



Request for Proposals

Third Party Administrator of the Bundled Payment Centers of Excellence Program

RFP No. 15-036

Released on: December 18, 2015

Proposal Due Date: February 5, 2016; 2:00 p.m. (PT)

Proposals must be received via email & electronically date/time stamped on or before the Proposal due date and time in the following inbox:

contracts@hca.wa.gov.

Procurement Coordinator: Cendy Pfortmiller
Contracts Specialist
Phone: (360) 725-5127
Email: contracts@hca.wa.gov

Proposer Eligibility: This procurement is open to individuals and entities that satisfy the minimum qualifications stated herein and that are available to work in the state of Washington (hereinafter "Proposers").

Proposers are responsible for properly registering in the Washington's Electronic Business Solutions (WEBS) system, <https://fortress.wa.gov/ga/webs/> and downloading the solicitation document and all appendices and incorporated documents related to this solicitation. Notification of any RFP addenda, amendments or Proposer questions/HCA answers will only be provided to those vendors who have registered with WEBS and have downloaded the solicitation from WEBS. Failure to do so may result in a Proposer having incomplete, inaccurate, or otherwise inadequate information.

TABLE OF CONTENTS

1 INTRODUCTION3

1.1 PURPOSE.....3

1.2 BACKGROUND.....3

1.3 STATEMENT OF WORK.....4

1.4 MINIMUM QUALIFICATIONS.....5

1.5 TERM6

1.6 FUNDING.....6

1.7 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES6

1.8 ACQUISITION AUTHORITY6

1.9 SOLICITATION STANDARDS6

2 GENERAL INFORMATION7

2.1 ANTICIPATED PROCUREMENT SCHEDULE.....7

2.2 QUESTION AND ANSWER PERIOD.....7

2.3 AUTHORIZED COMMUNICATION7

2.4 CONTRACT FORMATION8

2.5 CONTRACT REQUIREMENTS.....8

2.6 INCORPORATION OF DOCUMENTS INTO CONTRACT8

2.7 INSURANCE.....9

3 PROPOSAL SUBMITTALS9

3.1 SUBMITTAL INSTRUCTIONS.....9

3.2 PREPARATION OF BIDS OR PROPOSALS9

3.3 PROPOSER RESPONSIVENESS11

4 EVALUATION AND AWARD12

4.1 OVERVIEW.....12

4.2 ALLOCATION OF POINTS.....12

4.3 EVALUATION PROCESS.....12

4.4 SELECTION OF APPARENT SUCCESSFUL PROPOSER(S)14

4.5 NOTIFICATION OF APPARENT SUCCESSFUL PROPOSER14

4.6 DEBRIEFING OF UNSUCCESSFUL PROPOSERS.....14

4.7 PROTEST PROCEDURES15

4.8 POST AWARD CONFERENCE15

5 DEFINITIONS15

APPENDIX A16

APPENDIX B.....17

APPENDIX C18

1 INTRODUCTION

1.1 PURPOSE

The Washington State Health Care Authority (HCA) is issuing this Request for Proposal (RFP) to execute a Contract with one (1) Proposer to serve as the Third Party Administrator (TPA) for HCA's Bundled Payment Centers of Excellence Program (COE Program). Initially, the Awarded Contractor will be required to implement and perform select administrative duties for one bundled payment program: the Total Joint Replacement Bundled Episode of Care Program (TJR Program). The TJR Program will be offered starting on January 1, 2017. Over time, it is HCA's intent to include additional bundled payment programs under this body of work.

The TJR Program uses the criteria adopted by the [Dr. Robert Bree Collaborative](#)¹, to tie provider payment to an episode of care in an effort to improve quality, healthy outcomes and cost effectiveness. This solicitation is for administration of the COE Program as the TPA, with HCA retaining full authority for benefit design, program criteria, participant eligibility, and the contracts with the Center(s) of Excellence (COE). The TPA will be responsible for the administration of up to five (5) COE(s) appointed through the TJR Program.

