

**STATE OF WASHINGTON**

**HEALTH CARE AUTHORITY**

**REQUEST FOR PROPOSALS (RFP)**

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

**Response Form 06**

# Statement of Work Issues List

Use the following template to provide Bidder's response as described in Section 3.1 of the RFP. This should include all issues on the *Appendix A Statement of Work* only EXCEPT those identified in the Draft Contract which will be captured in a separate Response Form. Add additional rows if necessary.

**Bidder Name:**

| **Item** | **Reference Document** | **Section & Page #** | **Issue** | **Bidder Proposed Solution/Rationale** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |