ENROLLMENT CENTER Q and A's 1-225
12/8/08

Funding

1) Q: The RFP states "The Department intends to award $34 million, subject to the availability of funds, to an organization to conduct the above responsibilities in the order presented." Is this $34 million budget for each contract year? Is it supposed to increase by about 4% each year?

Q: Can the Department provide guidance on roughly how much of the $34M funds will be allocated to each of the seven responsibilities listed on the same page?

Q: How will the $34 million allocated for the project be distributed? Are these funds subject to any potential cuts during the State's current fiscal challenges?

Q: The RFP states a number of different models of deployment based on the success of the first functions deployed. Does the Department have a process for staying within the $34M budget and also accommodating change?

Q: Please explain how the $34 million award will be distributed over the first three service deliverables as outlined. Is the award fee intended to address all seven areas of responsibility over the 5-year contract term?

Q: Please provide all available detail to explain how the $34 million value was assessed for this work (pricing models, cost estimates).

Q: The Department indicates an intended award amount of $34 million. For how many years of the contract is this amount intended?

Answer: The State will award up to $34 million dollars for the first year of the Enrollment Center. Approximately $2 million of that will support the call center. Most of the remaining $32 million will support the renewal function. We do not anticipate a reduction in funding for this initiative. The level of funding for future years is subject to the availability of funds.

Eligible Applicants

2) Q: Are any firms precluded from bidding on this project?

Q: Is an entity that is wholly owned by a health plan eligible to bid?

Answer: A subsidiary of a health plan cannot operate the Enrollment Center. The federal regulations require independence between the broker and health plan when providing enrollment services. A broker is defined as an individual or entity performing choice counseling, enrollment activities or both. Choice counseling includes answering questions and providing information about health plans. Enrollment activities mean distributing, collecting, and processing enrollment materials and taking enrollments by phone or in person.

3) Q: The requirement that eligible applicants have at least one state Medicaid or SCHIP program is very restrictive. Would DOH consider expanding this requirement to include Medicare Part D?

Q: While there has been considerable discussion nationally about contracting Medicaid eligibility determination to an outside contractor, few states have yet to take steps in that direction. It follows therefore, that even fewer contractors, even those with extensive experience with Medicaid contracting, have been involved in such endeavors. We believe that this requirement in the RFP unduly restricts the potential pool of otherwise qualified contractors that can bid on this project. We are requesting that the Department change the Enrollment Center experience requirement to "preferred", but not necessary.

Answer: Most states contract out administration of the SCHIP Program, thus there are several qualified organizations when Medicaid and SCHIP experience are combined. New York's public health insurance system is large and complex, warranting an organization with experience in Medicaid and SCHIP eligibility.

4) Q: The RFP defines an eligible applicant as a company which has "sufficiently demonstrated the corporate financial capacity to provide the services in this RFP". Can the Department be more explicit as to how it will judge financial capability?

Answer: Please see p. 56 of the RFP, Evidence of Financial Capacity/Stability.

Target Population

4) Q: The RFP states that the target population will be approximately 1.5 million households. How many people does this number translate to? How many can self attest in MA, FHP, and CHPlus?

Answer: The 1.5 million households translates in to approximately 2.5 million individuals. All enrollees in FHP and CHPlus (about 900,000) can self-attest. About half of Medicaid enrollees can self-attest.

5) Q: Do the 100K renewals a month include NYC?

Answer: Yes

6) Q: In the target population section there are several subsets mentioned. What is the population the contractor would serve? It appears that 3.5 million would be served with a possible 600,000 possible additions. Please confirm or correct this assumption.

Answer: This is incorrect. The target population varies by project. The Call Center has the largest target population. It includes all enrollees and the eligible uninsured. The Renewal Center has a target population of 1.5 million renewals.

7) Q: Can the Department provide a breakdown of the number of households in the target population who can self-attest based on the program they are eligible for: Medicaid, FHP, CHPlus?

Answer: All enrollees in FHP and CHPlus can self-attest to income and residency (about 900,000 individuals or 500,000 households). About half of Medicaid enrollees can self-attest (about 1 million households).

8) Q: Does the Department have any initiatives to reach out to the 1.2 million uninsured? If so, does the Department have any projections of how many of the 1.2 million uninsured people will ultimately apply for public health programs and be affected by the Enrollment Center?