The HCA anticipates that the successful Proposer will have the following capabilities:

- a. Ability to manage the COE network(s), which may include multiple providers;
- b. Have the knowledge, experience, and capacity to provide administrative duties for a Total Joint Replacement Bundled Episode of Care;
- c. Ability to produce requested COE performance reports;
- d. Have the resources available to provide assistance related to the administration of the COE Program to Members; and
- e. Provide select Members services related to the TJR Program (e.g. information on the TJR Program, scheduling and other logistic assistance, etc.).

Capitalized terms appearing in this RFP and Appendices will have the same definition as in Section 5 "DEFINITIONS" of this RFP and the Solicitation Standards found in [Appendix B](#).

1.2 BACKGROUND

"Paying for Value" is a core strategy of HCA's State Health Care Innovation Plan (Innovation Plan), also known as the Healthier Washington Initiative. The Healthier Washington Initiative seeks to chart a bold course for transformative change in the way health care is delivered and paid for in Washington State. The Innovation Plan was embraced by the Washington State Legislature in 2014 through the passage of E2SHB 2572, requiring the HCA, "to increase the use of value based contracting, alternative quality contracting, and other payment incentives that promote quality, efficiency, cost savings, and health improvement, for Medicaid and public employee purchasing." The legislature anticipates this effort will "reduce extraneous medical costs, across all medical programs, when fully phased in by fiscal year 2017 to generate budget savings identified in the omnibus appropriations act."

As the largest purchaser of health care services in Washington State, HCA is changing how it purchases health care to focus on value, not volume. Through a multi-year phase approach, HCA will drive accountable-care and value-based purchasing strategies statewide in an effort to phase out traditional

¹ <http://www.breecollaborative.org/>

Fee-For-Service (FFS) payment models; align provider, payer and consumer incentives; and reward value, quality, effectiveness and efficiency. Washington State aims to drive 80 percent of state-financed health care and 50 percent of the commercial market to value-based payment by 2019. This effort also extends through to the PEBB Program, administered by the HCA. The PEBB Program provides medical benefits to over 350,000 enrollees; including state and other public employees, pre-Medicare retirees, Medicare retirees, and dependents.

Currently, over 240,000 of the 350,000 PEBB enrollee population is enrolled in UMP, making it PEBB's largest plan.

Joint replacements are one of the most common surgical procedures in the PEBB population. Beginning in 2017, UMP Members will be required to receive total hip and/or knee replacement services through one of PEBB's Centers of Excellence as part of the TJR Program, if they want to receive the in-network benefit for those services. Members may be able to receive joint replacement services out of network, but will have significant incentives to use the COE.

1.3 STATEMENT OF WORK

The Awarded Contractor will provide administrative services for HCA's COE Program, which is effective January 1, 2017, including but not limited to the following:

A. Deliverables:

The Awarded Contractor will be responsible for the completion of the following deliverables:

1. Member Care Concierge Service

The Awarded Contractor will provide a Member care concierge service to support Members throughout the phases of their assessment process for a TJR surgery. The care concierge service will help to identify Members who are investigating knee or hip replacement surgery as an option, communicate with Members, and direct them to appropriate COE services. The Awarded Contractor will be expected to provide tools, such as a patient portal that will provide information and education to Members regarding the process and their options. In addition, the Awarded Contractor will also develop communication to Members in support of PEBB's open enrollment activities in November 2016.

2. Engagement Plan

The Awarded Contractor will work with HCA to develop an engagement plan in order to proactively identify, inform and engage enrollees who may be appropriate candidates for total knee and/or hip replacement surgery. The engagement plan should include information on the COE Program, such as how to find a COE, the importance of choosing a COE, and any incentives and/or disincentives.

3. Managing the COE Network

The Awarded Contractor will manage the network that is composed of the COE(s), which have been contracted to provide the bundled services. Managing the network may involve credentialing providers to make sure they meet the requirements under the contract. If a COE is a provider group, then the Awarded Contractor may be expected to check the credentials of newly added orthopedic surgeons. Managing the COE network may also include creating and maintaining an updated list of facilities, surgeons, anesthesiologists, durable medical equipment (DME) providers, and other professionals who participate in the COE Program.

4. Billing/Payment
The Awarded Contractor will work with the COE(s) to develop and administer a prospective bundled billing and payment process that complies with HCA's benefit design, program criteria and participant eligibility.
5. Quality and Performance Reporting
The Awarded Contractor will provide HCA with quality and performance reporting on the COE(s) contracted under the COE Program. The Awarded Contractor will deliver reports on an annual basis and a quarterly and/or monthly basis. The Awarded Contractor should also expect to provide ad-hoc reports when requested by the HCA.

