

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

SCHEDULE OF SUPPLIES/SERIVCES

Line Item Num	11/1/2019 - 10/31/2020	Item Description	Quantity	Unit Price	Base Period Total
0001	PWS 7.1.1	Real-time HIPAA 270/271 transaction for standard payers			
0002	PWS 7.1.2	Real-time HIPAA 270/271 transaction for participating payers			
0003	PWS 7.1.3	Real-time HIPAA 270/271 transaction for non-participating payers			
0004	PWS 7.2.1	Customized insurance coverage discovery transaction for found insurance per patient requested			
0005	PWS 7.2.3	Customized insurance coverage discovery transaction for not-found insurance per patient requested			
		Total Base			
	11/1/2020 - 10/31/2021	Option Period One	Quantity	Unit Price	Option Period Total
1001	PWS 7.1.1	Real-time HIPAA 270/271 transaction for standard payers			
1002	PWS 7.1.2	Real-time HIPAA 270/271 transaction for participating payers			
1003	PWS 7.1.3	Real-time HIPAA 270/271 transaction for non-participating payers			
1004	PWS 7.2.1	Customized insurance coverage discovery transaction for found insurance per patient requested			
1005	PWS 7.2.3	Customized insurance coverage discovery transaction for not-found insurance per patient requested			
		Total Option Period One			
	11/1/2021 - 10/31/2022	Option Period Two	Quantity	Unit Price	Option Two Price
2001	PWS 7.1.1	Real-time HIPAA 270/271 transaction for standard payers			
2002	PWS 7.1.2	Real-time HIPAA 270/271 transaction for participating payers			
2003	PWS 7.1.3	Real-time HIPAA 270/271 transaction for non-participating payers			
2004	PWS 7.2.1	Customized insurance coverage discovery transaction for found insurance per patient requested			
2005	PWS 7.2.3	Customized insurance coverage discovery transaction for not-found insurance per patient requested			
		Total Option Period Two			
	11/1/2022 - 10/31/2023	Option Period Three	Quantity	Unit Price	Option Three Price
3001	PWS 7.1.1	Real-time HIPAA 270/271 transaction for standard payers			
3002	PWS 7.1.2	Real-time HIPAA 270/271 transaction for participating payers			
3003	PWS 7.1.3	Real-time HIPAA 270/271 transaction for non-participating payers			
3004	PWS 7.2.1	Customized insurance coverage discovery transaction for found insurance per patient requested			
3005	PWS 7.2.3	Customized insurance coverage discovery transaction for not-found insurance per patient requested			
		Total Option Period Three			
	11/1/2023 - 10/31/2024	Option Period Four	Quantity	Unit Price	Option Four Price

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4001	PWS 7.1.1	Real-time HIPAA 270/271 transaction for standard payers			
4002	PWS 7.1.2	Real-time HIPAA 270/271 transaction for participating payers			
4003	PWS 7.1.3	Real-time HIPAA 270/271 transaction for non-participating payers			
4004	PWS 7.2.1	Customized insurance coverage discovery transaction for found insurance per patient requested			
4005	PWS 7.2.3	Customized insurance coverage discovery transaction for not-found insurance per patient requested			
Total Option Period Four					
			Contract Total		

PERFORMANCE WORK STATEMENT

- 1. Scope:** The Veteran’s Health Administration (VHA) Office of Community Care (OCC), Revenue Operations (RO), eBusiness Solutions Office is looking to establish a Contract with a second Health Care Clearing House (HCCH) to continue to increase connectivity and further decrease processing time for VHA revenue operations. The Contractor shall conduct HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 electronic transactions received from our internal clearinghouse service from across the United States and its territories. The Contractor shall conduct customized electronic transactions to search for patient insurance when VHA does not already have information on file. The Contractor shall assist the VHA in continuing its mission to implement electronic transactions. At no time shall the Contractor direct, change, or engage in the formulation of VHA policy. The VHA is solely responsible to review the Contractor’s recommendations and to make decisions concerning the formulation of policy.
- 2. Background:** As a Health Care Provider, VHA has initiated several projects to increase the number of transactions that are completed electronically to comply with legislation and to facilitate administrative simplification. The VHA currently utilizes a Contractor to transmit its incoming and outgoing electronic transactions to the national Payer community. Various transaction formats are utilized, such as HIPAA Health Care Claim 837 (X12N-5010) and National Council for Prescription Drug Program (NCPDP) transactions. VHA transactions are completed as batch and real-time transfers. This secondary Contract will transmit only HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 transactions for various Payers. VA intends to use this secondary HCCH to expand its access to significant payers not provided by our primary HCCH contract. In January 2018, VHA implemented an insurance coverage discovery process to identify patient insurance information when VA does not already have billable insurance information already on file. This new system provides a standard, automated method for obtaining patient’s third-party insurance information by utilizing customized HIPAA transactions. VA intends to continue utilizing a secondary HCCH to transmit these customized electronic transactions to identify patient insurance information.

The eBusiness Solutions, as a proponent of administrative simplification, currently exchanges transactions from health care entities to third-party carriers. VHA has a fully developed and robust system to generate insurance eligibility inquiries for all places of care throughout VHA and route the transactions through VA’s Financial Services Center (FSC) prior to transfer to the HCCH. This system and processes are referred to as Veterans Health Information Systems and Technology Architecture (Vista) electronic Insurance Verification (eIV) module.

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While required by law, at times VHA finds that patients are sometime reluctant or remiss in sharing their third-party insurance information with VHA. To comply with federal regulations and to ensure revenue operations are generating health care claims to the maximum extent possible, VHA has engaged in efforts to seek patient's third-party insurance information from contracted sources. VHA has a fully developed a robust system of data extracts that provide basic patient demographics routed through VA's Financial Services Center (FSC) prior to transfer to the HCCH for which the Contractor can use to search for patient insurance information. This system and processes are referred to as VistA's Electronic Insurance Coverage Discovery (EICD).

- 3. Period of Performance (POP):** The POP shall be from the date of award for a one (1) twelve (12) month base year period, and four (4) consecutive twelve (12) month option years.
- 4. Place of Performance:** Work shall take place at the Contractor's site. Although work is not anticipated at a Government site, work at any Government site shall never take place on Federal holidays or weekends, unless directed by the Contracting Officer (CO).
- 5. Type of Contract:** Firm Fixed Price (FFP) Indefinite Delivery/Indefinite Quantity (IDIQ) contract that is solicited unrestricted.
- 6. Minimum and Maximum Orders:** The minimum order for the life of the IDIQ shall be one thousand dollars (\$1,000). The maximum ceiling for the life of the IDIQ shall be XXXXXX
- 7. Tasks:** The Prime Contractor shall:
 - ***Note: All tasks and deliverables that mention, outline or utilize the word(s) "payer" or "payers" throughout the entire PWS shall include, but are not limited to participating and non-participating payers, authorized agents and/or representatives. For the purposes of this document, "payer" is defined as any insurance carriers whose enrollees are also Veterans. ***
 - 7.1. Transmit CAQH CORE Operating Rules compliant HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 transactions via batch and/or real-time transfer and translate proprietary formats to and from HIPAA compliant transactions on behalf of VHA and support any future industry standards that may be released (i.e. such as HL7 and/or HIPAA X12 version 7030).
 - 7.1.1. Deliverable: Real-time HIPAA 270/271 transactions for standard payers
 - 7.1.2. Deliverable: Real-time HIPAA 270/271 transactions for participating payers
 - 7.1.3. Deliverable: Real-time HIPAA 270/271 transactions for non-participating payers
 - 7.2. Transmit customized X12 270/271 transactions via batch and real-time transfer for insurance coverage discovery.
 - 7.2.1. Deliverable: Customized insurance coverage discovery transactions for found insurance per patient requested
 - 7.2.2. Deliverable: Customized insurance coverage discovery transactions for not-found insurance per patient requested
- 8. Operational Support:** The Prime Contractor will provide standard operational support to ensure smooth transactions. Each task and deliverable(s) listed below will not be priced separately, as pricing for these services shall be included as part of the transaction charge(s) listed above.

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8.1. Monthly Invoicing:

8.1.1. Monthly invoicing should enumerate processed transactions by category (par, non-par, standard) and by Payer.

8.1.1.1. Deliverable: Monthly invoice

8.1.2. Monthly invoicing should enumerate processed Insurance Coverage Discovery transactions by category (found, not-found) and by Payer.

8.1.2.1. Deliverable: Monthly invoice

8.2. Access to payers:

8.2.1. Provide connectivity to health care payers on day one of the contract effective date to maintain the current level of HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 business. Essential payer connections are listed in [Attachment C](#).

8.2.1.1. Deliverable: HIPAA X12 270/271 Payer List

8.2.2. Provide connectivity to health care payers on day one of the contract effective date to maintain the current level of insurance coverage discovery business. Essential insurance coverage discovery payer connections are listed in [Attachment J](#).

8.2.2.1. Deliverable: Insurance Coverage Discovery Payer List

8.2.3. Support VHA future HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 transaction volumes by providing access to additional payers with whom it currently conducts electronic healthcare revenue transactions. Additional payer connections are listed in [Attachment D](#).

8.2.3.1. Deliverable: HIPAA X12 270/271 Payer List

8.2.4. Support VHA future insurance coverage discovery transaction volumes by providing access to additional payers with whom it currently conducts electronic healthcare revenue transactions. Additional insurance coverage discovery payer connections are listed in [Attachment K](#).

8.2.4.1. Deliverable: Insurance Coverage Discovery Payer List

8.2.5. Expand access to additional Payers, and as new Payers are established or identified for both HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 and insurance coverage discovery transactions. Establish connectivity, processing and transmission of electronic transactions to a Payer upon notification of intent from VA or Payer.

8.2.5.1. Deliverable: New Payer Project Plan

8.2.5.2. Deliverable: Requested Payers/New Payers List

8.2.6. Maintain and update an accurate master list of all Payers available with their associated identification numbers and line of business through either an internet portal or electronic document.

8.2.6.1. Deliverable: Master Payer List

8.3. HIPAA X12 270/271 Transaction Services:

8.3.1. Receive, process, and transmit healthcare transactions in HIPAA X12 5010 270/271 format, VHA approved formats, or any formats specifically acceptable under HIPAA for electronically enabled Payers and agreed upon by VHA and the Contractor.

8.3.1.1. Deliverable: Electronic Transactions billed as per Section 7.1.

8.3.2. Provide testing or certification mechanism for validation of real-time transactions in the current HIPAA X12 version within (30) business days of award date and/or by contract effective date; whichever comes first.

8.3.2.1. Deliverable: Confirmation of successful communication(s)

8.3.3. Send and receive electronic acknowledgements for HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 and standard conformance for

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HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 transactions to and from VHA or its submitters.

8.3.3.1. Deliverable: Electronic Transactions billed as per Section 7.1.

8.3.4. Maintain and update all Payer dictionaries, companion guides, Payer Portal, and any other document/site used for communication about Payer requirements/specifications within three (3) business days of any change.

8.3.4.1. Deliverable: Electronic publication and/or notification of change

8.3.5. Assist VHA in transitioning to future HIPAA regulations including implementation of legislative mandates and requirements; including but not limited to: testing, comprehensive version control, capabilities to up-code or down-code, and Payer compliance status. This includes but is not limited to HIPAA X12 version 7030. Provide a project plan and implementation guidance if and as when HIPAA 7030 final rule is published.

8.3.5.1. Deliverable: HIPAA 7030 Project Plan

8.3.6. Facilitate and perform to the greatest extent possible Payer enrollment and registration on behalf of VA by completing appropriate Payer authorization forms and letters as required by Payer specific guidelines within mutually agreed upon timeframe.

8.3.6.1. Deliverable: Electronic publication and/or notification of enrollment

8.4. Insurance Coverage Discovery Services:

8.4.1. Provide testing or certification mechanisms for validation of coverage discovery transactions within thirty (30) business days of award date and/or by contract effective date; whichever comes first.

8.4.2. Provide one or more found policies in a single response transaction.

8.4.3. Provide an acknowledgement response (with 2100C/AAA segment) upon receipt of initial coverage discovery request containing patient demographics submitted on a customized X12 transaction. Patient demographics provided by VA are at minimum:

8.4.3.1. Patient Name

8.4.3.2. Patient Date of Birth

8.4.3.3. Patient Social Security Number

8.4.4. Provide an acknowledgement response (with 2100C/AAA segment) upon receipt of VA request asking if policies have been found when no policies have been found and VA should wait before asking again. This first status check is typically generated by VA within 14 days of initial coverage discovery request submission.

