



September 12, 2016

Request for Information RFI 2016-005

Special Enrollment Period (SEP)

Electronic Verifications



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## Request for Information RFI 2016-005 SEP Electronic Verifications

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### 1. PURPOSE:

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PLEASE NOTE: Covered California is issuing TWO DIFFERENT Request for Information (RFI) documents: This RFI 2016-005 SEP Electronic Verifications and RFI 2016-004, Document Verification Services. Note that these RFI's are separate and distinct. Vendors are encouraged to review the response requirements carefully. Vendors may respond to either or both RFI's. They will be reviewed and evaluated separately, and subsequent requests for proposals, if any, are expected to be issued independently.

The purpose of this RFI 2016-005 is to gather information on potential solutions available to Covered California for:

- Performing electronic verifications of prior or current minimum essential coverage (MEC) primarily during the special enrollment period (SEP) as a result of a qualifying life event (QLE). SEPs occur year-round and can overlap with the annual open enrollment timeline. During the SEP, consumers can sign up for health insurance only if they meet a QLE, such as losing health coverage involuntarily, moving into the service area, getting married, having a baby, or adopting a child. ***Learning about solutions that electronically verify prior MEC related to QLEs is Covered California's primary goal of this RFI.***
- Performing electronic or manual verifications for additional QLEs depending on the data sources available, time to process, issues, considerations, etc.
- Determining needed changes to the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) to ensure the required data is available to support QLE verifications.
- Successfully performing this function while interfacing with, and collecting data from, numerous entities including insurance carriers, government data sources, Covered California, and others.

The information sought within this RFI includes:

1. Recommended approaches for how best to provide the desired verifications, while working within Covered California's existing information technology (IT) infrastructure.
2. The viability of leveraging existing Electronic Data Interchange (EDI) 270/271 transactions – industry standard data inquiry and response transactions – for verifying the status of, and relevant data about, a consumer's insurance coverage.
3. Examples where solutions providing this verification functionality are in production today.
4. Issues and challenges Covered California should consider.
5. The time associated with accurately verifying qualifying life events electronically.
6. The time associated with accurately verifying qualifying life events when an electronic source is not available.
7. The suggested approach, challenges, and critical factors related to involving insurance carriers in the process.
8. Cost models and estimated one-time and recurring costs.
9. Estimated time required to implement the recommended approach.



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## 2. KEY ACTION DATES and TIMES:

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Listed below are the Request for Information (RFI) Key Action Dates and Times by which actions should be taken or completed. If Covered California finds it necessary to change any of these dates, an addendum or an updated RFI will be posted on the following website:

<http://hbex.coveredca.com/solicitations>

**TABLE 1, RFI KEY ACTION DATES**

<b>Event</b>	<b>Date and Time</b>
Release the RFI.	September 12, 2016
Last day to submit questions via email for clarification purposes to the individual identified in Section 7 Response Requirements.	September 21, 2016, by 5:00 p.m. Pacific Standard Time
Questions that are submitted for clarification will be considered and if needed, an addendum to the RFI will be released by Covered California.	September 29, 2016 if needed
RFI response due date.	October 12, 2016, by 5:00 p.m. Pacific Standard Time



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## 3. BACKGROUND:

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This section provides background information on Covered California, and the business need requiring a verification solution.

### 3.1 Covered California and CalHEERS

The mission of Covered California is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Jointly supported by Covered California and the Department of Health Care Services (DHCS), the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) supports eligibility, enrollment, and retention processing for Covered California and Medi-Cal. As the backend technology powering CoveredCA.com, CalHEERS supports account creation, consumer application, eligibility rules, and health plan selection for insurance affordability programs. The consumer facing website, CoveredCA.com, allows consumers to use a single, streamlined application for determining eligibility for Medi-Cal, federal advanced premium tax credits (APTC), and cost-sharing reductions (CSR). For individuals eligible for Covered California, CalHEERS facilitates their efforts to research, compare, check their eligibility for, and purchase health plans participating in Covered California.

### 3.2 Current Approach to Special Enrollment Periods and Qualifying Life Events

Covered California is responsible for eligibility determinations for all consumers seeking to enroll in qualified health plans (QHPs) participating in Covered California via open enrollment, renewal, and special enrollment periods (SEP). Special enrollment periods allow consumers experiencing expected or unanticipated life changes to obtain new coverage or change their insurance plan. Special enrollment periods occur year round and can overlap with the annual enrollment timeline.

In order to participate in the special enrollment period, the consumer must meet the requirements for a qualifying life event (QLE), such as losing minimum essential coverage (MEC), having a child or becoming a citizen. Though Covered California utilizes federal data hub services to verify an enrollee's citizenship and incarceration status for eligibility purposes, it does not currently have capabilities to electronically verify a consumer's qualifying life event for a special enrollment period.

### 3.3 Verification Solution Opportunity

In issuing this RFI, Covered California seeks input on how to best implement a solution that performs timely and accurate verifications of qualifying life events during special enrollment periods.



Covered California and QHP issuers have a common goal of quickly and accurately performing verifications of qualifying life events prior to effectuating coverage. Challenges related to this verification process exist for Covered California service center representatives, qualified health plans that participate in Covered California, and off-Exchange plans. The process for insurance companies to accurately verify that consumers meet qualifying life events can be time and resource intensive, and involve significant manual processing. Because verifying QLEs is a standard business operation for both Covered California QHPs and off-Exchange plans, we believe the health insurance industry has a shared need for electronic verification of QLEs.

Covered California is eager to understand the current offerings of vendors and their intent to provide QLE verification solutions to the health insurance industry. We recognize that verification of QLEs is a new business requirement resulting from the Affordable Care Act's (ACA) insurance market reforms. For this reason, the vendor market for this capability is likely nascent and evolving. Since we have identified loss of MEC as a priority QLE category, we are interested in whether leveraging the Electronic Data Interchange (EDI) 270/271 transactions used between health care providers and insurers is a viable method for Covered California and off-Exchange plans to verify a consumer's coverage in real-time. For the additional QLEs, we recognize that some may not be amenable for real-time verification. As identified in Attachment A, we seek input on appropriate data sources, methods, and issues to consider for more efficiently verifying these types of QLEs. Attachment B provides a Use Case example of functionality being requested. Covered California is also interested in learning more about future capabilities that vendors have road mapped (see *Section 5 Vendor Response*).



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## 4. SCOPE:

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The verifications outlined in this Request for Information (RFI) relate to qualifying life events (QLE's) and can take place throughout the calendar year, during renewal periods and during special enrollment periods (i.e., outside of the open enrollment period). QLE's are defined within the California Code of Regulations 10 CA ADC § 6504 Special Enrollment Periods which addresses the conditions under which qualified individuals may enroll in a Qualified Health Plan (QHP), or change from one QHP to another, during special enrollment periods. As outlined above in this document, this RFI explores the viability and issues related to performing verifications of QLEs.

### 4.1 Core Principles

Covered California's focus for this RFI is on providing electronic verifications of prior minimum essential coverage (MEC) related to QLEs.

As a secondary priority, Covered California is interested in understanding potential solutions for verifying information specific to processing requests for new insurance due to other qualifying life events.

Covered California will assess potential solution models/project requirements based upon general core principles that include solutions that:

- a) Streamline the process of qualifying for insurance, and provide a positive consumer experience.
- b) Deliver accurate and timely verifications to support prospective eligibility determination.
- c) Assure the solution is consistent with state and federal laws and regulations regarding issuing new policies as a result of qualifying life events.
- d) Maintain the Covered California system as the system of record.
- e) Implement a design that minimizes complexity of integration and maintenance requirements for information technology support, for CoveredCA.com, the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), and the QHPs.
- f) Minimize required programming and costs to CoveredCA.com and conduct verifications so that the solution seamlessly and securely works with CoveredCA.com and CalHEERS, with no material changes required by Covered California.
- g) Provide reasonable reporting as requested by Covered California such as volume of verifications by type, verification efforts started but not completed, participation of insurance carriers, and tracking performance via service level agreements.
- h) Provide full auditing and reporting capability of consumer information access including the ability for Covered California or other third parties as authorized by Covered California to audit.
- i) All data within the verification solution related to verification of QLEs for consumers that are working through Covered California is owned by Covered California, and the solution, shall allow Covered California to access and download the data through an automated process.

Items not expressly stated herein, but necessary to achieve the intent, are understood to be covered by the general specifications or instructions. Covered California welcomes comments on these core principles in the response to this RFI.



## 4.2 Preliminary Requirements

In alignment with the core principles outlined above, Covered California has identified the following preliminary requirements:

1. The solution must perform electronic verifications of prior or current minimum essential coverage (MEC) and verify the termination date (if prior health coverage) or the insurance end date (if current health coverage).
2. The solution should perform additional verifications, electronic preferred, based on the qualifying life events provided in Attachment A: Qualifying Life Events (QLE) Table.
3. The solution Vendor must outline data elements to be supplied by consumers to perform the required verifications. Covered California has identified the following preliminary data elements that may be added to the application: name of the issuer (prior or current health coverage), the last day of coverage, the group number and member number. Additional data elements, as appropriate, can be added to the application.
4. The solution must interface with CalHEERS at a minimum to receive data required to conduct the verifications, and return information to CalHEERS related to the results of the verifications. The CalHEERS interface is comprised of both real-time web services and scheduled batch processes. The web service interface is defined using WSDL that can be invoked in real-time using SOAP over HTTPS.
5. The solution must interface with insurance carriers and other data sources to be identified by the Vendor, in order to provide and receive the data needed to perform the required verifications.
6. The solution should, as appropriate, leverage Electronic Data Interchange (EDI) 270 (Health Care Eligibility Benefit Inquiry) and 271 (Health Care Eligibility Benefit Response) transactions. Note: If your recommended solution does not leverage EDI 270/271 transactions, describe your alternative approach to verifying insurance coverage.
7. The solution must adhere to the privacy and security policies and protections enforced by CalHEERS, state and federal statutes and regulations including, but not limited to, the Covered California Privacy Standards Guide and the Minimum Acceptable Risk Controls for Exchanges (MARS-E) (<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Catalog-of-MinAcceptable-Risk-Controls-for-Exchanges-ERA-Supp-v-1-0-08012012-a.pdf>) in accordance with 45 CFR 155.260(a). The solution must also accommodate an annual security assessment.
8. The solution must secure data in transit and at rest.
9. The solution should, for verifications of prior or current health coverage, process the verification request in real-time in less than 10 seconds of hitting the “enter” key, 99 percent of the time. Note: If the implemented solution includes batch processing, appropriate performance measures will be established.
10. The solution must be hosted by the vendor in a location that adheres to all other requirements, including security requirements.
11. The solution functionality of performing electronic verifications of prior or current MEC should be available 24 hours a day, 7 days per week other than routine and scheduled maintenance. An eventual contract with the selected vendor will include a specific service level agreement including a minimum uptime percentage.





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## 5. VENDOR RESPONSE:

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To determine which solution vendors can potentially provide the best value to California consumers, and to better understand offerings, please provide a response that includes at a minimum, the following:

1. **Recommended Approach** – Describe your suggested approach to providing a solution that meets the needs and requirements as outlined in *Section 1. Purpose* and *Section 4. Scope*, including at a minimum:
  - a) Secure hosting of the solution.
  - b) Approach to providing the services; batch, real-time and potentially with a secure user GUI (for one off verifications).
  - c) Describe the method(s) available for integrating with your solution (e.g., WSDL invoked using SOAP over HTTPS).
  - d) Availability of your solution to serve the broader insurance marketplace in addition to Covered California (as discussed in *Section 3.3 Verification Solution Opportunity*).
  - e) High-level timeline for designing/configuring and implementing the recommended solution and approach. Please include the following in this area of your response:
    - i. Will test environments be available to Covered California?
    - ii. How much time is made available to Covered California to test when upgrades or enhancements are deployed?
    - iii. Do you have or intend to have user groups to influence enhancements / roadmaps for your solution?
    - iv. What level of influence would Covered California have on future releases?
    - v. How far in advance are releases and enhancements planned?
  - f) Future capabilities on the roadmap.
  - g) Issues and challenges Covered California should consider.
  - h) Complete Attachment A: Qualifying Life Events (QLE) Table.
  
2. **Addressing Preliminary Requirements** – Make it clear to Covered California where your recommended approach specifically addresses each preliminary requirement outlined in *Section 4.2 Preliminary Requirements* by completing Attachment C Addressing Preliminary Requirements.
  
3. **Cost** – Related to cost, provide the:
  - a) Approximate total one-time, upfront costs based on your high-level timeline for designing/configuring and implementing your recommended solution.
  - b) Approximate annual ongoing costs associated with operating your recommended solution.
  - c) The pricing model for your recommended solution:
    - I. Is there a per transaction component of the model?
    - II. Are there volume discounts?
    - III. What pricing models do you propose for off-Exchange plans interested in using the solution?



4. **Representative Clients with Live Solution** – Provide information about similar solutions your company has deployed in production. For each individual solution, provide at a minimum:
  - a) Description of client and the business need met by your solution. Please describe the specific functionality of the solution that is the same or similar to what is being requested in this RFI.
  - b) The start and end date in production.
  - c) The transaction volumes by type of transaction.
  - d) The number of users by type of user (e.g., internal, consumer, insurance carrier).
  - e) The associated interfaces and the business function of each interface.
  - f) Who hosts, operates and maintains the solution, your company or the customer of your products and services.
  - g) Nature and extent of data integration and experience with health insurance companies.
  - h) Capabilities for consideration that can address other factors for data integrity (e.g. identification of multiple disparate applications from a single physical address).
  - i) Anything else you would like to share about each live solution.
  
5. **Additional Information (Optional)** – Provide any additional information about your company that will help Covered California understand how your company background, track record and experience is a good potential fit for partnering with Covered California on this important initiative.



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## 6. RESPONSE CONDITIONS:

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- This Request for Information (RFI) will not be used by Covered California to select a Vendor(s). Rather, information gathered from responses to the RFI will be used to determine the feasibility of a solution.
- Submission of an RFI is not a requirement to be able to respond to a Request for Proposal (RFP), if a RFP becomes available and is released in the future.
- Pending the feasibility of the solution as a result of this RFI process, Covered California is targeting an RFP release for this initiative by late 2016 or early 2017.

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## 7. RESPONSE REQUIREMENTS:

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Written responses should be submitted via email to the contact person listed below and include:

- In the e-mail subject line: RFI 2016-005 SEP Electronic Verifications Response.
- A signed cover letter that includes:
  - Vendor name, address, telephone number, and fax number.
  - Contact information including the name, title, address, phone number, and e-mail address of the vendor's primary contact person for this RFI.
- Your response to all aspects of RFI Section 5 Vendor Response.

**Lisa Schenck**  
**Covered California**  
1601 Exposition Blvd,  
Sacramento, CA 95815  
(916) 228-8442  
Email: [Lisa.Schenck@covered.ca.gov](mailto:Lisa.Schenck@covered.ca.gov)

Deadline: October 12, 2016



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## Attachment A: Qualifying Life Events (QLE) Table

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A qualified individual may enroll in a qualified health plan (QHP), or an enrollee may change from one QHP to another, during special enrollment periods only if specific triggering events occur.

The information related to triggering events in the following table is from § 6504. Special Enrollment Periods; 10 CA ADC § 6504; Barclays Official California Code of Regulations. Greater detail related to each qualifying life event (QLE) below, including information about who qualifies (e.g., a qualified individual and/or his or her dependent, other), triggering dates (e.g., date of loss parameters), and other important information related to QLEs is provided in the California Code of Regulations;

[https://govt.westlaw.com/calregs/Document/I74B0151897A3434E971B9F670FDC568E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I74B0151897A3434E971B9F670FDC568E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

Please also refer to the consumer friendly description of QLE's listed on CoveredCA.com: <http://www.coveredca.com/individuals-and-families/getting-covered/special-enrollment/qualifying-life-events/>

*Instructions:* Please complete the table below. For the QLEs related to loss of minimum essential coverage (MEC), Covered California is interested in whether the Electronic Data Interchange (EDI) 270/271 transactions are a viable method for verifying a consumer's MEC.



Qualifying Life Events (QLE)	For loss of MEC, can an EDI 270/271 transaction be leveraged?	What Data sources would your solution use to verify this QLE and how often are they refreshed?	Are you performing transactions today with the data sources you identified (Yes/No)?	Estimated time to process and accurately verify	Comments, Issues, Challenges
Involuntary Loss of Minimum Essential Coverage (MEC)					
Involuntary Loss of MEC					
Additional QLEs - Other than the loss of MEC					
Permanently moved to/within California					
Had a baby or adopted a child					
Got married or entered into a domestic partnership					
Released from incarceration					
Gained citizenship/lawful presence					
Consumer is an American Indian / Alaska Native (AI/AN)					



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## Attachment B: Use Case – Loss of Minimum Essential Coverage

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This section provides a Use Case example of the functionality being requested and includes a description, identifies the actors involved, references the preliminary requirements, provides primary and alternate process flows, and identifies pre and post conditions.