B. Other Requirements:

1. The Awarded Contractor will:
 - a. Begin work with the HCA no later than five (5) Business Days after Contract is signed;
 - b. Securely manage all PEBB Members' data in accordance with all applicable state and federal law;
 - c. Enter into a Business Associate Agreement (BAA), and potentially a Data Share Agreement (DSA), with the HCA.
 - d. Bill HCA for administrative fees and bundled payments on a monthly basis; and
 - e. Participate in quarterly and annual meetings with the HCA and participating COE(s) on program and provider quality metrics.
2. The HCA will:
 - a. Set the allowable reimbursable cost with the COE(s).
 - b. Keep, maintain, and update the contracts as needed.
 - c. Make payments to the TPA on the agreed upon schedule.
 - d. Participate in quality improvement meetings with COE(s) and the Awarded Contractor; and
 - e. Print and distribute enrollee communications.

The HCA reserves the right to add or remove requirements to meet its operational and strategic objectives in implementing the COE Program.

1.4 MINIMUM QUALIFICATIONS

Proposers responding to this RFP must meet the following minimum qualifications:

1. Must be licensed to conduct business in the state of Washington or commit to becoming licensed within thirty (30) calendar days of being selected as the Apparent Successful Proposer.
2. Must agree to enter into a binding agreement with HCA to offer the services outlined in Section 1.3 Statement of Work.
3. Must have experience performing administrative functions as a TPA.
4. Must be able to make payments to contracted COE(s) on behalf of the HCA.
5. Must be able to create and maintain a list of facilities, surgeons, anesthesiologists, DME providers, and other professionals that participate in the COE Program.
6. Must have the ability to maintain the credentialing standards necessary for the COE(s) participating in the COE Program.

7. Must have staff that can be assigned to work directly with the COE(s) in the implementation and operationalization of the COE Program.

The HCA intends to award the Contract(s) resulting from this solicitation to the responsive responsible Proposer(s) with the highest total score(s) achieved during review of the bids.

Proposers who do not meet and demonstrate these minimum qualifications will be rejected as non-responsive and will not receive further consideration. Any proposal that is rejected as non-responsive will not be evaluated or scored.

The Washington State Health Care Authority does not represent or guarantee any minimum purchase. This solicitation does not obligate the Washington State Health Care Authority to contract for the services specified herein. HCA reserves the right to terminate this procurement at any time for any reason that HCA may determine in its sole discretion.

1.5 TERM

The initial term of the Contract resulting from this RFP shall be from date of award through December 31, 2020, with the option to extend for additional term(s) or portions thereof. Extension for each additional term shall be offered at the sole discretion of the HCA and is subject to written mutual agreement. The total Contract term, including the initial term and all subsequent extensions, shall not exceed ten (10) plan years unless an emergency exists and/or special circumstances require a partial term extension.

1.6 FUNDING

Cost of services provided under any Contract that results from this RFP will be made based on an agreed upon amount. Therefore, a maximum level of available funding is not being identified at this time. Any Contract awarded as a result of this RFP is contingent upon the availability of funding.

1.7 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

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

1.8 ACQUISITION AUTHORITY

This RFP is issued under a delegation of authority from the Department of Enterprise Services (DES), as provided in RCW 39.26.090 and DES Policy Number DES-090-00.

1.9 SOLICITATION STANDARDS

The Solicitation Standards document has been included as [Appendix B](#).

This document contains important information for Proposers applicable to this solicitation. This information applies directly to, and is incorporated by reference, into the solicitation and Contracts resulting from this solicitation. As such, Proposers do not need to attach this document with their response to the solicitation. The Proposer is responsible for reading and fully understanding the details of all items contained herein prior to Proposal submittal.

2 GENERAL INFORMATION

2.1 ANTICIPATED PROCUREMENT SCHEDULE

The dates listed below represent the anticipated procurement schedule. The HCA reserves the right, in its sole discretion, to change the proposed schedule at any time that HCA determines such change would be in the best interest of HCA.

