

**RFP 2018-14 – CCSB Enrollment Services and Financial Management
Questions and Answers**

#	QUESTION	RFP Section	ANSWER
1.	<p>Following is a question regarding RFP 2019-14, CCSB Enrollment Services and Financial Management:</p> <p>The bridge between initial enrollment and billing and payment services is the maintenance of enrolled employee data. Accurate bills require accurate eligibility.</p> <ul style="list-style-type: none"> • What are the requirements for maintaining eligibility (enrolled employee) data? <ul style="list-style-type: none"> ○ Who holds eligibility data for Covered California? Each health plan? The enrollment services provider? The financial management services provider? ○ How do participating employers share changes in employee data (new hires, terminations, qualifying events) with health plans? ○ How are changes in employee data controlled within the rules established by each health plan? ○ How is employee data shared with each health plan? <ul style="list-style-type: none"> ▪ What file formats are required? ▪ How often is it updated? ▪ How are data problems reconciled? 		<p>The enrollment services solution will be the system of record for eligibility transactions.</p> <p>Employers will share changes in employer and/or employee data to carriers through the enrollment services solution. This can be accomplished online by either the employer, the employee, the employer’s appointed insurance agent, or appointed General Agent. It can also be done over the phone through the Covered California service center.</p> <p>The enrollment services solution will enforce Covered California’s rules for all Covered California for Small Business (CCSB) health plan carriers.</p> <p>Employer and employee data are shared with each health plan by an electronic enrollment file transmission to carriers. File format types are XML files (Group XML), Standard X12 EDI enrollment files (834, TA1/999, 820).</p> <p>Group Set-up: All Initial group set up files are transmitted to carriers using XML file format. The group set-up file is called “Group XML” and data is housed in the Enrollment Services solution. After group set-up is complete in the Enrollment Services solution, the Enrollment Services solution will notify the Financial Management solution to generate a group bill. After the group bill is generated, the Financial Management solution will notify the Enrollment Services solution to transmit the Group XML file to each carrier. Files are to be sent daily to carriers.</p> <p>Employee data: All employee and/or dependents data are transmitted to carriers using the Standard X12 EDI enrollment files</p>

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			<p>(834). After payment for the group bill is received and applied, the 834 files are sent to carriers. The 834 file is housed in the Enrollment Services solution. The Financial Management solution is to notify the Enrollment Services solution to trigger the 834 files to carriers. Files are to be sent daily to carriers.</p> <p>999 Functional Acknowledgements and TA1 Interchange Acknowledgements: EDI interchanges submitted to Enrollment Services solution are processed through compliance edits that generate acknowledgements indicating the portions of data that were accepted vs. rejected. Carriers are to transmit files to Enrollment Services solution.</p> <p>820 Payment Files: After payments have been received from employers, the CCSB Payment HIX 820 transactions will be created by Financial Management solution and transmitted to carriers. The 820 files are housed in the Financial Management solution. Files are to be sent monthly to carriers.</p> <p>Enrollment Fulfillment File: For all enrollment 834 files that are processed and completed by the carriers, the carriers are to send to Enrollment Services solution a Fulfillment file that contains the carrier’s membership identification number for each employee and dependents. The Enrollment Services solution is to ingest the data.</p>
2.	Does Covered California have a standard definition of roles that would be considered Project Leadership versus Key Project Staff, or is it at the Bidder's discretion?	RFP, 2. Project Team	No formal definitions of roles exist. In general, Project Leadership are those with decision making authority.

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3.	For the key roles, can one resource cover two areas? For example, can the Technology Consultant also be the Data Conversion Consultant?	RFP, 2. Project Team	Yes. It is up to each bidder to determine the best solution to fit needs.
4.	Can you please clarify which document is being referred to by the bullet <i>Understanding and Description of the tasks to be performed (Work Plan)</i> ?	RFP, 4.2.2.a	Exhibit A
5.	At the Bidders' Conference, Covered California clarified that this RFP does not contain a Call Center component and a Cell Center RFP will be released. With this in mind, can you please clarify what <i>Description of phone/support services included in proposal for working with each of the following: Agents, Employers, General Agents, Carriers, and Covered California staff</i> pertains to?	RFP, 4.3.1, Understanding and Approach	<p>4.3.1.d should refer only to Covered California staff and other Covered California vendors</p> <p>Covered California will address in addendum.</p> <p>Process to be implemented concurrent with work resulting from this RFP is to have all agent, general agent, and employer inquiries first be routed to the Agent Service Center Service Center. If Service Center staff cannot resolve, escalation will first be to CCSB staff. CCSB staff will at times need support from the Financial Management solution in their research.</p> <p>Bidders are to include potential inquiry support solutions they can offer in their proposal based on best practices experience.</p> <p>(Reference response to question 16 for more information on Agent Service Center.)</p>
6.	If a Bidder submits a proposal for both scopes of work (that is, Enrollment Services and Financial Management), might Covered California award them only one of the scopes of work and award the other to another Bidder?	RFP, 5.3 Evaluation Criteria	This is a potential outcome.

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7.	Exhibit A, Section B (Definitions), item k indicates carrier administrative fee is a percent of premium, but previously was per member per month prior to 1/1/17. Does this mean groups on the exchange prior to this date are grandfathered under the old arrangement or are ALL groups and carriers now on the percent of premium method?	Exhibit A - Scope of Work, Section B (Definitions), item k	<p>After transitioning upon renewal beginning 1/1/17 and for any new group sold 1/1/17 or later, all groups today are now on a percent of premium.</p> <p>For enrollment reconciliation of invoices issued during prior years, the participation fee shall be calculated pursuant to the agreement that was in place during the applicable plan year or years. Note prior to 1/1/17, administration fee was \$18.60 pmpm. As of 1/1/17, administration load has remained at 5.20% (although it may be adjusted in the future).</p>
8.	How many third-party partners will Vendors need to establish API with, as listed in Exhibit A - Scope of Work, Section E (Scope), item 1.B.m?	Exhibit A - Scope of Work, Section E (Scope), item 1.B.m	<p>The Contractor will need to have a published API available to any 3rd party that would like to support employer quoting and enrollment files.</p> <p>This figure may be in the range of 5-10. However, note Contractor is expected to accommodate as needed.</p>
9.	<i>Provide the ability for quotes to include alternative plans based on primary physical business zip code or alternative worksite zip code. Can Covered California please clarify what this means? Must the solution provide plans that are available in one or the other zip code? Must the solution allow them to toggle between zip codes and settle on a final zip code?</i>	Exhibit A - Scope of Work, Section E (Scope), item 1.E.h	Health and Dental Plan quotes are based on the Employer's primary physical address. Quotes from the Enrollment Services solution shall have capabilities to quote based on an Alternative Worksite zip code. The Alternate Worksite zip code would be based an employee's worksite zip code (eg. employees that work from home) that is provided by the employer.
10.	Under Financial Management, item 6, page 13, the RFP references "cleared" payments. Banks don't signal when a payment is cleared; they only inform if a payment is rejected. Therefore, can Covered California please provide definition of "cleared"?	Exhibit A - Scope of Work, Section E (Scope), item 2.A.6	The definition of "cleared" means payment settlement by bank. The contracted financial institution will provide their guidelines on settlement by payment type.

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11.	ACH and EFT are generally used interchangeably, but the RFP has distinguished them as separate categories in Exhibit A - Scope of Work, Financial Management, Section D, 5.a.i and 5.a.iii, page 20. Can you please elaborate on the differences as you see disbursements via ACH and EFT?	Exhibit A - Scope of Work, Section E (Scope), item 2.D.5	<p>ACH and EFT are defined separately because the State Controller’s Office (SCO) currently only has EFT capability. As such, the distinction is relevant for the payment process options.</p> <p>In the full-service model (Exhibit A Section E.2.B.1) a type of ACH would be the method of revenue collection and claims disbursement.</p> <p>In either Modified Accounting Services solutions (reference Exhibit A, Section E.2.B.2.a and Section E.2.B.2.b) the SCO's EFT process will serve as a key component and specific technical components of these banking processes will be further defined in the pre-implementation period.</p>
12.	In Financial Management, Section D, item 13, can you please define how this differs from a refund: <i>13. Returning payments which cannot be identified or applied to an employer group.</i>	Exhibit A - Scope of Work, Section E (Scope), item 2.D.13	If a payment comes in and cannot be applied to a group (as the group it should be applied to is not known/cannot be identified), then the payment is to be returned to the sender. A refund infers the check was applied to a specific group and as such, the refund would have a corresponding account receivable.

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13.	Exhibit A - Attachment 2 mentions a special recon process between CALSTAR and HCPS. What is the current recon process to keep the exchange and carrier enrollment systems in sync?	Exhibit A - Attachment 2	<p>In the full-service model (Exhibit A Section E.2.B.1): This reconciliation will not be necessary.</p> <p>Today employer groups exist in both CALSTARS (transitioning to FISCAL in Q3, 2019) and HCPS. This results in need for reconciliation. A similar situation will apply with Modified Accounting Solutions. In either Modified Accounting Services solutions (reference Exhibit A, Section E.2.B.2.a and Section E.2.B.2.b), reconciliation will remain a need upon initial launch of solution with potential to lessen over time (as systems prove to be in sync).</p> <p>Currently, the enrollment and financial reconciliation process between the exchange and carriers occurs monthly and is done manually. The efforts will require data from the Enrollment Services solution and the Financial Management solution.</p> <p>Further details, as applicable, will be included in pre-implementation.</p>
14.	Regarding General agent, does this entity work on behalf of the exchange for all plans and products on the exchange, or for a specific carrier?		<p>In their work with the CCSB Exchange, they would represent all plans and products (they are a general agent for the CCSB Exchange rather than any specific carrier).</p> <p>A General Agent performs back-office functions (quoting/packaging proposals/application and enrollment administration) in support of Agents. In their working with CCSB, they are paid an override by Covered California. General Agents have relationships with multiple carriers in addition to their relationship with Covered California/CCSB. In their working carrier-direct, they are paid via override by carriers.</p>

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15.	Regarding omission payment calculation, is this calculated per carrier, or is commission paid equally across all carriers based on exchange policy?		<p>Covered California understands this question to be regarding solely about commission rates and not in any way about “omission” of information/data. This noted, commission percentage rates are equal regardless of carrier or number of enrollees for that carrier.</p> <p>Agent commissions are calculated against premiums collected and commission schedule in effect at time of group’s initial enrollment (reference response to question 104).</p>
16.	Will Covered California continue to accept paper Employer and Employee applications? If so, is the keying of these applications into the system part of the scope? Is there a mailroom/incoming mail requirement?		<p>Market practices dictate that CCSB continue to receive paper Employer and Employee Applications. The keying of these application into the system not in the scope of this RFP.</p> <p>CCSB will release an RFP for Eligibility and Enrollment Service Center in early/mid-July. In this RFP are the requirements for staff needed to receive and input paper applications.</p>

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17.	<ul style="list-style-type: none"> • # of plans • # of rate regions • # of eligibility rules for <ul style="list-style-type: none"> ○ New hires ○ Life events ○ Terminations 	Site Architecture	<p>Please refer to Exhibit B, Attachment 1 (Reference Information Tab) for additional information.</p> <p>Additional information is provided below: # of Plans: Currently 8 medical carriers offering the following per metal tier: Platinum: 9 Gold: 10 Silver: 15 Bronze: 10</p> <p>Notes: 1) Not all plans are available in all rating regions. 2) Above does not include dental. Currently, four dental providers offer a total of five benefit plan designs.</p> <p># of Rating Regions: 19 # of Eligibility rules for New Hires, Life Events, and Terminations: There is one set of rules for all eligible employers with a capability for CCSB to override requirements for case-by-case exceptions.</p>

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18.	<ul style="list-style-type: none"> • # of clients being converted • # of employees being converted • # of dependents • # of benefit records being converted • # of beneficiary data • # of agents/GAs • Coming from single source or multiple sources 	Data Conversion	<p>Please note figures for conversion (and all enrollment data) are subject to future change. Below figures are based on current data. Please refer to Exhibit B, Attachment 1 (Reference Information Tab).</p> <ul style="list-style-type: none"> • # of clients (employers) being converted: 6,250 • # of employees being converted: <ul style="list-style-type: none"> • Medical: 36,600 • Dental: 2,700 • # of dependents <ul style="list-style-type: none"> • Medical: 18,500 • Dental: 1,500 • # of benefit records being converted: Medical and Dental • # of beneficiary data: Not Applicable. • # of agents/Gas: 12-14k Agents / 7 GA's • Coming from single source or multiple sources: Single
19.	<ul style="list-style-type: none"> • # of 834 EDI Files • # of flat files • # of payroll files 	Integrations	<p>Please note figures for integration (and all enrollment data) are subject to future change. Below figures are based on current data. Please refer to Exhibit B, Attachment 1 (Reference Information Tab).</p> <p># of 834 EDI Files: 9 (based on 5 medical and 4 dental carriers) # of flat files: 1-5 # of payroll files: 9 (this response assumes "payroll file" is in reference to a payment file (i.e. 820 file).</p>
20.	<ul style="list-style-type: none"> • Average number of payments • Average number of invoices 	Billing	<p>Please refer to Exhibit B, Attachment 1 (Reference Information Tab).</p> <p>Average number of payments (received each month): 6,000 – 6,500 (current)</p> <p>Average number of invoices (issued each month): 6,000 – 6,500 (current)</p>

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21.	Are you looking for vendor to generate and fulfill renewal kits, term letters?	Fulfillment	<p>Renewal kits are to be generated from Enrollment Services solution.</p> <p>Employer termination due to non-payment (involuntary termination) letters are to be generated from the Financial Management solution.</p> <p>Note: Actual group termination is to be reviewed/approved by CCSB prior to Termination letter mailing.</p>
22.	Who will be in taking the paper enrollments?	Paper Enrollment	<p>CCSB will release an RFP for Eligibility and Enrollment Service Center in early/mid-July. In this RFP are the requirements for staff needed to receive and input paper applications.</p>

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23.	Please define the scope of California COBRA administration for groups under 50 lives. Does this entail data transmission to a known California COBRA vendor, or actual COBRA administration by the Enrollment Services provider?	<p>Exhibit A – Attachment 3 (Solutions Requirements Inventory)</p> <p>Renewal Management</p> <p>E.1.D.8</p>	<p>The actual administration is required.</p> <p>California COBRA (CalCOBRA) applies to employers with 2-19 employees. This will require administration by the Enrollment Services Contractor for all CalCOBRA functions except for billing. Billing will be performed by the Financial Management Contractor.</p> <p>California COBRA (Cal-COBRA): Employers with 2 – 19 employees fall under Cal-COBRA. Covered California is to have available for eligible Cal-COBRA members an enrollment application. The Enrollment Services solution shall allow for an eligible Cal-COBRA member to enroll with CCSB. Cal-COBRA member billing are to be billed from the Financial Management solution directly to the Cal-COBRA members. Covered California is responsible for noticing requirements for eligible Cal-COBRA members that will generate from the Enrollment Services solution. Cal-COBRA enrollment data shall be transmitted to carriers.</p> <p>Federal COBRA (COBRA): Employers with 20 or more employees will fall under COBRA. The employer is responsible for noticing eligible COBRA members. Covered California is to have available for eligible COBRA members an enrollment application. The Enrollment Services solution shall allow for an eligible COBRA member to enroll with CCSB. Employers are to receive a bill from Covered California from the Financial Management solution. The employer is responsible in collecting premium payments from the COBRA members. COBRA enrollment data shall be transmitted to carriers.</p> <p>See Exhibit A, Attachment 10 - COBRA and Cal-COBRA Responsibility Outline for additional information.</p>

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24.	Is it assumed that the ben admin technology provider would also support manual input of paper application as needed? And if yes, are you able to provide volume of paper application (individual and group) in prior years, with an average of manual input time to complete?	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Renewal Management E.1.E.3.l	See response to question 16.
25.	Is the expectation real-time data transmission, daily batch/834?	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Renewal Management E.1.E.3.m	Daily batch transactions.

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26.	<p>Is there an e-signature provider you currently use to support this with whom integration would be preferred? OR do you prefer this to be inherent in the tool?</p>	<p>Exhibit A – Attachment 3 (Solutions Requirements Inventory)</p> <p>Renewal Management</p> <p>E.1.E.3.p</p>	<p>Covered California currently does not have a preferred esignature provider. There are a number of leading esignature companies (e.g. Docusign and esignlive), this noted, Covered California is open to considering others. From a security requirements perspective, inherent in tool or not, users must be identified and authenticated (tied to the signature records, the signature must not be modified or tampered with in anyway, audit trail must be simple and verifiable. Cloud centric solution must adhere to security provisions in the Model Contact.</p>
27.	<p>Do you currently have a Service / Call Center, and if yes, will you please provide</p> <ul style="list-style-type: none"> • Historical call volumes; • Service center hours; • Holiday hour expectations; • Hiring expectations for Service Center representative(s)? <p>Will he Service/Call Center expected to handle Open Enrollment / Renewals in additional to billing and invoicing questions?</p> <p>Will the Service/Call Center be expected to handle payments over the phone?</p>	<p>Exhibit A – Attachment 3 (Solutions Requirements Inventory)</p> <p>Security and Privacy Requirements</p> <p>E.3.A.9</p>	<p>See response to question 16.</p> <p>The Service Center is expected to support group open enrollment, renewal, and billing questions from Agents and Employers.</p>

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28.	Will access to all data via reports meet this requirement?	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Infrastructure Requirements E.3.B.7	Generally, no. Covered California is currently using VPN with additional scheduled reports; however, read only web access would be equally effective. That being said, Covered California would like to have as much flexibility as possible with the data. Bidders may consider inclusion of capabilities offered in their proposal. Note addendum requirement language update.
29.	Will access to all data via reports meet this requirement?	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Database Access and Data Delivery E.3.C.1	No. Covered California requires a data warehouse which can be accessed via SQL or equivalent. Having access to the database or some other data repository (vs. reports) is key to Covered California’s ability to produce live dashboards. Covered California is willing to review Bidder proposed options based on experience and best practices.
30.	How does question E.3.C.2 differ from E.3.C.1?	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Database Access and Data Delivery E.3.C.2	E.3.C.1 is focused on ensuring data access. E.3.C.2 is focused on ensuring the real time nature of the data access.

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31.	<p>What is the preferred format for daily data delivery (XML, 834, other)?</p>	<p>Exhibit A – Attachment 3 (Solutions Requirements Inventory)</p> <p>Database Access and Data Delivery E.3.C.3</p>	<p>Generally, the preferred method is CSV.</p> <p>Covered California is open to discuss other formats as may be warranted.</p>
32.	<p>Please provide an overview of the CCSB team, roles and skills, the Contractor will be working with throughout the conversion.</p> <p>Please provide an overview of the CCSB team, roles and skills, the Contractor will be working with to provide ongoing support of the solution.</p> <p>Please provide an overview of expected Governance at CCSB, frequency of Governance meetings, and any preferred program / project management tools (online/offline).</p>	<p>Exhibit A – Attachment 3 (Solutions Requirements Inventory)</p> <p>Data Conversion E.3.D.1</p>	<p>Bidders are requested to provide overview of Covered California team roles, skills and number of staff needed in each role to support conversion. Similarly, roles, skills and number of staff are to be provided for ongoing solution support.</p> <p>Bidders are to provide preferred project management program/tracking tool.</p> <p>Covered California will determine governance depth and meeting frequency in conjunction with Contractor during the pre-implementation stage of work.</p>
33.	<p>Will CCSB resources also be available to test conversion programs?</p>	<p>Exhibit A – Attachment 3 (Solutions Requirements Inventory)</p> <p>Data Conversion E.3.D.1.h</p>	<p>Yes.</p>

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34.	Please provide examples of “Manual Data Cleansing”	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Data Conversion E.3.D.1.k	Some examples of manual data cleansing include: - Updating the data in the source database via a manual process (either from the front-end interface or by updating the record using a batch process native to the source database) - Updating the data during conversion activities (and logging the update made) - Updating the data in the target database via a manual process (either from the front-end interface or by updating the record using a batch process native to the target database).
35.	Is there a preferred Program for maintaining the conversion data dictionary?	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Data Conversion E.3.D.1.l	No. Covered California is willing to review Bidder proposed options based on experience and best practices.
36.	Please provide detail regarding the additional migrations that will be needed	Exhibit A – Attachment 3 (Solutions Requirements Inventory) Data Conversion E.3.D.2	Requirement E.3.D.2 states the minimum number of conversions is two; additional migrations may be needed to test and verify results of the conversion program(s) and process(es) prior to the final conversion just before full implementation go-live.

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37.	During ongoing operations will Agents/Employers need to approve all invoices prior to delivery? Or are you looking for a period of time prior to the invoice delivery that allows Agents/Employers the opportunity to review and then once the 15 th of the month occurs the invoice is delivered regardless of approval?	Exhibit A – Scope of Work Financial Management C.3	<p>The goal is to provide a period of time where Agents and Employers have the opportunity to review.</p> <p>This is not an “approval” period as bills are generated in accordance to solution enrollment and financial transactions.</p> <p>If there are any discrepancies identified by Agents or Employers, research will take place and if require transactional changes the adjustments should reflect in the next billing cycle.</p>
38.	Just to confirm, the expectation is that the financial management system tracks enrollment adjustments made by an agent or employer and then communicates those changes to the enrollment vendor/system?	Exhibit A – Scope of Work Financial Management C.5	<p>Correct – for changes made during billing review. See response to question 37.</p> <p>All enrollment transaction changes will start from the Enrollment Services provider. The Enrollment Services provider will transmit information to the Financial Management Services provider to make any necessary financial adjustments. The financial adjustments would reflect in the next billing cycle.</p>
39.	Please provide the definition of a cancelled bill.	Exhibit A – Scope of Work Financial Management C.15	<p>A bill that has been issued and subsequently reversed in its entirety.</p> <p>Having the ability to “cancel” a bill per se is not a requirement, but providing ongoing visibility to them is, if that is supported as part of your solution.</p>

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40.	Please describe the process (and technology interfaces) required for validation of agent endorsements with the California Department of Insurance.	Exhibit A – Scope of Work Financial Management E.2.d	<p>In summary: Covered California produces a list of valid Covered California agents that is sent to the Enrollment Services solution. This list is updated daily. The Enrollment Services solution and Financial Management solution are expected to use this list to confirm Agent/Agency status.</p> <p>In more detail: Covered California produces file containing data against which validation will take place. This file is developed from California Department of Insurance endorsements, Covered California certifications, Covered California Agent contract information and accounting reference information.</p> <p>All data contained in the file is validated during the contract/amendment process performed by Covered California Agent Administration. New Agents will not be included in database until endorsement by CDI is complete.</p> <p>The file Covered California produces contains all current agents/agencies and may contain newly certified agents/agencies as well as prompts to remove/terminate agent/agency.</p> <p>Currently, this file is sent daily via FTP and ingested in current vendors enrollment system.</p>
41.	Please describe how access to signed Covered California agent contracts will be provided	Exhibit A – Scope of Work Financial Management E.2.e	<p>Reference response to question 40.</p> <p>Information will be provided in a mutually agreed format. Actual agent contracts will not be provided.</p>

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42.	Please describe the bonus payment calculation methodology that the financial services vendor will be asked to conduct	Exhibit A – Scope of Work Financial Management E.8	This can vary dependent on the bonus program put in place. As examples of the structure a bonus program may take: <ul style="list-style-type: none"> • Agents are awarded a set dollar amount for groups of a certain size (amount scales according to “bucket” group size falls into). • Agents are awarded a dollar amount for each member in a group over a certain size.
43.	For conversion of existing billing data, please describe the level of detail that will need to be converted to the new financial management system. Options could include a single balance forward by group, a balance forward by plan by group, aged detail by plan by group, or person-level transaction detail for unpaid transactions.	Exhibit A – Scope of Work Applicable to both Enrollment Services and Financial Management E.3.D	As a minimum, conversion needs to include the equivalent of the full billing history (with billing data being needed at the group and member level) that the new solution will support. See question 107 for more related information.
44.	Who sends out renewal kits?	General	This is a function performed by the Enrollment Services Contractor.
45.	We remain unable to access and open the Employer Bill Example provided in Model Contract Exhibit A, Attachment 8. Will you please provide the document in some other format?		File will be posted with this Question and Answer document. Note: What is provided is an example of a current group bill. Covered California is willing to review solutions bidder may present for bill content and presentation.
46.	Section A. Purpose in Exhibit A, Scope of Work discusses volume and refers to “members.” Please define “member” in this opening paragraph as it is not capitalized and so appears to not be the same as the defined term “Member” that is in Section B Definitions. In this paragraph is a member a group? An employee? A family member?		Any enrollee covered by a CCSB QHP and/or QDP issuer. Note: Members includes both employees and their dependents.

