initial 2 years of the contract, which equates to an average of 44,250 Encounters per month. Is that an accurate average number of Encounters completed per month?	This is a forecast of expected encounters for the next two fiscal years
9	1.4	In the RFP it states that the HCA budget for this contract is \$2,958,252.00, but in the template Draft Sample Contract, it indicates in 3.3 Compensation that the Maximum Compensation payable to Contractor for Administration Costs will be \$71,748.00. The template Draft Contract seems to be set up for on-demand telephonic and video remote modalities which are not pertinent to this contract. Would you kindly clarify what will be the maximum budget that the HCA is willing to pay the winning bidder for this initial two-year contract?	The RFP is correct. Exhibit C, Draft Sample Contract will be updated with this amendment.
10	1.4	What percentage of the forecast 1,067,007 Encounters will be for RID certified ASL interpreters?	Approximately 2%
11	1.4	The funding is listed as \$2,958,252 with tentatively 1,062,007 appointments for the same time period. According to my calculations we would have to bill \$2.78 per appointment to stay under the stipulated amount. Is that correct?	Administration and number of encounters is correct.
12	1.4	In section 1.4 of the RFP it states the number of encounters are 1,062,007 while Exhibit F lists the number of encounters as 1,222,026. Can you please clarify the number of encounters?	Exhibit F is a typo and will be amended.
13	1.4	Based on public record the original admin fee of the prior contract was based on an estimated number of encounters. The number of encounters has almost doubled in the last 5 years; however, the admin fee has not increased. Will there be an opportunity to increase the admin fee as the number of encounters on this contract increases?	No, the current administrative fee will remain as published on the RFP
14	1.4	This section includes mention of the ability to remove ASL services at the sole discretion of HCA. Can you explain what considerations would go into that determination, including what is the acceptable threshold for a fill rate below which HCA might consider removing ASL from this contract? If this is a consideration, why not remove ASL now and design a program that will serve this population?	Thank you for your question. HCA will work with the ASB to determine appropriate fill rates and reimbursement process for ASL services to ensure that the community needs are met.
15	1.4	Please provide forecasted numbers of requests to be received for the first two years of the contract.	Please see RFP Section 1.4.
16	1.4	Page 5 - 1.4 Funding. Please confirm that based on the maximum administration payment of \$2,958,252.00 and estimated number of interpreter service encounters to be completed (1,062,007), that the administration cost to manage each request from beginning to end, is about \$2.78?	Administration and number of encounters is correct.
17	1.4	Page 5 - 1.4 Funding. How is the Administrative Payment remitted to the contractor? Is the entire amount paid in advance? Is it reimbursed monthly?	ASB will be required to submit monthly invoices per Exhibit C.
18	1.4	Page 5 - 1.4 Funding. Please confirm that the "two million nine hundred fifty-eight thousand two hundred and fifty-two dollars (\$2,958,252.00)" are funds for the administration of this contract only and doesn't include the interpreter payments or union dues.	Administration fee does not include service costs for interpreters or union dues

19	1.4	Page 5 - 1.4 Funding. If the forecasted amount of interpreter requests, ends up being significantly lower – is the contractor able to negotiate an increase to their administrative fee to be able to appropriately handle the additional volume?	The stated Administrative Rate will remain unchanged for the two year contract
20	1.7	In 1.7 Definitions of the RFP, it defines "Urgent Request" as a request with less than 1-day notice, but in 3.3.2.2 Response Timeframes, it says "Urgent Care" appointments are those requested with less than 2-business days' notice. Please clarify what is the correct definition we should follow for an "Urgent Request / Urgent Care" appointment.	1.7 Definition of "Urgent Request" is as stated. "Urgent Care" will be removed from the definitions
21	2.2	Is there a specific time that the Proposals are due on February 8, 2018? Is it 5pm, or will 11:59pm on February 8th still meeting the requirement?	Please see the amended RFP Section 2.2.
22	2.4	Page 10. 2.4 SUBMISSION OF PROPOSAL: is a copy of RFP #2474, along with the Exhibit C - Sample of Contract, and any Amendments/addendum to the RFP must be included with the response to the RFP #2474?	No. Please refer to RFP Section 3.1, Proposal Format.
23	2.12	This section indicates that the ASB will be expected to enter into a contract which is substantially similar to the sample contract in Exhibit C. Please clarify if Exhibit C, Draft Sample Contract, referred to throughout this document is the correct document as each of these references focuses on face-to-face interpreter services and the Exhibit C found at: <a href="https://www.hca.wa.gov/assets/program/RFP%202474_Exh%20C.PDF">https://www.hca.wa.gov/assets/program/RFP%202474_Exh%20C.PDF</a> refers to VRI/ telephonic interpreter services. For example, it says that the proposal for scheduling managing interpreter appointments as described in Exhibit C; however, Exhibit C sets out the total expenditures and rates for VRI/ telephonic services.	Please see amended Exhibit C with this RFP amendment.
24	2.19	Would you consider waiving the cyber insurance requirements? These are currently not industry standard policies and would cost significantly more.	The final contract terms will be negotiated with the ASB. However, this is standard HCA requirements.
25	2.19	Our insurance states non-owned and hired autos not any auto. Will this be considered compliant?	This will be negotiated with the ASB.
26	3.1	Are we to include responses to 3.3 Mandatory Scope in our proposal? The Proposal Format in 3.1 does not include this section in the short list of items. Please clarify.	Yes, please see the amendment RFP document.
27	3.1	Proposal Format: Should the bidder use the same section numbers in it's own proposal, or is only the order of information to be adhered to? For example, when we include the Letter of Submittal, does that need to be section 3.2 in our proposal?	Per RFP Section 3.1, "Proposals must provide information in the same order as presented in this document with the same headings."
28	3.1	Could you please confirm where the Government expects us to include the list of references?	Please see the amended RFP Section 3.1
29	3.1	Do you except following items to be in the same Volume: Letter of Submittal, including signed Certifications and Assurances (Exhibit A), Exhibit E, Exhibit F, and Exhibit B.	Please refer to RFP Sections 2.2 and 3.1.
30	3.1	RFP Section 3.1, Proposal Format, does not include where we should include response to Section 3.3., Mandatory Scope. Are we to discuss Mandatory Scope requirements as part of the Technical and Management proposal requirements? If not, where/how should we respond to RFP Section 3.3.?	Please see the amended RFP Section 3.1
31	3.3	Throughout the RFP in many places it stipulates that report(s) can be requested by Union, HCA, and requestors. Please provide a detailed list of reports needed? Additionally, please provide a list of Mandatory reports and optional reports which maybe referred to and defined as additional cost items? (Adhoc reports are costly queries into a database due within 3 business days)	Current requested reports are listed in Exhibit C, Schedule A, Statement of work.
32	3.3.1	Sections 3.3 Mandatory Scope a. 3.3.1.3 Why do we need to provide phone numbers when Interpreters can be requested electronically over various devices? b. 3.3.1.5 Why would a requester be offered an option to call in requests? If the requester has difficulty with the requesting system, our Support Department will trouble shoot the issue. Phone request increase labor costs. c. 3.3.1.10.3 What computer language format is the DSHS Database listing in? Can the DSHS Database system be accessed electronically by API? Can the DSHS System be used to update our software on a periodic basis?	3.3.1.3 Provide a local and toll-free number for Requesting Interpreter Services: Providers may not have internet access 3.3.1.5 Availability to contact contractor for issues, requests, problems. 3.3.1.10.3 DSHS Language Testing is the certifying and managing body of the database.
33	3.3.1.10	Section 3.3.1.10.3 on Page 18 of the RFP document states that Spoken language interpreters to be DSHS Authorized, Certified or Recognized (per DSHS database listings), or have other Interpreter certifications deemed to meet DSHS standards. Will HCA and/or DSHS accept Provisional DSHS Certification or Provisional DSHS Authorization?	All provisional certifications must be submitted through DSHS Language Testing and Certification. HCA does not determine certifications or provisions to certifications.
34	3.3.1.10	Section 3.3.1.10.3 on Page 18 of the RFP document states that Spoken language interpreters to be DSHS Authorized, Certified or Recognized (per DSHS database listings), or have other Interpreter certifications deemed to meet DSHS standards. Can you please define 'DSHS Recognized' interpreters, and let us know where such DSHS database listings are made public?	DSHS Language Testing and Certification is the authority of interpreter certification, authorization or recognition. <a href="https://www.dshs.wa.gov/tsa/language-testing-and-certification-program">https://www.dshs.wa.gov/tsa/language-testing-and-certification-program</a> .

35	3.3.1.10	Section 3.3.1.10.3 on Page 18 of the RFP document states that Spoken language interpreters to be DSHS Authorized, Certified or Recognized (per DSHS database listings), or have other Interpreter certifications deemed to meet DSHS standards. Will HCA and/or DSHS accept the following accreditation: a. National Board of Certification for Medical Interpreters (NBCMI) b. National Center for State Courts (NCSC) c. Washington State Court Interpreter Program (AOL) d. Any other organizations?	All provisional certifications must be submitted through DSHS Language Testing and Certification. HCA does not determine certifications or provisions to certifications.
36	3.3.1.10	Section 3.3.1.10.5 on Page 18 of the RFP document states that interpreters need to "Adhere to the RID-NAD Code of Professional Conduct." Can you confirm that this applies to Sign Language interpreters only?	Thank you for your question, this will be determined with the ASB.
37	3.3.1.10	Page 18. 3.3.1.10.3 Spoken Language Interpreters are DSHS Authorized, Certified, or Recognized (per DSHS database listings), or have other Interpreter certifications deemed to meet DSHS standards. Please list any type of Interpreters certifications / authorizations / recognition that meets DSHS latest standards. Please also specify the type of appointments setting (Medical or/and Social) mentioned certifications / authorizations / recognition would be applicable for. For example: WA Court Certification, Oregon Court Certification, National Center for State Courts (NCSC), etc. - applicable for Social setting; CCHI, NBCMI, Provisionally Medical Certification/Authorization, etc. - applicable for Medical setting. Please explain DSHS Translation certification and ATA certification applies or not.	DSHS Language Testing and Certification is the authority of interpreter certification, authorization or recognition. <a href="https://www.dshs.wa.gov/fsa/language-testing-and-certification-program">https://www.dshs.wa.gov/fsa/language-testing-and-certification-program</a>
38	3.3.1.8	Section 3.3.1.8 on Page 18 of the RFP document states "Upon receipt of a Request from a Requestor, or from HCA staff, schedule Interpreter Services in conjunction with the Client's health care appointment." Can you please elaborate what the second part of the sentence means? What role does the contractor (if any) will play in scheduling the client's health care appointment? Is the contractor at any time meant to help providers schedule appointments with their clients?	HCA pays for IS services when needed for an approved scheduled appointment.
39	3.3.2	Community input suggested that there be some mechanism built in to immediately respond to requests indicating an inability of the vendor to fill the request where the vendor has no interpreters available in that language in the service area. Why was this recommendation not included in the RFP and how will you ensure that services are not delayed by a failure of the vendor to respond timely to requests where they have no ability to fill the request?	Please refer to Exhibit C, Schedule A, Statement of Work, Section C.a.viii, Section F.d, and Section J to determine notification status.
40	3.3.2.1	Section 3.3.2.1 of Exhibit C to RFP #2474 (the Draft Professional Services Contract) states "The direct Interpreter Service Rate for spoken language Interpreters utilizing telephonic modalities will be paid at sixty cents (\$.60) per minutes" and "The direct Interpreter Service Rate for spoken language Interpreters utilizing Video Remote (VRI) will be paid at two dollars and eighty-five cents (\$2.85) for the first ten minutes and sixty cents (\$.60) per minute thereafter." To what extent, by anticipated volume and/or cost, will telephonic and video interpreter services be required under the contract? Will it be possible to only bid on face to face interpreter services (and not bid on telephonic and video interpreter services)?	This is a typo. Please see amended Exhibit C with this RFP amendment.
41	3.3.4	Please clarify if this section can be modified to include the statement in section 3.3.5, that ASL interpreters are exempt from the CBA. It would seem more appropriate to have this statement in the section discussing adherence to the CBA	Please see the amended RFP.
42	3.3.4	What is expected of the contractor in terms of "collective bargaining and unions"; is the contractor allowed to avoid unions?	Please refer to RFP Section 3.3.4
43	3.3.5	Can HCA provide the last available, accurate list of language access providers, including their names, addresses, and other contact info, (possibly as received from the current vendor) as described in section 3.3.5 page 19?	You may submit a public records request to <a href="mailto:publicdisclosure@hca.wa.gov">publicdisclosure@hca.wa.gov</a>
44	3.3.7	Section 3.3.7 of RFP #2474 states that the Apparently Successful Bidder "must, at the time of the contract execution, be licensed or authorized to do business in the local jurisdiction(s) in which the ASB will be conducting business." Which jurisdiction(s) is/are anticipated to require the most services under the contract?	Washington State and border cities in Oregon and Idaho State as stated in Exhibit C, Schedule A, Statement of Work.
45	3.5	The RFP asks for 3 references for the Bidder and three references for the lead staff person. May those references be the same if they are applicable to both the company and lead staff person?	Yes
46	3.5.1	Section 3.5.1 on Page 21 of the RFP document states: "Do not include current HCA staff as references." Can DSHS or Department of Corrections (DOC) staff be included as references?	Yes.
47	3.5.1	Section 3.5.1 on Page 21 of the RFP document states: "List names, addresses, telephone numbers, and fax numbers/e-mail addresses of three business references for the Bidder and three business references for the lead staff person for whom work has been accomplished and briefly describe the type of service provided." Please elaborate the difference between the Bidder and Lead Staff Person noted. Are we to provide 6 references total? Is it possible to provide additional references if available?	The Bidder is the Company, the Lead Staff Person is the individual. Yes, you may submit more if desired.

48	Exhibit B	On Exhibit B, there are some questions in regards to listing the approximate percentage of work to be accomplished by each group. Can you please explain how we come up with those numbers? Are those supposed to be for staff members or interpreters that we contract?	This is determined by the Bidder and is for information purposes only. This includes staff and subcontractors.
