



STATE OF WASHINGTON
WASHINGTON STATE HEALTH CARE AUTHORITY
REQUEST FOR PROPOSAL (RFP)
NO. K1807

AMENDMENT No. 6

1. Bidder Questions

EXHIBIT 6.2 – Data File Transfer and Access Requirements	
Q1	Regarding Key Element I in Exhibit 6.2, please provide (a) the file format data fields required by Moda, and (b) the file format data fields required by any other vendors the HCA plans to have in place for the contract.
A1	<p>(a) Moda Health / Regence Companion Guide to illustrate the current 834 file format requirements is attached as Exhibit A.</p> <p>(b) The HCA will make data format requirements for future partners available as soon as possible once they are known. Other data requirements will be customized for vendors such as Limeade.</p>
EXHIBIT 6.3 – Eligibility Systems Requirements	
Q2	Regarding Key Element B.1 in Exhibit 6.3, what data fields are required in the current PBM's 834 format? Who currently sends this information to the PBM, and will the ASB be required to send it under the new agreement?
A2	Reference the <i>Moda Health</i> PDF in Exhibit A for the 834 data field requirements. The current TPA sends the eligibility files to the PBM, and the ASB will be required to do the same under the new agreement.
Q3	Regarding Key Element B.2 in Exhibit 6.3, will the HCA require the ASB to audit all fields for mismatches or just the member's SSN? Does the current UMP PBM use the same member ID format that the HCA uses, and requires the Bidder to use?
A3	The audit process involves matching all fields in the 834 file. The ASB will be required to report any mismatches between the ASB and HCA databases. The current UMP PBM uses the same Member ID Numbers ("W" numbers) issued by the current TPA.

Q4	Regarding Key Element B.5 in Exhibit 6.3, by “‘Other Coverage’ data” does the HCA mean Coordination of Benefits (COB) data? Does HCA’s “‘Other Coverage’ data” definition include any data besides COB data?
A4	Yes. The “‘Other Coverage’ data” refers to data that would be included in the weekly eligibility file passed from the UMP TPA to the UMP PBM. Bidders should specify if it has an indicator for “Other Coverage” and that such information will be passed to the UMP PBM in that eligibility file. The UMP PBM may also request “Other Coverage” information if there is no indicator within the eligibility file from the ASB, and a Bidder should respond with how it will comply with such a request.
Q5	Regarding Key Element B.8 in Exhibit 6.3, what does HCA mean by “the HCA study partner”? Please provide a list of the data fields required in the HCA study partner’s file format.
A5	On occasion, the HCA participates in health care data research partnering with entities such as UW, WHA, SCCA or the diabetes collaborative. When that occurs, the ASB will be expected to assist by transmitting data to any study partner as directed by the HCA. When this does occur the format, data fields and transmission will be customized to that data request.
EXHIBIT 6.4 – Data Transfer Participation with HCA Data Projects	
Q6	Regarding Key Element B in Exhibit 6.4, do HCA’s current vendors use the UMP Member ID numbers for Member identification, and will new vendors be required to use them?
A6	Yes, HCA’s current vendors use the UMP ID numbers described in “Key Element” A to Exhibit 6.3 for Member identification. New vendors will be required to use these same Member IDs.

All other terms and conditions of the RFP remain in full force and effect. Capitalized terms not defined in this amendment have the meaning provided in the RFP.