RFP 2024-01 Standardized Quality & Clinical Data Reporting
Questions and Answers

No.	Bidder Questions:	Covered CA - Response:
1.	RFP Document, Section 2.1 Project Team Qualifications, #2 We respectfully request that you remove the minimum requirement that the project team has an existing infrastructure/relationship with a Covered California Qualified Health Plan (QHP) issuer to obtain data. Bidders without an existing infrastructure/relationship with Covered California QHPs have the ability to effectively merge administrative and clinical data across QHP issuers and drill down to the level of provider groups and practices; conversely, those bidders with existing infrastructure/relationships with California QHPs may not have this capability. To ensure a competitive pool of prospective bidders, we recommend that this requirement be dropped altogether or made into a desirable qualification.	In order to meet Covered California's business needs in an effective and timely manner, it is critical to have current access to QHP issuer data for Covered California enrollees as well as have the ability to aggregate and merge. Bidders can jointly submit with partners in order to meet this requirement.
2.	RFP Document, Section 2.1 Project Team Qualifications, #5 What criteria will Covered California use to determine whether a bidder can function at the level of a California QHIO? If a bidder can aggregate data, facilitate the exchange of data, manage patient consent models and provide analytics, will this meet the qualifications?	CDII's QHIO Program Guide describes many of the technical, organizational, and privacy and security requirements for QHIOs. https://www.cdii.ca.gov/wp-content/uploads/2024/07/QHIO-Program-Guide-2024.07.23.pdf
3.	Exhibit A, Section D • Could Covered California please confirm that the winning vendor will only be integrating with the QHIOs for all data required for aggregation and reporting? • If no, will there be a need to have integrations or receive data exports from provider EHRs? • Please also provide details on the number of integrations/feeds that will be required in this contract.	• No, the winning vendor is not expected to solely integrate with QHIOs for data aggregation and reporting. • Yes, the vendor is expected to have integrations or receive exports from a variety of sources of clinical data, including EHRs. • There is no set required number of integrations as long as there is sufficient data to populate required HEDIS measures with reliability for over 80% of Covered California enrollees.

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4.	What measures will be needed for the 2026-2028 QHP contract? Will they be the 4 measures identified in the 2023-2025 measure year? If not, when will those measures be known?	The 2026-2028 QHP Issuer contract is currently in development, and proposed changes including proposed measures have gone through public presentations and a public comment period. The measures will not be solely limited to the 4 measures included in the 2023-2025 QHP Issuer contract and will align with QRS measures. Measures will be finalized by March of 2025.
5.	What is the process and timeline for CC to select 10 additional HEDIS measures? Under what timeline is the contractor obligated to make those measures available to CC?	Covered California will select additional HEDIS measures core to business functions by March of 2025. Publication of the full set of clinical measures is a key deliverable before the end of year 1 of the contract.
6.	What role does the contractor play in ensuring the timely and accurate submission of data by QHPs and/or providers?	The contractor is expected to ensure timely, accurate, and complete data submission by engaging with QHP Issuers and providers through business processes and quality assurance processes that may be mutually agreed upon by the contractor and Covered California.
7.	Is this the comprehensive list of indicators needed for stratification? If not, when and how will the list be finalized?	Potential stratifications are not limited to the list provided and additional demographic factors may be added to reports/dashboards as they become available.
8.	Is there a requirement to store PHI in order to meet any of the requirements?	In accessing, collecting, using or disclosing PII in performing functions for Covered California as authorized by this Agreement, Contractor shall only use or disclose PII to the minimum extent such information is necessary to perform such functions.
9.	How many sources of clinical and claims data will there be?	There is no set required number of sources as long as there is sufficient data to populate required HEDIS measures with reliability for over 80% of Covered California enrollees.