Prior to Proposal opening, notification of amendments to the procurement schedule, may be sent electronically to all properly registered users of the Department of Enterprise Services' [Washington's Electronic Business Solution \(WEBS\)](#)² who downloaded this RFP from WEBS.

Changes to the Procurement Schedule after Proposal Opening may be communicated to all Proposers reflecting the change.

Date	Time	Event
December 18, 2015		Issue Solicitation Document (Available for download at https://fortress.wa.gov/ga/webs/)
December 21 – January 12, 2016	2:00 p.m. (PT)	Question and Answer Period
January 29, 2016	2:00 p.m. (PT)	Complaints Due (see Solicitation Standards)
February 5, 2016	2:00 p.m. (PT)	Proposals Due
February 8 – February 22, 2016		Proposal Evaluation Period
February 23, 2016		Anticipated Apparent Successful Proposer Announcement
February 24 – February 26, 2016		Debrief Period (see section 4.6)
February 29 – March 7, 2016		Protest Period (see section 4.7)
March 8 – April 12, 2016		Contract Negotiations
April 13, 2016		Anticipated Award Date

2.2 QUESTION AND ANSWER PERIOD

Proposer questions and/or comments regarding this RFP will be allowed consistent with the respective dates specified in the Procurement Schedule. All Proposer questions and/or comments must be submitted in writing to the Procurement Coordinator at contracts@hca.wa.gov. Official written HCA responses will be provided for Proposer questions received by the respective deadlines.

The Proposer that submitted each question will not be identified. Verbal responses to questions will be considered unofficial and non-binding. Only written responses posted to Washington's Electronic Business Solution for Government Customers (WEBS) will be considered official and binding.

2.3 AUTHORIZED COMMUNICATION

Upon release of this RFP, all Proposer communications concerning this solicitation must be directed to the Procurement Coordinator or Alternate Contact listed below.

² <https://fortress.wa.gov/ga/webscust/>

Unauthorized contact regarding this solicitation with other Washington State employees, including HCA employees, involved with the solicitation may result in disqualification.

All oral communications will be considered unofficial and non-binding on the HCA. Proposers should rely only on written statements issued by the Procurement Coordinator.

Procurement Coordinator: Cendy Pfortmiller
Alternate Contact: Kimberly French
Email Address: contracts@hca.wa.gov
Address: Washington State Health Care Authority
626 8th Avenue SE
Olympia, WA 98504
**Please note that the US Postal Service does not deliver to this address.*

2.4 CONTRACT FORMATION

A Proposal submitted in response to the Solicitation is an offer to contract with the HCA. The successful Proposal(s) will become an element of the Awarded Contract(s).

2.5 CONTRACT REQUIREMENTS

A Sample Contract has been included as [Appendix C](#).

To be Responsive, Proposers must indicate a willingness to enter into a Contract substantially the same as the Contract in [Appendix C](#), by signing the Certifications and Assurances located in the Submittal Document located in [Appendix A](#). Any specific areas of dispute with the attached terms and conditions must be identified in the Response and may, at the sole discretion of the HCA, be grounds for disqualification from further consideration in the award of a Contract.

Under no circumstances is a Proposer to submit their own standard contract terms and conditions as a Response to this solicitation. Instead, Proposer must review and identify the language in [Appendix C](#) that Proposer finds problematic, state the issue, and propose in writing the language or contract modification Proposer is requesting. All of Proposer's exceptions to the contract terms and conditions in [Appendix C](#) must be submitted within the Response and attached to the Submittal Document. The HCA expects the final Contract signed by the Successful Proposer to be substantially the same as the contract located in [Appendix C](#). Proposer's submission of a Response to this solicitation constitutes acceptance of the aforementioned requirements.

The foregoing should not be interpreted to prohibit either party from proposing additional contract terms and conditions during negotiation of the final Contract.

2.6 INCORPORATION OF DOCUMENTS INTO CONTRACT

This Solicitation document, any subsequent Amendments, and the Proposer's Response will be incorporated into the resulting Contract.

The HCA reserves the right to make an award without further discussion of the Response submitted; *i.e.*, there may be no best and final offer request. Therefore, the Proposer's Response should contain the most favorable terms that Proposer intends to offer.