49	Exhibit B	Exhibit B. DIVERSE BUSINESS INCLUSION PLAN: Does the DIVERSE BUSINESS INCLUSION PLAN document apply to the individual interpreters (contractors), OR only firms that our agency may contract with to meet the requirements of this contract (e.g. Technology Company, Telecommunication Company (Comcast, etc.)? If individual interpreters, it will be very time-consuming to collect the current data in time for the RFP due date since we work with thousands of interpreters.	It includes all. This document is not mandatory and is for informational purposes only.
50	Exhibit B	Do you expect us to have OMWBE Certification before submission of the proposal?	This is voluntary.
51	Exhibit B	Can a non-Washington Business be certified as a Washington State Certified Women's Business?	Please visit the website <a href="http://omwbe.wa.gov">omwbe.wa.gov</a>
52	Exhibit B	While OMWBE certification in Washington state is not a requirement, does Washington state accept reciprocal MWBE certification from other states?	Please visit the website <a href="http://omwbe.wa.gov">omwbe.wa.gov</a>
53	Exhibit B	In order to support our Diverse Business Inclusion Plan, where can we find lists of: o firms certified by the Office of Minority and Women's Business Enterprises (OMWBE)? o firms certified by the Washington State Department of Veterans Affairs? o firms that are Washington Small Businesses?	Please visit the website <a href="http://omwbe.wa.gov">omwbe.wa.gov</a>
54	Exhibit C	At page 3, there is reference to an Exhibit A, which is not included, but it is referring to VRI / Telephonic interpreter services when RFP 2474 does not contemplate those services. Is this the correct Exhibit A and can you explain why this information would be included in the face-to-face interpreter services RFP?	Please see amended Exhibit C with this RFP amendment.
55	Exhibit C	Why does section 3.3.1, compensation, refer to a total payment of seventy-one thousand seven hundred and forty-eight dollars, when the RFP itself contemplates payment of two million nine hundred fifty-eight thousand two hundred and fifty-two dollars?	Please see amended Exhibit C with this RFP amendment.
56	Exhibit C	Why does section 3.3.2.1, Rates, only discuss telephonic and VRI interpreter services rates, when those modalities are not contemplated in RFP 2474?	Please see amended Exhibit C with this RFP amendment.
57	Exhibit C	In prior contracts, HCA set up a performance standard but there does not seem to be any expectation of a fill rate threshold in this current RFP. Instead, there is a baseline that will be set by evaluating the first year of performance under the contract. Why was this approach selected and how will HCA hold the vendor accountable to improve performance when this baseline approach can be set very low during the first year.	See RFP Section 3.5 Performance incentives and penalties.
58	Exhibit C	What reporting requirements are specifically linked to identifying when a vendor will be subject to the 1% reduction, including what benchmarks will be established to determine compliance? Also, what are the performance requirements since there is no mention of fill rates in the scope of work and the only mention of any fill rates are in the technical proposal, at page 35, which refers to a 90% fill rate, but given that is in the proposal document, it does not seem to be part of the RFP terms and scope of work.	See RFP Section 3.5 Performance incentives and penalties. HCA will work with the ASB for contract appropriate performance and incentives.
59	Exhibit C	To the extent the customer service requirements in B indicate that the vendor must establish and maintain an ombudsperson position or a trained staff person whose responsibility is resolving complaints, including adherence to the CBA, can this section be modified to include the requirement for the vendor to have a position on staff dedicated to complying with the requirements of the Americans with Disabilities Act and appointing an ADA coordinator?	Please see the amendment Exhibit C, Schedule A, Section B., v.
60	Exhibit C	At page 34: in section A, d) regarding adhering to the terms of the WFSE CBA, can this section be clarified to indicate that ASL interpreters are not included in and the terms of the CBA cannot be applied to ASL interpreters?	Please refer to RFP Sections 1.4, 3.3.4 and 3.3.5.
61	Exhibit C	At page 39, Can section F. v, be modified to reflect the need to comply with the ADA as it relates to the issue of requesting a specific interpreter? These specific sections or limited categories do not apply to Deaf and Deafblind individuals and this section should indicate that distinction.	See amended Exhibit C with this RFP amendment
62	Exhibit C	Section F c) viii, at page 40: this section contemplates sending notifications to the requestor when an appointment is unable to be filled within 48 hours of the appointment. Can this be modified to reflect the input from MITF that in some areas of the state where there are no interpreters on contract in certain languages, this response should happen immediately.	Thank you for your comment. HCA will work with the ASB to define.
63	Exhibit C	Section I, a), at page 42: this requirement that the requestor can self-select the timeframe is not in the statement of work as a requirement of the system. What options will this need to include and how will it be controlled by the vendor?	Thank you for your question. HCA will work with the ASB to determine steps for authorized requestors.
64	Exhibit C	Section 1 b), at page 42: please clarify this section since if the requestor closes the request, they are also responsible for finding and paying for an interpreter and so this section doesn't seem necessary. Will the current ability of a provider to go off-contract and be reimbursed by the vendor be incorporated into this contract?	Reimbursement is not available for LEP requests, unless in an Integrated Managed Care region (Southwest or North Central Regions of Washington) or ASL Medicaid requests.

