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|  |  | Amendment of Solicitation |

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| **Date of Issuance:** | 3/19/20 | **Solicitation No.** | 0900000431 |
| **Requisition No.** |       | **Amendment No.** | 1 |
| Hour and date specified for receipt of offers is changed: | [ ]  No  | [x]  Yes, to: | 04/27/2020 |          CST |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope. |
| **ISSUED BY and RETURN TO:** |
| **U.S. Postal Delivery:**5005 N Lincoln BlvdOklahoma City, OK 73105or**Personal or Common Carrier Delivery:**5005 N Lincoln BlvdOklahoma City, OK 73105 | Vanessa Young |  |
|  | Contracting Officer |  |
|  | 405 - 202 - 3850 |  |
|  | Phone Number |  |
|  | Vanessa.young@omes.ok.gov |  |
|  | E-Mail Address |  |
| **Description of Amendment:** |
| a. This is to incorporate the following: |
| The below sections have been revised. An underline denotes an addition, a strikethrough denotes a deletion.**E.10. Bid Deliverables**~~Each Bidder must submit two (2) complete copies of the Bid on two (2) separate thumb drives for a total of two (2) electronic documents in a “machine readable” format meaning the document must accessible by inserting it into a computer either unprotected or if protected must be sent with the correct password. One (1) thumb drive shall be marked as the original and one (1) thumb drive shall be marked as a copy.~~Bid response may be submitted via email to vanessa.young@omes.ok.gov. If the bid response is too large for email, the bidder may submit the bid response via a cloud service. The bidder shall be responsible for providing means for OMES Central Purchasing to access the file.**B.28. Public Bid Opening**There will be no physical Bid opening at this time. Public Bids will be conducted on a per request basis via ZOOM. A Zoom address will be provided to anyone requesting a Public Bid Opening. Upon request for a public bid opening, only the name(s) of the qualified Supplier(s) shall be revealed; neither price nor proposal content shall be revealed and made public until notice of intent to award is announced by OMES/CP and EGID.Data Warehouse 090-431 RFP Questions1. Who is the incumbent currently performing this work whose contract expires 1/31/21?

IBM Watson1. How much is the annual budget figure paid to the incumbent?

You must submit a records request to obtain this information.1. Where can we access the current contract with the incumbent on the OK procurement website or elsewhere?

You must submit a records request to obtain a copy of the current contract.1. Do we need to make a formal public record request to obtain a copy of the current contract?

Yes. The Records Request Form, CP-120, can be found at the link below. <https://www.ok.gov/dcs/searchdocs/app/manage_documents.php?id=892> 1. Can the State please confirm all Bid Deliverables (including Attachments A, B, C, D, F, G, H) in Section E.10. should be submitted as a single document file (as opposed to separately submitted Attachments)?

The State does not have a preference.1. Can the State please confirm E.10.7. Section Seven should contain only C.7. References and the Vendor Payee Form? If this portion of the response should contain additional items, can the State please identify the items?

Correct.**Data Sources:**1. What format is the data arriving in? E.g., CSV, excel.

The data will be in .txt format.1. What type of information is included in each data submission?

Eligibility file, paid medical claims file, and paid pharmacy claims file. See below question #13 for an overview of data elements.1. What is the maximum file size of data submitted by vendors, and what is the average file size?

Medical claims – 2.4 GB to 2.8 GBPharmacy claims – 275 MB to 350 MBEligibility – 145 MB to 155 MB1. How many vendors will be submitting data?

The data will come directly from EGID. EGID maintains eligibility and receives paid claims data from both the Health/Dental/Life Third Party Administrator (“TPA”) and the Pharmacy Benefit Manager (“PBM”). If direct transmission of the data from the TPA and/or the PBM is determined to be mutually beneficial this possibility can be discussed with the successful bidder.1. At what frequency are vendors submitting data to EGID?

The TPA submits data once per month. The PBM submits data four times per month. However EGID expects to submit all data regardless of source to the vendor once per month.1. Are there any other data sources that will be included in this project?

No other data sources are anticipated.1. Is it possible to receive a header row / data dictionary of the primary pharm/medical data sources available?  What level of detail for utilization is EGID provided by the benefits managers? For example in the pharmacy benefit data are data fields provided such as the DAW5 code, tier code/generic indicator, total cost/copay, pharmacy used, etc?

For ease of reference please see the pharmacy and medical claim data elements at the bottom of this document. This is not all inclusive but is representative of the data currently being received.1. What level of PII will the firm be using? Are there unique IDs (e.g., SSN) that will allow for accurate analysis of an individual/group across Pharmacy and Medical data?

There are unique person identifiers that will track between the eligibility, TPA and PBM files. Social Security numbers may also be incidentally present in the data.**Existing Infrastructure:**1. Are the following technologies in place at EGID, if so is EGID open to recommendations or would you prefer to continue using the technology?

See answers for each below. In all instances EGID is open to recommendations.1. Data Visualization Tools

Not currently used.1. Data Warehouse

Not currently used in-house although EGID has the capability to, and does perform, data analytics across all three data sources (eligibility, TPA data, and PBM data).1. ETL

Not currently used.1. Is there a preference for on-premise or cloud based tools?

The preference is for EGID to access the vendor’s designated site to retrieve all reports and perform all analysis. **Business Focus:**1. Is there an expected target date for the project go-live?

At this time the expected and desired target date for go-live is February 1, 2021. This answer is as of 03/18/20 and we understand current circumstances may delay the entire timeline.1. What is the maximum number of users anticipated that will be using these dashboards?

We anticipate up to 4 dashboard users and up to 5 interactive report/analytic users.1. What are the goals of the new solution / analytics platform, how does EGID intend to use this new solution?

EGID uses the data warehouse to perform high-level visualization of utilization and claim trends; basic analyses such as Inpatient average length of stay by MS-DRG or Outpatient Radiology cost per service category; or more complex analyses such as avoidable Emergency Department visits or the availability and utilization of urgent care providers in rural areas. Please also see item #23 and #24.1. What are the business questions that the new solution should answer?  Will this exclusively focus on participants of the healthcare benefits, or are there other focus areas for EGID?

Please also see item #22 and #24. Examples of additional analyses are those around risk adjustment factors, population health, or medication compliance.1. What are some of the primary KPIs/Metrics that this system should present?

EGID is interested in standard KPIs/Metrics around utilization, claim costs, trends, comparison to benchmarks, and any other areas or proprietary metrics suggested by the vendor. EGID uses this information to inform plan design, benefit design, provider reimbursement, member engagement, premium rate setting, etc. Please also see item #22 and #23.1. What are the main business entities / demographic cross sections (dimensions) you wish to slice and analyze the data by?

Member classification – active, pre-Medicare retirees; service provider and type; condition/disease state (e.g. cancer, diabetes).1. How many reports/dashboards should be included as part of the solution?

Standard dashboards should be sufficient to provide a snapshot of cost trend and high-level utilization to executive staff. Reporting should be customizable by advanced users.1. Are there any other departments other than EGID that we should be aware of?

No. EGID is a division of the Oklahoma Office of Management & Enterprise Services (“OMES”) and will be the only division utilizing the data warehouse. **Data Governance:**1. Master Data Management – is there a need for a MDM component as part of the proposed solution? Who in the organization is currently maintaining master business entities?

There is not a need for an MDM component within the scope of this RFP. OMES is ultimately responsible for data governance.1. Data Quality – are there any data quality known issues within the data sources in scope? Does the data require cleansing before it can be used for reporting?

Standard medical and pharmacy claim fields are provided. EGID assumes the vendor will use standardized scrubbing steps during data transformation that maintain as much detail and data integrity as possible but still allow for analysis and comparison to industry benchmarks. EGID has extensive knowledge of all data sets and will work closely with the vendor during implementation as they perform their analysis of data elements and methodologies for cleansing.**Security:**1. What type of security will EGID/OMES need in order to appropriately protect this data?  For instance, are there different levels of permissions that are going to be required within the EGID team to limit visibility of certain portions of data?

It is preferable that member-identifiable information be removed for all but designated users.1. Would the vendor be required to process standard X12 transactions such as 837I, P, D etc.?

No.1. In the future, would there be a need to ingest clinical data?

There are no immediate plans for EGID to have or transmit clinical data.1. Does EGID currently have access to any clinical groupers like ACG etc.?

Yes, through the existing vendor.1. Currently, what is the estimated adhoc requested volume per month?

If EGID staff are able to perform sufficient reporting through the interactive reporting tool then the estimated adhoc report volume is minimal – perhaps 2 to 3 per month.1. Can the state provide a list of canned reports currently being accessed by the users?

Existing canned reports are proprietary. The present standard metrics as discussed in item #24.1. What does current state look like? What is EGID doing today and what challenges/opportunities are you trying to solve for?

As discussed elsewhere in these answers and the RFP, EGID desires a data warehouse with robust data analytic reporting and analysis to inform business decisions on plan design, benefit design, provider reimbursement, member engagement, premium rate setting, etc.1. What is your current state architecture and what are the issues with the current state architecture?

The scope of this RFP is for data sets that are received from the TPA and PBM, as well as the in-house eligibility data. All data sets are housed and maintained by EGID and OMES resources.1. What are the data sources?

The data will come directly from EGID. EGID maintains eligibility and receives paid claims data from both the TPA and the PBM. See also item #10. 1. Who is responsible for the data quality (i.e. EGID, vendor, 3rd party, etc.)?

EGID relies on quality data from its TPA and PBM and will reject it back to those sources if it is not acceptable. 1. What are the file types/underlying database technologies?

The files are .txt files.1. What is the latency requirements of the data, e.g. how frequently is the data needed from each source system (nightly batch, near real time, streaming/real time)?

The TPA submits data to EGID once per month and the PBM submits data four times per month. EGID will submit data to the vendor once per month. Transformation would only need to occur monthly and reporting would be done on an incurred basis with sufficient run-off. 1. What are the end user consumption KPIs/Metrics to be derived?

EGID is interested in standard KPIs/Metrics around utilization, claim costs, trends, comparison to benchmarks, and any other areas or proprietary metrics suggested by the vendor. EGID uses this information to inform plan design, benefit design, provider reimbursement, member engagement, premium rate setting, etc. Please also see item #22 and #23.1. Is there an existing reporting tool that needs to intergrate with EGID’s environment?

No.1. What are the different tiers of users and what are their technical skillset with respect to reporting tools?

Senior staff – dashboards with no technical skillset required; 2 or 3 midline users, for instance a Medical Director or Pharmacy Director, with some technical skillset and the need to pull some basic reporting with defined elements such as “inpatient by MS-DRG” or “injectable drugs”; 1 or 2 advance users with high technical skills and dataset knowledge. Please keep in mind that users may float from one level to the next depending on business needs and the ease of the reporting tool.1. Due to the sensitivity of the data, is the use of cloud technologies prohibited?

Any cloud technologies must have appropriate security provided by the vendor.1. Is there an expectation for the selected vendor to absorb and evaluate data before the contract start date?

EGID considers this a critical piece of a successful implementation. Sample data can be provided.1. The census for the active and retired non-Medicare members in EGID Health Plans as of January 31, 2019 was 93,838 primary members and 150,312 total participants. Please confirm that the data warehouse and decision support system should be designed for this population and the Medicare retiree members will not be included.

All eligibility and claims data will be provided but we typically do not report on Medicare retiree plan experience.1. Please confirm you will provide eligibility data for members in HMO plans and members without medical or drug coverage so that we can consider your full population within analytics.

Yes.1. Please provide your data suppliers that you expect to have included in the data warehouse and indicate how many data formats from each and the type of data they will provide.

The data will come directly from EGID. EGID maintains eligibility and receives paid claims data from both the Health/Dental/Life Third Party Administrator (“TPA”) and the Pharmacy Benefit Manager (“PBM”). If direct transmission of the data from the TPA and/or the PBM is determined to be mutually beneficial this possibility can be discussed with the successful bidder. Files come in .txt format.1. Please indicate which of these data feeds are historical only.

If the question is understood correctly, then the answer is yes. These are not live or daily data feeds. Please see item #11.1. Regarding Attachment D, Security Assessment, is there any guidance on criteria for assigning the Maturity Rating for responses?

The maturity rating is purely at the supplier’s discretion and an opportunity for them to provide their score. 1. Is EGID interested in adding HIE, clinical or SDOH data to better manage covered members?

EGID does not anticipate having this data and will not be providing it.1. Does EGID have a preference for deployment for this project (on premise, cloud, hybrid)?

The preference is for EGID to access the vendor’s designated site to retrieve all reports and perform all analysis. 1. If cloud is preferred, does EGID have a preferred cloud provider?