8.4.5. Provide an acknowledgement response (with 2100C/AAA-75) upon receipt of VA request asking if policies have been found when coverage discovery processes have finished and no policies have been found. This second status check is typically generated by VA within 21 days of initial coverage discovery request submission.

8.4.6. Provide formatted found patient policy information on a customized HIPAA transaction in response to either the first status check or the second status check whichever comes first when coverage discovery has been successful in finding policies.

8.4.7. Provide the complete identifying information for the first qualifying found policy information in the response transaction.

8.4.8. Convey additional found policies within a single response transaction for the same patient in the "Other Payer" loop of the response transaction.

8.4.9. For found insurance policies, provide at minimum:

8.4.9.1. Payer Identifier

8.4.9.2. Patient Name

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- 8.4.9.3. Patient Date of Birth
- 8.4.9.4. Subscriber ID
- 8.4.9.5. Subscriber Name (required if patient is not also subscriber)
- 8.4.9.6. Subscriber Date of Birth (required if patient is not also subscriber)
- 8.4.9.7. Patient ID (required if patient is not also subscriber)
- 8.4.9.8. Group Number (if available)
- 8.4.10. Utilize the same VA generated trace number for all subsequent transaction(s) (i.e. waiting, found, not-found) relating to the single patient submitted in the initial discovery request.
- 8.4.11. Insurance Coverage Discovery Services.
 - 8.4.11.1. Deliverable: Successful insurance coverage discovery transactions formatted as per [Attachment I](#) and billed as per Section 7.2
 - 8.4.11.2. Deliverable: EICD Response Report as per [Attachment F](#)
 - 8.4.11.3. Deliverable: EICD Reconciliation Report as per [Attachment G](#)
 - 8.4.11.4. Deliverable: EICD Response Time Report as per [Attachment H](#)
- 8.5. **Reporting:**
 - 8.5.1. Ad-hoc reports that may become necessary during the contract to monitor transactions, report and track issues, and/or benefit the operational support activities.
 - 8.5.1.1. Deliverable: Ad-hoc report as agreed by all parties
- 8.6. **Production Failure Protocols:**
 - 8.6.1. Provide timely system-wide production failure notifications and based on severity level(s); notifications to include estimated time for recovery, root cause analysis, corrective action plans and future mitigation initiatives to prevent reoccurrence of failures.
 - 8.6.1.1. Deliverable: Production Communication Plan
 - 8.6.1.2. Deliverable: Electronic publication and/or notification of failures
 - 8.6.1.3. Deliverable: Electronic publication and/or notification of planned outages
 - 8.6.2. Provide timely Payer communication failure and/or large-scale Payer production issues and based on severity level(s); include root case analysis and estimated time for recovery.
 - 8.6.2.1. Deliverable: Production Communication Plan
 - 8.6.2.2. Deliverable: Electronic publication and/or notification of Payer failures
 - 8.6.2.3. Deliverable: Electronic publication and/or notification of Payer planned outages
- 8.7. **System Change Coordination:**
 - 8.7.1. Coordinate with VA/FSC any changes to vendor systems, applications, network security protocols, processes, procedures and any other item(s) that would impact services provided under this contract.
 - 8.7.1.1. Deliverable: Electronic publication and/or notification of plans
 - 8.7.1.2. Deliverable: VA/FSC change plan coordination plan and concurrence
 - 8.7.2. Coordinate with VA/FSC testing, implementation and activation of any changes that may impact Contractor's services provided under this contract.
 - 8.7.2.1. Deliverable: Test Plan(s) and Test Result(s)
 - 8.7.2.2. Deliverable: Implementation/Activation Schedule
 - 8.7.3. Provide a testing environment to accommodate future versions of HIPPA and other legislative mandated transaction sets.
 - 8.7.3.1. Deliverable: Active transactions in test environment.
- 8.8. **Functional Area Resources:**

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- 8.8.1. Dedicated operational support staff contact(s) that shall provide technical support for day-to-day operational activities for all transactions.
 - 8.8.2. Technical support Monday – Friday, 8am-8pm Eastern Standard Time, except for federal holidays.
 - 8.8.3. Provide a Central Point of Contact for support after regular work hours with the ability to address any production processing issues or problems and/or elevate to appropriate higher tier support personnel.
 - 8.8.4. A schedule that allows unattended operations for the transmission and receipt of the data/transactions.
 - 8.8.5. Monitor and document inbound and outbound data exchanges to identify exceptions in timing and content.
 - 8.8.6. Provide information for enhancement and systems changes that would be advantageous to the Government to insurance processing or decrease costs.
 - 8.8.7. Maintenance of ongoing Payer connections as necessary to support uninterrupted data exchange.
 - 8.8.8. Hardware and software maintenance as necessary to support ongoing delivery of consistent services with minimal interruption(s).
 - 8.8.9. Regular backups as necessary to support timely recovery for failed equipment and/or problem research.
 - 8.8.9.1. Recovery Point Objective (RPO): 12 hours
 - 8.8.9.2. Recovery Time Objective (RTO): 72 hours
 - 8.8.10. A secure environment that prevents access from unauthorized physical or electronic sources, and which meets all applicable federal regulations, legislations, or laws.
 - 8.8.11. Transaction processes to include reformatting, routing, encrypting and other data management processes as may be necessary to help ensure proper application of data.
 - 8.8.12. Maintenance of production environment where all internal processes occur.
 - 8.8.13. Monitor Payer communications and industry developments to determine changes that are applicable to the scope of these services.
 - 8.8.14. Staffing that is not outsourced.
 - 8.8.15. Provide a Help Desk service to support third-party payers using the contractor clearinghouse services for VA transactions
 - 8.8.16. Functional Area Resources.
 - 8.8.16.1. Deliverable: Functional Area Support Plan
- 8.9. **Transition Plan:**
- 8.9.1. The Contractor will provide an Activation Transition Plan, to include proposed areas and tasks to cover during the Phase-In, and how many days they would anticipate would be required to complete the transition period activities (not to exceed 30 days). The incumbent Contractor agrees to work with the new contractor during the actual Transition Plan period as much as pertinent to make it as seamless as possible.
 - 8.9.1.1. Deliverable: Activation Transition Plan
 - 8.9.2. The Contractor will provide a Closure Transition Plan, to include proposed areas and tasks to cover during the Phase-Out and how many days they would anticipate would be required to complete the transition period activities (not to exceed 30 days). The incumbent Contractor agrees to work with the new contractor during the actual Transition Plan period as much as pertinent to make it as seamless as possible.
 - 8.9.2.1. Deliverable: Closure Transition Plan

9. Deliverables Specific to this Order:

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The following transaction deliverables shall be billed by transaction processed. Note: The term “processed” shall mean “Only transactions that have made it to the contractor processing system (exclude those that were received but failed to go through validation).

Deliverable	Standard	Frequency	Medium	Submit To
Real-time HIPAA 270/271 transactions for standard payers (PWS 7.1)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Real-time HIPAA 270/271 transactions for participating payers (PWS 7.1)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Real-time HIPAA 270/271 transactions for non-participating payers (PWS 7.1)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Customized insurance coverage discovery transaction for found insurance per patient requested (PWS 7.2)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Customized insurance coverage discovery transaction for not-found insurance per patient requested (PWS 7.3)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC

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The following operational deliverables shall not be billed or priced separately, as pricing for these services shall be included as part of the transaction charge(s) listed above.

Deliverable	Standard	Frequency	Medium	Submit To
Monthly Invoice (PWS 8.1)	100% accuracy	Monthly; by the 10 th of each month	Electronically as per FAR/COR direction	COR
HIPAA X12 270/271 Payer List (PWS 8.2)	99.9% accuracy	Upon Contract Award & Monthly thereafter	Electronically in Microsoft 2016 or higher	COR & eInsurance Project Team
Insurance Coverage Discovery Payer List (PWS 8.2)	99.9% accuracy	Upon Contract Award & monthly thereafter	Electronically in Microsoft 2016 or higher	COR & eInsurance Project Team
New Payer Project Plan (PWS 8.2)	99% accuracy	30 days after Contract Award & as needed thereafter	Electronically in Microsoft 2016 or higher	COR & eInsurance Project Team
Requested Payers/New Payers List (PWS 8.2)	99% accuracy	30 days after Contract Award & updated bi-weekly	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Master Payer List (PWS 8.2)	99.9% accuracy	Upon Contract Award & monthly thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Confirmation of successful communication(s) (PWS 8.3)	100% accuracy	30 days after Contract Award and/or by Contract Effective date; whichever comes first	Secure HIPAA transaction	VA FSC
Payer dictionaries & Payer companion guides (PWS 8.3)	99% accuracy	1 day after Contract Award & within 3 business days of any change by a payer	Electronically in Microsoft 2016 or higher	VA FSC

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Deliverable	Standard	Frequency	Medium	Submit To
HIPAA 7030 Project Plan (PWS 8.3)	99% accuracy	90 days after final publication of government's intent to adopt rules	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Payer enrollment(s) (PWS 8.3)	99% accuracy	30 days after Contract Award and/or by Contract Effective date; whichever comes first; and updated & as necessary thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
EICD Response Report (PWS 8.4)	100% accuracy	Monthly; by the 10 th of each month	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
EICD Reconciliation Report (PWS 8.4)	100% accuracy	Monthly; by the 10 th of each month	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
EICD Response Time Report (PWS 8.4)	100% accuracy	Monthly; by the 10 th of each month	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Ad-hoc Reports (PWS 8.5)	100% accuracy	TBD	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Production Communication Plan (PWS 8.6)	99% accuracy	30 days after Contract Award & as necessary thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Electronic notification of system-wide failures (PWS 8.6)	99% accuracy	Within 1 hour of failure if during normal business hours, by 9 am ET next day if	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team

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Deliverable	Standard	Frequency	Medium	Submit To
		during non-business hours		
Electronic notification of system-wide planned outage (PWS 8.6)	99% accuracy	24 hours or more before planned outage	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Electronic notification of Payer failure (PWS 8.6)	99% accuracy	Within 1 hour of 100% failure if during normal business hours, by 9 am ET next day if during non-business hours	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Electronic notification of planned Payer outage (PWS 8.6)	99% accuracy	24 hours or more before planned outage or as soon as Payer notification, whichever is first	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Electronic notification of planned service change (PWS 8.7)	99% accuracy	60 days before planned change	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
VA/FSC change coordination plan (PWS 8.7)	99% accuracy	2 weeks before planned change	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Test Plan(s) & Test Result(s) (PWS 8.7)	99% accuracy	1 week before planned change is implemented	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Implementation/Activation Schedule (PWS 8.7)	99% accuracy	2 weeks before planned change	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Active transactions in a test environment (PWS 8.7)	99% accuracy	TBD by implementation schedule	Secure HIPAA transaction	VA FSC
Functional Area Support Plan (PWS 8.8)	99% accuracy	30 days after Award & as necessary thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance

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Deliverable	Standard	Frequency	Medium	Submit To
				Project Team
Activation Transition Plan (PWS 8.9)	99% accuracy	Upon Contract Award	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Closure Transition Plan (PWS 8.9)	99% accuracy	90 days prior to Contract Expiration	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team

10. Performance Work Statement Governance and Key General Requirements:

The Prime Contractor and all sub-contractor(s) shall:

- 10.1. Be a fully “Accredited Healthcare Network” (HNAP-EHN) by the Electronic Healthcare Network Accreditation Commission (EHNAC) (www.ehnac.org) at the time of Contract Award and/or Contract Effective date whichever comes first; and maintain accreditation for the duration of the Contract.
 - 10.1.1. Alternately, adherence to all VA security and data privacy requirements as outlined in **Section C – General Security Requirements** must be met at the time of Contract Award and/or Contract Effective date whichever comes first; and maintain VA Authority to Operate (ATO) for the duration of the Contract.
- 10.2. Be certified by the Council for Affordable and Quality Healthcare (CAQH) (<https://www.caqh.org/core/operating-rules>), as a CORE Phase II Certified trading partner for both batch and real-time HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 at the time of Contract Award and/or Contract Effective date whichever comes first; and maintain certification for the duration of the Contract.
- 10.3. Work towards future Committee of Operating Rules and Information Exchange and any other future phase certifications required by law within a mutually specified timeframe and or by the implantation date specified by law.
- 10.4. Indicate their existing connectivity to Payers and provide a list of targeted Payers they are working with for future connectivity. Upon request of the COR, provide any other relevant report(s) on an as needed basis within five (5) business days unless otherwise negotiated with COR.
- 10.5. Provide VHA technical points of contact, as well as back-ups, for the coordination of activities associated with the transition, development, implementation and sustainment (production) phases.
- 10.6. Provide transaction transmission and processing service at a mutually agreed upon level which will include at a minimum; data transmission, timeliness, accuracy and system availability metrics.

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- 10.7. Ensure connectivity between VHA and the Contractor will be a site-to-site Virtual Private Network (VPN) that meets VA security requirements. Ensure data is encrypted to FIPS 140.2 standards prior to entry into the VPN Tunnel.
- 10.8. Ensure to work with appropriate VA/VHA personnel to complete and sign a VA Interconnection Security Agreement and Memorandum of Understanding (ISA-MOU) and Business Associate Agreement (BAA) upon contract award.
- 10.9. Work with the Financial Services Center (FSC) and Austin Information Technology Center (AITC) on connectivity requirements.
- 10.10. Meet all HIPAA and Patient Protection and Affordable Care Act (PPACA) standards for HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 and will not impose non-standard transaction options for standard transactions.
- 10.11. Understand that an “on line” eligibility and enrollment check performed via a web site is not a compliant HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 and is not considered a HIPAA transaction and is thus non-compliant for this effort and will not be considered.
- 10.12. VA shall be charged only once for each successful HIPAA Health Care Eligibility/Benefit Inquiry 270 transaction (i.e. not charged for any transaction that times out, fails validation, rejects during processing, or are duplicates due to re-submission).
- 10.13. VA shall NOT be charged separately for any HIPAA Health Care Eligibility/Benefit Response 271 transaction as they are considered answers to a successful submission of a HIPAA Health Care Eligibility/Benefit Inquiry 270 transaction.
- 10.14. VA shall be charged only once for each successful insurance coverage discovery transaction cycle even if the transaction contains multiple insurance policies found (i.e. charged per patient, not per insurance policy found).
- 10.15. VA shall not be charged separately for any intermediary transaction sent to the clearinghouse to attempt to retrieve a successful insurance coverage discovery transaction where the insurance policies are not yet found and sent to VHA (i.e. not charged for a status check message that results in a ‘results not ready, try again later’).
- 10.16. Contractor shall support any new industry standards and transaction types by the compliance date specified in Regulations or other controlling documents or legislation.
- 10.17. When PII/PHI data is transferred from VA/VHA to the Health Care Clearing House (HCCH), it immediately becomes HCCH data, and the HCCH is responsible for obeying all applicable Federal Information Security Management Act (FISMA) and HIPAA rules and regulations. As a covered entity under HIPAA, HCCHs are bound by and must comply with all HIPAA requirements, including requisite Security and Health Information Technology for Economic and Clinical Health Act (HITECH) reporting requirements.
- 10.18. The services outlined in the PWS are considered essential to the revenue operations cycle process. Should the contractor not be able to process transactions for any reason as outlined in the PWS; contractor shall provide a backup means of processing transactions until they can resolve any connectivity issue(s). At the end of the contract period of performance, should the incumbent not be awarded any potential follow-on contract award; contractor shall provide continuity of services as outlined by the contracting officer in **Section C of this contract referenced under clause 52.237-3 “Continuity of Service”.**
- 10.19. An Interconnection Security Agreement (ISA)/Memorandum of Understanding (MOU) (ISA/MOU) and Business Associate Agreement (BAA) are required and contractor agrees to work with the necessary VA staff (-) to complete these documents upon contract award, and support the approval process for the ISA/MOU.

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- 10.20. Transaction volume projections do not consider changes in Veteran demographics, impact of the economy or impact of new and/or removal of legislative initiatives or mandates imposed on VHA.
- 10.21. The Contractor should support VHA efforts to inform Payers of non-compliant transactions and/or data content received in HIPAA Health Care Eligibility/Benefit Inquiry and Response 270/271 transactions and assist VHA in ensuring Payers become compliant.
- 10.22. Coordinate with VA/VHA any changes to system, applications, network, security, privacy, procedure, policies, or any other item that may impact the services provided as indicated by this PWS. At least a sixty (60) day notification prior to any change shall be provided to VA/VHA and VA/VHA must concur before the change is implemented.
- 10.23. Cooperate and participate as necessary in FSC/VHA's Disaster Recovery planning and testing when necessary to ensure failover operations can be maintained in the event of localized disaster affecting transaction services.

11. Section 508 Compliance: In December 2000, the Architectural and Transportation Barriers Compliance Board (Access Board), pursuant to Section 508(2) (A) of the Rehabilitation Act Amendments of 1998, established Information Technology accessibility standards for the Federal Government.

- 11.1. Section 508(a)(1) requires that when Federal departments or agencies develop, procure, maintain, or use Electronic and Information Technology (EIT), they shall ensure that the EIT allows individuals with disabilities who are Federal employees to have access to and use of information and data that is comparable to the access to and use of the information and data by Federal employees who are not individuals with disabilities; and individuals with disabilities who are members of the public seeking information or services from a Federal department or agency to have access to and use of information and data that is comparable to the access to and use of the information and data by such members of the public who are not individuals with disabilities.
- 11.2. The Contractor shall comply with the following technical standards:
 - 11.2.1. 1194.21 - Software Applications and Operating Systems
 - 11.2.2. 1194.22 - Web Based Intranet and Internet Information and Applications
 - 11.2.3. 1194.23 - Telecommunication Products
 - 11.2.4. 1194.24 - Video and Multimedia Products
 - 11.2.5. 1194.25 - Self Contained Closed products
 - 11.2.6. 1194.26 - Desktop and Portable Computers
 - 11.2.7. 1194.31 - Functional Performance Criteria
 - 11.2.8. 1194.41 - Information, Documentation and Support
- 11.3. To validate conformance to the above standards the COR shall complete the VA's Section 508 Determination and Findings Document.
 - 11.3.1. The VA's Section 508 PO has developed a Conformance Validation Statement (CVS).
 - 11.3.2. The CVS shall be completed by the responsible requiring/procurement official as part of their market research to validate the conformance of the E&IT project ((See Section ten (10) in the Section 508 Determination and Findings Document)).
- 11.4. If at any time the responsible requiring/procurement official finds that an exception shall apply, the Contractor shall complete and have the Section 508 EIT Exceptions Certification Document signed by the VA Section 508 Coordinator. Once the E&IT is determined to meet all applicable Section 508 standards, the E&IT is validated by the VA's Section 508

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PO in the Department's Section 508 Testing and Training Center using the information provided by the CVS.

- 11.5. In the case the VA decides to purchase an application, product or service that cannot be validated for Section 508 prior to purchase, the Contractor agrees to accept all costs for ensuring conformance working with the A Section 508 PO. For future releases or upgrades all steps using the CVS are required and upon validation a signed approval shall be given to the VA Point of Contact (POC) from the VA Section 508 Coordinator.
- 11.6. Section 508 information is available at <http://www.section508.gov>.
- 11.7. The VA Directive and Handbook 6221, Accessible Electronic and Information Technology are posted at: VA Handbook 6221:
http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=435&FTtype=2

12. Communication Standards: The Contractor shall:

- 12.1. Provide an as needed summary to the COR if and as when processing inconsistencies and irregularities that impact ongoing deliverables occur.
- 12.2. Propose modifications to the reporting requirements to the COR.
- 12.3. Explain, in writing, to the COR (if for any reason a deliverable cannot be met within the scheduled time frame or adherence to the established schedules cannot be met) the following:
 - 12.3.1. Reasons for the delay
 - 12.3.2. Modified delivery date
 - 12.3.3. Impact on the overall project
 - 12.3.4. A revised project plan with all adjusted dates
- 12.4. The COR shall brief the incident to the CO, who shall issue a response pursuant to applicable regulations.

13. General Security Requirements: The Contractor shall:

- 13.1. Not divulge or disclose information received and/or discussed regarding data considered proprietary to other Contractors collaborating on or with this effort.
- 13.2. Be required to complete mandated VA privacy and security training.
- 13.3. Be required to negotiate agreements with commercial system Contractor's relating to non-disclosure of Contractor-proprietary information.
- 13.4. If the Contractor uses copyright or otherwise licensed software in any deliverable under this order, the Contractor shall secure unlimited use rights for the Government.
- 13.5. Forward all software licenses on to the Government within thirty (30) business days after completion of the tasks.
- 13.6. Limit access to the minimum number of employees necessary to perform tasks that are considered sensitive or proprietary in nature.
- 13.7. Contact the COR, if the Contractor is uncertain of the sensitivity of any information obtained.
- 13.8. Indoctrinate all personnel employed by the Contractor and any Sub-Contractors involved on their roles and responsibilities for proper handling and nondisclosure of sensitive Government or proprietary information.
- 13.9. Not engage in any other action, venture or employment wherein sensitive information shall be used for the profit of any party other than those furnishing the information.
- 13.10. Comply with VA and VHA Security requirements.
- 13.11. Currently, the Contractor does not have access to each site's VistA system. VA executes appropriate internal code to gather patient names and demographic information

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which is then transmitted to the Contractor via customized HIPAA transaction. The Contractor shall respond to inquiries with found insurance information via customized HIPAA transaction.

- 14. Information System Hosting, Operation, Maintenance or Use:** Government-owned (facility or equipment) Contractor-operated systems, third-party or business partner networks require memorandums of understanding and interconnection agreements (MOU- ISA) which detail what data types are shared, who has access, and the appropriate level of security controls for all systems connected to VA networks.
- 15. Contract Award Meeting:** The Contractor shall not commence performance on the tasks described in the PWS until the CO has conducted a kick off meeting or has advised the Contractor that a kick off meeting has been waived. The Government shall not reimburse the Contractor for any expenses associated with preparing for or executing a kick-off meeting.
- 16. Changes to the PWS:** Any changes to this PWS shall be authorized and approved only through written correspondence from the CO. A copy of each change shall be kept in a project folder along with any other products of the project. Costs incurred by the Contractor, through the actions of parties other than the CO, shall be borne by the Contractor alone.
- 17. Security and Privacy - Information and Records:** The Contractor shall:
- 17.1. Return all information and records provided to Contractor by the VA, in whatever medium, as well as all information and documents, including drafts, emails, back-up copies, hand-written notes and copies that contain such information and records gathered or created by Contractor (collectively referred to as "VA information") in the performance of this Contract, regardless of storage media, are the exclusive property of the VA. The Contractor shall not retain any property interest in these materials and shall not use them for any purpose other than performance of this Contract.
 - 17.2. Provide, upon completion or termination of the Contract, all copies of any VA information that it used during work it performed of the Task Order or certify that it any/all information it obtained has destroyed. Where immediate return or destruction of the information is not practicable, the Contractor shall return and/or destroy the information within thirty (30) business days of completion or termination of the Contract. All provisions of this Contract concerning the security and protection of VA information that is the subject to this Contract shall continue to apply to the VA information for as long as the Contractor retains it, regardless of whether the Contract has been completed or terminated.
 - 17.3. Not destroy, prior to termination or completion of this Contract, any VA information received from the VA, gathered and/or created in the performance of the Task Order without prior written approval by the VA.
 - 17.4. Receive, gather, store, backup, maintain, use, disclose and/or dispose of VA information only in accordance with the terms of the Task Order and any applicable federal, VA, confidentiality, security laws, regulations or policies.
 - 17.5. Not make copies of VA information except as necessary to perform duties required of the Task Order or to preserve electronic information stored on Contractor electronic storage media for restoration in case any electronic equipment or data used by the Contractor needs to be restored to an operating state.

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- 17.6. Provide access only to VA information to employees, Sub-Contractors, and affiliates to:
- 17.6.1. The extent necessary to perform the services specified of the Task Order.
 - 17.6.2. Perform necessary maintenance functions for electronic storage or transmission media necessary for performance of the Task Order.
 - 17.6.3. Individuals who first satisfy the same conditions, requirements and restrictions that are comparable VA employees shall meet to have access to the same VA information.
 - 17.6.4. Restrictions include the same level of Background Investigations, where applicable.
 - 17.6.5. Store, transport or transmit VA information only in an encrypted form, using an encryption application that meets the requirements of Federal Information Processing Standards (FIPS) 140-2 or is approved for use by the VA.
 - 17.6.6. Only use or disclose, except for uses and disclosures of VA information authorized by this Contract for performance of the Contract in response to an order of a court of competent jurisdiction, or with VA's prior written authorization. The Contractor shall refer all requests for, demands for production of, or inquiries about, VA information to the VA for response.
 - 17.6.7. Include the statement, "Contractor shall not release information protected by either 38 USC 5705 or 7332 in response to a court order, and shall immediately refer such court orders to VA for response," if VA information subject to the Task Order includes information protected by 38 USC 7332 or 5705.
 - 17.6.8. Promptly notify the VA, prior to any disclosure pursuant to a court order, of a court order upon its receipt by the Contractor.
 - 17.6.9. Notify the COR by phone and provide the VA a copy of the court order by fax or e-mail within one (1) business day.
 - 17.6.10. If the Contractor cannot notify the VA before being compelled to produce the information under court order, the Contractor shall notify the VA of the disclosure as soon as practical and provide a copy of the court order, a description of the records provided pursuant to the court order, and to whom the Contractor provided the records to under the court order.
 - 17.6.11. The notice shall include the following information to the extent that the Contractor knows it, if it does not show on the face of the court order: the records disclosed pursuant to the order, to whom, where, when, and for what purpose, and any other information that the Contractor reasonably believes is relevant to the disclosure.
 - 17.6.12. If the VA determines that it is appropriate to seek retrieval of information released pursuant to a court order before Contractor notified the VA of the court order, Contractor shall assist the VA in attempting to retrieve VA information involved.
- 17.7. Inform the VA, by the most expeditious method available to Contractor, of any incident of suspected or actual access to, or disclosure, disposition, alteration or destruction of, VA information not authorized under this Contract ("incident") within one (1) hour of learning of the incident.
- 17.7.1. An incident includes the transmission, storage or access of VA information by Contractor or Sub-Contractor employees in violation of applicable VA confidentiality and security requirements.

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- 17.7.2. To the extent known by the Contractor, the Contractor's notice to the VA shall identify the information involved, the circumstances surrounding the incident (including to whom, how, when, and where the VA information was placed at risk or compromised), and any other information that the Contractor considers relevant.
- 17.8. Simultaneously report the incident to the appropriate law enforcement entities or jurisdiction. The Contractor, its employees, and its Sub-Contractors and their employees shall cooperate with the VA and any law enforcement authority responsible for the investigation and prosecution of any possible criminal law violations associated with any incident.
- 17.9. Cooperate with the VA in any civil litigation to recover VA information, to obtain monetary or other compensation from a third-party for damages arising from any incident, or to obtain injunctive relief against any third-party arising from, or related to, the incident.
- 17.9.1. In addition to notifying the COR, the VA shall provide the Contractor with the name, title, telephone number, fax number and email address of the VA official to whom the Contractor shall provide all notices required by this Task Order.
- 17.9.2. The VA has the right during normal business hours to inspect the Contractor's facility, information technology systems and storage and transmission equipment, and software utilized to perform the Contract to ensure that the Contractor is providing for the security of VA data and computer systems in accordance with the terms of this Contract.
- 17.10. Receive, gather, store, backup, maintain, use, disclose and/or dispose of VA information only in compliance with all applicable FIPS and Special Publications (SP) issued by the National Institute of Standards and Technology (NIST) concerning VA information that is the subject of this Contract. If NIST issues or updates an applicable FIPS or SP after execution of this Contract, the parties agree to negotiate in good faith to implement the FIPS or SP in this Contract.
- 17.11. Provide appropriate administrative, technical, and physical safeguards to ensure the confidentiality and security of the Veteran's data and to prevent unauthorized use or access to it.
- 17.11.1. Sensitive VA information shall not be transmitted by remote access unless VA approved protection mechanisms are used.
- 17.11.2. All encryption modules used to protect VA data shall be validated by NIST to meet the current version of FIPS 140 (See <http://csrc.nist.gov/cryptval/140-1/1401val.htm> for a complete list of validated cryptographic modules).
- 17.11.3. Only approved encryption solutions using validated modules shall be used when protecting data during transmission.
- 17.11.4. Additional security controls are required to guard VA sensitive information stored on computers used outside VA facilities.
- 17.11.5. All VA data shall be stored in an encrypted partition on the hard drive and shall be encrypted with FIPS 140 validated software.
- 17.11.6. The application shall be capable of key recovery and a copy of the encryption keys shall be stored in multiple secure locations.
- 17.11.7. The Contractor agrees that the data shall not be physically moved or transmitted in any way from the site without first being encrypted and obtaining prior written approval from the VA data owner.

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- 17.11.8. A determination by VA that the Contractor has violated any of the information confidentiality and security provisions of this Contract, including a violation of any applicable FIPS or SP, shall be a basis for VA to terminate the Contract for cause.
 - 17.11.9. If anyone performing this Contract, including employees of Sub-Contractors, accesses VA computer systems or data in the performance of the Contract, the VA shall monitor and record all such access activity.
 - 17.11.10. If VA monitoring reveals any information of suspected or potential criminal law violations; the VA shall refer the matter to the appropriate law enforcement authorities for investigation.
 - 17.12. Inform its employees and other individuals performing any part of this Contract that VA shall monitor their actions in accessing or attempting to access VA computer systems and the possible consequences to them for improper access, whether successful or not.
 - 17.13. Ensure that any Sub-Contractors or others acting on behalf of or for the Contractor in performing any part of this Contract inform their employees, associates or others acting on their behalf that VA shall monitor their access activities. Execution of this Contract, Sub- Contractor agreement that constitutes consent to VA monitoring applies.
 - 17.14. Ensure that all individuals who shall access VA data or systems in performing the Contract are appropriately trained in the applicable VA confidentiality and security requirements. The Contractor shall document those who have completed the VA training. The Contractor shall contact the COR regarding access to the required VA training.
 - 17.15. Mitigate, to the extent practicable, any harmful effect on individuals whose VA information was accessed or disclosed in an incident.
 - 17.16. Require Sub-Contractors, agents, affiliates or others to whom Contractor provides access to VA information for the performance of this Contract to agree to the same VA information confidentiality and security restrictions and conditions that apply to the Contractor before providing access.
- 18. Protection of Individual Privacy:** The Contractor shall:
- 18.1. Abide by FAR clauses 52.224-1 and 52.224.2.
 - 18.2. Abide by FAR clauses 52.239-1 for Privacy or Security Safeguards.
 - 18.3. Not publish or disclose in any manner, without the CO's written consent, the details of any safeguards either designed or developed by the Contractor under this Contract or otherwise provided by the Government.
 - 18.3.1. To the extent required to carry out a program of inspection to safeguard against threats and hazards to the security, integrity, and confidentiality of Government data, the Contractor shall afford the Government access to the Contractor's facilities, installations, technical capabilities, operations, documentation, records, and databases.
 - 18.3.2. If new or unanticipated threats or hazards are discovered by either the Government or the Contractor, or if existing safeguards have ceased to function, the discoverer shall immediately bring the situation to the attention of the other party
 - 18.4. Utilize only employees, Sub-Contractors or agents who are physically located within a jurisdiction subject to the laws of the U.S.
 - 18.5. Ensure that it does not use or disclose Personal Health Information (PHI) received from a Covered Entity in any way that shall remove the PHI from such jurisdiction.

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- 18.6. Ensure that its employees, Sub-Contractors and agents do not use or disclose PHI received from Covered Entity in any way that shall remove the PHI from such jurisdiction.
- 18.7. Ensure, if the work of the Contractor is deemed to meet the definition of research from the HHS Office of Human Research Protections (OHRP) as well as the Common Rule (38 CFR 16), then the Contractor as well as any Sub-Contractors or collaborating institutions shall be covered under Federal Wide Assurances (FWA) or other assurances acceptable to the VA, and the research protocol shall be reviewed and approved by the Contractor's Institutional Review Board (IRB) of record as well as by IRBs of the collaborating institutions.
 - 18.7.1. Sub-Contractors engaged in research shall also hold FWA's or be covered by the Contractor's FWA. If all the entities engaged in research are covered under one FWA with a common IRB of record then it would not be necessary to involve more than one IRB.
 - 18.7.2. At its discretion the VA shall submit the research protocol prior to its initiation for review to a VA ad-hoc peer-review committee. This review shall be conducted to ensure that the research incorporates or takes into consideration all VA and Veteran specific concerns and issues that shall impact on the scientific rigor of the study.
 - 18.7.3. All subjects enrolled in the research shall receive protections equivalent or greater as those required by VHA policies including VHA Handbook 1200.5 including appendixes and other applicable VHA 1200 series handbooks. If vulnerable subjects shall be entered the research, appropriate safeguards shall be in place.
 - 18.7.4. If the research project is eligible for a Certificate of Confidentiality, one shall be obtained from NIH (<https://grants.nih.gov/policy/index.htm>).
 - 18.7.5. Recruitment of Veteran's into research projects shall follow the recruitment plan as approved by the IRB.
 - 18.7.5.1. The plan shall require that initial contact with the Veteran be in person or by letter prior to any telephone contact.
 - 18.7.5.2. If a letter is sent to the Veteran it shall provide a telephone number of other means that the Veteran can use to verify the validity of the contact and the study. Social security numbers shall not be requested during a phone contact.
 - 18.7.6. All investigators and research staff interacting with research subjects or working with identifiable health information shall receive training in the ethical conduct of human subject's research that is equivalent to or exceeds the requirement for VA investigators and research staff. (See handbook VHA 1200.5 for the Requirements for Protections of Human Subjects in Research that is available at http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=418).

19. Information System Security: The Contractor shall:

- 19.1. Ensure adequate LAN/Internet, data, information, and system security in accordance with VA standard operating procedures and standard Contract language, conditions laws, and regulations.
- 19.2. Firewall and web servers shall meet or exceed the Government minimum requirements for security.
- 19.3. All Government data shall be protected behind an approved firewall.
- 19.4. Any security violations or attempted violations shall be reported to the VA project manager and the VHA Headquarters Information Security Officer as soon as possible.

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19.5. Follow all applicable VA policies and procedures governing information security, especially those that pertain to certification accreditation.

- 20. Information System Design and Development:** Information systems are designed or developed for or on behalf of VA at non-VA facilities shall comply with all VA policies developed in accordance with the Federal Information Security Management Act (FISMA), HIPAA, NIST, and related VA security and privacy control requirements for Federal Information Systems. This includes standards for the protection of electronic PHI, outlines in 45 C.F.R. Part 164, Subpart C, information and system security categorization level designations in accordance with FIPS 199 and FIPS 200 with implementation of all baseline security controls commensurate with the FIPS 199 System Security Categorization (reference Appendix A of VA Handbook 6500, VA information Security Program https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&FTType=2). During the development cycle, a privacy impact assessment shall be completed, provided the COR, and approved by the VA Privacy Service in accordance with VA Privacy Impact Assessment Handbook 6500.3 (https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=733&FTType=2). The security controls shall be designated, developed, approved by the VA, and implemented in accordance with the provisions of the VA Security System development life cycle as outlined in NIST Special Publication 800-37 and VA Handbook 6500. The Contractor shall be required to design, develop, and operate a System of Records or individuals to accomplish an agency function subject to the Privacy Act of 1974, (as amended), Public Law 93-579, December 31, 1974 (5 U.S.C. 552a) and applicable agency regulations. Violation of the Privacy Act may involve the imposition of criminal and civil penalties.
- 21. Invoicing Acceptance:** All payments by the Government to the Contractor shall be made in accordance with FAR Clause 52.232-33 – Payment by Electronic Funds Transfer – System for Award Management. All invoices shall be submitted in arrears.
- 22. Task Order Termination:** The VA has the right to terminate any Task Order, in whole or in part, at any time in accordance with the Contract termination clauses. The Contractor shall be paid only for the services rendered up to the point of receiving the termination notice, and then only to the extent that those services meet the requirements of this PWS.
- 23. Inspection and Acceptance:** All reports shall be approved by the COR and PO and are due as per the deliverables chart.
- 24. Quality Assurance:** The Contractor shall develop and maintain an effective quality control program in accordance with their approved Management Oversight Plan (MOP) to ensure services are performed in accordance with the PWS. The Contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services. The Contractor's Quality Control Program (QCP) is the means to assure that the work complies with the requirement of the Contract. As a minimum, the Contractor shall develop QCP that address the areas identified in the Quality Assurance Surveillance Plan (QASP).
- 25. Performance Assessment:** The Government shall evaluate the Contractor's performance under this Contract in accordance with the QASP in a separate document. This plan is primarily focused on what the Government shall do to ensure that the Contractor has performed in accordance with the performance standards. The QASP what shall be monitored, how

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monitoring shall take place, who shall conduct the monitoring, and how monitoring efforts and results shall be documented.