### 1. Description

A consumer is interested in health coverage options available through Covered California because they are expecting to lose employer-based coverage. The consumer logs onto CoveredCA.com and learns that they can enroll through a Special Enrollment Period (SEP) because they have a qualifying life event. The consumer registers for an account and selects “loss of health insurance” under the drop down menu for qualifying life events. The consumer proceeds to fill out the application and includes relevant information about their prior health coverage. Once the consumer submits the application for an eligibility determination, the Verification Solution verifies the consumer’s prior health insurance coverage electronically and in real-time.<sup>1</sup> The California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) notifies the consumer that they have been successfully verified and the consumer is directed to complete enrollment by selecting a plan and paying the binder payment.

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<sup>1</sup> Covered California also verifies other eligibility factors, such as citizenship or lawful presence, SSN, income, incarceration status, and death.



## 2. Actors

Actor	Description
<b>CalHEERS</b>	As a joint initiative of Covered California and the Department of Health Care Services (DHCS), the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) supports eligibility, enrollment, and retention processing for Covered California and Medi-Cal. As the backend technology powering CoveredCA.com, CalHEERS supports account creation, consumer application, eligibility rules, and health plan selection for insurance affordability programs.
<b>Consumer/Applicant</b>	An individual who is seeking eligibility for himself or herself through an application submitted to Covered California.
<b>Covered California</b>	Administered by an independent agency of the California <a href="#">government of California</a> , Covered California is the <a href="#">health insurance marketplace</a> in California that enables individuals and small businesses to purchase health insurance at federally subsidized rates.
<b>CoveredCA.com</b>	The consumer facing website, CoveredCA.com, allows consumers to use a single, streamlined application for determining eligibility for Medi-Cal, federal advanced premium tax credits (APTC), and cost-sharing reductions (CSR).
<b>Enrollment Assistors</b>	Enrollment assistors can help an applicant complete an application for Covered California or apply for the consumer on their behalf. These may include certified enrollment entities, certified enrollment counselors, certified insurance agents, and navigators.
<b>Medi-Cal Eligibility Data System (MEDS)</b>	The MEDS stores vital and confidential client information such as Medi-Cal eligibility and demographics. Each month the Medi-Cal eligibility system is updated with information which indicates whether a client is eligible for Medi-Cal, the scope of Medi-Cal benefits (full-scope or restricted/limited scope), if the person is enrolled in a Medi-Cal Managed Care Plan, or the status of a person's share-of-cost and whether or not it has been met.
<b>Prior Health Coverage Issuer</b>	The licensed health care service plan or insurer that previously covered the individual applying for a special enrollment period. This coverage is also referred to as the consumer's minimum essential coverage (MEC).
<b>Qualified Health Plan (QHP) Issuer</b>	A licensed health care service plan or insurer who has been selected and certified by the Exchange to be offered to Qualified Individuals and Qualified Employers purchasing health insurance coverage through Covered California.
<b>Verification Solution</b>	The Verification Solution performs electronic verifications of prior or current minimum essential coverage (MEC) primarily during the special enrollment period as a result of a qualifying life event. The Verification Solution successfully performs this function while interfacing with, and collecting data from numerous entities including CalHEERS, QHP issuers, prior health coverage issuers, government data sources, Covered California, and others.

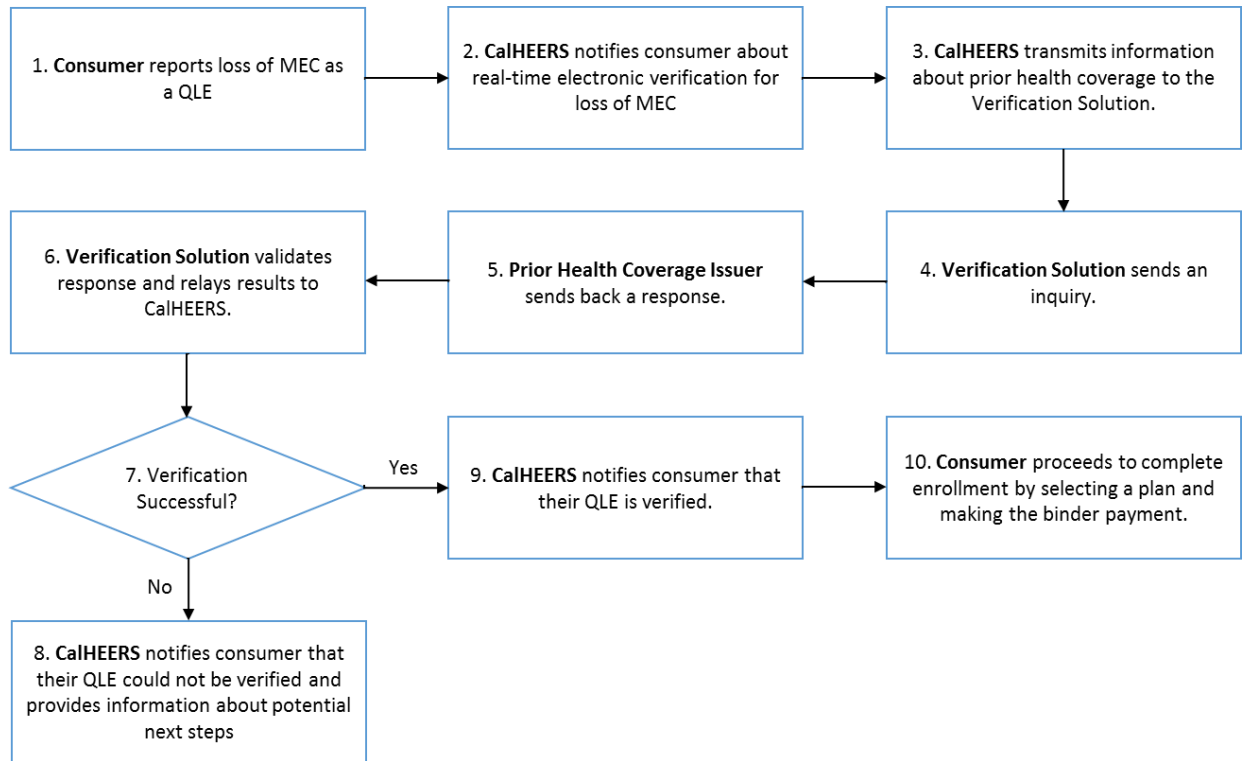


### 3. Preliminary Requirements

In alignment with the core principles outlined within this Request for Information, Covered California has identified preliminary requirements as outlined above in Section 4.2 Preliminary Requirements.

### Process Flow

#### 4.1 Basic Flow



#### 4.2 Detailed Descriptions

Step	Description
1	The consumer logs onto CoveredCA.com to report a qualifying life event for loss of health insurance. The consumer enters the name of the issuer, the last day of coverage, the group number and member number.
2	CalHEERS notifies the consumer that their prior health coverage will be electronically verified in real-time.
3	CalHEERS transmits information about the consumer's prior health coverage to the Verification Solution.
4	The Verification Solution sends an inquiry (e.g., Electronic Data Interchange (EDI) 270 or alternative method) to the consumer's prior health coverage issuer to request coverage information.





5	The prior health coverage issuer sends back a response (e.g., EDI 271 or alternative method) to the Verification Solution, including the reasons for termination if available (e.g., employer-based coverage ended).
6	The Verification Solution validates the response against business rules and transmits a success or failure message to CalHEERS.
7	Depending on the verification results, CalHEERS will allow the consumer to proceed with the application.
8	If the verification failed, the consumer is notified that their prior health coverage could not be verified. The consumer is provided information about potential next steps if they disagree with the finding.
9	CalHEERS informs the consumer that their qualifying life event has been successfully verified.
10	The consumer proceeds with plan selection as well as paying the binder payment.

### 4.3 Alternate Flow

- *Step 1:* If it has been more than 60 days from the date of the qualify life event, then the consumer is informed that they are no longer eligible for a special enrollment period.
- *Step 1:* After the consumer indicates “loss of health insurance,” CalHEERS has a conditional question asking if this coverage was Medi-Cal. If the consumer indicates yes, the Verification Solution queries MEDS.
- *Step 8:* In some cases, a prior health coverage issuer’s response may indicate that the consumer was terminated for nonpayment of premiums. This may require Covered California to review whether the consumer received proper notices.

