Request for Proposal Number HBE-028
for
Washington Health Benefit Exchange Call Center

Release Date: ***October 26, 2012***

Responses Due: ***November 21, 2012***

TABLE OF CONTENTS

1 INTRODUCTION....1

1.1 Background....1

1.2 Project Overview....2

1.3 Organizational Overview....4

1.4 Acquisition Authority....6

1.5 Purpose....6

1.6 Contract Term....7

1.7 Definitions....7

1.8 Award....7

1.9 Overview of Solicitation Process....7

1.10 HBE Provided Resources....7

2 SCHEDULE....9

3 ADMINISTRATIVE REQUIREMENTS....10

3.1 RFP Coordinator (Proper Communication)....10

3.2 Procurement Web Site and Vendor Reference Library....10

3.3 (M) Letter of Intent....10

3.4 (M) Pre-Proposal WebEx Conference....11

3.5 Vendor Questions....12

3.6 (M) Proposal Contents....12

3.7 Number of Proposal Copies Required....13

3.8 (M) Proposal Presentation and Format Requirements....13

3.9 (M) Delivery of Proposals....14

3.10 Cost of Proposal Preparation....14

3.11 Proposal Property of the HBE....14

3.12 Proprietary or Confidential Information....14

3.13 Waive Minor Administrative Irregularities....15

3.14 Errors in Proposal....15

3.15 Amendments/Addenda....15

3.16 Right to Cancel....16

3.17 Contract Requirements....16

3.18 Incorporation of Documents into Contract....17

3.19 No Best and Final Offer....17

3.20 No Costs or Charges 17
3.21 No Obligation to Contract/Buy 17
3.22 Non-Endorsement and Publicity 17
3.23 Withdrawal of Proposal 17
3.24 Optional Vendor Debriefing 17
3.25 Protest Procedures 18
3.26 Selection of Apparently Successful Vendor 18
3.27 Required Deliverables 18
4 TECHNICAL REQUIREMENTS 19
4.1 Technical Overview 19
4.2 Technology Environment 20
4.3 Technology Requirements Vendor Response 23
5 OPERATIONAL REQUIREMENTS 24
5.1 Operations Overview 24
5.2 Operations – Facilities Information 26
5.3 Facilities Information Vendor Response 27
5.4 Operations – Key Business Practices 27
5.5 Key Business Practices Vendor Response 31
5.6 Operations – Organizational Profile 31
5.7 Organizational Profile Vendor Response 34
5.8 Operations – Performance Management 34
5.9 Performance Management Vendor Response 36
6 VENDOR REQUIREMENTS 37
6.1 (M) Vendor Profile/Letter of Submittal 37
6.2 (MS) Executive Summary 37
6.3 (MS) Health Care Experience 38
6.4 (MS) Vendor Service Capabilities 38
6.5 (MS) Client References 38
6.6 (M) Confirmation of Requirements 39
6.7 (M) Intellectual Property 39
6.8 (M) Financial Rating 39
6.9 (M) Vendor Licensed to do Business in Washington 40
6.10 (M) Use of Subcontractors 40

6.11 (M) Single Point of Contact 40
6.12 (M) Prior Contract Performance 40
6.13 (M) Letter of Credit 41
6.14 (M) Insurance 42
6.15 (M) Worker's Compensation Coverage 42
7 FINANCIAL PROPOSAL 43
7.1 (M) General Provisions 43
7.2 (MS) Financial Proposal Requirements 44
7.3 (MS) Financial Requirements "Health Benefit Exchange" Services 44
8 EVALUATION PROCESS 46
8.1 Overview 46
8.2 Administrative Requirements Screening 46
8.3 Mandatory Requirements 46
8.4 Qualitative Review and Scoring 46
8.5 Vendor Total Score 49
8.6 Oral Presentations, Selection of Apparently Successful Vendor 49
8.7 Contracting Process 49
APPENDIX A: GLOSSARY 51
Request for Proposal Specific Definitions 51
Health Benefit Exchange – HBE 52
APPENDIX B: CERTIFICATIONS AND ASSURANCES 54
APPENDIX C: CONTRACT 55
APPENDIX D: PROTEST PROCEDURES 56
APPENDIX E: RESPONSE CHECKLIST 58
APPENDIX F: CLIENT REFERENCE FORM 70
APPENDIX G: EXCHANGE MODULE CHARTS 75

LIST OF EXHIBITS

Exhibit 1: Expected User Groups and Call Types 3
Exhibit 2: Percentage of Uninsured Individuals in Washington State by County 4
Exhibit 3: Procurement Schedule 9
Exhibit 4: Webinar Meeting Etiquette 11
Exhibit 5: Core Function Descriptions 27
Exhibit 6: Key Personnel Requirements 32
Exhibit 7: Vendor Total Score Calculation 49
Exhibit 8: Eligibility Module 75
Exhibit 9: Enrollment Module 76
Exhibit 10: Plan Management Module 77
Exhibit 11: SHOP Module 78
Exhibit 12: Administrative Module 79
Exhibit 13: Reports and Correspondence Module 80
Exhibit 14: Financial Management Module 80

1 INTRODUCTION

1.1 Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA creates an opportunity to reform the health insurance marketplace in order to provide Americans with quality, affordable health insurance coverage. A primary feature of the new law is the requirement that all states establish a Health Benefit Exchange (Exchange). In essence, the Exchange is an organized marketplace to help consumers and small businesses buy health insurance in a way that permits easy comparison of available plan options based on price, benefits, and quality. By pooling people together, reducing transaction costs, and increasing price and quality transparency, Health Benefit Exchanges create more efficient and competitive health insurance markets to facilitate the offer of "qualified health plans" for individuals and small employers.

While the ACA provides states with significant latitude in how reform is ultimately implemented, it also sets forth expectations around consumer-mediated enrollment processes; systems architecture and security; coordination between Medicaid/CHIP and the Exchanges; the sharing of IT assets among states; and other parameters. The guidance contained in ACA ultimately sets the foundational layer of requirements for states. For instance, as required by the ACA, the core functions of an Exchange shall include:

- Certification, recertification, and decertification of qualified health plans
- Call center operations
- Exchange website
- Premium tax credit and cost-sharing reduction calculator
- Quality rating system
- Navigator program
- Eligibility determination for Exchange participation on APTC and cost sharing reductions. Medicaid/CHIP eligibility will be determined through an eligibility service
- Seamless eligibility and enrollment process with Medicaid/CHIP and other State health subsidy programs
- Enrollment process
- Applications and notices
- Individual responsibility determinations
- Administration of premium tax credits and cost-sharing reductions
- Adjudication of appeals of eligibility determinations
- Notification and appeals of employer eligibility
- Information reporting to IRS and enrollees
- Outreach and education
- Risk adjustment and transitional reinsurance
- SHOP Exchange-specific functions

1.2 Project Overview

The Washington Health Benefit Exchange (HBE) is a statewide program being developed as a new marketplace for individuals and small businesses in Washington State to purchase private health insurance coverage and have access to tax credits, reduced cost sharing, and public programs such as Medicaid. The HBE is based in Olympia, Washington. The Exchange, as a key provision of the federal Patient Protection and Affordable Care Act (PPACA), shall be fully functioning to begin enrollment on October 1, 2013 for health insurance coverage beginning on January 1, 2014. The Exchange call center will be operational beginning September 1st and available to receive calls and answer questions regarding HBE services.

Under authority granted in Substitute Senate Bill 5445 (SSB 5445, Chapter 317, Laws of 2011), and Second Substitute House Bill 2319 (SSHB 2319, Chapter 87, Laws of 2012), the HBE was created as a "public-private partnership separate and distinct from the state." The HBE became a quasi-governmental entity governed by an independent, bipartisan, 11-member Board on March 15, 2012 (the Health Care Authority (HCA) Director and Insurance Commissioner are ex-officio, non voting members). Before this time, the Exchange had begun within the state HCA. The HBE has been operating on federal grants received by the Health Care Authority (planning grant and Level One establishment grant) and on May 16, 2012, the HBE became the second state receiving a Level Two Establishment grant, federal grant funds that will support HBE through its first year of operation in 2014. Beginning in 2015 the HBE shall be self-sustaining with its own revenue source.

The purpose of this Request for Proposal (RFP) is to select a call center vendor to implement and operate a call center for the HBE. The HBE shall provide a Call Center to provide assistance to consumers. The HBE Call Center will receive inquiries and answer questions about health insurance eligibility, application and enrollment, including the availability of tax-credits and cost sharing reductions. The Call Center will serve customers with a simple streamlined approach to ensure ease of use and customer satisfaction. The Call Center will provide a toll-free phone number to respond to inquiries regarding coverage offered through the HBE. The Call Center will be able to facilitate the application and enrollment process to include assistance in web-based and paper-based applications processing. The Call Center will help consumers navigate through the Medicaid Expansion program (based on Modified Adjusted Gross Income parameters: MAGI), Advanced Premium Tax Credit (APTC), Small Business Health Options Program (SHOP) and the non-subsidized uninsured seeking services related to Qualified Health Plans (QHPs). The Call Center will also triage calls concerning eligibility for other health benefit programs available to Washington State consumers, and for more complex questions, route accordingly. The HBE Call Center will be the first point of contact for many customers with questions about applying for and enrolling in health insurance through the Exchange.

As defined broadly by the ACA, the services of the HBE are linked to five key business functions.

- Coordinate health care eligibility related to various plans/programs
- Establish a website and call center for customer service
- Establish a 'Navigator' program
- Select how to aggregate premiums
- Certify and select qualified health plans

The HBE call center development and operation primarily involves the first two business functions. Accessibility to the Washington HBE services will be largely accomplished through at least three primary entry points: a Call Center, a web portal, and/or Navigator Organizations and agents and brokers. With respect to the call center, expected user groups and call types are graphically depicted below.

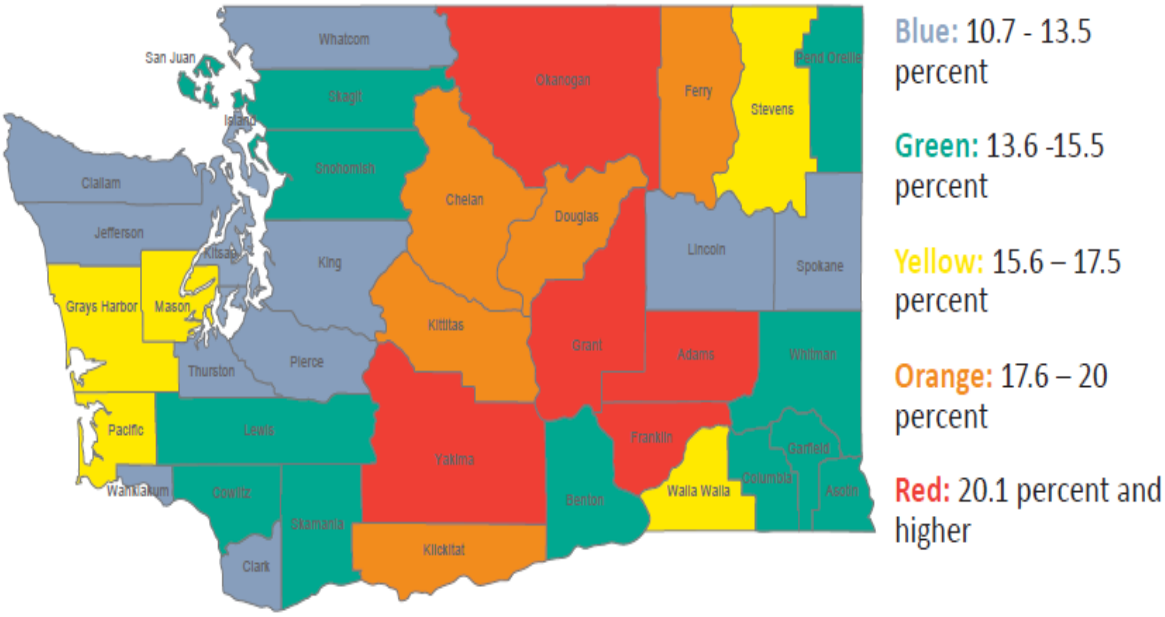
Exhibit 1: Expected User Groups and Call Types

Category	Description
Users	Individual Exchange Consumers and Navigators • Advance Premium Tax Credit recipients • Unsubsidized • MAGI Medicaid • CHIP SHOP • Employers • Employees • Brokers Issuers System Administrators Exchange/HCA/DSHS/OIC Staff
Typical Calls	• APTC/SHOP eligibility questions • Enrollment assistance • Premium questions • Health plan questions • Billing questions • Case updates • Appeals • Complaints • System access

It is the goal of the HBE to increase access to affordable health insurance for Washington State's population, the details of which are described later in the RFP. The HBE service area will include the entire State of Washington, the 13th most populous state. Approximately 60 percent of Washington's residents live in the Seattle metropolitan area. The United States Census Bureau estimates that the population of Washington was 6,830,038 on July 1, 2011. The per capita personal income in 2009 was $52,403, 10th in the nation. The following graphic portrays the uninsured population in Washington, by county, as of 2011.[1] The percentage of people without health insurance rose from 11.6% in 2008 to 14.5% by late 2011. Thirty-one counties saw an increase, with particularly high rates of uninsured residents in rural counties.

[1]OIC State of the Uninsured: Health Coverage in Washington state, 12/13/2011, page 3

Exhibit 2: Percentage of Uninsured Individuals in Washington State by County



Despite the relatively robust economic status of Washington when compared to most other States, it is estimated by the Office of Insurance Commissioner (OIC) that there will be 1.1 million uninsured people in Washington by 2014.

In order to facilitate services, the HBE is developing health care services software technology with the assistance of Deloitte Consulting LLP and other vendors to address consumers' needs. To that end, the HBE is responsible for implementing a web portal to make affordable health insurance available to Washington residents obtaining services through the internet. This "Exchange Software Solution" (Exchange Software) shall be deployed and used almost identically by the selected Vendor's Customer Service Representatives (CSR) staff in the HBE Call Center. The Exchange Software will provide several modules that will support CSR staff in their customer service functions. Further, it is expected the selected Vendor will work closely with HBE and other noted vendors to ensure a successful HBE Call Center solution.

1.3 Organizational Overview

The following provides key organizations in the delivery of health services/insurance.

1.3.1 HBE Partners

The HBE will partner with various State organizations providing health care support services. These include but are not limited to:

- **Department of Social and Health Services (DSHS) –** DSHS is a lifeline providing the basics of life to Washington residents who need assistance addressing essential needs. DSHS and its partners provide protection, comfort, food assistance, cash assistance and a host of other services including Classic Medicaid, which includes categorically eligible programs such as those with a disability, those over 65, those involved in foster care, or those who are eligible for SSI.

- **Health Care Authority (HCA) –** The HCA is the state's Medicaid agency. It is responsible for administering Medicaid and coordinating all Medicaid programs. HCA operates the state's MMIS system (ProviderOne) and contracts with Medicaid Managed Care Organizations (MCO) to enroll Medicaid clients in Medicaid MCOs. HCA also administers the state's CHIP program and coordinates the purchasing for the state's employee benefit program.
- **Office of the Insurance Commissioner (OIC) –** The OIC oversees Washington's insurance industry. OIC's mission is to protect the consumers, the public interest and the state's economy through fair and efficient regulations of the industry. Examples of OIC services include assisting consumers with choices and problems involving private health insurance as well as many government programs such as Medicare, etc.

1.3.2 HBE Call Center

The role of the HBE Call Center is to facilitate the process of acquiring health insurance, whether it is subsidized, unsubsidized, MAGI Medicaid or through a small business. Overall, the ***primary goals*** of the Call Center organization will be to assist individuals and small employers in obtaining health insurance coverage and be able to respond to the following:

- The types of Qualified Health Plans (QHPs) offered in the HBE
- The premiums, benefits, cost sharing and quality ratings associated with the QHPs offered
- Categories of assistance available, including APTCs and cost-sharing reductions as well as assistance available through various Medicaid/CHIP programs
- The application process for enrollment in health coverage available through the HBE or other programs including Medicaid/CHIP
- Plan selection and enrollment for SHOP employers and employees

Where appropriate, the Call Center will refer individuals to other programs or Navigators, as necessary. A summary of the ***core service areas*** where the Call Center will support consumers include:

- **Eligibility –** Providing assistance with applications and collecting the necessary eligibility data, and coordinating the verification of that data.
- **Enrollment** – Responding to requests to enroll in a health plan and calls to confirm enrollment start date, enrolling and renewing participants in Qualified Health Plans (QHP), and producing enrollment reports.
- **SHOP Eligibility and Enrollment Requirements –** Enrolling employers and employees, assisting with employee selection of health plans from the employer's selected tier, and renewing enrollment.
- **Financial Management** – Receiving calls from clients questioning their invoices, premium amounts, or checking on payment receipts; answering questions around premium processing for Individuals and employers; questions about APTC or Cost Sharing Reductions, fees, and payment transfers to insurance issuers; and taking premium payments over the phone.
- **Health Plans –** Answering questions about available health plan offerings and questions about covered services.
- **Case Updates –** Addressing calls to report income changes, address changes, and qualifying events.
- **Customer Inquiry** – Facilitating the solution to a variety of consumer questions, ranging from navigating the web portal, addressing system problems, or forwarding clients to the appropriate destination for additional assistance.

The Call Center will facilitate services based upon consumer requests which will come from email, phone, fax, USPS, and online. As noted, Call Center staff will provide education and assistance related to eligibility and enrollment. ***Major responsibilities*** for the Call Center include, but are not limited to, the following:

- Track all client encounters in a vendor-provided Customer Relationship Management (CRM) solution
- Record all telephone and web-video encounters
- Utilize an Interactive Voice Response (IVR) system to facilitate automatic selection of the core call center services
- Provide assistance navigating the web portal, assist with APTC eligibility, compare QHPs
- Assist individuals with applying for health coverage
- Provide information about QHP offerings
- Educate clients on premium payment requirements for those required to contribute to health insurance premiums
- Accept payments through various means (credit card, money order, etc.)
- Respond to inquiries related to eligibility status, enrollment status, and change in circumstances
- Research and resolve client issues and account discrepancies
- Assist/educate clients on appeal, complaint, and certificate of exemption processes
- Provide language translation services whether through call center representatives or through a language line service
- Refer to Washington state agencies, QHPs, Navigators, or agents/brokers as needed
- Fulfill client requests for mailed or electronically delivered correspondence/documentation

In summary, based upon the primary goals, core service areas, and major responsibilities, the call center will be accountable for a wide variety of customer service functions to Washington's health coverage seeking consumers.

1.4 Acquisition Authority

The HBE issues this Request for Proposal (RFP) acting under the authority pursuant to CH. 43.71 RCW. CH. 43.71 RCW is the statute that establishes the Washington Health Benefit Exchange Board, and the Health Benefit Exchange.

1.5 Purpose

The HBE is requesting RFP responses from qualified Vendors by ***November 13, 2012*** to implement and fully operate a call center for the HBE. The contracted Vendor will be selected on a competitive basis, and shall be responsible for the design, development, and implementation of the HBE Call Center and operation for a period, with contract extensions, of up to seven years. The HBE is based in Olympia, Washington.

1.6 Contract Term

1.6.1 Initial Term

The initial term of this Contract shall begin on the Effective Date and shall continue in full force and effect until December 31, 2014. The initial term shall include: (i) design, development, and implementation, and (ii) Operations from September 1, 2013 to December 31, 2014.

1.6.2 Subsequent Terms

HBE may extend the Operations term of this Contract for up to five (5) one year contract extensions upon prior notice to, and agreement from, the selected Vendor. The subsequent terms will be primarily Operations, but may also include some integration or other unknown ancillary services, as necessary, for enhancements to the Call Center System/Service.

1.7 Definitions

Definitions for this Request for Proposal shall have the meanings assigned to them as provided in Appendix A.

1.8 Award

Only one (1) Apparently Successful Vendor (ASV) will be identified via this procurement. The HBE intends to award only one (1) Contract.

1.9 Overview of Solicitation Process

The solicitation process of this project is sanctioned and driven directly from federal law and mandated milestones tied to Exchange certification.

The procurement is initiated by this Request for Proposal (RFP). Vendors will respond by submitting a proposal regarding their abilities to implement and operate a call center for the HBE as detailed in this RFP. After evaluation of the proposals (Section 8: Evaluation Process), the HBE shall enter into a service contract with the Vendor to provide Call Center services for the HBE.

This solicitation process will occur in two stages:

- Vendor Proposals will be evaluated based on Mandatory Requirements, **coded (M)** in this RFP; Desirable Requirements, **coded (D)**; Desirable Scored Requirements, **coded (DS),** and Mandatory Scored Requirements **coded (MS)**; and
- The HBE will identify the three (3) highest scoring finalists. Finalists will present their Call Center service approaches and demonstrate their solutions during oral presentations. HBE may require the oral presentation to be held at the vendor facility. The ASV will be selected from the finalists.

1.10 HBE Provided Resources

Vendors should assume that the HBE will provide the following resources to the Project as discussed in further detail in this RFP:

- HBE Call Center Manager
- Facilities for meetings; small coordination staff

- HBE relevant Call Center Policies & Procedures
- Train-the-Trainer services for the HBE Exchange Software solution

2 SCHEDULE

This RFP is being issued under the following Schedule. The Proposal deadlines are mandatory and non-negotiable. All times are ***Pacific Time.*** Failure to meet any of the required deadlines (dates and times) will result in disqualification from participation.

Exhibit 3: Procurement Schedule

Issue RFP HBE-015	**10/26/2012**
Mandatory Pre-Response WebEx Conference	11/02/2012, 9:30 a.m.
Vendor Letter of Intent Due	11/02/2012, 3:00 p.m.
Vendor Comments and Complaints Due	11/07/2012, 3:00 p.m.
Final Vendor Questions Due	11/14/2012, 3:00 p.m.
Publish Final Q & A	11/14/2012
Vendor Proposals Due	**11/21/2012, 3:00 p.m.**
Administrative Review	11/21/2012 – 11/23/2012
Client Reference Forms Due	11/26/2012 3:00 p.m.
Evaluation Period	11/26/2012 – 11/30/2012
Schedule Oral Presentations	12/10/2012
Conduct Vendor Oral Presentations/Demonstrations	12/17/2012 – 12/20/2012
Announce Apparently Successful Vendor	**01/09/2013**
Request for Optional Debrief	01/14/2013, 5:00 p.m.
Conduct Optional Debriefs	01/15/2013 – 01/16/2013
Contract Negotiations	**01/21/2013 – 02/04/2013**
Center for Medicaid Services Contract Review/Approval	**02/05/2012 – 03/08/2013**
Contract Begins	**03/18/2013**

HBE reserves the right to revise the above Schedule.

The HBE recognizes that this is an aggressive schedule and expects the ASV to be prepared for a short contract negotiation period. Failure to do so puts the project at risk of not being able to meet upcoming federal mandated milestones, thereby risking the loss of federal funds.

3 ADMINISTRATIVE REQUIREMENTS

3.1 RFP Coordinator (Proper Communication)

Upon release of this RFP, all Vendor communications concerning this solicitation shall be directed to the RFP Coordinator listed below. Unauthorized contact regarding this solicitation with other HBE staff or Board Members or State employees involved with the solicitation may result in disqualification. Proposals should be based on the material contained in the RFP, and any related amendment(s). Questions and written answers shall be directed through the RFP Coordinator. All oral communications shall be considered unofficial and non-binding on the HBE. Vendors should rely only on written statements issued by the RFP Coordinator.

John Flanagan, RFP Coordinator
Washington Health Benefit Exchange
Telephone: (360) 407-4104
FAX: (360) 586-1177
E-mail: john.flanagan@hca.wa.gov
(please include RFP #HBE-028 in subject line)

Courier Address:
Washington Health Benefit Exchange
Attn: John Flanagan
521 Capitol Way South
Olympia, WA 98501

U.S. Mail:
Washington Health Benefit Exchange
P.O. Box 657
Olympia, WA 98507

The HBE may utilize mail, e-mail, and/or posting to the HBE's Procurement Web Site for official communications.

3.2 Procurement Web Site and Vendor Reference Library

The contents of this RFP, related documents, and potential further research materials, along with any amendments/addenda and written answers to questions will be available on the HBE web site at: http://www.hca.wa.gov/hcr/exchange/current_procurements.html

The document(s) will be available in Adobe Acrobat or Microsoft Word formats. Vendors are encouraged to visit the Web Site and download desirable documentation from the Library.

3.3 (M) Letter of Intent

A letter indicating the Vendor's intent to respond to this RFP shall be received by the RFP Coordinator at the address specified in Section 3.1: RFP Coordinator, no later than the date and time listed in Section 2: Schedule. The Vendor may submit the Letter of Intent by U.S. mail courier, or e-mail. Failure to submit a Letter of Intent by the deadline specified in Section 2: Schedule will result in Vendor disqualification and the rejection of any subsequent Proposal.

Each Vendor shall include the following information in the Letter of Intent:

- Name of Prime Vendor Organization
- Name of Prime Vendor Representative to serve as contact for RFP communications
- Prime Vendor Representative Title
- Prime Vendor Representative Address

- Prime Vendor Representative Telephone Number
- Prime Vendor Representative FAX Number
- Prime Vendor Representative E-mail Address
- Statement of Intent and Availability
- Statement of Vendor's good faith belief in Vendor's ability to meet the Mandatory and Desired Requirements listed in this RFP document
- Statement of capacity and qualifications to perform Call Center services of scope and duration defined in the RFP

If a Vendor submits a Letter of Intent, they are not bound to provide a proposal on the project; however, HBE would appreciate a notice from the Vendor if they choose to withdraw their Letter of Intent prior to Proposal submission.

3.4 (M) Pre-Proposal WebEx Conference

Vendors who wish to submit a Proposal to this RFP ***shall*** participate in a Pre-Proposal Webinar Conference on the date and at the time identified in Section 2: Schedule. Vendors who do not send a representative to the Webinar Conference will not be eligible to submit a Proposal to the RFP. Participation in the conference does not require, nor allow, physical attendance.

Vendors shall participate in the webinar based on a web-link to be provided after RFP release.

The purpose of this Pre-Proposal Conference is to provide Vendors an opportunity to address questions they may have concerning the RFP. Vendors are strongly encouraged to submit their questions in writing to the RFP Coordinator at their earliest opportunity prior to the Pre-Proposal Webinar. Verbal answers to additional Vendor questions posed at the time of the Pre-Proposal Webinar will be nonbinding and unofficial. The HBE will provide a written response to significant questions no later than the date and time listed in Section 2: Schedule.

Exhibit 4: Webinar Meeting Etiquette

1. Please mute your phone unless you need to voice an item.
2. When your company joins the Webinar, use the "Questions" feature (dialog box) to get signed-in on the HCA RFP attendee log. You must sign-in in order to officially submit a proposal. At your sign-in question box please include your name, organization, and e-mail. (This will ensure your company is officially recognized as attending the conference)
3. Please note that Pre-Proposal Webinar sign-in and participation **does not satisfy** the mandatory requirement for a Vendor to submit a "Letter of Intent" as shown in Section 2: Schedule.
4. If you join only through the telephone conference call, make sure you sign-in verbally and are recognized by the RFP coordinator
5. Ask your questions using the "Questions" dialog box feature. Questions will be answered in sequence during the conference with first priority given to questions concerning the current document under discussion
6. The HBE will attempt to provide a written response to significant questions to registered attendees (and subsequently posted to the Website) within three (3) Business Days after the Pre-Proposal Webinar Conference

Reminder: In preparing to attend the conference, it is recommended you download the free GoTo Meeting client application in advance. The download is available at http://www.gotomeeting.com

3.5 Vendor Questions

Vendor questions regarding this RFP will be accepted until the dates and times specified in RFP Section 2: Schedule. Early submission of questions is encouraged. Vendor questions shall be submitted in writing via e-mail to the RFP Coordinator at john.flanagan@hca.wa.gov. These include any ad-hoc questions asked during the WebEx conference to which the Vendor wishes a formal response. An official written response will be provided for Vendor questions received by these deadlines.

Written responses to Vendor questions will be posted on the HBE's Procurement Web Site at http://www.hca.wa.gov/hcr/exchange/current_procurements.html. Vendors shall only rely on written statements issued by the RFP Coordinator. Any oral communications are unofficial and are not binding on HBE.

The Vendor that submitted the questions will not be identified. Verbal responses to questions will be non-binding on the HBE. Only written responses posted to the Exchange's Procurement Web Site will be considered official and binding.

3.6 (M) Proposal Contents

The Proposal shall contain information responding to all Mandatory Requirements in the RFP document and RFP Appendices; completed client references, and shall include the signature of an authorized Vendor representative on all documents required in the Appendices.

Vendor's proposals shall respond to all questions in both this RFP document and all Appendices.

The Proposal shall be submitted in three (3) volumes organized and containing the information listed below. This separation of documentation protects the integrity of the HBE's evaluation process. No mention of the Financial Proposal may be made in Volumes 1 or 3.

Volume 1:

- Vendor's cover letter explicitly acknowledging receipt of all RFP revisions, if any, issued
- Response to Section 4: Technical Requirements
- Response to Section 5: Operational Requirements
- Response to Section 6: Vendor Requirements

Volume 2:

- Response to Section 7: Financial Proposal

Volume 3:

- Vendor's signed and completed Certifications and Assurances (Appendix B)
- Vendor's exceptions and/or proposed revisions to the Contract (Appendix C)
- Vendor's signed and completed Response Checklist (Appendix E)

All Proposals shall be submitted using Microsoft Word, Microsoft Excel, Microsoft Project, Microsoft Visio, or Adobe Acrobat. Failure to provide any requested information in the prescribed format may result in disqualification of the Vendor.

3.7 Number of Proposal Copies Required

Volume 1:

- 1 CD-ROM, with one (1) true and correct printed original, plus six (6) complete printed copies, produced on 8.5 x 11 paper.

Volume 2:

- 1 CD-ROM (can be included in above), with one (1) true and correct printed original, plus six (6) complete printed copies, produced on 8.5 x 11 paper.

Volume 3:

- 1 CD-ROM (can be included in above), with one (1) true and correct printed original produced on 8.5 x 11 paper.

3.8 (M) Proposal Presentation and Format Requirements

The following requirements are Mandatory in responding to this RFP. Failure to follow these requirements may result in Vendor disqualification.

3.8.1 The signature block in Appendix B: Certifications and Assurances shall be signed by a representative authorized to bind the company to the offer.

3.8.2 Vendor shall respond to each requirement within page limitations contained in Section 4: Technical Requirements, Section 5: Operational Requirements, Section 6: Vendor Requirements and complete Section 7: Financial Proposal and complete relevant Appendices.

3.8.3 Failure to submit any of the required documents may result in the Proposal being disqualified.

3.8.4 Failure to meet page number limitations, where requested, may result in the Proposal being disqualified.

3.8.5 Each of the RFP requirements are numbered and titled. In each requirement title is a designation indicating how the Proposal will be evaluated:

a) For Mandatory Requirements **(M),** the Proposal response shall indicate explicitly whether the Vendor's proposed services meet the requirement. A statement, "(Vendor Name) has read, understands, and fully complies with these requirements" is acceptable, along with any additional information requested.

b) For Mandatory Scored requirements **(MS)**, the Proposal response shall indicate explicitly whether the Vendor's proposed services meet the requirement, and describe how the proposed Vendor's services will accomplish each requirement as it relates to the service(s) proposed.

3.8.6 Proposals shall be prepared on standard 8.5 x 11-inch loose-leaf paper and placed in three-ring binders with tabs separating the major sections of the Proposal. Pages must be numbered consecutively within each section of the Proposal showing Proposal section number and page number. Responses to numbered requirements shall include the requirement number. Font size shall be 11 or larger in Calibri font.

3.8.7 Include Vendor name and the name, address, e-mail, facsimile and telephone number of the Vendor's authorized representative at the beginning of each volume of the Proposal.

3.8.8 Figures and tables shall be numbered and referenced in the text of the Proposal by that number. Foldouts containing charts, spreadsheets, and oversize exhibits are permissible.

3.8.9 The Proposal, as well as any reference materials presented by Vendor, shall be written in English and Vendor shall provide all rates in United States dollars.

3.8.10 Files submitted on CD-ROMs shall be in MS Word, MS Excel, MS Visio, MS Project or Adobe PDF format. Files shall not be locked or protected.

3.8.11 Vendors shall refrain from the use of the Washington State Seal in their submittal documents. Such use is in violation of RCW 43.04.050.

3.9 (M) Delivery of Proposals

It is Mandatory that Vendors submit all copies of their Proposals by the date and time in Section 2: Schedule, to the RFP Coordinator at the address specified in Section 3.1: RFP Coordinator.

Proposals shall be **received** at the HBE by the date and time specified. Proposals arriving after the deadline will be returned unopened to their senders. A postmark by that time is not acceptable. **Proposals sent by facsimile or e-mail will not be accepted**. Vendors assume all responsibility for the method of delivery and for any delay in the delivery of their Proposal.

3.10 Cost of Proposal Preparation

The HBE will not reimburse Vendors for any costs associated with preparing or presenting a Proposal to this RFP.

3.11 Proposal Property of the HBE

All materials submitted in response to this solicitation become the property of the HBE, unless received after the deadline in which case the Proposal is returned to the sender. The HBE has the right to use any of the ideas presented in any material offered. Selection or rejection of a Proposal does not affect this right.

3.12 Proprietary or Confidential Information

The HBE is subject to Washington State's Public Records Act (Chapter 42.56 RCW). Vendor's Response can be disclosed through the process set forth in this section. Portions of a Vendor's Response may be protected from disclosure through the process set forth in this section.

A Vendor cannot restrict its entire Response or entire sections of the Response from disclosure. A Vendor also cannot restrict its pricing from disclosure. Attempts to restrict disclosure using footer on

every page to restrict disclosure will not be honored and may require the Vendor to resubmit the Response or subject the Vendor to disqualification.

If the Vendor wants to protect any Proprietary Information that is included in its Response from disclosure, the information shall be clearly designated by the Vendor as Proprietary Information. "Proprietary Information" is defined as information owned by Vendor to which Vendor claims a protectable interest under law. Propriety Information may include, but is not limited to, information protected by copyright, patent, trademark, or trade secret laws.

To the extent consistent with Chapter 42.56 RCW, the Public Records Act, the HBE shall maintain the confidentiality of Vendor's information marked Proprietary Information. If a public disclosure request is made to view Vendor's Proprietary Information, the HBE shall notify Vendor of the request and of the date that the Proprietary Information shall be released to the requester unless Vendor obtains a court order enjoining that disclosure. If Vendor fails to obtain a court order enjoining disclosure, the HBE will release the Proprietary Information on the specified date.

The HBE's sole responsibility shall be limited to maintaining the Vendor's identified Proprietary Information in a secure area and to notify Vendor of any request(s) for disclosure for so long as the HBE retains Vendor's information in the HBE records. Failure to label materials as Proprietary Information or failure to timely respond after notice of a public disclosure request has been given shall be deemed a waiver by Vendor of any claim that such materials are exempt from disclosure.

3.13 Waive Minor Administrative Irregularities

The HBE reserves the right to waive minor administrative irregularities contained in any Proposal. Additionally, the HBE reserves the right, at its sole option, to make corrections to Vendors' Proposals when an obvious arithmetical error has been made in the price quotation. Vendors will not be allowed to make changes to their quoted price after the Proposal submission deadline.

3.14 Errors in Proposal

Vendors are liable for all errors or omissions contained in their Proposals. Vendors will not be allowed to alter Proposal documents after the deadline for Proposal submission. The Exchange is not liable for any errors in Proposals. The Exchange reserves the right to contact Vendor for clarification of Proposal contents.

In those cases where it is unclear to what extent a requirement or price has been addressed, the evaluation team(s) may, at their discretion and acting through the RFP Coordinator, contact a Vendor to clarify specific points in the submitted Proposal. However, under no circumstances will the responding Vendor be allowed to make changes to the proposed items after the deadline stated for receipt of Proposals.

3.15 Amendments/Addenda

The HBE reserves the right to amend portions of this RFP at any time. The HBE may correct errors in the solicitation document identified by the HBE or a Vendor. Any changes or corrections will be by one or more written amendment(s), dated, and attached to or incorporated in and made a part of this solicitation document. All changes shall be authorized and issued in writing by the RFP Coordinator. If there is any conflict between amendments, or between an amendment and the RFP, whichever document was issued last in time shall be controlling. In the event that it is necessary to revise or correct

any portion of the RFP, a notice will be posted on the Exchange's Procurement Web Site at: http://www.hca.wa.gov/hcr/exchange/current_procurements.html.

3.16 Right to Cancel

With respect to all or part of this RFP, the HBE reserves the right to cancel or reissue at any time without obligation or liability.

3.17 Contract Requirements

The HBE's Proposed Contract has been included as Appendix C.

To be responsive, Vendors shall indicate a willingness to enter into a Contract substantially similar to the HBE's proposed contract, by signing the Certifications and Assurances located in Appendix B. In no event is a Vendor to submit its own standard contract terms and conditions as a response to this RFP. The Vendor must submit with its proposal any exceptions and exact contract deviations that its firm wishes to negotiate; however, many clauses are required by Washington state law and cannot be negotiated. Negotiations as described in RFP Section 8.7 may begin with the announcement of the ASV. Vendor exceptions shall be set forth in detail in a table in the Proposal, together with the section of the Contract affected by the exceptions, the issue, the reason for the proposed change, proposed alternative language which is marked to show the changes to the model contract, and the impact, if any, on the Vendor's proposed total firm fixed price which must be based on the published Contract. Proposed Contract language changes not submitted in the table format presented below may not be considered and may be returned without review.

Contract Section	Issue	Reasons for Proposed Change and Rationale for Cost Reduction	Exact Proposed Alternative or Additional Language to Insert into Contract (Use Track Changes on Text)	Cost Reduction Impact on Price

All of Vendor's exceptions to the contract terms and conditions in Appendix C shall be submitted within the Proposal, attached to Appendix B: Certification and Assurances.

Any specific areas of dispute with the attached terms and conditions shall be identified in the Proposal and may, at the sole discretion of the HBE, be grounds for disqualification from further consideration in the award of a Contract.

The foregoing should not be interpreted to prohibit either party from proposing additional contract terms and conditions during negotiation of the final Contract.

The ASV is expected to execute the Contract within five (5) Business Days of its receipt of the final Contract based upon CMS contract approval. If the selected Vendor fails to sign the Contract within the allotted time frame, the HBE may elect to cancel the award, and award the Contract to the next ranked Vendor, or cancel or reissue this solicitation (Section 3.16: Right to Cancel). Vendor's submission of a Proposal to this solicitation constitutes acceptance of these contract requirements.

3.18 Incorporation of Documents into Contract

This solicitation document and the Proposal shall be incorporated into any resulting Contract.

3.19 No Best and Final Offer

The HBE reserves the right to make an award without further discussion of the Proposal submitted (i.e., there will be no best and final offer request). Therefore, the Proposal should be submitted on the most favorable terms that Vendor intends to offer.

3.20 No Costs or Charges

No costs or charges under the proposed Contract may be incurred before the Contract is fully executed.

3.21 No Obligation to Contract/Buy

The HBE reserves the right to refrain from Contracting with any and all Vendors. Neither the release of this solicitation document nor the execution of a resulting Contract obligates the HBE to make any purchases.

3.22 Non-Endorsement and Publicity

In selecting a Vendor to supply services, the HBE is neither endorsing Vendor's products or services, nor suggesting that they are the best or only solution to the HBE's needs. By submitting a Proposal, Vendor agrees to make no reference to the HBE or the State of Washington in any literature, promotional material, brochures, sales presentation or the like, regardless of method of distribution, without the prior review and express written consent of the HBE.

3.23 Withdrawal of Proposal

Vendors may withdraw a Proposal that has been submitted at any time up to the Proposal due date and time (identified in Section 2: Schedule). To accomplish Proposal withdrawal, a written request signed by an authorized representative of Vendor shall be submitted to the RFP Coordinator. After withdrawing a previously submitted Proposal, Vendor may submit another Proposal at any time up to the Proposal submission due date and time.

3.24 Optional Vendor Debriefing

Only Vendors who submit a Proposal may request an optional debriefing conference to discuss the evaluation of their Proposal. The requested debriefing conference shall occur on or before the date specified in Section 2: Schedule. The request shall be in writing (e-mail acceptable) addressed to the RFP Coordinator.

The optional debriefing will not include any comparison between Vendor's Proposal and any other Proposals submitted. However, the Exchange will discuss the factors considered in the evaluation of the requesting Vendor's Proposal and address questions and concerns about Vendor's performance with regard to the solicitation requirements. The debriefing conference may take place in-person or by telephone.

3.25 Protest Procedures

Vendors who have submitted a Proposal to this solicitation and have had a debriefing conference may make protests. Upon completion of the debriefing conference, a Vendor is allowed five (5) Business Days to file a formal protest of the solicitation with the RFP Coordinator. Further information regarding the grounds for filing and resolution of protests is contained in Appendix D: Protest Procedures.

3.26 Selection of Apparently Successful Vendor

All Vendors responding to this RFP shall be notified by mail or e-mail when the Exchange has determined the finalist. The date of the announcement of the finalist shall be the date the announcement is postmarked.

One finalist will be selected as the ASV. The ASV will be the Vendor who: (1) meets all the requirements of this RFP; and (2) receives the highest ranking as described in Section 8: Evaluation Process.

3.27 Required Deliverables

The selected Vendor will be required to submit the following deliverables as a part of the contract agreement:

- Detailed work plan identifying resource requirements, dependencies, and critical paths of all implementation tasks and activities. Due within 14 days of contract award.
- Training Plan. Due within 30 days of contract award.
- Service Level Agreement. Due within 30 days of contract award.
- Data Security Plan. Due within 45 days of contract award.
- Disaster Recovery Plan. Due within 60 days of contract award.

4 TECHNICAL REQUIREMENTS

4.1 Technical Overview

The HBE is developing software technology to create and operate an online marketplace that will provide Washington residents access to affordable health insurance. This "Exchange Software Solution" (Exchange Software) will be deployed and used almost identically by the Vendor's Customer Service Representatives (CSR) staff in the HBE Call Center. The Exchange Software will have the following primary modules that will support CSR staff in their customer service functions:

- Eligibility
- Enrollment
- Plan Management
- SHOP
- Administrative
- Reports and Correspondence
- Financial Management

The Exchange Software will be used heavily by the Vendor's CSR and should be considered a core technology solution used by Call Center staff in addition to the Vendor's CRM and telecommunication systems. To establish a technology framework under which the Vendor will operate, the Exchange Software modules are briefly summarized in the following sections[2] and are graphically portrayed in Appendix G.

4.1.1 Eligibility Module

The Individual Eligibility module provides the functionality to collect application data from an individual, utilize the state eligibility service to verify that data and determine eligibility, and send notifications to individuals regarding eligibility determination. The Individual Eligibility module also includes business processes and functional requirements for renewing eligibility and handling appeals and determining eligibility for exemptions from the individual mandate.

4.1.2 Enrollment Module

The Individual Enrollment module provides the set of functionality that allows an individual user to enroll in available health coverage options. The module consists of three high level sub-functions: Plan Browsing, Enrollment and Interfacing, and Account Management. Each of the sub-functions consists of multiple processes facilitating several activities that are associated with enrolling an individual.

4.1.3 Plan Management Module

The Plan Management module will handle processes related to certification, renewal, and monitoring of health plans offered on the Exchange. The Exchange will perform certain automated functions related to these processes in order to certify health plans to be available on the Exchange as Qualified Health Plans (QHPs).

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[2] Modules are further detailed in the deliverable: Requirements Document, Washington Health Benefit Exchange, 6/25/2012 available in the Vendor Reference Library (Section 3.2). The Module designs are subject to change prior to full version implementation.

4.1.4 SHOP Module

The Small Business Health Option Program (SHOP) module will allow small business employers, owners or designated administrators to register his/her business with the Exchange, create a user account, and populate company and employee roster information. The Exchange will determine the verification of legal business status and help the business navigate the selection of one or more qualified health plans (QHPs) and define contribution amounts for employees and their dependents.

4.1.5 Administrative Module

The Administration module covers several key sets of "back office" functionality for the HBE.

4.1.6 Reports and Correspondence Module

The Reports and Correspondence module provides the functionality that allows the HBE to generate reports and correspondences. The Exchange system and the eligibility service are integrated to support the notification and correspondence process. The Exchange will store all notices as well as coordinate subsequent enrollment / disenrollment activities for QHPs. The eligibility service will continue to coordinate enrollment activities for individuals who have been found eligible for Medicaid and CHIP.

4.1.7 Financial Management

The Financial Management module will allow a registered individual or employer to make monthly premium payments for a Qualified Health Plan (QHP). The Financial Management module will support several elements of Exchange functionality, including: 1) Capability to generate and transmit monthly invoices; 2) Processing of monthly payment for individual and employer users; 3) Aggregation of premiums and APTCs for an individual; 4) Aggregation of premiums for a SHOP employer; 5) Discrepancy resolution for both individual and employer users; 6) Financial adjustments; 7) Issuer fee invoicing; and 8) Payment reconciliation with the Centers for Medicare and Medicaid Services (CMS), Exchange accounting systems, and issuers.

4.2 Technology Environment

Understanding and complying with relevant aspects of the HBE Call Center technology environment is critical to the success of the HBE Call Center. Where applicable, technology information in the following sections will be coded with Mandatory (M) or Desirable (D) requirements.

4.2.1 (M) CMS Requirements

The Vendor's Information Technology solutions need to meet the CMS' Seven Conditions and Standards specified in 42 CFR part 433, subpart C, as modified by the final rule, "Federal Funding for Medicaid Eligibility Determination and Enrollment Activities," published in the *Federal Register* on April 19, 2011. More specifically, the solution that is procured must be (1) modular; (2) advance the Medicaid Information Technology Architecture (MITA) principle; (3) meet specified industry standards; (4) promote sharing, leverage and reuse of Medicaid technologies of systems within and among states; (5) support business results; (6) meet program reporting; and (7) be interoperable by supporting seamless coordination and integration among health insurance affordability programs.

4.2.2 (M) Exchange Software Usage

The Vendor shall use the HBE Exchange Software solution and ensure consistently appropriate utilization of the Exchange Software in the conduct of Call Center business.

4.2.3 (M) Exchange Software Bug/Glitch Reporting

The Exchange Software is a custom solution using open standards and industry leading technology. It is currently undergoing design and development. Future upgraded versions will be deployed after the "Go Live" date. To that end, the Vendor shall undertake detailed trouble ticket development and reporting of identified Exchange Software glitches or "bugs." Beyond Preliminary Acceptance Testing discussed subsequently, and as practical, feature augmentations should also be identified by the Vendor to enhance Exchange Software capabilities.

4.2.4 (M) Vendor Provided Technologies

The Vendor shall provide all telecommunications/telephony technologies to meet business needs. The Vendor shall provide appropriate technology tools to perform core customer service business practices. Typical tools might include Workforce Management Systems, ACD, Predictive Dialing, IVR, CRM, Live Chat, Fax , Speech-to-Text Conversion, SMS text, Email, TTY, E-SIGN & UETA compliant verbal signature confirmations, auto-dialing customer satisfaction inquiries, etc. All implementation and operational costs associated with provided technologies shall be considered in the Vendor's pricing model. This *excludes* incoming "800/866" toll free number costs which shall be paid directly by the HBE, unless otherwise proposed/negotiated. Note that if a Vendor believes they may have the capacity to obtain 800/866 services at a very competitive rate that shall offer a "competitive advantage," these operational costs can be included as noted in section 7.1.1.1.

The Vendor shall be able to address the following integration work elements.

4.2.4.1 (M) Telephonic Systems

The Vendor shall be able to integrate/interface with HCA, DSHS, and HBE telephone systems by the Call Center Demonstration period (noted subsequently). Currently, HCA, DSHS, and HBE have the capacity to integrate their telephonic systems. The three agencies utilize Washington State's Center for Technology Service (CTS) to transfer calls smoothly between the different call centers.

4.2.4.2 (M) Exchange Software Integration

The Vendor shall be able to integrate/interface with the HBE Exchange Software solution at some future time period to be determined by the HBE. Integration includes "bridging" of key Vendor-owned and HBE-owned software solutions in order to avoid duplicate data entry, increase CSR productivity, and ultimately reduce operating costs.

4.2.4.3 (M) Stand-alone Exchange Software Solution until Integration

The Vendor shall initially be able to use the Exchange Software solution fully independent of any technology tools deployed by the Vendor. Consequently, duel or redundant data entry by CSRs of some information among multiple systems may be warranted. There are insufficient time/resources to develop "bridge" interfaces between Vendor CRM and other technology tools and the Exchange Software solution by the "Go Live" date.

4.2.5 (M) Communications Capabilities

Unless specified otherwise in the RFP, the Vendor shall be able to facilitate various communication mediums. These include telephone; VoIP; TTY/TDD; FAX; e-mail; HTML messaging; video, audio and text online chat; US Postal Service and express mail services.

4.2.5.1 Lack of Integrated Chat Functionality

The Exchange Software solution will not have embedded chat functionality and feature sets by the "Go Live" date. The intended chat functionality will not be available until approximately Summer/Fall of 2014; this target is subject to change. Survey data suggest that approximately one-in-seven customers would prefer to use a web portal chat feature to support their health coverage selection needs. As this will not initially be available, the vendor shall consider proposing their own chat solution as part of their vendor provided technologies.

4.2.6 (M) Data Security

The Vendor will be required to submit evidence with their proposal, as an attachment, of an illustrative Data Security Plan designed for call center operations. These should be from an existing client. The Data Security Plan should cover important PII, PHI, IIHI, PCI, and HIPAA requirements.

Elements of the Data Security Plan should include, but not be limited to:

- Storage and accessibility protocols for hardcopy sensitive information (SI)
- Storage and accessibility protocols for SI stored on computer networks or other electronic media
- Other records management protocols, including destruction, for SI
- Data Use Agreement protocols to ensure SI is not violated in the hands of and outside of the call center organization.
- Safeguard policies and mechanisms regarding protection of SI from various types of threats.
- Incident handling, response and reporting in the event of an SI security breach
- Security training provided to staff

The selected Vendor will provide an applicable Data Security Plan to the HBE for approval as noted in the selected Vendor's Operational Work Plan (Section 5.4.11).

4.2.7 (M) Disaster Recovery

Ensuring business continuity in a disaster is significantly magnified when it comes to call centers. A comprehensive Disaster Recovery Plan ensures the availability of mission-critical call center operations in the aftermath of a natural disaster, regional pandemic or human-error-related outage. These translate into such events as electrical/equipment failures, union strikes, weather events, and many others. Incidents that impact HBE Call Center performance shall be assessed liquidated damages. The Vendor shall be required to submit evidence with their proposal, as an attachment, of an illustrative Disaster Recovery Plan for call center operations. This should be from an existing client. The selected Vendor shall provide an applicable Disaster Recovery Plan to the HBE for approval as noted in the selected Vendor's Operational Work Plan (Section 5.4.11).

4.3 Technology Requirements Vendor Response

(MS) In 20 pages or less, describe how your proposed approach to the Technology Environment would meet the Mandatory and Desirable requirements listed and distinguishes you from your competitors. Include a discussion of potential issues (and their resolution) associated with using the Exchange Software separate from Vendor-provided CRM and other tools; your potential solution to future integration of Vendor systems and the Exchange Software; the intended Vendor provided technologies to include desktop, communications and other hardware/software solutions; information on knowledge management and workflow/triage capabilities; and your data security protocols to ensure confidentiality of customer information; and your disaster recovery approach.

5 OPERATIONAL REQUIREMENTS

5.1 Operations Overview

The HBE Call Center will primarily service the following customer populations.

5.1.1 Advanced Premium Tax Credits Program (APTC)

APTC will extend health insurance to middle to low income citizens. In order to be eligible, a person shall meet varied minimum requirements such as being legally present in the US and not be incarcerated. There are a few caveats to APTC qualification, one primary stipulation being that the actual APTC range will likely be 138-400% of the Federal Poverty Level (FPL) for most people, as people in the 100-138% FPL range generally fall under Medicaid coverage. Covered individuals eligible for APTC must not have other qualifying coverage, such as Medicare, Medicaid, or affordable employer-sponsored coverage. Essentially APTC is a subsidy from the government to help low income people or families not eligible under other programs to obtain affordable health care. When people buy health insurance through the HBE, payments will be made in their name in the form of APTC. These are technically advanced and refundable tax credits paid in advance to the health insurer. APTC beneficiaries will still be responsible for contributing proportional costs, but the hope is that this program will allow more people access to health care at reduced rates.

5.1.2 Non-subsidized Qualified Health Plans (QHP):

Individuals who do not qualify for subsidized programs and are uninsured will be eligible for various QHPs. QHPs are provided by insurers and are designed to meet the requirements of the new laws. These plans must meet a series of requirements such as providing an “essential benefits package,” following established limits on cost-sharing (deductibles, copayments, and out-of-pocket maximum amounts). The QHPs must also offer at least one plan at the “Silver” (quality/quantity) level of care. Each state has a series of specific requirements that a plan must meet order for it to be credited as a QHP. Some of the general requirements for becoming a QHP in Washington State are as follows:

- Meet certain marketing requirements
- Meet certain network adequacy requirements
- Include in their networks essential community providers that serve low-income, underserved communities
- Be accredited by an entity that HHS recognizes for accreditation of health plans

If the HBE finds that an issuer meets all of the requirements, a plan can then be certified as a QHP.

5.1.3 Small Business Health Options Program (SHOP)

To make it easier for small firms to offer their workers health benefits, the ACA established the SHOP which will create health insurance exchanges through which small groups can consolidate their purchasing power, offer insurers larger and more stable risk pools, and reduce administrative costs. The HBE SHOP will provide small employers with more diverse alternatives to the health coverage options currently available such as traditional group coverage purchased outside the exchange, self-insuring, or not offering any health coverage at all. Employers with 2-50 employees will be eligible to purchase insurance through SHOP.

5.1.4 Medicaid Expansion and Modified Annual Gross Income (MAGI) Methodology

Medicaid enrollment is expected to increase dramatically starting in 2014 under the ACA. New final and interim final rules from the CMS significantly expand Medicaid eligibility for adults under age 65, and streamline existing Medicaid eligibility and enrollment processes. In addition to expanding Medicaid eligibility to most adults under 65 with incomes effectively at or below 138% FPL, the new CMS rules will also make it much easier for individuals to apply for Medicaid and future enrollment. This new policy expands coverage to "childless adults" who were ineligible for coverage under Medicaid before the ACA. Under the new rule, states must use the new MAGI calculation for families, children, pregnancy, and the newly eligible Medicaid applicants beginning in 2014.

5.1.5 MAGI Conversion Program

The MAGI conversion will convert existing programs (family, children and pregnancy) over to the MAGI calculation for income. These Medicaid programs will cycle through the conversion process and will then be grouped as part of the MAGI population. There will be some exceptions to who will be converted; Classic Medicaid will not be converted over (65+, blind, and disabled) and will still be under the existing Medicaid infrastructure. When taken as a whole, the conversion and expansion programs for the MAGI population mean that more people are able to gain access to affordable health care.

5.1.6 Predicted Workloads by Consumer Area

While varied data exist with respect to the number of health insurance inquiries made by, or on behalf of, the uninsured, the following data are provided which can be used to determine potential HBE Call Center service requirements:

- Potential subsidized and unsubsidized health insurance recipients, such as the APTC program, are estimated by Milliman to be roughly 140,000 to 380,000 people.3 The HBE assumes that new enrollments will be in the mid-to-upper end of this range. Portions of this population will be serviced by the HBE Call Center.
- Qualified Health Plan participation estimates are additionally circumspect. By example, the number of small businesses registered in the State of Washington (2-50 employees) that could potentially take advantage of SHOP services was recently calculated at 217,493.4 Any proportion of these small businesses could take advantage of HBE SHOP services, with smaller business having a higher likelihood of using HBE services than larger. Based on these data, there are potentially thousands of employers that will contact the HBE Call Center for services on their companies' behalf thereby covering another 10,000 to 30,000 consumers.5
- According to the OIC,6 the ACA will expand Medicaid coverage to roughly 350,000 more Washingtonians. These are the clients who are part of the Medicaid Expansion Program, a portion of which will be assisted to some degree by the HBE Call Center.
- Family-related Medicaid, once converted to MAGI, will also be assisted by HBE programs. These are clients who are part of the Medicaid Conversion Program and current estimates place this

[3] Planning Washington's Health Benefit Exchange, Milliman Client Report, 6/11, page 3

[4] http://www.washingtonpolicy.org/publications/facts/snapshot-small-businesses-washington

[5] Planning Washington's Health Benefit Exchange, Milliman Client Report, 6/11, page 3

[6] OIC State of the Uninsured: Health Coverage in Washington state, 12/11,page 1

number around 750,000 individuals phased-in over a period of 12-15 months. A portion of these clients will be assisted to some degree by the HBE Call Center.

- Any "Classic" Medicaid recipients who inadvertently contact the HBE Call Center will be warm or direct dial transferred to their existing Call Center or local office for inquiries beyond general questions.

What further complicates predicting HBE Call Center workload is that recent HBE survey[7] data suggest that a nearly equal number of survey respondents indicated that they prefer receiving assistance by telephone (31%) when compared to online (38%), or in-person (30%). This data would suggest that approximately one-third of the above customer base would "dial-in" to the HBE Call Center. Interestingly, however, over four-in-ten of those choosing online web-based services prefer access to real-time online chat functionality which would ultimately be provided by a Call Center Vendor.

Based on HBE Request for Information responses it is expected that dependent upon the call type, call length can generally range from 2-20 minutes per incident.

In summary, predicting potential HBE Call Center workload is clearly an inexact science because of a lack of both data and knowledge about human behavior in the new health care environment and because a number of regulatory and policy decisions have yet to be made. Nevertheless, developing a Call Center business model to accommodate HBE customers will be a key Vendor initiative.

5.2 Operations – Facilities Information

The Vendor's operations shall include one or more facilities (physical structures) which shall provide Call Center services. The term "facility" refers to these structures. Where applicable, facilities information in the following sections shall be coded with Mandatory (M) or Desirable (D) requirements.

5.2.1 (M) Facilities Provision

Excluding technology exceptions noted in this RFP, the Vendor shall provide a fully operational Call Center facility and be completely responsible for all insurance, operations and maintenance-related aspects associated with facility operation. All O&M overhead costs should be embedded into Vendor proposed pricing.

5.2.2 (M) Facilities U.S. Location

The Vendor shall locate the Call Center facility within the 50 United States. This includes overflow and backup facilities.

5.2.3 (DS) Facilities Local Location

It is preferred that the Vendor have a call center facility in the State of Washington. The HBE believes this is a benefit and will consider the location of the main call center facility in the scoring of the proposals. The location of overflow or backup facilities will not be considered in this scoring.

5.2.4 (M) Facilities Core Staffing

All Vendor management, supervisory, Customer Service Representative (CSR) and core business support staff shall be located at the Call Center facility. Home-based CSR solutions or other virtual or indirectly supervised facility locales ***do not*** meet mandatory requirements.

[7] Washington Health Benefit Exchange: Potential Role and Responsibilities of Navigators (LRP statewide survey), page 5

5.2.5 (M) Facilities Support Staffing

Within the limitations of 5.2.1 – 5.2.3, in-house or potentially sub-contracted support services such as IT support, mailroom, photocopying, back room, call overflow processing, etc. do not need to be located specifically within the Call Center facility, however, on-site location of support staffing is preferred. Off-site use of such staff shall be considered in the Data Security Plan.

5.3 Facilities Information Vendor Response

(MS) In three pages or less, describe how your approach to Call Center facilities would meet the Mandatory and Desirable requirements listed and distinguishes you from your competitors. Include a discussion of how staff are deployed in various facilities (one or more), the location of these facilities, your intention on using existing facilities or new buildings, and other relevant aspects of your facilities that you think are favorable (e.g. LEED-compliant).

5.4 Operations – Key Business Practices

The key business practices for the HBE Call Center are noted below. Where applicable, business practice information in the following sections shall be coded with Mandatory (M) or Desirable (D) requirements.

5.4.1 (M) Core Functions

While the primary goals, core service areas, and major responsibilities of the Call Center were provided in Section 1: Introduction of the RFP, the following table reflects core functions which shall be performed by the Vendor's call center operations.

Exhibit 5: Core Function Descriptions

CORE FUNCTION	DESCRIPTION
General Inquiries	HBE Call Center staff will process fundamental inquiries related to MAGI-Medicaid programs, such as tax filing status and income limit questions. Basic navigational and data entry questions will be fielded and more complicated MAGI eligibility questions will be warm or direct dial transferred to DSHS and HCA. General inquiries related to APTC, SHOP, and unsubsidized populations will be fully processed by HBE Call Center staff.
Application Processing	"Call-in" or USPS mail applications for all types of health coverage programs will include data entry by the HBE Call Center staff. Application information once submitted will result in eligibility determined by software rules engines. "Application Results Notifications" will also be processed by the software rules engine.
Eligibility Questions	DSHS and HCA will process Medicaid eligibility questions. HBE Call Center will process eligibility questions for APTC, SHOP, and unsubsidized populations.
Health Plan Enrollment	HCA's Customer Service Center (MACSC) will process new Medicaid health plan enrollment and changes for the Medicaid Population. HBE Call Center will process enrollment for APTC, SHOP, and unsubsidized populations.

Core Function	Description
Health Plan Questions	Medicaid health plan questions will be sent to the HCA Customer Service Center or the designated health plan. Dependent upon complexity, the HBE Call Center or insurance carriers will answer health plan questions for APTC, SHOP, and unsubsidized populations.
Premium Questions	Medicaid premium questions relating to transitional medical and Classic Medicaid will be sent to the DSHS, and CHIP premium questions will be sent to the HCA Customer Service Center. HBE Call Center or insurance carriers will answer premium questions for APTC, SHOP, and unsubsidized populations.
Payments	HBE Call Center will process premium payments and facilitate premium discrepancy resolution for APTC, SHOP, and unsubsidized populations. HCA and DSHS Office of Financial Recovery (OFR) will process payments for CHIP, TMA, and HWD.
Medical/Dental Billings	Medicaid related billing questions unrelated to premiums will be sent to the HCA Customer Service Center, DSHS, or the designated health carrier. HBE Call Center questions unrelated to premiums will be processed by the HBE Call Center or insurance carriers for questions for APTC, SHOP, and unsubsidized populations.
Case Updating	HBE Call Center will perform data entry changes reported to the call center for APTC, SHOP, unsubsidized and MAGI-Medicaid enrollee population. The rules engine will affect the changes and send notifications. MAGI eligibility questions will be transferred to DSHS and HCA. "Classic" Medicaid changes will be referred to DSHS or HCA.
E-mail Response	HBE Call Center will have a dedicated unit to respond to emails. Questions related to the above service areas will be, as appropriate, referred/forwarded to DSHS or HCA.
Web-based Chat	HBE Call Center will provide audio/video/live chat features if included in vendor solution. Questions related to above service areas will be, as appropriate, referred/forwarded to DSHS or HCA.
Complaint Processing	100% of HBE Call Center complaints will be maintained in the Vendor's CRM system. HBE Call Center supervisors/managers will process all complaints except in the most extreme based on escalation protocols. Final escalation calls will be processed by the HBE Call Center Manager overseeing the vendor contract. Medicaid-related complaints will be forward to DSHS or HCA.
Medium Recordation	HBE Call Center will record 100% of all Audio/Visual mediums for use in complaint resolution processing. HCA and DSHS will be granted access to such mediums for complaint processing or other needs.
Appeals	HBE Call Center will describe the appeals process and transfer to HBE's Appeals Unit or other relevant organizations. Medicaid and CHIP appeal requests will be processed by DSHS and HCA.
USPS Mail Handling	HBE Call Center will be responsible for handling of all mail services delivered to the call center facility. Should any USPS mail intended for HCA or DSHS inappropriately end up at the HBE call center, it will be forwarded to HCA or DSHS or other relevant organization in a timely manner.

CORE FUNCTION	DESCRIPTION
Records/Document Management	HBE Call Center will be responsible for maintaining electronic and paper-based documents consistent with best records management practices in its own document management system. The separate document management systems maintained by the HBE Call Center, DSHS and HCA will be- readily accessible to HBE, HCA and DSHS designated eligibility staff.
Member Surveys	The Contractor shall conduct periodic Member surveys upon request and under Exchange direction. For any such surveys requested, the Contractor and the Exchange will work cooperatively to determine the content and format prior to commencing such survey.

Within your RFP response, please specifically state your willingness / ability to address, at minimum, the listed core functions.

5.4.2 (M) Limitation on Sub-contracting of Services

Within other mandatory requirements, the Vendor shall not sub-contract more than 49% of the total operating budget of the Vendor's call center solution. All sub-contractors shall be held to the same performance standards as the prime, and the Vendor shall be held exclusively accountable for sub-contractor performance.

5.4.3 (M) Integrated End-to-End Testing: User Acceptance Testing

The Vendor shall provide a team of staff to assist and report upon the outcome of User Acceptance Testing (UAT) for the HBE's Exchange Software solution no later than **two weeks after signed contract agreement.** The composition and size of the team should be considered by the Vendor during Start-up cost estimations (Section 8.4.4) but will be negotiated with the selected Vendor.

5.4.4 (M) Call Center Demonstration Period

The Vendor shall provide a fully functional "preliminary workforce" **no later than September 1, 2013** to handle customer inquiries regarding HBE programs and test Call Center technical infrastructure and operational protocols. The composition and size of the workforce should be considered by the Vendor during Start-up cost estimations (Section 8.4.4) but will be negotiated with the selected Vendor.

5.4.5 (M) Operational "Go Live" Date

The Vendor shall ensure the HBE Call Center shall be fully operational and prepared to service the public with enrollment services beginning October 1, 2013. Failure to meet this critical milestone shall result in liquidated damages.

5.4.6 (M) Hours of Operation

Hours of operation will be Monday – Friday 7:30 a.m. to 8:00 p.m. PT excluding the following Washington State legal holidays:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Independence Day

- Labor Day
- Veteran's Day
- Thanksgiving Day
- The Day after Thanksgiving
- Christmas Day

Please note that under RCW 1.16.050 when a State legal holiday falls on a Saturday the holiday is observed on the preceding Friday; when a State legal holiday falls on a Sunday the holiday is observed on the following Monday.

5.4.7 (M) Multi-lingual Support

The HBE Call Center shall be able to facilitate both English and Spanish speakers on-site. The HBE will allow the use of a third party translation service for customer contact for other languages that are not supported on site.

5.4.8 (M) Telecommunications Device for the Deaf

A TTY/TDD or equivalent system shall be fully deployed at the HBE Call Center and select CSR staff trained in its use.

5.4.9 (M) Employment Practices

Beyond best practice employment protocols for employees in the health care industry, the Vendor shall ensure compliance with the following stipulations.

5.4.9.1 Compliance with Regulations

The Vendor shall comply with all relevant Federal and State laws, regulations, and policies such as HIPAA, PHI, PII, and PCI and comply with best practices surrounding information transfer and patient confidentiality.

5.4.9.2 Pre-employment Processing

The Vendor shall comply with a pre-employment process which entails minimum high school diploma or GED equivalent; criminal background check; and initial drug screening test for all CSR, supervisory and management staff.

5.4.9.3 Continuous Employment Processing

The Vendor shall comply with an annual random alcohol and drug screening tests for a minimum of 5% of the CSR, supervisory and management personnel.

5.4.10 (M) Training

Training is a critical component of effective operations. As such, the Vendor shall ensure all CSR and other staff are thoroughly trained on all operational protocols and supporting software solutions. It is expected, by example, the Vendor shall develop formal training plans and train staff prior to usage of Exchange or other software solutions that have undergone a major revision. The HBE shall provide the selected Vendor with a comprehensive Policies & Procedures Manual in Spring 2013 regarding expected HBE Call Center duties and responsibilities in addition to providing a "Train the Trainer" concept for Exchange Software and critical business practices.

Upon receiving such HBE support the Vendor shall, at minimum:

- Develop a written curriculum and Training Plan to be approved by the HBE Call Center Manager.
- Conduct comprehensive training of the Vendor's Call Center staff.
- Ensure a Continuous Improvement Training Program is in place to rapidly address performance gaps in service levels.

The Vendor shall be required to submit evidence with their proposal, as an attachment, of an illustrative Training Plan designed for call center operations.

5.4.11 (M) Operational Work Plan

The selected Vendor shall be required to submit within fourteen (14) days of Contract Award an Operational Work Plan that is accepted by HBE. The selected vendor shall provide to the HBE an updated, detailed work plan identifying resource requirements, dependencies, and critical paths of all implementation tasks and activities necessary to ensure a smooth transition and startup of the Contract. The work plan shall identify all tasks, dependencies, resources and duration estimates, and shall include milestones for the completion of each deliverable and responsibility identified. The work plan shall also include tasks, timelines and dependencies for activities for which the HBE staff are responsible. This work plan shall be provided, at least, in *Microsoft Project 2010.* The selected Vendor shall ensure that the implementation project plan is updated on a weekly basis with current status and share this with the HBE on a weekly basis. The work plan shall include all start-up activities and other operations-related tasks for enrollment services beginning October 1, 2013.

5.5 Key Business Practices Vendor Response

(MS) In 13 pages or less, describe how your Key Business Practices approach would meet the Mandatory and Desirable requirements listed and how they distinguish you from your competitors. Include a discussion of your ability and flexibility to meet Core Functions; your potential use of sub-contracted services; your approach to comply with various operational protocols; your important employment screening, hiring and retention practices; your philosophy and methodologies for training Call Center staff; and the key characteristics of your Operational Work Plan, as reflected in a high-level Work Breakdown Structure, to help ensure a satisfactory implementation of the Call Center operation by critical dates.

5.6 Operations – Organizational Profile

The staffing, managerial, and organizational structure for the Call Center is in many instances left to the Vendor's discretion. However, the organization of Vendor staff and the appropriate assignment and differentiation of tasks are extremely important to the HBE to ensure the overall success of the HBE Call Center. Where applicable, organization information in the following sections will be coded with Mandatory (M) or Desirable (D) requirements.

5.6.1 (M) Key Personnel Overview

The HBE expects that Vendors will field their best-qualified staff for Key Personnel. While specific individuals are not necessary to include in the Proposal, they shall comply with noted requirements. The following table reflects the 'position types' and mandatory requirements for the Key Personnel Call Center staff. It is preferred that all Key Personnel commit to full-time status.

Exhibit 6: Key Personnel Requirements

REQUIREMENT	REQUIREMENT TYPE
The Exchange has designated the following Vendor positions as Key Personnel. The Vendor shall propose one (1) individual to fill each of these minimum key positions (i.e., a single individual shall meet all the qualifications for a position; multiple persons cannot be proposed to meet a single role): 1. Vendor Call Center Director/Manager 2. Vendor Training Manager/Supervisor 3. Vendor Call Center QA/QC Manager/Supervisor 4. Vendor Call Center Information Technology Manager/Supervisor	Mandatory
A single individual shall not fulfill more than one (1) of the Key Personnel positions.	Mandatory
The selected Vendor's Key Personnel's resume/qualifications shall be approved by the HBE. The HBE reserves the right to reject proposed Key Personnel and to request changes in assigned Key Personnel with 30-days written notice to the selected Vendor.	Mandatory

The following offer HBE's intended broad duties and responsibilities associated with each position type to be elaborated upon in the Vendor's response.

5.6.1.1 Vendor Call Center Director/Manager

Manages all operational functions within the Call Center. Responsible for the day-to-day management of the Vendor Contract, including overall performance and Contract compliance. Responsible for managing and coordinating the Vendor resources including any subcontractor resources. Reports to the HBE Call Center Manager and shall identify any potential problem areas, recommend solutions, and work closely and cooperatively with the HBE Call Center Manager to resolve issues quickly and fairly. Shall assist with issue and risk management, and participate in mitigation and contingency actions to address the risks. Ensures Vendor team members comply with all policies and procedures. Aids in the development and implementation of processes that improve efficiencies and quality. Manages all CSR Supervisors within their work units. Provides direction to team members and resolves problems in a timely and professional manner. Ensures all productivity standards are met in a timely manner through measuring and monitoring. Runs and analyzes weekly and monthly reports for performance measurement and efficiencies.

5.6.1.2 Vendor Call Center Training Manager/Supervisor

Develops the curriculum used to teach new hires about the phone systems, software programs and customer service standards necessary for success in their position. Creates courses for all employees concerning new software or policies, and also oversee the trainers who actually teach the courses. Supervises all trainers in the performance of their duties. Hires, coaches, trains and evaluates trainers or teachers of training courses, delegating instructional duties to them such as creating classroom slide show presentations or writing an examination to test knowledge on a certain topic. Periodically listens to pre-recorded phone calls and web video in the call center to identify quality assurance points that may need review with all or some of the staff.

5.6.1.3 Vendor Call Center QA/QC Manager/Supervisor

Assesses QA/QC processes and is responsible for developing and implementing a formal QA performance evaluation program. Works with Call Center and HBE leadership to develop a quality

control performance evaluation program that at a minimum shall consist of scheduled monitoring of calls, and email interactions. Conducts a standing calibration session with Call Center leadership and HBE to review performance and consistency of scoring. Responsible for evaluating results with Call Center/HBE staff representatives and for developing action plans to identify and address deficiencies. Works with training and leadership team to address them. Reviews performance at the individual CSR level and will review performance at the supervisor/manager level to ensure each area/individual has the knowledge and skills required to effectively deliver on the established service commitments. Works proactively to address and report flaws relative to system performance which can result in financial loss and customer dissatisfaction. Is responsible for quality control over all contract deliverables submitted for review.

5.6.1.4 Vendor Call Center IT Manager/Supervisor

Is responsible for providing leadership and direction for the Vendor's Information Technology (IT) business applications and telecommunications/desktop support infrastructure. Applies a broad range of technical expertise and knowledge to the execution of day to day support and IT Call Center projects. Acts as key technical consultant helping to quantify, qualify, and respond to various support and technical challenges. Interfaces regularly with HBE CIO or designee. Perform day-to-day staff management, performance reviews and miscellaneous duties as deemed necessary. Ensures that all IT Service level management processes are adhered to according to established Service Level Agreements.

5.6.2 (M) Support Personnel Overview

In addition to Key Personnel and core business personnel such as CSRs, the Vendor is responsible for providing support or ancillary services to productively operate the HBE Call Center. This includes, but is not limited to, personnel that perform the following types of functions:

- Information Services (IT, telecommunications, etc.)
- Financial Services (payroll, purchasing, etc.)
- Human Resources
- Administrative Services (mailroom, photocopying)
- Records Management (audio/video recording, electronic and physical document management, records retention and destruction)

These services can be provided in-house or sub-contracted within RFP-defined parameters. All sub-contractors shall be held to the same performance standards as the prime, and the Vendor shall be held exclusively accountable for sub-contractor performance.

5.6.3 (M) Organizational Work Units Structure

Within the confines of Key Personnel requirements, the Vendor has flexibility with respect to development of their internal organizational structure, divisions, work units, etc. except for the following circumstances which the HBE has determined will be mandatory and will facilitate customer service:

- **SHOP Work Unit** – As defined in this RFP, the Vendor shall establish a dedicated CSR assignment for SHOP customer service. This unit could have appropriate sub-units per Vendor organizational design. Given SHOP's specific client base, unique service provision is expected.
- **Individual Work Unit** – MAGI-Medicaid, APTC and unsubsidized QHP-eligible clientele shall represent the bulk of the Call Center's customer with lone individuals calling on behalf of themselves and/or family. As a result, the Vendor should have a dedicated CSR assignment for individual support.

- **E-mail Response Unit** – In order to maintain high customer service, the Vendor shall establish a dedicated CSR assignment for electronic mail response. This unit, as practical, could have other assigned ancillary duties.

5.6.4 (M) Organizational Deployment

Within the confines of Key Personnel requirements and the organizational work units described, the Vendor generally has flexibility with respect to CSR deployment strategies. Call Center staffing levels and organization shall be driven by the number of people using the HBE, the availability and use of self-service modalities, the different kinds of customers to be served and the degree of specialized knowledge required in the call center for different kinds of customers and programs.

Irrespective of most internal deployment strategies chosen by the Vendor, the HBE has determined the following deployment structure shall be mandatory to facilitate customer service:

- **Dedicated Assignment CSRs** – All Work Unit CSRs performing functions for the HBE shall be 100% dedicated to HBE duties and responsibilities and deployed accordingly. Dedicated Assignment CSRs shall not work for other Vendor clientele during their contracted time.
- **Overflow Assignment CSRs** – Overflow Assignment CSRs may perform duties and responsibilities beyond HBE for other Vendor clientele; however, such Overflow Assignments should be minimized to ensure consistently high customer service levels to HBE customers.

5.6.5 (D) Organizational Cross-Training

The HBE is a proponent of fully cross-trained staff which maximizes the flexibility of Call Center operations. To that end, CSR staff capable of easily transitioning between defined Work Units and Deployment approaches is desirable.

5.7 Organizational Profile Vendor Response

(MS) In 7 pages or less, describe how your Organizational Profile would meet the Mandatory and Desirable requirements listed and how these solutions distinguish you from your competitors. Include a discussion of the expected staffing and minimum job qualifications for Key Personnel, the level of commitment for Key Personnel to the HBE, how Support Personnel and related services shall be provided and deployed, organizational unit structuring, and CSR staff deployment philosophies to include such areas as managing peak call coverage.

5.8 Operations – Performance Management

An effective performance management program is critical to ensure the most productive organization. Well-designed performance management programs are particularly critical for organizations managing third-party vendor services. To that end, HBE will ensure a performance management program is in place for the selected Vendor.

5.8.1 (M) Key Performance Indicators

The Vendor shall develop Key Performance Indicators (KPI) as part of a comprehensive performance management program and shall include the following seven KPIs as a *minimum* framework, to include the noted *minimum* performance standards for each of the listed KPIs:

- **Average Speed to Answer (ASA)** – This is the cumulative total length of time of calls in queue or ringing before being answered by a CSR, divided by the total numbers of calls answered. This includes both IVR-handled calls as well as calls handled by live personnel. *Minimum Performance Standard*: less than (<) 40 seconds.
- **Response Time Service Level** – An incremental scale showing 'what percentage of calls are answered by a CSR position within how many seconds' (e.g. 90% of calls within 20 seconds). *Minimum Performance Standard*: 80% of calls answered within 30 seconds.
- **Response Time E-mail** – An incremental scale showing 'what percentage of e-mails are answered within how many hours' (e.g. 75% of e-mails within 4 hours). *Minimum Performance Standard*: < 5 hours: 60%; < 10 hours: 80%; < 24 hours: 100%.
- **Abandon Rate** – This is the percentage of calls that get connected to the Automatic Call Distributor (ACD), but get disconnected by the caller before reaching an agent, or before completing a process within the IVR. The abandon rate is the percentage of calls that are abandoned compared to calls received. *Minimum Performance Standard*: <3%.
- **Average Agent Occupancy Rate** – This is subset, or percentage, of total hours at work where the CSR is connected to the ACD and engaged in call-related workload or in "ready to answer mode." *Minimum Performance Standard:* 80%.
- **Full-time CSR Turnover Rate** – The number of agents who left their "agent job" (voluntarily and involuntarily) during the previous 12-month period, divided by the sum of agents working and hired during the same period, less those who left their job during the expressed period. The value is expressed as a percentage. The average number of agents working is calculated by taking the sum of the beginning year agent head-count plus the end of year agent head-count and dividing that sum by two. Do not include attrition during initial training. *Minimum Performance Standard:* <30% annually.
- **Blocking Rate** – Percent of calls offered that are not allowed into the system; generally % receiving busy, but may also include messages and forced disconnects. *Minimum Performance Standard:* <5%.

5.8.1.1 (D) "Ramp-Up" KPI Program

The Vendor, if desired, may propose different performance standards for KPIs based on the vagaries associated with the HBE Call Center's initial "ramp-up" period starting with enrollment services beginning October 1, 2013.

5.8.2 (M) Quality Assurance/Quality Control Program

The selected Vendor shall have a comprehensive QA/QC program for the HBE Call Center and shall provide such to the HBE for approval as noted in the selected Vendor's Operational Work Plan.

5.8.3 (M) Performance Reporting

The selected Vendor shall comply with the following reporting requirements.

- Weekly outcome reports on Key Performance Indicators.
- Weekly Complaints-received Report including escalation steps needed to resolve complaint.

- Quarterly roll-up reports on the Key Performance Indicators and Complaints.
- Annual Performance Management Report.

5.8.4 (M) Service Level Agreement

Upon formalization of KPIs and other performance management aspects, the selected Vendor, upon KPI concurrence from the HBE and other key stakeholders, shall provide a written Service Level Agreement (SLA) to the HBE detailing and documenting a common understanding about services, priorities, responsibilities, guarantees, and warranties. The selected Vendor shall be held to the performance expectations of the written SLA. Please provide as an attachment an illustrative SLA from a call center client site demonstrating your "common" performance agreements.

5.8.5 (M) Liquidated Damages for Non-Performance

Liquidated damages shall be levied to the selected Vendor for non-performance to include, but not be limited to: failure to meet KPI performance metrics, failure to maintain mandatory requirements, etc. Liquidated damages shall be negotiated with the selected Vendor during contract negotiation.

5.9 Performance Management Vendor Response

(MS) In 8 pages or less, describe how your Performance Management program would meet the Mandatory and Desirable requirements listed and will distinguish you from your competitors. Include a discussion of your performance management approach; additional KPIs you might use; performance standards and metrics that you would establish, including any above minimums, for each KPI; performance reporting approach; the elements of your Quality Assurance / Quality Control Program; and proposed liquidated damages assessment for "non-performance."

6 VENDOR REQUIREMENTS

Respond to the following requirements per the instructions in Section 3.8: Proposal Presentation and Format Requirements.

6.1 (M) Vendor Profile/Letter of Submittal

Vendor shall provide a Letter of Submittal written on the Bidder's official business letterhead stationery which includes:

- The legal business name
- Type of business entity, (e.g., corporation, sole proprietorship, limited liability company)
- The year the entity was organized to do business as the entity now substantially exists
- Washington State Uniform Business Identification (UBI) number, if registered
- Proposal Primary Contact address, email address, telephone and FAX numbers
- A web site URL (if any)
- An organizational chart of Vendor's principal officers, including names and titles
- A statement that the proposed solution meets all the minimum qualifications and all the Mandatory (M) and Mandatory Scored (MS) Requirements set forth in the RFP and its amendments, if any
- A statement that acknowledges and agrees to all of the rights of HBE including the RFP rules and procedures and the terms and conditions of this RFP, including any amendments
- A reference to all RFP amendments received by the Vendor (identified by amendment issue date) to represent that the Vendor is aware of all such amendments (if no RFP amendments have been received, the Vendor should so state)
- Any other representations, promises and warranties as the Vendor deems appropriate and wishes to convey to HBE

The Letter of Submittal shall be signed and dated by an individual with full authority to legally bind the entity submitting the Proposal to this RFP.

6.2 (MS) Executive Summary

The Vendor's Executive Summary shall summarize the proposer's service approach and overall services, giving the Proposal evaluators a strong general overview of the Technical and Operational capabilities of the Vendor.

The Vendor's proposal shall:

- State the Vendor's ability and willingness to work cooperatively with HBE and designees
- State that the Vendor agrees to comply with the procurement process described in the RFP
- State that the Vendor understands the scope and objectives of the services and agrees to meet the requirements specified in the RFP
- State that the Vendor will perform the services described in the RFP
- State that the Vendor's proposed solution will meet all Washington State Health Benefit Exchange – "Exchange" requirements

- Identify any key operational issues
- Explain how the proposal represents to HBE the best option for the Health Benefit Exchange Call Center, and why HBE should select the proposed service approach

(MS) In 5 pages or less address the noted elements in the Executive Summary, providing information that distinguishes you from your competitors.

6.3 (MS) Health Care Experience

Vendor shall have call center experience in the health care arena which can include, but not be limited to: public sector insurance, health insurance field, medical center/hospital, medical research, emergency or other medical hotlines.

6.4 (MS) Vendor Service Capabilities

Vendor shall provide a brief description of its entity (including business locations, size, areas of specialization and expertise, client base and any other pertinent information that would aid an evaluator in formulating a determination about the stability and strength of the entity), including the Vendor organization's experience and history developing call center operations in the health care arena of similar size and scope to the HBE Call Center project.

6.5 (MS) Client References

6.5.1 (M) Vendor shall provide at least three (3) and no more than six (6) client references from customers for whom the Vendor has implemented Call Centers in similar size and scope.

- At least one reference shall be from a health care-related call center customer for whom Vendor has provided service.
- At least one reference shall be from a call center whose operational budget exceeds $1 Million per annum.

The most relevant references are considered those that the vendor has provided services similar in type and scope to those requested within this RFP, HBE-028.

6.5.2 (M) The Vendor is responsible for providing the Client Reference Form to their identified customer references (see Appendix F "Client Reference Form"). Each client shall complete the Client Reference Form and mail it directly to the RFP Coordinator. PDF copies including the necessary signature can also be sent via email to the RFP Coordinator. The RFP Coordinator should receive all forms on or before the time and date of "Vendor Proposals Due" (reference Section 2: Schedule). If more than three customer references are received, only three selected by the RFP Coordinator shall be considered during proposal evaluation.

6.5.3 (M) To prevent disqualification in the event a Customer Reference does not complete and submit the form, the Vendor shall provide the following information requested about each customer reference.

1. Organization Name
2. Type of Business

3. Contact name and title
4. Telephone and E-mail address
5. A brief description of the work done for the referenced client
6. Start and end dates; and dollar amount of project
7. Date of system acceptance by the Purchaser

References shall not be from a person, company or organization with any special interest, financial or otherwise, in the Vendor.

6.5.4 (M) In the event that forms are not received by the date specified, the RFP Coordinator shall make one attempt to contact the customer reference and obtain a completed customer reference form. If a contact cannot be made within one business day or the reference declines to submit the reference form, the Vendor's identified Customer Reference shall not be considered during proposal evaluation.

6.5.5 (M) HBE reserves the right to eliminate from contract award consideration any Vendor who receives an unfavorable report from a Vendor identified customer reference. HBE also reserves the right to contact other Vendor purchasers for additional references.

6.5.6 (M) The Customer Reference Form should be returned by email, mail or fax to:

John Flanagan, RFP Coordinator - RFP HBE-028
Washington Health Benefit Exchange
P.O. Box 657
Olympia, WA 98507
john.flanagan@hca.wa.gov

6.6 (M) Confirmation of Requirements

The Vendor shall complete and provide a signed copy of Appendix E, Response Checklist, confirming submission of various proposal deliverables as well as an understanding of various requirements. The requirements checklist includes all (M)andatory and (D)esirable requirements within the RFP, as well as ancillary but complementary requirements classified as (W)anted. These wanted requirements are abstracted from other Call Center operations, are potentially redundant, but are deemed in their respective business models as important. Consequently, Proposal Evaluators wish to compare and contrast RFP responders among many possible capabilities beyond those mandatory and desirable areas specifically articulated in the main body of the RFP.

6.7 (M) Intellectual Property

Except as expressly provided in the Contract resulting from this RFP, Vendor agrees that all electronic and paper documents, as well as software solutions (e.g. E-learning), that are developed as a part the services shall become the property of the Washington Health Benefit Exchange under the "works for hire" Copyright doctrine.

6.8 (M) Financial Rating

Vendor shall provide a copy of a Dun and Bradstreet business/credit report of the Vendor's financial status and include the same for any sub-contractors used. The report shall bear a date not more than

sixty (60) days prior to the submittal date of the proposal. Vendor shall have a "good" or better financial strength rating.

6.9 (M) Vendor Licensed to do Business in Washington

Within thirty (30) days of being identified as the ASV, Vendor shall be licensed to conduct business in Washington, including registering with the Washington State Department of Revenue, Department of Labor and Industries (Worker's Compensation), and the Employment Security Department (Unemployment Insurance), as applicable. The Vendor shall collect and report all applicable taxes, including those assessed for operations in a state other than Washington State.

6.10 (M) Use of Subcontractors

The Health Benefit Exchange will accept Proposals that include third party involvement only if the Vendor submitting the Proposal agrees to take complete responsibility for all actions of such Subcontractors. Vendors shall state whether Subcontractors are/are not being used, and if they are being used, Vendor shall list them in response to this Section. Any Subcontractors engaged after award of the Contract shall be pre-approved, in writing, by the Health Benefit Exchange. Sub-contractors shall comply with Contractor mandatory requirements to include location of staff within the United States.

Certain restrictions apply to contracting with current or former state employees. Vendors should familiarize themselves with the requirements prior to submitting a Proposal.

6.11 (M) Single Point of Contact

Vendor shall act as the Single Point of Contact for the Exchange with the Vendor's subcontractors, Product manufacturers, and other relevant third-parties for the Services described in the Request for Proposal (RFP) and the Vendor's proposal.

6.12 (M) Prior Contract Performance

The Vendor's proposal shall respond to the following:

6.12.1 Vendor shall submit full details of all Contracts with the State of Washington within the last four (4) years, including the other party's name, address, email address and telephone number.

6.12.2 Vendor shall submit a brief description of any significant pending legal and administrative proceedings in any jurisdiction in which Vendor, its officers, directors, employees or principals or any of its subsidiaries or parent(s), their officers, directors, employees or principals is a party or of which any of their property is subject. Include the name of the court or agency in which the proceedings are pending, the date instituted, and the principal parties thereto, and a description of the factual basis alleged to underlie the proceedings. Notwithstanding the foregoing, Vendor shall submit information concerning any claim or allegation which brings into question Vendor's performance or failure to perform.

6.12.3 Vendor shall submit a brief description of any occasion in which Vendor, any officer or principal of Vendor with a proprietary interest therein, has ever been disqualified, removed or otherwise prevented from bidding on, participating in, or completing a

federal, state or local governmental project because of a violation of law or a safety regulation.

6.12.4 Vendor shall submit a brief description of any occasion in which Vendor has been in a position of default on a project, such that payment proceedings and/or execution on a letter of credit, payment, performance or bid bond have been undertaken.

6.12.5 Vendor shall submit a list of all material threatened and/or pending claims, litigation, judgments or settlements and government enforcement actions.

6.12.6 Vendor shall identify whether the Vendor or any of its officers refused to testify or waive immunity before any state of the federal grand jury relating to any public project within the last ten years. If so, provide details.

6.12.7 If multiple organizations are participating (e.g., subsidiaries, parent companies, and/or subcontractors), the information requested herein shall be provided regarding each of the respective organizations.

6.12.8 The Health Benefit Exchange will evaluate the information and may, at its sole discretion, reject the Proposal if the information indicates that completion of a Contract resulting from this RFP may be jeopardized by selection of the Vendor.

6.13 (M) Letter of Credit

Within 45 days of contract award the selected Vendor agrees to provide an Irrevocable Letter of Credit, in the amount of $1,000,000.00, naming HBE as the beneficiary, in a form and format acceptable to HBE. Irrevocable Letter of Credit (the "ILC") means a written commitment by a federally insured financial institution to pay all or part of a stated amount of money, until the expiration date of the letter, upon presentation by HBE (the "Beneficiary") of a written demand therefore. Neither the financial institution nor the Vendor may revoke or condition the Letter of Credit.

The ILC shall have an initial expiration date dated after the end of the Warranty Period. The ILC shall provide that, unless the issuer provides the beneficiary written notice of non-renewal at least sixty (60) days in advance of the current expiration date, the ILC is automatically extended without amendment for one year from the expiration date, or any future expiration date, until the period of required coverage is completed and the Contracting Officer provides the financial institution with a written statement waiving the right to payment.

6.14 (M) Insurance

6.14.1 Vendor shall, during the term of this Contract, maintain in full force and effect, the insurance described in this section. Vendor shall acquire such insurance from an insurance carrier or carriers licensed to conduct business in the state of Washington and having a rating of A-, Class VII or better, in the most recently published edition of Best's Reports. In the event of cancellation, non-renewal, revocation or other termination of any insurance coverage required by this Contract, Vendor shall provide written notice of such to Purchaser within one (1) Business Day of Vendor's receipt of such notice. Failure to buy and maintain the required insurance may, at Purchaser's sole option, result in this Contract's termination.

6.14.2 The minimum acceptable limits shall be as indicated below, with no deductible for each of the following categories:

a. Commercial General Liability covering the risks of bodily injury (including death), property damage and personal injury, including coverage for contractual liability, with a limit of not less than $1 million per occurrence/$2 million general aggregate;
b. Business Automobile Liability (owned, hired, or non-owned) covering the risks of bodily injury (including death) and property damage, including coverage for contractual liability, with a limit of not less than $1 million per accident;
c. Employers Liability insurance covering the risks of Vendor's employees' bodily injury by accident or disease with limits of not less than $1 million per accident for bodily injury by accident and $1 million per employee for bodily injury by disease; and
d. Umbrella policy providing excess limits over the primary policies in an amount not less than $3 million.

6.15 (M) Worker's Compensation Coverage

Prior to providing Services under a Contract, the selected Vendor shall, in full compliance with their State's law, provide or purchase as applicable, worker's compensation coverage for its employees and Employer's Liability in the amount of $1 million. HBE will not be responsible for payment of premiums or for any other claim or benefit for Vendor, or any Subcontractor or employee of Vendor, which might arise under applicable laws during the performance of duties and Services under the resulting Contract. However, should Vendor fail to secure insurance coverage or fail to pay premiums on behalf of its employees, HBE may deduct the amount of premiums owing from the amounts payable to Vendor under the resulting Contract and transmit the same to the responsible State agency.

7 FINANCIAL PROPOSAL

Respond to the following requirements per the instructions in Section 3.8: Proposal Presentation and Format Requirements.

7.1 (M) General Provisions

The Contract resulting from this acquisition of services will be based on a cost-plus or cost reimbursement model. In the Financial Proposal, Vendors will provide information regarding the following key areas of HBE Call Center Start-up and Operations:

7.1.1 Call Center Operational Costs

Beginning September 1, 2013, all HBE call center operational costs shall be predicated on the following cost-for-service approaches:

- **Fully-burdened or Fully-loaded hourly cost per Dedicated Assignment CSRs:** Per the definition noted in Section 5.6.4 the Vendor shall propose a fully-burdened hourly rate for a deployed CSR staff position.[8] This fully burdened rate shall include *all operational overhead costs* for a fully functioning call center to include but not be limited to: profit margin, compensation, management staff, support staff, facilities, utilities, computers, software, equipment, telecommunications, training, reporting, ancillary services, taxes, licensing and other fees.
- **Fully-burdened or Fully-loaded call per minute rate for Overflow Assignment CSRs**: Per the definition noted in Section 5.6.4, the Vendor shall propose a fully-burdened call per "live" minute rate for the CSR staff position. This fully burdened rate shall include *all operational overhead costs* for a fully functioning call center to include but not be limited to: profit margin, compensation, management staff, support staff, facilities, utilities, computers, software, equipment, telecommunications, training, ancillary services, reporting, taxes, licensing and other fees.

The following is an *illustrative* example only:

DEDICATED ASSIGNMENT CSR	OVERFLOW ASSIGNMENT CSR
$35.50 / hour / CSR	$0.66 / "live" call minute

7.1.1.1 800/866 Telephone Line Exception

As noted in Section 4.2.3, a proposing Vendor may have the capacity to obtain "800/866" services at a significantly less expensive cost than the HBE, thereby offering a competitive advantage. If a vendor wishes to include such operational costs, *two* fully-burdened rates for the Dedicated Assignment CSR and *two* fully-burdened rates for the Overflow Assignment CSR shall be provided, one excluding 800/866 service operational costs and one including such costs. Note the Vendor is not obligated to propose on an 800/866 number inclusion. If such is proposed, the Vendor shall readily distinguish the costs being proposed.

[8] The Dedicated Assignment CSR proposed rate ***should be only ONE fully-loaded rate*** despite the fact different CSR job classifications may exist such as CSR in training, Senior CSR, etc. To ensure equitable comparisons of bids, vendors shall provide only one rate, with the noted 800/866 telephone line exception.

7.1.2 Call Center Start-up Implementation Costs

As stipulated in this RFP, upon contract initiation, there will be a variety of start-up implementation costs for the Vendor associated with the call center operation. These include, but are not limited to: Section 4.2.6: Data Security; Section 4.2.7: Disaster Recovery; Section 5.4.3: User Acceptance Testing; Section 5.4.4: Call Center Demonstration Period; Section 5.4.10: Training; and Section 5.4.11: Operational Work Plan.

All costs prior to September 1, 2013 shall be defined as start-up implementation costs and will be levied to the HBE by the selected Vendor on a cost reimbursement model with a profit mark-up **not exceeding 5%.** All start-up implementation costs shall be fully documented by the Vendor and auditable by the HBE to ensure these conditions are met.

7.1.3 Contingency Funding

The HBE recognizes the various strengths and weaknesses associated with different cost modeling approaches and strongly believes the above reflect the most equitable cost models to be proposed upon. The HBE further recognizes that given the uncertainties of potential Call Center call workload, precise estimates are not practical; however, sufficient evidence is available to estimate start-up and operational costs within a best practices contingency funding framework. As such, the selected Vendor shall be contractually held to the proposed operational cost-for-service and start-up implementation costs within a margin of +15%.

7.1.4 Financial Response Submission

Vendors shall separately submit their Operational Costs and Start-up Implementation Costs proposals configured as a Microsoft Excel spreadsheet or Word document. Details with respect to Start-up Implementation cost categories will be valued by the HBE but the Financial Response shall, at minimum include:

- Dedicated Assignment CSR cost-for-service, excluding Contingency Funding
- Overflow Assignment CSR cost-for-service, excluding Contingency Funding
- Total Start-up Implementation Cost specifically identifying proposed percentage (%) profit mark-up, excluding Contingency Funding

7.2 (MS) Financial Proposal Requirements

The Health Benefit Exchange requires the following of the Financial Proposal:

- All Vendor Call Center Operational costs are to be included as stipulated in the cost-for-service modeling approach.
- Dependent upon the Vendor's proposed solution, start-up implementation costs should be estimated and detailed under the restrictions noted.
- The proposal shall be free from mathematical error. (Minor rounding errors are not considered mathematical errors.)
- The proposal shall include all costs as described in this section.

7.3 (MS) Financial Requirements "Health Benefit Exchange" Services

All payments under the contract shall be for the delivery of tangible, completed services as defined in this RFP.

The Vendor is responsible for including all cost components in the proposed cost proposal, including, but not limited to: profit margin, compensation, management staff, support staff, facilities, utilities, computers, software, equipment, telecommunications, training, reporting, ancillary services, taxes, (including, but not limited to, Washington Business and Occupation Tax, other taxes based on Contractor's income or gross receipts, or personal property taxes levied or assessed on Contractor's personal property) licensing and other fees associated with successful completion of the HBE Call Center project described in this RFP.

8 EVALUATION PROCESS

8.1 Overview

The solicitation and selection process will be staged:

- Vendors shall submit Proposals in response to the requirements listed in this Request for Proposal.
- Mandatory Requirements **(M)** and Mandatory Scored Requirements **(MS)** will be screened for completeness. Proposals that fail to meet any Mandatory Requirements will be eliminated from further consideration.
- Mandatory Scored Requirements **(MS)** will be scored.
- The three Vendors receiving the highest scores will be invited to present their solutions for the HBE Call Center and demonstrate their capabilities to meet the HBE's needs.
- An Apparently Successful Vendor (ASV) will be selected from among the finalists making presentations.
- The Health Benefit Exchange will negotiate a contract with the ASV.

8.2 Administrative Requirements Screening

Proposals will be reviewed initially by the RFP Coordinator to determine on a pass/fail basis compliance with administrative requirements as specified in Section 3: Administrative Requirements. Evaluation teams will only evaluate Proposals meeting all administrative requirements.

8.3 Mandatory Requirements

Proposals meeting all of the administrative requirements will be reviewed on a pass/fail basis to determine if the Proposal meets the Mandatory requirements stipulated in the RFP. Only Proposals meeting all Mandatory requirements will be further evaluated.

The Health Benefit Exchange reserves the right to determine at its sole discretion whether Vendor's response to Mandatory requirement is sufficient to pass. If, however, all responding Vendors fail to meet any single Mandatory item, the Health Benefit Exchange reserves the following options: (1) cancel the procurement, or (2) revise or delete the Mandatory item.

8.4 Qualitative Review and Scoring

Only Proposals that pass the administrative screening and Mandatory requirements review will be evaluated and scored based on responses to the scored requirements in the RFP. Proposals receiving a "0" on any Mandatory Scored **(MS)** element(s) will be disqualified.

8.4.1 Administrative Requirements

Proposals will be determined on a pass/fail basis for administrative requirements.

8.4.2 Technical, Operational and Vendor Requirements

Mandatory Scored Requirements will be worth a total of 700 points or 70 percent of the total points awarded in the scoring of the proposals. Vendors will be evaluated on each Mandatory Scored Requirement in previous sections of this document to include Section 4: Technical Requirements,

Section 5: Operational Requirements, and Section 6: Vendor Requirements. Evaluators will assign points to each Mandatory Scored requirement based on the effectiveness and completeness of the proposed solution to each requirement.

Total points will be aggregated for each of the three requirements sections. The Evaluation teams will assign scores for each of these sections based on the following:

- The Vendor receiving the highest number of points for Technical Requirements will receive a baseline score of 300.
- The Vendor receiving the highest number of points for Operational Requirements will receive a baseline score of 300. Vendors with a call center facility located in Washington or are willing to commit to establishing a call center in Washington by the go live date will have 15 points added to the Operational Requirement score. For example, if a vendor with a call center in Washington scored the highest number of points for the Operational Requirements they will receive the baseline 300 plus an additional 15 points for a total of 315 points for the Operational requirements.
- The Vendor receiving the highest number of points for Vendor Requirements will receive a baseline score of 100.

Other Vendors in each of the three requirements sections will receive a score based on the following formula:

Vendor Score = (Vendor Points ÷ Highest Vendor Points) X Requirement Baseline + 15 points if the location of the call center is in Washington State

A score of zero by all evaluators on any Mandatory Scored Requirement will result in the Proposal being disqualified.

8.4.3 Vendor References

The Vendor Client References will be worth 75 points or 7.5 percent of the total points awarded in the scoring of the proposals. The Health Benefit Exchange will rely on reference submittals provided in Appendix F – Client Reference Form. The Health Benefit Exchange reserves the right to check into additional references.

The RFP Coordinator will assign scores for each set of Vendor references based on the following:

- The Vendor receiving the highest number of points will receive a score of 75.
- Other Vendors will receive a score based on the following formula:

  Vendor Score = (Vendor Points ÷ Highest Vendor Points) X 75

8.4.4 Financial Proposal Evaluation

The Financial Proposal will be worth 225 points or 22.5 percent of the total points awarded in the scoring of the proposals. The proposal will be evaluated based on Vendor's realistic pricing approach.

Vendor Price:

The Financial Evaluation Team will score the Vendor's price where:

- The Vendor submitting the lowest Total Operational Cost will receive a score of 150.
- The Vendor submitting the lowest Total Start-up Cost will receive a score of 75.
- Other Vendors will receive a score based on the following formula:

  Operational Vendor Score = (Lowest Vendor Price ÷ Vendor Price) X 150

  -and-

Start-up Vendor Score = Total Vendor proposal submissions will be ranked from lowest to highest score and proportionally provided points based upon their relative ranking (e.g. Five Vendor submissions results in 75/5 =15 points awarded for each relative rank: Rank #1 = 75 points, Rank #5 = 15 points).

8.5 Vendor Total Score

The Vendor Total Score will be calculated as shown in Exhibit 7.

Exhibit 7: Vendor Total Score Calculation

EVALUATION CATEGORY	SCORE
Administrative Requirements (Section 3)	P/F
Technical Requirements (Section 4)	300
Operational Requirements (Section 5) (call center facility located in Washington State will receive 15 additional points)	300 +15
Vendor Requirements (Section 6)	100
Client References (Section 6.5)	75
Financial Proposal – Operational (Section 7.1.1)	150
Financial Proposal – Start-up (Section 7.1.2)	75
Total Score	1,000

8.6 Oral Presentations, Selection of Apparently Successful Vendor

The Health Benefit Exchange, after evaluating the written proposals, individually scoring them, and then reaching a relative ranking through a committee consensus process, will schedule oral presentations, and may include Vendor site visits, for the top three (3) ranked finalists. The RFP Coordinator will notify finalists of the date, time and location of the oral presentations. The dates in Section 2: Schedule are subject to change at the discretion of the Health Benefit Exchange.

The Vendors making oral presentations will be grouped into an unranked pool of finalists. After the oral presentations, vendors will then be ranked based on the overall quality of their presentation and proposals. The Health Benefit Exchange will name the highest ranked Vendor following these presentations.

8.7 Contracting Process

The Health Benefit Exchange will enter into contract negotiations with the ASV. An ASV will be expected to execute the Contract within ten (10) Business Days of its receipt of a final Contract from HBE. If a selected Vendor fails to sign the Contract within the allotted ten (10) day time frame, HBE may declare negotiations at an impasse, elect to cancel the award, and award the Contract to the next ranked Vendor, or cancel or reissue this solicitation (see Section 3.16, Right to Cancel). Vendor's submission of a Proposal to this solicitation constitutes acceptance of these contract requirements. This process will continue until a Contract is signed, no qualified Vendors remain, or the Health Benefit Exchange elects to cancel or reissue the solicitation.

8.7.1 Failed Negotiations

If the State and apparently successful vendor are not able to come to closure in negotiations, the State shall send the final terms to the apparently successful vendor. If the apparently successful vendor does not accept such terms within five (5) Business Days, the State shall terminate further negotiations and may begin negotiations with the next highest scored Vendor or terminate the procurement.

APPENDICES

APPENDIX A: GLOSSARY

Request for Proposal Specific Definitions

"Acceptance Testing" shall mean the process for ascertaining that a product or service meets the technical and/or performance standards set forth in its design specifications, in this regard the Exchange Call Center and associated software solution.

"**Apparently Successful Vendor**" (**ASV**) shall mean the Vendor that (1) meets all the requirements of this RFP (2) is one of the top 3 scoring finalists selected into an unranked pool of finalists for an oral presentation, and (3) is selected as the highest ranked vendor for these presentations.

"Bidder" is used interchangeably with Vendor.

"Business Days" or "Business Hours" shall mean Monday through Friday, 7:30 AM to 8 PM, local time in Olympia, Washington, excluding Washington State holidays.

"Bug" also referred to as "Glitch" shall mean an identified software problem unrelated to end-user error.

"Call Center" shall mean the HBE Call Center operation unless context of the sentence specifies otherwise. It includes the physical location where HBE customer and other telephone calls are processed by the Contractor, with some amount of computer automation. The call center has the capacity to address the peak volume of HBE calls, to screen calls and/or to forward the calls to someone qualified to handle them, and to log calls and maintain statistics.

"Contract" shall mean the RFP, as amended, the Response, Contract document, all schedules and exhibits.

"Deliverables" shall mean discreet elements of the HBE Call Center produced as a result of the execution of the project.

"**Desirable Requirement**" or "**(D)**" shall mean the requirement is important but not mandatory.

"Effective Date" shall mean the date upon which both selected vendor and HBE sign the call center service contract.

"**Mandatory Requirement**" or "**(M)**" shall mean the Vendor shall comply with the requirement, and the Response will be evaluated on a pass/fail basis.

"**Mandatory Scored Requirement**" or "**(MS)**" shall mean the Vendor shall comply with the requirement, and the Response will be scored.

"Project" shall mean the Health Benefit Exchange (or Exchange) call center initiative.

"**Proposal**" shall mean the written proposal submitted by Vendor to HBE in accordance with this RFP. The Proposal shall include all written material submitted by Vendor as of the date set forth in the RFP schedule and the oral presentation made as part of the finalist selection process or information further requested by HBE.

"Project Director" shall mean the Call Center Manager contracted for by the HBE for the Exchange Project.

"Purchaser" shall mean the Health Benefit Exchange (HBE).

"**RCW**" means the Revised Code of Washington.

"Selected Vendor" shall mean the Vendor signing a finalized service contract with the HBE.

"State" shall mean the state of Washington.

"Subcontractor" shall mean one not in the employment of Bidder, who is performing all or part of the Exchange engagement under the resulting Contract under a separate contract with Bidder. The term "Subcontractor" means Subcontractor(s) of any tier.

"User Acceptance Testing" In the case of software, acceptance testing performed by the customer (e.g. end-user CSRs) is known as user acceptance testing (UAT).

"Vendor" shall mean a company, organization, or entity submitting a Proposal to this RFP.

"**Wanted Requirement**" or "**(W)**" shall mean an ancillary and potentially desirable, though not mandatory, requirement. Terminology only used in Appendix E.

Health Benefit Exchange – HBE

"ACA" means the federal patient protection and affordable care act, P.L. 111-148, as amended by the federal health care and education reconciliation act of 2010, P.L. 111-152, or federal regulations or guidance issued under the affordable care act.

"Authority" means the Washington State Health Care Authority, established under chapter 41.05 RCW.

"CHIP" Child Health Care Insurance Plan is the program that facilitates health insurance for children of families without access to health care.

"CMS" means Centers for Medicare & Medicaid Services which is the federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program

"DSHS" The Department of Social and Health Services is an organization that work toward improving the safety and health of individuals, families and communities by providing leadership and establishing and participating in health care and other partnerships.

"Exchange" typically means the organizations established as a result of the ACA.

"HBE" means the Washington Health Benefit Exchange, sometimes referred to as the "Exchange", established in CH. 43.71 RCW.

"Health Benefit Exchange" means the Washington Health Benefit Exchange (HBE), sometimes referred to as the "Exchange", established in CH. 43.71 RCW.

"**HCA"** The Health Care Authority oversees eight (8) different health care related programs in the state and is a key player in the delivery of health services.

"IIHI" Individually Identifiable Health Information.

"Information Technology (IT)" All aspects of managing and processing information using computers including hardware, software, and network communications.

"MAGI" Modified Adjusted Gross Income" is one way of calculating income to better reflect low income expenditures.

"PCI" Payment Card Industry.

"PHI" Protected Health Information.

"PII" Personal Identifiable Information.

APPENDICES

"SHOP" Small Business Health Options Plan is the plan that services small business' health insurance needs (2-50 employees).

APPENDIX B: CERTIFICATIONS AND ASSURANCES

CERTIFICATIONS AND ASSURANCES

Issued by the Washington Health Benefit Exchange

We make the following certifications and assurances as a required element of the Response, to which it is attached, affirming the truthfulness of the facts declared here and acknowledging that the continuing compliance with these statements and all requirements of the RFP are conditions precedent to the award or continuation of the resulting Contract.

The prices in this Response have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offer or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered. The prices in this Response have not been and will not be knowingly disclosed by the offer, directly or indirectly, to any other offer or competitor before Contract award unless otherwise required by law. No attempt has been made or will be made by the offer to induce any other concern to submit or not to submit an offer for the purpose of restricting competition. However, we may freely join with other persons or organizations for the purpose of presenting a single proposal or bid.

The attached Response is a firm offer for a period of 120 days following the Response Due Date specified in the RFP, and it may be accepted by HBE without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period. In the case of protest, your Response will remain valid for 180 days or until the protest is resolved, whichever is later.

In preparing this Response, we have not been assisted by any current or former employee of the Health Benefit Exchange or the state of Washington whose duties relate (or did relate) to the HBE's solicitation, or prospective Contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this Response. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)

We understand that the HBE shall not reimburse us for any costs incurred in the preparation of this Response. All Responses become the property of the HBE, and we claim no proprietary right to the ideas, writings, items or samples unless so stated in the Response. Submission of the attached Response constitutes an acceptance of the evaluation criteria and an agreement to abide by the procedures and all other administrative requirements described in the solicitation document.

We understand that any Contract awarded, as a result of this Response shall incorporate all the solicitation requirements. Submission of a Response and execution of this Certifications and Assurances document certify our willingness to comply with the Contract terms and conditions appearing in Appendix C, or substantially similar terms, if selected as a contractor. It is further understood that our standard contract will not be considered as a replacement for the terms and conditions appearing in Appendix C of this solicitation.

We (circle one) **are / are not** submitting proposed Contract exceptions (see Section 3.17: Contract Requirements).

Vendor Signature	Vendor Company Name
Title	Date

APPENDIX C: CONTRACT

The contract agreement is posted under separate cover at:
http://www.hca.wa.gov/hcr/exchange/current_procurements.html

APPENDIX D: PROTEST PROCEDURES

A. Procedure

This protest procedure is available to Vendors who submitted a Response to this solicitation and have received a debriefing conference.

Protests are made to HBE after HBE has announced the ASV. Vendor protests shall be received, in writing, by HBE within five (5) Business Days after the Vendor debriefing conference.

B. Grounds for protest are:

1. Arithmetic errors were made in computing the score;
2. The Exchange failed to follow procedures established in the solicitation document, or applicable state or federal laws or regulations; or
3. There was bias, discrimination or conflict of interest on the part of an evaluator.

Protests not based on these criteria will not be considered.

C. Format and Content

Vendors making a protest shall include in their written protest to HBE all facts and arguments upon which the Vendor relies, and shall be signed by a person authorized to bind the vendor to a contractual relationship. Vendors shall, at a minimum, provide:

1. Information about the protesting Vendor; name of firm, mailing address, phone number and name of individual responsible for submission of the protest;
2. Information about the acquisition; the Exchange, acquisition method;
3. Specific and complete statement of the Exchange action(s) being protested;
4. Specific reference to the grounds for the protest; and
5. Description of the relief or corrective action requested.

D. HBE Review Process

Upon receipt of a Vendor's protest, HBE will postpone signing a Contract with the ASV until the Vendor protest has been resolved.

HBE will perform an objective review of the protest, by individuals not involved in the acquisition process being protested. The review shall be based on the written protest material submitted by the Vendor and all other relevant facts known to HBE.

HBE will render a written decision to the Vendor within five (5) Business Days after receipt of the Vendor protest, unless more time is needed. The protesting Vendor shall be notified if additional time is necessary.

E. HBE Determination

The final determination shall:

1. Find the protest lacking in merit and uphold the Exchange’s action;
2. Find only technical or harmless errors in the Exchange’s acquisition process conduct, determine the Exchange to be in substantial compliance, and reject the protest;

3. Find merit in the protest and provide the Exchange with options that may include:
   a) Correct errors and reevaluate all proposals; or
   b) Reissue the solicitation document; or
   c) Make other findings and determine other courses of action as appropriate.
4. Not require the Exchange to award the Contract to the protesting party or any other Vendor, regardless of the outcome.

F. The resulting decision is final; no further administrative appeal is available.

APPENDIX E: RESPONSE CHECKLIST

In order to be considered responsive, Vendors shall include, at a minimum, the following components in their RFP Response. Failure to include or properly document any of the following requirements may be grounds for disqualification. This Response Checklist should be completed and submitted with the Proposer's Volume 3 submission.

General

Vendor shall properly respond to each question/requirement contained in Sections 4, 5, & 6.

Volume 1

- ☐ Vendor's cover letter explicitly acknowledging receipt of all RFP revisions if any, issued.
- ☐ The Response to Section 4: Technical Requirements
- ☐ The Response to Section 5: Operational Requirements
- ☐ The Response to Section 6: Vendor Requirements

Volume 2

- ☐ Financial Proposal Response (Section 7: Financial Proposal)

Volume 3

- ☐ Vendor's signed and completed Certifications and Assurances (Appendix B)
- ☐ Vendor's exceptions and/or proposed revisions to the Contract (Appendix C)
- ☐ Vendor's signed and completed Response Checklist (Appendix E)

APPENDICES

	Requirements	(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
Technical Requirements					
1	The Vendor's Information Technology solutions need to meet the CMS' Seven Conditions and Standards specified in 42 CFR part 433, subpart C, as modified by the final rule, "Federal Funding for Medicaid Eligibility Determination and Enrollment Activities."	M	4.2.1		
2	The Vendor shall use the HBE Exchange Software solution and ensure consistently appropriate utilization of the Exchange Software in the conduct of Call Center business.	M	4.2.2		
3	Vendor shall undertake detailed trouble ticket development and reporting of identified Exchange Software glitches or "bugs."	M	4.2.3		
4	Vendor shall provide typical tools that might include Workforce Management Systems, ACD, Predictive Dialing, IVR, CRM, Live Chat, Fax , SMS text, Email, TTY, E-SIGN & UETA compliant verbal signature confirmations, auto-dialing customer satisfaction inquiries, etc.	M	4.2.4		
5	The Vendor shall be able to integrate/interface with HCA, DSHS, and HBE telephone systems by the Call Center Demonstration period	M	4.2.4.1		
6	The Vendor shall be able to integrate/interface with the HBE Exchange Software solution at some future time period to be determined by the HBE.	M	4.2.4.2		

Requirements		(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
7	The Vendor shall initially be able to operate the Exchange Software solution fully independent of any technology tools deployed by the Vendor	M	4.2.4.3		
8	Unless specified otherwise in the RFP, the Vendor shall be able to facilitate telephone; VoIP; TTY/TDD; FAX; e-mail; HTML messaging; video, audio and text online chat; US Postal Service and express mail services.	M	4.2.5		
9	The selected Vendor shall be required to submit as an attachment evidence of a Data Security Plan for Call Center operations.	M	4.2.6		
10	The selected Vendor shall be required to submit as an attachment evidence of a Disaster Recovery Plan for Call Center operations.	M	4.2.7		
11	Vendor shall be able to log and record all communication from all channels made by and to the consumers for auditing and reporting purpose.	W			
12	Vendor shall provide call monitoring of all calls answered by an agent and call recordings shall be made available to designated state staff as needed.	W			

	Requirements	(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
13	Vendor shall be able to generate real time as well as historical reports on: • Call volume • Abandon rate • Availability and agent utilization • Average speed of answer • Call length • Consumer satisfaction and consumer feedback • Handle time • Percentage of Self-Service usage • IVR Peg counts (hits) of Self-Service menu selections • Skill set reports • Longest hold time • Transfers – average number of and to whom the call was transferred • One-call resolution rate • Peak hour statistics • Historical and trend analysis	W			
14	Vendor shall have a security process that enables consumers to access information by phone while protecting confidential data.	W			
15	Vendor shall have all prompts/recordings available for English and Spanish call flows.	W			
16	Vendor solution shall meet ADA and Limited English Proficiency (LEP) compliancy as required by ACA.	W			

	Requirements	(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
17	The Vendor shall provide access to their test and training environments for HBE QA, management and training teams to ensure the correct implementation of software/hardware solutions.	W			
Operational Requirements					
1	The Vendor shall provide a fully operational Call Center facility.	M	5.2.1		
2	The Vendor shall locate the Call Center facility in the United States.	M	5.2.2		
3	The Vendor shall have a call center facility in the State of Washington.	D	5.2.3		
4	All Vendor management, supervisory, Customer Service Representative (CSR) and core business support staff shall be located at the Call Center facility.	M	5.2.4		
5	In-house or potentially sub-contracted support services such as IT support, mailroom, photocopying, back room, call overflow processing, etc. shall be provided by the Vendor.	M	5.2.5		
6	Core functions shall be performed by the Vendor's call center operations.	M	5.4.1		
7	The Vendor shall not sub-contract more than 49% of the total operating budget of the Vendor's call center solution	M	5.4.2		

	Requirements	(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
8	The Vendor shall provide a team of staff to assist and perform User Acceptance Testing for the HBE's Exchange Software solution no later than two weeks after contract finalization/signature	M	5.4.3		
9	The Vendor shall provide a fully functional "preliminary workforce" no later than 9/1/2013 to handle customer inquiries regarding HBE programs and test Call Center technical infrastructure and operational protocols.	M	5.4.4		
10	The Vendor shall ensure the HBE Call Center shall be fully operational and prepared to service the public with enrollment services beginning October 1, 2013 at 7:30 a.m. PST.	M	5.4.5		
11	Hours of Operation shall be Monday – Friday 7:30 a.m. to 8:00 p.m. PST excluding Washington State approved holidays.	M	5.4.6		
12	The HBE Call Center shall be able to facilitate both English and Spanish speakers on-site. The HBE is open to the use of a 3rd party translation service for customer contact for other languages that are not supported on site.	M	5.4.7		
13	A TTY/TDD or equivalent system shall be fully deployed at the HBE Call Center.	M	5.4.8		
14	Beyond best practice employment protocols for employees in the health care industry, the Vendor shall ensure compliance with the following stipulations: compliance with regulations; pre-employment processing; continuous employment processing.	M	5.4.9		

	Requirements	(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
15	Upon receiving HBE training support the Vendor shall, at minimum: • Develop a written curriculum and Training Plan to be approved by the HBE. • Conduct comprehensive training of the Vendor's Call Center staff. • Ensure a Continuous Improvement Training Program is in place to rapidly address performance gaps in service levels.	M	5.4.10		
16	The selected Vendor shall be required to submit within 14-days of Contract Award an Operational Work Plan identifying the key tasks and sub-tasks, milestones and deliverables related to the HBE Call Center start-up activities up to October 1, 2013.	M	5.4.11		
17	The following reflects the Key Personnel 'position types' for Call Center staff: • Vendor Call Center Director/Manager • Vendor Training Manager/Supervisor • Vendor Call Center QA/QC Manager / Supervisor • Vendor Call Center IT Manager / Supervisor	M	5.6.1		
18	The Vendor is responsible for providing support or ancillary services to productively operate the HBE Call Center.	M	5.6.2		

	Requirements	(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
19	The HBE has determined the following shall be mandatory and shall facilitate customer service: • SHOP Work Unit • Individual Work Unit • E-mail Response Unit	M	5.6.3		
20	The HBE has determined the following deployment structure shall be mandatory to facilitate customer service: • Dedicated Assignment CSR • Overflow Assignment CSR	M	5.6.4		
21	CSR staff capable of easily transitioning between defined Work Units and Deployment approaches is desirable.	D	5.6.5		
22	The Vendor shall develop Key Performance Indicators (KPI) as part of a comprehensive performance management program with at least the noted seven KPIs as a minimum framework.	M	5.8.1		
23	The Vendor, if desired, may propose different performance standards for KPIs based on the vagaries associated with the HBE Call Center's initial "ramp-up" period starting during initial enrollment, October 1, 2013.	D	5.8.1.1		
24	The selected Vendor shall have a comprehensive QA/QC program for the HBE Call Center.	M	5.8.2		
25	The selected Vendor shall comply with weekly, quarterly and annual reporting requirements.	M	5.8.3		

Requirements		(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
26	The selected Vendor shall provide a written Service Level Agreement (SLA) to HBE, HCA, DSHS, and OIC detailing and documenting a common understanding about services, priorities, responsibilities, guarantees, and warranties. The Vendor shall provide as an attachment an illustrative SLA from a client site.	M	5.8.4		
27	Contract penalties shall be levied to the selected Vendor for non-performance to include, but not be limited to: failure to meet KPI performance metrics; failure to maintain mandatory requirements, etc.	M	5.8.5		
28	Vendor shall integrate seamlessly with other agency call centers in accordance with their hours of operation.	W			
29	Vendor shall have the history of all forms of communication seamless, transparent, and available through all facets of the consumer's contact with the WA HBE.	W			
30	Vendor shall meet Service Level Agreements (SLA) and other performance standards established.	W			
31	The Vendor shall be responsible to escalate unresolved problems and dissatisfied consumers according to procedures established by HBE.	W			
32	The Vendor shall be responsible to maintain appropriate and timely communications with the HBE and other State agencies and affected users on all problems through resolution.	W			

	Requirements	(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
33	The Vendor shall be responsible to correct all significant problems within the scope of Vendor's responsibility. A significant problem shall not be considered to be corrected until the Vendor receives validation from HBE the issue is resolved to HBE satisfaction.	W			
34	The call center staff shall be courteous, trained to answer questions for HBE services, and able to make sure information is available to the consumer in plain language they can understand.	W			
35	The Vendor shall allow the State designated audit personnel to conduct random audits and monitoring of the calls without prior notice through either live monitoring of calls or review of call recordings.	W			
36	The Call Center and/or staff shall have obtained professional certification(s) by reputable organizations.	W			
Vendor Requirements					
1	The Bidder's Executive Summary shall summarize the proposer's service approach and overall services, giving the Proposal evaluators a strong general overview of the Technical and Operational capabilities of the Bidder.	M	6.2		
2	Vendor shall have call center experience in the health care arena which can include, but not be limited to: public health fields, health insurance field, medical center/hospital, medical research, emergency or other medical hotlines.	M	6.3		

Requirements		(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
3	Vendor shall provide a brief description of its entity including the Vendor organization's experience and history developing call center operations in the health care arena of similar size and scope to the HBE Call Center project.	M	6.4		
4	Vendor shall provide at least three (3) and no more than six (6) client references from customers for whom the Vendor has implemented Call Centers in similar size and scope.	M	6.5		
5	The Vendor shall complete and provide a signed copy of Appendix E, Response Checklist.	M	6.6		
6	Except as expressly provided in the Contract resulting from this RFP, Vendor agrees that all documents that are developed as a part the services shall become the property of the Washington Health Benefit Exchange.	M	6.7		
7	Vendor shall provide a copy of a Dun and Bradstreet business/credit report of the Vendor's financial status. The report shall bear a date not more than sixty (60) days prior to the submittal date of the proposal. Vendor shall have a "good" or better financial strength rating.	M	6.8		
8	Within thirty (30) days of being identified as the ASV, Vendor shall be licensed to conduct business in Washington.	M	6.9		
9	The Health Benefit Exchange shall accept Proposals that include third party involvement only if the Vendor submitting the Proposal agrees to take complete responsibility for all actions of such Subcontractors.	M	6.10		

Requirements		(M)andatory / (D)esirable / (W)anted	If Applicable, Section Reference	Vendor Will/Can Meet Condition (Y/N)	Comments
10	Vendor shall act as the Single Point of Contact for the Exchange with the Vendor's subcontractors, Product manufacturers, and other relevant third-parties.	M	6.11		
11	Vendor shall report upon prior contract performance issues.	M	6.12		
12	Vendor agrees to provide an Irrevocable Letter of Credit, naming HBE as the beneficiary, in a form and format acceptable to HBE.	M	6.13		
13	Vendor shall, during the term of this Contract, maintain in full force and effect appropriate insurance.	M	6.14		
14	Vendor shall, in full compliance with State law, provide or purchase worker's compensation coverage for its employees and Employer's Liability in the amount of $1 million during the course of the Project.	M	6.15		

The Vendor has reviewed the Response Checklist and attests to its accuracy.

_____Authorized Signature and Date

APPENDIX F: CLIENT REFERENCE FORM

CLIENT REFERENCE FORM

(REFERENCES SHALL BE COMPLETED AND SUBMITTED ON OR BEFORE November 1, 2012, 3:00PM, OR THE VENDOR RESPONSE WILL BE DISQUALIFIED**)**

Vendor shall provide at least three (3) and no more than six (6) client references from customers for whom the Vendor has implemented Call Centers of similar size and scope.

- At least one reference shall be from a health care-related call center customer for whom Vendor has provided service.
- At least one reference shall be from a call center whose operational budget exceeds $1 Million per annum.

Dear Client Reference:

We (Vendor's name: _____) are currently responding to the Washington Health Benefit Exchange's RFP for Call Center Services. HBE is placing an emphasis on the Vendor's past performance as an evaluation factor. We are asking your organization to complete the following form and to submit it directly to the RFP Coordinator so it may be used in the evaluation process. Additionally, should you be contacted by the RFP Coordinator or anyone on the evaluation team, you may speak candidly to them about your response and our firm's past performance.

Your cooperation is greatly appreciated. Should you have any questions about this request, please contact me (printed name)_____ at: (_____) _____ or e-mail address _____.

Your business/organization's name:

_____

Name and title of individual completing this form:

_____

Telephone Number: (____) _____E-mail: _____

APPENDICES

Appendix F - CLIENT REFERENCE FORM

Health Benefit Exchange Call Center Services; RFP HBE-028

Shall be returned to RFP Coordinator by November 1, 2012, no later than 3:00PM Pacific Standard Time

The Washington Health Benefit Exchange (HBE) is conducting a procurement to establish a contract with a health industry Call Center firm. One of the proposing Vendors has designated your organization as a client reference. This Vendor has selected your organization to respond with objective information concerning the products and services that they have provided in the past, or may be currently providing.

HBE sincerely appreciates your valuable response as a client reference. To minimize the time required, a simplified form has been prepared for your use.

Please complete Part II and return it by mail or email on or before November 1, 2012 3:00PM, to:

John Flanagan, RFP Coordinator – RFP HBE-028
Health Benefit Exchange
Contract Services
Post Office Box
Olympia, WA 98501
John.Flanagan@hca.wa.gov

APPENDICES

CLIENT REFERENCE FORMS

Health Benefit Exchange Systems Call Center Services
RFP HBE-028

PART I – TO BE COMPLETED BY VENDOR

1. Vendor Name: _____

2. Client Reference Name _____

3. Client Reference Company Name: _____

4. Date that the Project/Service was:

a. Initiated: _____

b. Put in Production: _____

5. General Description of the System and Vendor Work Performed*_____

_____

_____

6. Approximate Initial Cost of the System Developed/Installed $_____

PART II – TO BE COMPLETED BY THE CLIENT REFERENCE

Name and title of Person Completing Form _____

Type of Organization ☐Private Entity ☐ Government Entity

Telephone number: _____ E-Mail address: _____

Is the information shown in Part I accurate? If not, please comment*

_____

_____

_____

Your organization's Involvement with Health Care Industry (if any)

_____

_____

Describe the type of Vendor's services provided to your organization *:

_____

_____

_____

APPENDICES

PLEASE RATE THE FOLLOWING ITEMS (circle one):

0 Unsatisfactory	**3** Good
1 Poor, but acceptable	**4** Exceptional
2 Average	

1. Communications with Vendor: 0 1 2 3 4

Comments: _____

2. Completion of contractual requirements: 0 1 2 3 4

Comments: _____

3. Competence of professional staff: 0 1 2 3 4

Comments: _____

4. Control of changes and cost: 0 1 2 3 4

Comments: _____

5. Adherence to performance metrics 0 1 2 3 4

Comments: _____

6. Retention of CSR staff: 0 1 2 3 4

Comments: _____

7. Reliability and quality of technology: 0 1 2 3 4

Comments: _____

8. Problem resolution and responsiveness: 0 1 2 3 4

Comments: _____

9. Flexibility of Vendor: 0 1 2 3 4

Comments: _____

10. Quality Assurance and Quality Control programs: 0 1 2 3 4

Comments: _____

11. Training and turn-over services provided: 0 1 2 3 4

Comments: _____

12. Quality of service during peak call loads: 0 1 2 3 4

Comments: _____

13. Overall satisfaction with Vendor: 0 1 2 3 4

Comments: _____

14. Based on performance, quality of deliverable, responsiveness, and client service, would you select this Vendor again?

☐ YES ☐ NO ☐ Qualified Yes (Please explain)

Any other information that you would like to share about the Vendor:

_____

_____

_____

_____ _____

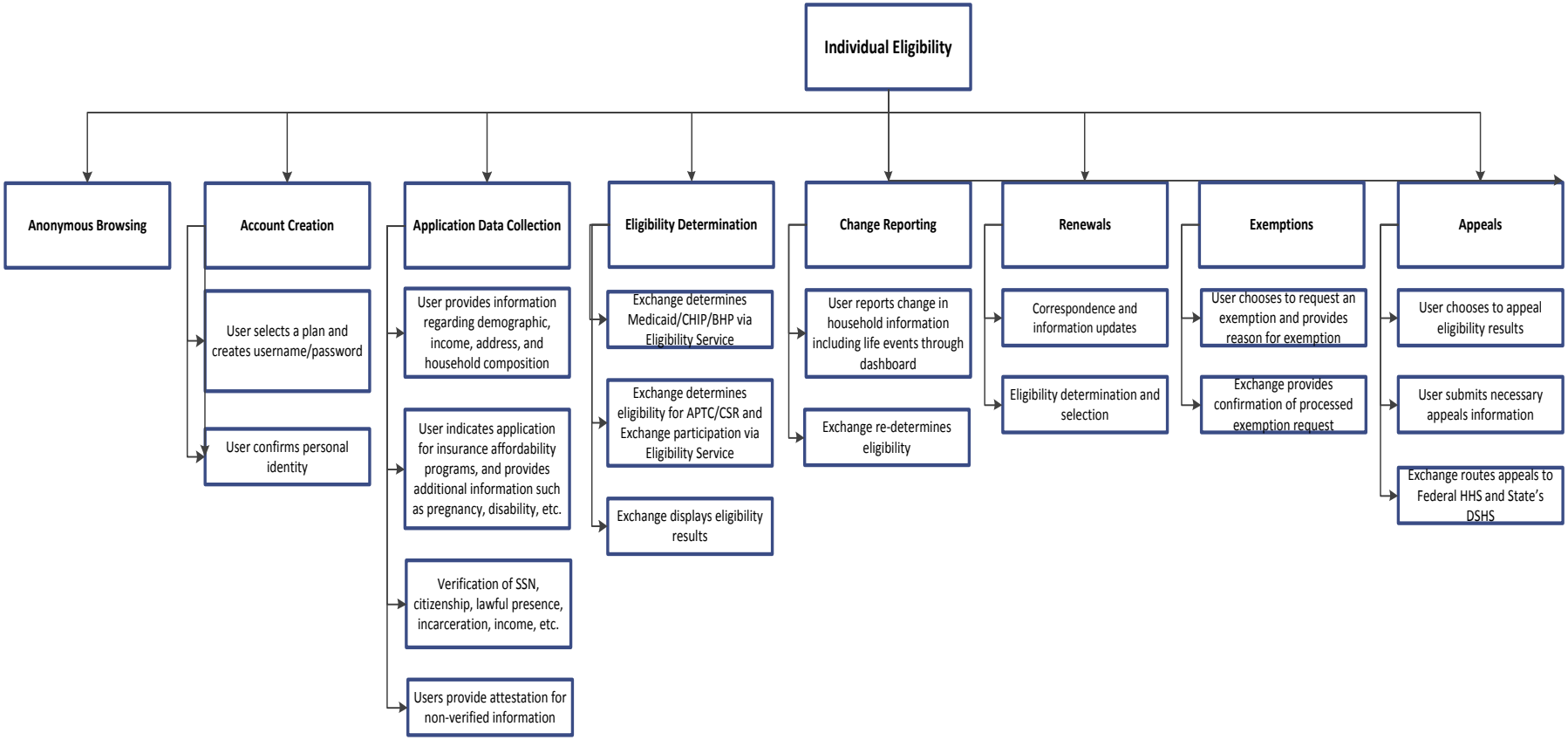
Signature Date

Thank you for your assistance in this evaluation process.
Washington Health Benefit Exchange

*Use additional sheets, if required.