26. Contract Administration: All inquiries and correspondence relative to the administration of the Contract shall be addressed to:

COR: <name>

Telephone Number: (xxx) xxx-xxxx

E-mail: <email>

PO: <name>

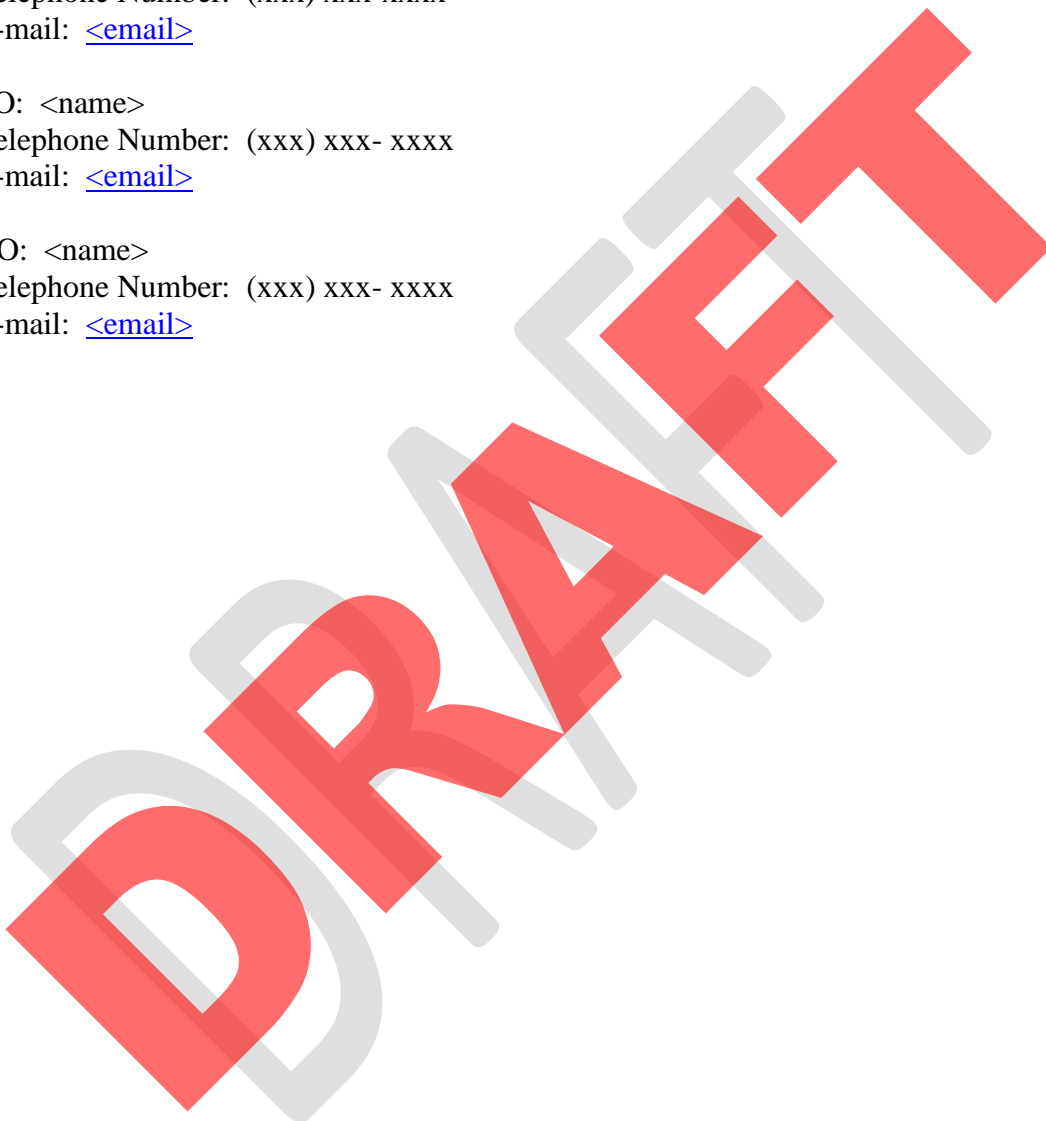
Telephone Number: (xxx) xxx- xxxx

E-mail: <email>

CO: <name>

Telephone Number: (xxx) xxx- xxxx

E-mail: <email>



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ATTACHMENT A - ABBREVIATIONS

Acronym	Meaning
270/271	Eligibility Transactions
278	Health Care Services Review and Response and Inquiry and Response (Authorization Transactions)
837	Professional Healthcare Claim
837-5010	Professional Healthcare Claim Standard
X12N-5010	Healthcare Claim Payment
AITC	Austin Information Technology Center
AQL	Acceptable Quality Level
B	Batch
CAQH	Council for Affordable Quality Healthcare
CBO	Chief Business Office
CBOC	Community Based Outpatient Clinics
CCD+	Cash Concentration or Disbursement
CDR	Contract Discrepancy Report
CMS 1500	Non-institutional Provider Form
CO	Contracting Officer
COB	Coordination of Benefits
CVS	Conformance Validation Statement
COR	Contracting Officer Representative
CORE Phase II	Committee of Operating Rules and Information Exchange
DISCO	Defense Industrial Security Clearance Organization
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics and Supplies.
DSS	Defense Security Service
E-BUS	eBusiness
EDI	Electronic Data Interchange
EFT's	Electronic Funds Transfer
EHNAC	Electronic Healthcare Network Accreditation Commission
EICD	Electronic Insurance Coverage Discovery
EIT	Electronic and Information Technology
EOB	Explanation of Benefit
ERA	Electronic Remittance Advice
FAR	Federal Acquisition Regulation
FSC	Financial Services Center
FTR	Federal Travel Regulations
HIPPA	Health Insurance Portability and Accountability
HPID	Health Plan Identifier
HRP	Human Research Protections
ID	Identifiers
IRB	Institutional Review Board
NCPDP	National Council for Prescription Drug Program
NPI	National Payer Identifier
MAC	Medicare Administrative Contractor
MOP	Management Oversight Plan
MRA	Medicare-Equivalent Remittance Advice

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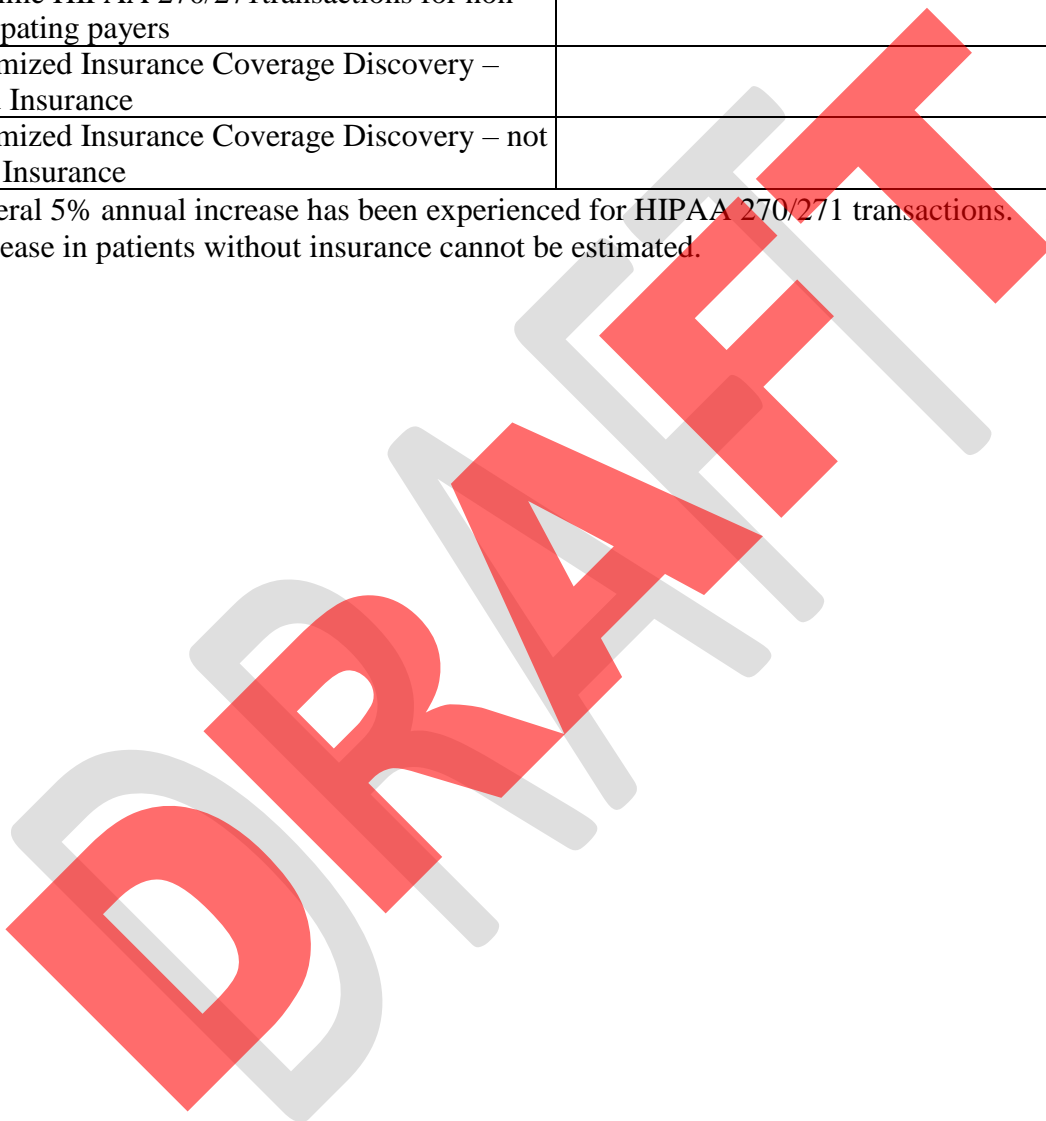
Acronym	Meaning
NACI	National Agency Check with Inquiries
NACHA	National Automated Clearinghouse Association
OCS	Office of Cyber Security
OPM	Office of Personnel Management
PBM	Pharmacy Benefits Managers
PHI	Personal Health Information
PPACA	Patient Protection and Affordable Care Act
PO	Program Office
POC	Point of Contact
POP	Period of Performance
PWS	Performance Work Statement
QASP	Quality Assurance Surveillance Plan
QCP	Quality Control Program
RT	Real Time
RO	Revenue Operation
RT	Real Time
SIC	Security and Investigations Center
TCS	Transaction and Code Set
TIN	Tax Payer Identification Number
UB04	Uniform Billing Claim Form
VA	Veterans Administration
VAMC	Veterans Administration Medical Center
VHA	Veterans Health Administration
VISTA	Veterans Health Information Systems and Technology Architecture
VPN	Virtual Private Network

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ATTACHMENT B – PROJECTED ANNUAL TRANSACTION VOLUMES

Annual Transaction Volumes	
Real-time HIPAA 270/271 transactions for standard payers	2,885,224
Real-time HIPAA 270/271 transactions for participating payers	483,512
Real-time HIPAA 270/271 transactions for non-participating payers	110,099
Customized Insurance Coverage Discovery – Found Insurance	504,900
Customized Insurance Coverage Discovery – not found Insurance	16,830,000

*a general 5% annual increase has been experienced for HIPAA 270/271 transactions. An increase or decrease in patients without insurance cannot be estimated.



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ATTACHMENT C – ESSENTIAL PAYER CONNECTIONS

ESSENTIAL PAYER NAME
ACS Benefit Services
Allegiance Benefit Plan Management
Ambetter
Americo Financial Life & Annuity
AmeriHealth
Ameritas Group
AultCare
Automated Benefit Services
Auxiant
Bankers Life & Casualty
Beacon Health Strategies
Best Choice Health Plan
Blue Benefit Administrators of Mass
BMC HealthNet Plan
Boon-Chapman Benefit Admin
Bravo Health, Inc.
Bridgespan
Bright Health
Capitol Administrators
Caprock
CareMore
Carolina Care Plan, Inc. (CCP)
Cenpatico
Centene
Cerner Health Plan
CHC – Coventry Health Plans
Claims Management Service Inc
Colonial Penn Life
Community Health Group
Community HealthFirst Medicare Advantage
ConnectiCare - Medicare
Consumers Life
Corporate Benefit Service
Covenant Administrators (TPA)
Cox Health Plan
CSI Life Insurance Company
Denver Health Medical Plan
Deseret Mutual (DMBA)
Director's Guild

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ESSENTIAL PAYER NAME
Educators Mutual Insurance (EMI)
Employee Benefit Services - Dental
EPSI, Inc.
Equitable Life Casualty Insurance Company
Expert Benefit Solutions
FCE Benefit Administrators
First Medical Network
FirstCare
Fox/Everett
Fringe Benefits
Gateway Health Plan
Geisinger Health Plans
GEMCare
Gilsbar
Global Health
Gold Coast Health Plan
Group Health Northwest
Harken Health
Health Choice Oklahoma
Health Cost Solutions
Health New England
Health Plan of Upper Ohio Valley
Healthcare Management Administrators
HealthPlans Inc
HealthScope
HealthTeam Advantage
Heartland National Life Insurance Company
Heritage Physician Network (Houston)
Hometown Health
Hudson Health Plan
iCare (Independent Care Health Plan)
Independence Administrators
Independent Health
Insurers Administrative Corporation (IAC)
Integrated Mental Health Services
Jai Medical Systems
Kemper Benefits
Key Healthy Partners
KeySolution
Keystone Mercy Health
Kitsap Physician Services
Lifetime Benefit Solutions (RMSCO)

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ESSENTIAL PAYER NAME
Lifewise Health Plans
Lincoln Heritage
LoneStar TPA
Loomis Company
Louisiana Health Exchange
Loyal Christian Benefit Association
Magellan Behavioral Health
MAMSI Health Plan
Maricopa Care Advantage (Arizona)
MedCost Benefit Services
Medigold Health Plans
MedStar Family Choice
MedStar Health Plan
MercyCare Health Plans
Metropolitan Health Plan (MHP)
Moda Health
National Telecommunications Cooperative Association (NTCA)
NEHEN - Neighborhood Health Plans
Neighborhood Health Partnership
Nova Healthcare Administrators
Oscar
Paramount Health
Partners National Health Plans of NC
Pennsylvania Health and Wellness
People First
Physicians Health Plans
Physicians Plus Insurance
Piedmont Wellstar HealthPlans
Pinnacle Claims Management
Prairie States
Preferred Health System of Kansas
Premier Health
Presbyterian Health Plan
Professional Benefits Administrators
Public Employee Benefit Authority
Puritan Life Insurance
Regence Group Administration
Reserve National Insurance Company
Royal Neighbors of America
S and S Healthcare Strategies
SBLI USA Life Insurance Company, Inc.

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ESSENTIAL PAYER NAME
Select Health Plans
SelectCare Health Plans
Sharp Health Plan
Shenandoah Life Insurance
SisCo Benefits
Soundpath Health
Spectrum Health
State Farm
Stewart C Miller and Co
Sutter Select
TexanPlus Health Plans
Three Rivers Health Plans (Unison Health Plan)
Thrivent
Underwriters Safety & Claims
United Health Group - Optum Health Behavioral Solutions
United Health Group - UHCWest
Univera
Universal American
University of Utah Health Plans
University Physicians Care Advantage (Arizona)
Valley Care Program
Valley Health Plan
Value Options
Washington National
WEA Trust
Wellsense

Note: List is subject to change as payers are added or removed

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ATTACHMENT D – ADDITIONAL PAYER CONNECTIONS

ADDITIONAL PAYER NAME
AARP HEALTH PLAN
AETNA
AMERIBEN
AMERICAN POSTAL WRKRS UNION (APWU)
AMERIHEALTH ADMINISTRATORS
ASURIS NORTHWEST HEALTH
AVERA HEALTH PLANS
AVMED
BANNER HEALTH PLANS
BCBS HAWAII - LOCAL
BCBS OF ALABAMA
BCBS OF ALASKA (PREMERA)
BCBS OF ARIZONA
BCBS OF ARKANSAS
BCBS OF CENTRAL NEW YORK
BCBS OF COLORADO
BCBS OF CONNECTICUT
BCBS OF DELAWARE
BCBS OF DIST OF COLUMBIA (CAREFIRST)
BCBS OF FLORIDA
BCBS OF GEORGIA
BCBS OF HAWAII
BCBS OF ILLINOIS
BCBS OF INDIANA
BCBS OF IOWA
BCBS OF KANSAS
BCBS OF KANSAS CITY
BCBS OF KENTUCKY
BCBS OF LOUISIANA
BCBS OF MAINE
BCBS OF MARYLAND (CAREFIRST)
BCBS OF MASSACHUSETTS
BCBS OF MICHIGAN
BCBS OF MINNESOTA
BCBS OF MISSISSIPPI
BCBS OF MISSOURI
BCBS OF MONTANA
BCBS OF NEBRASKA
BCBS OF NEVADA
BCBS OF NEW HAMPSHIRE
BCBS OF NEW JERSEY (HORIZON)
BCBS OF NEW MEXICO
BCBS OF NEW YORK (EMPIRE)
BCBS OF NEW YORK (EXCELLUS)
BCBS OF NEW YORK HEALTHNOW/WESTERN
BCBS OF NORTH CAROLINA

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ADDITIONAL PAYER NAME
BCBS OF NORTH DAKOTA
BCBS OF OHIO
BCBS OF OKLAHOMA
BCBS OF OREGON (REGENCE)
BCBS OF PENNSYLVANIA (HIGHMARK)
BCBS OF RHODE ISLAND
BCBS OF ROCHESTER AREA (NY)
BCBS OF SOUTH CAROLINA
BCBS OF SOUTH DAKOTA
BCBS OF TENNESSEE
BCBS OF TEXAS
BCBS OF UTICA-WATERTOWN (NY)
BCBS OF VERMONT
BCBS OF VIRGINIA
BCBS OF WEST VIRGINIA
BCBS OF WISCONSIN
BCBS OF WYOMING
BCBS PUERTO RICO (TRIPLE-S)
BLUE CROSS OF CALIFORNIA
BLUE CROSS OF IDAHO
BLUE CROSS OF PENNSYLVANIA (CAPITAL)
BLUE CROSS OF PENNSYLVANIA (INDEPENDENCE)
BLUE CROSS OF UTAH (REGENCE)
BLUE CROSS OF WASHINGTON (PREMERA)
BLUE SHIELD OF CALIFORNIA
BLUE SHIELD OF IDAHO
BLUE SHIELD OF NEW YORK (NORTHEASTERN)
BLUE SHIELD OF WASHINGTON (REGENCE)
BLUEGRASS FAMILY HEALTH
CAPITAL DISTRICT PHYSICIANS-CDPHP
CHAMPVA-SPINA BIFIDA- HAC
CIGNA
CIGNA BEHAVIORAL HEALTH
CORESOURCE (FMH)
CULINARY HEALTH FUND
DAKOTA CARE
DESERET MUTUAL
EMBLEMHEALTH
GOLDEN RULE INSURANCE
GOVT EMPLOYEES HSPTL ASSOC (GEHA)
GREAT WEST HEALTHCARE
GROUP HEALTH COOPERATIVE
GUNDERSEN LUTHERAN HEALTH
HARVARD PILGRIM HEALTH CARE
HEALTH NET
HEALTHGRAM
HEALTHPARTNERS (MN)

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ADDITIONAL PAYER NAME
HEALTHSCOPE
HEALTHSPRING
HUMANA
INTERNATIONAL MEDICAL CARD INC
JOHNS HOPKINS HEALTH PLAN
JP FARLEY CORPORATION
KAISER FDN HEALTHPLAN- COLORADO
KEY BENEFIT ADMINISTRATORS
LIFEWISE HEALTHPLAN OF WASHINGTON
MAGNACARE
MAIL HANDLERS BENEFIT PLAN
MEDBEN (NEWARK OH)
MEDICA
MEDICAL MUTUAL OF OHIO (MMO)
MERITAIN HEALTH-AGENCY SERVICES
MHNET BEHAVIORAL HEALTH
MMSI (MAYO)
MOLINA HEALTHCARE OF CALIFORNIA
MUNICIPAL HEALTH BENEFIT FUND
MUTUAL HEALTH SERVICES
MUTUAL OF OMAHA
MVP HEALTH CARE
NALC - NATL ASSN OF LTR CARRIERS
1199 NATIONAL BENEFIT FUND
OPTIMA/SENTARA
OPTUM HEALTH BEHAVIORAL (OHB)
OXFORD HEALTH PLANS (UHC)
PACIFIC SOURCE HEALTH PLAN
PAN-AMERICAN LIFE INSURANCE
PARAMOUNT HEALTH
PHYSICIANS MUTUAL INSURANCE CO
PIEDMONT WELLSTAR HEALTH PLANS
PLANNED ADMINISTRATORS INC
PREFERRED ONE
PRIORITY HEALTH
PROFESSIONAL BENEFITS ADMIN
PROMINENCE HEALTH PLAN OF NEVADA
PROMINENCE HEALTH PLAN OF TEXAS
PROVIDENCE HEALTH PLAN
PUBLIC EMPLOYEES HEALTH PLAN (PEHP)
QUALCARE
QUALCHOICE
ROCKY MOUNTAIN HEALTH PLAN
SANFORD HEALTH PLAN
SCOTT & WHITE HEALTH PLAN
SECURITY HEALTH PLAN
SIERRA HEALTH SERVICES
SUMMACARE HEALTH PLAN
TRICARE EAST

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ADDITIONAL PAYER NAME
TRICARE FOR LIFE
TRICARE OVERSEAS
TRICARE WEST
TUFTS HEALTH PLAN
UMR (WAUSAU)
UNICARE
UNITED HEALTH CARE
UNITY HEALTH PLANS
UPMC HEALTH PLAN (TRISTATE)
USAA-MEDICARE SUPPLEMENTAL
WEB-TPA

Note: List is subject to change as payers are added or removed

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ATTACHMENT E – PAYER LIST REPORT

General Information:

Date report was generated

Data date or range represented by report

Details:

Payer Name

Payer ID assigned by HCCH

Payer Activation Date (i.e. date payer went live)

Payer Deactivation Date (i.e. date payer was disabled if applicable)

Payer Status (par, non-par, standard, etc.)

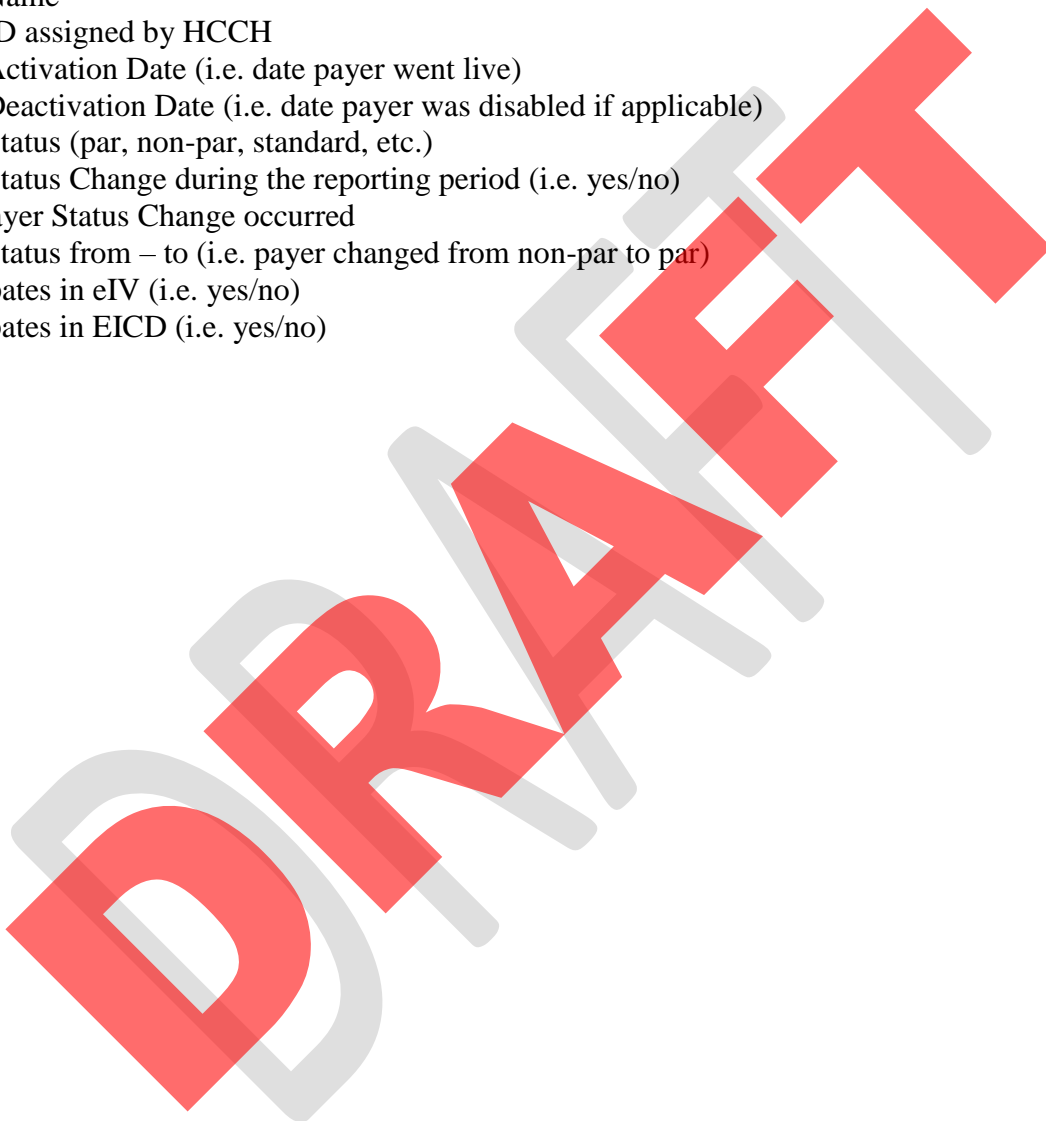
Payer Status Change during the reporting period (i.e. yes/no)

