



Washington Health Benefit Exchange

RFP 17-004 Addendum 4

March 15, 2017

TO: Potential Bidders for RFP 17-004 and Other Interested Parties

FROM: Erin Hamilton, RFP Coordinator

SUBJECT: Addendum 1 to RFP 17-004 for "Provider Directory"

PURPOSE: To provide responses to questions submitted by potential bidders by the February 14 deadline.

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1. HBE's responses to bidder questions submitted by the March 8, 3:00pm PST deadline are provided as an attachment to this Addendum.
 2. Please contact the RFP Coordinator at contracts@WAHBExchange.org if there are any questions concerning this Addendum.

Respectfully,

A handwritten signature in blue ink that reads "Erin Hamilton".

Erin Hamilton

RFP Coordinator

contracts@wahbexchange.org

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

Question #	Document Name	Section # and Title	Page or Paragraph #	Question	HBE Response
1	RFP 17-004	1.5.1.4	6	RFP states that the vendor will provide “continued development” of the Exchange provider directory. Does this include new features and improvements that are requested by the HBE, or does this refer specifically to upkeep and maintenance? Would new features not included in RFP 17-004 be handled with a separate contract or statement of work?	This refers to both new features as well as upkeep and maintenance. However, new features would be mutually agreed upon and would require a new scope of work to be added to the contract via amendment.
2	RFP 17-004	1.6.1.10 / 1.6.5.2	7 / 9	1.6.1.10 stipulates that data modification requests must be completed within 10 calendar days, and 1.6.5.2 stipulates that changes to inaccurate data must be completed within 1 business day. Can you please clarify the distinction?	1.6.1.10 refers to when a data discrepancy is raised by a stakeholder that needs to be investigated and verified for resolution (i.e. a consumer alerts the provider directory vendor that a provider is now located at another location). 1.6.5.2 refers to blatant inaccuracies or website errors (i.e. inaccurate spelling of a medical facility or other on-site error).
3	RFP 17-004	1.6.3.7	8	1.6.3.7 states that the provider directory must be available 24 hours/day, 7 days/week. However, in order to operate an API, some planned downtime is required (as is the case with all cloud based applications). For our current clients, we guarantee full API functionality 99.7% of the time. Is there an uptime expectation from the HBE?	As long as maintenances are planned and agreed upon by WAHBE through the Production Deployment process, a minimum uptime of 99.5% will meet our needs. However, if you can provide minimum uptime greater than 99.5%, please denote that in your proposal.
4	RFP 17-004	1.6.5.5	9	In 1.6.5.5, the RFP stipulates that Federal Tax Information cannot be used. However, Tax ID numbers (TINs) are useful in the process of data matching and normalization. NPI numbers can be used but there is generally a higher error rate and not all types of providers have NPI numbers. If TIN is unavailable, will another ID be provided by the HBE?	1.6.5.5 refers to Federal Tax Information collected by the Exchange from consumers (i.e. the tax filing status of a consumer)-- not public tax information from providers.
5	RFP 17-004	Appendix B	64	Appendix B gives the “Current Issuer Format” for data files. Will all data files from health and dental plans be sent to the vendor in this format and schema?	We shared the current format as an example. The Exchange has flexibility in setting how the carriers should submit these updates and improvements can be explored with the successful vendor if this format is not ideal.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

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6	RFP 17-004	General Question	General Question	Would the consumer facing health plan selection tool integrate with the vendor API and pull data directly from the vendor's database? Or would the vendor be expected to implement the data warehousing in the HBE's own infrastructure?	Per section 1.7.1.15. The provider directory tool may be cloud based and hosted outside of HBE. The vendor is responsible for cloud hosting. We would prefer the vendor to host the provider data.
7	RFP 17-004	General Question	General Question	The project start date is listed as May 8th, 2017. When will all health plan data files be available to the vendor? When will the vendor receive 2018 data, and when is the deadline for that data to be published to the directory?	Vendors can expect to receive a data file for each carrier using existing template format by 05/15/2017. 2018 provider data would be expected to be submitted by carriers no later than 10/15/2017.
8	RFP 17-004	3.4 VENDOR CONFERENCE	14	The Vendor conference date is not listed in the section 2 – RFP Schedule. When is the vendor conference webinar?	There is no vendor's conference scheduled for this RFP. The reference to this conference in section 3.4 was left in by accident.
9	RFP 17-004	General Question	General Question	We assume providers in nearby areas outside of Washington state (e.g., Portland, OR) should be included if they are in-network to the Exchange plans, correct?	Correct. Many consumers that live in southwest counties of the state seek care in Oregon. We expect the vendor to reflect provider options in relation to where the consumer lives and not let the results be limited to Washington state.
10	RFP 17-004	General Question	General Question	Does the Exchange have a defined scope of which individual provider types are expected to be included in the provider directory? E.g., 1. Physicians (Primary Care & Specialists) & other non-physician primary care providers (Physician Assistants, Nurse Practitioners), and Doctors of Dentistry? 2. Is the directory also expected to include non-physician behavioral health providers (psychologists, clinical social workers, substance abuse counselors)? 3. Is the directory also expected to include other individual provider types (acupuncturists, chiropractors, dieticians, optometrists, registered nurses, podiatrists, physical therapists)?	The Exchange expects all individual provider types to be included in the provider directory, including but not limited to the provider types listed in the question.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

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11	RFP 17-004	General Question	General Question	Does the Exchange have a defined scope of which facility provider types are expected to be included in the provider directory? (This is partially defined in section 6.1.2.2) E.g., 1. Hospitals (e.g., Acute Care Hospitals); 2. Critical Access Hospitals; 3. Community Health Centers/Clinics	The Exchange expects all facilities to be included-- hospital, clinic, urgent care, mental health clinic, convenience care
12	RFP 17-004	General Question	General Question	Will the Exchange be able to supply a definitive “master” list of all health care facilities that should be included in the provider Directory? If so, will the Exchange be able to supply unique identifiers of these facilities (e.g., NPI numbers, state license numbers, and/or CMS CCN identifier) to the vendor?	No, this will be the responsibility of the vendor. The vendor should be able to distill a master list of all health facilities in-network for HPF QHPs using data provided from carriers along with normalization and verification processes performed by the vendor.
13	RFP 17-004	1.3	Page 5, paragraph 1	The RFP indicates carriers are currently required to provide monthly updates to their provider directory data by the 15th of each month. Is the requirement that the carriers provide their data in the standardized data format (e.g., the format included in Appendix B or a newly developed standardized format)? Or do/can some carriers provide data in an alternate format from the standardized format?	State law requires that provider directories must be updated at least monthly. The Exchange requires that issuers send these updates on the 15th of each month. The Exchange has flexibility in setting how the carriers should submit these updates (current format is for all carriers to submit as shown in Appendix B). The Exchange would consider changing this format if it is not ideal.
14	RFP 17-004	1.3	Page 5, paragraph 1	Is dental network participation information provided by the carriers in the same format? Do carriers include both medical and dental (e.g., pediatric dental) providers in the same file? Do stand-alone-dental plan carriers provide data to the Exchange/Vendor on the same schedule as medical plan carriers?	Yes, dental provider data is included in the same template. Currently, no carrier participating on the Exchange provides both QHP and Family QDPs. However, should this be the case in the future, the carrier would submit a single file on the standard template by the standard monthly deadline.
15	RFP 17-004	General Question	General Question	Should the vendor expect to segment the Medicaid plans/providers into a separate UI than the QHPs?	In the Washington Healthplanfinder online flow, different shopping screens exist for Medicaid, Qualified Health Plans and Qualified Dental Plans. Vendor should expect to integrate the provider directory on each of these screens and provide pertinent information to each customer segment within the context of their shopping experience.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

Question #	Document Name	Section # and Title	Page or Paragraph #	Question	HBE Response
16	RFP 17-004	1.7.2 Consumer Experience	11	1. Please confirm whether the user testing is required to be conducted in a Washington State facility or if other facilities are acceptable (including other states)? 2. Is the Exchange open to considering a consumer usability testing plan in which the Exchange manages the recruitment of participants and the Exchange coordinates the facility rental space?	1. Other facilities may be acceptable but users must be Washington users. 2. No, it is expected for the vendor to handle recruitment and logistics. See 1.7.2.
17	RFP 17-004	1.3 Vendor Information	5	Please provide an estimated total number of members that the Exchange will provide services to in 2018.	As noted in the RFP, "vendor can assume a potential user base of 1.8 million customers or more, in addition to a substantial quantity of anonymous shoppers through the "anonymous browsing" feature of HPF."
18	RFP 17-004	1.3 Vendor Information	5	Please provide the estimated number of plan data source files that would be processed by the Exchange in 2018.	12-15 carrier files per month. Paul to confirm
19	RFP 17-004	1.6.4 Testing Requirements	Page 9, requirement 1.6.4.6	Please confirm that a pre-production environment that would support Integrated System Testing, User Acceptance Testing, and Performance Testing meets the requirement for a separate testing environment.	Yes, a pre-production environment that would support Integrated System Testing, User Acceptance Testing, and Performance Testing meets the requirement for a separate testing environment.
20	RFP 17-004	4.4 Delivery of Responses (Mandatory)	19	Section 4.4 of the RFP states that vendors must respond to all requirements of the RFP in order for their proposal to be considered complete. Section 4.3 of the RFP states that the response must contain information responding to all mandatory requirements in Sections 4 through 7. Please confirm that responding to all requirements in RFP Sections 4 through 7 constitutes a "complete" response as described in RFP Section 4.4.	Yes, responding to all requirements in RFP Sections 4 through 7 constitutes a "complete" response as described in RFP Section 4.4.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

Question #	Document Name	Section # and Title	Page or Paragraph #	Question	HBE Response
21	RFP 17-004	4.5 Administrative Contents	Page 20, requirement 4.5.1.6	Regarding the required conflict of interest information, there is a requirement to disclose if the Vendor has a business relationship with Deloitte Consulting, or other major HBE Contractor. Based on the definition of HBE in RFP Section 1.1 we are assuming that the reference to “other major HBE Contractor” is referring to other contractors supporting the Washington HBE. Please confirm that is a correct assumption, and if so, provide a list of the other major contractors (in addition to Deloitte Consulting) for which prior relationships should be disclosed.	Yes, the reference to “other major HBE Contractor” is referring to other contractors supporting the Washington HBE. For this project, Deloitte is the only major contractor for which a prior or current relationship must be disclosed.
22	RFP 17-004	1.6 Mandatory Service Requirements, and 1.7 Requirements for Optional User Interface Functionality	Pages 6-11	These sections include general requirements that must be followed by the Vendor; however, the Vendor Response Instructions in RFP Section 4 do not reference Sections 1.6 and 1.7, and state that proposals must include a response to mandatory requirements in Sections 4 through 7. Given the instructions in Section 4, and the page limitations for responses, please confirm that a response to each requirement in Sections 1.6 and 1.7 is not required.	A response to each element defined in Section 1.6 and 1.7 is not required. Those sections explain the broad statement of work and technical requirements for the project on which the vendor should base their proposal. The items that Vendor's must respond are provided in Section 4 -7.
23	RFP 17-004	5.1 Managerial Qualifications (Mandatory/Scored)	21	In the last bullet in the list that defines the format for providing project reference examples the vendor is to inform the Exchange of any contract(s) signed in the last five years that were terminated. This information is also a required component of the Transmittal Letter (see RFP Section 4.5.1.7). Please clarify what information is required for each of the project references as requested in the last bullet of RFP Section 5.1.	In Section 4.5.1.7, the HBE requires the proposing vendor to list any and all contracts that have been terminated for default within the last five years. For section 5.1, bullet 6, HBE requests detailed information for two completed projects similar to services being proposed for HBE. If those projects resulted in termination (for any reason) or if not all deliverables were successfully met, we expect a detailed explanation of the circumstances.
24	RFP 17-004	5.1 Managerial Qualifications (Mandatory/Scored)	21	In the list that defines the format for providing project reference examples, there is a requirement to provide the names and titles of the vendor’s project sponsor and project manager. As titles can vary between organizations, please clarify what is meant by the project sponsor. Is this the same as an account manager role?	The "project sponsor" is the person responsible for all aspects of fulfilling the contract (usually an account manager or executive). The "project manager" is responsible for implementing the services and tracking progress on the project. They are usually the main point of contact during a project and works closely with HBE staff.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