65	Exhibit C	Page 48: In this section on Monthly interpreter services data reports, please clarify if the report in section C is for both spoken languages and sign language? If that is the intent, please clarify this since, as written, it would seem that section C only applies to spoken language since it is in a category that exempts ASL from the reporting requirements and a similar section to c is not included in section 2, for ASL data reports. In this instance, it would leave out reporting of locations of requests, which is vital to identifying gaps in services. Please clarify the reporting requirements and why the reporting requirements are different for spoken and signed languages.	Thank you for your questions. Please see amended Exhibit C with this RFP amendment
66	Exhibit C	Can you please confirm that the state holidays observed by this contract are the same listed in RCW 1.16.050?	Yes
67	Exhibit C	Section J.c. on Page 42 of the Draft Sample Contract states that: "If left open and unfilled, the Authorized Requestor is responsible to obtain an independent interpreter at his or her own expense." If the Authorized Requestor is paying at their own expense, do the terms of this contract apply to that request and subsequent encounter?	No
68	Exhibit C	Section J.c. on Page 42 of the Draft Sample Contract states that: "If left open and unfilled, the Authorized Requestor is responsible to obtain an independent interpreter at his or her own expense." Is the agency meant to negotiate a separate contract with Authorized Requesters, if the Authorized Requester will be paying for the service at their own expense?	No
69	Exhibit C	Schedule A – Statement of Work a. Section A – c) iii. Please define Legal Affiliations or Connections to any subcontractor who benefit? b. Section B – a) Please define "direct written contracts" vs "direct electronic contracts"? c. Section O – a) ii. (c) (xi.) Please define "Number of Units completed"?	a. Family, business partner, relationship, etc. b. written contracts, documented requirements to perform services under this contract as a subcontractor. c. 1 unit = 15 minutes of time
70	Exhibit E	In Exhibit E (Technical and Management Proposal) B. Web-based 9.iii it references Requestors' ability to pull on-demand aggregate and non-aggregate reports. Would you kindly define an aggregate and non-aggregate report?	The ability to pull reports on a statewide (all requestors/language etc. = aggregate) basis, as well as an individual basis (certain providers, certain language, certain regions etc. = non-aggregate)
71	Exhibit E	Question 2: explain why this section includes reference to serving Blind Medicaid recipients and how that relates to interpreter services.	HCA is working with DSHS ODHH on defining the need for having both a CDI and ASL interpreters to provide services to deaf/blind clients
72	Exhibit E	Question 5: Can this question be modified to ask what the vendor's current experience is working with different language populations and how many interpreters in each language they currently work with? Consider also adding a question asking about the vendor's current involvement and experience working with deaf and deafblind populations. This applies also to languages of lesser diffusion and the vendor's experience working with different populations.	Thank you for your suggestions, Question 5 will remain as stated.
73	Exhibit E	Question 16: Where does this global fill rate of 90 % come from since it is not mentioned in the RFP or the Sample Contract? A global fill rate at 90% is insufficient; consider modifying this to a 95% fill rate by language and by county as a baseline starting point to improve upon over time. Please explain what this threshold is tied to since there are no indications in the RFP or sample contract that falling below this level will have any consequences.	Thank you for your suggestions, HCA will work with the ASB on the 90% fill rate. Compliance issues will be addressed in the final contract.
74	Exhibit E	Question 19: What is the mechanism to ensure that the vendor understands the distinction in the legal requirements of the ADA and how will they comply with the ADA's requirements under this section?	See RFP Section 3.5 Performance incentives and penalties.
75	Exhibit E	Section B.2 and Section B.5 on Page 33 of the Technical and Management Proposal seem to be asking a very similar question. Can you please provide additional suggestions for both sections B.2 and B.5, and type of information you are looking for? Questions provided here for reference: a. Section B.2: Describe how your staffing and/or sub-contracts will meet the needs described in Exhibit C, Draft Sample Contract for the Washington State Medicaid Limited English Proficient and Deaf, Blind or Deaf Blind client requests. b. Describe how you will ensure that your spoken language and ASL interpreter pool will meet the needs for HCA's Medicaid population for interpreter services.	Page 33 questions 2 and 5 are stated in Section A. Question #2 For more clarification, the question is asking how the Bidder, their employees and sub-contracted interpreters meet the needs of LEP's and ASL Medicaid population. Question #5: For more clarification, the question is asking how the Bidder's interpreters will meet the needs of HCA's Medicaid population. Will there be adequate interpreters, hard to fill languages available, etc.
76	Exhibit E	Section B.9.ii on Page 34 of the Technical and Management Proposal "Describe how your web-based portal will provide Requestor's capability to select the modality of interpretation to be utilized for each appointment." Isn't this contract for Face to Face modality only? If we are misunderstanding the meaning, please clarify.	This is a typo. Please see the amended RFP.