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47.	Throughout the RFP, the word ‘member’ appears in differing context, sometimes capitalized (as a defined term) and sometimes not. In all cases when we see ‘member’ are we to assume that it has the same meaning as the defined term, meaning all members of the household including covered dependents and not just the enrolled employee?		Any enrollee covered by a CCSB QHP and/or QDP issuer. Note: Members includes both employees and their dependents.
48.	We wish to understand the number of groups purchasing coverage on the exchange, the total number of employees in those groups, the number of employees actually purchasing coverage in those groups, and the total number of family members associated with those employees who have purchased coverage. Please provide those data points.		Please refer to Exhibit B, Attachment 1 (Reference Information Tab).
49.	What percentage of groups submit paper applications in lieu of using the web site to sign up for an offering?		Processing of paper applications is not in the scope of the RPF. Please see response to question 22.
50.	What percentage of employees submit paper applications in lieu of using the web site to purchase coverage?		Processing of paper applications is not in the scope of the RPF. Please see response to question 22.
51.	What is the volume of participating employer groups and Members (usage here as the defined term) that Bidder will be expected to take over from the existing deployment when Bidder goes live with the new solution on 4/1/2021? Does Covered CA have a strategy for migrating those groups and Members to a new platform? Please describe the migration strategy.		<p>Please refer to Exhibit B, Attachment 1 (Reference Information tab for volume related data).</p> <p>Bidders are to propose migration strategy as per bidder’s preferred approach. Note, all existing groups will need to be migrated no later than 3/31/2021.</p> <p>Migration strategy finalization will take place during pre-implementation.</p>

**RFP 2018-14 – CCSB Enrollment Services and Financial Management
Questions and Answers**

#	QUESTION	RFP Section	ANSWER
52.	Please provide software development kit (SDK) for API to be used for DE-9C integrations, and also any other SDKs for State of CA APIs that are required usage.		<p>Current DE-9C review is performed manually by Sales staff. The Sales team has specialist who review all employer submissions with the DE-9C to ensure eligibility requirements are met.</p> <p>At this time, it is foreseen this process will remain manual and done as part of Service Center team function at time of implementing work resulting from this RFP.</p> <p>Covered California encourages Bidders to include potential solutions in their proposals. Final processes will be further defined in pre-implementation.</p>
53.	From Exhibit A, Scope of Work, please clarify requirement E.1.C.3. (on page 10) which specifies “Ability to accept automated electronic enrollment...” From this requirement, we understand the receipt of paper applications. However, please clarify the requirement to “accept automated electronic enrollment.” From where is this electronic enrollment originating? In what volumes?		<p>CCSB today has API connections with General Agents for both quoting and for submission of applications (both Group and Employee).</p> <p>The Contractor will need to have a published API available to any 3rd party that would like to support employer quoting and application files at both the employer and employee level. This can also include adds/changes/deletes to existing groups.</p> <p>This figure may be in the range of 5-10. However, note Contractor is expected to accommodate as needed.</p>
54.	What is the current volume of enrolled premium on the CCSB exchange, inclusive of all groups and all members, for all types or coverage (e.g. medical, dental, etc.). Please provide premium by plan type.		<p>Gross medical premium for the 2018/19 FY is estimated to be \$250m. This figure is projected to be \$330m in FY 19/20.</p> <p>Dental premium is an approximate \$1.0 – 1.5m additional to the above.</p>

**RFP 2018-14 – CCSB Enrollment Services and Financial Management
Questions and Answers**

#	QUESTION	RFP Section	ANSWER
55.	In Exhibit A, Attachment 2, Current Process Detail, the following percentage of premium fees are described: Administrative Fee, Agent Fee, Distribution Rate. Please describe the relationship, if any, between the three. Are all three of the fees charged independently to the carriers? Is the Agent Fee included in the Distribution Rate?		<p>As part of the RFP solution, only two fees are to be charged.</p> <p><u>Administration Fee</u>: This is the fee assessed against all premium collected Covered California charges carriers who participate in CCSB to administer the CCSB exchange.</p> <p><u>Distribution Rate</u>: This is a set amount assessed against all premium collected to pay for distribution costs (e.g. Agent commissions, General Agent commissions, Agent incentive programs).</p> <p>Thus, based on the above, the Agent fee is included in the Distribution Rate.</p>
56.	Please describe the Bidders expected responsibility for participating in and managing the process related to the QHP certification process described on pages 6-7 of Exhibit A, Attachment 2, Current Process Detail.		<p>Bidders are not required to participate in the QHP Certification process.</p> <p>Bidders are required to accept SERFF templates as specified in Exhibit A, Section E.1.A.</p>
57.	In Exhibit B, Attachment 1, Cost Worksheet, should Bidders for Enrollment Services only ignore the required entries for “Remit Monthly Commissions to...” in all cases? It appears as if a macro marks those line items as Not Offered in some cases, but not all cases.		Yes. Covered California will address issue in addendum.
58.	In Exhibit B, Attachment 1, Cost Worksheet, the Cost Basis is expressed as PMPM. Please confirm that “Member” in this context is the same as the defined term in Exhibit A, Scope of Work.		Yes.

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Questions and Answers**

#	QUESTION	RFP Section	ANSWER
59.	The opening paragraph of Exhibit A, Scope of Work, states that CCSB currently has “over 50,000 members.” In Exhibit B, Attachment 1, Cost Worksheet, the lowest volume tier requested is 100,001 to 200,000 members. With approx. 50,000 to 100,000 members currently, please explain why the RFP only solicits pricing for tiers starting at 100,000 members.		<p>Bidders are to provide “Base” pricing (reference Step 2 as described on both the Implementations and Ongoing Fees tabs) based on membership as shown on the Reference Tab.</p> <p>Regarding Step 3: Covered California is seeking to understand potentially applicable cost changes at potential future volumes.</p>
60.	Given that the full scope of requirements and integrations cannot be fully derived from the RFP alone, with respect to fees we would prefer to provide implementation and ongoing fees as a range of dollars as opposed to a single value. More precise values could be determined during the interview process. Is Covered CA willing to receive a range of fees in Exhibit B, Attachment 1. If yes, how should that be expressed?		<p>Bidders are to price per assessment based on the information provided and as required in Exhibit B, Attachment 1. Range of dollars in Exhibit B, Attachment 1 is not acceptable.</p> <p>Bidder is free to utilize “Understanding and Approach” as desired.</p> <p>Fees discussed as warranted may occur with bidders selected for interview.</p>
61.	On average across CCSB, how many Members are there per enrolled family?		On average, there are approximately 1.5 - 1.6 members per subscriber.
62.	Is this a federally funded marketplace as permitted under PPACA?		Covered California is a state-based exchange operating on administrative fees charged to participating carriers. Currently, no federal funding is utilized in Covered California’s operations.

**RFP 2018-14 – CCSB Enrollment Services and Financial Management
Questions and Answers**

#	QUESTION	RFP Section	ANSWER
63.	<p>Paper Applications – Reference Exhibit A section E (General Scope of Services/Solution Requirements) 1. D. page 10 & 11.</p> <ul style="list-style-type: none"> a. Will paper applications still be accepted when this project is launched in 2021? b. If so, what % of applications are paper today, and projected at project launch in 2021? c. Is Covered California willing to promote (or require) the use of on line applications in the future? 		See reply to question 16.
64.	<p>Provider Network – Reference Exhibit A section E (General Scope of Services/Solution Requirements) 1. B. 1. D. v. page 9.</p> <ul style="list-style-type: none"> d. Provide the ability to distinguish between PPO's, HMO's etc. e. Are these just plan types? And if so, can the vendor list those as plan options for the applicant with each priced accordingly? f. If not, then how is the Provider Network used in the enrollment process? 		<p>Plan names indicate plan type and network. The rate is determined specifically for this benefit design and network combination (in addition to normal rating factors such as age, region, and family composition).</p> <p>Via the SERFF templates, all plans will be sent to Enrollment Services Solution with assigned HIOS IDs that will link to rate files submitted by carriers.</p> <p>Enrollment Services solution shall have capability to link to the carrier's website/provider directory.</p>

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#	QUESTION	RFP Section	ANSWER
65.	<p>Employers Like Me capability- Reference Exhibit A section E (General Scope of Services/Solution Requirements) 1. B. 1. D. vi. Page 9.</p> <p>g. Does this have to be built using live, current data, or can it be a static set of recommendations built from existing data that suggests coverage based upon pre-selected outcomes based upon various parameters?</p>		<p>It can be a static set of recommendations. However, if static, bidder should propose methodology and timing for periodic updating.</p>
66.	<p>California COBRA Notifications- Are these required to be sent in paper version? Can an online version be provided/required?</p>		<p>To the best of our research, the statute requirement is for “written notice”. Thus, the bid requirement is for mailing a paper version. Our practice today is to mail a paper version.</p> <p>It is allowable to send a copy via email when requested in addition to the paper copy. This could be to the Cal-COBRA member or in the event the Agent wants a copy.</p>
67.	<p>COST - Reference Exhibit A section E (General Scope of Services/Solution Requirements) 1. B. 1. D. iv. page 9.</p> <p>h. Can you explain what is meant by ‘contribution modeling based on reference plan’?</p>		<p>To manage budget, the employer in CCSB can set premium contribution based on a specific plan. Each employee can still pick whatever plan best fits his/her individual needs. If there's a difference between the employer contribution and the cost of the coverage the employee selected, it's paid through payroll deduction.</p> <p>For example, if the employer selects a contribution of \$100 on Silver Plan X, but employee chooses Gold Plan Y that costs 140, then employer still contributed \$100 and \$40 is paid by the employee. However, if the employee selects Silver Plan X or an offered plan that less in cost than Silver Plan X, the employee pays nothing toward monthly premium.</p> <p>In modeling this, it is common for employers (or their agent) to run numerous scenarios of contribution levels and selected reference plans.</p>

**RFP 2018-14 – CCSB Enrollment Services and Financial Management
Questions and Answers**

#	QUESTION	RFP Section	ANSWER
68.	<p>DE-9C- Reference Exhibit A section E (General Scope of Services/Solution Requirements) 1. C. 1. Page 10.</p> <ul style="list-style-type: none"> i. What are the expectations for this provision? j. For example, will SOC retain this information and the vendor system can provide a link to the SOC system allowing the employer to access the needed information? k. Or will the vendor be required to store this information? If so, where will this information come from, how often will it be provided, what format etc? 		<p>Reference response to question 52.</p> <p>Service Center will manually enter this information into Enrollment Services solution.</p> <p>Covered California encourages Bidders to include potential solutions in their proposals. Final processes will be further defined in pre-implementation.</p>
69.	<p>Bills- Paper vs On Line – Reference Exhibit A section E (General Scope of Services/Solution Requirements) 2. C. 1-4. page 17.</p> <ul style="list-style-type: none"> l. Are Employer paper bills required or can on line statements be prepared and posted in printable PDF version, with an email notification to the employer that the bill is ready for review? m. If paper is a required option, can employers elect to receive bills on line instead of paper? n. Is the current process paper only? If not what % of bills are presented on line? <p>Is CC willing to promote the use of on line bill presentment in printable PDF format, to ultimately eliminate paper bills?</p>		<p>Paper bills are to be mailed to employers as default. However, employers do have the option to elect to receive bills online instead of paper.</p> <p>Yes, Covered California is willing to promote the use of an online billing that is in printable PDF format.</p>

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Questions and Answers**

#	QUESTION	RFP Section	ANSWER
70.	<p>Data Conversion- – Reference Exhibit A section E (General Scope of Services/Solution Requirements) 3. D. page 28 & 29.</p> <ul style="list-style-type: none"> o. Is data to be converted inclusive of historical billing and payment information? Is this required? p. Can historical data be limited to Coverage information, demographics, and personal data for the participants and billing information for the employer? 		<p>See question 43</p> <p>As a minimum, conversion needs to include the equivalent of the full billing and payment history (with billing data being needed at the group and member level) that the new solution will support.</p> <p>The goal is to have historical billing data to support reconciliation and audit.</p>
71.	<p>Section 2, letter C, Item 15 of Exhibit A is a requirement to record and track cancelled bills. Can CCSB please describe its definition of cancelled bills, provide the reasons why a bill would be cancelled, and indicate how a cancellation would be delivered to the Financial Management system?</p>		<p>A bill that has been issued and subsequently reversed. (note: such canceled/reversed bills should be archived).</p> <p>Having the ability to “cancel” a bill per se is not a requirement, but providing ongoing visibility to them is, if that is supported as part of your solution.</p>
72.	<p>Section 2, letter C, Item 10 of Exhibit A is a requirement to report on billing activity on a daily and MTD level. Can CCSB describe the billing activity data needed in both the daily and MTD reports? Can use cases be provided?</p>		<p>Every invoice data element will need to be reported by the vendor. Such that the daily activity is accounted for in the reconciled monthly report at the member level and broken out by revenue type.</p> <p>Further details and use cases will be provided in the pre-implementation period.</p>
73.	<p>Section 2, letter C, Item 21-c refers to cost and revenue journal entry creations that "may be applicable." The cost and revenue entries would require data from CCSB that would presumably not be delivered from the enrollment platform. Can CCSB describe how and in what form it would provide that data?</p>		<p>These figures will be able to be calculated based on cost factors (e.g. carrier rates, CCSB administration load, distribution rate) figures provided by Covered California.</p>

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#	QUESTION	RFP Section	ANSWER
74.	Section 2, letter C, Item 26 refers to tracking and managing exceptions. Can CCSB describe and provide a use case for exceptions that will be tracked and/or managed?		<p>For any case that requires transaction changes (i.e., add, termination) that are outside Covered California rules and regulations, an “Exception” request will need to be submitted by Service Center team (reference response to question 16) to Covered California for review and decision. Covered California would like to have capabilities to track and manage submitted Exceptions request.</p> <p>The purpose of tracking and managing exceptions are to monitor the vendor's performance and maintain transparency.</p>
75.	Section 2, letter D, Item 4 refers to a warrant. Our assumption is that a warrant is the same as a check. Is this assumption correct?		<p>From a practical standpoint the answer is Yes, the assumption is correct.</p> <p>The State Controller's warrants are treated like bank checks. The State of California defines a warrant as "an order drawn by the legislative body or an officer of a government upon its treasurer directing the latter to pay a specific amount to the person named or to the bearer." (Reference State Administrative Manual Section 8400)</p>
76.	Section 2, letter D, Item 5 refers to the separation of disbursement payments, and provides agent payments as an example. Is this requirement limited to Agent/Agency payments? If not, can CCSB list the other types of payments for which this type of separation is required? Further, is this requirement dependent upon the banking service model or is it required regardless of the model?		<p>Disbursement Payments include:</p> <ul style="list-style-type: none"> • Agents/Agency • General Agents • Carrier • Covered California Admin Fee <p>The ability to distinguish between these disbursement types is require regardless of banking service model.</p>
77.	Section 2, letter J, item 3j is a reporting requirement for "Program business rules change at the benefit year." Can CCSB describe what it means by Program Business Rules, and some detail or examples of what data is expected in this report? Finally, is this one annual report for each plan year?		<p>Program Business Rules is a term that is synonymous with CCSB Policy.</p> <p>Typically reports are requested monthly. Some are daily. In addition, Covered California may ask for a 12 consecutive month time period as well as a fiscal period report (i.e. July 1 to June 30).</p>