No1. Does EGID already have software/applications deployed on that cloud environment?

No1. What is the approximate anticipated storage size for the fully integrated (mastered and de-duplicated) data warehouse? (e.g. – 5TB, 10TB, etc.)

Unknown but please see #9 for transmitted file sizes.1. Does EGID prefer that the vendor integrate all data with professional services work, or would EGID prefer to be trained to do some of the integration work themselves after key integration milestones are met?

The vendor will be required to integrate all data into their solution.1. Does EGID have internal resources that will be participating in the implementation efforts? If so, will those resources also be available to provide ongoing maintenance of the solution?

EGID staff will provide guidance on the implementation and the review of data transformation methodologies but the entire solution is expected to developed and maintained by the vendor.1. To submit an accurate professional services estimate and timeline, please provide the number of internal and external data sources EGID would like to integrate. Please provide a list of data sources (names can be obfuscated if needed), with general data domains/subjects associated, for example:

There are three total data sources: eligibility, medical claims, and pharmacy claims. The claim files contain provider, procedure, diagnosis, pricing, plan pay, member liability, etc. Please see other questions and answers within this document. However please note that benchmark data is expected to be provided by the vendor.* 1. Data source/system 1, internal. Domains – member, claims, eligibility, facility, cost
	2. Data source/system 2, internal. Domains – provider, census, workforce, procedures, diagnosis, accessibility
	3. Data source/system 3, external. Domains – member, eligibility, claims, benchmarks, surveys
	4. Data source/system 4….
1. If a list of data sources cannot be provided within the questions/answers time frame, please provide the general number of internal and external data sources.

Please see item #56.1. Do you have a preferred agreement term (3years vs. 5 years, etc.)?

Per section B.1.2., this contract will be awarded for 1 year with 4 options to renew.1. Has EGID evaluated solutions for this project through activities and/or events prior to the release of this RFP?

EGID has an existing data warehouse and data analytic vendor.1. C.3.3. Provide an interactive reporting component that EGID users can access to perform advanced analysis.

This is the same answer from #44 and hopefully this and other answers within the document address a. and b. below.Senior staff – dashboards with no technical skillset required; 2 or 3 midline users, for instance a Medical Director or Pharmacy Director, with some technical skillset and the need to pull some basic reporting with defined elements such as “inpatient by MS-DRG” or “injectable drugs”; 1 or 2 advance users with high technical skills and dataset knowledge. Please keep in mind that users may float from one level to the next depending on business needs and the ease of the reporting tool.1. "What are the user personas at EGID who would be using the interactive reporting component?
2. What is the level/type of analysis that will be performed by the users?"
3. C.3.4. "Provide consulting support that utilizes our data set and the vendor’s expertise to analyze the plan cost, utilization, and delivery."

Can EGID provide information on:1. No. of EMR instances

None.1. No. of claims feeds

Two – medical and pharmacy claim data.1. No. of administrative data sources

One – eligibility.1. Any other data sources

Three total as described above.1. No. of users for application

Approximately 8.1. User personas accessing the application

Three.1. Total number of members

The census for the active and retired non-Medicare members in EGID Health Plans as of January 31, 2019 was 93,838 primary members and 150,312 total participantsItem #13 Pharmacy data fields including but not limited to:

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| **PHARMACY CLAIM DATA FIELDS** |
| CARDHOLDER\_ID |
| LAST\_NAME |
| FIRST\_NAME |
| MIDDLE\_INITIAL |
| CARDHOLDER\_DOB |
| PAT\_LAST\_NAME |
| PAT\_FIRST\_NAME |
| PAT\_MIDDLE\_NAME |
| PAT\_DOB |
| PAT\_GENDER\_CODE |
| ELIG\_PAT\_REL\_CODE |
| PAT\_AGE |
| GRP\_ID |
| PLAN |
| CARRIER\_NUMBER |
| OTHER\_COVERAGE\_CODE |
| SERV\_PROV\_ID\_QUAL |
| SERV\_PROV\_ID |
| PHARMACY\_NAME |
| PHAR\_ADDR\_LINE\_1 |
| PHAR\_ADDR\_LINE\_2 |
| CITY |
| STATE |
| ZIP |
| PHAR\_TEL\_NUMBER |
| PHAR\_DISP\_TYPE |
| NETWORK\_REIMB\_ID |
| PRESC\_ID\_QUAL |
| PRESC\_ID |
| PRESC\_LAST\_NAME |
| PRESC\_FIRST\_NAME |
| RECORD\_STATUS\_CODE |
| CLAIM\_MEDIA\_TYPE |
| PROD\_SERV\_ID\_QUAL |
| PROD\_SERV\_ID |
| DATE\_OF\_SERV |
| ADJUD\_DT |
| CYCLE\_END\_DATE |
| D\_O\_RX\_NUM |
| RX\_NUMBER\_QUAL |
| QUANTITY\_DISPENSED |
| FILL\_NUMBER |
| DAYS\_SUPPLY |
| DATE\_PRESC\_WRITTEN |
| DISP\_AS\_WRIT\_DAW\_PROD\_SEL\_CD |
| NUM\_OF\_REFILLS\_AUTH |
| UNIT\_OF\_MEASURE |
| ORIGINAL\_QUANTITY |
| ORIGINAL\_DAY\_SUPPLY |
| COMPOUND\_CODE |
| DIAGNOSIS\_CODE\_QUAL |
| DIAGNOSIS\_CODE |
| REJECT\_CODE\_1 |
| REJECT\_CODE\_2 |
| REJECT\_CODE\_3 |
| DATABASE\_INDICATOR |
| PROD\_SERV\_NAME |
| GENERIC\_NAME |
| PROD\_STRENGTH |
| DOSAGE\_FORM\_CODE |
| DRUG\_TYPE |
| MAINTENANCE\_DRUG\_IND |
| DRUG\_CATEGORY\_CODE |
| DENIAL\_CLARI\_CODE |
| GCN\_NUMBER |
| GENERIC\_PROD\_IDENTIFIER |
| MED\_B\_MED\_D\_IND |
| THERP\_CLASS\_CODE\_AHFS |
| FORM\_STATUS |
| INGREDIENT\_COST\_PAID |
| DISPENSING\_FEE\_PAID |
| TOT\_AMT\_PAID\_BY\_ALL\_SOUR |
| AMT\_ATTR\_TO\_SALES\_TAX |
| PATIENT\_PAY\_AMOUNT |
| AMOUNT\_OF\_COPAY |
| AMOUNT\_OF\_COINSURANCE |
| AMT\_ATTR\_TO\_PROD\_SEL |
| AMT\_APPLIED\_TO\_PERIOD\_DED |
| MAC\_REDUCED\_IND |
| CLI\_PRI\_BASIS\_OF\_COST |
| GENERIC\_IND |
| OUT\_OF\_POCK\_APP\_AMT |
| AWP\_TYPE\_IND |
| AVG\_WHOLESALE\_UNIT\_PRICE |
| ING\_COST\_SUBMIT |
| USUAL\_AND\_CUSTOMARY\_CHRG |
| FLAT\_SALES\_TAX\_AMT\_PAID |
| PERC\_SALES\_TAX\_AMT\_PAID |
| NET\_AMT\_DUE |
| BASIS\_OF\_REIMB\_DETERM |
| ACCUM\_DED\_AMT |
| AMT\_EXCEED\_PER\_BEN\_MAX |
| BASIS\_OF\_CALC\_COPAY |
| ADJUSTMENT\_ISSUE\_ID |
| PROC\_DEF\_PRI\_AUTH\_CERT\_CODE |
| ADJ\_REASON\_CODE |
| ELIG\_COB\_IND |
| COB\_PRIM\_PAY\_AMT\_PAID |
| OPAR\_AMT |
| COB\_PRIM\_PAYER\_COPAY |
| TRANSACTION\_ID |
| ACCOUNT\_ID |
| CARE\_FACILITY |
| SPEC\_RX\_CLAIM |
| ALTERNATE\_ID |
| VACCINE\_ADMIN\_FEE\_PAI |
| DRUG\_ADMIN\_FEE\_TYPE\_CODE |
| MAINT\_CHOICE\_IND |
| APPLIED\_HRA\_AMT |
| GROUP\_DIVISION |
| INSERTED\_DATE |
| UPDATED\_DATE |

Item #13 Medical data fields including but not limited to:

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| **MEDICAL CLAIM DATA FIELDS** |
| FORMATVERSION |
| CLAIMID |
| SUBGROUPID |
| DRAFTID |
| RECEIVEDDATE |
| CHECKDDATE |
| PAYEECODE |
| PAYEENAME |
| PAIDDATE |
| TAXID |
| PATIENTLASTNAME |
| PATIENTFIRSTNAME |
| EMPLOYEELASTNAME |
| EMPLOYEEFIRSTNAME |
| PATIENTACCT |
| PATIENTDOB |
| DEPENDENTID |
| RELCODE |
| PPOINDICATOR |
| PPONAME |
| SERVICELINE |
| CHARGEAMT |
| ALLOWEDAMT |
| PAIDAMT |
| DISCAMOUNT |
| OTHERINSURANCEAMT |
| DEDUCTIBLEAMOUNT |
| COINSURANCEAMOUNT |
| COPAYAMOUNT |
| INELIGIBLEAMOUNT |
| PROVIDERCODE |
| PROVIDERNAME |
| SERVICEFROMDATE |
| SERVICETODATE |
| SERVICEUNIT |
| REVENUECODE |
| PROCEDURECODE |
| CPTCODE |
| HCPCS |
| HIPPSCODE |
| COPAYAMOUNT |
| MAXOVERAMOUNT |
| PRIMARYDIAGCODE |
| BENEFITCODE |
| COVERAGECODE |
| PLACEOFSERVICE |
| PROVIDERSPECIALTY |
| PATIENTSTAYCATEGORY |
| FACILITYCATEGORY |
| SERVICEDESCRIPTION |
| PRIMARYDIAGCODE |
| DIAGNOSISCODE2 |
| DIAGNOSISCODE3 |
| DIAGNOSISCODE4 |
| DIAGNOSISCODE5 |
| DIAGNOSISCODE6 |
| DIAGNOSISCODE7 |
| DIAGNOSISCODE8 |
| DIAGNOSISCODE9 |
| DIAGNOSISCODE10 |
| DIAGNOSISCODE11 |
| DIAGNOSISCODE12 |
| REMARKDESCRIPTION01 |
| REMARKCODE01 |
| REMARKDESCRIPTION02 |
| REMARKCODE02 |
| REMARKDESCRIPTION03 |
| REMARKCODE03 |
| REMARKDESCRIPTION04 |
| REMARKCODE04 |
| REMARKDESCRIPTION05 |
| REMARKCODE05 |
| LOCATIONADDR1 |
| LOCATIONADDR2 |
| LOCATIONCITY |
| LOCATIONSTATE |
| LOCATIONZIP |
| REISSUEFLAG |
| PRACTITIONERID |
| PRACTITIONERNAME |
| COBPAID |
| DEPENDENTSTATUS |
| PPOMASTERID |
| PAYMENTDISP |
| BILLINGPROVNPI |
| FACILITYNPI |
| PHYSICANNPI |
| POAINDICATOR1 |
| POAINDICATOR2 |
| POAINDICATOR3 |
| POAINDICATOR4 |
| POAINDICATOR5 |
| DRG |
| DRGVERSION |
| PROCEDUREMODIFIER1 |
| PROCEDUREMODIFIER2 |
| PROCEDUREMODIFIER3 |
| PROCEDUREMODIFIER4 |
| TOOTHSURFACE |
| TOOTHNUMBER |
| ICDPRODEDURECODE1 |
| ICDPRODEDUREDATE1 |
| ICDPRODEDURECODE2 |
| ICDPRODEDUREDATE2 |
| ICDPRODEDURECODE3 |
| ICDPRODEDUREDATE3 |
| ICDPRODEDURECODE4 |
| ICDPRODEDUREDATE4 |
| ICDPRODEDURECODE5 |
| ICDPRODEDUREDATE5 |
| ICDPRODEDURECODE6 |
| ICDPRODEDUREDATE6 |
| COBSAVINGS |
| BILLTYPE |
| ADMITDATE |
| ADMISSIONTYPE |
| ADMISSIONSOURCE |
| ICDVERSION |
| DISCHARGESTATUS |
| ATTENDINGPHYSICIAN |
| ADMITDIAGNOSIS |
| EMPCODE |
| BENFCODE |
| ACCCODE |
| GENDER |
| PATIENTAGE |

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| b. All other terms and conditions remain unchanged. |
|       |  |       |
| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |