

STATE OF WASHINGTON

HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

RFP NO. 2020HCA14 HCA Fraud and Abuse Detection Solution (FADS)

## Response Form 01 Minimum Qualifications

Using the template provided below, Bidders must provide a full and complete response to each of the numbered requirements. The requirement should be addressed directly and specifically.

Bidder Name:

| Requirement Number | Requirement Priority | Minimum Requirements |
| --- | --- | --- |
| MIN-1 | Pass/Fail | The Bidder must be licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the ASB. |
| *Insert Response Here* | | |
| MIN-2 | Pass/Fail | The Bidder must have three (3) or more years’ experience in the health care FWA detection and prevention market providing solutions to enhance program integrity activities to identify and prevent FWA. |
| *Insert Response Here* | | |