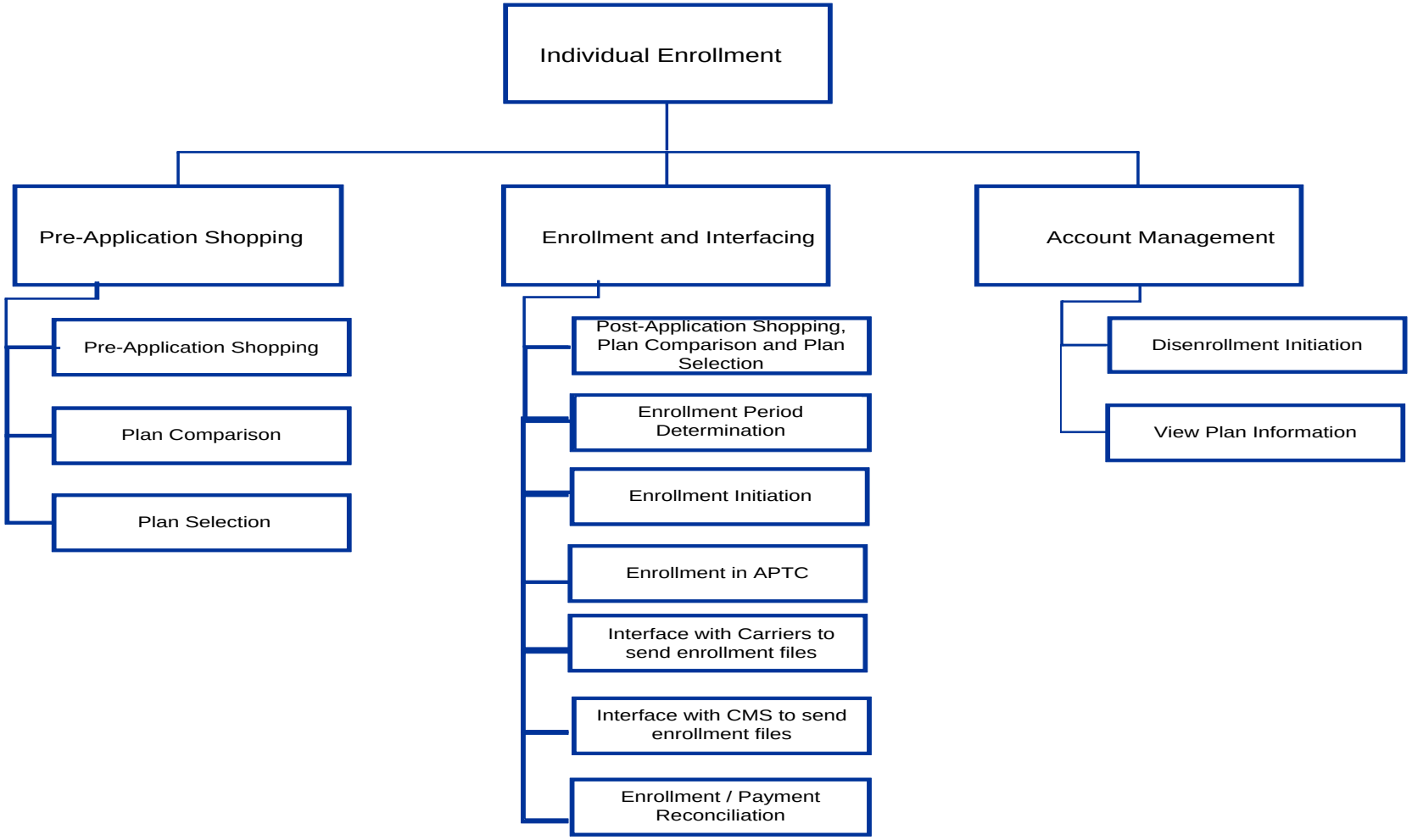
APPENDIX G: EXCHANGE MODULE CHARTS

Exhibit 8: Eligibility Module



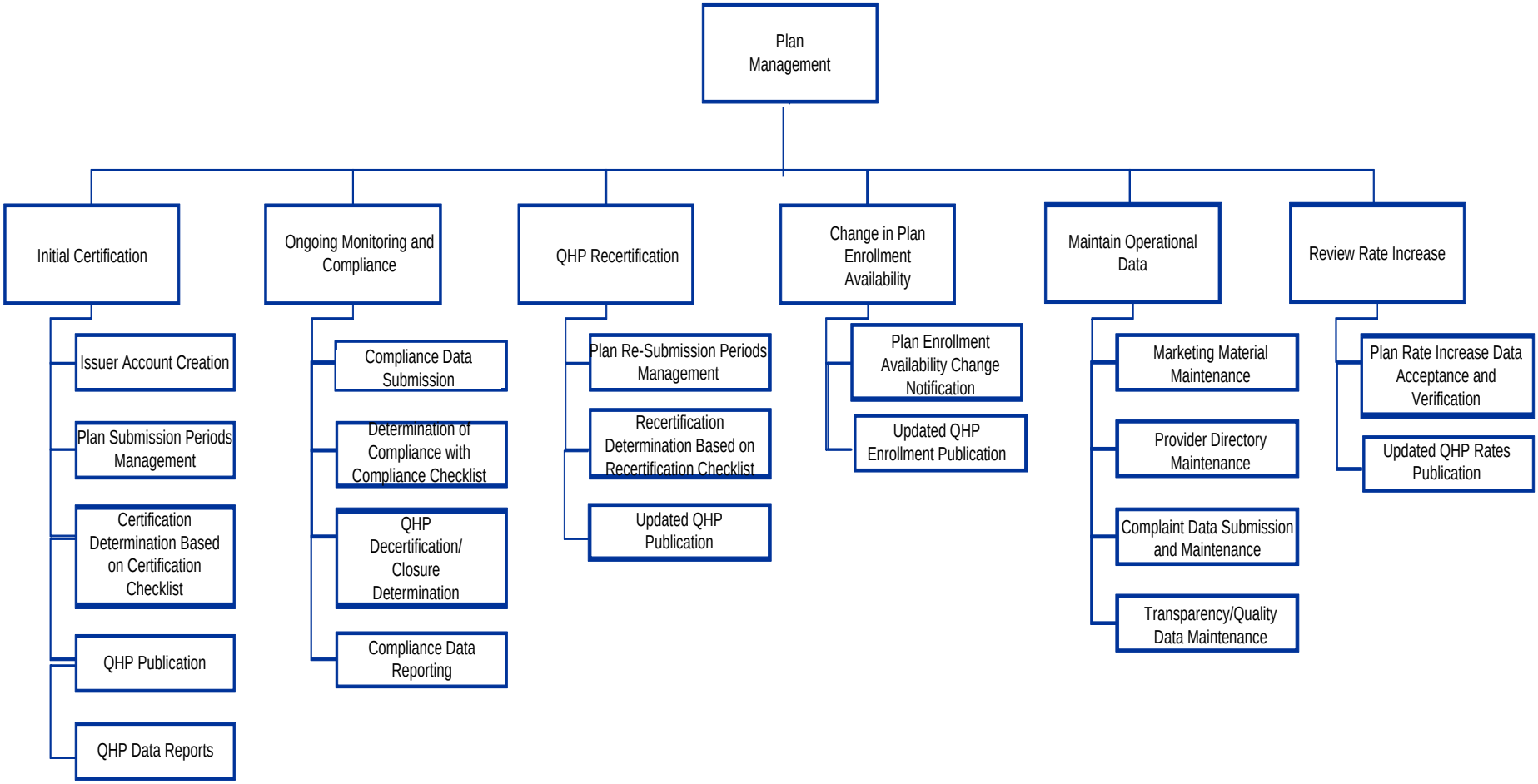
APPENDICES

Exhibit 9: Enrollment Module



APPENDICES

Exhibit 10: Plan Management Module



APPENDICES

Exhibit 11: SHOP Module

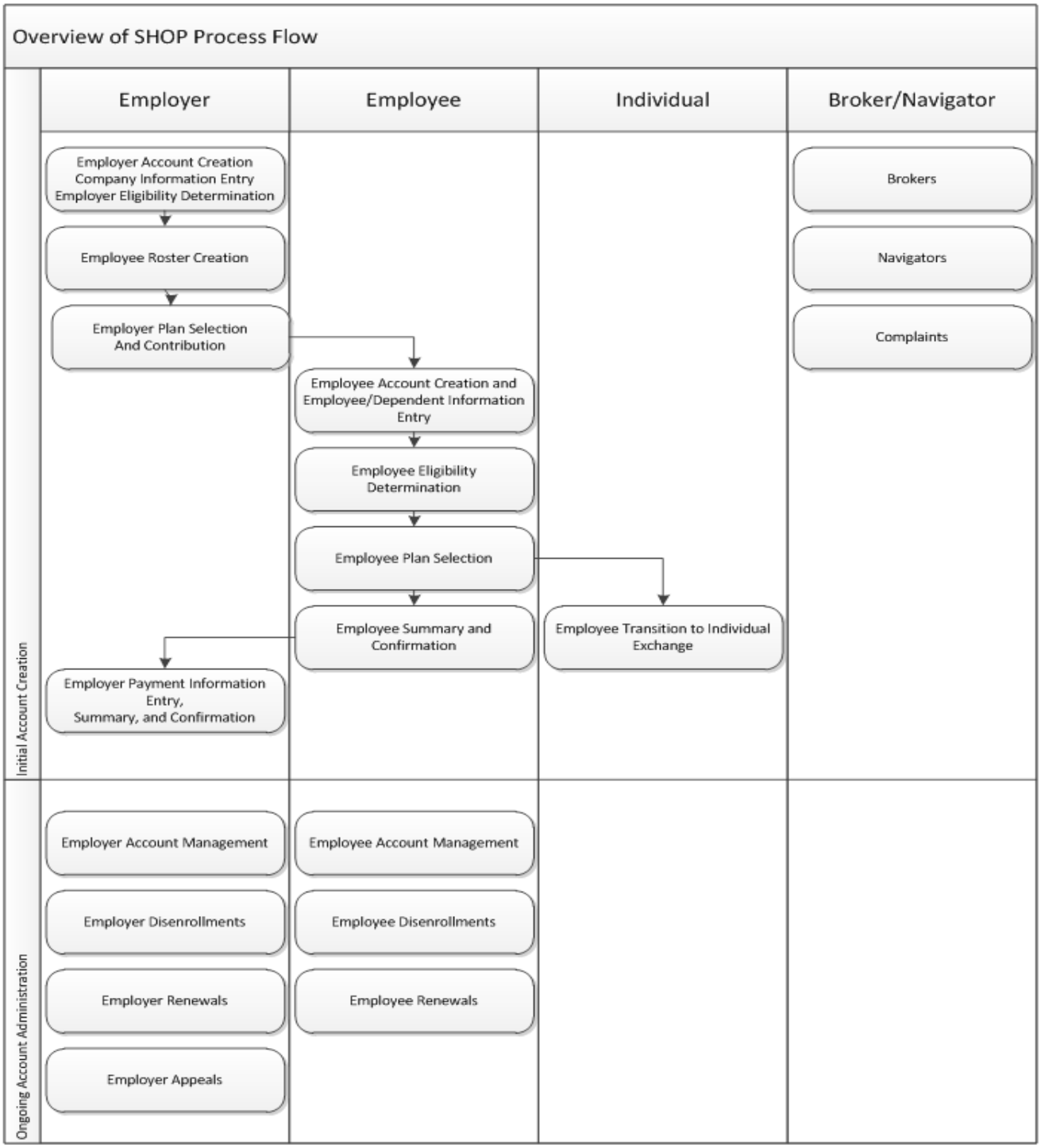


Exhibit 12: Administrative Module

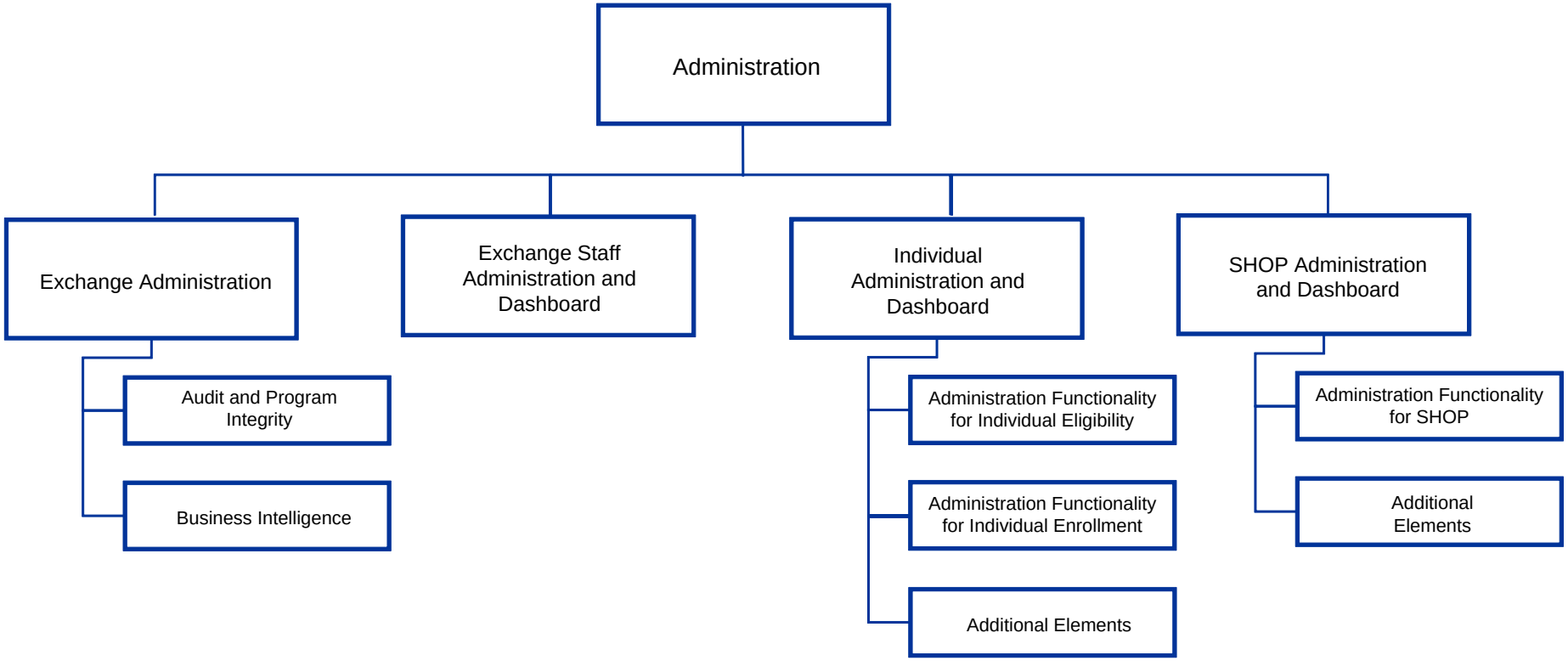


Exhibit 13: Reports and Correspondence Module

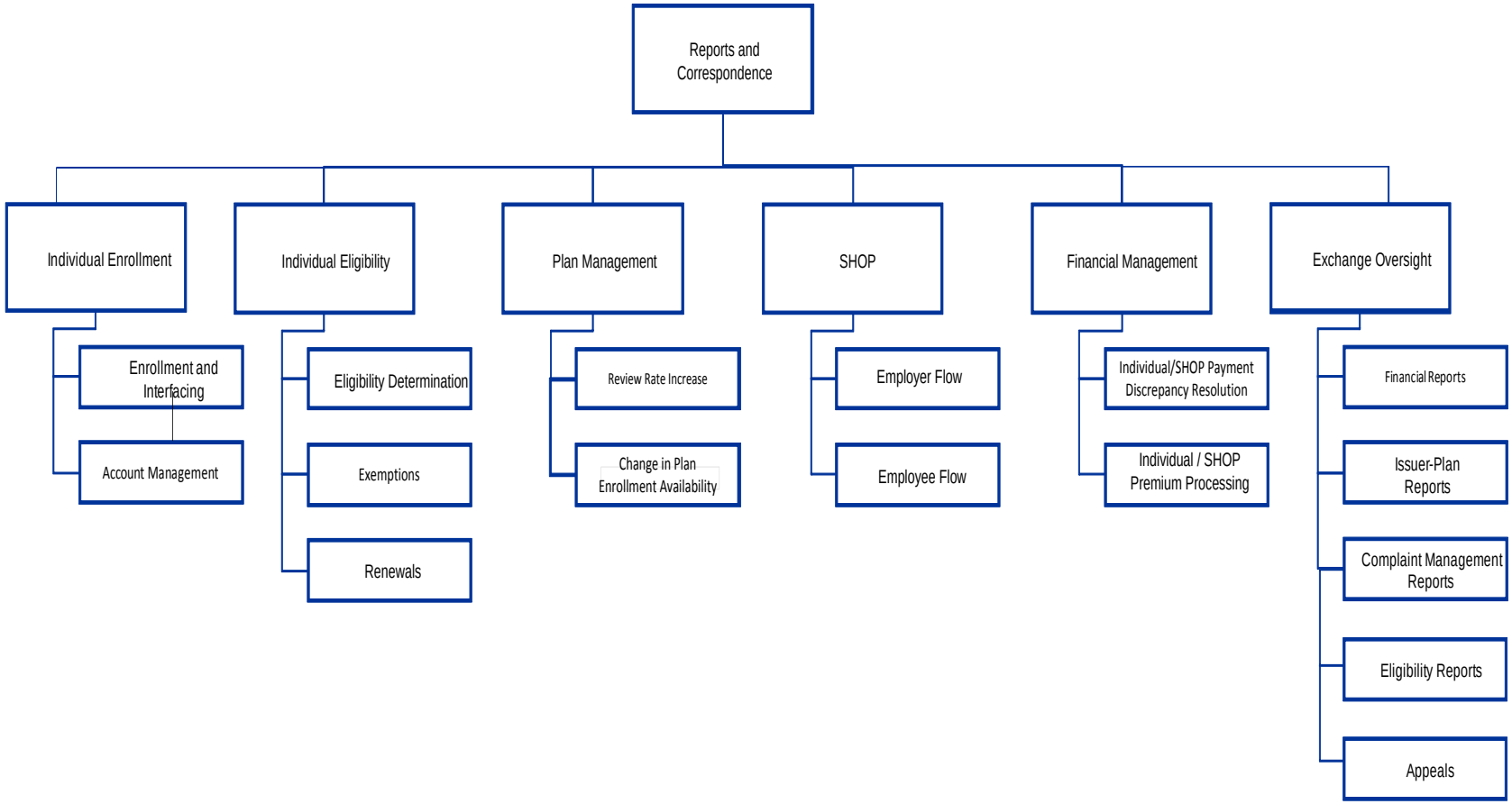
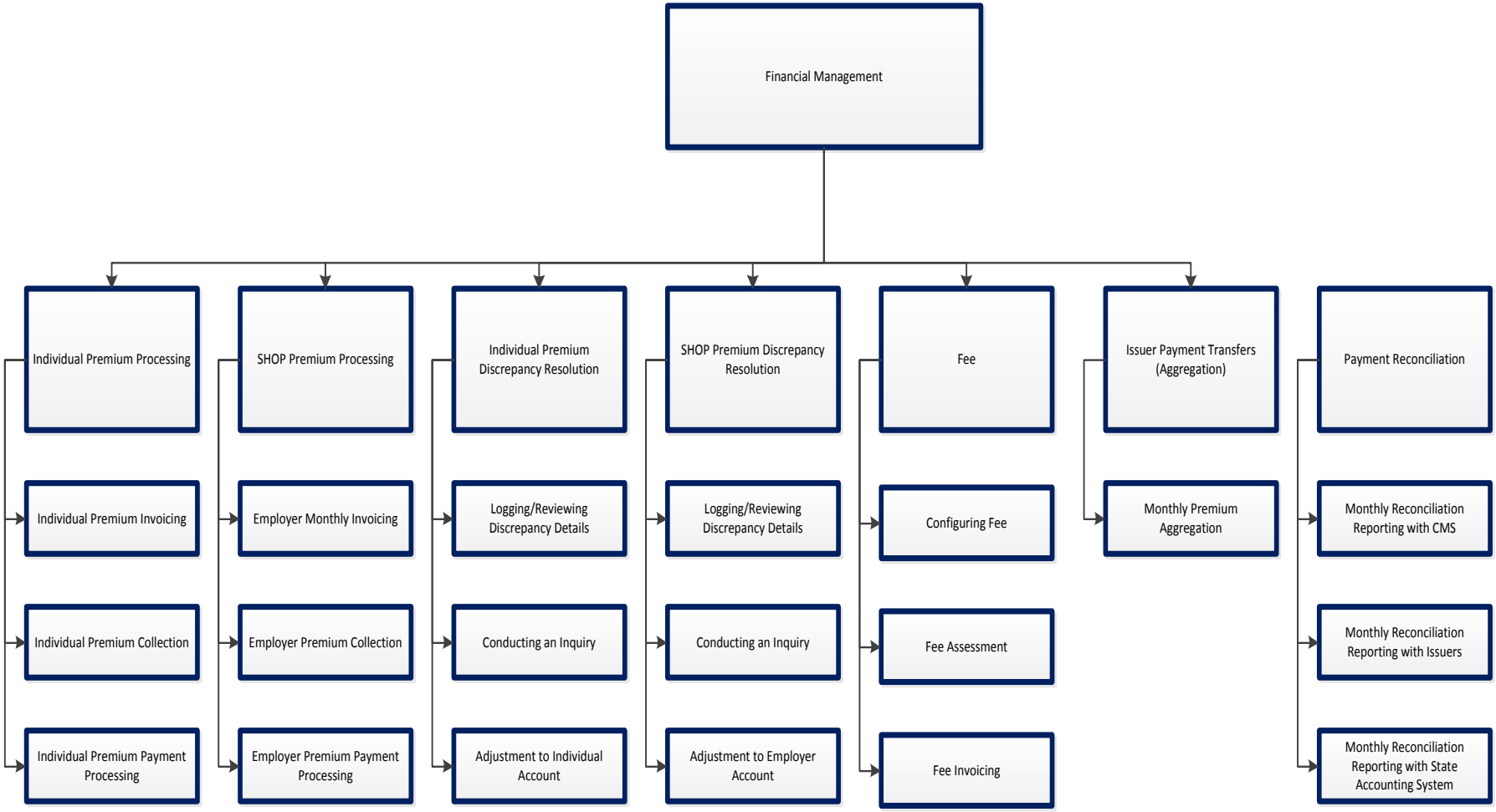



Exhibit 14: Financial Management Module