Date Payer Status Change occurred

Payer Status from – to (i.e. payer changed from non-par to par)

Participates in eIV (i.e. yes/no)

Participates in EICD (i.e. yes/no)



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ATTACHMENT F - EICD RESPONSE REPORT

General Information:

Date report was generated

Data date or range represented by report

All data broken down by location (i.e. CPAC/VISN/Station, provided by VA)

Total/ Total by CPAC/Total by VISN/Total by Station

Details:

Insurance search responses carrying found data transaction volume

Insurance search responses not carrying found data transaction volume

DRAFT

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ATTACHMENT G – EICD RECONCILIATION REPORT

General Information:

Date report was generated

Data date or range represented by report

All data broken down by location (i.e. CPAC/VISN/Station, provided by VA)

Total/ Total by CPAC/Total by VISN/Total by Station

Details:

Insurance search inquiries carrying found data transaction volume

Insurance search responses carrying found data transaction volume

Insurance search responses not carrying found data transaction volume

Rate of insurance found

Rate of insurance not found

DRAFT

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ATTACHMENT H – EICD REPOSE TIME REPORT

General Information:

Date report was generated

Data date or range represented by report

All data broken down by location (i.e. CPAC/VISN/Station, provided by VA)

Total/ Total by CPAC/Total by VISN/Total by Station

Details:

Insurance search inquiries carrying found data transaction volume

Insurance search responses carrying found data transaction volume

Rate of insurance found

Found data provided on first VA expected date transaction volume

Rate of data provided on first VA expected date transaction volume

Found data provided on second VA expected date transaction volume

Rate of data provided on second VA expected date transaction volume

DRAFT

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ATTACHMENT J – ESSENTIAL PAYER CONNECTIONS FOR INSURANCE COVERAGE DISCOVERY

ESSENTIAL PAYER NAME FOR INSURANCE COVERAGE DISCOVERY
AARP HEALTH PLAN
AETNA
AMERIBEN
AMERICAN POSTAL WRKRS UNION (APWU)
AMERIHEALTH ADMINISTRATORS
ASSOC DE MAESTROS PUERTO RICO
ASURIS NORTHWEST HEALTH
AULTCARE
AUXIANT
AVERA HEALTH PLANS
BCBS HAWAII
BCBS OF ALABAMA
BCBS OF ALASKA (PREMERA)
BCBS OF ARIZONA
BCBS OF ARKANSAS
BCBS OF CENTRAL NEW YORK
BCBS OF COLORADO
BCBS OF CONNECTICUT
BCBS OF DELAWARE
BCBS OF DIST OF COLUMBIA (CAREFIRST)
BCBS OF FLORIDA
BCBS OF GEORGIA
BCBS OF HAWAII
BCBS OF ILLINOIS
BCBS OF INDIANA
BCBS OF IOWA
BCBS OF KANSAS
BCBS OF KANSAS CITY
BCBS OF KENTUCKY
BCBS OF LOUISIANA
BCBS OF MAINE
BCBS OF MARYLAND (CAREFIRST)
BCBS OF MASSACHUSETTS
BCBS OF MICHIGAN
BCBS OF MINNESOTA
BCBS OF MISSISSIPPI
BCBS OF MISSOURI
BCBS OF MONTANA
BCBS OF NEBRASKA
BCBS OF NEVADA
BCBS OF NEW HAMPSHIRE
BCBS OF NEW JERSEY (HORIZON)
BCBS OF NEW MEXICO
BCBS OF NEW YORK (EMPIRE)

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ESSENTIAL PAYER NAME FOR INSURANCE COVERAGE DISCOVERY
BCBS OF NEW YORK (EXCELLUS)
BCBS OF NEW YORK HEALTHNOW/WESTERN
BCBS OF NORTH CAROLINA
BCBS OF NORTH DAKOTA
BCBS OF OHIO
BCBS OF OKLAHOMA
BCBS OF OREGON (REGENCE)
BCBS OF PENNSYLVANIA (HIGHMARK)
BCBS OF RHODE ISLAND
BCBS OF ROCHESTER AREA (NY)
BCBS OF SOUTH CAROLINA
BCBS OF SOUTH DAKOTA
BCBS OF TENNESSEE
BCBS OF TEXAS
BCBS OF UTICA-WATERTOWN (NY)
BCBS OF VERMONT
BCBS OF VIRGINIA
BCBS OF WEST VIRGINIA
BCBS OF WISCONSIN
BCBS OF WYOMING
BCBS PUERTO RICO (TRIPLE-S)
BENEFIT MANAGEMENT INC.
BLUE CROSS OF CALIFORNIA
BLUE CROSS OF IDAHO
BLUE CROSS OF PENNSYLVANIA (CAPITAL)
BLUE CROSS OF PENNSYLVANIA (INDEPENDENCE)
BLUE CROSS OF UTAH (REGENCE)
BLUE CROSS OF WASHINGTON (PREMERA)
BLUE SHIELD OF CALIFORNIA
BLUE SHIELD OF IDAHO
BLUE SHIELD OF NEW YORK (NORTHEASTERN)
BLUE SHIELD OF WASHINGTON (REGENCE)
BOON-CHAPMAN BENEFIT ADMIN
CAPITAL DISTRICT PHYSICIANS-CDPHP
CIGNA
CONNECTICARE
CORESOURCE (FMH)
CORESOURCE (LITTLE ROCK)
CORESOURCE (MD PA IL NC IN)
CORESOURCE (OH)
COUNTRY LIFE INSURANCE CO
COVENTRY GROUP HEALTH PLAN (GHP)
COVENTRY HEALTH AMERICA/HAPA
COVENTRY HEALTH AND LIFE (OKLAHOMA)
COVENTRY HEALTH AND LIFE (TENN)
COVENTRY HEALTH AND LIFE-NEVADA
COVENTRY HEALTH CARE CARELINK
COVENTRY HEALTH CARE FEDERAL

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

ESSENTIAL PAYER NAME FOR INSURANCE COVERAGE DISCOVERY
COVENTRY HEALTH CARE OF DELAWARE
COVENTRY HEALTH CARE OF GEORGIA
COVENTRY HEALTH CARE OF IOWA
COVENTRY HEALTH CARE OF LOUISIANA
COVENTRY HEALTH CARE OF NEBRASKA
COVENTRY HEALTHCARE NATIONAL NETWK
COVENTRY MISSOURI
COVENTRY OF THE CAROLINAS -WELLPATH
COVENTRY SOUTHERN HEALTH SVCS (SHS)
COVENTRYONE
CULINARY HEALTH FUND
DAKOTA CARE
DEAN HEALTH PLAN
DESERET MUTUAL
EBMS
EMBLEMHEALTH
FIRSTCARE
GEISINGER HEALTH PLAN
GILSBAR
GOLDEN RULE INSURANCE
GOVT EMPLOYEES HSPTL ASSOC (GEHA)
HEALTH ALLIANCE MEDICAL PLANS (HAP-MI)
HEALTH ALLIANCE MEDICAL PLANS (IL)
HEALTH CHOICE
HEALTH NET
HEALTH PLAN OF UPPER OHIO VALLEY
HEALTHCARE MANAGEMENT ADMINISTRATORS
HEALTHCOMP ADMINISTRATORS
HEALTHPARTNERS
HEALTHSCOPE
HOMETOWN HEALTH PLAN
HUMANA
INDEPENDENT HEALTH
INTERNATIONAL MEDICAL CARD INC
JOHNS HOPKINS HEALTH PLAN
KAISER FDN HEALTHPLAN- COLORADO
KAISER FDN HEALTHPLAN- HAWAII
KAISER FDN HEALTHPLAN- MID-ATLANTIC
KAISER FDN HEALTHPLAN- NORTHWEST
KAISER FDN HEALTHPLAN- OHIO
KAISER PERMANENTE OF GEORGIA
KAISER PERMANENTE OF N CALIFORNIA
KAISER PERMANENTE OF S CALIFORNIA
KEY BENEFIT ADMINISTRATORS
LIFETIME BENEFIT SERVICES (RMSCO)
LIFEWISE HEALTHPLAN OF WASHINGTON
LOOMIS COMPANY
MAGNACARE

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ESSENTIAL PAYER NAME FOR INSURANCE COVERAGE DISCOVERY
MEDBEN
MEDICA
MEDICAL CARD SYSTEM
MEDICAL MUTUAL OF OHIO
MED-PAY
MODA HEALTH
MUNICIPAL HEALTH BENEFIT FUND
MUTUAL OF OMAHA
MVP HEALTH CARE
NALC - NATL ASSN OF LTR CARRIERS
NBF 1199 NATIONAL BENEFIT FUND
NETWORK HEALTH PLAN
OPTIMA/SENTARA
OXFORD HEALTH PLANS (UHC)
PACIFIC SOURCE HEALTH PLAN
PAN-AMERICAN LIFE INSURANCE
PARAMOUNT HEALTH
PHYSICIANS MUTUAL INSURANCE CO
PREFERRED ONE
PRIORITY HEALTH
PROVIDENCE HEALTH PLAN
PUBLIC EMPLOYEES HEALTH PLAN (PEHP)
QUALCARE
QUALCHOICE
ROCKY MOUNTAIN HEALTH PLAN
SANFORD HEALTH PLAN
SCOTT & WHITE HEALTH PLAN
SECURE HEALTH PLANS OF GEORGIA
SECURITY HEALTH PLAN
SELECT HEALTH UTAH
SIERRA HEALTH SERVICES
SISCO BENEFITS
STATE FARM
SUMMACARE HEALTH PLAN
TUFTS HEALTH PLAN
UMR (WAUSAU)
UNICARE
UNIFIED LIFE INSURANCE COMPANY
UNION PACIFIC RAILROAD EMP HLTH SYS
UNITED AMERICAN INSURANCE COMPANY
UNITED HEALTH CARE
UNITY HEALTH PLANS
UPMC HEALTH PLAN (TRISTATE)
VIVA HEALTH INC
WEA TRUST
WEB-TPA
KITSAP PHYSICIAN SERVICES

Note: List is subject to change as payers are added or removed

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ATTACHMENT K – ADDITIONAL PAYER CONNECTIONS FOR INSURANCE COVERAGE DISCOVERY

ADDITIONAL PAYER NAMES FOR INSURANCE COVERAGE DISCOVERY
ACS BENEFIT SERVICES
ALLIANCE BEHAVIORAL HEALTH
ALLSTATE
AMBETTER HEALTH PLANS
AMERICAN HERITAGE
ARGUS
ASR HEALTH BENEFITS
AVMED
BANNER HEALTH PLANS
BEACON HEALTH STRATEGIES
BEHAVIORAL HEALTH SYSTEMS, INC
BLUEGRASS FAMILY HEALTH
CAREMARK
CATAMARAN
CDS GROUP HEALTH
CIGNA BEHAVIORAL HEALTH
CONSUMERS COUNTY MUTUAL INSURANCE COMPANY
EXPRESS SCRIPTS
GROUP HEALTH COOPERATIVE
GROUP PENSION ADMINISTRATORS (GPA)
GUNDERSEN LUTHERAN HEALTH
HARVARD PILGRIM HEALTH CARE
HEALTHGRAM INC.
HEALTHLINK
HEALTHPLUS OF MICHIGAN
HEALTHSMART
HEALTHSPRING
JP FARLEY CORPORATION
KITSAP PHYSICIAN SERVICES
MAGELLAN BEHAVIORAL HEALTH
MAYO (MMSI)
MEDCO
MEDCOST BENEFIT SERVICES
MEDIMPACT
MEDPARTNERS
MEGALIFE (OKLAHOMA CITY)
MERITAIN HEALTH-AGENCY SERVICES
MHNET
MID-AMERICAN BENEFITS, INC.
MOLINA HEALTHCARE OF CALIFORNIA
MOLINA HEALTHCARE OF FLORIDA
MOLINA HEALTHCARE OF ILLINOIS
MOLINA HEALTHCARE OF MICHIGAN

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ADDITIONAL PAYER NAMES FOR INSURANCE COVERAGE DISCOVERY
MOLINA HEALTHCARE OF NEW MEXICO
MOLINA HEALTHCARE OF OHIO
MOLINA HEALTHCARE OF SOUTH CAROLINA
MOLINA HEALTHCARE OF TEXAS
MOLINA HEALTHCARE OF UTAH
MOLINA HEALTHCARE OF WASHINGTON
MOLINA HEALTHCARE OF WISCONSIN
OPTUM HEALTH BEHAVIORAL (OHB)
OPTUM RX
PHYSICIANS CARE HEALTH PLANS
PIEDMONT COMMUNITY HEALTH PLANS
PLANNED ADMINISTRATORS INC
POMCO
PRESBYTERIAN HEALTH PLAN
PRIME THERAPEUTICS
PROVIDERS CARE NETWORK
RELIANCE STANDARD LIFE INS CO
SAGAMORE HEALTH NETWORK
SOUTHEASTERN INDIANA HEALTH (SIHO)
TRUSTEED PLANS SERVICE CORPORATION
TRUSTMARK
UNIFIED GROUP SERVICES HEALTH PLANS
VALUE OPTIONS

Note: List is subject to change as payers are added or removed

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ATTACHMENT L – QUALITY ASSURANCE SURVEILLANCE PLAN

Contract No:

Contract Description: The objective of this Contract is to establish a Contract with a Contractor to support and leverage Health Insurance Portability and Accountability (HIPAA) mandated transactions and increasing connectivity.

Contractor's name: (Hereafter Referred to as Contractor).

1. PURPOSE: Contractor is required to submit a QASP thirty (30) calendar days after the Contract award date that outlines how the Contractor plans to provide continued uninterrupted quality of service. This QASP provides a systematic method to evaluate performance for the stated Contract and explains the following:

- a. What shall be monitored?
- b. How monitoring shall take place?
- c. Who shall conduct the monitoring?
- d. How monitoring efforts and results shall be documented?

This QASP does not detail how the Contractor accomplishes the work. Rather, the QASP is created with the premise that the Contractor is responsible for management and quality control actions to meet the terms of the Contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a "living document" and the Government shall review and revise it on a regular basis. However, the Government shall coordinate changes with the Contractor. Copies of the original QASP and revisions shall be provided to the Contractor and Government officials implementing surveillance activities.

2. GOVERNMENT ROLES AND RESPONSIBILITIES: The following personnel shall oversee and coordinate surveillance activities.

- a. **Contracting Officer (CO):** The CO shall ensure performance of all necessary actions for effective Contracting, ensure compliance with the Contract terms, and shall safeguard the interests of the United States (U.S) in the Contractual relationship. The CO shall also assure that the Contractor receives impartial, fair, and equitable treatment under this Contract. The CO is ultimately responsible for the final determination of the adequacy of the Contractor's performance.

Assigned CO:

Organization or Agency:

Title:

Work:

E-mail:

- b. **Contracting Officer's Technical Representative (COR):** The COR is responsible for technical administration of the Contract and shall assure proper Government surveillance of

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

the Contractor's performance. The COR shall keep a quality assurance file. The COR is not empowered to make any Contractual commitments or to authorize any Contractual changes on the Government's behalf.

Assigned COR:

Organization or Agency:

Title

Phone:

E-mail:

c. Other Key Government Personnel: The VA FSC is responsible for monitoring technical compliance to HIPAA standards for EDI transactions. FSC will provide notifications of formatting errors, systemic transaction issues and other HIPAA related compliance failures. The failure may be payer or clearinghouse related. The eInsurance team also monitors messages and issues reported by end users and shall provide notifications with coordination from FSC regarding payer issues noted.

3. CONTRACTOR REPRESENTATIVES: The following employees of the Contractor serve as the Contractor's PO for this Contract.

Program Manager (PM):

Title:

Phone:

E-mail:

Dedicated VA Operations Monitor:

Title:

Phone:

E-mail:

After-hours VA Operations Monitor:

Title:

Phone:

E-mail:

Help Desk Operations:

Phone:

E-mail:

4. PERFORMANCE STANDARDS: Performance standards define desired services. The Government performs surveillance to determine if the Contractor exceeds, meets or does not meet these standards.

The Performance Requirements Summary Matrix below includes performance standards. The Government shall use these standards to determine Contractor performance and shall compare Contractor performance to the Acceptable Quality Level (AQL).

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Deliverables Specific to This Order: The following transaction deliverables shall be billed by transaction processed. Note: The term “processed” shall mean “Only transactions that have made it to the contractor processing system (exclude those that were received but failed to go through validation).”

Deliverable	Standard	Frequency	Medium	Submit To
Real-time HIPAA 270/271 transactions for standard payers (PWS 7.1)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Real-time HIPAA 270/271 transactions for participating payers (PWS 7.1)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Real-time HIPAA 270/271 transactions for non-participating payers (PWS 7.1)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Customized insurance coverage discovery transaction for found insurance per patient requested (PWS 7.2)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC
Customized insurance coverage discovery transaction for not-found insurance per patient requested (PWS 7.3)	100% accuracy based on HIPAA/VA standards	On-demand real-time transaction	Secure HIPAA transaction	VA FSC

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Deliverable Specific to This Order: The following operational deliverables shall not be billed or priced separately, as pricing for these services shall be included as part of the transaction charge(s) listed above.

Deliverable	Standard	Frequency	Medium	Submit To
Monthly Invoice (PWS 8.1)	100% accuracy	Monthly; by the 10 th of each month	Electronically as per FAR/COR direction	COR
HIPAA X12 270/271 Payer List (PWS 8.2)	99.9% accuracy	Upon Contract Award & Monthly thereafter	Electronically in Microsoft 2016 or higher	COR & eInsurance Project Team
Insurance Coverage Discovery Payer List (PWS 8.2)	99.9% accuracy	Upon Contract Award & monthly thereafter	Electronically in Microsoft 2016 or higher	COR & eInsurance Project Team
New Payer Project Plan (PWS 8.2)	99% accuracy	30 days after Contract Award & as needed thereafter	Electronically in Microsoft 2016 or higher	COR & eInsurance Project Team
Requested Payers/New Payers List (PWS 8.2)	99% accuracy	30 days after Contract Award & updated bi-weekly	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Master Payer List (PWS 8.2)	99.9% accuracy	Upon Contract Award & monthly thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Confirmation of successful communication(s) (PWS 8.3)	100% accuracy	30 days after Contract Award and/or by Contract Effective date; whichever comes first	Secure HIPAA transaction	VA FSC
Payer dictionaries & Payer companion guides (PWS 8.3)	99% accuracy	1 day after Contract Award & within 3 business days of any change by a payer	Electronically in Microsoft 2016 or higher	VA FSC

Health Care Clearing House (HCCH) HIPAA Insurance Identification and Verification

Deliverable	Standard	Frequency	Medium	Submit To
HIPAA 7030 Project Plan (PWS 8.3)	99% accuracy	90 days after final publication of government's intent to adopt rules	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Payer enrollment(s) (PWS 8.3)	99% accuracy	30 days after Contract Award and/or by Contract Effective date; whichever comes first; and updated & as necessary thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
EICD Response Report (PWS 8.4)	100% accuracy	Monthly; by the 10 th of each month	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
EICD Reconciliation Report (PWS 8.4)	100% accuracy	Monthly; by the 10 th of each month	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
EICD Response Time Report (PWS 8.4)	100% accuracy	Monthly; by the 10 th of each month	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Ad-hoc Reports (PWS 8.5)	100% accuracy	TBD	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Production Communication Plan (PWS 8.6)	99% accuracy	30 days after Contract Award & as necessary thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Electronic notification of system-wide failures (PWS 8.6)	99% accuracy	Within 1 hour of failure if during normal business hours, by 9 am ET next day if	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team

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Deliverable	Standard	Frequency	Medium	Submit To
		during non-business hours		
Electronic notification of system-wide planned outage (PWS 8.6)	99% accuracy	24 hours or more before planned outage	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Electronic notification of Payer failure (PWS 8.6)	99% accuracy	Within 1 hour of 100% failure if during normal business hours, by 9 am ET next day if during non-business hours	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Electronic notification of planned Payer outage (PWS 8.6)	99% accuracy	24 hours or more before planned outage or as soon as Payer notification, whichever is first	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Electronic notification of planned service change (PWS 8.7)	99% accuracy	60 days before planned change	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
VA/FSC change coordination plan (PWS 8.7)	99% accuracy	2 weeks before planned change	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Test Plan(s) & Test Result(s) (PWS 8.7)	99% accuracy	1 week before planned change is implemented	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Implementation/Activation Schedule (PWS 8.7)	99% accuracy	2 weeks before planned change	Electronically in Microsoft 2016 or higher	FSC & eInsurance Project Team
Active transactions in a test environment (PWS 8.7)	99% accuracy	TBD by implementation schedule	Secure HIPAA transaction	VA FSC
Functional Area Support Plan (PWS 8.8)	99% accuracy	30 days after Award & as necessary thereafter	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance

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Deliverable	Standard	Frequency	Medium	Submit To
				Project Team
Activation Transition Plan (PWS 8.9)	99% accuracy	Upon Contract Award	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team
Closure Transition Plan (PWS 8.9)	99% accuracy	90 days prior to Contract Expiration	Electronically in Microsoft 2016 or higher	COR, FSC & eInsurance Project Team

5. METHODS OF QA SURVEILLANCE: Various methods exist to monitor performance. The COR and PO shall use the surveillance methods listed below in the administration of this QASP for the above deliverables.

- a. **Direct Observation:** Transaction success will be 100% monitored electronically for HIPAA compliance. Monthly invoicing will be monitored for 100% billing count accuracy.
- b. **Periodic Inspection:** Deliverable inspections shall be conducted monthly to compare the quality of data reporting is consistent with internal VA data reporting sources or other public publications of the information.
- c. **User Survey:** Combines elements of validated user complaints and random sampling. Random surveys shall be conducted to solicit user satisfaction, generate inspections, and sampling. These types of surveys are conducted as random sampling of supplied data within the HIPAA X12 transaction(s).
- d. **Validated User/Customer Complaints:** The COR and PO shall identify deficiencies, investigate and validate complaints. These types of surveys are conducted upon notification from VA end users of system and/or payer unavailability or data inaccuracies found within the HIPAA X12 transaction(s).
- f. **Progress or Status Meetings:** Held with the Contractor to elicit and provide feedback.

6. RATINGS: Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome. The following ratings shall be utilized:

- a. **Positive Outcome:** Performance meets or exceeds standards.
- b. **Neutral outcome:** Performance meets or exceeds standards and/or shall not meet performance standards, but shall be within three percent (3%) of the performance target for the non-highest priority standard for no more than two (2) consecutive months for no more than two (2) standards.

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c. **Negative outcomes:** Performance does not meet standards and/or shall not meet performance standards.

7. DOCUMENTING PERFORMANCE:

a. **Acceptable Performance:** The Government shall document positive performance. Any report shall become a part of the supporting documentation for any Contractual action.

b. **Unacceptable Performance:** When unacceptable performance occurs, a written notice shall be issued to the Contractor, outlining the performance measure(s) that is not met. The Contractor shall provide a written corrective action plan to the COR within ten (10) business days. The COR shall document the discussion and place it in the COR file.

The COR shall prepare a Contract Discrepancy Report (CDR), and present it to the Contractor's PM. The Contractor shall acknowledge receipt of the CDR in writing. The CDR shall specify if the Contractor is required to prepare a corrective action plan to document how the Contractor shall correct the unacceptable performance and avoid a recurrence. The CDR shall state how long after receipt the Contractor has to present this corrective action plan to the COR. The Government shall review the Contractor's corrective action plan to determine acceptability.

All CDR's shall become a part of the supporting documentation for any Contractual action deemed necessary by the CO.

8. **FREQUENCY OF MEASUREMENT:** During Contract performance, the COR shall periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed. Various methods cited in para 5 shall be utilized.

9. **FREQUENCY OF PERFORMANCE ASSESSMENT MEETINGS:** The COR shall meet with the Contractor annually to assess performance and shall provide a written assessment. Feedback shall be provided quarterly.

<After award, both the Contractor's PM and the COR shall sign this document>

Signature – Contractor Program Manager

Signature – Contracting Officer's Representative

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