Question #	Document Name	Section # and Title	Page or Paragraph #	Question	HBE Response
25	RFP 17-004	6.1 Vendor's Proposed Solution (Mandatory/Scored)	22	This section of the RFP states that the solution must be presented in the form of a high-level work plan including technical/data flow and data model diagrams, and include the basic steps the vendor would take to implement and maintain the proposed solution. Section 6.11 also includes 16 requirements that must be addressed in the response. In order to ensure a consistent response from all bidders, please clarify the Exchange's expectation for a response to this section. For example, is an introductory narrative describing the approach to implementing the solution followed by an individual response to each of the 6.1.1 requirements the required format?	Yes, the response should be an introductory narrative describing the approach to implementing the solution as well as the solution itself, followed by an individual response to each of the 6.1.1.1 - 6.1.1.11 requirements. A high-level work plan outlining milestones for implementation and support is also expected (see question #41).
26	Sample Contract General Terms & Conditions	Section 18 – Industrial Insurance Coverage	18	The requirement states: "The CONTRACTOR shall comply with the provisions of Title 51 RCW, Industrial Insurance." Given that Title 51 RCW is a lengthy statute, can the State be more specific regarding which sections of Title 51 RCW are applicable to this RFP?	Please contact the Washington State Department of Labor and Industries to address any questions regarding Title 51 RCW and its applicability to work under this contract.
27	RFP 17-004	1.5.1	5	We are anticipating the receipt of over 1 million input records across all the plans with a fair amount of overlap. Would you also please estimate how many total provider records (removing the overlap across plans) associated with your QHP's and Medicaid plans that participate in the HBE? If a provider practices at 3 locations, that would count as 3 records. We are looking for the total volume of provider records that will be managed in the Exchange directory.	There are approximately 70,000 unique provider records based on a distinct combination of NPI number and provider location.
28	RFP 17-004	1.5.1	5	Please estimate the number of separate provider directory files and formats that vendors should anticipate from the Exchange issuers.	Approximately 12-15 carrier files per month. All files will use the same format.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

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29	RFP 17-004	1.5.1	5	Will each Exchange issuer submit one provider directory file that spans multiple plans/networks/product offerings? As an example, in Appendix C (page 65) it shows Regence as having 5 networks. Should we anticipate the submission of one provider directory file from Regence, or up to five provider files separated out for each network? There is also reference to “100 to 200 health and dental plans” (page 5, 1.3). How will the health plans be identified? Also, please advise what the total number of files and formats that will be involved.	Yes, each carrier will submit just a single provider directory file. Each carrier file will include all providers associated with all networks. Providers that are associated with multiple Networks will be included multiple times, with a row for each network. The plans that relate to each network are not included in the provider directory file, but can be provided separately.
30	RFP 17-004	1.6.1.10	7	Does “respond to any request” mean that the vendor is required to communicate back to the consumer/provider/carrier/exchange? 6.1.1.9 seems to indicate that communication is optional. If communication is required, is a notification of receipt sufficient to meet this requirement?	Yes, the vendor is required to communicate back to the party who raised the data request. The Exchange expects the vendor to be responsible for the data integrity of the provider directory, as such, the vendor will be the party best-suited to respond to these requests. The vendor communication should include a resolution within 10 days as outlined in 1.6.1.10. However, if the discrepancy cannot be solved in 10 days the vendor shall communicate this to the requesting entity then notify the Exchange of the inability to meet the request. The Exchange will provide further guidance to the vendor at that point in time to resolve the request.
31	RFP 17-004	1.6.2.4	7	If a carrier’s data is found to be inaccurate, is there any responsibility on the vendor to give feedback to carrier?	Yes. Inaccuracies should be communicated directly to the carrier, and the following submissions by the carrier should be reflective of improved accuracy.
32	RFP 17-004	3.16	16	To what does “professional internal audit personnel” refer?	That reference is an error. 3.16 should read: "HBE will award one Contract to the Vendor most capable of providing the Provider Directory Services and expertise required."

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Question #	Document Name	Section # and Title	Page or Paragraph #	Question	HBE Response
33	RFP 17-004	4.1.1	17	Sections 4.1, 4.2, 4.3, and 4.4 are all marked “mandatory.” However, 4.2 on page 18 states that only sections 4.5 through 6.2 are mandatory. Does Washington HBE expect/require compliance statements from Vendors for sections 4.1 through 4.4, or are these present for informational purposes only?	Sections 4.1 - 4.4 are instructions for the formatting and submission of proposals. Following those requirements is Mandatory and failure to do so may result in disqualification. Sections 4.5 - 6.1 and Section 7.1 are elements that must be submitted with your Proposal response. These contain both administrative requirements and scored requirements/responses. Section 6.2 and 7.2 are optional submissions, as marked.
34	RFP 17-004	5.2.3, 5.2.4	22	Will it be acceptable to provide detailed descriptions of our Delivery Project Team by roles and responsibilities including Team Leadership, rather than named team members including resumes? In 5.2.3 and 5.2.4, Washington HBE asks for specific named representatives including resumes. Our project teams are assigned just prior to contract execution, once full knowledge of the specific requirements and challenges are known; any list of named resources at this time is likely to change between submission of the proposal and project kickoff.	No. In assessing qualifications, the skills and abilities of the proposed team are taken into consideration. If a member of the proposed team is not available for the project once awarded, Vendor must notify HBE and provide an alternative project member with qualifications equal to or greater than those possessed by the original proposed member. HBE reserves the right, at its sole discretion, to accept or reject any proposed substitution.
35	RFP 17-004	6.1.2.	23	Are the attributes contained in 6.1.2 inclusive of all data attributes that will need to be available via the API output to the Exchange? If not, please specify what attributes need to be in the API functionality.	6.1.2 includes the expected API output fields at this time.
36	RFP 17-004	6.1.2.4	24	Please define “relationships”. What relationships need to be managed, and will these be submitted on the files from the carriers?	Relationships refers to data that needs show relationships between the provider data and other data sources. Here, the necessary relationship request that is needed is related to plan data-- The provider directory should indicate whether the provider is in-network and the level at which they are covered based on plan data. Plan data is publically accessible and can also be provided by the Exchange.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

Question #	Document Name	Section # and Title	Page or Paragraph #	Question	HBE Response
37	RFP 17-004	6.1.2.4	24	Please define “Provider tiering capabilities”. Specifically, what is being tiered?	This refers to tiered networks or designating groups of network providers into levels, or tiers. Tiered networks create the need for the provider directory service to store data that indicates if providers are in-network AND the extent to which they are covered at. This information can be essential information needed for the consumer to choose whether their provider is covered by the health plan at the level they need to.
38	RFP 17-004	1.3 Vendor Information	5	Is there detail available on the number of provider searches executed in the past year (particularly during open enrollment) on the current platform?	During the period 11/01/2016 - 01/31/2017, the provider directory search on Healthplanfinder was engaged approximately 250,000 times.
39	RFP 17-004	6.1 – Vendor’s Proposed Solution	23	6.1.1.16 “Describe any imaginative or innovative methods proposed for providing the provider directory.” In what context is “providing the provider directory” referencing?	This sentence is meant to give the Vendor flexibility in its response to the Exchange. If the Vendor has alternative solutions or capabilities that they are unable to express in alternative sections, we would be interested in hearing creative solutions for increasing the reliability and consumer-usability of the provider directory (which includes any additional data services that would serve the consumer).
40	RFP 17-004	Appendix A	63	Could we have a higher-resolution version of Appendix A?	We can provide a copy in Visio if needed. Please email contracts@wahbexchange.org for a copy in Visio or alternate format.
41	RFP 17-004	6.1. Vendor’s Proposed Solution (Mandatory/Scored)	22	Could you please expand on "The work plan must present the basic steps the Vendor would take to implement and maintain the proposed provider directory information"?	In your work plan, we expect to see a list of high-level milestones and activities that would be needed to implement and maintain the solution proposed and a narrative explaining the proposed solution followed by detailed answers to questions contained in 1.6.1 . Also, see question #25.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

Question #	Document Name	Section # and Title	Page or Paragraph #	Question	HBE Response
42	RFP 17-004	General Question	Multiple	The RFP calls for the Vendor to have a set of plans (testing, implementation, transfer at the end of contract, etc). Should we submit the plans as part of the technical proposal, or can we develop them later on?	There are several references to plans, each with different stages they are needed. As stated in Section 1.6.1.5, a project plan will be needed. This will be created after contract execution. As stated in section 1.6.1.6, a transition plan will be needed. This can be done after project "go-live" and anytime before the end of the contract. As stated in Section 1.7.2.1, "Vendor must submit a written usability testing plan covering research questions, methodology and measures; participant characteristics; recruitment methodology; testing schedule; test procedure; test materials; and data analysis and reporting approach". This is a subsection of 1.7.2 which requires these before "go-live".
43	RFP 17-004	1.6.2.3 Data Enhancement/Data Augmentation	7	Could you please provide examples of traditional and non-traditional data sources?	Traditional data sources include the CMS National Plan and Provider Enumeration System; Non-traditional data sources include state licensing boards
44	RFP 17-004	6.1.2.4 Relationships (subsection a)	24	What does "Provider Tiering Capabilities" mean?	Please see HBE's response to question #37
45	RFP 17-004	1.1	4	RFP Section 1.1 mentions that the solution needs to be off the shelf. We feel however, that this problem may be solved faster with a blended solution of off the shelf as well as custom components. Delivered in a SaaS model of course. Are you open to this?	We are open to this but our preference is to limit the scope of custom development as much as possible.
46	RFP 17-004	1.5.1.3	6	Parts of the RFP mention replacing the current system, other parts talk about integrating with the current system (1.5.1.3). Please clarify.	Current infrastructure in section 1.5.1.3 refers to how the data flows back to HPF. The Exchange would not expect to drastically modify its current workflows and system integration components with a new provider directory data provider. The Exchange is looking to replace the current provider directory data management.

