

PROCUREMENT NOTICE

State of Connecticut Department of Social Services

HEALTHCARE BUSINESS PROCESS OUTSOURCING Request for Proposals HBPO_RFP_021617

The State of Connecticut, Department of Social Services (DSS or the Department), is seeking proposals for services related to the manual data entry and administrative support for eligibility and enrollment in Modified Adjusted Gross Income (MAGI)-based Medicaid, Children's Health Insurance Program (CHIP) and qualified health plans (QHPs). The Connecticut Medicaid and CHIP programs are known as HUSKY Health. This procurement includes services for the data entry of paper application forms, preparation of appeal summary documents and the paper-based verification of client/consumer data.

The term of the work shall be 3 years from September 1, 2017 through August 31, 2020. There shall be two (2) one-year options that may be exercised at the sole discretion of the Department.

The Request for Proposals is available in electronic format on the State Contracting Portal at <http://das.ct.gov/cr1.aspx?page=12> or from the Department's Official Contact:

Name: Crystal Redding
Address: 55 Farmington Avenue, Hartford, CT 06105
Phone: (860) 424-5234
Fax: (860) 424-5800
E-Mail: Crystal.Redding@ct.gov

The RFP is also available on the Department's website at <http://www.ct.gov/dss/rfp>.

Questions or requests for information in alternative formats must be directed to the Department's Official Contact. Persons who are deaf or hearing impaired may use a TDD by calling 1-800-842-4524.

The deadline for submission of proposals is April 25, 2017 2:00 p.m. Eastern Time.

This document is configured for 2-sided printing.

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SECTION I – GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name.** Healthcare Business Process Outsourcing
2. **Summary.** The procurement is for services related to manual data entry and administrative support of eligibility and enrollment for Medicaid, CHIP and qualified health plans (QHPs). Services include the data entry of paper application forms, preparation of appeal summary documents and the paper-based verification of client/consumer data.

The term of the work shall be 3 years from September 1, 2017 through August 31, 2020. There shall be two (2) one-year options that may be exercised at the sole discretion of the Department.

3. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0600: Services (Professional, Support, Consulting and Misc. Services)

B. STAKEHOLDERS

The primary stakeholders for this procurement are:

- Department of Social Services (DSS or the Department)
- Connecticut Health Insurance Exchange dba Access Health CT (AHCT)

DSS and AHCT share operational services for business functions such as a shared eligibility and enrollment system (HIX/Tier-1), printing and mailing, a call center and the inbound paper processing channels of this procurement.

DSS is the contracting agency for this procurement.

B.1. Department of Social Services Overview

The Department of Social Services (DSS) administers and delivers a wide variety of services to children, families, adults, people with disabilities and elders, including health care coverage, child support, long-term care and supports, energy assistance, food and nutrition aid, and program grants. DSS administers myriad state and federal programs and approximately one-third of the state budget, currently serving more than 950,000 individuals in 600,000 households (October 2014 data).

By statute, DSS is the state agency responsible for administering a number of programs under federal legislation, including but not limited to, Temporary Assistance for Needy Families, (TANF), Supplemental Nutrition Assistance Program (SNAP), and Social Services Block Grant (SSBG).

The Department is headed by the Commissioner of Social Services, Roderick L. Bremby. The agency delivers most of its programs through 12 field offices (including three (3) benefits centers available by phone) located throughout the state, with central administrative offices located in Hartford. In addition, many services funded by the agency are available through community-based agencies and partner contractors.

Department Mission

Guided by shared belief in human potential, we aim to increase the security and well-being of Connecticut individuals, families, and communities.

Department Vision

To become a world-class service organization.

B.2. Access Health CT Overview

AHCT is Connecticut's official health insurance marketplace, established to meet the requirements of the federal Affordable Care Act. AHCT's primary mission is to increase (and retain) the number of insured residents in Connecticut, lower costs, promote positive health outcomes, and eliminate health disparities.

A 14-member Board of Directors, chaired by Lt. Governor Nancy Wyman, oversees Access Health CT. Four advisory committees, which include a wide variety of stakeholders, provide the board with different perspectives on initiatives and operations.

C. ABBREVIATIONS / ACRONYMS / DEFINITIONS

AEC	Advanced Encryption Standard
APTC	Advanced Premium Tax Credits
AHCT	Access Health CT (see HIX and SBE)
BAA	Business Associate Agreement (HIPAA)
BAFO	Best and Final Offer
BPO	Business Process Outsourcing
C.G.S.	Connecticut General Statutes
CHIP	Children's Health Insurance Program
CHRO	Commission on Human Rights and Opportunities (CT)
CMM	Capability Maturity Model
CMMI	Capability Maturity Model Integration
CMS	Centers for Medicare & Medicaid Services
CMCS	Centers for Medicaid and CHIP Services
CRM	Customer Relationship Management
CSR	Cost Sharing Reduction
CT	Connecticut
DAS	Department of Administrative Services (CT)
DCF	Department of Children and Family (CT)
DHS	Department of Homeland Security (US)
DOL	Department of Labor (CT)
DSS	Department of Social Services (CT)
EDI	Electronic Data Interchange
ESI	Employer Sponsored Insurance
FDSH	Federal Data Services Hub
FOIA	Freedom of Information Act (CT)
FPL	Federal Poverty Level
FTE	Fulltime Equivalent
HIPAA	Health Insurance Portability and Accountability Act
HIX	Health Insurance Exchange (see AHCT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
MEC	Minimum Essential Coverage
MAGI	Modified Adjusted Gross Income
OAG	Office of the Attorney General (CT)
OE	Open Enrollment
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
OT	Overtime
PMO	Program Management Office
POS	Purchase of Service
P.A.	Public Act (CT)
Q1	Calendar quarter 1 (January through March)
Q2	Calendar quarter 2 (April through June)
Q3	Calendar quarter 3 (July through September)
Q4	Calendar quarter 4 (October through December)
QA	Quality Assurance
QAP	Quality Assurance Plan
QHP	Qualified Health Plan
RACI	Responsibility Authority Consulted Informed
RFI	Request for Information
RFP	Request for Proposals
ROP	Reasonable Opportunity Period
RPU	Regional Processing Unit

SEEC	State Elections Enforcement Commission (CT)
SAVE	Systematic Alien Verification for Entitlements
SLA	Service Level Agreement
SBE	State-Based Exchange (see AHCT)
SBM	State-Based Marketplace (see AHCT)
SNAP	State Nutritional Assistance Program (formerly food stamps)
SOP	Standard of Promptness
SOW	Statement of Work
SSA	Social Security Administration (US)
T&Cs	Terms and Conditions
TANF	Temporary Assistance for Needy Families
TFA	Temporary Family Assistance (CT TANF program)
VCL	Verification Checklist
U.S.	United States

- *contractor*: a private provider organization, Connecticut State agency, or municipality that enters into a contract with the Department as a result of this RFP
- *respondent*: a private provider organization, Connecticut State agency, or municipality that has submitted a proposal to the Department in response to this RFP
- *prospective respondent*: a private provider organization, Connecticut State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a contract with the Department as a result of this RFP
- *Clients and consumers*:

DSS provides a broad range of services that cover health, nutrition and financial assistance and has typically referred to its customers as “clients”. With the establishment of Connecticut’s state-based marketplace, Access Health CT, and its focus on self-service and the ability to shop for commercial insurance plans, the term “consumer” has also been broadly adopted.

The State continues to use both terms and this is reflected in the language of this RFP. The RFP typically uses the term “consumer” when discussing marketplace customers and interactions and the term “client” when discussing those same consumers within the broader context of DSS dedicated systems, programs and services.

D. INSTRUCTIONS

- 1. Official Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Respondents, prospective respondents, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Respondents or prospective respondents who violate this instruction may risk disqualification from further consideration.

Name: Crystal Redding
Address: 55 Farmington Avenue, Hartford, CT 06105
Phone: (860) 424-5234
Fax: (860) 424-4953
E-Mail: Crystal.Redding@ct.gov

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

- 2. RFP Information.** The RFP, addenda to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page
<http://www.ct.gov/dss/rfp>
- State Contracting Portal
<http://das.ct.gov/cr1.aspx?page=12>

It is strongly recommended that any respondent or prospective respondent interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addenda that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

- 3. Contracts.** The offer of the right to negotiate a contract pursuant to this RFP is dependent upon the availability of funding to the Department.
- 4. Eligibility.** Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), Connecticut State agencies, and municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.
- 5. Minimum Qualifications of Respondents.** To be considered for the right to negotiate a contract, a respondent must have the following minimum qualifications:
 1. A minimum of five years of business process outsourcing (BPO) experience working across at least three different customers.
 2. A minimum of three years of experience working for State or Federal governments within the health and human service business domains.

3. A minimum of two years of experience working in the eligibility, operations or delivery of Medicare, Medicaid or the Children’s Health Insurance Program.
4. Annual revenue in excess of \$30 million.

The Department reserves the right to reject the submission of any respondent in default of any current or prior contract.

6. Procurement Schedule. See below. Dates after the due date for proposals (“Proposals Due”) are target dates only (*). The Department may amend the schedule, as needed. Any change will be made by means of an addendum to this RFP and will be posted on the State Contracting Portal and the Department’s RFP Web Page.

- **RFP Released:** February 16, 2017
- **RFP Conference:** Not applicable
- **Optional Letter of Intent Due:** March 2, 2017 2.00 p.m. Eastern Time
- **Round 1 Deadline for Questions:** March 2, 2017 2.00 p.m. Eastern Time
- **Round 1 Answers Released (tentative):** March 16, 2017
- **State system demonstration to LOI submitters (TBD):** TBD
- **Round 2 Deadline for Questions:** March 28, 2017 2.00 p.m. Eastern Time
- **Round 2 Answers Released (tentative):** April 11, 2017
- **Proposals Due:** April 25, 2017 2.00 p.m. Eastern Time
- ***Oral Presentations (tentative):** Week of May 22nd, 2017
- ***Respondent Site Visits (tentative):** Week of May 29th, 2017
- ***Award Decision (tentative):** June 23, 2017
- ***Start of Contract (tentative):** September 1, 2017

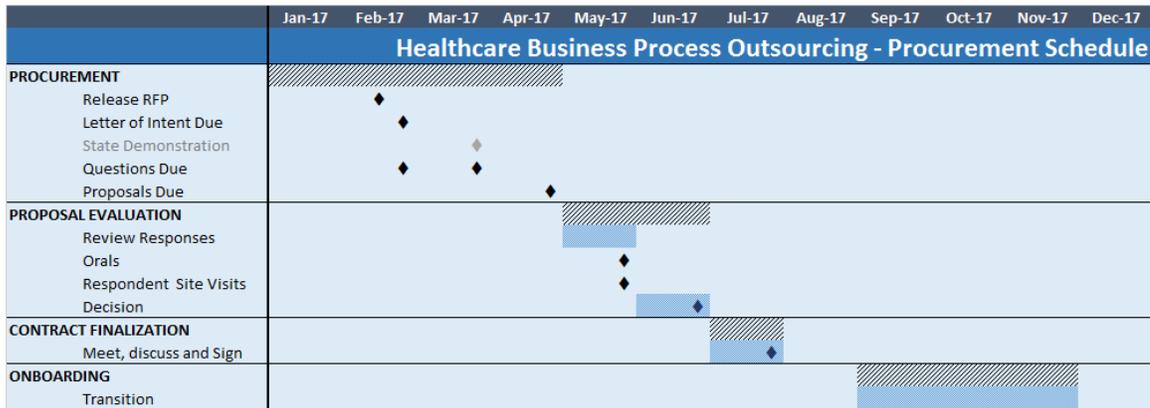


Figure 1. Visualization of the procurement schedule.

7. Letter of Intent. A Letter of Intent (LOI) is not required by this RFP but is requested and will be used by the Department to electronically notify the sender of amendments. **If the Department elects to demonstrate the use of the internal computer systems (e.g., HIX/Tier-1) it may only offer to do so to those that have submitted LOIs.** The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name,

mailing address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI.

- 8. Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the addendum and duly noted as such. The agency will release the answers to questions on the date established in the Procurement Schedule. The Department will publish any and all amendments and addenda to this RFP on the State Contracting Portal and on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments and addenda to this RFP to prospective respondents who submitted a Letter of Intent or attended the RFP Conference. **Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**
- 9. RFP Conference.** The Department will not hold an RFP conference to answer questions from prospective respondents. The State may elect to provide LOI respondents a demonstration of the internal computer systems, e.g., HIX/Tier-1.
- 10. Proposal Due-Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: April 25, 2017
- Time: 2:00 p.m. Eastern Time

Faxed or e-mailed proposals will not be evaluated. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Respondents should not interpret or otherwise construe receipt of a proposal after the due date and time as acceptance of the proposal, since the actual receipt of the proposal is a clerical function. The Department suggests the respondent use certified or registered mail, or a delivery service such as United Parcel Service (UPS) to deliver the proposal. When hand-delivering proposals, submitters should allow extra time to comply with building security procedures and new delivery and receiving requirements.

Hand-delivered proposals must be delivered to the lobby at the DSS, 55 Farmington Avenue, Hartford, CT 06105-3730. Proceed to the security desk and the Official Contact or designee will be called to receive the submission and provide the Respondent or courier with a receipt. Visitor parking is available across the street from 55 Farmington Ave.

Proposals shall not be considered received by the Department until they are in the hands of the Official Contact or another representative of the Contract Administration Unit designated by the Official Contact. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- eight (8) conforming copies of the original proposal; and
- two (2) conforming electronic copies of the original proposal (one copy on each of two compact disks clearly labeled with the Legal Name of the respondent and the title *Healthcare Business Process Outsourcing*).

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Team. **The electronic copies of the proposal must be compatible with Microsoft Office Word except for the Staffing Schedule, which must be compatible with Microsoft Office Excel.** For the electronic copy, only the required appendices and forms may be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. Multiple Proposals. The submission of multiple proposals is not an option with this procurement.

12. Claim of Exemption from Disclosure. Respondents are advised that all materials associated with this request, procurement or contract are subject to the terms of the Freedom of Information Act, Conn. Gen. Stat. §§ 1-200 et seq. (FOIA). Although there are exemptions in the FOIA, they are permissive and not required. If a Respondent believes that certain information or documents or portions of documents required by this request, procurement, or contract is exempt from disclosure under the FOIA, the Respondent must mark such information or documents or portions of documents as EXEMPT. In Section C. of its submission, the Respondent must indicate the documents or pages where the information labeled EXEMPT is located in the proposal.

For information or documents so referenced, the Respondent must provide a detailed explanation of the basis for the claim of exemption. Specifically, the Respondent must cite to the FOIA exemption that it is asserting as the basis for claim that the marked material is exempt. In addition, the Respondent must apply the language of the statutory exemption to the information or documents or portions of documents that the Respondent is seeking to protect from disclosure. For example, if a Respondent marks a document as a trade secret, the Respondent must parse the definition in Section 1 210(b)(5)(A) and show how all of the factors are met. Notwithstanding this requirement, DSS shall ultimately decide whether such information or documents are exempt from disclosure under the FOIA.

13. Conflict of Interest - Disclosure Statement. Respondents must include a disclosure statement concerning any current business relationships (within the past three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the respondent and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a respondent tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the respondent over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a respondent must affirm such in the disclosure statement: "[name of

respondent] has no current business relationship (within the past three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85.”

E. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV. Proposal Outline. Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondents must complete and use the [Cover Sheet](#) form, which is embedded in this section as a hyperlink.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
4. **Executive Summary.** Proposals must include a high-level summary not exceeding seven pages.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** Submitted proposals must conform to the following specifications:

Binding Type: Loose leaf binders with the Legal Name of the respondent, and the RFP Name appearing on the outside front cover of each binder:

Healthcare Business Process Outsourcing

Dividers: A tab sheet keyed to the table of contents must separate each subsection of the proposal; the title of each subsection must appear on the tab sheet

Paper Size: Generally, 8½” x 11” in “portrait” orientation. Optionally key graphics, diagrams and flow charts can use 11” x 17” in “landscape” orientation and folded to physically fit within the 8½” x 11” portrait footprint.

Page Limit: None.

Print Style: Double-sided.

Font Size: Generally a minimum of 11-point.

Font Type: Arial or Tahoma.

Margins: The binding edge margin of all pages shall be a minimum of one and one half inches (1½”); all other margins shall be 1”

Line Spacing: None specified.

7. **Pagination.** The respondent’s name must be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices and Forms, must be numbered consecutively in the footer.
8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the respondent must appear in the upper left corner of the envelope or package. The RFP Name must be clearly displayed on the envelope or package:
Healthcare Business Process Outsourcing.

Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

F. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful respondents, and offering the right to negotiate a contract, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Evaluation Team.** The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any respondent (or representative of any respondent) to contact or influence any member of the Evaluation Team may result in disqualification of the respondent.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The planned evaluation weights are defined in Table 1.

Response Section #	Response Section Description	Maximum Score
I.	Main Proposal	620
I.1.	Organizational Requirements	45
I.2.	Subcontractor Requirements	0
I.3.	Qualifications and Experience Requirements	105
I.4.	Service Delivery Requirements	310
I.5.	Staffing Requirements	45
I.6.	Data and Technology Requirements	25
I.7.	Transition Plan	90
J.	Cost Proposal	620
J.1.	Work Stream Costs	620

Table 1. The planned evaluation weights for the compliant proposals

The cost proposal will be scored as follows:

- The compliant proposal with the lowest total cost will be awarded the maximum points for the Cost Proposal section.
- The other compliant proposals will be awarded points relative to the lowest cost proposal, e.g., twice the price would be half the points.

A compliance checklist is included as Table 2.

Response Section #	Response Section Description	Pass/Fail?
A.	Cover Sheet	Yes
B.	Table of Contents	Yes
C.	Declaration of Confidential Information	Yes
D.	Conflict of Interest - Disclosure Statement	Yes
E.	Executive Summary	Yes
F.	Terms and Conditions Declaration	Yes
G.	Statement of Work Declaration	Yes
H.	Minimum Qualifications	Yes
I.1.6.	Financial Stability	Yes
I.4.13.	Periodic Audit Support	Yes
I.4.14.	Ongoing Investigative Support	Yes
I.5.3.	Letters of Commitment	Yes
L.1.	Certification Regarding Lobbying	Yes
L.2.	Notification to Bidders	Yes
L.3.	Consulting Agreement Affidavit	Yes
L.4.	Addendum Acknowledgement(s)	Yes

Table 2. Compliance checklist

- 5. Respondent Selection.** Upon completing its evaluation of proposals, the Evaluation Team will submit the rankings of all proposals to the Department head. The final selection of a successful Respondent is at the discretion of the Department head. Any Respondent selected will be so notified and offered an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful Respondents will be notified by email or U.S. mail, at the Department's discretion, about the outcome of the evaluation and Respondent selection process.
- 6. Debriefing.** After receiving notification from the Department, any respondent may contact the Official Contact and request a Debriefing of the procurement process and its proposal. If respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the procurement process. The Department shall schedule and conduct Debriefing meetings that have been properly requested, within fifteen (15) days of the Department's receipt of a request. The Debriefing meeting must not include or allow any comparisons of any proposals with other proposals, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter, or modify the outcome of a

competitive procurement. More detailed information about requesting a Debriefing may be obtained from the Official Contact.

- 7. Appeal Process.** Any time after the submission due date, but **not later than thirty (30) days** after the Department notifies respondents about the outcome of a competitive procurement, respondents may submit an Appeal to the Department. The e-mail sent date or the postmark date on the notification envelope will be considered “day one” of the thirty (30) days. Respondents may appeal any aspect of the Department’s competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State’s statutes, regulations, or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Agency Head with a copy to the Official Contact. The respondent must include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an Appeal may be obtained from the Official Contact.
- 8. Contest of Solicitation or Contract Offer.** Pursuant to Section 4e-36 of the Connecticut General Statutes, “Any bidder or respondent on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board...” More detailed information is available on the State Contracting Standards Board web site at <http://www.ct.gov/scsb/site/default.asp>.
- 9. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department’s contracting procedures, which may include approval by the Office of the Attorney General.

SECTION II – MANDATORY PROVISIONS

A. STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the respondent implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract":

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by the Office of Policy and Management (OPM) and includes the mandatory terms and conditions of the contract. Part II is available on OPM's website at: <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382982>

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a respondent is offered an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the respondent must inform the respondent's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected respondent (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

B. ASSURANCES

By submitting a proposal in response to this RFP, a respondent implicitly gives the following assurances:

- 1. Collusion.** The respondent represents and warrants that the respondent did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The respondent further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the respondent's proposal. The respondent also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The respondent certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the respondent, contractor, or its agents or employees.

3. **Competitors.** The respondent assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the respondent to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The respondent further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the respondent knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
4. **Validity of Proposal.** The respondent certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful respondent.
5. **Press Releases.** The respondent agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a respondent implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a respondent in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Respondents are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize respondents to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the respondent's expense.

- 6. Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a respondent to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per respondent.
- 7. Presentation of Supporting Evidence.** If requested by the Department, a respondent must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a respondent to evaluate further the respondent's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the respondent.
- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any respondent unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the respondent and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the respondent or for payment of services under the terms of the contract until the successful respondent is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a respondent implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Contract Offer and Rejection of Proposals.** The Department reserves the right to offer in part, and/or to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any respondent who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable,

developed under a contract executed as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more respondent(s) for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BAFO) on cost from respondents. The Department may set parameters on any BAFOs received.
7. **Clerical Errors in Contract Offer.** The Department reserves the right to correct inaccurate contract offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offer of a contract already made to a respondent and subsequently offering the contract to another respondent. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial respondent is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the respondent.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the respondent implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the respondent indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** Connecticut statute and regulations impose certain

obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: A respondent must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352.** A responsive proposal shall include a Certification Regarding Lobbying form (http://www.ct.gov/dss/lib/dss/hopwa_2012/Certification_Regarding_Lobbying.pdf), which is embedded in this section as a hyperlink, attesting to the fact that none of the funds appropriated by any Act may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the: (A) awarding of any Federal contract; (B) making of any Federal grant; (C) making of any Federal loan; (D) entering into of any cooperative agreement; or (E) extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 5. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a respondent is offered an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the respondent must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and Connecticut State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: The successful respondent must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 6. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a respondent is offered an opportunity to negotiate a contract, the respondent must provide the Department with *written representation or documentation* that certifies the respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and Connecticut State agencies are exempt from this

requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful respondent must complete and submit the appropriate nondiscrimination certification form to the Department prior to contract execution.

SECTION III – SCOPE OF WORK

A. CONTRACT BACKGROUND

The operational work included in this procurement is currently supported by Xerox State Healthcare, LLC (Xerox has separated into two public companies and this entity became part of Conduent Incorporated). The current Xerox State Healthcare contract and amendments through A9 can be found at www.ct.gov/dss/currentbusinessprocesscontract. The scope of the Xerox State Healthcare contract and 2017 contract amendment includes additional work streams such as data entry into legacy eligibility systems, premium billing and collection, spend-down data entry, 1095-B processing and a call center (Help Desk) for password resets. The additional scope items of the current contract are expected to wind down during 2017 or be procured separately.

The operational work included in this procurement has now materially stabilized from both a volume and process perspective. Monthly volumes are largely predictable and processes are defined and documented. In addition, the work is now fully supported by web-based systems that have been in production for some time.

The State has elected to seek a competitive procurement at this time, in part because:

- The well-defined tasks and the predictability of the workload reduces the risks for contractors. As such DSS and AHCT are seeking a fixed price contract.
- DSS and AHCT believe that a fixed-price contract will provide the flexibility for a contractor to use best-practices from the commercial world to further mature the now defined and measured processes. The State seeks an operation that can continue to optimize processes and provide quality and ongoing cost reductions to the State.

B. CHANGES TO THE AFFORDABLE CARE ACT

Much of the work included within this procurement is directly or indirectly related to the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or “Obamacare”, a United States federal statute signed by President Barack Obama on March 23, 2010.

The State recognizes that the ACA may be repealed in part or in whole, and/or replaced with an alternative approach to health coverage. However, at this time the State believes that much of the work covered by this procurement will still be needed although with possible changes in volumes and processing details. Approximately 84% of the consumers served by Connecticut's

state-based marketplace, Access Health CT, are enrolled in HUSKY Health (the name for Connecticut's Medicaid and CHIP programs). Consequently, there will be a need to continue to support their paper-based applications, renewals, verifications and other related work with or without the ACA.

If changes to the ACA were material to the processing volumes or work effort then the Department would work with the successful contractor to reasonably implement the required changes.

C. INTRODUCTION TO SCOPE

C.1. Terms and Conditions

The successful contractor will comply with the standard Terms and Conditions (T&Cs) used by the State.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the contract. Part II is available on OPM's web site at:

http://www.ct.gov/opm/fin/standard_contract.

Under the U.S. Health Insurance Portability and Accountability Act of 1996, a HIPAA business associate agreement (BAA) is a required contract between a HIPAA-covered entity and a HIPAA business associate. The contract protects personal health information (PHI) in accordance with HIPAA guidelines. The contractor will be expected to enter into a BAA with the department.

C.2. Statement of Work

The model Statement of Work (SOW), is attached as Appendix A.

Any proposed changes to the model SOW would have to be noted in a respondent's proposal.

The State acknowledges that the model SOW does not currently include special provisions for the contract transition period. During the transition period it is envisioned that there would be gradual takeover of the scope of work from the existing contractor. Based on the successful proposal, the State would expect to provide some exceptions and provisions to handle that one-time startup period.

There are three separate work streams and each of these work streams consists of a number of distinct tasks. The work streams are:

- Work Stream 1: MAGI Data Entry Support
- Work Stream 2: MAGI Denials Screening Support
- Work Stream 3: MAGI Case Maintenance Support

The SOW is structured such that there are costs for each work stream as well as a not-to-exceed value for the SOW as a whole. The not-to-exceed value allows the State to include additional funds that may be used for unexpected operational work (Special Projects) without the need for a contract amendment.

C.3. Special Projects

Each work stream is made up of a number of tasks and each work stream includes a task for Special Projects. “Special Project” is the term the Department uses to describe typically short-term and previously unplanned operational work. Special Projects are added via Change Orders and address short-term needs that are the result of changes in business processing, legislative actions, system issues, etc. Examples of Special Projects from the last 2 years (as of December 2016) can be found in Appendix B.

Special Projects are, by definition, varied in nature. However, at the very highest level, Special Projects most often involve working from a custom list (report) provided by the State, possibly making an outbound call to a consumer, updating a case in a particular way and then rerunning eligibility for that case.

Some Special Projects are so small that the contractor could operate from a simple list (report) and complete the work quickly. However, a more typical process would be to quickly setup a custom tracking database (using a standalone database such as Microsoft Access or a flexible customer relationship management (CRM) type product) and load the work list (report) into that database. The database approach allows progress reporting, outcome reporting, quality assurance reviews, staff tracking, etc.

Where possible the Department tries to organize Special Projects to avoid the peak processing of Open Enrollment¹ and to take advantage of the summer drop in workload. However, in some circumstances the Department must move quickly in response to an immediate policy change or system issue. Based on the size and timing of the effort the contractor may be able to accomplish the work with existing staff or may need to recruit and train additional durational staff.

¹ Open Enrollment is the period of time during which a consumer may enroll in to a health insurance plan offered through Access Health CT. For 2016 and 2017, the Open Enrollment period was November 1 – January 31.

D. GOVERNANCE

DSS and AHCT operate a federated governance model for their shared service needs. Using RACI terminology, this means that for each type of service one of the two organizations is assigned prime **Accountability/Authority**, while both organizations are **Consulted** and **Informed** stakeholders in the success of the operation or service.

Table 3 shows the RACI matrix for the operational services associated with the HIX/Tier-1 state-based marketplace. DSS is the contracting authority for the Healthcare BPO services for both historical contracting reasons and its experience in managing this type of operation.

Table 3. The RACI matrix for the shared AHCT/DSS operational services

Operational Service	Contractor	DSS	AHCT
Tier-1 Healthcare BPO	R	A, C, I	C, I
Tier-1 Call Center	R	C, I	A, C, I
Tier-1 / Printing	R	C, I	A, C, I
Tier-1 / Scanning	R	C, I	A, C, I

Whereas DSS has the larger client-base, it is important to recognize that the success of the contractor is of critical importance to AHCT. Of particular importance is the processing of Verifications (*Workflow 1 – Task 1*), which if done incorrectly can lead to an incorrect disenrollment which in turn leads to a series of time consuming and brand-damaging remedial actions. For this and other reasons, both DSS and AHCT are committed stakeholders to the success of these operations.

The governance for this back-office BPO service is handled by DSS and AHCT operational line staff, DSS and AHCT legal and policy staff, and DSS contracts and financial administration.

From a practical perspective, most day-to-day contractor operational questions (management direction, system usage, etc.) will be handled by a dedicated DSS Operational Lead. However, policy confirmation questions can be handled by direct communication with the DSS Operational Lead or a contact person in the AHCT Legal / Policy organization.

Figure 2 is a visual representation of the governance model and the major oversight roles:

- **Management Controls** – DSS takes the lead in managing the BPO contractor. This control includes day-to-day direction and support by the DSS Operational Lead and

weekly operational status meetings with the assigned DSS Contract Manager and DSS Operational Lead. On an as-needed basis the DSS Contract Manager may initiate more frequent (e.g., daily) meetings during critical times or if the operation is outside of SLAs. The contractor is required to keep all stakeholders informed and as such shares a weekly status report/dashboard with AHCT and other service providers and participates in status and coordination meetings as required. If AHCT has serious concerns of a systemic nature, it would typically bring these concerns to DSS Executives and the DSS Contract Manager and they would be addressed with the contractor by DSS management.

- **Policy Directives** – The formal source of policy and procedure directives is found in the Policy and Procedure Guides for the work stream tasks. These are managed documents and signed by both DSS and AHCT. However, it is typical that during the rollout of a new process or the refinement of an existing process that the contractor (possibly a contractor Trainer) will work directly with policy experts from DSS or AHCT in the definition of the process. Similarly, clarifications of a process for a given (exception) scenario can be sought directly from DSS or AHCT as needed. Ultimately all decisions, clarifications and changes are documented in the next release of the Policy and Procedure Guide for that task.
- **Audit Oversight** – Either DSS or AHCT can request to review a process in action or perform a formal quality assurance audit. These would be reasonably planned and executed to minimize impact on the operations.
- **Contract Authority** – The DSS Contract Manager is the primary contact for all contract questions and would be copied on all legal or procurement correspondence concerning the contract.
- **Financial Authority** – DSS will assign a financial manager to support invoicing review and payments. The DSS Finance Director is a signatory on any Change Order.

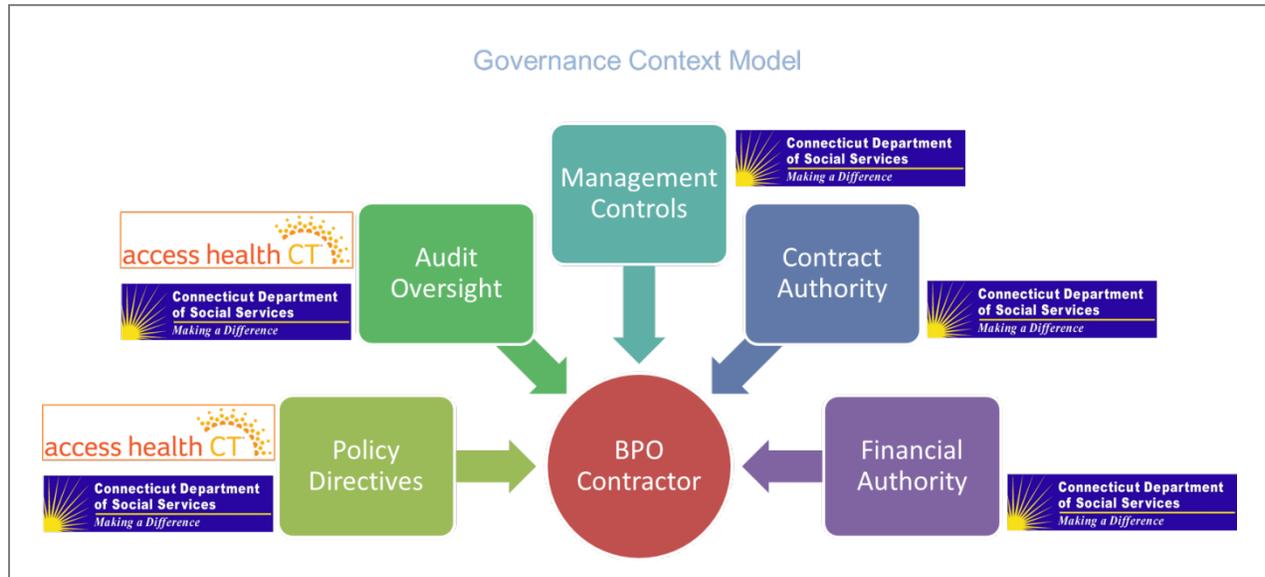


Figure 2. Representation of BPO Governance.

E. PROCESS MATURITY

The Department uses KPMG LLP for technical and business advisory services. The Department enlisted KPMG to support the Department's work with the current operations contractor to address 2015 performance issues (eliminate the backlog, lean operational processes and improve management processes) and then in 2016 to further mature and evolve the business operation.

Using the Capability Maturity Model Integration (CMMI) as a basis, the Department self-assesses the current combined operations as a Level 4 with room and plans for ongoing improvement at this level. The Level 4 self-assessment is for the combined operation of DSS and the current contractor; the higher level CMMI capabilities and the ongoing vision of CMMI maturity is provided by DSS. An outcome from this procurement is for the successful contractor to manage more independently as a higher-level CMMI operation.

The evolving maturity of the operation has not necessarily been linear (i.e., a simple transition from Level 1 through 4), but has involved parallel iterative improvements across the levels, i.e., several iterations of Level 3 process definitions in parallel with iterative improvements in the use of quantitative measurements within Level 4.

Figure 3 shows some of the key artifacts, which are now in place, mapped against the standard CMMI levels.

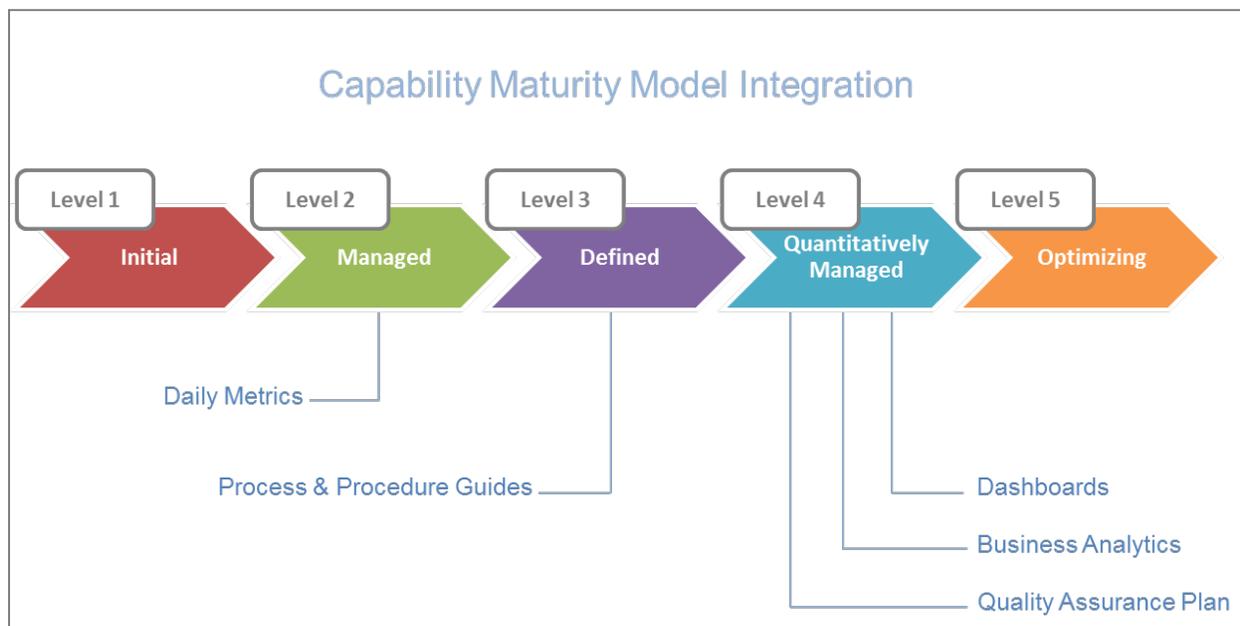


Figure 3. CMMI with example supporting artifacts.

From an operational perspective, the Department is using quantitative techniques to tactically manage the workloads and prevent the formation of backlogs, plan and size special projects and strategically plan for predicted changes in workload such as for (2017) Open Enrollment. Appendix E and F include example daily reports and weekly dashboards that provide the most immediate tracking of status and key performance indicators.

Ongoing business analytics and trend analysis (see Appendix G for examples), in combination with specialized reports, are supporting business forecasting and providing insights into how best to manage operations, early warnings of shifts in the business (e.g., balance of auto-renewals) and the prioritization of system enhancements. Section III M provides an overview of some of the business trends and approaches to forecasting.

The first generation quality assurance process measured and addressed the quality performance of individuals (i.e., CMMI Level 2). The Department and KPMG led the development of a new statistically-balanced approach to quality assurance to measure operations as a whole and to provide greater transparency and insights across the operations (i.e., CMMI Level 4). This is an area of evolving maturity.

The Department is seeking a contractor who will take a lead role in furthering the maturity of processes and create an optimizing operation from both a quality and cost perspective.

The remainder of this section provides more detail and context of related items.

E.1. Process and Procedure Guides

The processing steps needed to complete a particular task are described in a process and procedure guide (P&P Guide). Some tasks have a dedicated P&P Guide and other tasks are bundled together.

The Statement of Work (SOW) references these P&P Guides and they are included as Appendix C.

Note that any references in the P&P Guides to performing work in the legacy systems of EMS and ConneXion are not relevant for this procurement, i.e., the P&P Guides are correct as-of January 2016 and do not fully reflect the expected status as-of September 2017.

All P&P Guides are considered managed documents and are therefore versioned and a new version require formal approvals from the designated stakeholder(s). The contractor is one of the approvers of the documents. If a particular change involved a material change in contractor effort (increase or decrease) that affected costs, then a change order would be required.

E.2. Quality Assurance Plan

The Quality Assurance Plan (QAP) defines the quality process and measurements for each of the tasks.

The Statement of Work (SOW) references the QAP and it is included as Appendix D.

The QAP approach is new to the operation and is being rolled out in Q4 2016 and Q1 2017. Previously, quality assurance was used to measure and manage people (i.e., CMMI, *Level 2 - Managed*) whereas the new QAP approach measures the organization as a whole and the output will be used in ongoing planning (i.e., CMMI, *Level 4 – Quantitatively Managed*)

The QAP is considered a managed document and is therefore versioned and a new version requires formal approval from the Department. The contractor also approves changes to the document. If a particular change involved a material change in contractor effort (increase or decrease) or a change in SLA exposure then a change order may be required.

E.3. Work Tracking and Management Reporting

This section provides a summary of some of the SOW reporting requirements and cross references them to examples:

- When the system does not provide a natural tracking and reporting process (such as provided by IBM FileNet work queues) the expectation is that the contractor would use a third-party flexible tracking tool or a custom database (e.g., Microsoft Access) to track and report status.
- The contractor will provide a daily operational report in a multi-tab Microsoft Excel format. The daily tracking would begin at the start of the contract and a new file would be created at the start of each new-year; each work day the report would be released with the additional information for the prior work day. Appendix E has the example daily tracker as of the last day of 2016 (this is an actual daily tracker, but it was edited to align terminology with the SOW and remove out of scope items). The example does not include QA data which is required in future versions.
- The contractor will provide a weekly dashboard in Microsoft PowerPoint format. An example of the weekly dashboard can be found in Appendix F.
- The contractor will provide a monthly quality assurance dashboard in Microsoft PowerPoint format. This is currently being developed and an initial mockup is provided in Appendix H. The raw data used as input into the QA dashboard should be included in the daily dashboard. Any additional data or calculations needed to create the dashboard that are not included in the daily operational report, should be included in a separate Microsoft Excel spreadsheet.
- The contractor will provide a monthly executive dashboard in Microsoft PowerPoint format. This will be designed in collaboration with DSS and AHCT and will be short and focused on agreed Key Performance Indicators (KPIs) and performance against Service Level Agreements (SLAs).
- The contractor will provide a monthly staffing summary in support of execution transparency. This will be provided at the time of Invoice submission as a Microsoft Excel spreadsheet with the fulltime equivalent (FTE) headcount allocated by work stream task and role.

The contractor will be expected to work with the Department to periodically adjust and refine the design of the daily reports and dashboards as needed and as is reasonable. The intent of the adjustments and refinements would be to provide increased insight into business trends, reflect any special project work (change orders), and make graphical adjustments (e.g., altering Y-axis scales based on trailing history, and adding labels).

E.4. Projection/Forecasting Management

Section III M has detail regarding the business analytics, cyclic workloads and key historical events. That section specifically addresses insights and approaches to forecasting workloads.

The Department is providing the initial forecast that will be used by respondents to plan and size the operations. However, the Department will continue to provide the contractor monthly business analytics dashboards and establish a cadence for refining the workload estimates and providing early visibility into “one-time events”. Minimally these items will be discussed at the weekly status meeting and specially scheduled Open Enrollment readiness meetings.

F. PROGRAMS AND SYSTEMS

This section provides details of the programs and systems that are either directly within scope or immediately peripheral and part of the overall business landscape.

F.1. Health Care Programs

The scope of work within this procurement covers both public and private health care programs.

F.1.a. Overview of the HUSKY Programs

HUSKY is the consumer branding for Connecticut’s Medicaid (Title XIX) and Children’s Health Insurance Program (Title XXI). There are four types of HUSKY Health coverage:

- **HUSKY A** – Medicaid for children, parents, caretaker relatives, pregnant women, foster care children, etc.
- **HUSKY B** – Connecticut’s CHIP program for uninsured children under 19 in families that are above the HUSKY A income limits.
- **HUSKY C** – Medicaid for the Elderly (65+), Blind or Disabled. It includes Long-Term Care Services such as Nursing Homes.
- **HUSKY D** – Medicaid for adults between the age of 19 and 64 who are not pregnant and who do not qualify for Medicare.

The Department is the single state agency for the Medicaid program (i.e., it is the Medicaid Agency) but shares the HIX/Tier-1 system with AHCT. The HIX/Tier-1 system determines eligibility and enrollment for HUSKY A, B and D. These

determinations are sent to ImpaCT and ultimately to the MMIS for claims processing. The ImpaCT system determines eligibility and enrollment for HUSKY C as well as some lower volume and specialized HUSKY A subgroups of Medicaid, e.g., children supported by the Department of Children and Families (DCF) and Refugee Medical Assistance.

The Department provides medical services under a fee-for-service (FFS) model rather than a managed care model

The specific MAGI coverage groups for which the HIX/Tier-1 determines coverage are listed in Table 4.

Table 4. HUSKY coverage types supported by the HIX/Tier-1 system.

Code	HUSKY Type	Name	HIX/Tier-1 Implementation Date	Pre-MAGI Equivalent
X01	HUSKY A	Pregnant Women	October 2013	P01 and P02 M01 and M02
X02²	HUSKY D	Adults	October 2013	G02
X03	HUSKY A	Transitional Medical Assistance (TMA)	March 2016	F03
X04	HUSKY A	Extended Medical Assistance (EMA)	March 2016	F04
X07	HUSKY A	Parent/Caretaker Relatives	October 2013	F07
X25	HUSKY A	Children	October 2013	F07 and F25
M09	HUSKY A	Former Foster Care Children	April 2014	N/A
B01	HUSKY B	CHIP – Band 1	October 2013	N/A
B02	HUSKY B	CHIP – Band 2	October 2013	N/A

F.1.b. Overview of Connecticut’s Qualified Health Plans (QHPs)

The Connecticut state-based marketplace, known as Access Health CT, provides eligibility, plan selection (shopping) and enrollment into ACA compliant health insurance plans called Qualified Health Plans.

As part of a QHP eligibility determination the marketplace can calculate Advanced Premium Tax Credits (APTCs) and eligibility for Cost Sharing Reductions (CSRs).

F.2. Introduction to Related Systems

The State is engaged in a significant modernization initiative in order to support the requirements of the ACA and to replace its aging eligibility systems. This section

² The legacy EMS will store X02 clients as either X02, X13, X14 or N99. This split is to support tracking different client cohorts for federal financial reasons.

provides a brief description of the major systems involved in health determination and service delivery. The legacy systems of EMS and ConneXion are included in this summary, although they should be effectively replaced by mid-2017.

The following section provides context diagrams that illustrate the major flows between these systems.

F.2.a. Eligibility Management System (EMS)

The tasks within this procurement do not directly involve this system and the description is included for context.

EMS is the Department's legacy eligibility system for SNAP, TANF, non-MAGI Medicaid, etc. This Department anticipates that this system will be materially replaced by ImpaCT (see below) by mid-2017.

F.2.b. ConneXion

The tasks within this procurement do not directly involve this system and the description is included for context.

ConneXion is a Xerox State Healthcare system and is considered a legacy system within the State's system topology. Prior to the State's ACA implementation, the system was used for CHIP (HUSKY B) eligibility and enrollment. The HIX/Tier-1 system replaced the eligibility component of ConneXion and the enrollment functionality will be fully replaced by ImpaCT (see below) by mid-2017.

ConneXion is also used by Xerox as a workflow and task management database and its continuation in that role is subject to review and the outcome of this and related procurements.

F.2.c. ConneCT

The tasks within this procurement do not directly involve this system and the description is included for context.

ConneCT was DSS's first modernization initiative and included a public web site, document management and task-based case management. Much of the system has been subsumed within the later ImpaCT system (see below) but the public web site for client applications, renewals and change reporting remains branded as ConneCT. The ConneCT self-service website has a light bi-directional client referral approach with the HIX/Tier-1 self-service portal and a shared single-sign-on solution.

The ConneCT platform established much of the technology and infrastructure direction for future projects, e.g., browser interface, Java coding language, IBM DB/2 database, IBM FileNet document workflow, IBM SIM/SAM for security, and Microsoft Windows/Intel (“Wintel”) server hardware.

F.2.d. HIX/Tier-1

All the tasks within this procurement either directly or indirectly involve using this system.

This is Connecticut’s State Based Marketplace (SBM) and it is a shared DSS and AHCT system. It has a consumer self-service web portal (www.accesshealthct.com) and a worker portal for professional users. It determines eligibility for Qualified Health Plans (QHPs) and for most types of HUSKY A, B and D.

The system is considered the system-of-record for those HUSKY programs within its remit. When a consumer enrolls in a HUSKY program the system electronically sends the client and household data, and eligibility and enrollment information to the ImpaCT system for housing alongside clients with other types of HUSKY Medicaid. A significant percentage of the clients may already be enrolled in other DSS programs, such as SNAP and TFA (TANF), or may subsequently be enrolled in these programs.

The system determines eligibility for QHPs and provides shopping and plan comparison functionality. As part of the QHP determination the system can calculate any APTCs and eligibility for CSRs. After a consumer shops and enrolls in a QHP plan, the system sends the household and plan details to the relevant carrier (health insurance company) as an electronic data interchange (EDI).

F.2.e. EMPI (Enterprise Master Person Index)

There is a single task within this procurement (*Work Stream 1 – Task 7*) which involves directly using this system component. However, a number of the other tasks indirectly, and somewhat transparently, involve this system.

As part of the initial 2013 implementation of HIX/Tier-1 system the State implemented a first-generation master person index (MPI) to cross map (shared) clients across different systems. This system was subsequently replaced by the Enterprise Master Person Index.

The EMPI is a central index of people/consumers/clients and the implementation is based on software of the same name sourced from the company NextGate. The

system provides a central view of a small amount of client demographic data and has algorithms and interfaces to try to avoid, and when necessary resolve, the duplication of clients.

At the time of writing, the EMPI is used by the HIX/Tier-1, EMS and ImpaCT systems.

Task 7 of work stream 1 provides further contextual description of this system.

F.2.f. ImpaCT

There is a single task within this procurement (*Work Stream 2 – Task 1*) that involves directly using this system component. However, the background research work related to Appeals (*Work Stream 1 – Task 6*) could sometimes involve confirming details within this system.

ImpaCT is DSS's primary eligibility system and provides for functionality such as eligibility determination, case management, workload management, benefit issuance, hearings, and investigations. The system encompasses health programs (e.g., HUSKY, MSP and CADAP), financial assistance (e.g., Temporary Family Assistance (TFA) the State's TANF program and State Supplement) and nutritional assistance (e.g., Supplemental Nutrition Assistance Program (SNAP)).

The HUSKY A, B and D determinations of HIX/Tier-1 are sent electronically to ImpaCT. ImpaCT stores these determinations as special assistance units (colloquially "Spec AUs") for which it doesn't determine eligibility. ImpaCT's responsibility with respect to these "Spec AUs" is limited but includes initiating the generation of their medical card, forwarding their enrollment information to MMIS for claims payment and for some CHIP (HUSKY B) clients the interface with a premium payment service.

At the time of writing, ImpaCT is in its Pilot phase. Statewide implementation is expected to be complete mid-2017.

F.2.g. MMIS (Medicaid Management Information System)

The tasks within this procurement do not directly involve this system and the description is included for context.

The MMIS system is responsible for claims payment, plan/network management and related functions for HUSKY clients. The MMIS is an implementation of the Hewlett Packard Enterprise (HPE) system called *interChange*.

F.3. High Level Context Diagrams

Figure 4 illustrates the conceptual flow from client intake to service delivery. The conceptual flow doesn't show all the possible intake "doors" and has a purely health perspective whereas systems like ConneCT and ImpaCT are functionally broader than healthcare.

Figure 4. Illustrates a simplified flow from intake to health service delivery

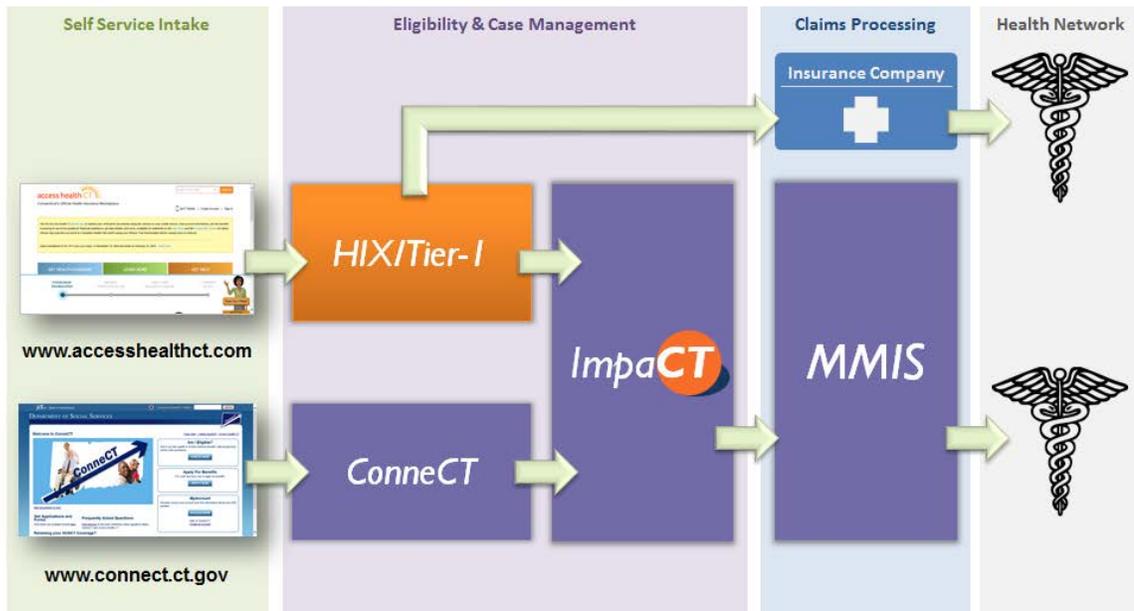
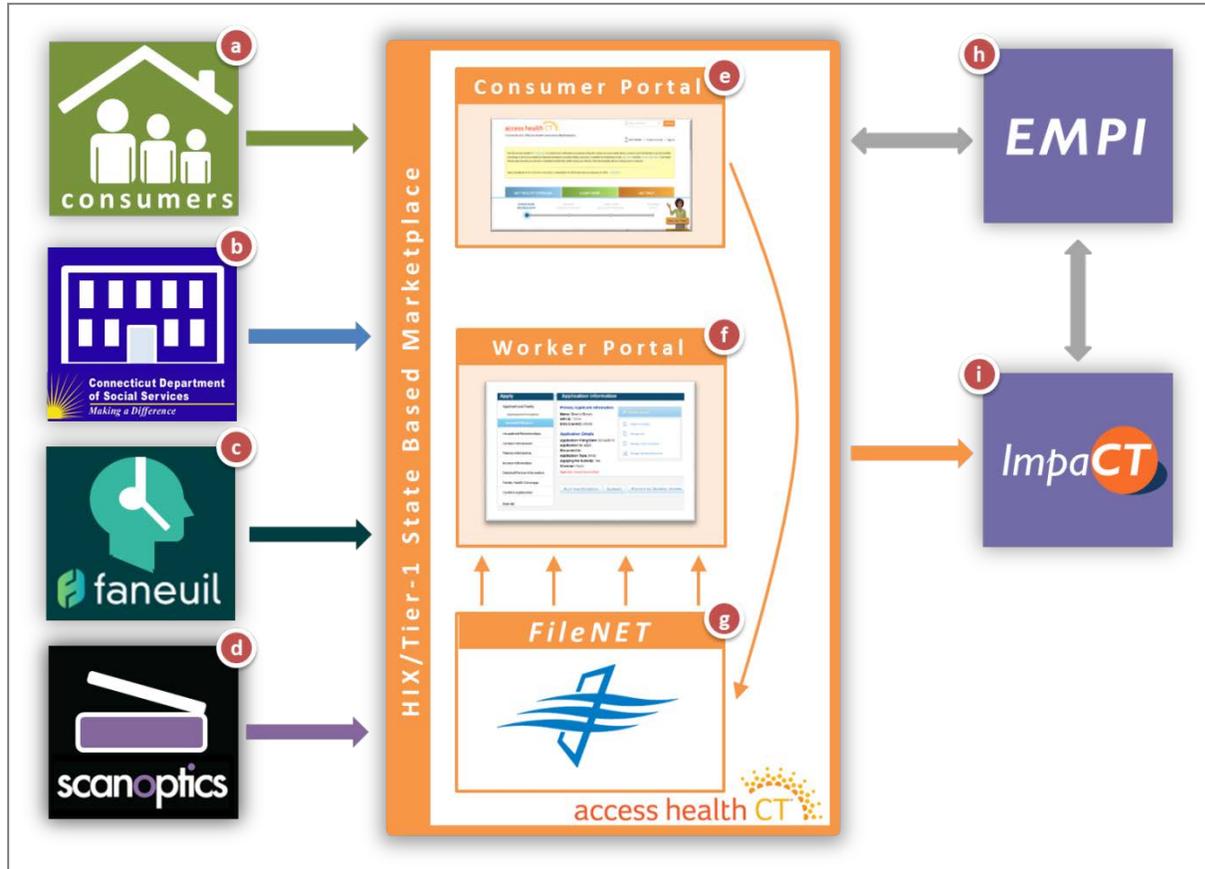


Figure 5 provides a somewhat more detailed view of the major systems and components and does so from a more HIX/Tier-1 perspective and the operational services within this procurement. This same diagram is used in later document sections where it is further annotated with the specific tasks that are within the scope of this procurement.

Figure 5. HIX/Tier-1 centric context diagram for systems within this procurement.



Channels

[a] Online – the consumer uses the www.accesshealthct.com Consumer Portal to apply and maintain their data. This is a web site and a mobile application (not full functionality).

[b] In Person – the consumer can visit a local DSS office or AHCT store front (seasonal). The professional user would use the Worker Portal to apply, renew or update a consumers details on behalf of the consumer.

[c] Phone – the consumer can call the dedicated call center operated by Faneuil. The call center representatives use the Worker Portal as well as a separate loosely integrated Oracle CRM system.

[d] Paper – mailed forms and documents are centrally scanned and sent to the HIX/Tier-1 system (IBM FileNet) in periodic daily batches. The scanning contractor is Scan-Optics.

HIX/Tier-1 Components

[e] Consumer Portal – is used by the consumer and their authorized representatives to apply and maintain their data. The consumer can also upload verification documents. The portal is available as a website and as a mobile app.

[f] Worker Portal – is used by all professional users to submit applications and update consumer data.

[g] Document Repository – document images are loaded into the IBM FileNet repository from the scanning contractor and also from consumers who can upload verification documents from the website and mobile app.

Related Systems

[h] EMPI – the Enterprise Master Person Index is a shared component that links consumer/client identifiers and core demographic data from different systems into a single person record.

[i] ImpaCT – this system is the eligibility and case management system for most DSS programs. HUSKY eligibility and updates performed in HIX/Tier-1 are transmitted electronically to ImpaCT before being transmitted to the MMIS claims processing system.

G. PROCESS SUPPORT

In order for the contractor to successfully execute the core tasks of the work streams, it is necessary to have broad indirect corporate support (human resources, etc.) as well as specific localized/tailored operational support services. The indirect localized support services include program management, governance support, quality assurance, training, and technology support.

This section provides expectations with respect to the indirect localized support services.

G.1. Program Management Office

The successful contractor will need to provide management support for themselves as well as to meet external requirements. These requirements include:

- Assemble and release the daily operations report.
- Assemble and release the weekly dashboard.
- Support weekly status meeting (dashboard driven).
- Assemble and release the monthly QA dashboard and metrics.
- Support miscellaneous requests for information.
- Provide analytic insights for continuous business improvement.
- Provide ongoing forecasting and staffing refinement.

As previously stated, the State is providing the initial forecast to be used by respondents to plan and size the operations. However, the Department will continue to provide the contractor monthly business analytics dashboards and establish a cadence for refining the workload estimates and early visibility into “one-time events.” Minimally these items will be discussed at the weekly status meeting and specially scheduled Open Enrollment readiness planning meetings.

G.2. Quality Assurance

The contractor will need an independent quality assurance organization to support the QAP described in *Section III G.2 Quality Assurance* and to create an optimizing Level 5 CMMI operation.

G.3. Periodic Audit Support

The Department or AHCT may periodically audit the execution of work streams or independently review the details of a QA sample. The contractor will need to reasonably support any audit requests.

G.4. Ongoing Investigative Support

On a daily or weekly basis, the Department or AHCT may request the contractor investigate items with which it was involved and with which there is a possible issue. The contractor will need to investigate issues and provide an email response within a reasonable timeframe.

G.5. Training Support

The successful contractor will need to develop their own training materials for the tasks within the work streams.

A key input into the development of training materials would be the P&P Guides that define the core purpose and approach for the tasks. DSS and AHCT can supplement the P&P Guides with materials that have been used for other purposes. For example:

- HIX/Tier-1 screen shots (Appendix L) or other training sources
- ImpaCT Screen Shots for Husky C and MSP Referrals (Appendix M)
- Program overviews
- Frequently asked questions (FAQs)

It is expected that the Department and AHCT will review the contractors training materials in order to ensure that they are compliant with the P&P Guides and functionally correct.

G.6. Onsite Cadre Support

Hands-on Department support can be needed for certain work item scenarios that are deemed to require the approval and decision-making of a departmental staff member (classified as a “merit worker”). This support is referred to internally as cadre support. The onsite availability of a cadre avoids the need to escalate/refer such items to the Department.

Scenarios that require cadre support are referenced in the P&P Guides. At the time of writing there are very few tasks that include (exception) scenarios that require cadre support and these may be further reduced or eliminated entirely. The need for cadre support can change if processes change or there are Special Projects (change orders) that require such support.

The Department will provide onsite cadre support staff as needed and for specific tasks. Note that this cadre support is for ongoing operations and is distinct from any onsite support requested during the contract transition period.

The SOW specifies the requirements for seating space availability for the Department that would be flexibly used by any cadre support as well as the Department Contract Manager and during audit reviews.

G.7. Technical Solution Support

The contractor will be responsible for the procurement, configuration and setup of their personal computers (PCs), local area network (LAN), and connectivity to the State network and systems, e.g., network, VPNs, and switches.

G.7.a. Desktop Configuration

The State systems that are used by the contractor are HTML web systems and are accessed via a web browser. The browser can require a Java plug-in for some functional components, e.g., the FileNet document browser.

The desktop configuration needed to operate HIX/Tier-1 worker portal is as follows:

- Operating system: Windows 7 / 8.1 / 10
- Browser: Microsoft IE 8 / 10 / 11
- Java version: 8 101 and 111
- RAM: 4G – 32G
- CPU: i3 – i7

The desktop configuration needed to operate ImpaCT, for the tasks in the scope of this procurement, is similar to that of the HIX/Tier-1 requirements. However, the browser is limited to Internet Explorer 11.

This desktop configuration will be adjusted periodically.

G.7.b. Software Licenses

The State will provide end-user licenses for operating the browser-based HIX/Tier-1 and ImpaCT systems (including embedded IBM FileNet licenses). The respondent will provide all other software licenses including operating systems, Java, email systems and office productivity.

G.7.c. Connectivity

The SOW specifies the need for a virtual private network (VPN) to provide connectivity to the State systems. The State will provide the VPN keys.

G.7.d. Security

The work involves the handling of personally identifiable information (PII) and protected health information (PHI). Consequently, if consumer information should need to be transmitted by the contractor (e.g., email or FTP) or stored on contractor equipment (even temporarily), it must be both secured and encrypted to all applicable State and Federal standards.

Workstations must be encrypted and meet the following standards:

- Encrypted using FIPS 140-2 validated products.
- State of Connecticut architecture standard of Advanced Encryption Standard AES-256.

G.7.e. Other Envisioned Technology

The contractor has flexibility to use technology to automate, optimize and report on the work contained within this proposal. Any technology that stores client information, even temporarily, will need to be located in the US and will be subject to all applicable State and federal standards; it is envisioned that any such technology implementations would be discussed during the transition take-over period.

At a minimum, however, it is expected that when the system does not provide a natural tracking and reporting process (such as provided by IBM FileNet work queues), the contractor would use a third-party flexible task tracking tool or a custom database (e.g., Microsoft Access) to track and report status.

H. OVERVIEW OF SCANNING OPERATIONS

The scanning operations are outside the scope of this procurement. However, scanned documents drive the majority of the work within this procurement and so an overview of the operations is provided here.

All HIX/Tier-1 mailings are barcoded so that returned forms and submitted verification documents can be automatically indexed and attached to the correct consumer record. The centralized mailing address for forms and returned notices is that of the scanning contractor Scan-Optics LLC, based out of Manchester, Connecticut. Documents that are physically

dropped off by clients, at say a local DSS office, are bundled and mailed to the central scanning location.

At the close of business each day, Scan-Optics distributes a Microsoft Excel tracking report of the envelopes received and documents scanned that day. This is a rolling daily report and has the full daily history from the start of operations on October 1, 2013. Appendix I includes the end-of-day scanning report as of January 3, 2017. This daily scanning data is one of the data sources for the Appendix G Business Analytics dashboard.

There are some differences in terminology and classification between the Scan-Optics (document centric) and HIX/Tier-1 (work centric) perspectives. It is important to read this section in order to understand the Scan-Optics approach and the information in the Scan-Optics daily report.

Scan-Optics, in effect, recognizes and tracks 5 types of mailings:

1. **Application Forms** (AH1, AH2 and AH3 forms). These are simple barcoded forms that do not tie to a consumer identifier at the time of scanning.
2. **HUSKY Renewal Forms** (AH3-R forms) that include consumer tracking information in the barcode.
3. **Exemption Applications** (HIX/Tier-1 notice type1500) that are queued and routed separately and are beyond the scope of this procurement.
4. **Notices** This is a catch-all category and includes all other barcoded documents that were mailed out by HIX/Tier-1 and then returned by the consumer. The majority of the documents in this category are the cover sheets mailed to a client for the return of verification documents, e.g., when a client is mailed a (1302) verification notice, they are provided a barcoded cover sheet so that their submitted documents can be indexed under their application³. There are other ‘real’ forms mixed into this daily Notices count (e.g., AREP Signature forms and Missing Information forms) but the volume of these types of notice is relatively low.
5. **Unknowns** For anything that is not an application form, renewal form, exemption application or a notice (including cover sheets), Scan-Optics will manually insert an “AHU-Unknown” cover sheet at the front of the mailing and the mailing is classified as Unknown from a Scan-Optics perspective. Note that *Work Stream 1 – Task 5* has a

³ Often a client will return a whole notice instead of just the one page cover sheet. Since all pages have a barcode this still works; although inefficient from a scanning and image storage perspective.

broader definition of “unknown” than Scan-Optics and this is explained later in this section.

In addition to the 5 types of document mailings identified above, Scan-Optics also has a category of documents it terms “Supporting documents”. Supporting Documents equates to the HIX/Tier-1 term of *verification items*. These are the various physical verification documents such as copies of driver’s licenses and paystubs. Prior to scanning the contents of an envelope, Scan-Optics manually insert custom (AHU-xx) separator sheets between any Supporting Documents, i.e., the AHU-xx separator sheets identify the verification document types prior to the images being scanned.

It is important to note that:

- The vast majority of all documents scanned fall into the classification of Supporting Documents, i.e., are verification documents.
- The next largest classification of documents scanned by Scan-Optics are Notices. As already stated the majority of these are the returned cover sheets for the verification (supporting) documents. There is an approximate 2-to-1 ratio between Supporting Documents and Notices.

As stated earlier the Scan-Optics definition of Unknown and the HIX/Tier-1 definition (and therefore *Work Stream 1 – Task 5*) are slightly different. Specifically:

- Scan-Optics classifies content that doesn’t have a cover sheet as a type of Unknown. Since all notices and supplemental forms have barcodes, the Scan-Optics Unknown classification will not include any HIX/Tier-1 notice content. The Scan-Optics Unknown queue will include a small volume of unexpected and ad-hoc client correspondence. However, the Scan-Optics Unknown classification also includes Supporting Documents (i.e., verification documents) returned without a cover sheet. The vast majority of Unknown documents are in fact supplemental documents incorrectly sent without a cover sheet.
- HIX/Tier-1 classifies content as Unknown if it comes from Scan-Optics as type Unknown or if it is a known Notice for which there isn’t an assigned queue. Therefore, a small number of actual notices in the Scan-Optics Notices classification are moved into the HIX/Tier-1 Unknown queue by HIX/Tier-1, e.g., a low volume of Appeals Hearing Forms coming to the wrong address and once-per-year (1304) QHP Signature Forms. It is

possible that both of these examples of incorrectly mailed notice content will be eliminated or materially eliminated by 2018.

To get a full count of verification documents it is therefore necessary to aggregate the following sources:

- Those explicitly identified by Scan-Optics as *Supporting Documents*.
- Those verifications mailed without a cover sheet and placed into the Scan-Optics Unknown queue. Whereas the unknown queue includes a variety of unexpected items, from a workload planning perspective it is reasonable to simply add this queue count to the verification total, i.e., volume-wise the non-verification items are not significant.
- Those verifications that bypass scanning and that are uploaded directly by the consumer into the HIX/Tier-1 system

I. OVERVIEW OF WORK STREAM 1: MAGI DATA ENTRY SUPPORT

This work is focused on the support of consumers served by the shared HIX/Tier-1 system. These are consumers who are considered under the Modified Adjusted Gross Income (MAGI) rules and regulations for both public (Medicaid and CHIP – HUSKY) and private (Qualified Health Plans - QHPs) health coverage.

The work is described in the Statement of Work included in Appendix A and the referenced P&P Guides.

The majority of the effort in this work stream involves processing documents scanned or uploaded into the IBM FileNet component of the shared HIX/Tier-1 system. Note that IBM FileNet is integrated into the Worker Portal of the shared HIX/Tier-1 and accessed via custom Worker Portal screens, i.e., it is not a standalone instance of IBM FileNet. Each scanned or uploaded document is attached to a FileNet work item and the contractor processes the documents as they are presented. There are five FileNet queues that are processed:

- Task 1: Paper Verification Data Entry.
- Task 2: Paper Application Data Entry.
- Task 3: Paper Renewal Data Entry.
- Task 4: Handling Returned Missing Information Requests.
- Task 5: Administration of Unknown Items.

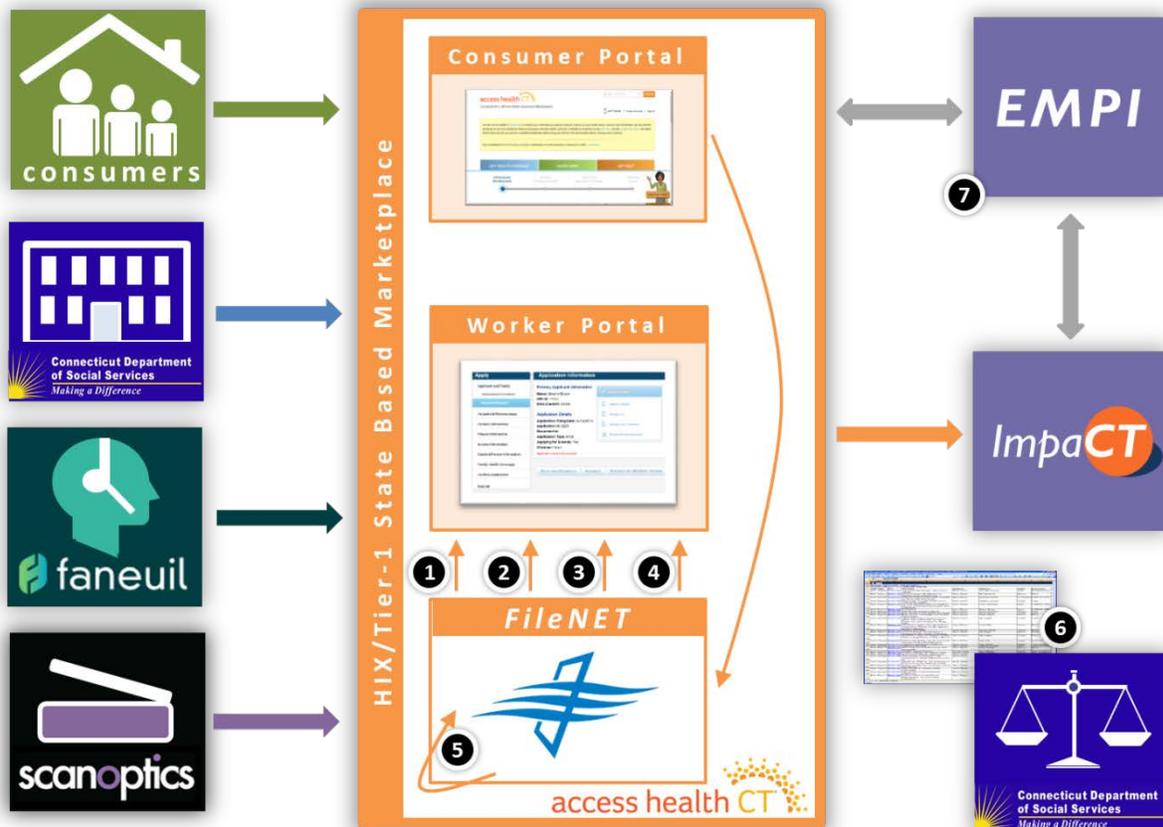
In addition, there are three specialized tasks that are managed outside of FileNet.

- Task 6: Hearing/Appeals Support.
- Task 7: Enterprise Master Person Index (EMPI) Administration.
- Task 8: Special Projects.

Figure 6 annotates the context diagram of Figure 5 with the tasks and where they are logically performed.

The pulling of FileNet type work (Tasks 1 through 5) from within the HIX/Tier-1 system is based on the assigned security roles of a person. A practical limitation of this approach is that when someone needs to be reassigned to a different set of queues, such as in the rebalancing of resources across workloads, it is necessary to contact the security administrator. Although this is a well-established process and is often immediately executed, it is cumbersome and at times there can be delays of several hours.

Figure 6. Work stream 1 tasks shown in context.



FileNet-Based Work

[Task 1] Verifications – documents are scanned in or uploaded by the consumer. They attach to work items and are pulled from the queue by the verification processors. The processor follows the prescribed steps and either verifies the information or rejects the documents (e.g., too old or not complete) and the system sends out a notice to the consumer.

[Task 2] Applications – the consumer submits a paper application (AH1, AH2 or AH3) and it is scanned into the system. The data is entered following prescribed steps (e.g., defaults) and runs eligibility and enrollment. This process can trigger missing information or missing signature notices.

[Task 3] Renewals – the consumer submits the pre-filled paper renewal form (AH3-R) that they received and it is scanned and indexed into the system. The processor enters any marked-up updates into the system and runs eligibility and enrollment.

[Task 4] Missing Information – the consumer returns a missing information form and it is scanned and indexed into the system. The information allows a processor to complete an Application or (sometimes) a Renewal.

[Task 5] Unknowns – when a form is not recognized it is scanned in and sent to the Unknown queue. The majority of these documents are Verification documents that were sent in without a cover sheet and so need to be indexed and rerouted to the Verification queue. Other documents need to be sent/emailed elsewhere, e.g., Appeals are not meant to come to this address and so need to be sent to the DSS Appeals Unit. Some unknown documents can be simply marked as completed.

Non-FileNet-Based Work

[Task 6] Appeals – the appeals are forwarded by email from the Appeals division. The work involves creating a *Summary Document* which is then provided to both DSS and the appealing consumer. In researching and creating the Summary Document the client's issue can often be resolved (~50% of the time). The contractor needs a separate database application to track each work item to completion.

[Task 7] EMPI – the Enterprise Master Person Index (EMPI) system (software from NextGate) identifies a list of possible duplicates. The worker follows steps to determine whether to merge these people.

I.1. Task 1 – Paper Verification Data Entry Overview

The Statement of Work and associated P&P Guide provides a detailed task view of verification processing. The following description provides some broader business context:

1. When a consumer first applies (an initial application), the HIX/Tier-1 system checks various electronic sources of information, e.g., the Federal Data Services Hub and the CT Department of Labor. If the system finds an electronic source and a consumer-attested value is determined to be “reasonably compatible” with that electronic source, then the item is considered verified.
2. When consumer-attested information cannot be confirmed as reasonably compatible using electronic verification sources a Verification Checklist (VCL) *work item* is generated. The VCL tracks the submission and processing of manual documents. There is a VCL item in the core system as well as a mapped Work Item in the FileNet system.
3. The consumer is given a 90-day reasonable opportunity period (ROP) to send in paper documentation or upload documentation via the consumer portal (the 90 days is actually 95 days as an allowance is made for mailing). This ROP process is largely the same between QHP/APTC and the HUSKY programs (the HUSKY programs currently operate under a waiver for income verification that allows the Department to perform an immediate award based on attested information).
4. When the verification work item is added to FileNet, two tasks/triggers are setup to send reminder notices on the 30th and 60th day (the 60th day task does double duty and triggers a 75th day notice also). A third FileNet task/trigger is setup to take appropriate action on the case on the 95th day (this is referred to as the “90-day batch” even though it includes a 5-day time allowance for mailing) if items are still not verified.
5. When a person reports a change the system behaves similarly to an initial application with respect to verification checking, i.e., all verifiable items are (re)checked electronically⁴.
6. If a VCL is created, the client is sent an initial verification notice (a 1302) that night.

⁴ This simplified approach of re-verifying every item on a change report is considered a design-defect. The result is that the system generates more verification requests than it should.

7. When a consumer sends in a manual verification document (e.g., a copy of driver's license, a copy of a passport or paystubs), they are instructed to include the barcoded cover sheet that was sent to them as part of the (1302) verification notice. The scanning contractor scans the document and the barcode ensures that it is automatically indexed and attached to the correct work item in FileNet. Note that:
 - a. A consumer can also upload documents from the web portal and mobile app, i.e., not every image comes through the scanning center.
 - b. If the consumer doesn't send in the cover sheet, the documents are assigned to the Unknown Queue where they have to be manually indexed and rerouted to the verification queue.
8. A verification processor uses the Tier/IES Worker Portal and FileNet to process each work item that has an unprocessed document. The system presents the work to the processors in the order of *oldest work item first* as opposed to *oldest document first*, e.g., a document may have arrived only that day, but it could be for a VCL/work item that is 90 days old, and as such that work item would be prioritized and presented to a processor ahead of other items. When a document is rejected (e.g., consumer submits less than 4-weeks of pay stubs), the system generates a notice to the consumer.
9. There are a series of batch programs associated with the verification process that typically run most nights and action aging VCL items:
 - a. 30 days: This is a (1324) reminder notice for the non-responsive.
 - b. 60 days: This is a (1325) reminder notice for the non-responsive.
 - c. 75 days: This is a (1325) reminder notice for the non-responsive.
 - d. 95 days: This is the negative action(s) and corresponding (1326) notice for the non-responsive, i.e., when there are open VCLs that have not been processed. Note that the process will re-run eligibility and check electronic sources before finalizing a disenrollment or a reduction in premium tax credits.

I.1.a. HIX/Tier-1 Electronic Verification Sources

The electronic verification sources that are checked include the following:

- Federal Data Services Hub (FDSH) for citizenship, identity (SSN), incarceration, social security income, tax filing information, employer sponsored insurance (ESI), public health coverage, death, and the verification of immigration details (lawful presence status, 5-year bar, etc.)
- Connecticut Department of Labor for unemployment and employment income.
- Connecticut Department of Corrections for incarceration.

Electronic Interfaces that are under consideration for a future implementation:

- FDSH for current income (also known as “The Work Number”).
- FDSH for Step 2 and Step 3 of verify lawful presence.

I.1.b. HIX/Tier-1 Verification Checklist Closure

The Verification P&P Guide documents the need to close the VCL when the last work item and document is closed. This is a somewhat redundant step but is needed to suppress reminder notices. Since processors can make mistakes and miss this step a weekly report is produced to allow the contractor to clean up the (hopefully) few VCLs that have not been closed correctly.

I.2. Task 2 – Paper Application Data Entry Overview

The Statement of Work and associated P&P Guide provides a detailed task view of application form data entry. The following description provides some broader business context:

1. The State strongly encourages the use of non-paper channels, i.e., online self-service (preferred) or the call center. These other channels are faster and provide immediate feedback to the consumer. They also allow a consumer to shop and make health plan selections, i.e., a paper form is not sufficient for enrollment into a QHP.
2. There are two main ways to get a paper application form:
 - a. Call the Access Health CT call center and request a form.
 - b. DSS will include a (AH3) paper form in the renewal notice for some non-MAGI (ImpaCT) coverage types. This was once a significant volume, but there are only lower volume coverage types that could still receive a paper form this way.

3. There are three types of application forms and copies are provided in Appendix J:
 - a. **AH1** – this is a short form for consumers applying for unsubsidized health plan coverage. This form is theoretically available but is not very practical for the consumer since they would still need to call the call center to shop and pick a QHP plan. There were less than 60 submitted during 2016 and the State will further discourage its use. From a data-entry training perspective, it is in effect, a limited subset of the AH3 form.
 - b. **AH2** – this is a short form application for subsidized health care. It is for a single individual (not families) and has a number of other limitations. Its limitations make it shorter, however, and thus quicker and easier to use than the AH3 which collects eligibility information for multiple household members. Although visually less intimidating than the AH3, the AH2 requires the same amount of data for every applicant. It is therefore typically just used in specialized circumstances.
 - c. **AH3** – this is the most general application form for subsidized health care and is the most commonly submitted. There are two versions of this report in circulation although with only minor differences between the two versions.
4. When data entering an application form, the processor may trigger a request for more information (a 1323 notice) which in turn can result in a client submitting a document that is routed to the Missing Information queue of Task 4 of this work stream.
5. If a form has no signature, a processor can enter the data and then trigger a missing signature notice (a 1315 notice) to request that signature. These returned signatures forms are mapped to this same paper application queue, and so the application processors have to be able to handle these forms, i.e., find the original entered-but-not-submitted application and submit it for eligibility determination.

I.3. Task 3 – Paper Renewal Data Entry Overview

The Statement of Work and associated P&P Guide provides a detailed task view of renewal form (AH3-R) data entry. The following description provides some broader business context.

“Renewal” is the term used for both HUSKY and QHP programs to describe the process by which someone is re-enrolled for another 12-months of health coverage. QHP coverage is strictly based on a calendar year and renewals occur during the annual Open Enrollment period. Even if a QHP for a household started mid-year (e.g., due to a loss of coverage from a job) it would still end on December 31st of that year. While HUSKY coverage also typically lasts 12 months, the household coverage can start and end in any month during a year.

From an operational perspective, one of the differences between HUSKY and QHP is that a HUSKY renewal can involve the consumer returning a paper renewal form (AH3-R), whereas that channel is not directly available for QHPs. However, the data on a paper renewal form can result in a loss of HUSKY coverage and ultimately an enrollment in QHP and can result in a change in APTCs for a mixed coverage household.

This task is only concerned with the HUSKY renewal cycle and specifically the data entry of returned AH3-R forms.

HUSKY clients are typically granted 12 months of coverage. When they are within 60-days of their end-date, the renewal cycle (previously called “redetermination”) begins:

1. At 60-days before the HUSKY coverage end-date, an eligibility projection is performed for the next benefit period. Some households are marked for administrative (“passive”) renewal as their information could be electronically verified and others are marked for manual renewal.
2. The administrative renewal households are sent a (1605) notice with the basis of their determination. The manual renewal household are sent a (1305) notice with a customized and pre-filled paper renewal form (AH3-R)⁵ and instructions to go online, call the call center or use the paper form. An example AH3-R form, with fictitious client data, is provided in Appendix K.
 - a. The data entry of client returned paper AH3-R forms is the focus of this work stream task.
3. Approximately 30 days prior to a household’s last day of HUSKY coverage, those households that are tagged for manual renewals and that have yet to respond, are sent a reminder (1334) notice.

⁵ There are some alternative low volume notices to handle override households, technical exceptions and discontinuance households. These households are directed to apply via telephone.

4. Approximately 15 days prior to a household's last day of HUSKY coverage, those households that are tagged for administrative renewals and that haven't chosen to contact the State with updates, are renewed for 12 months and sent a final determination (1337) notice.
5. Approximately 13 days prior to a household's last day of HUSKY coverage, those households that are tagged for manual renewals and that have yet to respond, are discontinued effective the end of the month and are sent a final determination (1337) notice.

I.4. Task 4 – Handling Returned Missing Information Overview

The Statement of Work and associated P&P Guide provides a detailed task view of missing information processing. The following description provides some broader business context.

1. When processing an application form (Task 2 of this work stream) or more rarely a renewal form (Task 3 of this work stream), it may be necessary to gather additional information from a household. This can occur because the form was not signed, or because the person completing the application did not fill in one or more key fields, or a response requires follow up or clarification.
2. The first approach in gathering additional information during application and renewal form data-entry (Task 2 and 3 of this work stream), is to try to call the consumer. If the processor is unable to contact the consumer, the system is used to send a notice to the consumer. It is possible to include a whole new application form in that notice.
3. When a consumer returns the additional information or missing signature form, the document is routed to the missing information queue. Missing Information processing is therefore essentially the same task as application or renewal form processing.
4. When a consumer fails to return information in a timely manner (45 days), then the system closes their initial application.

I.5. Task 5 – Administration of Unknown Items Overview

The Statement of Work and associated P&P Guide provides a detailed task view of Unknown Queue processing. The following description provides some broader business context.

1. Scanned documents can be assigned to the Unknown queue for various reasons:
 - a. Unexpected (ad-hoc) consumer correspondence. This is very low volume but is one of the primary reasons this queue was created.
 - b. The consumer returns information without a cover sheet or page(s) from the original notice. The receipt of unindexed verification documents (referred to as *Supporting Documents* by Scan-Optics) makes up the majority of the volume in the Unknown Queue.
 - c. Some document types should not be sent to the central mailing address and have specialized addresses. For example, Appeals forms should be sent directly to the DSS Appeals Unit and not to the scanning center. By changing notice language and the logic for the inclusion of self-addressed-return envelopes in a mailing, the State has reduced this volume significantly and may be able to materially eliminate it during 2017.
 - d. A very small number of low volume forms do not have a dedicated queue and so they can appear here. For example, the QHP Renewal Signature form (which is no longer needed) is sent to the unknown queue.
2. Processing the Unknown Queue typically involves indexing documents to the correct Application Id and routing to the correct queue for processing. However, it can involve getting documents to addressees outside of the system, e.g., email incorrectly addressed appeals forms to the DSS Appeals Unit.

I.6. Task 6 – Hearing/Appeals Support Overview

The Statement of Work and associated P&P Guide provides a detailed task view of Appeals processing. The following description provides some broader business context.

1. DSS is the single entry and processing point for most types of Appeals (including AHCT related appeals) as it has the organization, processes, physical space and equipment to do so.
2. Appeals are mailed to the DSS Appeals Unit where they are logged and the unit reaches out to the consumer or their representative to set up a date and time for the Hearing.

3. To support the hearing a Fair Hearing Summary document is created for both the consumer (and any representative) and the State. This summary document follows a prescribed template and provides a factual summary of the case and the legal basis upon which the action was taken by the HIX/Tier1 System.
 - a. The preparation of the Fair Hearing Summary document is the core focus of this task.
4. The contractor gets a list of consumer-requested hearings from the DSS Appeals Unit via email. The contractor needs a database or a tracker type product to track each appeal referral, its status and the outcome.
5. The vast majority of Appeals are withdrawn or resolved prior to a Hearing. Before preparing the summary document, the contractor can often facilitate a resolution; this occurs for about 50% of all summaries. Even after the summary document is prepared it is possible to resolve an appeal.
6. The number of appeal requests has fallen as other processes have improved, notices have improved and consumer advice has also improved.
7. A broader set of skills and experience are needed to prepare a Fair Hearing Summary document.

I.7. Task 7 – Enterprise Master Person Index (EMPI) Administration

The Statement of Work and associated P&P Guide provides a detailed task view of the Enterprise Master Person Index (EMPI) processing.

It is important to note that the current version of the P&P Guide addresses duplicates in HIX/Tier-1 system and the legacy EMS system. The scope of work for this procurement is only for duplicates associated with HIX/Tier-1.

The following description provides some broader business context for the EMPI.

1. The EMPI is a central index of people/consumers/clients. The implementation is based on software of the same name that was provided by the company NextGate.
2. The intent is that EMPI is the master index for individuals who receive HHS type services within Connecticut. The first systems to integrate with the EMPI are EMS (legacy system replaced by ImpaCT), ImpaCT and HIX/Tier-1.
3. Subscribing systems have their own internal client records and their own identifiers. The EMPI system provides a repository mechanism to link these

records so that the person known as “1234” in one system is identified as the same person who known as “5678” in another system.

4. The subscribing systems send a small subset of client demographic information to the EMPI that helps establish (shared or unique) identity and that can be aggregated to create the most recent consolidated or “single best record” view of a person. Centralized demographic elements include names, dates of birth, gender and SSN.
5. The EMPI has algorithms that can establish that two individual records share enough information that it can confidently assert that they are the same person or confidently assert that they are not the same person. Sometimes scoring puts two people into a gray area of probability where the system requires human intervention to determine an identity match or otherwise.
6. The HIX/Tier-1 Consumer Portal uses the EMPI (in the background) to automatically link clients. Where the algorithm cannot say with confidence that someone is an exact match the system will allow a possible duplicate record to be created (there are separate system rules that require a unique SSN that can stop a consumer moving forward; they may have to contact the call center to resolve the issue).
7. Users of the HIX/Tier-1 Worker Portal have more flexibility and are presented with a list of probable and possible matches. This allows users to better select matches but also has the potential to introduce user errors.
8. The EMPI periodically (nightly) sweeps its database and identifies possible and probable duplicates. These duplicates are identified as tasks within the EMPI system and the contractor reviews and actions appropriately. Duplicates can be cross system duplicates or can be duplicates within the same subscribing system; duplicate resolution processes take this into account.
 - a. The resolution of potential duplicates, one way or another, is the core focus of this task.
9. In resolving duplicates the contractor can consider data elements that are not currently used by the EMPI algorithm, e.g., family relationships and household addresses.

I.8. Task 8 – Special Projects Overview

This is described in section *C.3 Special Projects*.

J. OVERVIEW OF WORK STREAM 2: MAGI DENIALS SCREENING SUPPORT

This work is focused on the support of consumers who the HIX/Tier-1 system has determined ineligible for Medicaid (HUSKY) under the MAGI methodology but who have indicators that suggest that they are possibly eligible for HUSKY under different rules. These alternative HUSKY coverage rules are housed in the ImpaCT system and typically fall under the HUSKY C brand (HIX/Tier-1 is responsible for HUSKY A, B and D).

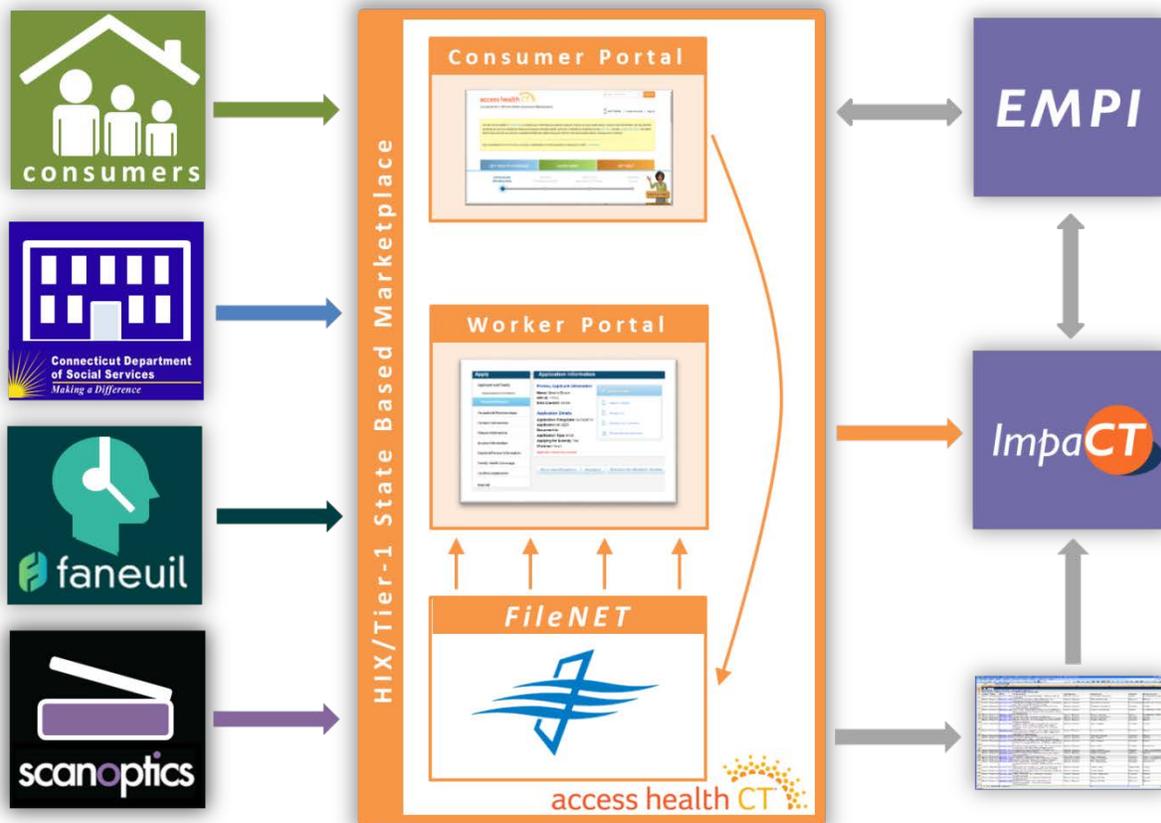
The work is described in the Statement of Work included in Appendix A and the referenced P&P Guides.

There are two tasks within this work stream:

- Task 1: Data Entry of HUSKY C and Medicare Savings Program (MSP) Referrals.
- Task 2: Special Projects.

For completeness, figure 7 annotates the context diagram of Figure 5 with the work stream task and where it is logically performed.

Figure 7. Work stream 2 tasks shown in context



FileNet-Based Work

Non-FileNet-Based Work

[Task 1] Data Entry of HUSKY C and Medicare Savings Program (MSP) Referrals – a report is generated weekly of the non-MAGI screening applications that need to be entered into ImpaCT. This task saves to reserve the client’s application date. The contractor needs their own separate database to track each work item to completion.

J.1. Task 1 – Data Entry of HUSKY C and MSP Referrals

The Statement of Work and associated P&P Guide provides a detailed task view of the HUSKY C and MSP referral process.

It is important to note that the current version of the P&P Guide is for referrals to ImpaCT as well as (legacy) referral to EMS system. The scope of work for this procurement is only for referrals to ImpaCT.

The following description provides some broader business context.

1. The Medicaid Information Technology Architecture (MITA) has a business process called “Screen Non-MAGI”. This process addresses the need to consider

those who were denied Medicaid coverage under a MAGI basis for Medicaid coverage under another basis of Medicaid.

2. Because Medicaid eligibility is currently federated between HIX/Tier-1 and ImpaCT this MITA process cannot be fully automated as a single application process. The approach, however, is to make it appear as seamless as possible from a client's perspective.
3. The first step is to list in a weekly report those individuals who were denied HUSKY by HIX/Tier-1 and that also attested to disability, receive disability (Title II) benefits, are 65 years or older or receive Medicare.
4. The individuals listed on the report are entered into ImpaCT and care is taken to ensure that the process preserves their original application dates and reuses the information they provided on their MAGI application.
 - a. This entering of data is the responsibility of the operations contractor and is the focus of this task.
5. The population is sent a notice using a mail-merge process by the Department's third-party printing contractor (Sir Speedy). The notice includes a form that asks for supplemental information in order to make a new determination.
6. When the supplemental forms are returned, a DSS worker finishes the application in ImpaCT and determines the client's eligibility for HUSKY C or MSP.

J.2. Task 2 – Special Projects Overview

This is described in section *C.3 Special Projects*.

K. OVERVIEW OF WORK STREAM 3: MAGI CASE MAINTENANCE SUPPORT

This work is focused on the manual case management of HUSKY consumers housed in the HIX/Tier-1 system. The tasks are manual workarounds that are in place until the processes are fully automated in HIX/Tier-1.

The processing of each task follows a common pattern of the system generating a report (some reports are weekly and some monthly) that is placed on a State SFTP site. The contractor pulls the report and loads it to a tracking database and then assigns staff to process.

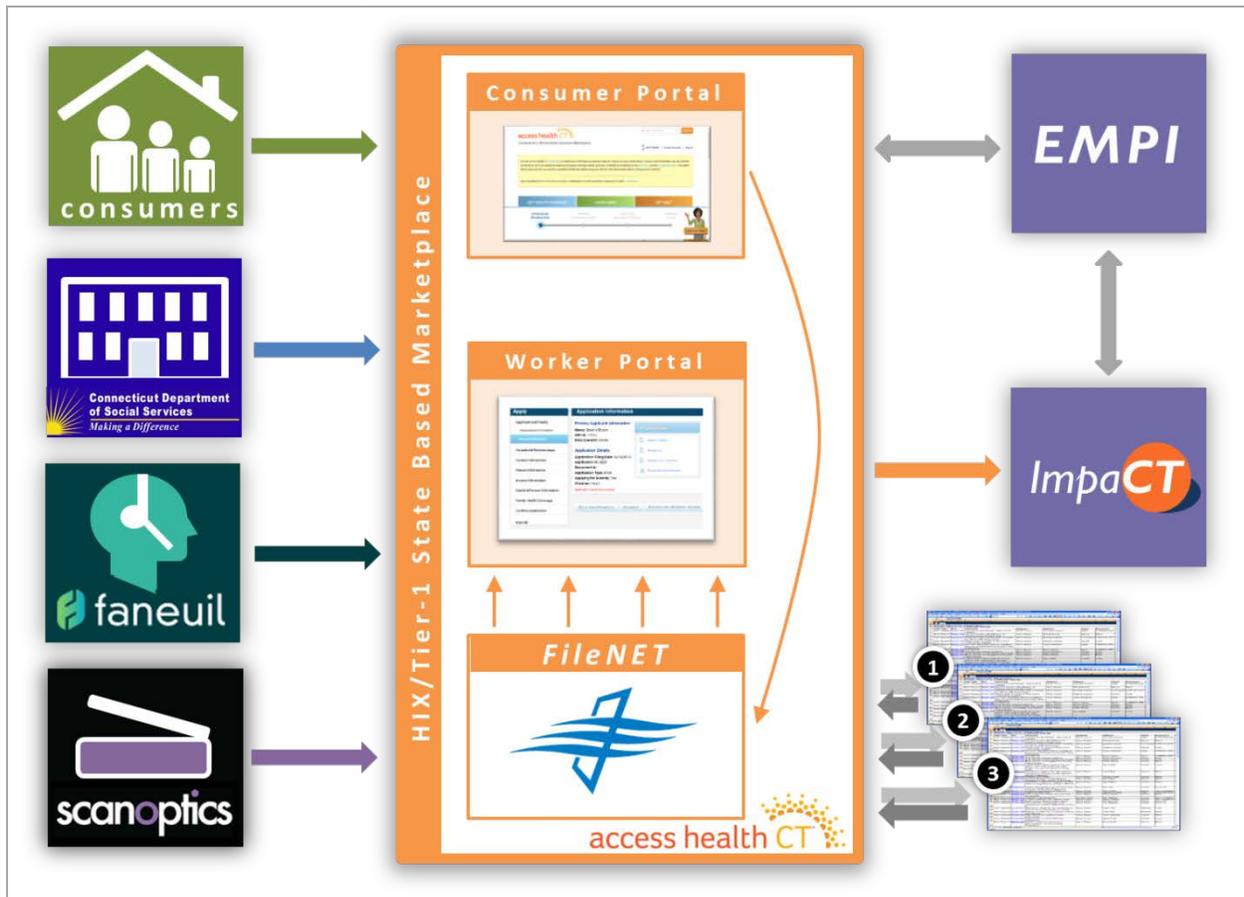
The work is described in the Statement of Work included in Appendix A and the referenced P&P Guides.

There are five tasks within this work stream:

- Task 1: Manual VLP Steps 2 and 3.
- Task 2: Age-Outs.
- Task 3: Pregnancy Income Lock-In.
- Task 4: Special Projects.

For completeness, Figure 8 annotates the context diagram of Figure 5 with the work stream tasks and where they are logically performed.

Figure 8. Work stream 3 tasks shown in context.



FileNet-Based Work

Non-FileNet-Based Work

	<p>[Task 1] Manual VLP Steps 2 and 3 – receive a weekly file and complete processing items that week. Use previous verification submission and DHS SAVE to lookup details and update HIX/Tier-1 as needed. The contractor needs their own separate database to track each work item to completion.</p>
	<p>[Task 2] Age-Outs – receive a monthly file and complete processing during the first 15 days of the month. Run eligibility to trigger notices, etc. The contractor needs their own separate database to track each work item to completion.</p>
	<p>[Task 3] Pregnancy Income Lock-In – receive a monthly file and complete processing during the first 15 days of the month. Update HIX/Tier-1 as per instructions. The contractor needs their own separate database to track each work item to completion.</p>

K.1. Task 1 – Manual VLP Steps 2 and 3

The Statement of Work and associated P&P Guide provides a detailed task view of the VLP Steps 2 and 3 process. The following description provides some broader business context.

1. The HIX/Tier-1 system uses the FDSH to verify information entered by a consumer. One of the FDSH services is Verify Lawful Presence (VLP) and it is used to verify immigration status, 5-year bar applicability, etc.
2. An initial (base) request to the VLP service is called *VLP Step 1*. This VLP service can fail for technical availability reasons (very low volume). However, much more frequently the service can return inconclusive results, i.e., a status of “pending” for one or more of the key indicators (lawful presence, qualified non-citizen, citizenship and 5-year bar). These “pending” indicators can occur when the client enters their documents inaccurately but much more frequently for limitations and reasons internal to the VLP service itself.
 - a. Whatever the reason for a “failure” of VLP Step 1, the Tier-1 system currently sends a (1302) notice to the client requesting paper-based verification of the information.
 - b. HIX/Tier-1 has not yet automated VLP Steps 2 and 3 but in theory a failure of VLP Step 1 should be followed by Steps 2 and 3 prior to the need to revert to requesting the consumer submit paper-based verifications. A VLP Step 2 request can take the FDSH a few days to complete and a VLP Step 3 request can take up to two weeks for a response.
3. Since the VLP Step 2 and Step 3 have not yet been automated in HIX/Tier-1 the Department has elected to use a Department of Homeland Security (DHS) online interface called SAVE (Systematic Alien Verification for Entitlements) to lookup a client’s status and then update the HIX/Tier-1 system.
 - a. This manual approach is the focus of this task. The intent is to process requests timely and as such negate the need for the client to submit paper verification documents and to also rapidly disenroll those individuals who should not have been determined eligible.

- b. Because of the data sharing agreement between DHS and the Department, the Department and its representatives can only use SAVE for HUSKY clients and cannot use this process for QHP consumers.

K.2. Task 2 – Age-Outs

The Statement of Work and associated P&P Guide provides a detailed task view of the Age-Out processes. The following description provides some broader business context.

1. Some HUSKY programs have associated age-out limits. When fully automated the HIX/Tier-1 system will mail clients ahead of their age-out and inform them of their projected new coverage group (e.g., a child could move into the Adult group) or their expected discontinuance. This advance notice allows a recipient to report changes that may affect their coverage or find an alternate form of health coverage, e.g., QHP with APTCs.
2. Until HUSKY age-outs are automated a simple manual age-out process is required. The basic process is that in the month prior to the change of age, it is simply necessary to run eligibility for that household. The system will determine eligibility and send an appropriate notice to the client.
 - a. This is the focus of this task.
3. There are three reports that the contractor would receive at the start of the month (monthly) and load to a tracking database and process during the first 15 days (so that the clients gets a minimum of 45 days of notice ahead of any loss or change in coverage):
 - a. Turns 19yo Age-Outs for HUSKY A Children's Medicaid or HUSKY B (CHIP).
 - b. Turns 65yo Age-Outs for HUSKY D (Adult Medicaid).
 - c. Turns 26yo Age-Outs for HUSKY A Former Foster Care Children Medicaid coverage.

K.3. Task 3 – Pregnancy Income Lock-In

The Statement of Work and associated P&P Guide provides a detailed task view of the Pregnancy Income Lock-In process. The following description provides some broader business context.

1. Per regulations, HUSKY Pregnancy coverage cannot be lost due to a reported change in income that now elevates a household above the program threshold. Since this protection (“lock-in”) rule is not implemented in HIX/Tier-1, there is a manual process to reinstate lost coverage.
 - a. This manual reinstatement is the focus of this task.
2. The contractor receives at the start of the week (weekly) a report of women who lost HUSKY pregnancy coverage due to an increase in income. If the report has records (it is often zero), then it should be loaded to a tracking database.
3. The volumes are typically very small (or zero) and the contractor is expected to process the list as a priority. There is a simple defined workaround that can be used to reinstate the women’s lost coverage.

K.4. Task 4 – Special Projects Overview

This is described in section *C.3 Special Projects*.

L. TRANSITION PLAN

Respondents are asked to propose an approach and timeline for the transition of the work. It is envisioned that during the transition period, the current contractor would gradually transfer workload and responsibility over to the new contractor. As part of the proposed transition approach, the respondents can specify the level and type of involvement needed from the Department and AHCT and their preferred target duration for the transition.

The State is not looking for the respondent that can propose the fastest transition plan or the one with the lowest State involvement. The State is looking for the respondent that can propose the most considered and risk-managed plan. The approach should be incremental, measured and include auditable gates for proceeding or otherwise. The contractor should materially achieve or exceed current levels of throughput and quality before proceeding between stages.

M. BUSINESS VOLUMES AND TRENDS

M.1. Case Counts

As of December 1st, 2016 there were 650,000 HUSKY enrollees and 103,000 QHP enrollees in the HIX/Tier-1 system. The exact ratio between the two different programs fluctuates throughout the year.

M.2. Business Trends and Analytics

Appendix G includes an example of the Department’s monthly *MAGI HUSKY Business Analytics* dashboard. This dashboard is produced monthly and normally within the first

business week following the end of a month. Although referred to as a HUSKY dashboard, it includes the work effort for shared MAGI workloads (HUSKY/QHP, DSS/AHCT) such as verifications, applications and appeals.

The dashboard has graphs that show the year-over-year processing trends and HUSKY case volumes. These graphs illustrate the macro trends. Each slide includes notes that explain anomalies and the overall trend lines.

M.3. Overview of Scanning Operations

Appendix I includes the end-of-day scanning report as of January 3, 2017. This has the full history from the start of operations on October 1, 2013. This raw data is one of the data sources for the Appendix G's monthly *MAGI HUSKY Business Analytics* dashboard.

Section III.H *Overview of Scanning Operations* includes an overview of the terminology used by Scan-Optics. This is important to understand if you are to use Appendix I or G in your analysis and review.

M.4. Annual U-Shaped Profile of the Workload

For 2014 and 2015 the overall enrollment and re-enrollment (renewal) activity was a U-shape with peak months of January and February and then November and December, i.e., November through February is a peak and the summer months are a trough. Some one-time 2015 and 2016 activities then worked to flatten the U-shape and make the dip less pronounced (these are explained in M.5)

The overall U-shaped profile of the workload in a year is caused by two major factors:

1. **Open Enrollment** – QHPs are calendar-annualized plans and so the majority of the enrollment activity is stacked into the Open Enrollment months for these plans. Initially envisioned as a short window (October 15th through December 7th) the historical reality has been for somewhat longer windows that have carried over into the first few months of the actual plan year (although the Open Enrollment window has been narrowing each year). The annual Open Enrollment period for QHP enrollment drives significant volume through the HIX/Tier-1 state based marketplace. But the QHP enrollment doesn't just drive QHP related volumes; the marketing activities also drive increases in HUSKY enrollments, i.e., uninsured individuals and families who would be otherwise covered by HUSKY are drawn to the system at that time ("woodwork effect"). The effect of Open Enrollment can be seen in both the volume of work and in the profile of the

annual HUSKY renewals (summer lows and winter peaks), i.e., although HUSKY enrollments and renewals could in theory be flat throughout the year, prior Open Enrollments have worked to create the U-shaped profile.

2. **Adult Expansion Population** – Connecticut had early expansion Medicaid group for the low-income adult population as part of the ACA. Eligibility for this population expanded from a threshold of approximately 55% of the federal poverty level (FPL) to 138% FPL effective January 1, 2014. This one-time expansion contributes to the overall seasonal skewing of the (renewal) workload to be higher in the calendar Q4/Q1 time frame.

M.5. Understanding the Effect of Key Historic Processing Events

There are a number of transient events that affected the work volume of specific historical months and in some cases have contributed to a distorting and flattening of the U-shaped renewal/enrollment model for 2016 and more so for 2017. These events only affect the renewal workload for HUSKY cases and not QHP; QHP renewals remain annualized.

From an operational planning perspective, the ongoing flattening of the HUSKY workload (which is approximately 84% of the caseload) can be seen as positive.

Key historical events that had an effect on the work volumes of given months and in some cases shifted the profile of future HUSKY renewal work, include:

- In the first half of 2015 there were significant backlogs in all the queues within the scope of this procurement. In addition, there was a significant backlog in the manual data entry of HUSKY enrollments into legacy case management systems (this “PDF Data Entry” task is not in scope and will be eliminated mid-2017 with the statewide rollout of ImpaCT). The Department and KPMG worked with the contractor to lean their business and most backlogs were eliminated between August and October 2015. The backlog and its elimination affected the annual numbers in two ways:
 - The 2015 work item volumes for Verifications are greater than 2016 even though 2016 generally has a higher caseload. The Department believes that this is because clients submitted multiple versions of documents and forms in response to time-based reminder notices that could not be suppressed (30-day, 60-day and 75-day notices).

- The elimination of the backlogs had the effect of deferring some discontinuance-related processing to later in the year (as new applications were given priority over discontinuances). A proportion of the disenrolled clients respond to being disenrolled by re-applying; the net effect was to shift HUSKY enrollment periods for these clients, i.e., the effect is visible 12 months later as a slight rise in renewal volume for those months.
- The approach to transitioning HUSKY clients from a non-MAGI basis of eligibility to a MAGI (HIX/Tier-1) determination was to send the clients referral notices and AH3 paper application forms for HIX/Tier-1. This referral approach was designed to occur at the time of their annual renewal, i.e., spread the load throughout the calendar year. Using this approach, the applicable HUSKY population was transitioned from the legacy case management systems of EMS and ConneXion into HIX/Tier-1 throughout 2014 and into the third quarter of 2015. The transition took longer than a year and was not smooth as there were a number of transition moratoriums. Once the majority of caseloads were transitioned into the HIX/Tier-1 system, the volume of paper forms declined significantly to the current ongoing levels, i.e., paper form volumes were very high in 2014 and 2015, but throughout 2016 and ongoing, they are very low.
- In July of 2015, the FPL threshold for the HUSKY Parent/Caretaker population was reduced from 201% (the same as children) to 155%. This had the effect of reducing the HUSKY Parent/Caretaker group by 18,903. However, 17,688 of those parent/caretakers had employment income and so qualified for one more year of HUSKY under the Transitional Medical Assistance (TMA) coverage. Therefore the full effect of the FPL reduction was not felt until July 2016.
- In July of 2016, the TMA coverage ended for the FPL affected Parent/Caretakers. At the same time there was some significant cleanup of households that had other types of extended HUSKY coverage (this cleanup was in preparation for the ImpaCT implementation). These discontinuances resulted in a spike in Appeals for the subsequent months and more importantly in (re)enrollment (application) activity. HUSKY enrollments are for 12-month benefit periods and consequently the activity created a calendar Q3 2017 rise in HUSKY renewals that provides a longer and less steep rise towards Open Enrollment,

i.e., the typical U-shape of work with a “summer slump” and Open Enrollment related peaks either side has been somewhat flattened.

M.6. Forecasting Work Stream 1

The State believes that the overall level of effort for Work Stream 1 is getting more predictable (within a tolerance/variance) based on historic trends. This predictability does not mean that each month is the same, but rather, that the level of effort for any given month can be somewhat predicted based on four considerations:

1. **The overall number of enrolled consumers:** This affects the volume of changes reported each month and hence verification volume, i.e., if the case count was doubled then we would later see the number of reported changes double. A largely static caseload will produce a largely static “background” of change reporting. Without an external event (e.g., a change in rules) the volume of enrollments into MAGI-based (HIX/Tier-1) HUSKY Health has stabilized. Similarly the uninsured rate in the State is one of the lowest in the country and QHP counts are reasonably consistent from year to year.
2. **The HUSKY renewals for any given month:** The HUSKY renewals drive both the number of paper renewal forms received in a month (AH3-R's in *Work Stream 1 – Task 3*) and the renewal-related changes reported in a month (and hence verifications in *Work Stream 1 – Task 1*). The Section III I.3 overview of *Work Stream 1 – Task 3* includes a high-level description of the HUSKY renewal business model.
3. **Open Enrollment:** Open Enrollment drives change reporting and hence verification volumes, i.e., the caseload may not change but the volume of activity will peak. The Open Enrollment period accounts for a spike in QHP related activity (specifically verifications) and it also drives the “woodwork effect”, i.e., the active product marketing of Open Enrollment will motivate individuals who were eligible for HUSKY, but not enrolled, to now enroll. The “woodwork effect” of past Open Enrollments have combined with other factors to skew a peak of HUSKY renewals to the same time period.
4. **Unknown Queue:** The majority of the Unknown queue consists of paper verification documents that were submitted without a cover sheet. From a task estimating perspective it is therefore useful to add the estimates for the Unknown queue to the Verification queue.

In many ways the four variables of the predictable work can be simplified and resolved by understanding and comparing monthly year-over-year metrics, e.g., November 2015 cf. November 2016. However, when comparing monthly year-over-year volumes it is necessary to understand and discount one-time volatility factors of prior years.

The State believes that 2016 was the first largely 'stable' year for a number of Tasks and that 2017 volumes can be predicted based on 2016 volumes and an understanding of the effect of the new calendar Q3 ramp up in HUSKY renewals.

The SOW includes a level of effort for Work Stream 1. However, it will be necessary to proactively refine the estimate during the life of the contract. The State and contractor will work together to periodically adjust the forecast based on visibly changing trends, improved understanding of business models, and upcoming changes to the business and regulations.

The State recognizes that unexpected one-time events (such as unexpected changes in regulations, system issues, and cleanup activities) can alter otherwise reasonable predictions and so it has developed a compensation model that mitigates the impact to the contractor. The compensation approach is documented in Section III.N.1 and is based on work volume estimates provided by the State in the attached SOW.

The sample weekly dashboard of Appendix F includes current productivity and staffing information for the different tasks.

M.7. Forecasting Work Stream 2

The State believes that the overall level of effort for Work Stream 2 is both relatively low and predictable. The task is ultimately for those that are applying for subsidized coverage, who were denied coverage for HUSKY, and are aged (65 or older), disabled or enrolled in Medicare. The task volume has a base that consists of individuals who are aging out of HUSKY D and individuals who fit the criteria and are identified during application and change reporting. On top of this base is the seasonal effect of QHP Open Enrollment activity.

M.8. Forecasting Work Stream 3

The State believes that the overall level of effort for Work Stream 3 is both relatively low and predictable.

- Task 1 – Manual VLP Steps 2 and 3. Volumes will be based on the overall month-over-month change reporting activity, manual HUSKY renewals and the

seasonal effect of Open Enrollment. The example Daily Report of Appendix E has the complete history of this task (it started in September 2016). The example Weekly Dashboard of Appendix F visually depicts a trailing number of weeks.

- Task 2 – Age-Outs. Volumes should be largely flat throughout the year and equates to a (small) percentage of the HUSKY enrollment. The State also provides flexibility by providing a 15-day window to process a month’s worth of tasks. The example Daily Report of Appendix E has most of the history of this task (it was just ramping up in 2016). The example Weekly Dashboard of Appendix F visually depicts a trailing number of months of processing.
- Task 3 – Pregnancy Income Lock-In. This should be largely flat throughout the year and equates to a (small) percentage of the HUSKY pregnancy (X01) enrollments. The State lacks specific experience with this task at the time of RFP issuance but expects approximately 5 per week and the use of a relatively simple re-enrollment process (this is described in the P&P Guide).

N. COMPENSATION MODEL

The majority of the work effort and the focus of the service level agreements are for the tasks of Work Stream 1 (in particular *Task 1 – Verifications*). It is also possible that Work Stream 2 (less probable) and Work Stream 3 (more probable) will be eliminated by further automation.

N.1. Compensation Model for Work Stream 1

Given the balance of the work and the possibility of eliminating Work Stream 2 and 3, the State is seeking a price for Work Stream 1 that fully amortizes all shared costs such as facilities, overhead, etc. The prices for Work Stream 2 and 3 are for the costs directly applicable (staff, software, etc.) to those Work Streams, i.e., these Work Streams are incremental and could be eliminated without causing a repricing of Work Stream 1.

The costing approach is as follows:

1. The contractor provides an average flat monthly cost for Work Stream 1 in their response for each of the three procurement years. This average monthly fee will be used to create a payment schedule in the SOW that reflects the relative effort of each month, i.e., an individual month in the schedule will be priced more or less based on the estimated work volumes for the year, but on average, the months will equal this cost.
2. The SOW includes an attachment of baseline work volumes (level of effort) for each task for a given year. The contractor and State monitor the trailing two (2)

month average and if the average is above or below an agreed variance threshold percentage (e.g., +/- X% of a specified item) this could trigger a forward-looking change order to potentially adjust the flat monthly fee and/or the baseline volume model. The two parties would need to agree that the change in volume would be reflected ongoing in the year and/or in the same months of subsequent years. If the change was due to a change in measurement methodology or a one-time event, then a change to the SOW would not be needed (see next bullet).

3. If a month's volumes were above the variance thresholds for a Task and the contractor incurred additional costs (e.g., overtime), then this would be covered by a special project change order.

The compensation model described above is somewhat reactive, albeit against a considered forecast. The State will work with the contractor to be more predictive as this will allow both parties to optimize resources and costs. Specifically, the State and contractor will meet periodically to discuss or communicate possible areas of upcoming volatility and refine estimates proactively based on changing trends and upcoming business events. This will provide an opportunity for the contractor to put a plan in place to proactively handle upcoming events. Such a plan may include, but not be limited to, the addition of staff, the use of overtime, the suspension of SLAs for a period, and the deprioritizing or suspension of less critical tasks. If the contractor incurs additional costs, then a change order would be executed.

The State commits to consistently measuring the actual work performed against the SOW task estimates using the same sources of data as described here:

1. **Task 1 – Paper Verification Data Entry:** The work volume will be measured as the sum of the verification counts found in the daily HIX/Tier-1 FileNet Document Ingestion report (see Appendix N) and the Unknown documents of Task 5. The total volume is arguably a little overstated (since not all Unknown documents are verifications) but should include the full 'universe' of verification documents, i.e., those that are correctly mailed and scanned, documents directly uploaded by clients/consumers and documents that are scanned first into the Unknown queue. What is important is that the process is consistent over time.

The level of effort in the SOW was created based on the actual verification document counts from 2016 added to the estimates for Task 5.

2. **Task 2 – Paper Application Data Entry:** The work volume will be measured as the sum of the Applications in the daily scanned-document report (see Appendix I) from the scanning vendor (Scan-Optics).

The level of effort in the SOW was created based on the actual document counts from 2016, which were refined to eliminate some monthly “noise” and the effects of one-time events.

3. **Task 3 – Paper Renewal Data Entry:** The work volume will be measured as the sum of the Renewals in the daily scanned-document report (see Appendix I) from the scanning vendor (Scan-Optics).

The level of effort in the SOW was created based on the actual document counts from 2016 with some downward adjustment to the January and February peaks.

4. **Task 4 – Handling Returned Missing Information:** The work volume will be measured as the sum of the Missing Information documents found in the daily HIX/Tier-1 FileNet Document Ingestion report (see Appendix N).

The level of effort in the SOW was created based on the actual document counts from 2016, which were refined to eliminate some monthly “noise” and the effects of one-time events.

5. **Task 5 – Administration of Unknown Items:** The work volume will be measured as the sum of the Unknown documents found in the daily HIX/Tier-1 FileNet Document Ingestion report (see Appendix N).

The level of effort in the SOW was created based on the actual document counts from 2016, which were refined to eliminate some monthly “noise” and the effects of one-time events.

6. **Task 6 – Hearing/Appeals Support Overview:** The work volume will be measured as the number of referrals received by the contractor from the Appeals Unit.

The level of effort in the SOW was not determined based on historical data as it is unlikely to be representative of the future. The monthly volume of Hearing/Appeal requests has generally fallen throughout 2016.

7. **Task 7 – Enterprise Master Person Index Administration:** The work volume will be measured as the number of items on the weekly EMPI report from the NextGate system.

The level of effort in the SOW was not determined based on historical data as it is unlikely to be representative of the future. The monthly volume of EMPI work has only been tracked for approximately six (60 months and includes a number of non representative events. The level of effort in the SOW was based on the assumption that in a year's time there would be a general flattening and reduction in effort.

The level of effort for a Task has an agreed variance threshold and these values are provided in the SOW. The variance thresholds differ in magnitude but are generally larger when the task volumes are smaller, i.e., a large percentage variance may only equate to a small actual fluctuation in effort for a given task. The smallest (tightest) variance threshold is assigned to the verifications of Task 1; since verifications are over 80% of the documents the overall work stream variance is closer to the variance for this one task.

N.2. Compensation Model for Work Stream 2

Given the size of this work stream and its predictability the contractor will price as a simple monthly cost.

The contractor and Department will handle any demonstrable and material changes in scope or work volume/costs using the change order process.

N.3. Compensation Model for Work Stream 3

Given the size of this work stream and its predictability the contractor will price as a simple monthly fee.

The contractor and Department will handle any demonstrable and material changes in scope or work volume/costs using the change order process.

SECTION IV – PROPOSAL OUTLINE

This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms with the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.

A. [Cover Sheet](#)

See RFP Section I. E. 2 for information.

B. Table of Contents

See RFP Section I. E. 3 for information.

C. Claim of Exemption from Disclosure

See RFP Section I. D. 12 for information.

D. Conflict of Interest - Disclosure Statement

See RFP Section I. D. 13 for information.

E. Executive Summary

See RFP Section I. E. 4 for information.

F. Terms and Conditions Declaration

The respondent should state that they can comply and are willing to enter into an agreement under the Terms and Conditions referenced by this RFP.

G. Statement of Work Declaration

The respondent should state that it can comply and are willing to enter into an agreement for the Statement of Work as included in Appendix A of this RFP.

Any proposed changes to the Statement of Work must be specific and described here in order for them to be considered during contract negotiations. The State will not accept broad or open-ended statements. It should be noted that if the State determines the proposed changes to be material, it can deem a proposal to be non-compliant, and therefore not evaluate it further.

H. Minimum Qualifications

The purpose of this subsection is to validate that the respondent meets the minimum criteria for a respondent as per Section I. D. 5. The respondent should list each requirement from Section I. D. 5 and attest their compliance or otherwise and then provide the Department with a way to verify the information, e.g., list projects with references, link to published records to confirm revenue and profitability.

I. Main Proposal

I.1. Organizational Requirements

I.1.1. Organization

Provide the full legal name of the respondent (contracting) organization, any d.b.a., the entity type (e.g., C Corp, LLC), the FEIN, years of operation, and the primary corporate address.

If the respondent has a parent organization(s) then describe the relationship and provide the same information as provided for the respondent organization.

I.1.2. Purpose, Mission, and Vision

Provide a short overview of the purpose/focus of the respondent organization and any corporate mission and vision statements.

I.1.3. Changes in Corporate Structure

List and explain any direct mergers, acquisitions, or divestitures of the respondent organization made in the last 5 years (this is not mergers/acquisitions made by the respondent but the mergers/acquisitions that it was a part of). Include any name changes.

If there are none then state "None" in this section.

I.1.4. Acquisition of Functional Capabilities

List any mergers and acquisitions made in the last 5 years that provided the respondent organization with referenceable capabilities used in the response, i.e., if a customer/account is used in the proposal as a reference or more broadly as an example qualification then list, date and describe the acquisition.

If there are none then state "None" in this section.

I.1.5. Recent Government Litigation

List and describe all litigation within the last 3 years that is complete or ongoing, between the respondent organization and any US based government or quasi-government entity, e.g., a department of the US federal government, a State or a City.

If there are none then state "None" in this section.

I.1.6. Financial Stability

State the most recent full-year top line revenue and EBITDA numbers for the respondent organization. Provide an online link/reference to the most recent Audited Financial Statement or alternatively place a copy in the Attachments section of the response.

I.2. Subcontractor Requirements

If the response includes the use of any subcontractors for the provision or delivery of an operational service, the purpose of this subsection is to gather

information about the administrative and operational capabilities of each such subcontractor.

I.2.1. Subcontractor Organizations

Provide the full legal name of each subcontractor organization, any d.b.a., the entity type (e.g., C Corp, LLC), the FEIN, years of operation, and the primary corporate address.

I.3. Qualifications and Experience Requirements

The purpose of this subsection is to gather information about the qualifications and experience of the respondent to provide the purchased service.

I.3.1. Relevant BPO Experience

In a table list and briefly describe comparable BPO contracts within the last 5 years. For each listed contract, provide the customer name, the duration of the contract, the number of staff directly assigned to the contract, and a short summary of the work. State whether the qualification is with the respondent or a subcontractor (it should not be with a parent organization). Limit the list to no more than 6 named contracts.

Respondents are encouraged to include comparably sized projects that show healthcare experience and State government experience.

Relevant BPO experience includes “back office” paper data entry into a computer system, eligibility determination support and health care enrollment support. A call center is not considered relevant BPO experience.

I.3.2. Relevant Medicaid and CHIP Experience

In a table list and briefly describe contracts that demonstrate a knowledge of Medicaid and/or CHIP eligibility within the last 5 years. For each listed contract provide the customer name, the duration of the contract, the number of staff directly assigned to the contract and a short summary of the work. Limit the list to no more than 4 named contracts.

If a contract was previously described within I.3.1 (which is perfectly satisfactory), it is preferred that the respondent simply reference that item as opposed to repeating text.

I.3.3. Relevant Exchange or Commercial Health Experience

In a table list and briefly describe contracts that demonstrate a knowledge of an ACA type exchange (marketplace) or commercial healthcare experience. These must be from within the last 5 years. For each listed contract provide the customer name, the duration of the contract, the number of staff directly assigned to the contract and a short summary of the work. Limit the list to no more than 4 named contracts.

If a contract was previously described within I.3.1 or I.3.2 (which is perfectly satisfactory), it is preferred that the respondent simply reference that item as opposed to repeating text.

I.3.4. References

List three references from the last 5 years for contracts that are of a similar size, scope and focus. State whether the qualification is with the respondent

or a subcontractor. Respondents are encouraged to select comparably sized projects that illustrate healthcare experience, and State government experience.

References should include the customer name, the duration of the contract, the number of staff directly assigned to the contract, and a short summary of the work. The reference contact should include a name, title, role description, address, phone number, and email.

In order to reference/use a subcontractor's experience/qualifications, it must have at least 25% of the operational staff on the bid.

I.3.5. Site Visits

The Department may be interested in visiting a comparable BPO operation. Respondents should state whether this would be possible and describe the operation. The Department would arrange any such visit through the contact person for the respondent's proposal.

I.4. Service Delivery Requirements

The purpose of this subsection is to gather information about how the respondent intends to provide the purchased service (including the use of any subcontractors and/or partners).

I.4.1. Differentiated Approach

Provide a summary of your approach to service delivery. Focus only on the details of this execution as opposed to your track record, qualifications, and past customers. Describe how you can operate most efficiently, maximize throughput, and achieve high measures of quality. Highlight any ways in which you plan to use technology to maximize efficiency or quality. Include how you plan to handle predictable (cyclic) changes in volume and respond flexibly to unexpected short-term spikes in volume?

I.4.2. Location of Proposed Facilities / Services

Provide the location of the operational services.

If a facility has not been secured at the time of submission provide the target area and/or example facility.

I.4.3. Subcontractors

List all subcontractors and their role and responsibilities. Assign a percentage allocation for each subcontractor based on headcount.

I.4.4. Staffing Model

Describe the staffing approach including the intended mix of existing employees to new employees, the mix of fulltime employees to part-time employees, the use of permanent versus durational (temporary) staff, generalist operational staff versus specialized staff. Add other information that you believe is relevant and distinctive to your approach.

I.4.5. Variable Staffing

Provide the strategy for cost effectively handling the variable volume of the work while maintaining high quality.

I.4.6. Multi-lingual Support

To fulfill some tasks or special projects it is sometimes necessary to make an outbound call to a consumer. How can/will the contractor staff provide Spanish and other language support for such occurrences?

I.4.7. Corporate Organizational Chart

Provide a visual organizational chart that shows how this BPO unit would fit within the corporate hierarchy. Provide titles and person names for the different levels. Provide accompanying text only if (dotted) relationships need explaining.

I.4.8. Functional Organizational Chart

Provide a visual organizational chart for this BPO unit. Include all levels in the hierarchy and distinguish different pools/types of workers. Provide accompanying text to explain (dotted) relationships and organizational structures. The chart should include person names when they are known, e.g. for key staff and others.

I.4.9. Functional Role/Position Definitions

Provide a table that fully describes the responsibility and scope of work for each role/position in the functional organizational chart.

I.4.10. Staffing Levels

The FTE headcounts included in the response section of J.1 of the cost proposal and in the Microsoft Excel spreadsheet of response Appendix K.4 are estimates. These are used to indicate an understanding of the work levels and the basis of the fixed price bid.

In this section provide any accompanying rationale for the staffing levels.

I.4.11. Commitment to Process Maturity

Provide an overview of the methodology, processes, tools and techniques to be used to meet and exceed current levels of process maturity.

I.4.12. Quality Assurance

The state is seeking an organization that builds quality into their processes rather than inspecting quality into the results. Quality assurance is therefore used as an independent measure of that quality. The respondent should review the QAP (Appendix D) and propose an approach that satisfies the QAP, is independent of the workers performing tasks, that is efficient and that helps to evolve the processes and organization. The respondent should describe the sampling approach and results-tracking technology.

I.4.13. Periodic Audit Support

The Department or AHCT may periodically audit the execution of work streams or independently review the details of a QA sample. The respondent should make a statement that it will transparently and fully support all such audits.

I.4.14. Ongoing Investigative Support

On a daily or weekly basis the Department or AHCT may request that the contractor investigate items with which it was involved and with which there

is a possible issue. The respondent should make a statement that it will perform such reviews and provide transparent and honest feedback on what it believes transpired.

I.4.15. BPO Task Training Approach

Describe the BPO training team (e.g., size, location, dedicated or otherwise) and the approach to training development and training delivery for the specific tasks within this procurement. Identify the curriculum for different roles, delivery channel (WBT, classroom, etc.), on-the-job, etc.

I.4.16. Special Project Training Approach

Describe the approach to developing detailed instructions and rolling out a focused process for a new special project.

I.4.17. Program Management Office (PMO) Approach

Describe the team that will be responsible for generating reports (e.g., size, location, dedicated or otherwise). The respondent should make a statement that it will produce the reports and dashboards specified in the SOW and be flexible with respect to supporting the continued evolution of these reports and dashboards, and will respond flexibly to reasonable requests for information.

I.5. Staffing Requirements

The purpose of this subsection is to gather information about the quality of personnel that the respondent intends to employ to deliver the purchased service.

I.5.1. Named Key Staff

For each key staff position referenced in the Statement of Work provide a brief one or two paragraph biography. Include whether the individual is currently employed by the respondent or subcontractor.

Include the resumes of key staff in Appendix K2.

I.5.2. Other Key Staff

This is an optional section.

If there are other known staff that the respondent believes are key to the success of their service operation describe the role and provide a brief one or two paragraph biography. Include whether the individual is currently employed by the respondent or subcontractor.

Include the resumes of key staff in Appendix K2.

I.5.3. Letters of Commitment

All named key staff who are not employed by the respondent or a subcontractor should provide a signed letter of commitment. This letter should state that the individual fully intends to work on this initiative should the respondent be awarded this procurement.

This section should list such individuals. The letters of commitment should be included in Appendix K3.

I.5.4. Pre-Employment Screening

Describe pre-employment screening practices.

I.5.5. Retention Plan

Describe strategies for minimizing staff turnover and to maintaining both a trained and an experienced team. Distinguish between common best-practice HR approaches and specific (local) strategies to optimize the workforce for this service delivery.

I.5.6. Recruitment Plan

Describe approaches to recruitment.

I.5.7. Corporate Training / Education / Development

List any standard corporate training used for new hires or periodically during employment. Provide a short description of the training, its duration, delivery channel (WBT, classroom, etc.), and when initiated.

I.6. Data and Technology Requirements

I.6.1. Data Center Approach

Describe the secure location of any server hardware, VPN and other technical equipment. Describe the backup and recovery approach.

I.6.2. Security

Describe how the State's data will be protected technically (at rest and in-flight), physically and via best-practice processes.

I.6.3. Task Tracking Software

Describe the technology proposed for task management (assignment, tracking and reporting) to be used for the known non-FileNet tasks and for future special project type tasks. State where the staff are located who will support and customize this software.

I.6.4. Secure E-Mail Approach

Describe the approach to sharing client/consumer information via email.

I.7. Transition Plan

The purpose of this section is for the respondent to explain the approach, activities, time estimates, and schedule for ramping up and taking over the operations in a risk-managed way.

The procurement timeline has a placeholder for a 3-month transition, but it is essential that the respondent provide their own plan. Points will not be awarded for shorter or longer durations.

I.7.1. Plan Overview

Provide an overview of the high-level plan to acquire facilities, configure facilities, recruit, on-board, train and transition activities.

I.7.2. Task Transition Plan

Provide an overview of the plan and approach to subsume operational responsibility for the work streams.

For each task or group of tasks propose an approach that includes gating milestones to demonstrate an ability to execute on a task (productivity and quality) prior to taking on the full volume and responsibility for that task.

I.7.3. Schedule

Provide a high-level visual schedule of the transition showing elapsed times and critical milestones.

I.7.4. Training Development

The contractor is expected to develop training materials for all Tasks. Describe your expectations of DSS and AHCT with respect to supporting the curriculum and content development effort.

J. Cost Proposal

The purpose of this subsection is to gather information about costs and how the respondent developed the proposed budget.

J.1. Work Stream Costs

Populate the following monthly work stream cost-table.

Note that for Work Stream 1, this average monthly fee will be used to create a payment schedule in the SOW that reflects the relative effort of each month, i.e., an individual month in the schedule will be priced more or less than the average based on the estimated work volumes for the year, but on average the months will equal this cost.

Monthly Work Stream Costs

Work Stream	Average Monthly Cost Year 1	Average Monthly Cost Year 2	Average Monthly Cost Year 3
<i>Work Stream 1</i>	\$ _____	\$ _____	\$ _____
<i>Work Stream 2</i>	\$ _____	\$ _____	\$ _____
<i>Work Stream 3</i>	\$ _____	\$ _____	\$ _____
<i>Total</i>	\$ _____	\$ _____	\$ _____

Use the staffing schedule template (provided in RFP Appendix O) and assign estimated numbers of FTE staff per month for the duration of the three (3) year contract. Use the roles/positions as defined in the functional organization chart (response sections I.4.7 and I.4.8). For staff that are shared across tasks (e.g., Trainers or managers) provide an approximate allocation to that task unless it is materially insignificant. Highlight the expected transition months on the spreadsheet. For printing visibility embed the annual tables (3 work streams for 3 years, i.e., 9 tables) in this section of the response and include the actual Microsoft Excel spreadsheet as section K.4 of your response.

Provide the State with an average price for adding an incremental person for a change order. The average cost should be calculated based on a team of 10 with 1 supervisor and 9 workers. The cost should be fully loaded, i.e., include software, PCs, etc. The cost should assume that the work carries no additional SLAs and is open ended in duration.

Change Order Staffing Costs

	Average Monthly Cost Year 1	Average Monthly Cost Year 2	Average Monthly Cost Year 3
Person Cost	\$ _____	\$ _____	\$ _____

J.2. Proposed Options for the Work Stream Costs

This is an optional section. The State is willing to consider proposals for refining or adjusting the cost proposal of J.1 if the contractor can reduce the price the State pays for a work stream or removes volatility in the price.

Each proposed option should include a quantitative effect, i.e., it is not enough to include qualitative text without stating the change to the cost (increase or decrease).

A proposed option should not be used to state assumptions or state negotiation items for the T&Cs or SOW (use proposal sections F & G).

It will be at the State’s discretion whether it considers such proposal options in its evaluation. The State would only include a proposed option in the scoring if it positively affected a respondent’s proposal, i.e., an increase in cost for the sake of stability may be of interest to the State but wouldn’t be added to the respondent’s proposed price when comparing to other respondents.

It would be at the State’s discretion whether it requested a BAFO from all respondents that included such options.

J.3. Alternate Cost Model

This is an optional section. The State is willing to consider materially different cost structures than that of the cost proposal of J.1. The respondent would have to clearly define the alternate costing approach, provide clear pricing and articulate the advantage for the State.

It will be at the State’s discretion whether it considers such alternate pricing proposals in its evaluation. The State would only include a proposed option in the scoring if it positively affected a respondent’s proposal, i.e., an increase in cost for the sake of stability may be of interest to the State but wouldn’t be added to the respondent’s proposed price when comparing to other respondents.

It would be at the State's discretion whether it requested a BAFO from all respondents that was based in some way on one or more proposed alternate cost models.

K. Appendices

K.1. Audited Financial Statement

If an online link/reference was previously provided to the most recent Audited Financial Statement in proposal section I.1.6 then restate that link here. Alternatively place a copy of the most recent Audited Financial Statement.

K.2. Résumés of Key Personnel

Provide resumes of key personnel and any other named individuals proposed for the operations.

K.3. Letters of Commitment

All named key staff who are not employed by the respondent or a subcontractor should provide a signed letter of commitment. This letter should state that the individual fully intends to work on this project should the respondent be awarded this procurement.

If there are no proposed staff that are not employed by the contractor or a subcontractor then state "Not Applicable" in this section.

K.4. Staffing Schedule

Complete the staffing budget template provided in Appendix O of the RFP and provide in Microsoft Excel format.

L. Forms

These forms must be completed and submitted as part of the proposal.

L.1. Certification Regarding Lobbying

http://www.ct.gov/dss/lib/dss/documents/Certification_Regarding_Lobbying.doc

L.2. Contract Compliance

http://www.ct.gov/chro/lib/chro/notificationtobidders_2.pdf

L.3. Consulting Agreement Affidavit

[Consulting Agreement Affidavit \(OPM Ethics Form 5\)](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806) ⁶
http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806

⁶ Required when the contract resulting from this RFP has an anticipated value of \$50,000 or more in a calendar or fiscal year. The respondent must submit this certification to the Department with the proposal.

L.4. Addendum Acknowledgement(s)

An addendum acknowledgement form is included with each posted addendum.

SECTION V – APPENDICES

Appendix A – Statement of Work

Appendix B – Sample of Special Projects

Appendix C – Process and Procedure Guides

Appendix D – Quality Assurance Plan

Appendix E – Daily Report as of December 30, 2016

Appendix F – Weekly Dashboard as of December 29, 2017

Appendix G – Monthly MAGI HUSKY Business Analytics for December 2016

Appendix H – Example Monthly Quality Assurance Dashboard

Appendix I – Scan-Optics Daily Report as of December 31, 2016

Appendix J – AH1, AH2 and AH3 Application Forms

Appendix K – AH3-R Renewal Form - Template

Appendix L – HIX/Tier-1 Worker Portal Screenshots

Appendix M – ImpaCT Screenshots for Husky C and MSP Referrals

Appendix N – Example HIX/Tier-1 FileNet Document Ingestion Report

Appendix O – Staffing Schedule Template