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10.	In what format will claims data and clinical data be provided?	Contractor is responsible for ingestion, aggregation and de-identification of clinical and claims data and will be required to work with various formats depending on source.
11.	How many unique person records are expected to be collected in year one?	Active member profiles are accessible here: https://hbex.coveredca.com/data-research/active-member-profiles/
12.	Are historical data required? If yes, how many years of history will need to be processed?	Yes. Contractor must have access and be able to calculate performance measures using current and historic specifications from HEDIS, NQF or other measure steward as relevant. Measure specifications will dictate the lookback period.
13.	What is the scope of "clinical data" (e.g., USCDI, etc.)?	The vendor is expected to have integrations or receive exports from a variety of sources of clinical data, including EHRs, HIEs, laboratory, pharmacy, ADT etc. Several sets of health data classes and elements cataloged by USCDI would be pertinent and necessary to populate the dashboard with accurate clinical measures.
14.	How will patient populations attributable to providers be identified?	Attribution logic will be mutually agreed upon and may include Contractor's own methodology using historic utilization at a member level or Covered California's primary care assignment data.
15.	What is the estimated number of reports that will need to be developed?	Performance measures in monthly/quarterly reports/dashboards will include: a. Core Quality Transformation Initiative (QTI) measure set for Covered California's 2026-2028 QHP contract. b. Up to 10 additional clinical HEDIS measures selected by Covered California.
16.	What is the preferred delivery mechanism of these reports? E.g., via dashboard, SFTP, etc.	Preferred delivery mechanism will be self-serve dashboard with ability to extract de-identified data.

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17.	Will Covered California provide access to tools, API's that can be used to calculate performance measures?	Contractor must have access and be able to calculate performance measures using current and historic specifications from HEDIS, NQF or other measure steward as relevant.
18.	How many users will need access to the interactive reporting platform?	10 - 20 users must have access to the reporting platform.
19.	Which de-identification method should be used? Expert determination, safe harbor, or other?	Generally, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule's Expert Determination method or the Safe Harbor method would be appropriate, though entities may also be subject to additional requirements as mandated by applicable law.
20.	Is your expectation that the bidder has dedicated personnel on site in your Sacramento office?	No, we do not expect the bidder to be located full time on site in Sacramento but do expect that they will be available for in-person meetings at the Sacramento and/or Los Angeles offices at the discretion of Covered California.
21.	Can you provide clarity on what services you are looking for from a QHIO, specifically?	Covered California expects the following services from contractor: collection and aggregation of health and social service information from various sources, maintenance of privacy and security, and sophisticated person matching capabilities across multiple data sources.
22.	What is Covered California's expectation of what information needs to be included in a response within 15 business days?	To deem Proposers responsive, they must provide all required documents (Technical and Administrative) as outlined in the RFP 2024-01, Section 4. Required Proposal Submission Content.
23.	Can Covered California please clarify whether the electronic clinical data included in the Scope of Work will need to be collected directly from individual provider EHRs or instead if the clinical data from provider organizations and health plans will be aggregated and provided by another intermediary/vendor or by Covered California?	Electronic clinical data will be collected directly from provider EHRs or other sources (e.g., laboratories) and will not be provided to the vendor by another intermediary/vendor.

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24.	If individual collection of electronic clinical data is required, is there a uniform format for submission by partnering organizations? If yes, can Covered California confirm the format (e.g., via FHIR API or flat files)?	Electronic clinical data should be collected in a standardized format as per the vendor's usual business processes. FHIR API is the industry standard that the NCQA recommends for electronic clinical data and digital measurement. We expect the vendor to have expertise in this area and use the most appropriate file formats for receipt of data from partnering organizations and future ingestion of these data.
25.	Does Covered California require real-time data exchange from partner organizations for reporting purposes?	Covered California expects accurate and up-to-date clinical data, which may be inclusive of near real-time data exchange from partner organizations to ensure accuracy of all reports.
26.	Regarding the Scope of Work, can Covered California please clarify whether the claims-based data will need to be collected directly from individual QHPs or instead if aggregated claims data will be provided by Covered California or another intermediary/vendor?	The claims data will be collected directly from individual QHP Issuers and will not be provided to the vendor by another intermediary/vendor.
27.	If the required claims data will be provided, can Covered California confirm whether the data has already been collected, validated, and aggregated by another vendor or by Covered California?	Not applicable. The aggregated claims data will not be provided via another vendor.
28.	Regarding the Scope of Work, can Covered California please clarify whether the required performance measures will be calculated by the selected vendor using the aggregated claims and clinical data, or if Covered California instead will collect the measure numerators and denominators from QHPs and provide them to the vendor?	Contractor is responsible for ingestion, aggregation and de-identification of clinical and claims data and Contractor must have access and be able to calculate performance measures using current and historic specifications from HEDIS, NQF or other measure stewards as relevant.
29.	Regarding RFP Section 4.3.1 ("Understanding and Approach"), can Covered California confirm that the required work plan does not count against the limit of five-pages given the extensive content required for this section's narrative?	Proposers must follow the instructions as outlined in RFP 2024-01 Section 4. Required Proposal Submission Content.