### 5. Pre-conditions

- The consumer is still within the 60 day window for their qualifying life event.
- The consumer can provide accurate data for the following: the name of their health coverage issuer, last day of coverage, group number, and member number.
- The prior health coverage issuer can send and receive inquiry and response (e.g., EDI 270 and 271 or alternative methods) transactions, and if possible, reason codes for termination.
- The prior health coverage issuer maintains accurate and up-to-date enrollment and termination records that feed into inquiry and response transactions.
- The prior health coverage issuer has an interface with the Verification Solution.

### 6. Post-conditions

- Once loss of MEC is verified, the consumer is informed that their qualifying life event has been successfully verified. CalHEERS directs the consumer to proceed with making a plan selection as well as paying the binder payment.



## Attachment C: Addressing Preliminary Requirements

In this attachment, please let us know where in your request for Information (RFI) response you addressed Preliminary Requirements from the RFI Section 4.2, or provide your response within this attachment.

Preliminary Requirements – from RFI Section 4.2	Your RFI response addresses this preliminary requirement (Yes / No)?	Cite your RFI response section number where this preliminary requirement is addressed, or provide your response in the space provided below.
<p>The solution must perform electronic verifications of prior or current minimum essential coverage (MEC) and verify the termination date (if prior health coverage) or the insurance end date (if current health coverage).</p>		
<p>The solution should perform additional verifications, electronic preferred, based on the qualifying life events provided in Attachment A: Qualifying Life Events (QLE) Table.</p>		
<p>The solution Vendor must outline data elements to be supplied by consumers to perform the required verifications. Covered California has identified the following preliminary data elements that may be added to the application: name of the issuer (prior or current health coverage), the last day of coverage, the group number and member number. Additional data elements, as appropriate, can be added to the application.</p>		
<p>The solution must interface with CalHEERS at a minimum to receive data required to conduct the verifications, and return information to CalHEERS related to the results of the verifications. The CalHEERS interface is comprised of both</p>		



Preliminary Requirements – from RFI Section 4.2	Your RFI response addresses this preliminary requirement (Yes / No)?	Cite your RFI response section number where this preliminary requirement is addressed, or provide your response in the space provided below.
<p>real-time web services and scheduled batch processes. The web service interface is defined using WSDL that can be invoked in real-time using SOAP over HTTPS.</p>		
<p>The solution must interface with insurance carriers and other data sources to be identified by the Vendor, in order to provide and receive the data needed to perform the required verifications.</p>		
<p>The solution should, as appropriate, leverage Electronic Data Interchange (EDI) 270 (Health Care Eligibility Benefit Inquiry) and 271 (Health Care Eligibility Benefit Response) transactions. Note: If your recommended solution does not leverage EDI 270/271 transactions, describe your alternative approach to verifying insurance coverage.</p>		
<p>The solution must adhere to the privacy and security policies and protections enforced by CalHEERS, state and federal statutes and regulations including, but not limited to, the Covered California Privacy Standards Guide and the Minimum Acceptable Risk Controls for Exchanges (MARS-E) (<a href="https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Catalog-of-MinAcceptable-Risk-Controls-for-Exchanges-ERA-Supp-v-1-0-08012012-a.pdf">https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Catalog-of-MinAcceptable-Risk-Controls-for-Exchanges-ERA-Supp-v-1-0-08012012-a.pdf</a>) in accordance with 45 CFR 155.260(a). The solution must also accommodate an annual security assessment.</p>		
<p>The solution must secure data in transit and at rest.</p>		



Preliminary Requirements – from RFI Section 4.2	Your RFI response addresses this preliminary requirement (Yes / No)?	Cite your RFI response section number where this preliminary requirement is addressed, or provide your response in the space provided below.
<p>The solution should, for verifications of prior or current health coverage, process the verification request in real-time in less than 10 seconds of hitting the “enter” key, 99 percent of the time. Note: If the implemented solution includes batch processing, appropriate performance measures will be established.</p>		
<p>The solution must be hosted by the vendor in a location that adheres to all other requirements, including security requirements.</p>		
<p>The solution functionality of performing electronic verifications of prior or current MEC should be available 24 hours a day, 7 days per week other than routine and scheduled maintenance. An eventual contract with the selected vendor will include a specific service level agreement including a minimum uptime percentage.</p>		