



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

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March 2, 2018

TO: Potential Bidders  
From: RFP Coordinator  
SUBJECT: RFP 2567-2019/2020 Integrated Managed Care (IMC)-Amendment 2

The purpose of Amendment two (2) to RFP 2567 is as follows:

- HCA's responses to the submitted questions as of today's date and the pre-bidder conference.
- Amended RFP 2567, attached as a separate document, to update the RFP due to submitted questions (all edits are in redline strikeout).

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.
- Bidder Questions are due March 13, 2018 by 2:00 p.m. PT
- Proposals are due April 12, 2018 by 2:00 p.m. PT.

Thank you,

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

**Amendment**

**RFP 2567 2019/2020 IMC Question and Answers**

#	RFP Section	Bidder Questions	HCA Response
1	1.1.2.1.4	How will assignment for Clark and Skamania Counties occur with the addition of a third regional MCO?	Once a third MCO is established, new assignments will be one-third to each MCO, until assignment metrics are established for the third MCO.
2	1.1.2.3.2	As identified in Section 1.1.2.3.2, the Great Rivers RSA does not include Lewis County. Is the omission of Lewis County intentional?	No, this was an oversight and will be corrected in the document.
3	1.1.2.3.2	Please confirm Lewis County is part of Great Rivers RSA?	Yes
4	1.1.3.4	Please clarify if only Okanogan County network adequacy will be assessed or if the entire NC region will be assessed for network adequacy.	Only Okanogan county will be assessed for the purposes of the RFP; however HCA expects that MCOs in North Central continue to maintain adequate networks in the entire region.
5	1.2.2	What is the timeline that regions have to change the decision to become the ASO and procure instead? How will these changes be communicated to the Bidders?	HCA assumes that all 2019 regions will have BH-ASOs in place by January. If a BH-ASO fails readiness for any reason, including a decision by a BHO to withdraw from the process, HCA would need six months to establish a replacement contractor.
6	1.2.1.4	Maintain a network capable of meeting the standards of all covered services including all Behavioral Health services as outlined in Attachments 1 and 2. This network should at a minimum include all existing BHO- contracted providers , and should be improved over the course... It appears the attestation is to be used to indicate we attempted to contract with 100% of the Behavioral Health Providers in every region, but the language above from 1.2.1.4 indicates “at a minimum all existing BHO- contracted providers” should be in the network. Please clarification the requirement	1.2.1.4 is the "objectives" section of the RFP background. Network requirements are in the network requirements section and that is what the Bidder should adhere to.
7	2.2	Estimated Schedule of Procurement Activities on page 16 under “For 2019 Implementation & Transition Year” Contracts signed is listed as required by July 1, 2018, however throughout the rest of the RFP and beginning on page 24 Networks are due on April 12, 2018 for all 2019 Implementation Years. Can HCA confirm the due date for signed contracts and Networks for the “2019 Implementation & Transition year”?	In Section 2.2 the reference to "contracts signed" is referring to an estimated date of contracts between HCA and the ASB being signed, not submission of network providers by the Bidder.
8	2.2	Estimated Schedule of procurement activities on page 16 under “For 2020 Implementation” Final Networks Due and Contracts Signed is required by July 1, 2019, however on page 25 Networks are due for 2020 regions on June 1, 2019. Can HCA confirm the due date for Contracts Signed and Networks for “2020 Implementation”?	The due date is June 1, 2019

9	2.2	In Section 2.2, the Bidder Question Due date is listed as March 13, 2018 and HCA Response to Questions is listed as March 22, 2018. Would HCA consider an earlier due date for Bidder Questions to March 6, 2018 and HCA Response to Questions on March 15, 2018?	At this time, HCA is not changing the schedule.
10	2.6	Section 2.6 does not list the location for drop off of the hard copy and USB Flash drive or thumb drive proposals. Can HCA confirm the location of drop off for the hard copy ad and USB Flash or thumb drives?	If Bidders choose to drop off their proposals, they may do so at the Health Care Authority's physical location at 626 8th Ave Olympia, WA 98501.
11	2.9	Section 2.9 lists the Diverse Inclusion Plan as a submission requirement, however it is not listed in the Section 3 Proposal Contents or the Section 5 RFP Exhibits. Can HCA confirm where the in proposal the Diverse Inclusion Plan should be included?	Please see the new exhibit attached with Amendment 2.
12	3	Per this section, "Proposals must be written in English and submitted on eight and one-half by eleven inch (8 1/2" x 11") paper". Will HCA allow bidders to use 11" x 17" paper for organizational charts or other tables and charts as needed?	Yes.
13	3.3.11.1.2	<p>"The ASB will delegate the administration of the BH Wraparound Contract to the BH-ASO between January 1 2019 through Oct 1 2019 including all funding provided under the BH Wraparound Contract."</p> <p>Please confirm that HCA will allow ASBs to retain an Admin % of the funding provided in the Wraparound Contract before passing it through to the BH-ASO.</p>	If all state funds are passed to the BH-ASO, the BH-ASO will probably need the 10% administration funds, but Bidders can attempt to negotiate a small withhold.
14	3.4	When will Exhibit F, Provider Network(s) Submission be available via SFT?	Bidders should receive information regarding the SFT the week of February 26-March 2.
15	3.4	<p>Please confirm that to receive a medical network passing score, a Bidder need only:</p> <ul style="list-style-type: none"> <li>o (1) meet the 80% capacity requirement for hospitals, pharmacies, PCPs, specialists, SNFs, and CMHAs; and</li> <li>o (2) demonstrate reasonable access without unnecessary travel or appointment wait times for cardiologists, oncologists, ophthalmologists, orthopedic surgeons, general surgery, gastroenterologists, pulmonologists, neurologists, otolaryngologists, obstetrics, mental health providers, and specialists in physical medicine, rehabilitation services.</li> </ul>	Yes.

16	3.4	<p>Because partial or full network reporting and contract documents for King County, North Sound, Salish, Great Rivers, and Thurston-Mason Regions are not required to be submitted until a date later than April 12, 2018, can HCA clarify:</p> <p>a. that the network for these regions will not be evaluated and scored at the time of the April 12 responses, and</p> <p>b. If, and on what dates, the network for these five regions will be evaluated and scored</p>	<p>See section 4.3 for network scoring requirements. Section 3.4.3 provides dates when the full network is due. HCA will not extend a contract to an Apparently Successful Bidder that does not meet network requirements either via a sub contractual relationship with the future BH-ASO or through directly contracted providers in-network. (ISABEL - when we send out in writing I was going to offer that HCA would review networks within 4 weeks of submission.)</p>
17	3.4.1	<p>Section 3.4.1 lists signed contracts are required with the Network Submission. Can HCA confirm if signed contract pages are acceptable and if not, may we submit contracts with rates redacted?</p>	<p>HCA requires signature pages to be submitted with current dates (i.e. in 2017 or 2018); HCA will review the entire contract on site during readiness review.</p>
18	3.4.10	<p>Regarding King County transition year- What date are services to be transitioned back to MCOs?</p>	<p>Per Section 3.4.3, proposals to delegate or subcontract for services (beyond crisis) will be due in May 2019 and are subject to HCA approval. By January 1 2020, managed care plans are responsible for all services/functions that have not been approved for long term delegation.</p>
19	3.4.10	<p>How long will HCA pay Community Hospital claims on behalf of the BH-ASO? (applicable to King County and North Sound)</p>	<p>Will discuss with the Bidders in the regions post ASB announcement to determine the preferred approach.</p>
20	3.4.4	<p>Sections 3.4.4 and 4.3.1 identifies “mental health providers” as a type of provider for which the Bidder’s network must provide reasonable access to all enrollees. Which “mental health providers” must be included in a Bidder’s network to obtain a passing score?</p> <p>o For contracted “mental health providers” (as used in Section 3.4.4 and Section 4.3.1) that are not one of the types of Essential Behavioral Health Providers identified in the RFP, should those providers be included in a Bidder’s medical network or its behavioral health network submission or both?</p>	<p>This reference is in to the standard MH providers that were part of the AH network</p>
21	3.4.4	<p>In Section 3.4.4, the RFP states that the BH network must meet distance standards and include “licensed mental health providers.” Which licensed mental health providers should be included in the Bidder’s behavioral health network submission?</p>	<p>As the Bidders are currently doing.</p>
22	3.4.4	<p>Sections 3.4.4 and 4.3.1 identifies “specialists in physical medicine” as a type of provider for which the Bidder’s network must provide reasonable access to all enrollees. Which “specialists in physical medicine” must be included in a Bidder’s network to obtain a passing score</p>	<p>The providers are listed in the Submission Workbook and accompanying Bidders Instructions.</p>

23	3.4.4	<p>Sections 3.4.4 and 4.3.1 identifies “rehabilitation services” as a type of provider for which the Bidder’s network must provide reasonable access to all enrollees. Which rehabilitation services providers must be included in a Bidder’s network to obtain a passing score?</p>	<p>In terms of the calculation of a passing score, rehab services are not considered a critical provider.</p>
24	3.4.4	<p>In the last paragraph of Section 3.4.4 and again in Section 4.3.1, the RFP states that the “Bidder’s network must provide reasonable access to all enrollees without unnecessary travel time or wait times for appointments.” Are there specific standards not otherwise identified in Section 3.4.4 that HCA will be using to evaluate “reasonable access”?</p> <ul style="list-style-type: none"> <li>o Is there anything other than the Appointment Standards in Section 6.9 of Attachment 1 that HCA will apply to evaluate whether a Bidder’s network will or will not create “unnecessary...wait times for appointments,” as that phrase is used in Sections 3.4.4. and 4.3.1?</li> <li>o Similarly, Sections 3.4.4 and 4.3.1 reference “unnecessary travel time,” but such standards are not provided. Will HCA be providing travel time standards that MCOs must meet in addition to the Distance Standards in Section 6.11 of Attachment 1, Draft Sample IMC Contract?</li> <li>o Is there anything other than the Distance Standards in Section 6.11 of Attachment 1 that HCA will apply to evaluate whether a Bidder’s network will or will not create “unnecessary travel time...for appointments”?</li> </ul>	<p>See RFP 4.3 as to HCA’s evaluation for determining a passing score. The Readiness Review activities will include a review of the MCOs’ policies regarding other requirements related to provider access.</p>

25	3.4.4	<p>The last paragraph of Section 3.4.4 references essential behavioral health providers, with a parenthetical indicating they are described below. Section 3.4.5 is titled “Essential Behavioral Health Providers” and includes a list of provider types in Sections 3.4.5.1 through 3.4.5.10. However, Section 6.2.4.3 of Attachment 1, Draft Sample IMC Contract, contains a list of Essential Behavioral Health Providers that is not the same as those listed in Section 3.4.5. In addition, the list of essential provider types for which Bidders must submit contracts that appears in Section 3.4.8 differs from both the list in Section 3.4.5 of RFP No. 2567 and the list in Section 6.2.4.3 of Attachment 1.</p> <ul style="list-style-type: none"> <li>o Can HCA please identify the specific types of “essential behavioral health providers” for which a Bidder must demonstrate capacity to serve at least 80% of eligible clients?</li> <li>o Please confirm that HCA will only require submission of contracts for the provider types listed in Section 3.4.8.</li> <li>o For the types of providers listed in the third paragraph of Section 3.4.4, must a Bidder’s network demonstrate that its network has capacity to serve 80% of eligible clients for each of those types of providers?</li> <li>o For 3.4.8, what elements of a provider contract will HCA require Bidders to submit with their proposal?</li> </ul>	<ol style="list-style-type: none"> <li>1. None</li> <li>2. HCA requires contract review of all BH providers submitted in the Provider Network Submission documents, per section 3.4.4, 3.4.6, 3.4.7, and 3.4.8.</li> <li>3. No, only the providers listed in the first paragraph.</li> <li>4. The signature page with current date.</li> </ol>
26	3.4.5	<p>We understand Exhibit H is going to be released after the by March 1<sup>st</sup>. It would be helpful to understand how the lists of BHO-Contracted providers were developed for each region?</p>	<p>HCA has requested that information from the BHOs and Department of Social and Health Services Division of Behavioral Health and Recovery (DBHR).</p>
27	3.4	<p>When will Exhibit F, Provider Network(s) Submission be available via SFT?</p>	<p>Bidders should receive information regarding the SFT the week of February 26-March 2.</p>
28	3.4.5	<p>When will bidders receive the BHO Provider List (Exhibit H)?</p>	<p>Bidders should receive information regarding the SFT the week of February 26-March 2.</p>
29	3.4.8	<p>Can HCA please confirm that the provider contracts listed in Section 3.4.8 are only required to be submitted on April 12, 2018 for Spokane, Greater Columbia, Pierce, SWWA Region, and Okanogan County, assuming the Bidder is eligible for and submitting a proposal for that region?</p>	<p>This is correct, the network requirements due on April 12th for King and North Sound are the MOU, as outlined in Sections 4.3.2.3 and 4.3.2.4. Per Section 3.4.3 the full network (whether directly contracted and/or subcontracted via the ASO) for King/NS is due from ASB’s on Sep 15th 2018.</p>

30	4	<p>On RFP page 31, footnote 1 indicates that network adequacy for critical medical providers 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.”</p> <p>Question: When can HCA provide a list of HCA-identified network deficiencies provider infrastructure shortages by provider types in each county?</p>	HCA is not planning to release such a list.
31	4.3	Will HCA please confirm that Network capacity assessments for the Pass/Fail network evaluation will be made using the aggregated region enrollment, not an assessment made at the county level? If this is not the case, please explain how a county assessment will inform the reviewers decision on the region as a whole.	No, this is not correct. Mechanics of assessment are at the county level. If a Bidder fails to assess at 80% capacity in any one of the 6 Critical Provider types (Hospital, Pharmacy, PCP, PED PCP, OB and Mental Health will received a fail for that county. Per 4.3.1, "In a multicounty region, a passing score may be awarded even if there is one county for which the Bidder falls below the 80% threshold for one category of critical medical providers."
32	4.3	The footnote calls out as an example “the six counties that have been identified as having a lack of infrastructure in OB providers”. Can HCA confirm those six counties with lack of OB are Ferry, Lincoln, Columbia, Garfield, Pacific and Klickitat?	Yes, currently.
33	4.3.1	<p>In Section 4.3.1, the medical network pass section clearly applies the 80% capacity requirement to specific types of providers, but the BH network pass section (Section 4.3.2) does not appear to require compliance with the 80% capacity standard for any types of providers. Will the 80% capacity requirement and/or the Distance and Appointment Standards (set forth in Sections 6.11 and 6.9 of Attachment 1) be applied to the BH and SUD services for which a Bidder must contract in accordance with Sections 3.4.5 through 3.4.7?</p> <p>o If not, with respect to Sections 3.4.5, 3.4.6, and 3.4.7, how will HCA determine a Bidder’s capacity to provide the required services?</p>	The 80% requirement doesn't apply to BH other than the MH providers submitted with medical network.
34	4.3.1	In Section 4.3.1, the RFP states that “in a multicounty region, a passing score may be awarded even if there is one county for which the Bidder falls below the 80% threshold for one category of critical medical providers.” Could HCA please identify the critical medical providers for which HCA will waive the 80% requirement?	No.

35	4.3.1	<p>Medical Network Pass section states Bidder may be awarded “even if there is one county for which the Bidder falls below 80% threshold for one category of critical medical providers.” Will there be any variations to the scoring as defined? Example: A large provider group that accounts for more than 20% access?</p>	<p>Generally, no. But HCA would be interested in the Bidder clarifying the question.</p>
36	4.3.1	<p>Per the language in this section, "In a multicounty region, a passing score may be awarded even if there is one county for which the Bidder falls below the 80% threshold for one category of critical medical providers."</p> <p>In some rural counties there exists one provider entity that provides essential access/adequacy for more than one category of critical specialty types. Some of these essential providers have communicated intent to limit their contracting to fewer MCOs than the number that the HCA intends to award the region -- for example, in a region where the HCA intends to award 4 MCOs an essential provider group may decide to contract with only 1 or 2 MCOs. How will HCA evaluate a region that has gaps in more than one critical specialty category, in a county where only one remaining provider group is available to fill those gaps and this provider group contracts with fewer than the number of total MCOs intended for award?</p>	<p>MCOs have the responsibility to deliver the network.</p>
37	4.3.1	<p>Will HCA please supply a list of provider specialties within each county that have a provider infrastructure shortage as described in footnote 1 for section 4.3.1?</p>	<p>No.</p>
38	4.3.2	<p>Please confirm section 4.3.2.7.1 and 4.3.2.8.1 were inadvertently reversed and New Bidders must submit Klickitat, Clark and Skamania counties and Existing MCOs must submit Klickitat County only?</p>	<p>Yes, these were inadvertently reversed. New Bidders must submit Klickitat, Clark and Skamania. Existing bidders must submit Klickitat only.</p>
39	4.3.2.1.1	<p>Please confirm that HCA only wants contract signature pages.</p>	<p>Yes, full contracts will be reviewed at the on-site visit.</p>
40	4.3.2.5	<p>When will the MOUs be required for the 2020 Regions (Great Rivers, Salish, and Thurston- Mason)? Network has to be provided at Readiness Review but MOU date is not mentioned.</p>	<p>No. HCA is not requiring MOUs in the 2020 regions.</p>
41	4.3.2.8.1	<p>Could HCA please confirm that the current SWWA MCOs must submit networks for Klickitat County only? We believe that Section 4.3.2.8.1, which requires existing MCOs to submit signed network contracts for all three counties in the SWWA region, was inadvertently switched with the requirement in Section 4.3.2.7.1, which requires new bidders for the SWWA region to submit signed network contracts for Klickitat county only. As a result, Sections 4.3.2.7 and 4.3.2.8 conflict with the table in Section 3.4.3.</p>	<p>Yes, these were inadvertently reversed. New Bidders must submit Klickitat, Clark and Skamania. Existing bidders must submit Klickitat only.</p>



42	4.4.2	Can HCA please confirm that the 65% point threshold is 65% of total possible points? If this is not the case, can HCA please clarify?	Yes, 65% of the total point possible for the specific region.
43	Att 1	Can HCA please confirm that a Bidder's medical network in Klickitat County must meet the Distance Standards in Section 6.11 of Attachment 1, Draft Sample IMC Contract?	Yes.
44	Att 1	Will HCA please clarify whether a Bidder's behavioral health network in Klickitat County must meet the Distance Standards in Section 6.11 of Attachment 1, Draft Sample IMC Contract? We ask because the requirements in Sections 4.3.2.7 and 4.3.2.8 (for the Southwest Region) do not refer to the distance standards.	Mental Health providers must meet the distance standards; SUD services must meet the "presence in network" standard
45	Att 1	Will HCA be using the same Network Submission template as used in prior RFPs? Specifically, Attachment 1, Draft Sample IMC Contract, at Section 6.11.7 appears to include individual chemical dependency providers in the Distance Standards, which is a change from the past. Will the RFP Submission template require that CDPs be identified at the individual or agency level?	No, CDPs are not measured by HCA network analysis by distance standards. This is not a contract change but has been in place at least since Amendment 4 of FIMC. HCA expects that MCOs monitor compliance with this contract requirement.
46	Exhibit A	The RFP lists Exhibit A – Letter of Submittal within the instructions and table of contents. The exhibits, however, begin with Exhibit B. Is there a chance Exhibit A was accidentally left out, or is meant to be sent at a later date?	When the Bidders submit their proposals for sections 3.1.1-3.1.8, this will create Exhibit A. There is not a separate document to fill out.
47	Exhibit A	In prior RFPs the Exhibit A Letter of Submittal was provided with a template document to fill out. Is this an oversight or should we respond free-form for Exhibit A Letter of Submittal?	When the Bidders submit their proposals for sections 3.1.1-3.1.8, this will create Exhibit A. There is not a separate document to fill out.
48	Exhibit C	Is there a page limit for question #10- "Describe how the bidder will ensure access to necessary evaluation, treatment..."	The page limit is two (2) pages.
49	Exhibit C	Is there a page limit for question #1 – "For each region you are bidding on, list the proposed location to administer the following..."	No page limit.
50	Exhibit C	For reference, last year we provided 5 tables in response to this question, which we believe is required for each region we are bidding on, which would result in 50 tables. Please confirm our interpretation.	No page limit.
51	Exhibit C	Is there a page limit for question #22- "Please provide a description of the Bidder's commitment in the design of an early warning system..."	The page limit is one (1) page.
52	Exhibit C	Please provide additional information on the initiative recently launched by the Council for Affordable Quality Healthcare (CAQH) to standardize operating rules for eligibility and coverage information for all payers.	Here is a good place for the Bidder to start for gaining a better understanding of the initiative: <a href="https://www.caqh.org/core/operating-rules-mandate">https://www.caqh.org/core/operating-rules-mandate</a>
53	Exhibit D	Could HCA please confirm that the D1 page limit is 15?	Yes, the page limit is 15.

54	Exhibit D	Could HCA please confirm that necessary attachments are defined as care plans, sample reports, tables and grids that support response narrative, policies and procedures, screen shots of sample web content, and MOUs for care coordination. If this list is not exhaustive, can HCA please completely define necessary attachment.	It is up to the Bidder to determine the necessary attachments for their responses.
55	Exhibit D	In Amendment #1, Exhibit D-1 Maximum pages is listed as "Max ten (15) pages". Can HCA confirm if the maximum page amount is ten or fifteen?	The maximum page limit is fifteen (15).
56	Exhibit D	In Exhibit D-2, Can HCA confirm if bidders should be responding to questions as if we are contracting with the Independent Practice Association only or in the region providers directly?	Respond as if the Bidder is contracting directly.
57	Exhibit G	After submitting a Letter of Intent to Propose, when can the bidder expect to have access to the premiums and supporting actuarial analysis, as well as the networking filing template?	Bidders should receive information regarding the SFT the week of February 26-March 2.
58	General	Can HCA confirm that, consistent with current practice, an MCO's network submission may include out-of-county and out-of-state providers who provide services to in-county and/or in-state enrollees?	The standards will be the same as we have historically used. These standards are stated in the RFP
59	Pre-Bid Conf.	Will the ASBs be announced in every region, even in the 2020 regions?	Yes
60	Pre-Bid Conf.	The RFP makes a reference to Exhibit J in Attachment 2. Will the enrollment file be included on the SFT site?	No, the Bidders should assume the BHSO population is mainly dual eligible (Medicare-Medicaid) enrollees and those AI/AN clients who have opted into BHSO.
61	Pre-Bid Conf.	Can HCA please repeat the list of 6 counties with the lack of OB infrastructure?	Currently it is Ferry, Lincoln, Columbia, Garfield, Pacific, and Klickitat.
62	Pre-Bid Conf.	In section 3.4.7.6, do the detox IMD beds apply to youth?	Yes.
63	Pre-Bid Conf.	For providers that are statewide, for example in king or north sound, if the MCO are currently contracting with their network, would that meet the standards for the other regions as well?	An MOU with North Sound and King regions would not suffice for coverage of clients residing in other counties.
64	Pre-Bid Conf.	Will HCA please confirm the pass/fail assessments? How will a county assessment establish a pass/fail?	If a Bidder fails to assess at 80% capacity in any one of the 6 Critical Provider types (Hospital, Pharmacy, PCP, PED PCP, OB and Mental Health will received a fail for that county. Per 4.3.1, "In a multicounty region, a passing score may be awarded even if there is one county for which the Bidder falls below the 80% threshold for one category of critical medical providers."
65	Pre-Bid Conf.	For the GEO tool used for Exhibit F, will the shortage be accounted for?	The Geo assessment will be conducted as previous RFPs
66	Pre-Bid Conf.	In Section 3.4.4, would it be possible to specify the differences of specialists or is there a different list?	The specialties the HCA tracks are listed in the Submission documents of the RFP
67	Pre-Bid Conf.	Just to clarify, does HCA want 80% access to all 14 specialist?	No

<b>68</b>	Pre-Bid Conf.	Just to clarify, are SNFs held to the 80% threshold?	No
<b>69</b>	Pre-Bid Conf.	Will the MOUs the Bidder establishes with the current BHO be ok when the BHO becomes a different entity?	Yes
<b>70</b>	Pre-Bid Conf.	Regarding certain providers who refused to contract because they are being acquired, would an LOA be sufficient?	No, LOAs will not replace contracts. If there are specific examples of this occurring, please notify HCA.