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#	QUESTION	RFP Section	ANSWER
78.	Section 2, letter A, item 6 refers to "immediate pay or batch runs as applicable..." First, is there a specific cadence CCSB expects for batch runs? Second, can CCSB provide a use case for an immediate payment that would be needed, along with the expected timing for issuing such a payment? Finally, is there an expectation of customized remittance schedules by carrier?		<p>Reporting batches are daily, supported by audited monthly files.</p> <p>Disbursements are currently monthly, except for agents which receive payments bi-monthly.</p> <p>Demand expedite payments are rare and are processed in the same day. Note the intent of this requirement is to promote improved payment options for the payees (i.e. not restrictive hence meeting potential market demands to current SCO's limited disbursement processes).</p> <p>The remittance schedules are customized by payee type (agent/agency, general agent, carrier) and not at the payee level.</p>
79.	Section 2, letter J, Item 3k references 1099's. It is clear in the RFP that Agents need to receive 1099's. Are there any other individuals or entities that need to receive 1099's as part of this solution? If so, can CCSB list those individuals or entities?		<p>In addition to Agent/Agencies, General Agents are to receive 1099 statements as well.</p>

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#	QUESTION	RFP Section	ANSWER
80.	Exhibit A, Attachment 1 provides the project schedule and cites the new system running "in parallel" to the existing system. Is it correct to assume that the new system needs to be ready for the first wave of enrollments on 10/1/2020, that the first invoices will be generated and delivered in January 2021 for a portion of CCSB's business, and that the "parallel" reference refers to the fact that some business will remain on the existing system while waves of business are onboarded to the new system? If any these assumptions are incorrect, can CCSB provide corrections to these assumptions?		<p>Covered California understands and agrees the time of process roll-over will require staging. This to accommodate new solution vs. current solution processing of new group business processing, issuing and processing renewals, and financial solution phasing in supporting the staging of business processes.</p> <p>Covered California requests for Bidders to propose sequence/staging of these considerations in their response. It is expected Bidder's response be based on experience and best practices learned to date.</p> <p>Final approach will be determined in conjunction with winning Bidder as part of pre-implementation phase of project which commences immediately after contract award.</p> <p>Note addendum for Exhibit A, Attachment 1.</p>
81.	Exhibit A, Section 2, letter B describes three Revenue and Pay Cycle Process Options. Which of these scenarios is CCSB using today?		The most similar to today is as described in Exhibit A, Section E.2.B.2.b (Modified Accounting Services: Covered California makes Payment through SCO)
82.	Due to the fact that Covered CA is allowing respondents to bid for one or both components of the system (enrollment and/or financial management), can a respondent bidding both components use double the allowed pages in the narrative?		<p>With a goal of being succinct and remaining on topic, narrative lengths are as follows:</p> <p>For bidders submitting Enrollment Service OR Financial Management solution: Lengths are as stated in RFP.</p> <p>For bidders submitting both Enrollment Service AND Financial Management solutions: Lengths are as stated in the RFP except for the following sections:</p> <ul style="list-style-type: none"> RFP 4.3.1: 7 pages RFP 4.3.3: 5 pages RFP 4.3.4: 4 pages RFP 4.3.5: 5 pages

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#	QUESTION	RFP Section	ANSWER
83.	In section 4.3.1.d of the RFP, a response is required related to phone/support services for working with Agents, Employers, General Agents, Carriers and Covered California staff. During the Bidder's Conference, CCSB stated that call center services would be included in a separate RFP. Can CCSB explain what the expectation is for support to Employers, General Agents, and Agents if Call Center services are out of scope?		See response to question 5. 4.3.1.d should refer only to Covered California staff and other Covered California vendors
84.	Approximately how many Agents, General Agents, and Agencies does CCSB send commission and incentive payments to each month?		Please refer to Exhibit B, Attachment 1, Reference Info tab.
85.	In exhibit A, Attachment 2, CCSB describes the current validation process for payments made to agents and agencies, and the current vendor performs the validation of the payees. Is it the expectation of CCSB that the successful financial management bidder will perform this same validation? If so, can CCSB describe the resources that the agent data is validated against by the current vendor?		Yes, the validation of the payees is a requirement. The data will be housed in/received by Enrollment Services solution. The Financial Management solution may need to validate/reconcile agent payee data in some scenarios. This is done manually via a file search function. Exact level of resources to perform this function is not immediately known. See reply to question 40 for additional information.
86.	Exhibit A, Attachment 3, Line E.3.A.1.g refers to NIST special publications that must be complied to. Can CCSB provide a specific list of publication bidders need to review? There are numerous publications listed.		The contractor must comply to the Minimum Acceptable Risk Standard for Exchanges, known as MARS-E version 2. In addition, the contractor should comply with NIST Special Publication 800-53 (latest version). MARSE can be found at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2-MARS-E-v2-0-Minimum-Acceptable-Risk-Standards-for-Exchanges-11102015.pdf

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#	QUESTION	RFP Section	ANSWER
87.	Will contractor be responsible for stakeholder operations and support on an ongoing basis? For example, if there are any day-to-day operational errors in accessing the DE-9C – is Contractor required to establish appropriate peer relationships and remediate any operational or data errors?	General SOW Exhibit A and C-1	CCSB will release an RFP for Eligibility and Enrollment Service Center in early/mid-July. This will be the primary interface for questions coming from stakeholders (i.e. Agents and employers).
88.	Certain portions of the SOW Exhibit A suggest tools for manual input. Is Contractor responsible for manual input of paper information received from employer or does the State have a different plan for this purpose?	General SOW Exhibit A	See reply to question 16.
89.	Is contractor responsible for any Level 1 support questions received from Employer (a) over the phone and (b) over a support ticket system?	General SOW Exhibit A	No.
90.	Is contractor responsible for any Level 2 support questions received from Employer (a) over the phone and (b) over a support ticket system?	General SOW Exhibit A	Generally, no. What may be required is support to Service Center (see response to question 87) in the event of a Level 2 escalation in the service center which the service center cannot resolve based on access to bidder’s solution the service center has.
91.	Is Contractor responsible for stakeholder coordination with Third Party Administrators/Carriers that manage COBRA for employers across the state?	General SOW Exhibit A	No. Covered California currently coordinates with Carriers on COBRA enrollment and administration. At this time, we see this function remaining with Covered California.
92.	Is Contractor responsible for providing agent support with respect to the functions described in this section? More generally with respect to all functions described in the statement of work?	General SOW Exhibit A	No. See response to question 87.
93.	For the Employee Choice model, does the employer choose two adjacent tiers or two major medical carriers in addition to any number of ancillary carriers (i.e. dental)? Can they select a single metal tier or carrier? Please clarify all required options.	SOW Exhibit A B-1-A (i)	Employers have the option of selecting metal tiers only. Employers do not have the option of selecting specific carriers. Employers may select: <ul style="list-style-type: none"> • A single metal tier • Two metal tiers that are contiguous. Acceptable metal tier combinations are: Bronze/Silver, Silver/Gold, Gold/Platinum.

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#	QUESTION	RFP Section	ANSWER
94.	Please explain what you mean by term "automated employee enrollment".	SOW Exhibit A C-3 and E-3-l	See response to question 53.
95.	Please explain the type of exceptions required in the "allow exception capabilities with ability to enter notes"? Please provide guidance on the kinds of exceptions that have occurred most frequently and the support desired from the system to handle them.	SOW Exhibit A C-3-t	See response to question 74.
96.	<p>With respect to Exhibit A and the statement of work, is it within the scope of the project for Contractor to coordinate with carriers each year for annual plan uploads, provide such business operations support as needed for carriers, and effectively and correctly upload such plans to the SHOP system?</p> <p>If yes, please describe your internal CCSB governance processes for this annual process? What is the Level of Effort the contractor should assume with respect to such annual plan coordination? If there are specific approvals that either carriers or CCSB needs each year, please describe them?</p>	SOW Exhibit A - Enrollment Services	<p>All plans to be uploaded will first be submitted to Covered California and have gone through Covered California’s certification process. Contractor will only need to coordinate with Covered California for annual and quarterly plan and rate changes as may be applicable.</p> <p>Delivery of plan information to Contractor will be via SERFF templates.</p>
97.	Based on your response during the bidders' conference, we understand that call center support is outside the scope of this RFP. Can you please clarify if this RFP includes Level 1 support to agents and brokers (versus employers or employees)? If not, please clarify for pricing and estimation whether it is in scope for the contractor to provide Level 2 support to a Level 1 call center.	SOW Exhibit A - Enrollment Services	<p>CCSB will release an RFP for Eligibility and Enrollment Service Center in early/mid-July. This will be the primary interface for questions coming from stakeholders (i.e. Agents and employers).</p> <p>Also, please see replies to questions 89 and 90.</p>

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Questions and Answers**

#	QUESTION	RFP Section	ANSWER
98.	With respect to Contractor’s obligations to support Cal-COBRA, please list specifically any requirements relative to Cal-COBRA or federal COBRA that the system is required to support?	SOW Exhibit A - Enrollment Services	See Exhibit A, Attachment 10 - COBRA and Cal-COBRA Responsibility Outline
99.	If no direct support of COBRA functions is required, are there any integration requirements or data export requirements?	SOW Exhibit A - Enrollment Services	<p>There is direct support for Cal-COBRA and COBRA enrollments. The enrollment data will need to be transmitted to carriers. There will be integration requirements.</p> <p>See Exhibit A, Attachment 10 - COBRA and Cal-COBRA Responsibility Outline for additional information.</p>
100	Is Mailroom functionality in scope? Is Contractor required to integrate with a state-provided or a third party mail room?	SOW Exhibit A - Enrollment Services	<p>No to both questions.</p> <p>All CCSB incoming mail shall be addressed to the Service Center team for imaging, review, and processing. Reference question 16.</p> <p>Billing shall reference Lockbox mailing address.</p> <p>However, bidder’s will need their own mailroom to support distribution as required in Exhibit A. Examples include renewal kit mailings, bills, and termination letter mailings.</p>
101	Can contractor assume that plan data will be provided in SERFF format only?	SOW Exhibit A - Carrier Plan Setup	Yes.

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#	QUESTION	RFP Section	ANSWER
102	Does contractor or solution have any obligations to validate, verify, normalize or analyze Carrier provided Network data for adequacy or correctness?	SOW Exhibit A - Carrier Plan Setup	<p>Not for adequacy. This is done during the certification process performed by Covered California prior to transmission to Contractor.</p> <p>Enrollment Solution obligation is to ensure files are accurately loaded as per data received (via SERFF files).</p> <p>Enrollment Services solution and Financial Management solution are to ensure data is accurately shared between each other.</p> <p>Forward looking (outside of current requirements): Relevant to Enrollment Services solution, Covered California would like capability for users to perform online searches of carrier network providers as part of the decision tool.</p>
103	Please explain reference to New Business Quoting "through 3rd party quoting portals". Is vendor's solution expected to provide any interfaces or other capabilities to support 3rd party portals?	SOW Exhibit A - Enrollment Services - Current Process Overview	<p>Yes – plans and rates should be made available via API for 3rd party portals</p> <p>See response to question 53 for additional information.</p>

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#	QUESTION	RFP Section	ANSWER																
104	Agent/Agency disbursements are "based on the group's size and tenure with CCSB". Are there any other factors used in computing agent/agency disbursements? Is the formula used to calculate them uniform across all agents/agencies? Can CCSB please share the formula or sample of agent/agency contract?	SOW Exhibit A - Financial Management - Current Process Overview	<p>Agent commission schedules are dependent on group effective date and size of group.</p> <p><u>For groups 1-50 employees, the following applies:</u></p> <p>Groups effective prior to 12/31/17</p> <table border="1" data-bbox="1171 505 1545 764"> <tr><td>Year 1</td><td>6.5%</td></tr> <tr><td>Year 2</td><td>6.2%</td></tr> <tr><td>Year 3</td><td>5.9%</td></tr> <tr><td>Year 4</td><td>5.6%</td></tr> <tr><td>Year 5</td><td>5.3%</td></tr> <tr><td>Year 6 +</td><td>5.0%</td></tr> </table> <p>Groups effective 1/1/18 or later</p> <table border="1" data-bbox="1171 841 1545 883"> <tr><td>Year 1 +</td><td>5%</td></tr> </table> <p><u>For groups 51-100, the following schedule applies (regardless of effective date):</u></p> <table border="1" data-bbox="1171 1036 1545 1078"> <tr><td>Year 1 +</td><td>5%</td></tr> </table> <p>Note the above commission schedules reflect CCSB history to date and forward commission schedules are subject to change.</p>	Year 1	6.5%	Year 2	6.2%	Year 3	5.9%	Year 4	5.6%	Year 5	5.3%	Year 6 +	5.0%	Year 1 +	5%	Year 1 +	5%
Year 1	6.5%																		
Year 2	6.2%																		
Year 3	5.9%																		
Year 4	5.6%																		
Year 5	5.3%																		
Year 6 +	5.0%																		
Year 1 +	5%																		
Year 1 +	5%																		

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#	QUESTION	RFP Section	ANSWER
105	Employer Group New Business Quoting is a process that involves many steps. Agents can sometimes make mistakes that need to be rectified. In addition, there may be a need to run ad-hoc batch jobs to ensure that benefits are delivered in a timely manner to employees. We assume such data operational support is within the scope of this RFP. Is this correct? If yes, based on your operating experience, what level of effort should Contractor assume with respect to such data operations?	SOW Exhibit A-E.1.B Employer Group New Business Quoting	<p>The description is correct.</p> <p>Bidder should assume the similar level of effort as experienced for carriers operating in a small group marketplace.</p>
106	Please provide additional detail for "electronic access and integration to DE-9C and any other employer documentation available through the state." Please provide details on what interfaces are available from the state, and how you intend for the system to use the DE-9C and other employer information.	SOW Exhibit A-E.1.C Employer Application and Setup	<p>See response to question 52 and 68.</p> <p>This is a requirement looking toward the future. At this time we are not aware of interfaces for employer documentation provided by the State of California.</p>
107	Please provide greater clarity on the scope of data conversion. Does it include all historical data from the legacy system, including audit history? Does historical data need to be made available to agents, employers and employees through their portals? Going how far back in time? Should EE, ER or support staff be able to made retroactive changes to legacy data? Is there a possibility of having the legacy system run in parallel for a period of time, so it continues to serve as a system of record for enrollments created in that system?	SOW Exhibit A-E.3.D Data Conversion	<p>As a minimum, conversion needs to include the equivalent of the full billing history (with billing data being needed at the group and member level) that the new solution will support. See response to question 43.</p> <p>The purpose of the historical data is for calculations of any reconciliation adjustments, audit requests, and inquiries by the agents, carriers, employers and employees.</p> <p>This information goes back to 2014.</p> <p>Note in Exhibit A, Attachment 1, Bidders are asked to include overview description of Contractor’s proposal for transitioning to Contractor’s solution. Also, reference reply to question 80.</p>

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#	QUESTION	RFP Section	ANSWER
108	<p>We understand that this RFP excludes support for a call center. However, the successful operation of a SHOP includes other production support and Level 2/Level 3 responsibilities. For each of the following, can you please clarify whether it is in our out of scope?</p> <ul style="list-style-type: none"> a) General Support for Agents and Brokers b) General Support for Carriers including for example for plan set-up, data and reconciliation errors, reports and other operational functions. c) General Support for CCSB personnel with respect to day-day operations, compliance, accounting functions. 		<p>a) CCSB will release an RFP for Eligibility and Enrollment Service Center in early/mid-July. This will be the primary interface for questions coming from stakeholders (i.e. Agents and employers).</p> <p>Also, please see replies to questions 89 and 90.</p> <p>b) For Carriers: CCSB team is on point with bidder needing to be able to support CCSB team escalations.</p> <p>c) This is in scope. Bidders are expected to have a designated point of contact for CCSB staff.</p>
109	<p>Can you please elaborate on the need to establish an API to third-party partners in the context of renewal management? What specific APIs are required and should be considered in scope?</p>	SOW Exhibit A-E_3_k Renewal Management	<p>An API should be available to allow 3rd party systems such as payroll vendors, HRIS vendors and carriers to renew groups and perform maintenance transactions that have been set up in their systems.</p>
110	<p>Please elaborate on the risk tolerance requirement and the use case for Agents and Employers in SHOP, assuming the choice model supported is the selection of metal tier(s) by the employer.</p>	SOW Exhibit A_E-3_b_i Renewal Management	<p>Employers should understand that their employees may find certain metal tier(s) more or less attractive based on their tolerance for risk. For example, an employer who has highly risk averse employees should consider including the Platinum tier.</p>
111	<p>Can you please describe the difference between Decision Support and recommendation engine functionality?</p>	SOW Exhibit A D_3	<p>Decision support is a broad term referring to varying tools that would support making a decision such as website content, plan filtering, side-by-side-comparison AND a recommendation engine. Recommendation engine is a subset of decision support.</p>
112	<p>Based on your description of the employer choice during the bidders' conference, employers choose two adjacent metal tiers. Does the employer have an option to choose one metal tier plan only (as indicated by the 1.a-ii - "employer selected metal tier(s)". Do any other choice models need to be supported?</p>	SOW Exhibit A - B Employer Group - 1. a. Employee choice model	<p>Please see response to question 93.</p>

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#	QUESTION	RFP Section	ANSWER
113	Overall, how does Covered California prefer to be billed? A flat rate, a cost plus rate, a PEPM based on covered lives or PMPM based on covered lives? And if yes to PEPM or PMPM, will Covered Ca accept rating on a tier basis? This question could also be applied towards RFP 2018-14, Pg. 19, 2.3 Reassignment of Personal, statement #2.		See Exhibit B - Attachment 1 – Cost Worksheet for invoice basis.
114	Would Covered California please define their definition of a narrative response?		<p>Responses should be in clear and concise words that accurately describe functional areas relevant to the scope of work for this proposal.</p> <p>Bidders are encouraged to refrain from hyperbole and instead focus on clarity of relevant points being made via succinct written replies that convey thoughts in a clear and concise manner.</p>
115	<p>E.1.B.1.d.v - Provider Network- Include ability to distinguish between potential variation of networks available (i.e. Full Network, Narrow Network, PPO, HMO, etc.)</p> <ul style="list-style-type: none"> • Q - How are we to distinguish between full and narrow network? 	Model Contract/Exhibit A Att 3 – Solution Requirements Inventory	Covered California will provide to which plans have full or narrow network with SERFF file submissions.
116	<p>E.1.B.1.f - Provide the ability to expire quotes after a predetermined period.</p> <ul style="list-style-type: none"> • Q - Can you elaborate? Example: If we are given a date of 12/01, we will provide that quarter's quotes. However, if you choose to use our system with a date of 1/1, it will be different. 	Model Contract/Exhibit A Att 3 – Solution Requirements Inventory	Quotes are valid for a defined effective date. There are business rules which govern effective date in relation to application and payment receipt. Solution must be able to reconcile these rules to ensure appropriate enrollments.

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#	QUESTION	RFP Section	ANSWER
117	<p>E.1.B.1.g - Provide the ability to track and view quote history</p> <ul style="list-style-type: none"> Q - Can you elaborate? Assuming Covered Ca uses their email so we know who they are and save their quote, if we then receive three different quotes throughout the year, would we need to save all of these quotes? Or just save the last quote? Would we be required to save multiple quotes? What is purpose of saving quotes that may no longer apply? Point being, if customer quoted for an effective date of December, it will be different if they then try to sign up for January. We would now show the January prices and plans. 	<p>Model Contract/Exhibit A Att 3 – Solution Requirements Inventory</p>	<p>Saved quotes would still be subject to expiration. The purpose of this is to provide the ability for an agent or employer to reference an earlier quote for the purposes of developing a new one.</p>
118	<p>Regarding Exhibit A Attachment 3, Q: E3E4 (page 35), please confirm the financial audits for Covered California will be produced by the vendor. If so, who selects the audit firm (vendor or Covered California)?</p>		<p>Bidder selects audit firm to performed as per requirements.</p> <p>In addition, Covered California is subject to multiple external audits which may require ad hoc data reports and interviews of the vendor.</p>
119	<p>If the vendor is SOC-compliant (SSAE18), will the SOC audit satisfy the audit requirement?</p>		<p>Auditing requirements are in Exhibit A section E (page 29).</p>
120	<p>Regarding Exhibit A - SOW Section 2.D.7. (page 20), please define "member" as it relates to reconciliation and carrier payments.</p>		<p>Any enrollee covered by a CCSB QHP and/or QDP issuer. Note: Members includes both employees and their dependents.</p>
121	<p>Regarding Exhibit A - SOW Section 2.E.2 (page 21), please provide more information on Agent/Agency credentialing/validation process on how this is being administered today.</p>		<p>This is performed manually today.</p> <p>These processes will be further defined as part of implementation with the successful bidder. The intent is to automate to greatest extent possible.</p>

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#	QUESTION	RFP Section	ANSWER
122	What is your current use cases for direct database access (via VPN)? When accessing vendor's database what level of training does your team require?		<p>Covered California requires a site to site VPN connection to the vendor so that Covered California can directly connect to the vendors databases via ODBC connections.</p> <p>With CCSB team being oversight of daily operations, access to system is needed for Eligibility and Enrollment Team, Financial staff, Sales staff, Service Center staff and CCSB staff. Each team will need training specific to their scope of work.</p> <p>Reference response to question 28 for related information.</p> <p>Training program details are to be mutually agreed.</p>
123	Please confirm all carriers and third parties requiring ongoing file feeds.		<p>Reference replies to questions 1, 53, and 109.</p> <p>Note the above references are offered as additional information to what currently exists in Exhibit A.</p>
124	Are your file feeds currently multi-tenant files with your carrier partners?		<p>Covered California is understanding multi-tenant to be the same as multi-employer. This noted, the answer is Yes.</p>
125	How many employer groups will require a reverse 834 (incoming) file feed from their in-house enrollment solution? If so, how many unique incoming 834s exist and/or how many should the enrollment contractor expect?		<p>None to the first question.</p> <p>See response to question 1.</p> <p>Additional feeds incoming from benefit vendors acting on behalf of employer groups will utilize API. See questions 53 and 109.</p>
126	Who manages calls and questions from employees of the employer groups? Is the expectation that the new partner will offer call support as a service? If so, please provide the projected call volume and current statistics for review.		<p>See reply to question 22.</p>

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127	What are the technology expectations for COBRA enrollment? Is paper enrollment only acceptable?		See response to question 23.
128	Any integrations needed for CDHP (tax-saving accounts) vendors?		No.
129	Would there be any SSO integrations required? If yes, please describe.		There are no SSO integrations as part of the current requirements.
130	Should pass through costs like printing and paper be included into the cost per participant per month or should this be invoiced separately as a pass-through expense?		Bidder can include as pass through. Reference Exhibit B – Attachment 1, Standard Caveats.
131	For dependent verification and the verification of life events, would Covered California prefer to handle the review and approval, or is the expectation that the vendor would handle the review and approval process?		Covered California.
132	Are there any direct billing requirements (e.g., leave of absence, retirees)?		Cal-COBRA. Otherwise, no.
133	Please describe support request for ancillary benefits.		Standalone Dental is the only ancillary benefit supported.
134	Will the approximate 5,000 existing employer groups transition to new platform immediately or will there be a phased approach?		Bidders can propose their preferred approach. Note, all existing groups will need be migrated no later than 3/31/2021.

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#	QUESTION	RFP Section	ANSWER
135	Does the Covered California staff expect the vendor to perform all functions of system setup and EDI file management, or does the Covered California staff plan to manage these activities within the platform for their member groups?		The vendor is expected to perform functions of system setup and EDI file management.
136	Will the information provided in the RFP be made public through the Freedom of Information Act? If so, can we request that our responses be redacted in whole or in part and if so, what is process?		No. Bidder’s submissions are not considered public records and if requested, are withheld pursuant to Government Code Section 100508.
137	If awarded the contract will ongoing financial reports and operational data be subject to the Freedom of Information Act? If so, can we request that our responses be redacted in whole or in part and if so, what is process?		<p>The entirety of the final contract between the successful awardee and Covered California is a public document.</p> <p>Subsequent financial reports or operational documents that might be submitted by the contractor to Covered California as part of contract performance would be evaluated on a case-by-case basis to determine whether there is a legal basis for withholding such documents from public disclosure. Records that are proprietary or trade secrets and meet the legal standard for that determination may be withheld from public disclosure.</p>