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30.	Regarding RFP Section 4.3.3 ("Past Projects Completed"), would Covered California allow for the inclusion of recent projects that relate closely to the tasks listed in "Model Contract Exhibit A – Scope of Work" that are currently in progress but not yet completed?	Yes, but reliance on listing projects currently in progress may lead to less points granted for this section due to potential deficiencies compared to completed projects.
31.	Can Covered California confirm whether the minimum required qualifications for bidders, as detailed in RFP Section 2.1 ("Project Team Minimum Qualifications"), should be included in the responses under the technical proposal's Section 4.3.2 ("Corporate Qualifications Summary") or whether they instead should be addressed separately?	Minimum qualifications should be reflected in bidders' responses within the required sections such as Resumes, Corporate Qualifications Summary, Project Team Qualifications etc.
32.	Please provide more detailed information regarding this key deliverable within **Exhibit A – Scope of Work:** ***Contractor ingestion, aggregation, and de-identification of clinical and claims data for over 80% of Covered California enrollees via existing client relationships with QHP issuers and provider groups.*** Specific Vendor Questions: • Are we correct in the understanding that successful vendors should already have access to Covered California enrollee data from existing relationships or entities and that Covered California will not be providing this data directly? • Is Covered California seeking services from a designated Qualified Health Information Organization (QHIO), or from a vendor that can ingest the types of data typically exchanged? • Please confirm that clinical and claims data will need to be sourced from the prospective bidders existing relationships (Covered California will not be providing access to clinical and claims data)?	• Successful vendors would ideally have access to enrollee data from existing relationships or entities, or they would have a pathway to obtain this data via their usual business processes. Covered California will not be providing this data directly. • Covered California is seeking services from a vendor that can ingest, aggregate, and manage the types of data typically exchanged via QHIOs. • Clinical and claims data will need to be sources from existing or new relationships, and Covered California will not be providing access to clinical nor claims data.

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33.	**RFP-2024-01 Main PDF Document, 2.1 Project Team Minimum Qualifications #5** - We would like to better understand the requirements surrounding the designation and functionality of a Qualified Health Information Organization (QHIO) for this RFP. Specifically: • **QHIO Designation**: Is it an absolute requirement for the contractor to be designated by the state of California as a QHIO or have QHIO-like functionality, or are there acceptable alternative qualifications or certifications? • **Equivalent Function**: If a contractor does not serve in a QHIO-like capacity, is there flexibility for other types of health information services or functions that would be considered sufficient to meet this requirement? • **Alternative Qualifications**: What alternative qualifications or capabilities would be acceptable if the contractor does not hold a QHIO designation or serve in a similar capacity? • **Scope of Data Access**: What specific data access requirements must be met, particularly concerning clinical data (e.g., test results and referrals) and notifications of admissions, discharges, or transfers (ADT)? Would there be an opportunity for a contractor to meet these requirements through partnerships or other means? • **Eligibility Criteria**: Are there specific criteria or conditions under which a contractor not designated as a QHIO could still be considered eligible for this RFP?	The contractor must have QHIO-like functionality. Bidders can identify capabilities that match functionality outlined in the State of California's Center for Data Insights and Innovations' (CDII's) QHIO Program Guide (https://www.cdii.ca.gov/wp-content/uploads/2024/07/QHIO-Program-Guide-2024.07.23.pdf). The contractor is expected to have integrations or receive exports from a variety of sources of clinical data, including EHRs, HIEs, laboratory, pharmacy, ADT, etc. Contractor can meet these requirements through partnerships. In summary, the contractor must be designated by the State of California as a Qualified Health Information Organization (QHIO) and ability to access in a timely manner data required of a QHIO such as clinical data (e.g., test results and referrals) and notifications of admissions, discharges, or transfers (ADT) OR serve as an equivalent function with another state or public entity OR meet the functional requirements of a QHIO.

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34.	**Exhibit B Attachment 1 – Pricing:** In an effort to provide the most accurate timeline and pricing guidance, can you please confirm our understanding of the total lives (participating in VBC arrangements), clinical and claims data sources, and any detail additional data feeds that will be included in the scope of this effort. **a) Total Members:** i. What is the total membership count ii. What is the total average monthly membership (i.e. monthly attrition and addition rates). b) **Data Sources** as well as quantities of each: i. **Claims**: Are there existing monthly claim feeds from all participating health plans? If so, how many separate feeds exist, in what format(s) and what changes are anticipated in volume, frequency or data content during the term of the agreement. ii. **Clinical:** What sources, number of separate feeds and volume is currently in place and how do you expect that to change of the term of the agreement? iii. **Other:** (ex. Lab, ADT, HIE, Pharmacy, SDoH, etc.) What ancillary or additional data types/feeds are in scope? What it the current state (quantity, volume, formats, etc.) and what are the expected changes.	Active member profiles are accessible here: https://hbex.coveredca.com/data-research/active-member-profiles/ • Successful vendors would ideally have access to enrollee data from existing relationships or entities, or they would have a pathway to obtain this data via their usual business processes. Covered California will not be providing this data directly. • Covered California is seeking services from a vendor that can ingest, aggregate, and manage the types of data typically exchanged via QHIOs. • Clinical and claims data will need to be sources from existing or new relationships, and Covered California will not be providing access to clinical nor claims data. • Lab, ADT, and pharmacy feeds are in scope and would be expected under the umbrella term of “clinical” data.

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35.	**Exhibit B Attachment 1 – Pricing:** Is there flexibility in the budget allocated for this project? Please confirm that the stated amounts are the total amount allocated and vendor proposals must not exceed?	Proposal submissions shall not exceed $3,500,000.00 in total proposed costs. Proposals that exceed this amount will not be considered for selection. It is expected that the approved funding for the contract will not exceed approximately $1,800,000.00 in the first year of the contract and approximately $850,000 per year in subsequent years for the term of the contract. Funding is subject to annual budget approval by the Covered California Board of Directors. If full funding does not become available, Covered California may terminate or amend the contract to reflect reduced funding and reduced deliverables.
36.	Is Covered California open to joint bids from partnering organizations?	Yes. Covered California encourages joint bids from partnering organizations.
37.	Please confirm that the clause in **Exhibit A. Scope of Work E. Reporting Headquarters Location** referencing all contractor work must be done on site at Covered California in Sacramento. If yes, confirm if this requirement applies to all resources assigned to the Covered California project, including (but not limited to) project management resources and activity and/or technical development and/or operational resources. How many days/hours do you expect our resources to be on site each month?	No, we do not expect the bidder to be located full time on site in Sacramento but do expect that they will be available for in-person meetings at the Sacramento and/or Los Angeles offices at the discretion of Covered California.
38.	**Exhibit A. Scope of Work, Section D. General Scope or Tasks, #3 Performance Measures** We would like to better understand the additional measures selected by Covered California. Specifically: • What criteria or process does Covered California use to select these additional clinical HEDIS measures? Are there specific areas of focus or priorities that guide this selection? • Can you provide a current list of the additional clinical HEDIS measures that may be required, or examples of measures that have been selected in the past?	• Covered California requires current measures as listed per its 2023-2025 QHP Issuer Contract found here https://hbex.coveredca.com/stakeholders/plan-management/contract-listings/ • Covered California aligns its requirements to CMS' Quality Ratings System (QRS) measure set and selects a subset of high priority measures for its accountability programs.

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39.	**Exhibit A. Scope of Work E. Reporting Headquarters** requires work to be completed on-site unless otherwise directed. Is there alternative direction to accommodate different solution delivery models including cloud-based solutions supported by remote implementation and support resources or is this requirement intended specifically for consultants?	Covered California is open to cloud-based solutions and supports remote implementation for this solution.
40.	**Exhibit B. Budget Detail and Payment Provisions, Section 3.** Indicates the invoices must be provided in triplicate but an email address is also provided for submittal. Please clarify whether paper copies in triplicate or a digital invoice is preferred/required.	We recommend that the supplier send the invoices with the backup documentations to us by email to CCInvoices@covered.ca.gov. However, if the supplier prefers to send by mail, triplicate copies of invoices are needed.
41.	**Exhibit A. Scope of Work, D. General Scope or Tasks, 4, "self-service access"** general questions: To better tailor our solution to meet your needs, could you please provide more detailed information regarding the end-users who will require access? Specifically: • **Total Number of End-Users:** How many individuals will need access to the system? • **User Roles and Responsibilities:** What are the different roles of these users (e.g., administrative staff, clinicians, data analysts, etc.)? • **Frequency of Use:** How often will each type of user access the system (e.g., daily, weekly, on an as-needed basis)? • **Primary Activities:** What specific tasks or activities will the end-users expect to perform within the system? • **Access Levels:** Are there different levels of access required for different users (e.g., read-only, data entry, full administrative rights)? • **Training and Support Needs:** What are the anticipated training and support requirements for the end-users?	• 10 - 20 users must have access to the reporting platform. • Users will include administrative staff, data analysts, clinicians, and health programs specialists. • Administrative staff will utilize monthly as needed for user management; clinicians will use weekly; data analysts will use daily to weekly; consultants will use weekly; health program specialists will use monthly. • Primary activities will be viewing measure outputs, generating and analyzing reports, and management for administrative users. • Full administrative rights will be needed to add and remove user access and the remainder of staff will require the same level of access to view measure outputs and generate reports. • Initial training sessions will be needed for all users to cover basic navigation and usage with advanced training for users with specialized roles. On-going support can be offered through asynchronous tools and resources.

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42.	**Funding:** We understand that funding for this program is sourced from fees assessed from Qualified Health Plans (QHPs). To ensure our proposal is aligned with your financial framework, could you please provide more information on the following: • **Funding Sources:** Can you detail the primary and any secondary sources of funding for this program? • **Contingency Plans:** If the collected fees from QHPs are insufficient, what specific criteria or conditions would lead to the cancellation of the contract or the offer of a contract amendment? • **Budget Allocation:** What proportion of the program's budget is anticipated to come from the QHP fees, and are there any other financial reserves or alternative funding mechanisms in place? • **Risk Management:** How does Covered California plan to manage potential shortfalls in funding to ensure the continuity and stability of the program? • **Communication of Changes:** What is the process for communicating potential budgetary changes or contract amendments to the contractor?	Proposal submissions shall not exceed $3,500,000.00 in total proposed costs. Proposals that exceed this amount will not be considered for selection. It is expected that the approved funding for the contract will not exceed approximately $1,800,000.00 in the first year of the contract and approximately $850,000 per year in subsequent years for the term of the contract. Funding is subject to annual budget approval by the Covered California Board of Directors. If full funding does not become available, Covered California may terminate or amend the contract to reflect reduced funding and reduced deliverables. The proposed level of funding is already available and not dependent on the future collection of QHP fees.

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43.	Exhibit A SOW, Section D, 4 a. How many users require access to the self-service interactive reporting platform? b. How many of these users would solely require viewing access for said dashboards/reports? c. How many of these users would require developer-level access to adjust or build their own dashboards/reports?	• 10 - 20 users must have access to the reporting platform. • Users will include administrative staff, data analysts, clinicians, consultants, and health programs specialists. • Administrative staff will utilize monthly as needed for user management; clinicians will use weekly; data analysts will use daily to weekly; consultants will use weekly; health program specialists will use monthly. • Primary activities will be viewing measure outputs, generating and analyzing reports, and management for administrative users. • Full administrative rights will be needed to add and remove user access and the remainder of staff will require the same level of access to view measure outputs and generate reports. • Developer-level access would be limited to 2 users.

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44.	Exhibit A SOW, Section D, 3 a. Will the solution vendor be responsible for purchasing and maintaining current Core QTI and HEDIS specifications? b. Will the solution vendor be responsible for calculating the QHP Core QTI and HEDIS measure results? c. Or will the individual QHPs and providers supply their audited Core QTI and HEDIS measure results to the solution vendor?	• The vendor is expected to align with CMS Quality Ratings System and NCQA HEDIS specifications, and maintain a current and up-to-date library of measure specifications. Vendor should be able to customize dashboard data views as requested by Covered California. • Current Core QTI measure specifications align with available current and past CMS QRS and NCQA HEDIS specifications. • Covered California may also request specific adjustments to measure specifications or custom measures to maintain alignment and consistency of a measure across a contract cycle if CMS makes substantial changes to its measures within a contract cycle. • Vendor will be responsible for aggregating performance measures as submitted by provider organizations and across QHP Issuers
45.	Exhibit A SOW, D,1 a. Will the solution vendor be responsible for integrating with individual QHPs and provider groups to ingest the clinical and claims data? b. Or is there an existing single data warehouse or other data repository that the solution will integrate with to receive the claims and clinical data?	• The vendor will be responsible for integrating with QHP Issuers and provider organizations to ingest clinical and claims data for aggregation. • There is no single data warehouse or other repository that the vendor can integrate with to receive claims and clinical data.

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46.	Exhibit B Attachment 1 – Cost Workbook, Task Description, first task a. How many datasets will be ingested? b. What is the average size of these datasets? c. What is the estimated size of all data? d. Will the datasets come from a single data source? e. Or will separate data connections be needed for each source?	Contractor is responsible for ingestion, aggregation, and de-identification of clinical and claims data. There is no set required number of ingested datasets as long as there is sufficient data to populate required HEDIS measures with reliability for over 80% of Covered California enrollees. Separate data connections will be needed for each source.
47.	**Reference: Exhibit A- Scope of Work_Final,** **D. General Scope or Tasks** **Key deliverables in the proposed contract include:** 1. Performance measures in monthly/quarterly reports/dashboards will include: 1. Core Quality Transformation Initiative (QTI) measure set for Covered California's 2026-2028 QHP contract. To inform our project timeline, is Covered California expecting reporting on the QTI measure set delivered in 2024 or 2025? The current SOW request is for QTI measure set 2026-2028 only.	QTI measure set and additional HEDIS measures core to business functions will be finalized by March of 2025. Publication of the full set of clinical measures is a key deliverable before the end of year 1 of the contract.

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48.	**Reference: Exhibit A - Scope of Work Final** **K. Project Representatives** Covered California Representative: (Representative's Name) Covered California 1601 Exposition Blvd. Sacramento, CA 95815 (916) XXX-XXXX (Email Address) For purposes of completing the Exhibit, who is the Covered California representative for this project's duration? Note that we have no intention of contacting the representative.	The role of Covered California's Project Representative becomes active *after* the contract is awarded. There is a separate line of communication allowed during the bidding process. To avoid confusion among bidders regarding the appropriate lines of communication during the bidding process, we do not list our Project Representative before the contract is awarded.
49.	**Reference: Exhibit A- Scope of Work_Final** D. General Scope or Task **Key deliverables in the proposed contract include:** 2. Standardized monthly or quarterly reporting stratified by Race, Ethnicity, and Language (REaL) and other currently available indicators (e.g., Metal tier, Healthy Places Index) at all-population level, at QHP issuer level, at QHP issuer product level, and at provider level and will include aggregated views of performance across lines of business for Issuers and providers. Additional demographic factors may be added to reports/dashboards as they become available. To clarify, is Covered California expecting performance information beyond QHP reporting and QHP LOBs (HMO, PPO, EPO)? • If yes, what are those other lines of business, and does Covered California currently contain data permissions for the additional LOBs? • If no, is the reference to LOBs meant for the POs to have aggregated views across LOBs (payer and product agnostic)?	Covered California expects reporting at all-population level, at QHP issuer level, at QHP issuer product level (HMO, PPO, EPO), and at provider organization level. Included in the dashboard should be issuer-specific performance on the same measure for each QHP issuer's other lines of business as well. These data are available for all HEDIS measures through tools such as Quality Compass. Contractor should include these data as part of standard reporting in side-by-side comparisons.

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50.	**Reference: Exhibit A- Scope of Work_Final** **D. General Scope or Tasks** **Key deliverables in the proposed contract include:** 3. Performance measures in monthly/quarterly reports/dashboards will include: a. Core Quality Transformation Initiative (QTI) measure set for Covered California's 2026-2028 QHP contract. How will the performance measure information be used for Covered California QHPs Corrective Action Plans (CAPs); specifically, will these results be used as final scores towards CAPs or QTI incentives?	Information will be used to deliver on Covered California's mission and strategic plan goals for advancing quality and equity.
51.	Reference: RFP-2024-01-Standardized-Quality-and-Clinical-Data-Reporting_Final-V2, Exhibit A.D.1, Page 2, **A. General Scope or Tasks** 1. Contractor ingestion, aggregation, and de-identification of clinical and claims data for over 80% of Covered California enrollees via existing client relationships with QHP issuers and provider groups. • What is the intended source (QHP or Provider or Other) for each of the data types noted: 1) clinical; 2) claims data; and 3) Covered California enrollment. • What is the intended frequency of ingestion and aggregation of each of these data type? • Is there an established data format to be used for each?	Successful vendors would ideally have access to enrollee data from existing relationships or entities, or they would have a pathway to obtain this data via their usual business processes. Covered California will not be providing this data directly. Clinical and claims data will need to be sources from existing or new relationships. The vendor is expected to have integrations or receive exports from a variety of sources of clinical data, including EHRs, HIEs, laboratory, pharmacy, ADT, etc. Covered California expects accurate and up to date clinical data, which may be inclusive of near real-time data exchange from partner organizations to ensure accuracy of all reports. Contractor is responsible for ingestion, aggregation and de-identification of clinical and claims data and will be required to work with various formats depending on source.