2.7 INSURANCE

The Successful Proposer is required to obtain insurance to protect the HCA should there be any claims, suits, actions, costs, or damages or expenses arising from any negligent or intentional act or omission of the Proposer or its Subcontractor(s), or their agents, while performing work under the terms of any Contract resulting from this solicitation. Proposers will find a complete description of the specific insurance requirements in the proposed contract terms in the Sample Contract document located in Appendix C.

3 PROPOSAL SUBMITTALS

3.1 SUBMITTAL INSTRUCTIONS

Complete Proposals must be received electronically on or before **February 5, 2016; 2:00 p.m. (PT)**

Proposer shall submit one (1) electronic copy of their complete Proposal to contracts@hca.wa.gov in the following manner:

1. Complete entire Submittal Document located in [Appendix A](#) and attach it to the email.
2. Clearly mark the subject line of the email: RFP **15-036**, Vendor Name (e.g. RFP-**15-036**, ABC Company).
3. Use a preferred software format, such as Microsoft Word 2000 (or a more recent version) and PDF. If this presents any problem or issue, contact the Procurement Coordinator immediately.
4. Preferably, provide electronic signatures appear on all documents requiring signature. However, an email date stamp will be accepted as signed by the legally authorized representative of the organization for the purpose of this Proposal only; and
5. Keep file sizes to a minimum, Proposers are cautioned not to use unnecessary graphics in their Proposals.

Time of receipt will be determined by the e-mail date and time received at the HCA's mail server in the contracts@hca.wa.gov inbox.

The "receive date/time" posted by the HCA's e-mail system will be used as the official time stamp. The HCA is not responsible for problems or delays with e-mail when the HCA's systems are operational. If a Proposal is late, it may be rejected.

Proposals should be submitted in the format described in this solicitation. All Proposals and any accompanying documentation become the property of the HCA and will not be returned. Incomplete Proposals may be rejected. Proposals submitted by fax, will not be accepted and will be considered non-responsive.

3.2 PREPARATION OF BIDS OR PROPOSALS

Proposer shall complete and provide the following information (1-8). Incomplete or vague responses may be considered non-responsive and may be rejected. Failure to complete and submit the required items listed in this section may disqualify the Proposer from further participation in this RFP.

1. Letter of Submittal

Proposer shall compose and submit a Letter of Submittal which meets the requirements set forth in the Submittal Document in [Appendix A](#).

2. Proposer's Authorized Offer

Proposer's Authorized Offer, located in the Submittal Document of [Appendix A](#), must be signed by the Proposer's Authorized Representative. For the purposes of this solicitation, an email date/time stamp will be accepted as signed by the legally authorized representative of the proposing organization. Proposer must complete the signature box information on the Proposer's Authorized Offer page.

3. Proposer Information

Using the Submittal Document in [Appendix A](#), the Proposer shall complete the Proposer Profile, Proposer Authorized Representative, Proposer Principal Officer(s), Proposer Certifications and Status, Statement of Conflict of Interest, Statement of Prior Contract Termination, and Statement of Financial Viability and Stability sections. The Proposer may attach additional sheets if necessary

4. Minimum Qualifications

Using the Submittal Document in [Appendix A](#), Proposer is instructed to complete and submit the Minimum Qualifications section. The Proposer may attach additional sheets if necessary.

5. Subcontractor Information

Using the Submittal Document in [Appendix A](#), Proposer is instructed to complete the Subcontractor Information section if the Proposer intends on utilizing Subcontractors. If no information is entered, the HCA will assume that Subcontractors will not be used.

The HCA will accept Responses that include third party involvement only if the Proposer submitting the Response agrees to take complete responsibility for all actions of such Subcontractors. Proposer must state whether Subcontractors are/are not being used.

If applicable, Proposer shall identify all subcontractors who will perform services in fulfillment of contract requirements, including their name, the nature of services to be performed, address, telephone, facsimile, email, federal tax identification number (TIN), and anticipated dollar value of each subcontract. Proposer shall complete this section of [Appendix A](#). The HCA reserves the right to approve or reject any and all Subcontractors that Proposer proposes. Any Subcontractors not listed in the Proposer's Response, who are engaged after award of the Contract, must be pre-approved, in writing, by the HCA, before providing services under the contract.

