

**STATE OF WASHINGTON**

**HEALTH CARE AUTHORITY**

**REQUEST FOR PROPOSALS (RFP)**

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

**Response Form 07**

# Draft Contract-BAA-DSA Issues List

Use the following template to provide Bidder's response as described in Section 3.1 of the RFP. This form should be used solely to capture requested changes to Appendix D – Draft Contract and Appendix E – Draft BAA/DSA. Please attach a redlined version of both the Draft Contract and Draft BAA/DSA. Please include any issues with Draft Contract, *Attachment D – Performance Guarantees* on this form. Add additional pages to complete this table, 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 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |