



**California Health Benefit Exchange  
(Covered California)  
RFP 2013-08 Enterprise Analytics Solution**

**April 23, 2014**



## Covered California's Call to Partnership On Behalf of Individuals Served by the Affordable Care Act

As a central part of the Affordable Care Act in California, Covered California is driving historic change for individuals and the health care system overall. Expansion of Medi-Cal, affordable insurance based on an individual's ability to pay rather than their health status, standardized and essential benefits and a wide range of products and networks have been the starting point for this historic change. In order to sustain and accelerate these critical steps in health reform, Covered California will need to continue its role as an "active purchaser," which requires a sophisticated analytics capacity to support a wide range of enterprise needs including product/benefit design, marketing, pricing, actuarial, access to care, health disparity reduction, quality and network management decisions and policy commitments. Under all circumstances, ensuring enrollee privacy and security, consistent with HIPAA and all applicable regulations, is an essential covenant and expectation between Covered California and its enrollees. The analytics partner(s) chosen must have demonstrated familiarity and credibility in all phases of privacy and security that will allow Covered California to drive critical change AND maintain all phases of enrollee privacy and security.

Analytics capable of supporting a large purchasing organization are necessary, but not sufficient for the new needs that have emerged with Exchanges. Tools, filters and analysis based on "metal tier", "rating regions", "premium subsidy level", "race, ethnicity and other demographics" and network analysis that incorporates concepts such as "essential community provider" are all examples of the new order of expectations for Exchanges and the enrollees they serve. Further, Covered California's commitment to clinical quality and delivery system reform are well described in many public documents, are consistent with the "Triple Aim" and are the starting point for the selection of the right analytics partner(s). With such a wide range of new and sophisticated analytics need, what is critical to the success of Covered California and its selected partner(s) for analytics is a true spirit of partnership that accepts the limitations of current approaches and sees the new requirements as driving new competencies and strategic success for the selected organization. Further, while claims and encounter information from participating health plans will be a core input to the analysis needed by Covered California, early on the selected partner(s) will distinguish themselves by developing reproducible and scalable analysis based on data that is most available, including enrollment, pharmacy claims and provider roster information. For example, information is already available regarding enrollee demographics, residence zip code, plan and metal tier selected as well as provider availability in specific geographies. This data can serve as a rich, but non-traditional, source of information that can be used to ensure appropriate product design, pricing, access, capacity and demographically appropriate support for enrollees well ahead of the availability of claims information.

Further, access and use of available public data sets (such as OSHPD and California vital statistics) an ability to coordinate with the existing California All Payer Claims Database (APCD), and a demonstrated ability to highlight the relationship of networks to provider payment structures and performance will further distinguish the selected analytics partner(s). Additionally strategic commitment to identification and analysis



related to health disparities and ensuring health equity must exist and be more than aspirational.

It is unlikely that existing vendor solutions, today, address all of Covered California's needs given that the Exchange is a new entity with diverse information requirements that must support the organization's operations along with its Issuer oversight functions and mission to improve the health and affordability of care for Californians. The vendor's approach to addressing Covered California's enterprise-wide needs at the outset with subsequent future enhancements will be a significant element of the solution.

The vendor solution must be scalable to meet future use cases that have not yet been defined. As the population served by the Exchange and associated exchange data stores grow in the coming years we anticipate there will be additional needs that we are unable to define today. The vendor should also provide an extensible framework for the data and reporting that will allow Covered California to perform additional analysis and reporting in the future. Vendors should explain how the system will be architected to provide for future extensions. Possible future extensions might include new entities, new data fields, or additional relationships between entities. At the same time, vendors must clearly specify any "hard limits" such as the number of records, number of fields, etc. that will introduce constraints on future growth.

In sum, the selected organization(s) will partner with Covered California to design the analytics that will support the future of the individual market, especially those supported by subsidies available through the Affordable Care Act. This partnership should benefit Covered California and its enrollees, but should also be extremely beneficial to the vendor(s) as both public and private exchanges continue to grow.

With those objectives in mind, Covered California encourages all interested parties to fully review this Request for Proposals (RFP), and if qualified, to respond. Proposals are due at 3 pm PST on June 20, 2014. A contract award announcement is tentatively scheduled for July 28, 2014. A more detailed procurement schedule is outlined in Section 1.3.

Organizations should pay particular attention to Covered California's Key Business Objectives in section 1.4, which are closely related to the contractual requirements of Qualified Health Plans (Issuers) outlined in the Covered California QHP Contract for 2014, (included in the RFP Procurement Library).

Please also carefully review the minimum qualification requirements in section 4.3, which are also included in this cover memo.

If the Prime Vendor cannot demonstrate compliance with all of these requirements to Covered California, the Vendor's proposal may be rejected.

- **Multi-payer business:** vendor claims/enrollment data services clients include a minimum of 1 multi-payer arrangements defined as an APCD, CMS Qualified Entity, private health exchange, Medicaid program that involves multi-payer data services, or a "bundled client arrangement" such as a benefits administrator services entity with multiple participating health plans or employers.



- **California Issuer business**: vendor claims/enrollment data services clients include at least two (2) of the Covered California Issuers that includes claims and enrollment dataset services, including Anthem Blue Cross of California, Blue Shield of California, Chinese Community Health Plan, Contra Costa Health Plan, Health Net, Kaiser, LA Care, Molina, Sharp Health Plan, Valley Health Plan, Western Health Advantage. It is desirable, but not mandatory, that vendor has built interfaces to at least half of the Issuers contracted with Covered California.
- **Client base**: vendor claims/enrollment data services clients account for a minimum of 10 million lives
- **Company size** expressed in revenue, age, profits and headcount meets all of the following: - \$20M in revenue, profitable for on average 75% of the quarters for the last 5 years or for the company's existence if less than five years, and more than 200 employees. Companies that have been acquired in the last 5 years should report their profitability as an independent company prior to acquisition.

Covered California thanks you for your interest and potential participation in this process.



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## 1.0 General Information

### 1.1 Introduction

In order to meet its obligations under Federal Affordable Care Act (ACA) requirements and to fulfill its role as an “active purchaser” on behalf of enrollees, Covered California (CC) intends to have the internal capacity to provide an Enterprise Analytics Solution that includes enrollment, retention, product and benefit design, pricing, marketing, quality, access and health disparity information applicable to its enrollees, as well as the Qualified Health Plans (Issuers) and providers that serve them. While Issuer monitoring for contractual compliance and assessment of publicly available information are important methods for achieving some of these goals, “active purchasing” requires an independent capability for analytics using standard and normalized information sets, standardized risk adjustment, and cross regional and cross Issuer analysis. Similar to the California Department of Health Care Services (DHCS) and most large employer purchasers, Covered California needs to ensure the capacity for independent analysis is available for key activities such as identification of at-risk enrollees and measurement of potential health disparities specific to a local geography served by multiple plans. Several capabilities are needed, including data aggregation, data analysis, software licenses, interface and transformation services, data storage, data security, data hosting and overall program and vendor management.

### 1.2 Sole Point of Contact

Kelly Long  
California Health Benefit Exchange  
E-mail address: hbexsolicitation@covered.ca.gov

P.O. Box 13908  
Sacramento, CA 95853

### 1.3 Procurement Schedule

The following table documents the critical pre-award events for the procurement. All dates are subject to change at Covered California’s discretion.

**Table 1. Procurement Schedule**

<b>Procurement Schedule – Enterprise Analytics Solution RFP</b>	
RFP Release Date	April 23, 2014
Vendor Questions Due	May 9, 2014 3 pm PST via email to the Sole Point of Contact



Procurement Schedule – Enterprise Analytics Solution RFP	
Responses to Vendor Questions are Posted	May 21, 2014
Vendor Letter of Intent Due	May 23, 2014 3 pm PST via email to the Sole Point of Contact.
Vendor Conference – MANDATORY FOR ORGANIZATIONS SUBMITTING PROPOSALS	May 28, 2014 tentative
Proposals Due	June 20, 2014, 2014 3 pm PST
Vendor Demonstrations/Oral Presentations	July 14 - July 18, 2014 To Be Determined
Tentative Award Announcement	July 28, 2014
Protest Deadline	August 1, 2014 3 pm PST
Anticipated Contract Start Date	September 2, 2014

## 1.4 Project Overview and Objectives

Broadly, the mission of Covered California (the “Exchange”) is to increase the number of insured Californians, improve health care quality and access to care, promote better health, lower costs, and reduce health disparities through an innovative and competitive marketplace that empowers consumers to choose the health plan and providers that offer the best value. Several example use cases illustrate the types of analytic tools, measures, and data management services to be provided by the Vendor. The Vendor is not responsible for executing such use cases; rather the Vendor’s role is to provide the necessary tools and services. Users will include staff from Covered California functional areas including but not limited to Eligibility and Enrollment, Finance, Plan Management, Information Technology, Clinical and Network Management, Marketing, and Actuarial. Further, several use cases will involve generating data extracts to Issuer and/or business partner end users.

Examples of use cases include:

1. Risk mix modelling: Assess concurrent and prospective member risk among participating Issuers and distribution across metal levels to support risk adjustment modeling.





2. Premium rate negotiations: Assess product-level premium, claims costs, utilization and covered population's illness severity – analyze historical and prospective costs to support premium rate development and contract negotiation.
3. Member choice of health plan: Assess if members are choosing health plans that match their needs (e.g., CSR-eligible enrollees select Silver plans).
4. Customer service: Assess customer service contact activity by reason code including drivers of customer service contacts for enrollees and prospective enrollees.
5. Provider network adequacy: Determine Issuer-specific geographic network adequacy, including the use of Essential Community Providers (“ECPs”), primary care providers (PCPs), Pediatric Dental Providers, and Specialty Providers. Provide projected and actual enrollment by region and zip code; match enrollment capacity estimates and open practice estimates for individual Issuers and across all Issuers serving a specific region or sub-region.
6. Issuer quality: Maintain and report Issuer quality of care and service performance for existing, scored Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for Covered California enrollees reported by Issuers; construct and report HEDIS administrative only measures for Covered California enrollees; and construct and report other industry-standard measures.
7. High severity of illness patient care: Identify and follow-up of “at risk” enrollees for intensive care management and/or referral to integrated care providers such as Primary Care Medical Home (PCMH), Intensive Outpatient Care Program (IOCP) or Accountable Care Organizations (ACO). Generate and disseminate extracts of this data to Issuers.
8. Enrollment and Disenrollment: Use product attributes and member attributes to evaluate enrollment by Issuer, products, demographics, regions etc. Evaluate disenrollment using a similar set of product and member attributes.
9. Health disparities reduction: Identify vulnerable patient populations using enrollment data, map enrollees to census tracts, and assess vulnerable population access to and quality of care.
10. Hospital quality: Report Issuer network hospital quality using existing, scored performance measures results (e.g., Office of Statewide Health Planning and Development (OSHPD), Centers for Medicare and Medicaid Services (CMS) and other).
11. Physician reporting - patient care interventions: Determine enrollee health status, clinical risk level, use of appropriate preventive health services, medication compliance, gaps in care and explicit or imputed physician most likely responsible for ensuring high quality care. Generate and disseminate extracts of this data to Issuers.
12. Care continuity: Assess care needs of enrollees new to coverage or transitioning from a previous care provider; particular focus on enrollees whose coverage shifts between Medi-Cal and Covered California.
13. Enrollee choice of doctor, practice or medical group -- physician and practice performance ratings: Assess physician/practice quality and cost performance



- relative to peers (specialty, practice type and geography), including the use of third party data sets in conjunction with Issuer claims and enrollment.
14. Enrollee affordability of care: Determine enrollee out of pocket costs claims experience for individual procedures and services, standard episodes of care, and total PMPM per the claims-based enrollee-specific benefit plan and cost sharing provisions.
  15. Payment and benefit design innovation: Assess value-based pricing (including reference pricing), value-based reimbursement opportunities and value-based insurance design opportunities.
  16. Health plan contract renewal: Evaluate Issuer contract compliance with contractual terms per Covered California Qualified Health Plan Model.
  17. Development of Covered California-specific performance measures: Provide measures development resources to expand vendor's measures library to add Covered California priority measures. Vendor's shall provide scope of work and cost assumptions to develop and implement new measures per Section 2 examples.

The scope of work required from this RFP is detailed in Section 2.0 of this document.

**NOTE:** We are willing to work with a single vendor who directly provides all services or coordinates subcontractors considered to be best in class for specific functions or type of analysis.

## **1.5 Contract Information**

### **1.5.1 Contract Reviews**

All contracts are subject to review and approval by the Board, the Executive Director and the Chief Information Officer of Covered California.

### **1.5.2 Contract Type and Terms**

Covered California will enter into a fixed price contract with the winning bidder. The term of the contract will be three years. At its sole discretion, Covered California may renew this Contract for an additional two one-year renewals; therefore, the maximum term of the Contract is five (5) years.

### **1.5.3 Contract Amount**

Responses from vendors shall not exceed \$8,470,000 for the first three years in total costs, with each of the one year renewable costs not to exceed \$2.5 million. Responses that exceed \$8,470,000 total for the first three years or \$2.5 million in any subsequent renewal year will not be considered for selection.

### **1.5.4 External Factors**

External factors may affect the project, including budgetary and resource constraints. Any contract resulting from the RFP is subject to the availability of State and Federal funds. As of the issuance of this RFP, Covered California anticipates that budgeted



funds will be available to reasonably fulfill the project requirements. If, however, funds are not available, Covered California reserves the right to withdraw the RFP or terminate the resulting contract without penalty.

## **1.6 Contract Requirements**

The winning vendor or vendors must execute the model contract that is included in the Procurement Library attached to this RFP. All proposals, including costs, must be based on the terms in this Model Contract. Proposing vendors must submit as part of their response any exceptions to the Model Contract that they wish to negotiate. Vendor exceptions must be documented in an attachment labeled "Proposal Contract Exceptions." All Model Contract exceptions must be included in the Vendor Proposal at the time of its submission. No additional exceptions may be presented during contract negotiations.

## **1.7 Addenda and Announcements Regarding this RFP**

Covered California will post all official communication regarding this RFP on its portal at <https://www.coveredca.com/hbex/solicitations/> including the notice of tentative award.

Covered California reserves the right to revise the RFP at any time. Any changes, addenda, or clarifications will be made in the form of written responses to Vendor questions or addenda issued by Covered California on its website. Vendors should check the website frequently for notice of matters affecting the RFP.

Any contract resulting from this RFP will be between Covered California and the selected Vendor. Any requirements specified herein post award are specifically by and between Covered California and the selected Vendor.

## **1.8 RFP Cancellation/Partial Award/Non-Award**

Covered California reserves the right to cancel this RFP, to make a partial award, or to make no award if it determines that such action is in the best interest of Covered California.

## **1.9 Right to Reject Proposals or Portions of Proposals**

Deviations, whether or not intentional, may cause a proposal to be non-responsive and not considered for award. Covered California may reject any or all proposals and may waive any immaterial deviation or defect in a proposal. Covered California's waiver of any immaterial deviation or defect shall in no way modify the RFP documents or excuse the Bidder from full compliance with the RFP specifications if awarded a contract. **FINAL PROPOSALS NOT RECEIVED BY THE DATE AND TIME SPECIFIED IN SECTION 1.3 PROCUREMENT SCHEDULE OR NOT SEALED, WILL BE REJECTED.**

## **1.10 Submission of Final Proposals**

### **1.10.1 Preparation**

Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis



should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and completeness and clarity of content.

### **1.10.2 Bidder's Cost**

Costs for developing proposals or attending Bidder conferences are entirely the responsibility of the Bidder and shall not be chargeable to Covered California.

### **1.10.3 Completion of Proposals**

Proposals must be complete in all respects as described in the requirements established within the RFP. A Final Proposal may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. A Final Proposal must be rejected if any such defect or irregularity constitutes a material deviation from the RFP requirements. The Final Proposal must contain all items required in the RFP.

### **1.10.4 False or Misleading Statements**

Proposals which contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the Bidder, may be rejected. If, in the opinion of Covered California, such information was intended to mislead Covered California in its evaluation of the proposal, and the attribute, condition, or capability is a requirement of this RFP, it will be the basis for rejection of the proposal.

### **1.10.5 Errors in Final Proposals**

An error in the Final Proposal may cause the rejection of that proposal; however, Covered California may, **AT ITS SOLE OPTION**, retain the proposal and make certain corrections. In determining if a correction will be made, Covered California will consider the conformance of the proposal to the format and content required by the RFP, and any unusual complexity of the format and content required by the RFP.

1. If the Bidder's intent, as determined by Covered California, is clearly established based on review of the complete Final Proposal submittal, Covered California may at its sole option correct an error based on that established intent.
2. Covered California may at its sole option correct obvious clerical errors.
3. Covered California may at its sole option correct discrepancy/errors on the basis that if intent is not clearly established by the complete Final Proposal submittal, the Master Copy shall have priority over additional copies.
4. A bidder may modify a bid after submission by withdrawing its original bid and resubmitting a new bid prior to the bid submission deadline. Bidder modifications offered in any other manner, oral or written, will not be considered.
5. A bidder may withdraw its bid by submitting a written withdrawal request to Covered California, signed by the bidder or an authorized agent. A bidder may thereafter submit a new bid prior to the bid submission deadline. Bids may not be withdrawn without cause subsequent to bid submission deadline.
6. Covered California may modify the RFP prior to the date fixed for submission of bids by the issuance of an addendum to all parties.



7. Covered California reserves the right to reject any/all bids. Covered California is not required to award an agreement.
8. Before submitting a response to this solicitation, bidders should review, correct all errors, and confirm compliance with the RFP requirements.
9. No oral understanding or agreement shall be binding on either party.

### 1.10.6 Contract Award

Issuance of this RFP in no way constitutes a commitment by the State of California to award an agreement. Covered California reserves the right to reject any or all offers received if Covered California determines that it is in Covered California’s best interest to do so. Covered California may reject any offer that is conditional or incomplete. Assumptions made by the Bidder in responding to this RFP do not obligate Covered California in any way. Additionally, assumptions may make the offer conditional and be cause for the offer to be rejected. Responses to this RFP will be assessed based on determining the “Best Value” and the selection, will be to a single Bidder. The SOW and the offer will be made a part of the resulting Agreement.

### 1.11 Protest

A protest may be submitted according to the procedures set forth below. If a vendor has submitted a proposal which it believes to be totally responsive to the requirements of the solicitation process and believes the proposer should have been selected, according to Section 4.1 - Evaluation Criteria, and the proposer believes Covered California has incorrectly selected another proposer for the award, the proposer may submit a protest of the selection as described below. Protests regarding selection of the “successful proposer” will be heard and resolved by Covered California’s Executive Director.

All protests must be made in writing, signed by an individual who is authorized to contractually bind the proposer, and contain a statement of the reason(s) for protest, citing the law, rule, regulation, or procedures on which the protest is based. The protester must provide facts and evidence to support their claim. Certified or registered mail must be used. The final day to receive a protest is five (5) business days after vendor selection. Protests must be mailed to:

<b>Mailing Address:</b>
California Health Benefit Exchange
Attn: Peter Lee, Executive Director
P.O Box 13908
Protest – RFP 2013-08
Sacramento, CA 95853

### 1.12 Disposition of Bids

Upon bid opening, all documents submitted in response to this RFP will become the property of the State of California, and subject to Government Code 100508. Certain documents may be considered public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.



### **1.13 Subsequent Solicitation**

At the Covered California's sole discretion, after the contract award has been made and the agreement has been executed, if the agreement is terminated with or without cause after performance has begun, Covered California may engage the next-highest-ranked bidder without performing a subsequent solicitation.

### **1.14 Addition or Subtraction of Services**

At Covered California's sole discretion, the scope of work may be modified to add or remove services through an addendum. If bids have been submitted at the time Covered California posts the addendum, Covered California may restrict responses to the addendum so that only those entities that have submitted bids in response to the initial solicitation may respond to the addendum with the modified services.

### **1.15 Agreement Execution and Performance**

Performance shall start no later than the express date set forth in the RFP by Covered California after all approvals have been obtained and the agreement is fully executed. Should the Contractor fail to commence work at the agreed upon date and time, Covered California, upon five (5) days written notice to the Contractor, reserves the right to terminate the agreement. In addition, the Contractor shall be liable to Covered California for the difference between Contractor's bid price and the actual cost of performing work by the second lowest bidder or by another contractor.

All performance under the agreement shall be completed on or before the termination date of the agency contract agreement.



## 2.0 Overview and Scope of Work

### 2.1 Overview

Covered California has an objective to develop analyses regarding the effects that the Covered California created marketplace has on the health of California residents and the quality and cost of the care they receive. To achieve this objective, Covered California is procuring one vendor to perform two independent but interrelated scopes of work and maintain the technical environment for this work. The overall goal is to collect and manage data from the constituent Issuers and the Covered California warehouse, and to provide meaningful analytics as needed to respond to information requests from internal and external Covered California stakeholders.

**Table 2. Covered California Projected Data Volumes**

Service Type	Year 1	Year 2-3
Number of claims and enrollment data suppliers (Issuer health plans)**	11	15
Number of Covered California supplied datasets	~6*	~6*
Number of unique members	1.5 – 2 million (MY2014)	2 million (MY2016)
Number of unique hospitals	~346	~346
Number of unique physicians	~58,000	~58,000
Medical and prescription claims per member	Use factors based on commercial small group insurance market	Use factors based on commercial small group insurance market
Data submission frequency beginning : 4 QTR claims, enrollment, and operations measurement period Jan-June 2014	Enrollment: Quarterly Claims: Quarterly CC Operations: Quarterly	Enrollment: Quarterly Claims: Quarterly CC Operations: Quarterly
Number of Standalone Dental Plans for Pediatric Dental EHB	~7	~7
Number of unique pediatric dental members	~25,000 (MY 2014)	~100,000 (MY 2016)

\*Covered California datasets (CalHEERS and ancillary systems) include: i) enrollment, ii) customer relationship management, iii) all-Issuer consolidated provider directory, iv) Issuer performance management, and v) Issuer organizational demographics and vi) premium Excel files

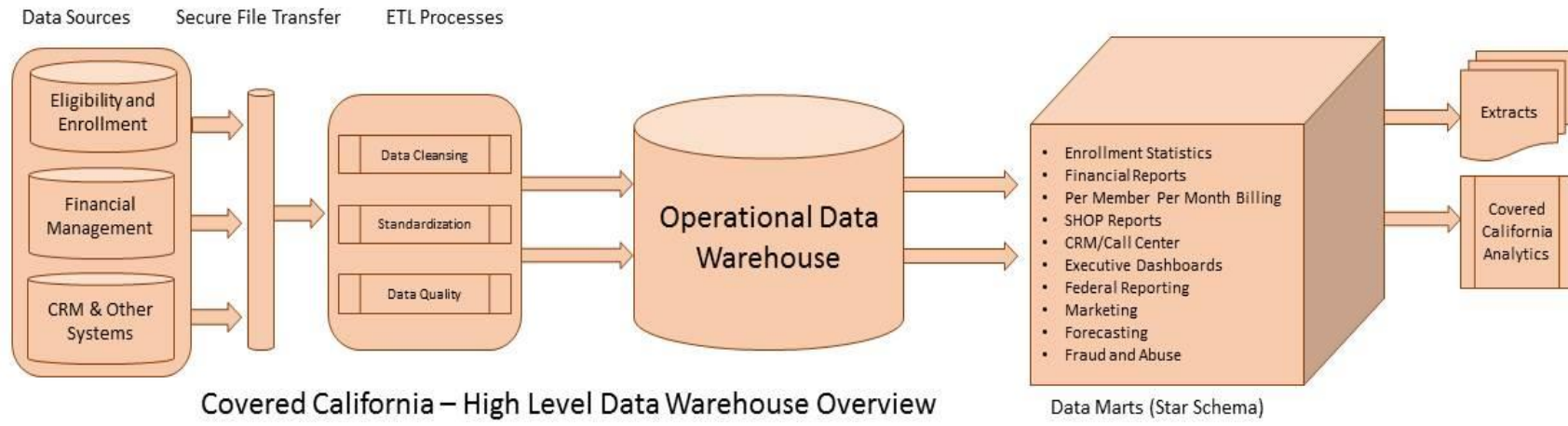
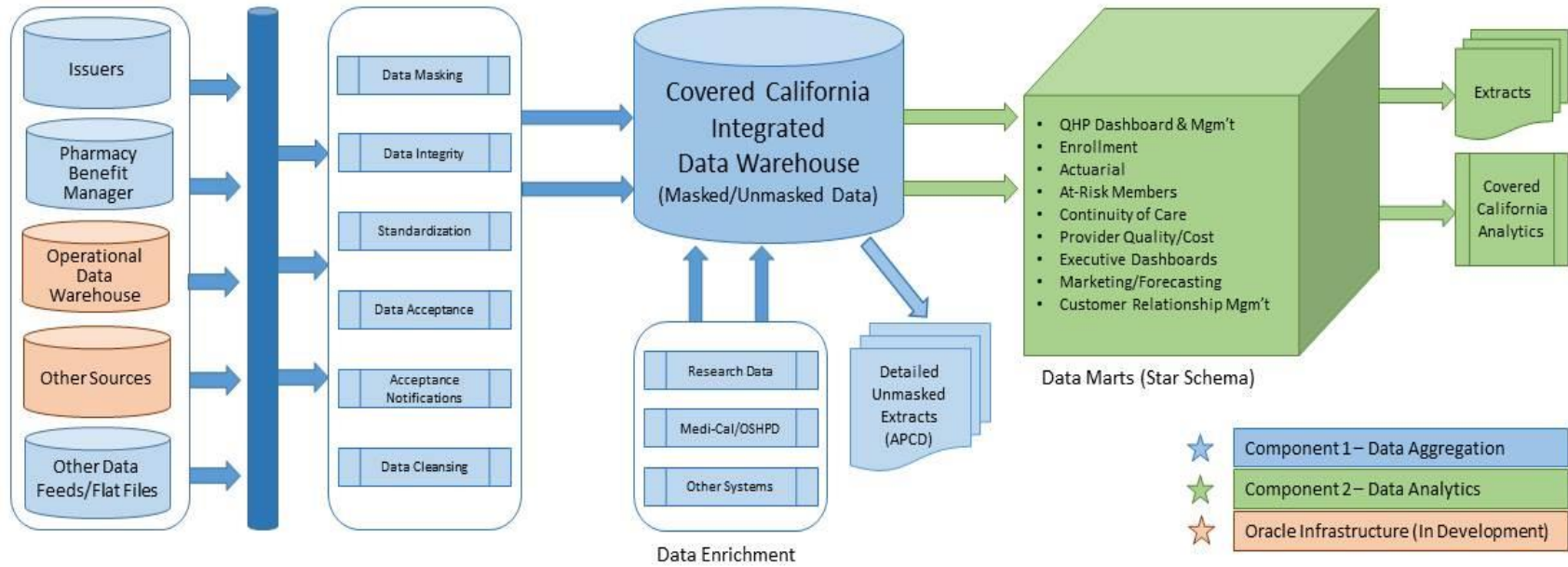
\*\* Approximately 95% of Covered California enrollment is concentrated in four major commercial Issuer health plans



Per the terms of this RFP, any vendor submitting a proposal must propose a solution (technical capabilities and services) for both components – Data aggregation (blue) and Data analytics (green). The duration for this project bid is to be 3 years; after 3 years there may be another enterprise RFP for data aggregation. The current vendor must be prepared (technically and functionally) to give up data aggregation after 3 years should another aggregation vendor/process be pursued by Covered California.

For this RFP, Covered California has not procured any infrastructure, services, hardware or software.





Covered California – High Level Data Warehouse Overview



The scopes of work for Data Aggregation and for Analytics are described below:

### **2.1.1 Data Aggregation**

The Data Aggregation scope of work includes the collection, organization, normalization, profiling and reporting on the data collected from the Issuers, and Covered California internal systems. The Data Aggregation scope will include at minimum:

1. Develop and operate extract, transform and load (ETL) related processes;
2. Establish Service Level Agreements (SLAs) for ETL performance and review ETL performance regularly with Covered California to optimize as necessary;
3. Design, development and deployment of the interfaces to common data sources. Acceptance of data in standardized or alternate formats. Covered California expects Issuers to largely, though not entirely, conform to standard claims and enrollment data formats;
4. Import of Issuer medical claims, prescription drug, and enrollment datasets;
5. Import of Covered California datasets including: i) Covered California enrollment, ii) Covered California consolidated all-Issuer provider directory, iii) Covered California customer relationship management, iv) Covered California Issuer performance management v) Covered California Issuer organizational demographics and vi) Covered California premium Excel file;
6. Ensure data and format validation to confirm the integrity of data's structure and syntax. Conduct data mapping to plot the format and structure of data between its source and target systems according to certain transformation rules and business logic. Prepare data quality control standards, quality metrics, process for quality assurance in handling missing/bad data, logic and reports;
7. Initial and ongoing data quality review and quality remediation processes with data submitters. Data quality assessment, including control totals, data gaps, and implications for risk assessment, provider attribution, condition groupers, measures reporting and other key functional requirements;
8. Normalization or transformation of the data into standardized data structures. Data transformation to convert and translate data from any external or internal file and message format to a canonical format. Data normalization to cleanse and match data and handle all exceptions to ensure high quality data;
9. Establishment and maintenance of member and provider unique identifiers, and de-identification of data (and services to re-identify members for certain uses) for use by Covered California and other vendors or partners. Vendor shall create a normalized, unique member ID for members across all Issuers using claims and enrollment datasets. Covered California shall supply vendor with the provider unique identifiers in a provider directory data submission;
10. Creating and transmitting data extracts, which include Personally Identifiable Information, to Covered California vendors or partners (e.g., All Payer Claims Database (APCD) partner);
11. Preparation and maintenance of documentation for all data aggregation activities including data dictionary and field mapping;



12. Development and maintenance of business relationships with all data suppliers and data consumers;
13. Development and maintenance of the technology required to support the entire scope of work, including coordination and appropriate integration with the Data Analytics scope of work;
14. Provide ongoing training, relevant training materials and knowledge transfer to Covered California staff;
15. Data enrichment to access additional sources and systems to extract and append additional information necessary to create a complete data set;
16. Maintain three years of data in production environment beginning with measurement year 2014 data and archive historical data. Maintain backups of each 6-month measurement period for immediate access to source data.

### **2.1.2 Data Analytics**

The Data Analytics scope of work includes developing and running queries and reports, both in periodic standardized formats, parameter driven reports and through ad hoc requests. This scope of work will include assistance for Covered California in identifying new meaningful queries to run, generating new reports, supporting parameter driven reports and ongoing analytics efforts, and assisting in the interpretation of the resulting reports.

This work is considered in five components:

1. Use of business intelligence tools that cover a myriad of analyses, including, but not limited to, enrollment and disenrollment analysis and forecasting, premium and claims analyses, enrollee demographic analyses, health plan and provider quality and service analysis; and applying analytic techniques such as risk adjustment, population cohort identification and stratification, episode of care groupings, gaps in care analysis, and predictive modeling. The Vendor is expected to have a library of measures and analytic tools to bring to this project, and is also expected to deliver ongoing additions, enhancements and refinements to the library, as needed by Covered California and in alignment with industry best practices. The Vendor is also expected to support the application of this intelligence to the data sets.
2. Development and management of standard reports to serve the array of functional requirements. The capabilities to generate core reports with parameters that end-users can easily change and to provide interpretation of content for using the report results.
3. Analytics staffing competencies and analytics application flexibility to create and interpret ad hoc reports. The Vendor shall propose resources to construct and manage ad-hoc reports and the accompanying report results interpretation. For the ad hoc report services, the Vendor is directly communicating the report and results interpretation to Covered California staff. The Vendor would add certain "ad hoc" reports to the standard reports menu for routine generation and use.
4. Development and maintenance of the technologies necessary to support this scope of work, including coordination and appropriate integration with the Data Aggregation scope of work.



- Documentation to include but not limited to configuration, administration process, procedure and Covered California software deployment specifications in all development stages.

### 2.1.3 Key Milestones and Tasks

Covered California has identified high level milestones for achieving the goals of these scopes of work. The Vendor(s) will be expected to meet these dates, or provide acceptable alternatives.

**Table 3. Key Milestones and Tasks**

Key Milestones and Tasks	Start Date	End Date
<b>Data Aggregation</b>		
Complete all 11 Issuer, CalHEERS and other Covered California dataset interface requirements and testing; intake, clean, transform and normalize data, and setup data storage and security	September 2014	January 2015
<b>Data Analytics</b>		
Design and test standard reports; conduct basic analytics, provide experienced analytic professionals	November 2014	February 2015
Begin production of standard and ad hoc reporting consistent with the QHP Contract requirements, board objectives and Federal requirements as previously described and new analysis related specifically to supporting existing and new enrollees with high quality care	January 2015	On going

## 2.2 Scope of Work (Services to be Provided)

### 2.2.1 Data Aggregation and Hosting Services

#### 2.2.1.1 Data Submission Planning and Preparation

- The Data Vendor, working with Covered California, its data suppliers and vendors, will execute data usage/security agreements and ensure that all steps have been taken to comply with all applicable Federal and State laws and regulations, including all privacy and security requirements related to personally identifiable information, state regulations and regulatory requirements specific to Minimal Acceptable Risk Standards for Exchanges suite (MARS-E) and National Institute of Standards and Technology (NIST) 800-53 operating under the Affordable Care Act.
- The Data Vendor will establish a data submission, standardization and aggregation plan to include a schedule of data transfers, reconciliation of control totals, reporting and any data error exception handling (i.e., any data that will



- need to be sent back to Issuer for verification), between Covered California, its data suppliers and the Data Vendor's operations
3. The Data Vendor will ensure a clear detailed design to insure data integrity among data sources
  4. The Data Vendor will provide the Project Management necessary to ensure the success of data aggregation services, fulfill the requirements for the scope of this work effort and to comply with all of Covered California's governance processes.
  5. The Data Vendor will ensure that complete data feeds are tested, audited and in production according to the timeline outlined in this document.
  6. The Data Vendor will draft Issuer submission technical specification and data transfer guidelines in alignment with the Issuer data submission requirements listed in the Covered California-QHP Contract for 2014, working actively and directly in partnership with the Issuers. The Data Vendor must make reasonable efforts to accommodate methods preferred by Issuers, while maintaining data consistency and security
  7. The Data Vendor will work in partnership with the Covered California internal data suppliers (e.g., CalHEERs) to develop the mechanisms to receive data from Covered California, including:
    - a. Provision of a data intake process either through an automated data extracts process or through vendor programmed interfaces. The vendor's data submission plan shall detail this data intake process including the rationale for the proposed approach.
  8. The Data Vendor will work in partnership with the Issuers to develop the mechanism to receive data from the Issuers, including:
    - a. Provision of a unique ID algorithm for Issuer data submission that will allow the Data Vendor to link members across products and across Issuers, using a secure, encrypted file transfer methodology
  9. The Data Vendor will prepare and maintain database infrastructure for receipt, processing, and organization of Issuer data, and other key data sources such as Covered California's CalHEERS enrollment and other datasets, and Oracle RightNow CRM, and other data sources identified by Covered California in the Interface List as a part of Non-Functional Requirements
  10. Data collection and database requirements will comply with the Issuer QHP Contract, including ANSI X12 compliance

An initial understanding of the other vendors and partner systems that the Data Vendor will need to collect information from, or interface with, are included in the table below.



**Table 4. Initial Understanding of Vendors, Partners and Potential Future Data Suppliers of Covered California**

System / Partner Type	Description
<p>Issuers – Qualified Health Plans</p>	<p>The contracted Issuers are the basis for of the Covered California business, and have all signed contracts including the data submission language in the QHP Contract for 2014, included as Attachment 7.</p> <p>Note: Several Issuers offer multiple product types (HMO, EPO, PPO) and may supply datasets for each product type. Issuers may offer product types for Individual and/or Small Group lines of business.</p> <p>Currently contracted Issuers and products types are listed below:</p> <p>Anthem Blue Cross: HMO, EPO, PPO            Blue Shield of California: EPO, PPO            Chinese Community Health Plan: HMO            Contra Costa Health Plan: HMO            Health Net of California: HMO, PPO            L.A. Care Health Plan: HMO            Molina Health Plan: HMO            Kaiser Health Plan Southern California: HMO            Kaiser Health Plan Northern California: HMO            Sharp Health Plan: HMO            Valley Health Plan: HMO            Western Health Advantage: HMO</p>
<p>CalHEERS and CC Warehouse</p>	<p>The California Health Eligibility and Enrollment Retention System (CalHEERS), is the source for the:</p> <ul style="list-style-type: none"> <li>• Covered California enrollment dataset</li> <li>• Covered California consolidated all-QHP Issuer provider directory with additional provider data from Issuers for non-participating providers for which claims have been paid</li> <li>• Covered California Customer Relationship Management</li> <li>• Covered California Issuer Performance Management</li> </ul>



System / Partner Type	Description
	<ul style="list-style-type: none"> <li>Covered California Issuer Organizational Demographics</li> <li>Covered California Premium Excel File</li> </ul>
CHPI	<p>California Health Performance Information System is the State Multi-Payer Claims Database, which currently has information on over 12 million members from Blue Shield, Anthem Blue Cross, United Healthcare and Medicare.</p> <p>CHPI may be a future partner with Covered California for data aggregation and analytics to support provider-level performance measurement and reporting</p>
DHCS	<p>California Department of Health Care Services (DHCS) is the State Medicaid Agency and has over 9 million enrollees. A portion of this population will transition between Medi-Cal and Issuer plans on a regular basis based on income qualification levels. DHCS may be a future partner with Covered California for data aggregation and analytics to support provider-level performance measurement and reporting</p> <p>Office of Statewide Health Planning and Development (OSHPD) is responsible for collecting data and disseminating information about California's hospitals and other healthcare providers. DHCS maintains a copy of the OSHPD data as part of its analytic resources. The OSHPD data may be a data source in the future and/or used in Covered California data enrichment activities.</p>
CalPERS	<p>California Public Employees' Retirement System (CalPERS) may be a future partner with Covered California for data aggregation and analytics to support provider-level performance measurement and reporting</p>
CalSIM	<p>California Simulation of Insurance Markets (CalSIM) provides demographic analysis on the California population from which much of the enrollment projections have been derived. The enrollment projections may be included in Covered California supplied benchmarks</p>
Vital Statistics	<p>State vital statistics data sources that can be used in constructing quality measures may be a data source in the future.</p>
Census Data and other public data	<p>Other public or partner data that can be used in constructing quality/cost measures and for risk adjustments may be a data sources in the future.</p>
CHIS	<p>California Health Interview Survey (CHIS), the nation's largest</p>



System / Partner Type	Description
	state health survey and a critical source of data on Californians as well as on the state's various racial and ethnic groups, may be a data source in the future.

### **2.2.1.2 Data Collection and Quality Control**

Primary data collection tasks include creating the capacity for accepting health care claims, encounter and enrollment files from Issuers and additional datasets supplied directly by Covered California that will comply with applicable data use agreements and privacy and security safeguards (i.e., compliant with MARS- E and NIST 800-53), running primary data structure and format checks, agreed to by Covered California and the vendor. Data Vendor data collection and data quality control activities include:

1. The Data Vendor will draft Issuer submission technical specification and data transfer guidelines in alignment with the Covered California QHP Issuer Contract, working actively and directly in partnership with the Issuers. The Data Vendor shall make reasonable efforts to accommodate methods preferred by Issuers, while maintaining data consistency and security.
2. The Data Vendor will establish a secure, encrypted file transfer protocol to receive data from all data suppliers.
3. The Data Vendor will prepare database infrastructure and quality control standards for receipt, processing, and organization of data (from all data suppliers).
  - a. Prepare data quality control standards, logic, and report templates
  - b. Conduct data quality review and quality remediation processes with data suppliers
  - c. Quality review to include per person and other benchmarking using vendor supplied benchmarks (e.g., claims per 1,000 members, inpatient PMPM, ratio of generic to brand name prescriptions, etc.)
4. The Data Vendor, at key milestones, will conduct data quality review sessions with Covered California staff and data submitters (and the Analytics Vendor if such vendor is a separately contracted service). Vendor will provide Issuer-specific status reports to Covered California including measures of data submission timeliness, completeness, and error rate.
  - a. The Data Vendor will perform cross Issuer comparisons to assess quality and stability of the information
  - b. Provide feedback and technical assistance to Issuers on data completeness and quality, including error edits reports, processing resubmitted data files, etc. Provide data submitters with their frequency/output totals for key fields to review, verify, and update as needed/required





- c. The Data Vendor will comply with any provisions of the Covered California QHP Contract and California law that require a data supplier review and validation period. During this time, each data supplier will have the opportunity to review the frequency/output reports for their submissions against the total database and identify discrepancies in their data.

### **2.2.1.3 Data Consolidation**

The Data Vendor will consolidate, synchronize and rationalize all of the collected data from the previous task according to Covered California requirements. The data synchronizations must ensure consistency in the collected data.

The data will be transformed and merged to deliver integrated data structures for analytical purposes adhering to data quality standards. Data quality must also address best practices related to profiling, parsing and standardization, cleansing, matching, monitoring, and enrichment. Data consolidation tools and activities must be scalable to process heavy loads of data.

The Data Vendor must combine edited data and create analytic master files and standard reports. These tasks include the following:

1. Construct multi-data supplier, aggregated analytic master files per each relevant time period and other Covered California requirements.
2. Incorporate members, for each Issuer, into an unduplicated, linked member file with unidentified but unique IDs. Link all claims to unique member IDs.
3. Incorporate members, across all Issuers and other data suppliers, into unduplicated, linked member file with unidentified but unique member IDs. Note, the Issuer claims and enrollment data submissions shall include Personally Identifiable Information.
4. Maintain a master provider directory dataset to include all providers (professionals and facilities) across all Issuers. Covered California shall provide this consolidated all-Issuer provider directory dataset.
  - a. Covered California provision of, and vendor maintenance of a unique ID for each provider (physician and hospital) that will allow the Data Vendor to assign a National Provider Identification (NPI) number to a provider for a given claim if the NPI is missing. This master file also will contain physician/practitioner affiliation with medical practice, group, hospital or other entity identifiers to support physician affiliations with such organizations
  - b. Data Vendor, using the claims data, will: i) impute each patient's primary care provider per the Vendor's attribution algorithm, and ii) attribute patients to specialty physicians/practitioners per the Vendor's specialty care attribution algorithm. For selected Issuer products, Vendor will match patients to a primary care provider using the PCP assignment data in the member file.

### **2.2.1.4 Ongoing Data Management**

The Data Vendor is expected to conduct all activities associated with the maintenance and support of managing the data, database performance, data recovery and integrity as required to meet Covered California requirements and data management standards and policies compliant with MARS- E and NIST 800-53. Activities related to establishment of



commonality, consistency and interoperability between various data components including management, monitoring and control of any data integration processes implemented via tools must be supported.

The Data Vendor is expected to develop a comprehensive disposition policy that includes data retention, archiving, and eventual purging of data and data assets that will need to be approved by Covered California.

Specifically, the Vendor will be responsible for the following:

1. Receive quarterly member enrollment and claims files, conduct edits/quality checks; provide feedback and technical assistance to Issuers as needed; receive and process resubmitted data; update database for past submission timeframes with additional and corrected data.
2. Receive from Covered California, and incorporate quarterly provider directory file updates inclusive of individual physicians and clinicians, hospitals, medical groups, IPAs, community clinics and all other non-hospital facility information provided by the Issuers.
3. Receive from Covered California and incorporate quarterly member enrollment files. Vendor will merge the Issuer supplied member and Covered California member datasets to produce the optimal, master member enrollment dataset.
4. Receive from Covered California relatively small datasets that concern: i) consolidated all-Issuer Provider Directory, ii) Covered California customer relationship management data, iii) Covered California Issuer Performance Management, iv) Covered California Issuer Organizational Demographics and v) Covered California Premium Excel File.

### **2.2.1.5 Data Hosting and Access**

When the data intake, cleaning, enhancement, and reporting phases are complete, the data may be housed or hosted in a central location. Hosting tasks will include providing a data storage space that:

1. Is protected from physical damage and unauthorized access; and compliant with MARS-E data security standards and Covered California Information Security and Privacy Policies;
2. The data center must complete an independent SAS70/SSAE 16 Audit on an annual basis;
3. Maintain a secure and encrypted database environment;
4. Maintain secure, encrypted file transfer and data communications at all times;
5. Maintain an acceptable emergency back-up plan for database;
6. Is scalable for Covered California's growing needs, designed for rapid data loading and business intelligence tools;
7. Maintain three years of data in the production environment beginning with MY2014 data and adding data for MY2015 and MY2016 during the first term of this Agreement. No historical, pre MY2014 data, is included in this work;



8. Can be securely connected to the Covered California infrastructure, or Covered California internal data centers.

The Data Vendor is expected to provide all hardware, software, security, privacy and technical support to ensure that the Covered California data is fully secure, available 24/7 for reporting, and fully backed up at a secondary location. Such vendor responsibilities include:

1. Procure and acquire necessary hardware for data hosting;
2. Maintain up-to-date database and operating system, including up-to-date patches.

### **2.2.1.6 Data Sharing and Use**

Subsets of the data contained within the Data Vendor solution will need to be shared with partners, as authorized by Covered California

The Data Vendor will:

1. Execute data usage/security agreements with Covered California, its data suppliers and vendors. Data sharing and use activities will comply with all applicable Federal and State laws and regulations, including all privacy and security requirements related to personally identifiable information, state regulations and regulatory requirements specific to Minimal Acceptable Risk Standards for Exchanges suite (MARS-E) and National Institute of Standards and Technology (NIST) 800-53 operating under the Affordable Care Act;
2. Document and verify the data extract requirements with Covered California and its partners. Such documentation shall include affirmation that the data extract is compliant with all applicable contractual, privacy, security and other regulatory terms;
3. Document and design the appropriate data query to organize and structure the data to be shared. This shall include encryption for security, masking for redaction or organizing for personal data anonymity, encryption for all data in transit and at rest, and member re-identification by the data recipient;
4. Run the query and generate the data file in the requested format;
5. Review the data set to ensure data quality, consistency and compliance with privacy rules;
6. Deliver the data set in a format that is acceptable to Covered California;
7. Extract data sets periodically and transmit to Covered California and/or its partners.

### **2.2.2 Data Analytics Services**

This section presents an overview of the scope of work for data analytics services. The capabilities to be provided are described in 5 sub-sections below. The first subsection describes a technology platform providing data and analytic tools, hosted by the Data Vendor, which will be used by Covered California, its partners, and the Data Vendor staff to run a variety of queries, reports and more complex interactive analytics. The second subsection describes Commercial-off-the-Shelf (COTS) and the Vendor's applications



that will run on the Platform to satisfy a variety of Covered California's needs. Subsection 3 describes the Data Vendor's capability to build analytic applications to satisfy Covered California's needs where suitable COTS cannot be identified. Subsection 4 describes the analytic services required by Data Vendor to assist and provide ongoing help for Covered California staff using the Platform and Analytic Applications. The final subsection describes the support and guidance required to make the best possible use of the data available, the platform provided and the analytic resources available including the Data Analytic Vendor staff and Covered California staff and its partners. The Data Analytic Vendor must comply with all applicable federal and state privacy and security laws in performing this work.

### **2.2.2.1 Analytics Platform Provision**

The Data Vendor shall provide an Analytics Platform that must support various types of users, both internally to the Data Vendor, and within Covered California. A suite of standard reports must be available to users to run and customize for their own needs. The Data Vendor, in their response, should detail which reports will be "standard" and will be available upon go-live, and which will require customization or further development.

This solution must be capable of creating standard, parameter driven and custom/ad hoc reports specifically related to Issuer and other Covered California data. In addition to creation and management of the standard reports, Vendor shall propose resources to construct and manage ad-hoc reports and the accompanying report results interpretation. For the ad hoc report services, the Vendor is directly communicating the report and results interpretation to Covered California staff.

The Data Vendor Platform will provide the following:

#### **User Experience**

1. Summary level reporting processes that are interactive, without the need for user programming or extensive training. The summary level reporting processes must provide ease of use and facilitate immediate user visualization without the need for separate tools;
2. A web-browser based graphical user interface;
3. Dashboard summary reporting for both operational and executive use;
4. Ability to share results and include commentary to enable collaboration;
5. Ability and flexibility to access the standard and ad hoc reports;
6. Full role-based and person-level access control to all data assets, capabilities and outputs.

#### **Reporting Functionality**

1. Ability, without the need for programming knowledge, to access and report data down to the individual record level, as permitted by the defined security access role for Covered California users;
2. Ability to store and reuse query and report requests created by users. The solution must provide a mechanism for monitoring the usage of stored reports and queries and facilitate clean-up of the report and query library. Includes



- ability and flexibility to create, define and store the selection criteria for all standard and custom reports as needed by users. For its standard reporting, vendor shall list its available analytic units (e.g., zip-defined geographic region, Issuer product type, physician specialty, member risk-severity status, etc.);
3. Ability and flexibility of selecting records based on a value, or multiple values, of any fields, measures and/or variables. For example, to select records with a procedure or a modifier from the list of all secondary procedures or modifiers on a claim or admission as the selection criteria;
  4. Ability to link and summarize all claims and encounters and any other pertinent data at the member or provider-level;
  5. Access to individual records, claims, detailed level data and ability to efficiently download large reports where access needs are immediate ("on-demand"). This function also should be available with drill down capabilities from the summary report without the need to recreate the query, program or use another tool;
  8. Capability to extract query results and transmit them directly to other tools for further analysis;
  9. Capability to directly access the Data Warehouse for ad-hoc analysis, data mining and reporting;
  10. Ability to choose from real-time online queries or batch-mode queries to run at a predetermined time;
  11. Full documentation, on a hard and electronic copy, on mapping fields from forms and systems to Data Warehouse and any other tool or applications used;
  12. Full documentation, on a hard and electronic copy, on how to use the new systems;
  13. Ability to restrict data fields in reports based on user role;
  14. Ability to perform optimization and maintenance tasks, provide tools for data warehouse administration such as an Admin workbench for monitoring the health of the data warehouse.

### **2.2.2.2 Analytics Applications**

The Data Vendor Solution should bring a library of analytic functionality as part of the Solution, and have the capability of integrating external COTS applications into the platform to provide users a single experience. Covered California has access to SAS and Oracle BI analytic tools. The Vendor shall explain its recommended analytic software approach.

Covered California expects that upon go-live, many of the standardized reports will be available for production. The Data Vendor should clearly delineate which tools and applications are internally developed and proprietary, along with the comparative performance and cost of external COTS applications, including a cost analysis between In-house and COTS applications when applicable.

The Solution is expected to include contemporary and advanced toolsets, including data mining, predictive models and use of graphical output and visualization wherever appropriate, and should facilitate moving between different analyses based on the same



data set (e.g. time-based, facility or provider-based, plan based, etc.) and provide drilldown, drill up and drill across capabilities when viewing information.

The Data Vendor's Solution set should include the ability to profile any subset of the population and/or specific members, providers or Issuers by disease state, by cost (total and enrollee specific), by network utilization, by benefit or product design, by rating region, or by health status or risk category, as determined by Data Vendor's identification and stratification methodologies.

Vendor shall detail its capabilities to produce the following sample analytics:

1. Unique member identifier and tracking across Issuers and products;
2. Patient risk scoring and stratification, using appropriate concurrent and prospective risk assessment with documented  $R^2$  for medical and pharmacy claims based models to support rate development, contract negotiations, analysis and projection of future costs and efficiency relative to past costs;
3. Diagnostic and condition grouper methodologies to support analysis of disease or condition prevalence and risk mix;
4. Evidenced-based gaps in care identification and adherence indices on an enrollee and physician specific basis;
5. Predictive modeling, using retrospective data, to identify enrollees who are most at risk for future quality and cost events, including use of ER, hospitalization and over/under use of appropriate services and to support case identification for disease and care management programs, and/or enrollment in high risk care coordination, Primary Care Medical Home, Intensive Outpatient Care Program, Accountable Care Organizations, etc.;
6. Ability to link to and integrate available data outside of claims information, including member data and marketing and consumer data to support disparities analysis based on income, educational, language or other socio-economic information;
7. Comparative or "reference" pricing analysis using region-specific, standardized pricing benchmarks;
8. Utilization and cost analyses based on claims, encounters and capitated payments;
9. Bundled payment analysis using industry-defined episodes such as Episode Treatment Groupers™, Integrated Healthcare Association bundles, Patient-Centered Episode System (PACES), or Prometheus Payment® provided through Health Care Incentives Improvement Institute;
10. Assessment of health plan performance consistent with NCQA, URAC, CMS Medicare Advantage and California Medi-Cal methodologies and measures;
11. Health Plan quality rating system scoring and performance classification using pre-scored quality and cost measures (e.g., HEDIS and CAHPS) to produce performance ratings for Issuers and product types (HMO, PPO etc.);
12. Assessment of hospital performance consistent with CMS Hospital Value-Based Purchasing and "Quality Compare" methodologies and measures for topics such as re-admission, avoidable complications, mortality, adverse events;



13. Assessment of physician group, physician practice and physician-level performance consistent with National Quality Forum (NQF)-endorsed ambulatory provider and CMS Physician Quality Reporting System (PQRS) methodologies and measures;
14. Physician patient “panel” information for gaps in care, risk scores and intervention priorities for both assigned and imputed patients based on visit history, with appropriate patient attribution methodologies;
15. Network adequacy studies to assess the relationship of available providers and Covered California existing and projected membership by geographic area. Analyses to include provider type views to assess provider availability by primary care, tertiary care, Essential Community Providers, etc.;
16. Comparison of quality, cost and utilization for various periods of times, Issuers, diseases and/or medical conditions, benefit or product designs, and rating regions, with suitable benchmarks based on demographics and geography.
17. Enrollment and disenrollment analyses to assess actual to budget variances by product and enrollee attributes.
18. Identification of enrollee dis-satisfiers through assessment of customer service contacts by reason codes, disenrollment activity, enrollee affordability analyses, provider network shortcomings, and other drivers of dissatisfaction.
19. Covered California performance dashboard that integrates key performance indicators such as enrollment, Issuer performance, enrollee satisfaction, premium affordability, etc.

### **Health Information Code Sets, Analytic Tools and Measures Library**

Vendor shall detail the code sets and tools embedded in its analytic services, and its healthcare measures library including the following sample items:

1. Medical services procedure coding (e.g., Health care Common Procedure Coding System, Current Procedural Terminology).
2. Diagnostic coding including its ICD 10 crosswalk to the ICD 9 and DSM-IV code sets.
3. Prescription drug code sets (e.g., NDC, MediSpan, NCPDP)
4. Diagnostic Related Groups (DRG) and other medical services grouper code sets for inpatient, outpatient/ambulatory facility settings.
5. Treatment/episode of care groups such as: Episode Treatment Groupers™, Medical Episode Grouper (MEG), Integrated Healthcare Association bundles, Patient-Centered Episode System (PACES), or Prometheus Payment® provided through Health Care Incentives Improvement Institute.
6. Risk analytics such as Symmetry Episode Risk Groups® (ERGs), Diagnostic Cost Groups (DxCGs), Adjusted Clinical Group® (ACGs), etc.
7. Performance benchmarks by medical services analytic unit (e.g., episode of care, medical service, per member, etc.), population/payer type (e.g., commercial, Medicaid, Medicare, etc.), and geography (e.g., California statewide, North/South, county level or rating region level).



8. Patient to physician and patient to medical practice attribution rules (physician attribution to medical practice shall be based on flags/TINs/other codes in the provider directory dataset)
9. Healthcare performance measures such as:
  - a. Quality Measures (e.g., HEDIS, PQRS or Medicare Shared Savings Program (ACO))
  - b. Utilization and Efficiency Measures (e.g., generic prescription rates)
  - c. Safety Measures (e.g., AHRQ Patient Safety Indicators)
  - d. Appropriateness Measures (e.g., NYU Emergency Department Admission Measures ,Choosing Wisely measures,)
  - e. Cost Measures (e.g., Health Partners Total Cost of Care measure)

### **2.2.2.3 Analytics Application Development**

For future applications development, the Data Vendor must demonstrate their methodology and ability to source required applications customize them to integrate with their platform and implement them for the benefit of Covered California.

Additional analytics will be required to be developed to enhance and expand the capabilities initially scoped. The selected Data Vendor will be required to expand its technology capabilities and analytic services to meet Covered California's changing needs, as determined cooperatively between Covered California and the Data Vendor.

As part of the Analytics Application Development process, Covered California may request the Data Vendor to expand the capabilities in the technical environment or additional analytics capabilities. Covered California will develop a Statement of Work for the Analytics Vendor for the development of expanded technical capabilities and/or services. Based on the Statement of Work provided by Covered California, the Data Vendor will develop a Scope of Work that will include Tasks, Milestones, Deliverables and Costs. The Scope of Work will include at minimum the following:

1. On direction from the Covered California, using the agreed to Change Control Process, shall prepare proposals (including business case justification) for the development of analytic applications and tools;
2. For approved developments, the vendor shall work with identified Covered California stakeholders to define (functional and non-functional) requirements;
3. Optionally design and develop a Proof of concept based on the requirements prior to commitment to build a new application/tool;
4. The Development methodology should be well documented and the application/tools should follow Software Development Life Cycle (SDLC) methodologies;
5. Complete functional and system technical design;
6. Acquire data from Covered California data suppliers,
7. Build and test the application/tools, implement and provide training as required;
8. Conduct application/tool usage monitoring and refresh analysis.



#### **2.2.2.4 Analytics Platform and Applications Support**

The Data Vendor will propose a data model and analytics approach that addresses the need to integrate the Issuers' claims and enrollment datasets with data from Covered California. The Data Vendor also will integrate information that has been scored/summarized by a third party (e.g., pre-scored HEDIS results) and link the data to the Issuer or other relevant entity. As examples, as part of the analytics environment initial setup the Data Vendor must have the capability to provide and add additional standardized and parameterized reports that draw upon trading partner data such as:

1. State of California regulatory reporting (e.g., DMHC and CDI reporting on Issuer complaints, appeals and grievances)
2. CCIO Exchange Quality Reporting System reporting (e.g., HEDIS and CAHPS measures' numerators, denominators, and rates)
3. State of California Health Interview Survey (CHIS) reporting (e.g., payer and population benchmarks)

The Data Vendor will be responsible for monitoring and suggesting to Covered California, updates to analyses, queries and reports that are required or suggested by trading partners, including CMS, CCIO, NCQA, etc. and will implement these by submitting a proposed scope of work based on Issuer Contract Attachment 7 expectations and related measures and reports outlined therein.

#### **2.2.2.5 Analytics Guidance and Leadership Support**

Covered California is expecting the selected Vendor to support them with the ability to provide leadership and executive level support in the design of analytics and the interpretation of the results. These tasks include:

1. Review of generated reports to ensure analytic integrity or to identify anomalies;
2. Consulting services to create and manage ad hoc reporting including the preparation and presentation to Covered California staff of the accompanying report results interpretation. The Vendor should propose a specific number of analytic staff hours and the related costs to provide this support;
3. Ongoing analysis of alternatives and recommendations of the best ways of providing analytics support for the mission and strategy of Covered California;
4. Support of any audit made of the data, analyses or methodologies, as requested by Covered California;
5. Documentation, and ongoing maintenance of the processes, methodologies, algorithms, etc., employed during the analytics tasks;
6. Provide input on prioritization and support Covered California's Enterprise Analytics governance process;
7. Analytic guidance – work with key Covered California stakeholders and provide guidance on possible analytic approaches leading to proposals to develop and implement analytics applications and tools;
  - a. Conduct exploratory analyses in support of analytic guidance efforts



- b. Track analytic tools and models deployed elsewhere in support of analytic guidance efforts
- 8. Analytic staff development – provide tailored training and project involvement for Covered California analytics staff (approximately 5-8 staff).

## **2.3 Proposed Solution Overview**

### **2.3.1 Summary of Functional Requirements and Services**

Covered California has developed and documented a set of Functional Requirements for the Enterprise Data Aggregation and Analytics Solution. These Functional Requirements align with Covered California’s vision and goals, and are intended to provide the vendor with Covered California’s needs and the degree to which the vendor’s approach and solution has the potential of meeting the requirements.

The Vendor will respond to the Functional Requirements and their approach to meeting them in Template G – Functional Requirements and Template H – Functional Requirements Approach.

The following structure is used to organize the requirements in the two Templates:

1. Aggregation and Analytics Services
  - a. Aggregation Service
  - b. Analytics Services
2. Analytics Capabilities
  - a. Reports and Analytics Capabilities
  - b. Advanced Analytics and Visualization Capabilities
3. Analytics Content – Quality and Performance Cost
  - a. HEDIS and CAHPS Quality
  - b. Provider Quality Analysis
  - c. Costs Analyses
  - d. Benchmarks
4. Analytics Content – Program Management
  - a. Enrollment and Network Adequacy
  - b. Continuity of Care
  - c. Population Health At-Risk Enrollees
5. Analytics Content – Contracting and Program Management
  - a. Contract Management
  - b. Payment Reform
6. Additional Measures Library and Analytic Tools

### 2.3.2 Summary of Non-Functional Requirements

Covered California has developed and documented a set of Non-Functional Requirements for the Data Aggregation and Data Analytics Solutions. These Non-Functional Requirements are independent of any particular service provider's solution type and are intended to better align the Vendor's offering(s) with the overall Covered California's vision.

The Vendor will respond to the Non-Functional Requirements and their approach to meeting them in Template I – Non-Functional Requirements and Template J – Non-Functional Requirements Approach.

The NFRs are organized under the following categories:

- **Use and Performance** describes how the solution must perform
- **Technology Requirements** of the solution(s) define the expectation, constraints under which the solution must operate
- **Implementation and Support** describes the overall capabilities and support required to during and after deployment of the solution

The following structure is used to organize Template I - Non-Functional Requirements and Template J – Non-Functional Requirements Approach:

1. Use and Performance Requirements
  - a. Usability
  - b. Audit and Compliance
  - c. Service Level Requirements (SLRs) and Performance
  - d. Interface List
2. Technology Requirements
  - a. Interoperability /Interfaces
  - b. Scalability and Extensibility
  - c. Regulatory and Security
  - d. Transformation and Delivery
3. Implementation and Support Requirements
  - a. Project Management
  - b. Environment Installation and Configuration
  - c. Knowledge Transfer and Training
  - d. Design, Development and Customization
  - e. Deployment
  - f. Quality Management
  - g. Production Support and Transition
  - h. Defect Resolution and Solution Acceptance
  - i. Solution Administration



- j. Solution Management
- k. Data Hosting, Storage and Management

## **2.4 Project Organizational Approach**

This project will be managed by Covered California and its resources. The sections below outline the responsibilities for the separate organizations.

### **2.4.1 Covered California Project Responsibilities**

Covered California project team will perform a number of roles and carry out a number of responsibilities throughout the life of this project. Specifically, during both the implementation and operations phases, Covered California will at least:

1. Define the goals and objectives of the Enterprise Analytics project and services throughout implementation and ongoing operations
2. Communicate the goals and objectives of the program and project to all stakeholders
3. Oversee the project management approach that will govern the project
4. Review the draft deliverables and final deliverables developed by the Data Aggregation and Data Vendors and provide feedback and required changes for the Vendor to make until Covered California is satisfied with the resulting deliverable and outcomes
5. Approve final deliverables developed and revised by the Data Vendor
6. Provide access to Covered California management and Subject Matter Experts (SMEs) for the approval of the deliverables required to meet the goals and objectives of the project
7. Monitor Data Vendor performance according to contractual obligations, provide improvement requests, and approve invoices as detailed in the final Contract

### **2.4.2 Vendor Roles and Responsibilities**

The Vendor will provide the resources to complete the following activities:

1. Work collaboratively to prepare, submit and obtain approval for individual project management approaches and plans
2. Work collaboratively to execute and maintain individual project management approaches and plans
3. Prepare and submit the draft deliverables for Covered California review and comment in accordance with the Project Work Plan
4. Prepare and submit the final deliverables for Covered California review and approval in accordance with the Project Work Plan
5. Abide by the goals, objectives and requirements contained in this RFP and the resulting Contract, including all service level agreements
6. Confirm the understanding of the goals, objectives and requirements contained in this RFP and the resulting Contract



7. Prepare and conduct requirements confirmation sessions with all necessary Covered California management, SMEs and other designated vendors
8. Prepare and submit to Covered California for approval the project management plans for meeting the goals and objectives
9. Manage all activities defined in the approved project management plans
10. Submit for review and approval all changes to the approved project management plans
11. Participate with other designated vendors and partners, Covered California management and SMEs in the creation of the Enterprise Analytics integrated project management plan
12. Review and confirm roles and responsibilities that the Vendor has which are part of any other business process which are the responsibility of other vendors or Covered California
13. Collaborate with Covered California and other designated vendors to define quality measures to monitor the required service level objectives outlined in this RFP
14. Manage all business processes using a continual improvement approach and submit improvements to Covered California for review and approval
15. Comply with all laws, policies, procedures, and standards dictated by Covered California in meeting the goals and objectives
16. Provide an estimate of the number and type of Covered California resources required
17. Provide tools for testing such as Hewlett Packard Quality Center (HPQC)

## **2.5 Vendor Key Project Personnel Roles and Minimum Qualifications**

The term "Key Project Personnel," for purposes of this procurement, means Vendor personnel deemed by Covered California as being both instrumental and essential to the Vendor's satisfactory performance of all requirements contained in this RFP. Covered California expects that these Key Project Personnel will be engaged throughout both the implementation and operations periods.

Covered California will consider suggestions for alternative alignment of duties within the submitted bid offerings. Changes to the proposed positions and responsibilities will only be allowed with prior written permission from Covered California, unless a specific exemption is granted. If the Vendor believes that an alternative organizational design could improve service levels or decrease costs, discuss these options and their benefits within the response templates for this RFP.

Key Project Personnel are to be full-time and dedicated solely to the Covered California account unless the Vendor provides alternative solutions that meet with Covered California's approval.

The Vendor must include names and resumes for proposed Key Project Personnel as part of its proposal, which will become a part of the contract entered into as a result of



this RFP. The Vendor must ensure Key Project Personnel have, and maintain, relevant current license(s) and/or certification(s).

The Vendor shall remove Key Project Personnel, if requested by Covered California, as well as develop a plan for the replacement of that Key Project Personnel, all within two (2) weeks of the request for removal.

1. The Vendor shall not reassign personnel assigned to the Agreement during the term of the Agreement without prior written approval of Covered California. If a Vendor employee is unable to perform duties due to illness, resignation, or other factors beyond the Contractor’s control, the Vendor shall make every reasonable effort to provide suitable substitute personnel.
2. Substitute personnel shall not automatically receive the hourly rate of the individual or position being replaced. Covered California and the Vendor shall negotiate the hourly rate of any substitute personnel to the Agreement. The hourly rate negotiated shall be dependent, in part, upon the experience and individual skills of the proposed substitute personnel. The negotiated rate cannot exceed the hourly rate stated in the Agreement.

The following table provides Key Project Personnel positions, corresponding roles and responsibilities for the project, and minimum qualifications for each. Other positions may be proposed at the Vendor’s discretion.

Each Vendor that is making a proposal in response to this RFP must propose the listed Key Project Personnel. A Vendor proposing a solution meeting both scopes of work will only require one of each Key Project Personnel.

**Table 5. Key Project Personnel**

Title	Roles and Responsibilities	Qualifications
<b>Account Director</b>	<ul style="list-style-type: none"> <li>■ Primary point of contact with Covered California’s Contract Administrator, and other Covered California Executive Sponsors for activities related to contract administration, overall project management and scheduling, correspondence between Covered California and the Vendor, dispute resolution, and status reporting to Covered California for the duration of the contract</li> <li>■ Authorized to commit the resources of the Vendor in matters pertaining to the implementation performance of the contract</li> <li>■ Responsible for addressing any issues that cannot be resolved with the Vendor’s Account Manager</li> <li>■ Does not have to work 100% on-site with Covered California</li> </ul>	<ul style="list-style-type: none"> <li>■ Minimum of five (5) years of direct project oversight and authority over projects more than ten (10) million dollars</li> <li>■ Special consideration will be given to those who have previously managed Analytics accounts that have included business and clinical components, have both development and systems operations and maintenance phases, and have experience working with HIPAA Privacy and Security Rules</li> </ul>



Title	Roles and Responsibilities	Qualifications
<b>Account Manager</b>	<ul style="list-style-type: none"> <li>■ Senior business expert in the area of Data Aggregation and / or Clinical / Network Analytics systems with a strong understanding of the Vendor's business solution</li> <li>■ Provides on-site management of the project and is the chief liaison for Covered California for configuration/implementation project activities as well as the project's operational phase</li> <li>■ Authorized to make day-to-day project decisions</li> <li>■ Responsible for facilitating the project by using the project management processes, organizing the project, and managing the team work activities consistent with the approved work plan</li> <li>■ Responsible for directing the planning, design, development, implementation, maintenance, and evaluation of programs, services, policies and procedures that ensure accurate and timely data submissions, aggregation and analysis (as necessary)</li> <li>■ Ensures all information and documents required Clinical and Network Analytics are in compliance with all applicable rules, regulations, and external and internal policies and procedures</li> <li>■ Responsible for scheduling and reporting project activities, coordinating use of personnel resources, identifying issues and solving problems, and facilitating implementation of the system</li> <li>■ Expected to host bi-weekly on-site status meetings, monthly milestone meetings, as well as interim meetings. Will assign Vendor staff to those meetings as appropriate. Will provide an agenda and develop minutes for each meeting</li> <li>■ Participates in developing, implementing, and maintaining cost-effective programs and strategies to provide value added services to</li> </ul>	<ul style="list-style-type: none"> <li>■ Minimum of five (5) years of account management experience for a government or private sector healthcare payer, including a minimum of three (3) years of experience in a project similar in scope and size to that of Covered California</li> <li>■ Preference will be given to those who possess current Project Management Professional certification from the Project Management Institute</li> </ul>



Title	Roles and Responsibilities	Qualifications
	<p>Covered California</p> <ul style="list-style-type: none"><li>■ Provide expert guidance ensuring that policy and business rules are correctly implemented in the Vendor's solution</li><li>■ Advises Covered California regarding best practices and recommends modifications to business processes which improve the overall project</li><li>■ Provides support to resolve Issuer issues</li><li>■ Is expected to work on site with Covered California staff</li></ul>	





Title	Roles and Responsibilities	Qualifications
<p><b>Data and Technical Lead (Aggregation)</b></p>	<ul style="list-style-type: none"> <li>■ Responsible for all Covered California data requirements for aggregation and reporting needs including those that exceed the standard reporting package</li> <li>■ Ensure the integrity of data used in the aggregation process</li> <li>■ Establish, manage and monitor procedures associated data aggregation and data quality</li> <li>■ Management of data aggregation requests and its associated activities</li> <li>■ Management of informational resource pertaining to inquiries, system configuration, and data files</li> <li>■ Establishing the principles by which data management activities will be executed, and defining the goals, objectives and standards of the required information architecture</li> <li>■ Creation, document reconciliation and maintenance of logical and physical models reflecting the state and use of data across the information value chain</li> <li>■ Capture, integrate and publish descriptive metadata across the various applications and tools (modeling, integration and more) in the environment</li> <li>■ Analyze and measure data quality levels, identify data quality issues, and working with data stewards, users and other IT functions to facilitate data quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>■ Deep familiarity with data structures and processing capabilities of the Vendor's technology</li> <li>■ Experience with technical interfaces required between Issuers and other data sources and the vendor's data integration infrastructure</li> <li>■ Minimum of five (5) years of deep information and data architecture and management experience for a government or private sector healthcare payer or provider, including a minimum of three (3) years of experience in a project similar in scope and size to that of Covered California</li> <li>■ Experience designing interfaces and integration of data submissions in the Vendor technology</li> </ul>



Title	Roles and Responsibilities	Qualifications
<p><b>Data and Technical Lead (Analytics)</b></p>	<ul style="list-style-type: none"> <li>■ Responsible for all Covered California data requirements for analytics and reporting needs including those that exceed the standard reporting package and the information available through the decision support tool provided by the Vendor</li> <li>■ Establish the principles by which data analytics activities will be executed, and define the goals, objectives and standards of the organization's analytics approach and architecture</li> <li>■ Employ advanced information analytics practices to Covered California requirements</li> <li>■ Apply multiple solutions and approaches to business problems</li> <li>■ Provide input on analytics prioritization and support Covered California's Enterprise Analytics governance process</li> <li>■ Work with Covered California stakeholders and provide guidance on possible analytic approaches leading to proposals to develop and implement analytics applications and tools</li> <li>■ Track analytic tools and models deployed elsewhere in support of analytic guidance efforts</li> <li>■ Provide tailored training and project involvement for Covered California analytics staff (approximately 5-8 staff).</li> <li>■ Support of any audit made of the data, analyses or methodologies, as requested by Covered California</li> </ul>	<ul style="list-style-type: none"> <li>■ Deep familiarity with Vendor's analytical models, tools, and technology</li> <li>■ Experience with Healthcare analytical models required by Covered California and related data sources</li> <li>■ Minimum of five (5) years of deep information and data architecture and management experience for a government or private sector healthcare payer or provider, including a minimum of three (3) years of experience in a project similar in scope and size to that of Covered California</li> <li>■ Possesses interpersonal skills, including teamwork, facilitation, and negotiation skills and experience</li> <li>■ Excellent analytical and technical skills including but not limited to, translation of business questions and requirements into reports, views, and BI query objects; knowledge of BI tool architectures, functions, and features; understanding of SQL and relational and multidimensional designs; strong problem-solving and metadata skills; and understands BI tool architecture, functions, features and customizes BI tools to meet user needs</li> <li>■ Deep experience with advanced modeling approaches, tools, and model repositories.</li> <li>■ Ability to rapidly comprehend the functions and capabilities of new technologies.</li> </ul>



Title	Roles and Responsibilities	Qualifications
<b>Analytic Staff</b>	<ul style="list-style-type: none"> <li>■ Define process for the development, production and delivery of standard and ad hoc reports (purpose, audience, content, data sources, frequency, etc.)</li> <li>■ Define and document Client’s reporting needs – categorize the standard versus ad hoc reports</li> <li>■ Conduct exploratory analyses in support of analytic requirements</li> <li>■ Produce standard and ad hoc reports</li> <li>■ Perform report quality assurance to ensure analytic integrity/identify anomalies</li> <li>■ Documentation, and ongoing maintenance of the processes, methodologies, algorithms, etc., employed during the analytics tasks</li> </ul> <p style="text-align: center;"><b>Additional Tasks Specific To Ad Hoc Reporting</b></p> <ul style="list-style-type: none"> <li>■ Analyze results and write interpretation</li> <li>■ Present the reports and results interpretation to Client</li> <li>■ Respond to Client questions and iterative analyses needs</li> </ul>	<ul style="list-style-type: none"> <li>■ Deep familiarity with Vendor’s analytical models, tools, and technology</li> <li>■ Experience with Healthcare analytical models required by Covered California and related data sources</li> <li>■ Minimum of three (3) years of deep information and data architecture and management experience for a government or private sector healthcare payer or provider, including a minimum of two (2) years of experience in a project similar in scope and size to that of Covered California</li> <li>■ Possesses interpersonal skills, including teamwork, facilitation, and negotiation skills and experience</li> <li>■ Excellent analytical and technical skills including but not limited to, translation of business questions and requirements into reports, views, and BI query objects; knowledge of BI tool architectures, functions, and features; understanding of SQL and relational and multidimensional designs; strong problem-solving and metadata skills; and understands BI tool architecture, functions, features and customizes BI tools to meet user needs</li> <li>■ Deep experience with advanced modeling approaches, tools, and model repositories.</li> <li>■ Ability to rapidly comprehend the functions and capabilities of new technologies.</li> </ul>

**2.5.1 Location of Contracted Functions and Personnel**

The Vendor Key Project Personnel must be available to participate in-person during Covered California-related meetings and activities and must be located at Vendor offices located in California. Regardless of California location of vendor offices, Key Project Personnel must be capable of meeting in the Covered California offices in Sacramento regularly and frequently on short notice (one (1) business day or less). Covered California will not necessarily provide facilities for Vendor Key Project Personnel to perform daily work at Covered California, but this will be determined in partnership with the selected vendor. Work must be performed during normal business hours, 8:00 AM until 5:00 PM Pacific Time, Monday through Friday except any federal and state holidays.



Covered California will not permit project work or business operations services to be performed offshore (i.e., outside of Continental United States). At no time shall the Vendor maintain, use, transmit, or cause to be transmitted information governed by privacy laws and regulations outside the United States and its territories

Covered California and the Vendor will establish appropriate protocols to ensure that physical property / facility security and data confidentiality safeguards are maintained.

## 2.6 Proposed Project Schedule

Covered California anticipates the awarded Vendor to begin implementation of the project, configuring their technology and operations, by September, 2014.

## 2.7 Scope of Work - Deliverables

The following lists captures the deliverables Covered California expects the Vendor to produce during the implementation phase and after the system and processes are operational.

### 2.7.1 Recurring Project Deliverables

The following table provides a list of recurring deliverables that will be created by the Vendor during the life cycle of the project execution.

**Table 6. Recurring Deliverables**

Task	Deliverable
Task R.1 — Project Monitoring and Status Reporting	Deliverable 1 — Project Status Reporting (Recurring throughout the length of the project)

### 2.7.2 Implementation Related Deliverables

The following table provides a list of deliverables that will be created by the Vendor during implementation. Covered California encourages responders to use industry best practices for project management and describe their recommended approach.

**Table 7. Implementation Related Deliverables**

Task	Deliverable
Task I.1 — Project Initiation and Planning	Deliverable 2 — Project Kick-off Presentation
	Deliverable 3 — Project Management Plan
	Deliverable 4 — Project Work Plan and Schedule
	Deliverable 5 — Monthly Project Status Reports
Task I.2 — Requirements Validation	Deliverable 6 — Requirements Methodology and Template
	Deliverable 7 — Detailed Functional and Non-Functional Requirements Traceability Matrices
	Deliverable 8 — Development Standards, Project Standards and Reporting Strategy
Task I.3 — System Design	Deliverable 9 — Configuration Design Document



Task	Deliverable
	Deliverable 10 – Business Intelligence/Analytics security – User-> Role -> Report -> Data field mapping Deliverable 11 Technical Architecture Deliverable 12 — Data Integration and Interface Design Document
Task I.4 — Configuration and Development	Deliverable 13 — Client Review of Configuration Deliverable 14 — Unit/Assembly Testing Scripts and Results Deliverable 15 — Final Test Plan
Task I.5 — Testing	Deliverable 16 — Documented System Test Results Deliverable 17 — User Acceptance
Task I.6 — Training	Deliverable 18 — Training Plan Deliverable 19 — Training Materials Deliverable 20 — Documented Evidence of Successful End-User Training
Task I.7 — Deployment	Deliverable 21 — Deployment Plan Deliverable 22 — System Documentation Deliverable 23 — Performance SLAs Deliverable 24 — Rollout

### 2.7.3 Production Task Related Deliverables – Data Aggregation

The following table provides a list of deliverables that will be created by the Vendor during the production phase.

**Table 8. Production Related Deliverables – Data Aggregation**

Task	Deliverable
Task P.1 – Data Submission Planning and Preparation	Deliverable P.1 – Detailed data submission technical specifications
	Deliverable P.2 – Documentation of ETL processing methodology(ies), algorithms, report queries, etc.
	Deliverable P.3 –Methodology and algorithms documentation completion for i) master patient identifier, unduplicated across Issuers and other data suppliers, ii) integration and setup of consolidated all-QHP provider directory, iii) construction of master enrollment dataset per merging of Covered California and QHP enrollment data
	Deliverable P.4 – Interface and/or data extracts completion of documentation Deliverable P. 5 – Documentation of transition plan outlining methodology to transfer tools and knowledge to the State six (6) months prior to end of term or other date as requested by Covered California.
Task P.2 – Data Collection and Quality Control	Deliverable P.6 – Issuers Data Use Agreements and Business Associate Agreements Executed. Data Submission Request to Issuers
	Deliverable P.7 – Covered California Data Use Agreement Executed.



Task	Deliverable
	Data Submission Request to Covered California (CalHEERs etc.)
	Deliverable P.8– Data quality reports for each submitter and interfaced system
Task P.3 – Data Consolidation	Deliverable P.9 – Analytics master files generated for each data type
	Deliverable P.10 – Frequency/output reports for each data submitter
	Deliverable P.11 – Data submission certification documents
	Deliverable P.12 –Data is setup in analytics environment
	Deliverable P.13 Data extract created for data enrichment and/or submission to third-party (e.g., APCD, DHCS)
Task P.4 – Ongoing Data Management	Deliverable P.14 – Participate in any external audit process
	Deliverable P.15 – Participate in the creation of reports that describe the data aggregation process and lessons learned
	Deliverable P.16 – Periodic data quality reports
	Deliverable P.17 – Annual security assessment reports
	Deliverable P.18 – Periodic data extracts as requested

### 2.7.4 Production Task Related Deliverables – Data Analysis

The following table provides a list of deliverables that will be created by the Vendor during the production phase. These deliverables are specific to the Data Analysis scope of work.

**Table 9. Production Related Deliverables – Data Analytics**

Task	Deliverable
Task P.5– Analytics Platform Provision	Deliverable P.19 – Analytics Plan
	Deliverable P.20 – Documentation of measures library, healthcare information code sets and analytic applications
Task P.6 – COTS Analytics Applications	Deliverable P.21 – Customization of analytic applications completion. Documentation of analytic methodologies, algorithms, report queries (e.g. episode grouper, risk-adjustment, etc.)
	Deliverable P.22– Setup and testing of initial set of standard reports including but not limited to: <ul style="list-style-type: none"> <li>Enrollee affordability: enrollee OOP cost, OON claims cost, by: I) tax subsidy cohorts, ii) QHP/metal tier, iii) product type, iv) major service category (e.g., hospital, ambulatory, prescriptions, other)</li> <li>QHP actual to expected PMPM claims cost using enrollee risk score adjustor; retrospective and prospective, by: I) tax subsidy cohorts, ii) QHP/metal tier, iii) product type, iv) rating region</li> </ul>



Task	Deliverable
	<ul style="list-style-type: none"> <li>• Risk scores by Issuer: Issuer metal tiers risk scores quarter-to-quarter based on demographics and claims</li> <li>• Continuity of care and risk changes: QHP product type/metal tiers' disenrollment and re-enrollment profiles including enrollee risk scores (2014 and 2015 enrollment datasets)</li> <li>• CC enrollment profiles: enrollee counts and average/distribution of enrollment spans by: i) QHP, ii) product type, iii) metal tiers, iv) rating region, and v) enrollee demographic traits</li> <li>• QHP quality ratings using pre-scored HEDIS and CAHPS numerators &amp; denominators datasets</li> <li>• QHP access to care performance using claims-based measures</li> <li>• QHP network adequacy: provider counts and member enrollment by geographic area for PCPs, ECPs, tertiary facilities</li> <li>• QHP gaps-in-care profiles: i) summary of patient care gaps by condition/service, ii) care gaps enrollee lists for each QHP</li> <li>• At-risk enrollees/care management candidates: i) summary of at-risk enrollees by condition/service, ii) at-risk enrollee lists for each QHP; includes enrollee risk assessment scores</li> <li>• Health disparities: % of QHP membership categorized as disparate health by category (e.g., preventive care, chronic care, access, patient safety, etc.) based on enrollee demographic traits and claims experience</li> <li>• QHP performance dashboard: organizational status metrics including accreditation, QRS rating, and contract compliance metrics</li> <li>• Earned premium actual to budget: integrates premium rates and enrollment counts by rate cells along with Covered California premium-based administrative fee</li> <li>• Covered California dashboard: key indicators including premium affordability, enrollment, enrollee satisfaction, and Issuer Performance</li> </ul>
Task P.8 – Analytics Application Development	Deliverable P.23 – Development and/or enhancement of application capabilities
	Deliverable P.24 - Development approach plan
Task P.9 – Analytics Platform and Applications Support	Deliverable P.25 – Datamarts setup completion
	Deliverable P.26 – Standardized Periodic Query and Report Generation
	Deliverable P.27 – QHP extracts completion: datasets comprised of QHP at-risk/other enrollees
	Deliverable P.28 – Participate in any external audit process
	Deliverable P.29 – Participate in the creation of reports that describe the data analysis process and lessons learned



### **2.7.5 Deliverables Expectations Document (DED)**

The Vendor must develop Deliverables Expectations Documents (DEDs), in an approved Covered California form and format; project deliverables need to adhere to the information within the DED. No work will be performed by the Vendor on any deliverable until the DED has been approved in writing by Covered California. As each project deliverable is submitted, the Vendor must include a copy of the associated Deliverable Expectation Document.

### **2.7.6 Acceptance**

All concluded work must be submitted to Covered California for review and approval. This will be a deliverable based contract, but certain tasks will be paid on a time and materials basis as described in the model contract attached to this RFP. It will be Covered California's sole determination as to whether any tasks have been successfully completed and are acceptable.

Throughout the contract, Covered California will review and validate services performed. In addition, Covered California's Project Manager will verify and approve the Contractor's invoices. Signed acceptance is required from Covered California Project Manager to approve an invoice for payment.

Deliverable acceptance criteria consist of the following:

1. Deliverable specific work was completed as specified and the final deliverable product/service was rendered.
2. Plans, schedules, designs, documentation, digital files, photographs and reports (deliverables) were completed as specified and approved.
3. All deliverable documentation and artifact gathering have been completed.
4. All deliverables are in a format useful to Covered California and Covered California's other contractors and vendors.
5. If a deliverable is not accepted, Covered California will provide the reason, in writing, within ten (10) business days of receipt of the deliverable.

## **2.8 Project Assumptions and Constraints**

1. The Contractor's work hours must be consistent with Covered California's key staff Monday through Friday, except for standard holidays.
2. Overtime rates and travel will not be reimbursed under this agreement.
3. Any modifications to tasks within the Scope of Work (SOW) of the attached Model Contract will be defined, documented, and mutually agreed upon by the Contractor and Covered California's Project Manager prior to starting work on the modified task. Amendments to the contract for tasks within the SOW are limited to an extension of time or tasks directly related to the SOW.
4. Covered California's Project Manager reserves the right to renegotiate the services deemed necessary to meet the needs of this project according to Covered California's priorities. Covered California and the Contractor must mutually agree to all changes. Renegotiated services outside the scope of the original contract will require contract amendment prior to commencement of work.





5. Covered California and the Contractor are mutually obligated to keep open and regular channels of communication in order to ensure the successful execution of this contract. Both parties are responsible for communicating any potential problem or issue to Covered California's Project Manager and the Contractor's engagement manager, respectively, within 48 hours of becoming aware of the problem.



## **3.0 General Instruction and Proposal Requirements**

### **3.1 Letter of Intent to Bid**

Vendors are required to submit a Letter of Intent to Bid by 3:00 pm on May 23, 2014 to the sole point of contact listed in Section 1.2. The letter should indicate the vendor's name and address, RFP number, the vendor's single point of contact and the contact's phone number, email address, and be signed by an authorized individual.

### **3.2 Questions and Comments**

Any Vendor requiring clarification of any section of this proposal or wishing to comment or take exception to any requirements or other portion of the RFP must submit specific questions in writing no later than the date listed in Section 1.3 in this RFP. Questions may be emailed to the point of contact listed in Section 1.2 of this RFP. Any objection to the RFP or to any provision of the RFP, that is not raised in writing on or before the last day of the question period is waived. Every effort will be made to have Covered California's responses posted by May 21, 2014, 5 pm PST, contingent on the number and complexity of the questions.

At its discretion, Covered California may contact an inquirer to seek clarification of any inquiry received. Bidders that fail to report a known or suspected problem with the RFP or fail to seek clarification and/or correction of the RFP, shall submit a proposal at their own risk.

### **3.3 Vendor's Conference**

A mandatory pre-proposal bidders' conference has been tentatively scheduled for:

**May 28, 2014**

**9am – 11am PST**

Interested firms will have the opportunity to submit questions regarding the RFP requirements during the call. A sound recording of the meeting will be distributed upon request. Substantial clarifications or changes required as a result of the meeting will be issued in the form of a written addendum to the RFP.

### **3.4 Modification or Withdrawal of Proposal**

Prior to the proposal submission deadline set forth in Section 1.3, a Vendor may withdraw its proposal by submitting a written request to Covered California point of contact.

Covered California will not accept any modifications to a proposal after the final proposal due date listed in Section 1.3 once it has been submitted.



### **3.5 News Releases**

Prior to tentative award, a Vendor may not issue a press release or provide any information for public consumption regarding its participation in the procurement. After tentative award, a Vendor must receive prior written approval from Covered California before issuing a press release or providing information for public consumption regarding its participation in the procurement. Requests should be directed to Covered California point of contact identified in Section 1.2.

This does not preclude business communications necessary for a Vendor to develop a proposal, or required reporting to shareholders or governmental authorities.

### **3.6 Incomplete Proposals**

Covered California will reject without further consideration a proposal that does not include a complete, comprehensive, or total solution as requested by the RFP. Please refer to the proposal checklist based on the requirements in this proposal.

### **3.7 Covered California Use Ideas**

Covered California reserves the right to use any and all ideas presented in a proposal unless the Vendor presents a valid legal case that such ideas are trade secrets or confidential information, and identifies the information as such in its proposal. A Vendor may not object to the use of ideas that are not the Vendor's intellectual property and so designated in the proposal that: (1) were known to Covered California before the submission of the proposal, (2) were in the public domain through no fault of Covered California, or (3) became properly known to Covered California after proposal submission through other sources or through acceptance of the proposal.

### **3.8 Multiple Responses**

The Vendor may only submit one proposal as a prime Vendor. If the Vendor submits more than one proposal, Covered California may reject one or more of the submissions. This requirement does not limit a Subcontractor's ability to collaborate with one or more Vendors submitting proposals.

### **3.9 No Joint Proposals**

Covered California will not consider joint or collaborative proposals that require a contract with more than one prime Vendor.

### **3.10 Use of Subcontractors**

Subject to the conditions listed in this RFP, the Vendor may propose to use a Subcontractor(s) to make a complete offer to perform all services. Any prospective Subcontractor that is not a wholly owned subsidiary of the Vendor will be subject to these conditions.

The conditions for proposing to use Subcontractors include, but are not limited to, the following:

1. Prior to any communication or distribution of Covered California confidential information to the potential Subcontractor, the Vendor must provide Covered



- California with the name of the potential Subcontractor in advance and in writing. The Vendor will also provide contact information for the potential Subcontractor.
- a. Covered California must give its written approval prior to the Vendor providing any Covered California confidential information to a potential Subcontractor or another entity.
  2. If selected, the Vendor will be the prime Vendor for services provided to Covered California by approved Subcontractors
  3. The Vendor will be ultimately responsible for the provision of all services, including Subcontractor's compliance with the service levels, if any.
  4. Any Subcontractor's cost will be included within the Vendor's pricing and invoicing.

No subcontract under the contract must relieve the Vendor of the responsibility for ensuring the requested services are provided. Vendors planning to subcontract all or a portion of the work to be performed must identify the proposed Subcontractors.

### 3.11 Proposal Instructions

#### 3.11.1 Number of Copies

This RFP requires Bidder(s) to submit a final phase proposal(s) that shall contain all required Administrative and Technical Attachments and Exhibits and submitted in a sealed envelope/container when shipped to Covered California by the dates and times shown in Section 1.3 Procurement Schedule. The sealed package must be plainly marked with the (1) RFP number and title, (2) firm name and address, and (3) must be marked with "DO NOT OPEN", as shown in the following example:

#### **Mailing Address**

RFP 2013-08  
Enterprise Analytics Solution  
Attention: Kelly Long  
California Health Benefit Exchange  
P.O. Box 13908  
Sacramento, CA 95853

#### **In-Person Delivery**

RFP 2013-08  
Enterprise Analytics Solution  
Attention: Kelly Long  
California Health Benefit Exchange  
1601 Exposition Blvd.  
Sacramento, CA 95815

Hardcopy proposals shall be on standard 8 ½" x 11" paper. Electronic versions shall be stored in a Covered California-designated central repository and remain the sole property of Covered California.

Bidder shall provide CD ROM with all Technical and Cost Attachments and Exhibits in searchable text format (e.g., Word, Excel, searchable PDF).

The bid should include a Technical Response and a separate Cost Response.

Bidder shall submit:

1. One (1) complete original signed and printed proposal marked "Master" (without Cost Proposal)
2. Six (6) printed copies (without Cost Proposal)



3. One (1) digital copy on a CD (without Cost Proposal)

The Cost Sheet shall be submitted in a separately sealed envelope from the rest of the proposal. The separately sealed Cost Proposal envelope may be included within the box containing the overall proposal. This envelope must be clearly marked “Cost Proposal” and shall contain:

1. One (1) complete original signed and printed Cost Proposal marked “Master”
2. Six (6) printed copies of the Cost Proposal
3. One (1) digital copy of the Cost Proposal on a CD.

Covered California will not accept emailed or facsimile proposals. Any disparities between the contents of the original printed proposal and the CD proposal will be interpreted in favor of Covered California.

### **3.11.2 Proposal Format**

Proposals must address all the requirements of the RFP in the order and format specified in this section. Each RFP requirement response in the Proposal must reference the unique identifier for the requirement in the RFP.

It is the Vendor’s responsibility to ensure its Proposal is submitted in a manner that enables the Evaluation Team to easily locate all response descriptions and exhibits for each requirement of this RFP. Page numbers should be located in the same page position throughout the proposal. Figures, tables, charts, etc. should be assigned index numbers and should be referenced by these numbers in the proposal text and in the proposal Table of Contents. Figures, etc. should be placed as close to text references as possible.

Hard copy proposals are to be assembled in loose-leaf, three-hole punch binders with appropriate tabs for each volume and section. Do not provide proposals in glue-bound binders or use binding methods that make the binder difficult to remove.

At a minimum, the following should be shown on each page of the proposal:

- RFP #
- Name of Vendor
- Page number

Proposals in response to this RFP must be divided into two appropriately labeled and sealed packages marked Technical Proposal and Cost Proposal. All proposal submissions should be clearly labeled with the RFP number.

The contents of each package must be as follows:

- Package 1 — Technical Proposal and Administrative Requirements
  - Technical Proposal addressing all requirements specified in the RFP using the response forms provided in Templates A through M.
- Package 2 — Cost Proposal



- Cost Proposal using the form provided in Template N Cost Workbook.

The proposal must be structured in the following manner and must consist of all the sections separated into two (2) packages as listed below:

### ***3.11.2.1 Package 1 — Technical Proposal and Administrative Requirements***

This package of the Vendor's response must include Sections A through M as described below. Each section corresponds to the template designated with the same letter.

#### **Section A. RFP Cover Letter and Executive Summary**

This section of the Vendor's Technical Proposal must include a cover letter and executive summary stating the Vendor's intent to bid for this RFP.

The Vendor's response must include a transmittal (cover) letter; table of contents; executive summary; Vendor contact information and locations.

If the Vendor wishes to propose an exception to any Standard Covered California Provision for Contracts and Grants or Terms and Conditions for Technology Contracts, it must notify Covered California in the cover letter. Failure to note exceptions will be deemed to be acceptance of the Standard Covered California Provision for Contracts and Grants. If exceptions are not noted in the RFP Response but raised during contract negotiations, Covered California reserves the right to cancel the negotiation if deemed to be in the best interests of Covered California.

Submission for this section must be compliant with the instructions detailed in Template A - RFP Cover Letter and Executive Summary.

#### **Section B. Vendor Experience**

This section of the Vendor's Technical Proposal must include details of the Vendor's Experience.

The Vendor's Technical Proposal must include Vendor organization overview; corporate background; Vendor's understanding of the HHS domain; Vendor's experience in public sector; certifications and other required forms.

Submission for this section must be compliant with the instructions detailed in Template B - Vendor Experience.

#### **Section C. Vendor References**

This section of the Vendor's Technical Proposal must include Vendor's References.

The Vendor's Technical Proposal must include at least three (3) references from projects performed within the last five (5) years that demonstrate the Vendor's ability to perform the Scope of Work described in the RFP. If the proposal includes the use of Subcontractor(s), provide three references for each.

Submission for this section must be compliant with the instructions detailed in Template C - Vendor References.



### **Section D. Subcontractor**

This section of the Vendor's Technical Proposal must include a letter of the Vendor's proposed Subcontractor(s) that will be associated with this Contract.

Submission for this section must be compliant with the instructions detailed in the Template D - Subcontractor Letters.

### **Section E. Organization and Staffing**

This section of the Vendor's Technical Proposal must include a narrative of the Vendor's proposed Organization and Staffing approach.

The Vendor's Technical Proposal must include the proposed approach to: organization plan; organization chart; key staff; Subcontractors; staff contingency plan; staff management plan; staff retention and the Vendor's approach to working with the Clinical and Network Analytics Solution Project staff.

Submission for this section must be compliant with the instructions detailed in Template E - Vendor Project Organization.

### **Section F. Staff Experience**

This section of the Vendor's Technical Proposal must include a narrative of the Vendor's Staff Experience.

The Vendor's Technical Proposal must include the proposed approach to: roles and responsibilities; summary of skill sets; total years of experience in the proposed role; qualifications and resumes.

Submission for this section must be compliant with the instructions detailed in Template F — Staff Experience.

### **Section G. Functional Requirements**

This section of the Vendor's Technical Proposal must include a response to the Functional Requirements provided in Template G Functional Requirements.

The 'Response Columns' within each tab of the Functional Requirements matrix must be completed by the Vendor as detailed in Template G Functional Requirements.

The objective of the Functional Requirements response is to provide the Enterprise Analytics Solution Project team with a method to develop an understanding regarding the degree to which each Vendor's solution has the potential of meeting Covered California project requirements.

### **Section H. Functional Requirements Approach**

This section of the Vendor's Technical Proposal must provide a narrative of the Vendor's proposed Functional Requirements approach. In response to Template H – Functional Requirements Approach, the Vendor is requested to provide a narrative overview of how the proposed solution will meet Covered California's requirements.

Submission for this section must be compliant with the instructions detailed in Template H- Functional Requirements Approach.



### **Section I. Non-Functional Requirements**

This section of the Vendor's Technical Proposal must include a response to the Non-Functional Requirements provided in Template I Non-Functional Requirements.

The objective of the Non-Functional Requirements response is to provide the Enterprise Analytics Project team with a method to evaluate the degree to which the Vendor's solution satisfies the Enterprise Analytics Management Solution Project Non-Functional Requirements.

The 'Response Columns' within each tab of the Non-Functional Requirements matrix must be completed by the Vendor as described in the instructions detailed in Template I Non-Functional Requirements.

### **Section J. Non-Functional Requirements Approach**

This section of the Vendor's response to the RFP must include a narrative of the Vendor's proposed Non-Functional Requirements approach. Submission for this section must be compliant with the instructions detailed in Template J Non-Functional Requirements Approach.

The Vendor's response must detail the approach to meet the various Non-Functional Requirements including but not limited to: use and performance, auditing, interoperability, interfaces, implementation support, technology requirements.

### **Section K. Work Plan**

This section of the Vendor's technical Proposal must include a Work Plan that will be used to create a consistent and coherent management plan. This work plan will demonstrate that the Vendor has a thorough understanding for the scope of work and what must be done to satisfy the project requirements. Submission for this section must be compliant with the instructions detailed in Template K Work Plan.

The Work Plan must include detail sufficient to give Covered California an understanding of how the Vendor's knowledge and approach will:

1. Manage the Work;
2. Guide Work execution;
3. Document planning assumptions and decisions;
4. Facilitate communication among stakeholders; and
5. Define key management review as to content, scope, and schedule.

### **Section L. Proposal Checklist and Supplements**

This section of the Vendor's Technical Proposal must include the completed checklist verifying that all the RFP response requirements including templates listed in Section 3.11.2.1 of this document and any RFP Attachments have been completed. Submission for the Proposal Checklist and Supplements must be compliant with the instructions detailed in Template L Response Checklist.

### **Section M. Administrative Requirements**

All final proposals must include the following administrative requirements:





1. A Certificate of Liability Insurance equal to or greater than \$1,000,000.
2. Proof of Workers' Compensation Liability Insurance.
3. Attachment A1 – signed Federal Debarment Certification.
4. Attachment A2 - a completed certification form showing, upon award of the contract, the Bidder/Contractor agrees to provide a completed Title 22, California Code of Regulations 1230000 Statement of Economic Interests, Form 700.
5. Attachment A3 - signed Payee Data Record form STD. 204.
6. Attachment A4 – signed Iran Contracting Act Certification.
7. Attachment A5 – completed DVBE declaration if applicable.
8. Attachment A6 – completed bidder declaration.
9. Attachment A7 are bidder instructions and information, it does not need to be signed and returned with the Vendor's proposal.
10. Attachment A8 – completed TACPA certification.

All attachments are available in the Procurement Library located at:

<https://www.coveredca.com/hbex/solicitations/2013-08/>

### **3.11.2.2 Package 2 — Cost Proposal**

This package of the Vendor's response must include Template N Cost Workbook as described below.

#### **Section N. Cost Proposal Instructions**

The Cost Proposal response will be provided by the submission of Template N Cost Workbook. Vendors must complete this workbook as instructed and place it in a separate, sealed package, clearly marked as the Cost Proposal with the Vendor's name, the RFP number, and the RFP submission date.

Vendors must base their Cost Proposals on the Scope of Work described in Section 2.2 and associated sections of this RFP. The Cost Proposals must include any business, economic, legal, programmatic, or practical assumptions that underlie the Cost Proposal. Covered California reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFP are deemed rejected by Covered California.

The Enterprise Analytics Solution must include Implementation, Operational Services, Software, and Software Maintenance. The Vendor must include all one-time and ongoing costs in the Cost Proposal. Total Costs are required by Covered California for evaluation and budget purposes. The additional detail of costs is required for Covered California's understanding of the costs.

Costs must be based on the terms and conditions of the RFP, including Covered California's General Provisions and Mandatory Requirements of the RFP (not the Vendor's exceptions to the terms and conditions). The Vendor is required to state all other assumptions upon which its pricing is based in Template N Cost Workbook.



Assumptions must not conflict with the RFP terms and conditions including Covered California' General Provisions or Mandatory Requirements of this RFP.

Vendors are required to provide firm-fixed price (FFP) costs for implementation, including a proposed payment schedule based on deliverables. The ongoing Service Provision and any other potential ongoing payments must be monthly based on units proposed by the Vendor (e.g., such measures as number and type of Vendor staff positions, transaction volumes, population base, hosting and support, etc.) to be specified by the Vendor.

If relevant, the Vendor must provide fixed Hourly Rates to Covered California for work to be performed. In addition, fixed Labor rates must be available for Covered California to use for Unanticipated Tasks as necessary.

Vendors must provide responses for all components of the costs, as required in Template N Cost Workbook following the instructions provided in the first tab of that workbook.

Vendors are responsible for entering cost data in the format prescribed by the Cost Workbook. Formulas have been inserted in the appropriate cells of the worksheets to automatically calculate summary numbers, and should not be altered. Further instructions for entering cost data are included in the worksheets. It is the sole responsibility of the Vendor to ensure that all mathematical calculations are correct and that the Total Costs reflect the Bid Amount for this RFP.

Completion of the Cost Workbook and worksheets is mandatory. Applicable purchase, delivery, tax, services, safety, license, travel, per diem, Vendor's staff training, Project facility, and any other expenses associated with the delivery and implementation of the proposed items must be included in the Vendor's costs and fixed Hourly Rates.

The Cost Proposal MUST BE A SEPARATE SUBMISSION. No Cost Information can be contained in the Technical Proposal submission. If there is Cost Information in the Vendor can be disqualified from consideration.

### 3.11.3 Proposal Crosswalk — Mandatory Templates

The table below lists the Mandatory Templates that the Vendor will submit as part of their Technical and Cost Proposals.

**Table 10. Mandatory Templates**

Response Template	Template/Attachment Elements
Template A	Cover Letter and Executive Summary
Template B	Vendor Experience
Template C	Vendor References
Template D	Subcontractor Letters
Template E	Vendor Project Organization and Staffing
Template F	Staff Experience



Response Template	Template/Attachment Elements
Template G	Response to Functional Requirements
Template H	Response to Functional Requirements Approach
Template I	Response to Non-Functional Requirements
Template J	Response to Non-Functional Requirements Approach
Template K	Work Plan
Template L	RFP Response Checklist
Template M	Administrative Requirements
Template N	Cost Workbook



### 3.11.4 Order of Precedence

In the event of any conflict or contradiction between or among these documents, the documents shall control in the following order of precedence:

1. The final executed Agreement, attachments, Covered California General Provisions, and all amendments thereto;
2. This RFP, as clarified by amendments, attachments, Vendor questions and Covered California' official responses thereto; and
3. Vendor's response/proposal to this RFP.

### 3.11.5 Procurement Library

The table below describes the documents that are available in the Procurement Library for reference purposes. Additional documents may be added to the library after the RFP is released, Vendors are encouraged to check the website frequently for updates.

<https://www.coveredca.com/hbex/solicitations/2013-08/>

**Table 11. Procurement Library**

File #	Procurement Library Item Filename
1	Issuer QHP Contract Attachment #7
2	Issuer QHP Contract for 2014
3	Security Controls
4	Administrative Requirements Template M
5	Sample Data Sets
6	EAS Model Contract

## 3.12 Additional Terms and Conditions

### 3.12.1 Web Services and SOA

The solution should also include Web services capabilities that will allow for it to function within a service-oriented architecture (SOA) environment. Services that are available to be exposed and consumed should be outlined in the solution's technical documentation.

### 3.12.2 Hardware/Software

Under any categories of IT service, the Contract may include the acquisition of hardware and/or commercial off-the-shelf (COTS) open-source or proprietary software to support the project. All hardware/software purchases must be compatible with Covered



California wide and applicable Agency/Department IT architecture policies and standards and be approved in accordance with Covered California bulletins and statutes. While a vendor may propose to provide hardware and software as part of its proposal Covered California reserves the right to procure hardware and software from other sources when it is in the best interest of Covered California to do so. If applicable to the type of RFP, Please describe the application and database architecture of the solution that you are proposing. The vendor must include cost of all services, hardware and software in the proposal.

### **3.12.2.1 Software Licensing:**

If the Solution will include software to be licensed from the vendor, Vendors shall insert software licensing requirements and anticipate volume. Vendor shall propose the licensing options available and to recommend the advantages of those various options. For example, licensing options may include:

1. Named user
2. Per server
3. Per work team
4. Concurrent User
5. Enterprise (unrestricted)

### **3.12.3 Required Project Policies, Guidelines and Methodologies**

#### **3.12.3.1 Security and Privacy**

A comprehensive approach to security and privacy that encompasses all applicable federal requirements under FISMS, HIPAA, HITECH, ACA and Federal Tax Information safeguard requirements and state requirements.

The use of MARS- E and NIST 800-53 that utilizes CMS's Harmonized Security and Privacy Framework as the basis for its security controls and also complies with all applicable California privacy and security laws, including but not limited to:

Implementation of the following security controls:

1. System and data Classification
2. Security Controls
3. Identity credential and access management
4. Security Infrastructure and managed services computing
5. Data encryption
6. Audit Trails
7. Continuity of operations and disaster recovery
8. Comprehensive oversight

Covered California must comply with applicable federal and state Privacy laws and regulations. Any data exchanged between entities as part of Exchange implementation



or operation requires governing data use agreement or data exchange agreement, whereby each entity assumes responsibility for ensuring protection of transmitted data.

The Federal and State privacy laws and regulation with which Covered California complies are:

- Federal Information and Security Management Act (FISMA) of 2002
- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Health Information Technology of Economic and Clinical Health ACT (HITECH) of 2009
- Privacy Act of 1974
- E-Governance Act of 2002
- Patient Protection and Affordable Care Act of 2010
- Safeguards for Protecting Federal Tax Returns and return Information (26 U.S.C. 6103 and related provisions)
- 155.260 HHS ACA Final Rule

### **3.12.4 Hosted System Requirements**

1. A selected vendor shall be required to agree to terms acceptable to Covered California regarding the confidentiality and security of Covered California data. These terms may vary depending on the nature of the data to be stored by the Contractor. If applicable, Covered California may require compliance with Covered California MARS- E and NIST 800-53 security standards, IRS requirements, HIPAA, HITECH and/or FISMA compliance and/or compliance with State law relating to the privacy of personally identifiable information. Further, a selected vendor hosting a Covered California system may be a “data collector” for purposes of Covered California law and shall be required to (i) comply with certain data breach notification requirements; and (ii) indemnify Covered California for any third party claims against Covered California which may occur as a result of any data breach.
2. The selected Vendor must agree to host Covered California’s solution within the continental United States of America.
3. Covered California reserves the right to periodically audit the Contractor (or subcontractor) application infrastructure to ensure physical and network infrastructure meets the configuration and security standards and adheres to relevant Covered California policies governing the system.
4. Covered California reserves the right to run non-intrusive network audits (basic port scans, etc.) randomly, without prior notice. More intrusive network and physical audits may be conducted on or off site with 24 hours’ notice.
5. The Contractor will have a third party perform methodology-based (such as OSSTM) penetration testing quarterly and will report the results of that testing to Covered California.
6. A selected vendor shall agree to cause an SSAE 16 Type II audit certification to be conducted annually. The audit results and the Contractor’s plan for addressing or resolution of the audit results shall be shared with Covered California.

7. A selected vendor shall agree to terms acceptable to Covered California regarding system backup, disaster recovery planning and access to Covered California data.
8. A selected vendor shall be required to agree to disclose the hosting provider which shall be acceptable to Covered California for purposes of the data to be stored and shall not change the hosting provider without the prior written consent of Covered California.
9. A selected vendor shall be required to guarantee the service level terms of any hosting provider.
10. A selected vendor shall agree to apply service level credits for the failure to meet service level terms.

#### **3.12.4.1 Application Security Standards**

The Contractor will review the application and certify it meets the following:

1. Identify the key risks to the important assets and functions provided by the application and conduct an analysis of the Top 25 software errors (<http://cwe.mitre.org/top25>), or most common programming errors, and document in writing that they have been mitigated.
2. Ensure all application code and any new development meets or exceeds the OWASP Application Development Security Standards outlined on the [www.OWASP.org](http://www.OWASP.org) site (currently [https://www.owasp.org/images/4/4e/OWASP\\_ASVS\\_2009\\_Web\\_App\\_Std\\_Release.pdf](https://www.owasp.org/images/4/4e/OWASP_ASVS_2009_Web_App_Std_Release.pdf)) and document in writing that they have been met.

Contractors will be expected to make the following warranties:

1. The Contractor has all requisite power and authority to execute, deliver and perform its obligations under the Contract and the execution, delivery and performance of the Contract by the Contractor has been duly authorized by the Contractor.
2. There is no outstanding litigation, arbitrated matter or other dispute to which the Contractor is a party which, if decided unfavorably to the Contractor, would reasonably be expected to have a material adverse effect on the Contractor's ability to fulfill its obligations under the Contract.
3. The Contractor will comply with all laws applicable to its performance of the services and otherwise to the Contractor in connection with its obligations under the Contract.
4. All deliverables will be free from material errors and shall perform in accordance with the specifications there for.
5. The Contractor owns or has the right to use under valid and enforceable agreements, all intellectual property rights reasonably necessary for and related to delivery of the services and provision of the deliverables as set forth in the Contract and none of the deliverables or other materials or technology provided by the Contractor to Covered California will infringe upon or misappropriate the intellectual property rights of any third party.



6. Each and all of the services shall be performed in a timely, diligent, professional and work person-like manner, in accordance with the highest professional or technical standards applicable to such services, by qualified people with the technical skills, training and experience to perform such services in the planned environment. At its own expense and without limiting any other rights or remedies of Covered California hereunder, the Contractor shall re-perform any services that Covered California has determined to be unsatisfactory in its reasonable discretion, or the Contractor will refund that portion of the fees attributable to each such deficiency.
7. The Contractor has adequate resources to fulfill its obligations under the Contract.
8. Virus Protection. Contractor warrants and represents that any time software is delivered to Covered California, whether delivered via electronic media or the Internet, no portion of such software or the media upon which it is stored or delivered will have any type of software routine or other element which is designed to facilitate unauthorized access to or intrusion upon; or unrequested disabling or erasure of; or unauthorized interference with the operation of any hardware, software, data or peripheral equipment of or utilized by Covered California.

#### **3.12.4.2 Proof of Insurance Coverage**

The Vendor will furnish the Covered California Contract Manager original Certificates of Insurance evidencing the required coverage to be in force on the date of award, and renewal certificates of insurance, or such similar evidence, if the coverage has expiration or renewal date occurring during the term of the Agreement. The Vendor will submit evidence of insurance prior to Agreement award. The failure of Covered California to obtain such evidence from the Vendor before permitting the Vendor to commence work will not be deemed to be a waiver by Covered California and the Vendor will remain under continuing obligation to maintain and provide proof of the insurance coverage.

The insurance specified below will be carried until all services required to be performed under the terms of the Agreement are satisfactorily completed. Failure to carry or keep such insurance in force will constitute a violation of the Agreement, and Covered California maintains the right to stop work until proper evidence of insurance is provided.

The insurance will provide for thirty (30) calendar days prior written Notice to be given to Covered California in the event coverage is substantially changed, canceled, or non-renewed. The Vendor must submit a new coverage binder to Covered California to ensure no break in coverage.

The Vendor shall require its subcontractors/vendors, other than units of local government which are similarly self-insured, to maintain adequate insurance coverage for general liability and automobile liability including non-owned auto liability, and further, the Vendor shall require all of its subcontractors/vendors to hold the Contractor and Covered California harmless. The subcontractors'/vendors' Certificate of Insurance shall also have the Vendor, not the State, as the certificate holder and additional insured. The Vendor shall maintain certificates of insurance for all its subcontractors/vendors.

The Vendor may provide the coverage for any or all Subcontractors, and, if so, the evidence of insurance submitted will so stipulate.





The Parties expressly understand and agree that any insurance coverage and limits furnished by the Vendor will in no way expand or limit the Vendor's liabilities and responsibilities specified within the contract documents or by applicable law.

The Vendor and each Subcontractor agree that insurer will waive their rights of subrogation against Covered California.

If the Vendor, or its Subcontractor(s), desire additional coverage, higher limits of liability, or other modifications for its own protection, the Vendor and each of its Subcontractors will be responsible for the acquisition and cost of such additional protection.

Vendor shall maintain the following insurance coverage types and amounts:

Commercial General Liability: \$1,000,000 per occurrence; Umbrella: \$25,000,000 per occurrence and in aggregate

Professional Liability: \$30,000,000 per occurrence and in aggregate

Errors & Omissions Liability (include cyber liability, breach notification cost coverage, network security and privacy liability coverage): \$30,000,000 per occurrence and in aggregate

Third-Party Fidelity/Crime: \$5,000,000 each occurrence

Worker's compensation: minimum limits as required by law

## 4.0 Proposal Evaluation

Covered California will use a formal evaluation process to select the successful Vendor. Covered California will consider capabilities or advantages that are clearly described in the proposal, which may be confirmed by key personnel interviews, oral presentations, site visits, demonstrations, and references contacted by the Covered California. Covered California reserves the right to contact individuals, entities, or organizations that have had dealings with the Vendor or proposed staff, whether or not identified in the proposal.

Covered California will more favorably evaluate proposals that offer no or few exceptions, reservations, or limitations to the terms and conditions of the RFP, including Covered California's General Provisions.

### 4.1 Evaluation Criteria and Methodology

Covered California will evaluate proposals based on the following best value Evaluation Criteria. The evaluation criteria and methodology will be applied as described in this section for both Data Analytics and Data Aggregation proposals:

1. Vendor Experience, including:
  - a. Relevant Vendor Experience: Scoring for this factor shall be based on the similarity and depth of Vendor experience as compared to the needs of the Project.
2. Project Staff and Project Organization, including:
  - a. Project Organization: Scoring for this factor shall be based on the level of integration with the organization's staff, trading partners and commitment to on-site performance of work.
  - b. Key Project Personnel Experience: Scoring for this factor shall be based on the similarity and depth of staff experience as compared to the needs of the Project and key personnel
3. Business Solution, including:
  - a. Functional: Scoring for this factor shall be based on the extent to which the solution meets defined Functional needs. The thoroughness of the Functional approach and plans, demonstrated knowledge, scope of the solution, impact to existing operations, and/or clarity of responsibilities.
  - b. Use and Performance: Scoring of this factor shall be based on the extent to which the design approach and characteristics of the user experience meets the requirements of Covered California and delivers a consistent user experience to Covered California employees, contractors, and partners.
  - c. Technical: Scoring of this factor shall be based on the extent to which the solution meets defined Technical needs. The thoroughness of the Technical and Architectural approach and plans, demonstrated knowledge, scope of the solution, impact to existing operations, and/or clarity of responsibilities.



- d. Implementation and Support: Scoring of this factor shall be based on the thoroughness of the Implementation and Support approach and plans, demonstrated knowledge, scope of solution, impact to existing operations, and/or clarity of responsibilities.
4. Cost
- a. Initial Implementation / Configuration
  - b. Ongoing Operations

The following Table outlines the weight and maximum points available for the major sections of the Vendor proposals:

**Table 12. Evaluation Criteria Weighting and Points**

Criteria	Sub-Criteria/Description	Weight	Maximum Points
Minimum Qualifications	Vendor meets minimum qualifications	Pass/Fail	P/F
Vendor Experience	Relevant Vendor Experience	5	25
Project Staff and Project Organization	Project Organization	5	25
	Key Project Personnel Experience	10	50
Business Solution	Functional	30	150
	Use and Performance	5	25
	Technology	10	50
	Implementation and Support	5	25
Cost	Total Cost Points Calculation	30	150
<b>TOTAL</b>			<b>500</b>

The evaluation team will assign a score for each sub-criterion between 1 and 5 with 5 being the highest attainable score. Table 13 below describes the guidelines used for scoring proposals.



**Table 13. Scoring Guidelines**

Rating	Relation to Requirements	Strengths	Deficiencies	Weaknesses	Likelihood of Success
Excellent 5	Superior attainment of all requirements	Numerous and significant in key areas	None	Minor, if any	Very High
Good 4	Expected to meet all requirements	Some and significant in key areas	None	Minor, but are far outweighed by strengths	High
Acceptable 3	Capable of meeting all requirements	Some in non-key areas	Minor	Minor, but are outweighed by strengths	Fair
Marginal 2	May not be capable of meeting all requirements	None, or some that are outweighed by weaknesses / deficiencies	Significant	Significant	Poor
Unacceptable 1	Not likely to meet all requirements	None, or some that are far outweighed by weaknesses / deficiencies	Needs major revision	Needs major revision	None

Cost proposals will be scored as described below:

The lowest cost proposal will receive the maximum point total of 150. The remaining cost proposal scores will then be applied in accordance with the following formula:

$$\text{Bidder's cost score} = (\text{Lowest cost proposal} \div \text{Bidder's total cost}) \times 150$$

## 4.2 Initial Compliance Screening

Covered California will perform an initial screening of all proposals received. Unsigned proposals and proposals that do not include all required forms and sections are subject to rejection without further evaluation. Covered California reserves the right to waive minor informalities in a proposal and award contracts that are in the best interest of Covered California

Initial screening will check for compliance with various content requirements and minimum qualification requirements defined in the RFP. Covered California through Covered California also reserves the right to request clarification from Vendors who fail to meet any initial compliance requirements prior to rejecting a proposal for material deviation from requirements or non-responsiveness.



## 4.3 Minimum Qualifications

### 4.3.1 Minimum Qualifications- Mandatory

If the Vendor (Prime and/or Subcontractor) cannot demonstrate compliance with all of these requirements to Covered California, the Vendor proposal will be rejected. The intent of this minimum qualification is to assure the selected vendor(s) have existing and significant experience with health plan enrollment files (also known as member files) and claims files. Covered California is not seeking a Third Party Administrator. The Prime Vendor and Subcontractor may satisfy the minimum criteria as a whole, provided that the subcontractor arrangement is not severable during the initial three-year term of the contract.

1. Multi-payer business: vendor claims/enrollment data services clients include a minimum of 1 multi-payer arrangements defined as an APDB, CMS Qualified Entity, private health exchange, Medicaid program that involves multi-payer data services, or a "bundled client arrangement" such as a benefits administrator services entity with multiple participating health plans or employers.
2. California Issuer business: vendor claims/enrollment data services clients include at least 2 of the Covered California Issuers that includes claims and enrollment dataset services, including Anthem, Blue Shield of California, Chinese Community Health Plan, Contra Costa Health Plan, Health Net, Kaiser, LA Care, Molina, Sharp, Valley Health Plan, and Western Health Advantage. It is desirable, but not mandatory, that vendor has built interfaces to at least half of the Issuers contracted with Covered California.
3. Client base: vendor claims/enrollment data services clients account for a minimum of 10 million lives
4. Company size expressed in revenue, age, profits and headcount meets all of the following: – \$20M in revenue, profitable for on average 75% of the quarters for the last 5 years or for the company's existence if less than five years, and more than 200 employees. Companies that have been acquired in the last 5 years should report their profitability as an independent company prior to acquisition.

The Vendor is to demonstrate compliance with the above mandatory requirements in Template A Cover Letter and Executive Summary. If the Vendor's Proposal meets the above mandatory requirements, the Vendor's Proposal may be included in the next part of the technical evaluation phase of this RFP — the Competitive Field Determination.

## 4.4 Competitive Field Determinations

Covered California may determine that certain proposals are within the field of competition for admission to discussions. The field of competition consists of the proposals that receive the highest or most satisfactory evaluations. Covered California may, in the interest of administrative efficiency, place reasonable limits on the number of proposals admitted to the field of competition.

Proposals that do not receive at least 70% of the evaluation points for each of the evaluation criteria, may, at the sole discretion of Covered California, be eliminated from further consideration.



## **4.5 Oral Presentations and Site Visits**

Covered California may, at its sole discretion, request oral presentations, site visits, and/or demonstrations from one or more Vendors admitted to the field of competition. The Key Project Personnel as identified in the Vendor's Proposal must be active participants in the oral presentations — Covered California is not interested in corporate or sales personnel being the primary participants in oral presentations. This event, if held, will focus on an understanding of the capabilities of the Vendor and importantly identified Key Project Personnel's ability to perform consistent with the Vendor's proposal in meeting Covered California's requirements. Covered California will notify selected Vendors of the time and location for these activities, and may supply agendas or topics for discussion. Covered California reserves the right to ask additional questions during oral presentations, site visits, and or demonstrations to clarify the scope and content of the written proposal.

The Vendor's oral presentation, site visit, and/or demonstration must substantially represent material included in the written proposal, and should not introduce new concepts or offers unless specifically requested by Covered California.

## **4.6 Best and Final Offers**

Covered California may, but is not required to, permit Vendors to prepare one or more revised offers. For this reason, Vendors are encouraged to treat their original proposals, and any revised offers requested by Covered California, as best and final offers.

## **4.7 Discussions with Vendors**

Covered California may, but is not required to, conduct discussions with all, some, or none of the Vendors admitted to the field of competition for the purpose of obtaining the best value for Covered California. It may conduct discussions for the purpose of:

- Obtaining clarification of proposal ambiguities;
- Requesting modifications to a proposal; and/or
- Obtaining a best and final offer.

Covered California may make an award prior to the completion of discussions with all Vendors admitted to the field of competition if Covered California determines that the award represents best value to Covered California.

## **4.8 Preference Programs**

### **4.8.1 Small Business Preference**

Small Business Regulations: This RFP does not include a minimum Small Business (SB) participation preference. However, bidders are encouraged to sub-contract with SB.

1. Small Business Preferences: Bidders claiming the 5% preference must be certified by California as a small business or must commit to subcontract at least 25% of the net bid price with one or more California Certified Small Businesses (CCSB). Certification must be obtained no later than 5:00 p.m. on the bid due date.



Section 14835, et seq. of the California Government Code (GC) requires a 5% preference be given to bidders who qualify as a SB. The rules and regulations of this law, including the definition of a small business for the delivery of goods and services, are contained in California Code of Regulations (CCR's), Title 2, Section 1896, and et seq. The SB preference is for California-based Certified SB only.

To claim the CC SB preference, which may not exceed 5% for any bid, the firm must have its principal place of business located in California, have a complete application (including proof of annual receipts) on file with the State Office of Small Business and DVBE Services (OSDS) by 5:00 p.m. on the bid due date (see Section 1.2) and be verified by such office.

#### **4.8.2 Disabled Veteran Business Enterprise (DVBE) – Declaration & Program Incentive**

This RFP does not require bidders to meet the minimum DVBE participation percentage or goal, however there is a 5% DVBE participation incentive. All bidders must complete and submit the Bidder Declaration with its proposal package and indicate if they will be participating in this incentive. Failure to complete and submit the required attachment as instructed may render the bid non-responsive. Pursuant to Military and Veterans Code Section 999.2, each State department has a participation goal of not less than 3% for disabled veteran business enterprises. These goals apply to the overall dollar amount expended each year by the awarding department.

If applicable, the bidder's score will be adjusted to include preferences points for the designated participation levels in Table 14.

**Table 14. DVBE Preference Points**

Preference Programs if applicable	Points
DVBE Participation 5% or Over	25
DVBE Participation 4% to 4.99% inclusive	20
DVBE Participation 3% to 3.99% inclusive	15
DVBE Participation 2% to 2.99% inclusive	10
DVBE Participation 1% to 1.99% inclusive	5

#### **4.8.3 Commercially Useful Function (CUF)**

Only State of California, Office of Small Business and DVBE Services (OSDS), certified DVBEs who perform a Commercially Useful Function (CUF) relevant to this solicitation may be used to satisfy the DVBE participation goal. The criteria and definition for performing a CUF are below. When responding to this RFP, bidders will need to verify each DVBE subcontractor's certification with OSDS to ensure DVBE eligibility.

CUF Definition California Code of Regulations, Title 2, § 1896.61(I): The term "DVBE contractor, subcontractor or supplier" means any person or entity that satisfies the ownership (or management) and control requirements of §1896.61(f); is certified in



accordance with §1896.70; and provides services or goods that contribute to the fulfillment of the contract requirements by performing CUF.

As defined in Military Veterans Code §999, a person or an entity is deemed to perform a "CUF" if a person or entity does all of the following:

1. Is responsible for the execution of a distinct element of the work of the contract.
2. Carries out the obligation by actually performing, managing, or supervising the work involved.
3. Performs work that is normal for its business services and functions.
4. Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted normal industry practices.

A contractor, subcontractor, or supplier will not be considered to perform a CUF if the contractor's, subcontractor's, or supplier's role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of DVBE participation

#### **4.8.4 TACPA**

Preference will be granted to California-based Contractors in accordance with California Government Code Section 4530 et seq., whenever contract for goods and services are in excess of \$100,000 and the Contractor meets certain requirements as defined in the California Code of Regulations (Title 2, Section 1896.30) regarding labor needed to produce the goods or provide the services being procured. Bidders desiring to claim Target Area Contract Preferences Act shall complete Std. Form 830 and submit it with the Final Proposal. Refer to the following website link to obtain the appropriate form with instructions:

[www.documents.dgs.ca.gov/osp/pdf/std830.pdf](http://www.documents.dgs.ca.gov/osp/pdf/std830.pdf)

A bidder who has claimed a TACPA preference(s) and is awarded the contract will be obligated to perform in accordance with the preference(s) requested, provided that the TACPA preference(s) was granted in obtaining the contract.

If there is no intention of claiming this preference, the Bidder does not need to submit the STD Form 830.

Bidders seeking the TACPA preference must complete and submit the required form and all necessary attachments with their bids.



## 5.0 Appendix 1 — Glossary of Acronyms and Terms

Wherever used, the following terms shall be construed as follows:

1. "Accountable Care Organization (ACO)" means the groups of doctors, hospitals and other healthcare providers who voluntarily give coordinated healthcare to their Medicare patients. Coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.
2. "Analytic file" means the set of files that is created from Covered California submissions. Analytic Files may include information created through the application of analytic tools or derived from other data sources.
3. "Applicant" means an individual or organization that requests health care data and information in accordance with the procedures and requirements instituted by the Department pursuant to these regulations.
4. "CalHEERS" California Healthcare Eligibility and Enrollment, and Retention System means the web-based system that will determine eligibility and facilitate plan enrollment for Exchange health plans, federal subsidies, and for Medi-Cal and will be the source of Covered California operations datasets. (e.g., Provider Directory, enrollment, CRM).
5. "Centers for Medicare and Medicaid Services (CMS)" means the federal agency that administers the Medicare program and works with the state government agencies to administer the Medicaid programs. In addition, this agency also ensures the administrative simplification of HIPAA and quality standards in long term care facilities, etc. among other areas of focus.
6. "Consumer Assessment of Healthcare Providers and Systems (CAHPS)" means the survey results data that is available based on consumers and patients report and evaluations of their experience with healthcare
7. "Data aggregator/data aggregation" means a vendor selected by the Covered California that has a contract to act on behalf of Covered California to collect and process health care claims data on behalf of the Director.
8. "De-identified health information" means information that does not identify an individual provider, patient, member or enrollee. De-identification means that such health information shall not be individually identifiable and shall require the removal of direct personal identifiers associated with patients, members or enrollees.
9. "Direct Personal Identifier" means any information, as to a member, other than case or code numbers used to create anonymous or encrypted data, that plainly discloses the identity of an individual, including:
  - (a) Names;
  - (b) Business names when that name would serve to identify a person;
  - (c) All elements of dates (except year) for dates directly related to an individual, including birth dates, admission date, discharge date, date of death, and all ages over 89 and all elements of dates (including year) indicative of such



- age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- (d) All geographic subdivisions smaller than a state, except for zip codes that meet the criteria set out in 45 C.F.R. 164.514(b);
  - (e) Specific latitude and longitude or other geographic information that would be used to derive postal address;
  - (f) Telephone and fax numbers;
  - (g) Electronic mail addresses;
  - (h) Social Security numbers;
  - (i) Vehicle identifiers and serial numbers, including license plate numbers;
  - (j) Medical record numbers;
  - (k) Health plan beneficiary numbers;
  - (l) Account numbers;
  - (m) Certificate/license numbers;
  - (n) Personal Internet protocol (IP) addresses and uniform resource locators (URL), including those that identify a business that would serve to identify a person;
  - (o) Device identifiers and serial numbers;
  - (p) Biometric identifiers, including finger and voice prints; and
  - (q) Personal photographic images;
  - (r) Any other unique patient identifying number, characteristic, but not including the Encrypted Unique Identifier.
10. "Disclosure" means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
11. "Encrypted unique identifier" means a code or other means of record identification to allow each patient, member or enrollee to be tracked across the data set, including across payers and over time, without revealing direct personal identifiers. Encrypted unique identifiers are assigned to each patient, member or enrollee in order that all direct personal identifiers can be removed from the data when data is submitted. Using the encrypted unique identifier, all records relating to a patient, member or enrollee can be linked for analytical, public reporting and research purposes without identifying the patient, member or enrollee.
12. "Encrypted unique identifier vendor" means a vendor selected and approved by the Director to collect demographic data only from Insurers, assign an encrypted unique identifier to each patient, member, or enrollee, and transmit that identifier to the Insurer.
13. "Encryption" means a method by which the true value of data has been disguised in order to prevent the identification of persons or groups, and which does not provide the means for recovering the true value of the data.
14. "Essential Community Providers (ECP)" means the providers that predominately serve low-income medically underserved individuals



15. "eValue8" means the annual healthcare accountability and quality improvement assessment process and survey used by employers and coalition partners to gather healthcare data from plans across the nation.
16. "Hashing" means a one-way method by which the true value of data has been transformed (through the conversion of the information into an unrecognizable string of characters) in order to prevent the identification of persons or groups. True value of hashed elements is deliberately non-recoverable by any recipient, including the Data Aggregator.
17. "Health benefit plan" means a policy, contract, certificate or agreement entered into, or offered by an Insurer to provide, deliver, arrange for, pay for, or reimburses any of the costs of health care services.
18. "Health care data set" means a collection of individual data files, including medical claims files, member eligibility files and provider files, whether in electronic or manual form.
19. "Healthcare Effectiveness Data and Information Set (HEDIS)" means the set of performance measures utilized that compare how well a plan performs against national and regional benchmarks in several domains of care, such as quality of care, access to care and member satisfaction with the health plan and doctors, etc.
20. "Health care provider" means any person or entity licensed to provide or lawfully providing health care services, including, but not limited to, a physician, hospital, intermediate care facility or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, psychiatric social worker, pharmacist or psychologist, and any officer, employee, or agent of that provider acting in the course and scope of his or her employment or agency related to or supportive of health care services.
21. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, as amended.
22. "Individual" means any health plan that is sold to individuals or families through the California Health Benefit Exchange.
23. "Insurer" means any entity subject to the insurance laws and regulations of California, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including, without limitation, an insurance company offering accident and sickness insurance, a health maintenance organization.
24. "IOCP" means Intensive Outpatient Care Program that provides care coordination and intensive support for identified high risk individuals with medically complex needs.
25. "Issuer" means a Qualified Health Plan contracted with Covered California.
26. "Medical claims file" means all submitted and non-denied adjudicated claims for each billed service paid by an Insurer as defined in §18 on behalf of a Member as defined in §17 regardless of where the service was provided. This data file includes but is not limited to service level remittance information including, but not limited to, member encrypted unique identifier, provider information, charge/payment information, and clinical diagnosis/procedure codes



27. "Member" means a California resident who is a subscriber and any spouse or dependent who is covered by the subscriber's policy under contract with an Insurer. "Member" and "enrollee" are used interchangeably in the RFP.
28. "Member eligibility file" means a data file composed of demographic information for each individual member eligible for medical benefits, for one or more days of coverage at any time during the reporting month.
29. "Metal tier" means a category of health plan— Catastrophic (Minimum Coverage), Bronze, Silver, Gold, Platinum — based on the percentage the plan pays of the average overall cost of providing essential health benefits to members. Catastrophic or Minimum Coverage does not cover any benefits other than three primary care visits per year before the deductible is met. The percentages the plans will spend, on average, are 60% (Bronze), 70% (Silver), 80% (Gold), and 90% (Platinum).
30. "Office of Statewide Health Planning and Development (OSHPD)" means the California agency responsible for collecting data and disseminating information about California's healthcare infrastructure, promoting an equitably distributed healthcare workforce, and publishing valuable information about healthcare outcomes.
31. "Patient" means any person in the data set that is the subject of the activities of the claim submitted to and/or paid by the Insurer or covered by the health benefits plan.
32. "Personally identifiable information" means information, as to a member, relating to an individual that contains direct personal identifiers.
33. Per Member Per Month (PMPM) means the dollar amount paid to a provider (hospital or healthcare worker) each month for each person for whom the provider is responsible for providing services
34. "Product type" means network product design; Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) or Exclusive Provider Organization (EPO).
35. "Primary Care Medical Home (PCMH)" means the model for transforming an organization and delivery of primary care to improve quality, efficiency, safety and effectiveness of healthcare. This is also referred to as the Patient Centered Medical Home, advanced primary care and the healthcare home.
36. "Qualified Health Plans (QHP)" means the contracted Issuers that are the basis for the Covered California business, and have all signed contracts including the data submission language in the QHP Contract, included as Attachment 7. Note: Several Issuers offer multiple plans/products (HMO, EPO, PPO). Further, one of the twelve issuers is currently not being offered on the Exchange but may be reactivated at any time.
37. "Rating Region" means the 19 geographic regions that insurers use for the purposes of premium rating.
38. "SHOP" means Small Business Health Insurance Options Program; these are insurance policies sold to groups with one to fifty eligible employees through the California Health Benefit Exchange.
39. "Subscriber" means the individual responsible for payment of premiums to an Insurer or whose employment is the basis for eligibility for membership in a health benefit plan.



40. "Third-party payer" means a state agency that pays for health care services, or an Insurer, carrier, including a carrier that provides only administrative services for plan sponsors, nonprofit hospital, medical services organization, or managed care organization licensed in California.
41. "Trading Partner" means any entity that is itself or through a subcontractor transmitting or receiving HIPAA Compliant X12 Electronic Transactions.