Specific restrictions apply to contracting with current or former state employees pursuant to [Chapter 42.52 RCW](#). Proposers should familiarize themselves with the requirements prior to submitting a Response.

6. References

Using the Submittal Document in [Appendix A](#), the Proposer will submit a minimum of three (3) non-Proposer owned Business References for which the Proposer has completed similar work within the last five (5) years. Proposer will not include current HCA staff as references.

Proposer must grant permission to the HCA to independently contact the Business References at the HCA's convenience. HCA reserves the right to obtain and consider information from other sources concerning a Proposer, such as Proposer's capability and performance under other contracts, the qualification of any subcontractor identified in the Proposal, Proposer's financial stability, past or pending litigation, and other publicly available information.

7. Diverse Business Inclusion Plan

Responders will be required to submit a Diverse Business Inclusion Plan located in [Appendix A](#), with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all contracts by organizations certified by the office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200

for organizations certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for organizations that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis.

However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise (MWBE), Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal Governmental Rules included or referenced in the contract documents will apply.

HCA has the following agency goals:

- 10% participation by Minority Owned Business
- 6% participation by Women Owned Business
- 5% participation by Veteran Owned Business
- 5% participation by Small Businesses

8. Non-Cost Proposal

Using the Submittal Document located in [Appendix A](#), Proposer is instructed to complete and submit the Non-Cost Section. The Proposer may attach additional sheets if necessary.

9. Cost Proposal

Using the Submittal Document located in [Appendix A](#), Proposer is instructed to complete and submit the Cost Section. The Proposer may attach additional sheets if necessary.

Proposers shall extend unit pricing as required. In the event of an error in the extension of prices, the unit price shall prevail.

Prices proposed are in U.S dollars. All costs associated with the services provided must be incorporated into the Proposer's Cost Submittal. Proposer must complete [Appendix A](#).

Costs for travel will not be reimbursed in any contract resulting from this RFP. No payments in advance or in anticipation of goods or services to be provided under any resulting contract will be made. Contractor will only be compensated for performance delivered and accepted by HCA.

All pricing shall include the costs of Proposal preparation, servicing of accounts, and complying with all contractual requirements. Failure to identify all costs in a manner consistent with the instructions in this RFP is sufficient grounds for disqualification.

3.3 PROPOSER RESPONSIVENESS

Proposer must respond to each question/requirement contained in this RFP. Failure to comply with any applicable item may result in the Response being deemed non-responsive and disqualified.

Failure to provide adequate information to demonstrate to the evaluators that your organization meets the requirements may constitute grounds for disqualification and may be established by any of the following conditions:

1. The Proposer states a requirement cannot be met;
2. The Proposer fails to include information requested; or
3. The Proposer fails to include sufficient information to substantiate that a given requirement can be met.

The HCA reserves, in its sole discretion the right to consider the actual level of Proposer’s compliance with the requirements specified in this solicitation and to waive minor informalities in any Proposal, including, but not limited to, items that:

- a. Do not affect responsiveness;
- b. Are merely a matter of form or format;
- c. Do not change the relative standing or otherwise prejudice other offers;
- d. Do not change the meaning or scope of the RFP;
- e. Are trivial, negligible, or immaterial in nature;
- f. Do not reflect a material change in the work; or
- g. Do not constitute a substantial reservation against a requirement or provision.

4 EVALUATION AND AWARD

4.1 OVERVIEW

The Proposer who meets all of the RFP requirements and receives the highest number of total points as described in this Section, will be declared the Successful Proposer and enter into contract negotiations with the HCA.

4.2 ALLOCATION OF POINTS

The scores for each Proposal will be assigned a relative importance for each scored section. The relative importance for each section is as follows:

PHASE 1 EVALUATION

Requirements	Available Points
Non-Cost Proposal:	180 points
Cost Proposal:	120 points
Total Possible Phase 1 Points:	300 points

If HCA deems its best interest is to only complete the Phase 1 Evaluation, there are a maximum of **300** points available.

4.3 EVALUATION PROCESS

1. Initial Determination of Responsiveness (pass/fail)

Responses will be reviewed initially by the Procurement Coordinator to determine on a pass/fail basis compliance with administrative requirements as specified in this RFP. Only Responses meeting this requirement will move to the next evaluation step.

The HCA reserves the right to determine at its sole discretion whether Proposer’s Response meets the Responsiveness criteria as set forth within this document. If, however, all responding Proposers are determined to be deemed Non-Responsive, the HCA will cancel the solicitation and reject all Proposals.

Only Responses that pass the Initial Determination of Responsiveness review will be evaluated based on the requirements in this Solicitation.

2. Minimum Qualifications (pass/fail)

The Procurement Coordinator will review each element of the Minimum Qualifications Submittal to determine on a pass/fail basis compliance with the requirements specified in of this RFP. Only responses that meet this requirement will move to the next evaluation step.

The HCA reserves the right to determine at its sole discretion whether the Proposer's response meets the Minimum Qualification criteria as set forth within this document, and reject any Proposal that does not meet the Minimum Qualifications. If, however, any responding Proposers fail to meet any Minimum Qualification, the HCA reserves the right to delete the Minimum Qualification or cancel this solicitation and reject all Proposals. Only responses that pass the Minimum Qualifications review will be further evaluated based on the requirements in this Solicitation.

3. Evaluation – Non-Cost and Cost Elements (scored)

a) Non-Cost Proposal Evaluation:

Evaluators will score each element of the Non-Cost Submittal. The Procurement Coordinator will tabulate evaluators' scoring. A calculation will be performed to establish a single score for the Non-Cost section of each Proposal. There are a maximum of **180 points** available in the Non-Cost Submittal.

b) Cost Proposal Evaluation:

The Evaluator's will score the Cost score for the Cost Proposal section of the Response using Proposer's Cost submittal. The Procurement Coordinator will tabulate evaluators' scoring. The total available points for the Cost Proposal section are **120 points**. Cost scoring will be calculated by combining elements of the Cost Proposal to determine the overall cost to the HCA.

c) Proposer Phase 1 Total Score:

Proposers' Total Scores will be calculated by summing Cost and Non-Cost factor points (maximum of **300 points**) to determine the Proposer's total evaluated score.

4. References (pass/fail) (Optional)

The HCA reserves the right to request and check references after Proposal submittal, to assist in determining the overall responsibility of the Proposer. References may be checked prior to announcement of the Apparent Successful Proposer to determine the responsibility of Proposers. Failure to submit references to the Procurement Coordinator within three (3) business days of the reference request may result in the Proposer being deemed non-responsive and thus disqualified. The HCA reserves the right to reject any Proposal submittal if the Proposer receives unfavorable references based on the following criteria:

References with which contact is established will be asked to rate Proposer's past performance on the following scale:

Performance Level 3: Performance exceeds expectations.

Performance Level 2: Performance meets minimum expectations and is adequate.

Performance Level 1: Performance is often or always incomplete. Deficiencies exist in critical areas.

Performance Level 0: Contacted reference fails or refuses to respond when asked to rate Proposer.

Failure by Proposers to achieve an average performance level of two (2) or greater from all references contacted may disqualify the Proposer.

The HCA will only attempt to make contact with a Proposer's provided references a maximum of three (3) times. If such contact cannot be established with any of the references provided, then those references with which contact cannot be established may be deemed non-responsive and no further attempts will be made to contact that particular reference.

The HCA reserves the right to request the Proposer provide other references to determine the sufficiency of the Proposer's Proposal.

5. Determination of Proposer Responsibility (pass/fail)

After Proposal submittal, the HCA reserves the right to make reasonable inquiry and/or requests for additional information, to assist in determining the overall capability of any Proposer.

Requests may include, but are not limited to, educational degrees, business licenses, financial statements, credit ratings, references, record of past performance, criminal background check, clarification of Proposer's offer, access to the Proposed System, and on-site inspection of Proposer's or Proposer's subcontractor's facilities. Failure to respond to said request(s) may result in the Proposer being deemed non-responsive and thus disqualified.

4.4 SELECTION OF APPARENT SUCCESSFUL PROPOSER(S)

The responsive, responsible Proposer with the highest total score who represents the overall best value to the HCA will be declared the Apparent Successful Proposer. The HCA may enter into contract negotiations with the Apparent Successful Proposer.

Should contract negotiations fail to be completed within two (2) months after initiation, the HCA may immediately cease contract negotiations and declare the Proposer with the next highest score as the new a new Successful Proposer and enter into contract negotiations with that Proposer. This process will continue until the Contract is signed or no qualified Proposers remain.

After negotiations conclude, the Successful Proposer will be expected to execute the final Contract within five (5) Business Days of its receipt. If the selected Proposer fails to sign the Contract within the allotted five (5) Business Day timeframe, the HCA may consider the Successful Proposer to be non-responsive and elect to cancel the award and award the Contract to the next ranked Proposer, or cancel or reissue this solicitation.

4.5 NOTIFICATION OF APPARENT SUCCESSFUL PROPOSER

All Responsive Proposers responding to this solicitation will be notified when the HCA has determined the Successful Proposer.

The date of announcement of the Successful Proposer will be the date of the notification from the HCA.

4.6 DEBRIEFING OF UNSUCCESSFUL PROPOSERS

Only Proposers who submit a Response may request an optional debriefing conference to discuss the evaluation of the Response. The request for a debriefing conference must be made in writing and be received by the Procurement Coordinator listed in this RFP within three (3) business days after notification of the Apparent Successful Proposer.

The optional debriefing will not include any comparison between the Proposer's Response and any other Responses submitted. However, the HCA will discuss the factors considered in the evaluation of the requesting Proposer's Response and address questions and concerns about Proposer's performance with regard to the solicitation requirements.

4.7 PROTEST PROCEDURES

Only Proposers who have submitted a Response to this solicitation and have had a debriefing conference may make protests. Upon completion of the debriefing conference, a Proposer is allowed five (5) business days to file a formal protest of the solicitation with the Procurement Coordinator. Further information regarding the grounds for filing and resolution of protests are contained in the Solicitation Standards located in [Appendix B](#).

4.8 POST AWARD CONFERENCE

The Awarded Contractor may be required to attend a post award conference scheduled by the Procurement Coordinator to discuss contract performance requirements. The time and place of this conference will be scheduled following Contract award.

5 DEFINITIONS

“The Dr. Robert Bree Collaborative” or “Bree Collaborative” means the multi-stakeholder collaborative that was established in 2011 by the Washington State Legislature to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes and cost effectiveness of care in Washington State.

“Center of Excellence” means a health care provider that is identified as the most expert and cost efficient and produces the best outcomes.

“Health Care Authority” or “HCA” means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA, or any of the officers or other officials lawfully representing HCA.

“Members(s)” means a PEBB subscriber or dependent who is in PEBB’s non-Medicare risk pool, and enrolled to receive Covered Services under either UMP Classic or UMP Consumer-Directed Health Plan at the time such services are rendered in which UMP is the primary payor.

“Public Employees Benefits Board Program” or “PEBB Program” means the program that purchases and coordinates health insurance benefits for eligible public employees and retirees.

“Plan Year” means the twelve (12) month duration beginning on January 1 of each year and ending December 31 of the same year.

“TJR Program” means the Total Joint Replacement Bundled Episode of Care Program that the HCA has contracted with Center(s) of Excellence for Members to receive services at.

“Total Joint Replacement Bundled Episode of Care” means the evidence-based care bundles identified by the Bree Collaborative which include four (4) clinical components: disability due to osteoarthritis despite conservative therapy, pre-operative, intra-operative and post-operative care.

“TPA” means third party administrator.

“Uniform Medical Plan” and “UMP” means the state of Washington’s self-insured Uniform Medical Plan Classic and Uniform Medical Plan Consumer Directed Health Plan.

APPENDIX A
PROPOSAL SUBMITTALS

Submittal Document: Proposers must complete and submit the below document with their Proposal.

APPENDIX B
SOLICITATION STANDARDS

Solicitation Standards: This document contains the Standard Definitions, Instructions to Proposers and Terms and Conditions. This document does not need to be submitted, however Proposers are instructed to be familiar with it as it governs this solicitation and will be incorporated into the resulting Contract.

APPENDIX C
SAMPLE CONTRACT

Sample Contract Document: The HCA expects the final Contract signed by the Successful Proposer to be substantially the same as this Contract. This document does not need to be submitted, however Proposers are instructed to be familiar with it.