77	Exhibit E	Section E.22 on page 35 states: Describe how you will reimburse Authorized Requestors when you are unable to provide an LEP or ASL subcontractor for a qualified Medicaid appointment. Please describe a scenario that would put a requester in a position of pre-paying for an interpreter request before it is filled and services are completed by the interpreter. Are we understanding this correctly? Or is this referring to section 3.5.3 on page 13 which states that there may be up to a 1% reduction of the administrative fee for failure to meet fill rates? Please explain in detail.	The ASB is required to meet the fill rate as specified in the final contract. Effective April 1, 2016 and January 1, 2018, HCA authorized a reimbursement process for Integrated Managed Care providers in Southwest Washington and North Central Washington, respectively, for spoken and ASL languages. Effective January 1, 2018, HCA initiated a reimbursement process for all ASL interpreters for Medicaid appointments. Providers must first request through the current contract, if the contractor is unable to fill the request, the provider can request from a private agency, pay the agency for the services and forward paid invoice to the current contract for reimbursement billing through the ProviderOne billing system. For more information visit the HCA IS website <a href="https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services">https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services</a>
78	Exhibit E	Page 11 of the Draft Sample Contract states that: 3.4.8 The Contractor must create a payment reimbursement process to requestors when Contractor is unable to fill a specific interpreter request. The Contractor must verify: 3.4.8.1 Client is Medicaid eligible; 3.4.8.2 Service is a Medicaid eligible benefit; and 3.4.8.3 Requestor has paid service cost to interpreter/agency directly. Please explain why an interpreter or agency would be paid for the interpreter request before the request is filled.	The ASB is required to meet the fill rate as specified in the final contract. Effective April 1, 2016 and January 1, 2018, HCA authorized a reimbursement process for Integrated Managed Care providers in Southwest Washington and North Central Washington, respectively, for spoken and ASL languages. Effective January 1, 2018, HCA initiated a reimbursement process for all ASL interpreters for Medicaid appointments. Providers must first request through the current contract, if the contractor is unable to fill the request, the provider can request from a private agency, pay the agency for the services and forward paid invoice to the current contract for reimbursement billing through the ProviderOne billing system. For more information visit the HCA IS website <a href="https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services">https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services</a>
79	Exhibit E	Section E.22 on page 35 states: Describe how you will reimburse Authorized Requestors when you are unable to provide an LEP or ASL subcontractor for a qualified Medicaid appointment. Is this referring to the 1% penalty? Are you expecting that the 1% penalty will be calculated by dividing the number of received jobs? How does it get calculated?	The ASB is required to meet the fill rate as specified in the final contract. Effective April 1, 2016 and January 1, 2018, HCA authorized a reimbursement process for Integrated Managed Care (IMC) providers in Southwest Washington and North Central Washington, respectively, for spoken and ASL languages. Effective January 1, 2018, HCA initiated a reimbursement process for all ASL interpreters for Medicaid appointments. Providers must first request through the current contract, if the contractor is unable to fill the request, the provider can request from a private agency, pay the agency for the services and forward paid invoice to the current contract for reimbursement billing through the ProviderOne billing system. For more information visit the HCA IS website <a href="https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services">https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services</a>
80	Exhibit E	Section E number 22 - Describe how you will reimburse Authorized Requestors when you are unable to provide an LEP or ASL subcontractor for a qualified Medicaid appointment. What amount do we need to reimburse requestors if Spoken or ASL subcontractor are not accepting interpreter requests (agency unable to fill request)? What is the fee per request?	HCA will pay up to the CBA spoken rate and DSHS ODHH ASL rate for services provided in a reimbursement situation.
81	Exhibit E	Section E.22 on page 35 states: Describe how you will reimburse Authorized Requestors when you are unable to provide an LEP or ASL subcontractor for a qualified Medicaid appointment. Should we read this as "our company must pay out of our pocket for no-fills to the Requesters directly as some kind of penalty?" If yes, how do we determine the amount? Does HCA and/or DSHS determine the amount?	HCA will reimburse IMC and ASL interpreter requests when the ASB is unable to fill the requested jobs, the ASB must be the biller of record for these services. The provider is required to initiate scheduling once ASB cannot fill the request. HCA will pay up to the CBA spoken rate and ODHH ASL rate for services provided in a reimbursement situation.
82	Exhibit E	Exhibit E – Technical and Management Proposal a. Section C – Please define "Outreach"? b. Section E - #22 – Why would we need to reimburse Authorized Requestors when we will not bill for undelivered services?	a. See Exhibit E question #15 b. The ASB is required to meet the fill rate as specified in the final contract. Effective April 1, 2016 and January 1, 2018, HCA authorized a reimbursement process for Integrated Managed Care providers in Southwest Washington and North Central Washington, respectively, for spoken and ASL languages. Effective January 1, 2018, HCA initiated a reimbursement process for all ASL interpreters for Medicaid appointments. Providers must first request through the current contract, if the contractor is unable to fill the request, the provider can request from a private agency, pay the agency for the services and forward paid invoice to the current contract for reimbursement billing through the ProviderOne billing system. For more information visit the HCA IS website <a href="https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services">https://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services</a>
83	Exhibit F	In the cost proposal where should the interpreter payments be listed?	Interpreter direct payments are not a direct or indirect cost, see Exhibit F for Summary of cost types.
84	Exhibit F	If we plan to utilize interpreters in a freelance contractor capacity, where should we place those estimated costs in the Summary of Direct Costs? Which line item?	Interpreter direct payments are not a direct or indirect cost, see Exhibit F for Summary of cost types.
85	General	This Proposal states it is for On-Site ( Face to Face ) Interpreter Services. Will OPI "Over The Phone Interpretation" or VRI "Video Remote Interpretation" be needed as well?	Telephonic and Video Remote Interpreting was procured separately through HCA RFP 2473.
86	General	Does registration with MMIS called "Provider One" have to be completed before the Proposal due date?	No, this must be completed by the ASB before the contract is final.
87	General	Is Fluency an approved web based scheduling system by the HCA? If not, can you provide a list of what is approved?	The ASB will need to provide documentation that Fluency is compliant to all HIPPA and Data Security requirements.
88	General	Who is the incumbent service provider?	Language Link (Currently known as CTS LanguageLink)
89	General	Out of the 1 Million predicted encounters how many of them will be for ASL?	The last two fiscal years showed an average of 2095 requests per year. HCA anticipates an increase of utilization due to an increase in payment policy to match the DSHS Office of Deaf and Hard of Hearing (ODHH) payment schedule.
90	General	What are the current top ten languages that are encountered by the HCA?	Spanish, Korean, Arabic, Cantonese, Somali, Vietnamese, Russian, Mandarin, Farsi (Persian), Cambodian (Khmer), and Punjabi

91	General	Would you kindly provide us with a breakdown of how many Encounters were completed for each county in Washington State for the past two years under this contract? (i.e. King County – 300,000 Encounters, Snohomish County - 150,000 Encounters, Spokane County - 100,000 encounters etc.)	County total Adams 35 Arapahoe 3 Asotin 3 Benton 37102 Chelan 4755 Clallam 112 Clark 76396 Columbia 5 Cowlitz 7832 Douglas 182 Franklin 11193 Grant 3956 Grays Harbor 1285 Island 112 King 419426 Kitsap 988 Kittitas 740 Klickitat 5 Lewis 6471 Mason 370 Multnomah 410 Nez Perce 3 NULL 1354 Okanogan 1458 Pacific 43 Pierce 127277 San Juan 3 Skagit 8570
92	General	Would you kindly provide us with a breakdown of how many of the forecasted 1,067,007 Encounters will be for the top 10 most requested languages? A breakdown by number of Encounters or as percentages of the total number of Encounters would be very helpful. (i.e. 50% will be Spanish, 20% Vietnamese, 10% Mandarin etc.)	Average: Spanish 48%; Russian 15%; Vietnamese 7%; Arabic 6%; Somali 3.5%; Cantonese 3%; Korean 2.5%; Farsi (Persian) 2%; Mandarin 2%; Cambodian (Khmer) 1.5%
93	General	On average, how long does each Encounter last? (1 hour, 2 hours, longer?)	An average Medicaid LEP appointments is 1.25 hours An average Medicaid ASL appointment is 1.5 hours.
94	General	What is the name of the vendor that currently holds this contract?	Language Link (Currently known as CTS LanguageLink
95	General	What percentage of the requests are "Urgent Requests" with less than 1-day notice?	Averages 27% of all requests
96	General	What is the average number of days advance notice given for the majority of the requests?	48 hours or more
97	General	What percentage of the requests will be "Urgent Requests"?	Averages 27% of all requests
98	General	How does the HCA inform the approved users of this contract (HCA and DSHS) of the winning bidder?	All communication is through email.
99	General	Will all authorized users of the contract be obligated to use only the winning bidder for face-to-face interpreter services?	Yes, All Medicaid and Social Service requestors must utilize the contract for services to be paid through the contractor. Providers may use outside vendors at their expense.
100	General	We are an ASL only agency, we provide RID certified interpreters for face to face medical appointment for deaf and deafblind patients. We do not contract with other foreign language interpreters. Is there a provision in this RFP that can separate ASL from other languages? Deaf clients are a protected class, different from other languages and should be provided specialized service. How can that be accomplished?	Thank you for your questions. This is the approach within the current budget.
101	General	This 1 agency, one stop shopping concept has been a disaster for the last 5 years, why would you create an RFP that provides it as an only option again?	Thank you for your questions. This is the approach within the current budget.
102	General	The undeniably low fill rate for ASL requests for the last 5 years was not addressed in the RFP goals. Is there a specific plan on how to raise that fill rate?	See Exhibit E question #15
103	General	Clark County was the early adopters to the state wide implementation of all services funneling through HCA for Behavioral Health and Mental Health providers. That work around has had dismal results yet we are trudging forward with this plan. Can you address what revisions you have planned to correct the negative effects it has had on Deaf clients/patients as far as denying services or not providing services because the 1 language contractor not providing ASL interpreters?	Exhibit C, section 3.4.7 Invoice and Payment. A reimbursement process is in place for all Integrated Managed Care providers in the Southwest and North Central Region and all ASL services unable to be filled by the ASB within Washington State.
104	General	Could we request that ASL services be portioned out and once again be contracted through the Office of Deaf and Hard of Hearing at DSHS?	Thank you for your questions. This is the approach within the current budget.
105	General	How many times per month is the current vendor paying interpreters for HCA appointments? Are the dates set (ie. 20th of each month)?	All payments are made to interpreters in compliance with the CBA Article 7.3
106	General	How many times per month is the current vendor paying interpreters for DSHS appointments? Are the dates set (ie. 5th and 20th of each month)?	All payments dates made to interpreters in compliance with vendor CBA Article 7.3



107	General	How many individual interpreters are providing services on a monthly basis to HCA clients?	Current Medical interpreters: 1377, interpreters may be counted twice as they hold dual certificates
108	General	How many individual interpreters are providing services on a monthly basis to DSHS clients?	Current Social interpreters: 666
109	General	How many on-demand and urgent requests (within 2 business days' notice) does the current vendor process on a monthly basis?	Averages 27% of all requests
110	General	Please provide latest data on number of requests received by language and status (filled, unfilled, etc.)?	Please see the new Exhibit G, Language Data attached to this amendment.
111	General	Please provide latest data on number of requests received that, upon verification for eligibility, were found to be in-eligible?	This information is not available and not tracked at HCA.
112	General	What percentage of the appointments are submitted for payment in paper format? Latest information available would be appreciated	This information is not currently available or tracked at HCA.
113	General	What is the current vendors fill rate for Spoken languages and for American Sign Language requests?	The current fill rate for spoken language is 91.5% and 34% for ASL.
114	General	General Question: If a report is not defined within the RFP, when will it be defined, created, or how will it be paid for? Can the report(s) be "Out of Scope"?	HCA expects full access to all data in reference to this contract at the contractors expense.
115	General	Do you except us to have a National Provider Identification (NPI) number before submission of the proposal?	No, the ASB must obtain an NPI once identified and prior to the contract start date.
116	General	Do you except us to complete registration with Washington State's Medicaid Management Information System (MMIS) called "ProviderOne" before submission of the proposal?	No, this must be completed by the ASB before the contract is final.
117	General	What is the current Volume breakdown per year?	Unable to determine what 'volume' is referencing.
118	General	What are the rates of the current provider per each category?	For spoken languages HCA is required to pay according to the CBA. July 1, 2017 face-to-face \$38.50, effective July 1, 2018 face-to-face \$39.76 per hour.
119	General	Who is the current provider of Face to Face interpreting services to HCA?	Language Link (currently known as CTS Language Link.)
120	General	What price was HCA paying for interpretation services last year?	For spoken languages HCA is required to pay according to the CBA. July 1, 2017 face-to-face \$38.50, effective July 1, 2018 face-to-face \$39.76 per hour.
121	General	What languages are expected to be needed by HCA? What is the volume by languages needed by HCA?	HCA expects the ASB to provide interpreter services to all languages for LEP's in Washington State.
122	General	Past usage statistics by language, length, volume, geography, etc.	This data is not available by breakdown as requested. See question #15 & 16 for partial information.
123	General	Are their provisions for "Rush" vs. "Non-rush" interpretation requests?	No.
124	General	Who else is being invited to bid for RFP 2474?	This is an open RFP
125	General	Is a copy of the previous contract available?	You may submit a public records request to <a href="mailto:publicdisclosure@hca.wa.gov">publicdisclosure@hca.wa.gov</a>
126	General	What are the Washington state "Reimbursement Rates" for interpretation services?	Reimbursements for IMC claims are paid at the CBA rates for spoken languages and DSHS ODHH rates for ASL.
127	General	Is there a foreign language component to this request? Or is it more so for deaf/heard of hearing individuals (i.e. ASL)? Could a vendor only bid on foreign language on-site interpretation?	Yes. As stated in the RFP Section 1.1, "...firms interested in providing Face-to-Face Interpreting service to eligible HCA and Department of Social and Health Services (DSHS) Clients who are <u>Limited English Proficient (LEP)</u> , Deaf and Blind, and Deaf and Hard of Hearing."