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| **ATTACHMENT D: BIDDER RESPONSE FORM**  This form is broken into Seven sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section 3. Management Response; Section 4. Technical Response. Bidders must respond to all questions in the order and in the expandable space provided. If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of your response to this Attachment D. | | | |
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| 1 | **BIDDER INFORMATION (ADMINISTRATIVE RESPONSE)**  Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter and Certifications and Assurances, comprise Bidder’s Administrative Response to this Solicitation. While the Administrative Response is not given a number score, the information provided as part of Bidder’s Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder’s qualifications and experience. | | **NOT SCORED** |
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| a | Please indicate whether you employ or contract with current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual’s employment history with the State of Washington; 3. a description of the Individual’s involvement with the response to this Solicitation; and 4. the Individual’s proposed role in providing the services under this any Contract that may be awarded. | | NOT SCORED |
|  | ANSWER: | |  |
| b | Please list the names and contact information of three individuals you agree may serve as Bidder references and may freely provide information to DSHS regarding the reference’s experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference. | | NOT SCORED |
|  | ANSWER: | |  |
| c | Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation. | | NOT SCORED |
|  | ANSWER: | |  |
| d | Please indicate whether you are requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which the text you request to change is found, and state the specific changes you are requesting. DSHS shall be under no obligation to agree to any requested changes and will not consider changes to contract language or negotiate any new language not identified in response to this question. | | NOT SCORED |
|  | ANSWER: | |  |
| e | If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder’s Response containing such information and place the word “Proprietary” in the lower right-hand corner of each of these identified pages. | | NOT SCORED |
|  | ANSWER: | |  |
| f | Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation. | | NOT SCORED |
|  | ANSWER: | |  |
| g | Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each. | | NOT SCORED |
|  | ANSWER: | |  |
| h | Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed. | | NOT SCORED |
|  | ANSWER: | |  |
| i | Please describe your proposed plans for the use of Subcontractors in performing this contract, listing each Subcontractor, its proposed role and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each subcontractor self-identifies or is certified as a small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DSHS. | | NOT SCORED |
|  | ANSWER: | |  |
| J | Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please indicate so. | | NOT SCORED |
|  | ANSWER: | |  |
| **2** | **BIDDER EO 18-03 CERTIFICATION** | MAXIMUM TOTAL POINTS | |
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| EO | Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?  **Please Note:** Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful bidder, a term will be added to your contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the contract. | **50 Points** | |
|  | ANSWER: |  | |

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| **3** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **MANDATORY EXPERIENCE AND QUALIFICATIONS** | **800 pts** |
| A | Please describe the experience, skills and qualifications your organization possesses related to 5 years or more of actuarial experience with setting capitated medical, behavioral health and long-term care rates for Medicaid managed care organizations. Please include examples of specific methodology used with setting actuarial sound managed care rates specifically for Programs of All Inclusive Care for the Elderly (PACE), a fully integrated managed care program | 120 pts |
|  | ANSWER: |  |
| B | Please describe your organization’s experience and expertise with the Center of Medicare and Medicaid (CMS) guidelines for the PACE rate calculations. Please provide examples that present referenced CMS guidelines and how they pertain to the PACE rate calculations that are created. | 80 pts |
|  | ANSWER: |  |
| C | Please describe your organization’s years of experience with PACE rate negotiations and preparing rate analysis documentation to provide for rates review and approval by CMS. Please provide examples of specific communications (draft rate letters, etc). | 120 pts |
|  | ANSWER: |  |
| D | Please describe your organization’s actuarial staff’s experience in analyzing data to develop and calculate capitated medical rates for PACE programs and managed care models. Please include their experience of working with the CMS guidelines for the PACE rate calculations. | 120 pts |
|  | ANSWER: |  |
| E | Please describe your organization’s years of experience working with Medicaid medical and behavioral health benefits. Please include specifically reference Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound rates for PACE. | 80 pts |
|  | ANSWER: |  |
| F | Please describe your organization’s years of experience using PACE eligibility requirements and understanding of specific PACE demographics to be included as variables when creating PACE rates. Please provide specific examples (documents, spreadsheets, etc) representing this experience. | 40 pts |
|  | ANSWER: |  |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** |  |
| M | Please describe your organization’s years of experience working with WA State Medicaid medical and behavioral health benefits. Please include specifically reference WA state Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound managed care rates for PACE. | 120 pts |
|  | ANSWER: |  |
| N | Please describe your understanding of and experience with WA state LTSS delivery system that represents expertise of the WA state specific services and impact on how PACE rates are created. | 120 pts |
|  | ANSWER: |  |

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|  | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)** | MAXIMUM TOTAL POINTS -280 |
| A | Please describe your organization’s years of experience of compiling and analyzing medical, behavioral health and long-term care data necessary to set an actuarially sound rate for PACE. Please provide examples of how the data is compiled and explanations related to the analysis used to create the actuarially sound PACE rates. | 120 pts |
|  | ANSWER: |  |
| B | Please describe your organization’s years of incorporating the complex Long Term Services and Supports (LTSS) delivery system into their setting actuarial sound managed care rates for PACE. Please include in the examples specific LTSS references and how they would be used/calculated in setting the PACE rates. | 80 pts |
|  | ANSWER: |  |
| C | Please describe your organization’s experience with calculating PACE rates in accordance with 42 CFR 460.182 ”Medicaid monthly capitation payment amounts must be less than the amount that would otherwise have been paid under the State plan if the participants were not enrolled under the PACE program”. | 80 pts |
|  | ANSWER: |  |