

## Exhibit J – Technical Data Requirements (100 points total)

### Mandatory Scored (unless stated otherwise)

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

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

- 1.1. Describe the Bidder's experience and reporting capabilities with HEDIS, MACRA and any other clinical quality performance measures, including a complete list of the current measures reported. Include in the response the Bidder's capability and willingness to add or amend measures as identified by HCA, as appropriate for reporting, to address the needs of the population managed on by the PEBB Program MA-PD plan(s).
- 1.2. Describe the Bidder's ability to provide reports to HCA on pharmacy programs (e.g. Utilization Management, Medication Therapy Management, etc.), including what data/information would be provided.
- 1.3. Provide a complete list of the patient/member experience quality measures the Bidder currently reports on.
- 1.4. Describe the Bidder's willingness and capability to disaggregate data (race/ethnicity, primary language, geography) to identify and address health disparities between populations. Some examples include differences in diagnosis rates, the proportion of members receiving appropriate preventative care, and effective chronic care management.
- 1.5. Describe the Bidder's experience providing:
  - 1.5.1. Customized reports, including online dashboards, to purchasers (i.e. employers, insured trusts, etc.) on plan portfolio performance. List of the kinds of reports and/or dashboards the Bidder can create and provide an example of each;
  - 1.5.2. Performance outcomes;
  - 1.5.3. Executive level portfolio reports;
  - 1.5.4. Eligibility and Claims reports;
  - 1.5.5. SOC1 Type II Audit results; and
  - 1.5.6. Quarterly, bi-annual, and annual plan performance reports.
- 1.6. Because of the environment HCA operates in, often a data request or inquiry is submitted to HCA with a same day turnaround time; for example, a legislative request during legislative session. Describe the Bidder's ad-hoc reporting capabilities. What is the minimum number of Calendar 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?
- 1.7. Describe the Bidder's experience and process for analyzing and reporting data for state legislative requests.
- 1.8. 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. Data File Transfer and Access (30 maximum points):

Please limit response to four (4) pages, excluding any requested flow charts, examples, etc.

2.1. Describe how the Bidder will comply with all of the following Data File Transfer and Access Requirements:

2.1.1. Pick up and process electronic data files from Washington State's secure file transfer service.

2.1.2. Accept and execute, or transfer electronic data files including Claims data extracts, to HCA or on behalf of HCA to business associates or external contracted vendors when requested by HCA at no additional cost. HCA business associates include but are not limited to HCA's actuarial consultants. Data transfers may occur on a weekly or monthly basis, as specified by HCA.

2.1.3. Execute separate data sharing contracts with other HCA vendors for purposes of sharing HCA data.

2.1.4. Administer Member information in compliance with HIPAA and OCIO standards for privacy, security, and electronic data interchange.

2.1.5. Comply with HCA data requests for any internal or external audits.

2.1.6. Give network and non-network providers access to eligibility and Claims look-up through OneHealthPort.

2.2. Describe any limitations to the Bidder's ability and/or willingness to deliver Claims data for its PEBB Program MA-PD plan(s) to HCA, including any specific HCA uses or disclosures that Bidder does not agree to.

## 3. Online Security (20 maximum points)

Please limit response to one (1) page, excluding any requested flow charts, examples, etc.

3.1. Describe the Bidder's capability to provide Members with secure access to account information online. This would require secure sign-in, and a portal that includes PHI, such as services a Member has received. Describe the Bidder's capability to meet the following:

3.1.1. Apply a multi-factor authentication for sign-in.

3.1.2. Ability for Members to login from the Bidder's PEBB Program specific site.

3.1.3. Personal and family Claims history that complies with HIPAA privacy requirements (e.g., some family members may need to be masked on diagnosis or age-related Claims, accumulated status, deductible status, and out-of-pocket maximum status).

3.1.4. Secure electronic communications (email, messaging, other) to and from customer services.

4. **Eligibility System Requirements (20 maximum points)**

Please limit response to four (4) 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:

4.1. Member ID Numbers

4.1.1. 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 HCA. It must guarantee a random number, from which the SSN and other PHI cannot be determined or approximated; it must be at least nine (9) characters; it cannot duplicate other IDs used by the ASB.

4.2. Eligibility Files

4.2.1. 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.

4.2.2. Accept and process PEBB Program eligibility files daily in the format outlined in the PEBB Program Eligibility File Format. *See Appendix 6 – PEBB 834 Companion Guide.*

4.2.3. Store Member data, including SSNs, along with non-SSN and other non-PHI algorithm-generated Member IDs, in order to communicate with PEBB Program eligibility staff and perform quarterly eligibility audits.

4.2.4. Transfer SSNs of Employees and their Dependents to HCA vendors and subcontractors, as that is HCA's Member ID within its eligibility system.

4.3. Eligibility Files and Matches

4.3.1. Conduct a reconciliation of the full eligibility file with HCA not less frequently than monthly.