Vendor Questions and WAHBE Reponses for RFP 17-004 – Provider Directory

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47	RFP 17-004	1.6.2.1	7	<p>What format do the data updates from the providers come in? Metered API Call? Flat file? FTP Share? (1.6.2.1)</p> <p>a. How does WaHBE know when to update the data?</p> <p>b. Are there other issuer templates than Appendix B?</p> <p>c. Do we need to support changing templates?</p>	<p>Carriers submit their data files in various formats to include .txt, .csv, xls, .xlsx. via FTP upload. a. Monthly, these files are combined into a single directory that is used in the existing search functions. There are no other templates that Appendix B. c. Changes to the template may be necessary in the future to support alternate file formats and or include additional provider details.</p>
48	RFP 17-004	Appendix C	65	<p>How does the Data in Appendix C get updated?</p> <p>Can providers request to be put into this data? (In the case of new providers, etc.)</p>	<p>Appendix C simply lists all current 2017 combinations of plan type, carrier and network. For 2018, prior to Open Enrollment, the Exchange will provide a new list. Providers only relate to the carrier's Network, and so are only indirectly related to this list. Providers would need to coordinate directly with carriers to join networks.</p>
49	RFP 17-004	General Question	General Question	<p>What happens when plan data changes between the time that a user begins the purchase?</p>	<p>At this time, the Exchange does not record the consumer's selected provider other than to display whether a plan option is in or out of network. Changes in the provider directory data are not explicitly communicated to the consumer.</p>
50	RFP 17-004	1.6.2.2	7	<p>What system currently provides this ETL feature?</p> <p>Are there more rules required than exist?</p>	<p>WAHBE's current provider directory vendor does not provide extract, transfer, load feature of data processing (which is outlined in 1.6.2.2). The purpose of this RFP is to enhance its current capabilities/functionality so there are more rules in this RFP than currently exist for the HPF provider directory.</p>

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51	RFP 17-004	1.6.2.1	7	(1.6.2.1) How does WaHBE know when providers enter and leave? Is there an API?	<p>There is no reference to providers entering and leaving a network in 1.6.2.1. This section does talk about carriers, plans, or networks entering/leaving the Marketplace. Vendor should inform the Exchange about any these modifications. Plans and networks change from year to year, and carriers participating in the Exchange is also subject to change from one plan year to the next. Mid-plan year, the Exchange would notify the Vendor about any of these changes.</p> <p>Concerning providers, WAHBE currently relies on carriers to supply information on when providers enter and leave their networks.</p>
52	RFP 17-004	1.6.2.3	7	<p>What data sources are available to WaHBE?</p> <p>a. Are we expected to suggest additional sources?</p> <p>b. Are there sources that the current system cannot ingest?</p>	<p>Our current data source is eHealth, but this data will not be available for any resulting contract. The Exchange will not be providing data to vendors. A. Vendors are expected to augment data with their own additional data sources. B. The current vendor simply compiles and manages the data but does not ingest data sources.</p>
53	RFP 17-004	General Question	General Question	What is the current platform written in?	HPF is a java-based system. eHealth is a proprietary tool and we do not have access to the source code.
54	RFP 17-004	1.7.1.13	11	(1.7.1.13) Are there any 508/ARIA compliance requirements? (For visually impaired)	Yes, we expect the proposed solution to be 508 compliant.
55	RFP 17-004	1.7.1.14	11	(1.7.1.14) Is WaHBE open to an iterative approval process for design and copy once the A/B testing phase is done?	Yes
56	RFP 17-004	General Question	General Question	Is the Spanish language localization a requirement?	Yes. In addition to English, Washington Healthplanfinder is available in Spanish. The vendor is expected to provide a Spanish version of the provider directory at WAHBE's request. This is in order to provide a streamlined experience for users of the Spanish version of Washington Healthplanfinder.