

## **Exhibit G – Technical Data Requirements (100 points total)**

### **1. Data, Reporting, & Analytics (30 points)**

Please limit response to eight (8) pages, excluding any requested flow charts, examples, etc.

- a. What is the Bidder's experience and reporting capabilities on the HEDIS measure for "Comprehensive Diabetes Care (CDC) – Eye Exam (Retinal) Performed?" (8 points)
- b. Provide a list of the quality measures the Bidder currently reports on (4 points).
- c. Describe the Bidder's experience providing (6 points)
  - a. customized reports to purchasers (i.e. employers, insured trusts, etc.) on plan portfolio performance. List of the kinds of reports the Bidder can create and provide an example of each.
  - b. performance outcomes,
  - c. executive level portfolio reports,
  - d. eligibility and Claims reports,
  - e. SOC1 Type II Audit results,
  - f. quarterly, bi-annual, and annual plan performance reports.
- d. Because of the environment HCA operates in, often times a data request or inquiry is submitted to HCA with a short turnaround time; for example, a legislative request during legislative session. Describe the Bidder's ad-hoc reporting capabilities. What is the average number of Days the Bidder needs to produce an ad-hoc report from the time the request is received by the Bidder, to delivery of the final report to the requestor? (4 points)
- e. Describe the Bidder's experience and process for analyzing and reporting data for legislative requests. (4 points)
- f. Describe the Bidder's intent to participate in data transfers with HCA data projects. (2 points)
- g. Provide a copy of Bidder's standard data security policies and standards, as well as a SOC 2 Type II report completed within twelve (12) months prior to the date of Response. If Bidder does not have a SOC 2 Type II report from such time frame, please provide any audit report of data security policies and standards completed within twelve (12) months prior to the date of Bidder's Response. If no such audit report has been completed in that timeframe, indicate this in the Bidder's Response. NOTE: A SOC 2 Type II report is not strictly required, but it does contain much of the information needed to complete a full security design review. A SOC 1 Type II report does contain some security-related information as its focus is on financial controls. However, in the absence of a SOC 2 Type II report, HCA will need to gather required security information from other Bidder-provided source documents. The availability, quantity, and quality of those documents may affect the timing of the required security design review. (2 points)

### **2. Data File Transfer and Access (35 points):**

Please limit response to six (6) pages, excluding any requested flow charts, examples, etc. Describe how the Bidder will comply with all of the following Data File Transfer and Access Requirements:

- a. Pick up and process electronic data files from Washington State's secure file transfer service. (7 points)

- b. Accept and execute, or transfer electronic data files including claims data extracts, on behalf of HCA to business associates or external contracted vendors when requested by HCA at no additional cost. (5 points)
- c. Execute separate data sharing contracts with other HCA vendors for purposes of sharing HCA data. (3 points)
- d. Administer Member information in compliance with HIPAA and OCIO standards for privacy, security, and electronic data interchange. (4 points)
- e. Comply with HCA data requests for any internal or external audits. (2 points)
- f. Give network and non-network providers access to eligibility and Claims look-up through OneHealthPort. (3 points)
- g. If Contracted Vision Plan(s) are fully insured (6 points):
  - i. Is the Bidder able and willing to deliver PHI, including Claims data, to HCA pursuant to 45 CFR 164.504(f)?
  - ii. Describe any limitations to the Bidder's ability and/or willingness to deliver Claims data to HCA, including any specific HCA uses or disclosures that Bidder does not agree to.
  - iii. Describe any concerns the Bidder has about providing Claims data on any of its fully insured vision plans to the employer/purchaser?
- h. If Contracted Vision Plan(s) are self-insured Build data files that transfer separately-defined eligibility and Claims files to HCA's data warehouse on a monthly basis in the HCA requested format. This process must be established by June 3, 2019. The ASB(s) will need to sign a data share agreement (DSA), and non-disclosure agreement (NDA), both of which are located in Exhibit I – Draft Contract, with HCA, prior to the data warehouse file specifications being shared with the ASB. (5 points)

### 3. Eligibility System Requirements (35 points)

Please limit response to seven (7) pages, excluding any requested flow charts, examples, etc. Provide an overview of the Bidder's capability to comply with all of the following Eligibility System Requirements:

#### *Member ID Numbers (8 points)*

- a. The Bidder will generate a unique, permanently assigned, HIPAA compliant non-Social Security Number (SSN) based ID number for each Subscriber or Member. If the Bidder uses its own algorithm to assign ID numbers, that algorithm must be approved in advance by the HCA. It must guarantee a random number, from which the SSN and other PHI cannot be determined or approximated; it must be nine (9) or ten (10) characters; it cannot duplicate other IDs used by the ASB.

#### *Eligibility Files (15 points)*

- a. Create a current version HIPAA 834 standard transaction to send to HCA's business partners, including any optional fields requested by HCA, at no additional cost.
- b. Conduct a quarterly full eligibility file match with HCA promptly reconcile any differences and report any reconciled differences and any other discrepancies to HCA.
- c. Accept and process SEBB Program eligibility files daily in the format outlined in the SEBB Program Eligibility File Format found in Appendix 3 – *HIPAA 834 Compliant Eligibility File*

- d. Store Member data, including SSNs, along with non-SSN and other non-PHI algorithm-generated Member IDs, in order to communicate with SEBB Program eligibility staff and perform quarterly eligibility audits.
- e. Transfer SSNs of Employees and their Dependents to HCA vendors and subcontractors, as that is HCA's Member ID within its eligibility system.
- f. Provide Member SSNs for transfer from the ASB to other HCA vendors, as requested by HCA.

*Eligibility Files and Matches* (12 points)

- a. Conduct a reconciliation of the full eligibility file with HCA not less frequently than monthly. See Enrollment Reconciliation in *Exhibit I – Draft Contract*, for details.