Answer: New York's goal is to ensure that all children and eligible but uninsured adults in the state have access to comprehensive affordable health care coverage through Child Health Plus, Medicaid and Family Health Plus. (See Attachment 1). To achieve this goal, over the last two years New York has made significant improvements its health insurance programs by expanding coverage for children and adults, simplifying eligibility rules and making it easier for consumers to apply for and retain their coverage once enrolled. The Division of Coverage and Enrollment within the Office of Health Insurance Programs has also launched Connections to Coverage, an aggressive outreach campaign to educate families and community groups about the availability of New York's health insurance programs, how to enroll and ways community groups can get involved in this effort. The campaign uses a multi-pronged strategy that includes public awareness (television, radio, print, outdoor and some transit advertising), community-based enrollment campaigns and outreach through statewide organizations.

The Enrollment Center supports the goal of enrolling all eligible but uninsured children and adults in public health insurance by allowing New York to increase the volume of applications that can be processed.   While, the Enrollment Center will not process these new applications it will help create the required capacity at the local departments of social services by shifting responsibility for the processing of most renewals from the local districts to the enrollment center. This shift will allow local districts more staff time to process the new applications.

Background

9) Q: Does the department have any forecasts of new eligible population due to the current economic turndown and increasing rate of unemployed?

Answer: No. The focus of the Enrollment Center will be renewals at least for the first few years. New Applicants as a result of the economic downturn will remain the responsibility of the LDSS. Over time, the Enrollment Center may take on a subset of new applications that would benefit most from centralization.

10) Q: How many community-based organizations provide application and renewal assistance? How many health plans provide application and renewal assistance? Can the Department provide actual or approximate volumes of renewals handled by these organizations in the last 12 months? Does the Department anticipate that their volume will remain the same, increase, or decrease in the context of bringing the Enrollment Center on-line?

Answer: Currently 42 community based organizations and 20 health plans provide application and renewal assistance. The CBOs processed 24,500 renewals and 78,000 new applications. The health plans processed over 330,000 applications for Medicaid and Family Health Plus. We do not have the breakout by renewal vs. applications for health plans. We anticipate that the number of renewals processed by FEs will decrease as a result of the EC.

11) Q: Describe the need for the 'greater use of technology'. Please provide details of the present technology being used for these enrollment programs?

Answer: The Department believes contracting for an Enrollment Center will permit us to bring enhanced technology to the renewal process. Part of that new technology is the electronic renewal tool currently under development. Other technology may include more sophisticated data matching and tracking. It is the bidder's responsibility to identify areas of enhanced technology that they could bring to this project.

12) Q: In addition to the estimated 100,000 renewals per month, please provide an average number of enrollments per month by type and site (LDSS, FE, health plan, mail). Does the Department of Health envision that all of these enrollment or renewal locations and methods will remain after the new Enrollment Center is operational?

Answer: The Enrollment Center will be responsible for renewals in the first few years of operation. All enrollment avenues will continue to exist for new applicants.

13) Q: What are the processing volumes for renewal and enrollments for each of the Health Plan areas? Please include inbound and outbound mail counts.

Answer: This information is not readily available. Please use the volume assumption in the RFP.

Role of the LDSS

14) Q: Will the LDSS leverage the same data center as the centralized enrollment center? What is the relationship now between the LDSS and any similar centralized enrollment center or data center?

Answer: LDSS's will have the same access to data as the enrollment center will have. There is no similar enrollment center or data to examine the relationship between it and the LDSS.

15) Q: The Enrollment Center will augment the role of the local LDSS's by providing additional capacity for the timely processing of enrollments and renewals, among other responsibilities. Accordingly, to what extent will the contractor interact with LDSS's on a daily basis? As social services districts had differing processes and organizational structures, has the Department completed a business process analysis to map the processes in the targeted agencies? If yes, are those analyses available to bidders? Can DOH describe its communications with LDSS's in preparing them for the implementation of the Enrollment Center?

Answer: The Enrollment Center will not have daily interactions with the LDSS's. All persons able to self-attest at renewal should interact only with the EC following the same process statewide. The Department has met with LDSS's several times and they have been supportive of the EC taking on the responsibility the renewals identified in the RFP.

16) Q: What, if any, duties associated with mail and telephone renewal will the LDSS staff continue to perform after the contract is awarded?

Answer: The LDSS will be responsible for renewal for those populations that do not self-attest and therefore, do not renew through the EC. This includes those receiving Long Term Care. They will also process renewals for those enrollees that come to them directly for their renewal. We expect this number to be small as we will design the renewal notices to very clearly direct self-attesters to the EC.

17) Q: Where are LDSS staff who are supporting telephone renewal currently located?

Answer: There is no telephone renewal currently, thus there are no dedicated staff.

Co-location of State Staff

18) Q: Are the majority of the existing Department staff located in New York City or the Capital Region?

Answer: The majority are located in the Capital Region

19) Q: Please elaborate on the requirements regarding office space for State staff at Contractor's office (e.g., number of staff, tools, equipment, facilities, duration, etc.).

Q: The requirement for the physical plant contains language that states that there will be state staff co-located with contract staff. How many state staff is the Department expecting to co-locate with the vendor staff?

Q: How many State staff will be housed by the Contractor? Is it the Contractor's responsibility to provide equipment and furnishings for these individuals?

Q: How many state staff will be located in the Contractors offices post transition?

Q: What equipment and/or supplies will the contractor need to provide to the co-located staff (e.g., technology, furniture, office supplies, support staff, etc.)? How should the cost of these items be handled in the cost proposal?

Answer: The decision about state staff is under discussion. The Department will work with the Contractor on the best strategy to ensure that eligibility determination is completed by the State, building on the contractor's experience in other states. For purposes of the proposal, bidders should budget for a desk and computer for five State staff.

Staffing

20) Q: Please clarify the focus of the staff turnover rate—is the Bidder expected, for example, to describe turnover rate for all managerial staff, call center staff, processing staff, etc. company-wide, or for comparable projects only?

Answer: Please provide this information only for comparable projects.

21) Q: Please provide the current staff turnover rates experienced by the separate LDSS hotlines. Please confirm that DOH views 'acceptable levels' of staff turnover to be consistent with an industry standard of upwards of 30%.

Q: Given the vast amount of information that the bidder must learn to operate myriad functions of the Enrollment Center, it is critical that staff turnover be kept at a reasonable level." Please quantify what the state considers to be "reasonable".

Answer: The Medicaid and CHPlus hotlines have a turnover rate of approximately 12%. We believe this is reasonable.

22) Q: The RFP states that the deputy will assist and complement the abilities of the project manager. Can the Project Manager and Deputy have shared skills in order to meet the experience requirements for the Project Manager?

Answer: Yes.

23) Q: Can one supervisor oversee more than one of the identified seven functions, or does each of the seven specified functional areas require its own specialized supervisor?

Answer: The call center and the renewal function must each have dedicated supervisors. The other projects, depending on their scope, may be able to have supervisors dedicated to multiple projects.

24) Q: Please clarify what the Department wants provided via the organizational chart when referring to "all cross-cutting" functional units of the organization/project?

Answer: "Cross- cutting" refers to staff whose responsibilities touch upon multiple projects. They are likely to be administrative.

25) Q: Please clarify what names of management personnel must be shown on the organizational chart. Does the Department require resumes to be submitted for the Project Manager, Deputy Project Manager, and Project Supervisors, or would a detailed job description for the position be acceptable?

Answer: To the extent you can identify the persons in these positions, please submit their resumes and a detailed job description. Otherwise, please submit only a detailed job description.

26) Q: For the first three project areas (the Call Center, operation of a telephone and mail-in renewal system, administration of the Premium Assistance Program), how many staff, by functional area, are currently required to support each function?

Answer: We are asking bidders to develop proposals to implement these projects. Bidders should propose a level of staffing that, based on their experience and the program components, would be required for the Enrollment Center.

27) Q: Is there an existing organizational structure, which includes any similar call/enrollment center support, as well as, the LDSS's? If so, please provide copies.

Answer: No.

28) Q: Please list any/all of the Department's current subcontractors, including the scope of the relationship with each subcontractor.

Answer: This information is not relevant to the preparation of the proposal.

29) Q: Under what conditions would the Department consider making an exception for call centers outside of Albany/NYC?

Q: Please confirm whether the call center can be located outside the state of NY, and if so, are there any requirements on acceptable locations?

Q: Please define the Capital District. What exceptions to location and distance from the Capital District will be allowed for the call center? Can these functions be done out of state?

Answer: The Call Center may be located outside of the Capital District (comprised of Albany, Schenectady and Rensselaer) and NYC.

30) Q: The RFP states that the bidder must locate its physical plant and all project staff in New York City or within 25 miles of the Capital District. Can the Department clarify how it will measure the 25-mile limit?

Answer: The physical plant and project staff must be located in New York City or within 25 miles of the Capital District. Distance will be measured from the Capitol Building in Albany. The location of the Enrollment Center must be within 25 miles of the Capitol Building in Albany or in New York City.

Training

31) Q: How soon will the Department conduct the initial training of the Contractor staff?

Answer: The Department will offer training within one month of contract execution and when staff have been hired.

32) Q: What is the anticipated scope of the initial training for contractor staff? Specifically, will initial training of contractor staff include training on all policies, procedures, and technology systems (e.g. eMedNY, WMS, EEDSS, Kids)?

Q: Can the DOH provide a list of courses—including content synopsis, duration of each course, number of training sessions, format, etc.—that will be part of the Department's initial training of contractor staff?

Q: Will the Department provide contractor training personnel with a "train the trainer" program to support transition of training responsibility? If yes, what is the anticipated scope of this program?

Q: The RFP states: The Department will conduct the initial training of the Contractor staff. Does the Department envision this as a train-the-trainer session or is the department truly going to train all of our initial staff?

Q: Will the training provided by the Department be train the trainer or does the Department anticipate training the front line staff?

Q: How long will the initial training provided by the Department be and what will the training encompass?

Answer: The Department will develop a training curriculum targeted to the Enrollment Center functions. Separate training will be conducted for the Call Center and Renewal functions. The Call Center training will be about 2 days in duration. All Call Center staff will be trained. The Renewal training will be from 2 to 5 days in length. It will focus on eligibility policy and practice and on use of the electronic renewal tool. We will provide the initial training within one month of contract execution and the hiring of staff. Our goal is to train all staff. However we do not know the actual

number to be hired and trained. We will train as many as we can accommodate. The Contractor will be responsible for training others.

33) Q: Please provide the location of the facility where the Department will conduct its initial training of contractor staff and the number of participants the facility can accommodate.

Q: Please define your current training process. Please include lesson plans, manuals and employee transition plans.

   - Are individuals tested prior to working live phones?
   - Is training inclusive of systems and business process?
   - Is training executed via class room or on-line?
   - Where will the initial training be provided by the Department?
   - Who will bear the cost associated with travel to support training?

Answer: Training will most likely be in the Capital District, though training can be accommodated in New York City. The Department operates a Medicaid Training Institute that trains local district staff and facilitated enrollers. The Institute staff will train the Enrollment Center staff. The training will be classroom style. The curriculum encompasses program information and eligibility rules. Renewal staff will be trained on how to complete and process a renewal using the electronic renewal tool. The training will not include specific corporate business practices of the Contractor. Bidders should include separate training if that is to be a component of staff training. In addition, the State training does not include testing individuals prior to going live. Travel to training should be borne by the Contractor. However, if the Contractor space permits the training to occur on site, the Medicaid trainers could train on site, eliminating the need for Contractor travel costs.

Detailed Project Specifications

34) Q: What are the current FTE productivity standards at the Department for processing renewals, PAP, Buy in Programs, applications, outreach, incoming calls, and the like?

Answer: Renewals are processed within 45 days on a statewide basis. This includes all renewals, even complex renewals. The Contractor should be able to achieve the productivity and outcome standards since the renewals shifting to the Enrollment Center are the least complex renewals. The Family Health Plus Premium Assistance and Buy-in programs are too new to have productivity experience. The CHPlus hotline has a call abandonment rate of 2% and an eligibility error rate of less than 2%. The Contractor is expected to propose an approach that meets the performance measures in the RFP.

35) Q: What languages are required for the call center and for the renewal function?
Q: To what extent must bilingual and multilingual staff be employed? Is this just with regard to the call center, or general staffing as well?
Q: Relative to 'multilingual', which languages are required?
Q: There is also a reference to the 'language requirements of this RFP' - can we have clarification of what those requirements are (not related to the telephone translation services described on page 6).

Answer: The Contractor must be able to communicate with all who call the Call Center for information and all who call to recertify. As the RFP notes, the Contractor must offer assistance in

English, Spanish, Russian, Arabic, Haitian Creole, Cantonese and Mandarin. Enrollment Center staff who speak English and/or Spanish must be available, at a minimum, during all hours of operations. A translation services must be available for languages not offered by the Enrollment Center staff.

Statewide Call Center

36) Q: Please clarify if when using a Translation service, is it required to reach a live voice/translator within 20 seconds? Or is it 20 seconds to connect to the service?

Q: The RFP states that if a translation service is used, the connect time to reach a translator should not exceed 20 seconds. Our experience indicates that 20 seconds is insufficient due to the time required to identify the language and dialect of the caller. Would the department consider increasing the time frame to 40 to 45 seconds?

Answer: The requirement is for the caller to connect to the service within 20 seconds.

37) Q: Do you currently pay a premium for multilingual staff?

Answer: The Medicaid Hotline does pay a premium for multilingual staff.

38) Q: How many staff is bilingual or multilingual and what percentage of calls is taken in a foreign language. Please provide the breakdown by language.

Answer: The Child Health Plus hotline currently has two bilingual full-time staff and is recruiting one additional part-time staff member. The annual average of CHPlus hotline callers that speak English is 93%; Spanish is 6%; and 1% of callers speak another language that requires use of translation services.

The Medicaid hotline recently increased their bilingual Spanish speaking staff to six, however almost 10,000 Spanish calls per year are handled through the language line service.

39) Q: Is the Contractor required to send materials to stakeholders other than members (For example Facilitated Enrollers)?

Answer: Yes, to persons seeking information and potential applicants. The Contractor will not be sending materials to health plans, LDSSs and facilitated enrollers.

40) Q: Are there existing operations to handle any of these responsibilities, and if so who is performing these functions and how?

Answer: The hotlines now provide this service. The Department's warehouse and public affairs office manages bulk mailings to LDSSs, health plans, and facilitated enrollers.

41) Q: Could the Department please provide the following information:

 - Average call handle time for the most recent 12 months, preferably through September 2008.
 - Average hold time for the most recent 12 months, preferably through September 2008

- Monthly call volume for the most recent 6 months since February 2008, preferably through September 2008.

Q: Will the State provide the call volume, average call duration, and other statistical information generated by the incumbent call centers?

Answer: The combined average Call Volume is 75,133 per month for the past 12 months. The average call handle time for the past 12 months was 2 minutes 40 seconds. The average hold time for the past 12 months was 40 seconds.

42) Q: Are historic call volumes available by hour?

Answer: The CHPlus hotline does track the calls by hour. Please see attached table for September2008. (Attachment No. 2)

43) Q: Is it intended or required that existing hotline staff be considered for positions in the new call center?

Q: What is the Department's position on the contractor's recruitment of current staff?

Answer: We neither intend nor require they be hired, however, they may provide the most experience and readiness to implement the project.

44) Q: Please verify that the State wants to maintain the toll-free and/or local phone numbers currently used by the three separate call centers. Are these phone numbers transferable (i.e. vendors and/or the State do not use them for other purposes)?

Answer: The State has not determined whether there will be a new public number, or if we will use one of the existing numbers while rolling the other numbers onto the existing number. The Medicaid number must be maintained in some capacity since the number is printed on all the Medicaid cards and the cards will not be reissued with new numbers. If the numbers are changed, the Department will be responsible for publicizing it.

45) Q: Where are call center staff supporting Medicaid, Family Health Plus and Child Health Plus applicants currently located?

Answer: The Medicaid hotline is located in Riverview Center, Menands, NY. The Family Health Plus hotline is located on W.A. Harriman Campus, Albany, NY. The Child Health Plus hotline is located in Pittsburgh, PA.

46) Q: Are the current call center staff serving the Medicaid, Family Health Plus, and Child Health Plus applicants employees of the NYS DOH?

Answer: The only hotline which currently includes State staff is Medicaid. That hotline has 3 full-time State employees.

47) Q: Does a labor organization represent the current call center staff supporting Medicaid, FHP, and CHP applicants? If yes, please provide name of labor organization and copies of current labor agreements and benefit summary plan description.

Answer: No, other than the 3 State staff on the Medicaid hotline who will be absorbed into other programs or transition to the state staff supervising the renewal function.

48) Q: By requiring the contractor to take over the duties of the existing hotlines, does the DOH intend for the contractor to assume the existing operations of the three hotlines, including existing staff, facilities, and equipment? Or does the DOH intend for the contractor to redirect existing hotline calls to the contractor's new Enrollment Center and handle those calls with its own staff?

Answer: DOH intends for the contractor to redirect existing hotline calls to the contractor's new Enrollment Center and handle calls with their own staff.

49) Q: How many FTEs, part-time, and/or temporary staff, support the MA, CHPlus, and FHP call centers today?

Q: The Contractor will assume responsibility for the State's toll-free Call Center for Medicaid, Child Health Plus and Family Health Plus, which will replace the current hotlines. How many FTE's, by hotline, are currently employed to answer the three hotlines?

Q: In addition to the three call centers for Medicaid, Family Health Plus, and Child Health Plus, the vendor shall also assume the duties of several smaller hotlines (i.e., presumptive eligibility for QEs, good cause exceptions for third party health insurance, newborns and PCAP). What are the expected monthly call volume, average talk time, and current staffing levels for each program?

Answer: There are 58 full-time and 10 part-time employees currently staffing the 3 existing hotlines. Three (3) full-time staff members are State employees, the remaining part-time and full-time employees are temporary/contractors. The average Call Volume including the smaller ones is 75,133 per month, for the past 12 months. The average call handle time for the most recent 12 months was 2 minutes 40 seconds. The average hold time for the most recent 12 months was 40 seconds.

50) Q: If an inquiry cannot be handled by a customer service representative, what form will the "notification in writing" to the Department staff take? Is this an email or some other form of written communication? Please clarify.

 Answer: These calls must be transmitted to the Department as soon as possible so that the Department may contact the caller. We will work with the Contractor on the method of submission.

51) Q: Will the State provide reported peaks in call volume due to historical advertising and outreach campaigns and during other peak periods?

Answer: In January 2008, the Department launched a major media campaign for CHPlus involving radio and TV announcements. As a result, the call volume to the CHPlus hotline immediately increased. During January 2008 through May 2008, the current CHPlus vendor contacted a Temp Agency to supplement existing staff. The CHPlus vendor also implemented an emergency plan developed internally for high call volume to meet average queue time and abandonment call rate standards. The use of temporary staff was discontinued on May 30th because advertisements ended in May 2008.

52) Q: The first priority of the Department is to have the Bidder consolidate the three separate hotlines into one Call Center. Can the Department provide the following information about each of the three hotlines?

1. current staffing levels and language capabilities
2. technology (IVR, phone systems, TTD/TDY, etc) currently being used
3. existing tracking system currently being used after-hours
4. which calls are currently being forwarded from other toll-free numbers
5. current call recording capabilities
6. total call volumes by hour and day
7. average call handle time, wrap-up times, and hold time

1. There are 58 full-time and 10 part-time employees currently staffing the 3 existing hotlines. 3 Full-time staff members are State employees, the remaining part-time and full-time employees are temporary/contractors. The hotlines employ bi-lingual, Spanish speaking staff members. The hotlines also utilize Interpretalk and Language Line Services when staff is not able to assist directly.

2. IVR is used by the FHP and Medicaid hotlines. (Please see Attachments No. 1 and No. 2 for IVR trees) All three hotlines also utilize TTD/TDY.

3. Unavailable

4. The Medicaid hotline receives calls from Medicare and the Medical Prior Approval line.

5. The Child Health Plus is the only hotline currently utilizing recording capabilities.

6. See attachment No. 2.

7. The average call handle time for the most recent 12 months was 2 minutes 40 seconds. The average hold time for the most recent 12 months was 40 seconds.

53) Q: What inquiries require the Departments research and how is this process handled today? Please provide flow charts and or documented procedures.

Answer: Inquiries which are not covered in the attached call scripts are transferred to State staff per the call transfer list. The call transfer list is part of the call scripts attached.

54) Q: Please identify and inventory all hotlines expected to be maintained, inclusive of all specific groups of Medicaid enrollees.

Answer: The three current hotlines which will become the Call Center are the Medicaid, CHPlus, and FHP hotlines. This includes the smaller hotlines referenced earlier.

55) Q: Please provide call volume, a description of hotline services and current functionality (i.e., Does the line have an IVR, call recording capability). If lines do have IVR please provide copies of IVR trees.

Answer: The average monthly call volume is over 75,000 for each of the past 12 months. The FHP IVR tree is in Attachment 3. The Medicaid IVR tree is in Attachment 4. The Medicaid and FHP hotline do not have call recording capabilities. The CHPlus hotline has recording capabilities.

56) Q: The RFP mentions that the hotlines experience an increase in volume during and following advertising and outreach campaigns. Who is responsible for the advertising and outreach campaigns and how are they scheduled?

Answer: The State is responsible for advertising and outreach campaigns. We have recently held several enrollment drives corresponding with the CHPlus expansion to 400% of the federal poverty level

57 Q: The RFP estimates that the Call Center will receive 4,500 FHP-related calls each month. Does this include calls related to the FHP Buy-In program?

Q: How many calls per month should bidders assume the Call Center will receive related to the FHP Buy-In Program?

Q: What is the average call duration for calls related to the FHP Buy-In program?

Q: Are calls related to the FHP Premium Assistance Program included in the 4,500 calls per month?

Q: How many calls should bidders assume the Call Center will receive related to the FHP Premium Assistance Program?

Q: What is the average call duration for calls related to the FHP Premium Assistance Program?

Answer: The RFP estimate of 4,500 calls per month for Family Health Plus includes the estimated calls related to the Family Health Plus Buy-In Program and the Premium Assistance Program.

58) Q: Please provide a detailed report of call volumes for the past year broken out by each line of business.

Answer: See Attachment No. 5

59) Q: Will there be other language requirements, for mailer reminders and request for documentation and other outreach materials beyond the 7 languages mentioned?

Answer: At the current time, the languages listed within the RFP are the only necessary language requirements.

60) Q: Can the Department please provide information on the volume of calls taken today for each of the languages listed?

Language	Child Health Plus	Family Health Plus	Medicaid	TOTAL
Spanish	7,000	3,000	30,000	**40,000**
Mandarin and Russian	175	100	2,200	**2,475**
Cantonese	100	40	400	**540**
Other	50	30	1,000	**1,080**
TOTAL	**7,325**	**3,170**	**33,600**	**44,095**

61) Q: Will the contractor be provided with an indicator of an enrollees preferred language? If so, how is the information provided?

Answer: Within WMS there is a designation of primary language. However, this system currently only allows for Spanish or English.

62) Q: How are shifts set up currently to support Saturday work?

Answer: The Child Health Plus hotline currently operates on Saturday between noon and 5:00 p.m. Two (2) customer service representatives are currently on staff during the Saturday hotline hours. The Medicaid and Family Health Plus hotlines do not operate on Saturdays.

63) Q: Do you pay a premium for Saturday work?

Answer: No.

64) Q: The Contractor must adjust the number of staff at the Call Center to accommodate volume changes and/or the need for less or more hours of live coverage."

Q: Is this a practice currently with the three existing hotlines? How are adjustments determined and implemented? How often has it been necessary to make such changes in the last year and how many were increases and how many were decreases?

Answer: Currently the Medicaid and Family Health Plus hotlines are operated by the State and do not provide for extended service hours. Those systems do not track the number of calls received after hours.

The Child Health Plus hotline is operated by a contractor, and includes extended hours of 8:00 a.m. to 8 p.m., Monday through Friday, and Saturdays noon to 5:00 p.m. The Child Health Plus hotline does adjust staffing levels to accommodate call volume changes and the need for less or more hours of live coverage. The Contractor is responsible for determining when to adjust staffing in relation to changes in call volume. This can be done through overtime or recruiting additional part-time and temporary staff, in order to maintain average queue time and abandonment rate standards.

In January 2008, SDOH launched a major media campaign for Child Health Plus involving radio and TV announcements. As a result, the call volume to the CHPlus hotline immediately increased. During January 2008 through May 2008, the current CHPlus hotline vendor contacted a Temp Agency to supplement staff. The CHPlus hotline vendor also implemented an emergency plan developed internally for high call volume to meet average queue time and abandonment call rate standards. The use of staff from the Temp Agency was discontinued on May 30th because advertisements ended in May 2008.

More recently, to coincide with the CHPlus eligibility expansion effective September 2008, the Department again launched another media campaign. This resulted in an increase in call volume that the hotline was able to meet without hiring additional temporary staff.

65) Q: Section States: The Contractor must have TTD or TDY capacity to meet the needs of hearing impaired callers. Are there currently separate numbers for the three call centers for TTD and TDY numbers?

Answer: Currently there are two numbers for TDY capacity; one used by the Medicaid program and one for the Child Health Plus and Family Health Plus hotlines.

66) Q: What is the annual volume of calls received using TTD and TDY lines?

Answer: The annual volume of TDY calls to the CHPlus hotline is between five and ten calls. The Medicaid system does not track these calls.

70) Q: Who currently is responsible for maintenance/updates of any existing IVRs for the existing hotlines?

Answer: The contractor is responsible for updating the IVR information if needed, as well as proper functionality.

67) Q: The RFP requires the contractor to implement an IVR. However, there is no line item on the cost form to include the cost for the IVR. Will the State add a line item to the cost form to allow the contractor to be reimbursed for IVR handled calls?

Answer: All Call Center costs, including the IVR, should be included in your proposed price per call. The State will not add a line item for this.

68) Q: What are the other languages the Call Center will need to support via the IVR?

Answer: English and Spanish are currently used for IVR. It may be necessary to add additional languages in the future.

69) Q: Is there an existing eligibility screening tool in use via web or IVR?

Q: Do you currently use an automated system to request information mailed to the member and or eligibility screening? If so, please provide the voice tree.

Answer: Currently, none of the hotlines use an automated system to perform eligibility screenings or to obtain requests for mailing.

Family Health Plus does use an automated system to provide eligibility levels to a caller and callers are instructed to visit the website for a copy of the application. Medicaid uses an automated system to direct callers to the appropriate customer service representative. Please see voice trees in the Attachments 3 and 4.

70) Q: What is the current answer, wait and hold times for calls for each line of work?

Answer: The average time to answer a call was 40 seconds. The average call handle time for the most recent 12 months was 2 minutes 40 seconds.. The average hold time for the most recent 12 months was 40 seconds.

71) Q: What is your current abandonment rate for each line of work?

Answer: The Child Health Plus hotline has an abandonment rate of 2.7%. The other hotlines have experienced increased levels due to staff shortages. The requirement stated in the RFP is an abandonment rate of less than 5%.

72) Q: Has the transfer of 1-800 numbers been an issue in the past?

Answer: No

73) Q: Who is responsible for supplying and updating the contractor on program information?

Answer: The State will notify the contractor of program updates, however it is the responsibility of the contractor to update their staff of these changes, and include updates in any procedure manuals used by their staff.

74) Q: Describe how the enrollment center will assume responsibility for new applications in the future?

Q: Please provide the timeline and confirmation that this is included within the pricing model and scope of this RFP?

Answer: The Enrollment Center will phase in new application assistance likely in year two. It will start with those programs with Medicaid that are low volume and could benefit most from centralization (e.g. the Medicaid Buy in Program).

75) Q: Is the Enrollment Center contractor expected to supply the eligibility screening tool?

Q: What is the current Department approved screening tool? Please explain the process.

Q: Is the contractor responsible for creating the eligibility screening tool? Is this tool different from the renewal tool described on page 16 of the RFP?

Answer: If the Contractor has developed a screening tool for other states, they may adapt the tool for use in this project. If not, the State will develop the screening tool.

76) Q: How does the Department define complaints?

Q: How will it be determined if the Contractor should respond directly to a complaint or refer it to the Department?

Q: Complaints about the Contractor's customer service in the eligibility/renewal process or complaints about the program design (e.g., rules governing enrollment/renewal, covered services) or both?

Answer: A complaint may either be a caller looking for resolution of an issue with a managed care provider, local Departments of Social Services, or other entity. A complaint may also be a caller looking to express their unhappiness with the program eligibility rules. Other complaints include: customer service, eligibility standards, managed care plans, etc. Call scripts and telephone lists are included depicting how some of these issues are addressed currently. (See Attachment No. 6)

77) Q: Will the State provide the current volume of complaints by Program (Medicaid, Family Health Plus, and Child Health Plus)?

Answer: The volume of Child Health Plus hotline complaints handled per month is 19. This information is unavailable for the other hotlines.

78) Q: Approximately how many mailings, by type, are currently made each month?

Q: Approximately how many phone calls result in a mailing?

Q: What are the approximate monthly volumes of caller-requested mail-outs by Program: Medicaid, Family Health Plus, and Child Health Plus)?

Q: Please provide a history of mailings for each hotline, including quantities, description of materials, and postage costs.

Q: Please provide samples of the written materials that will be sent to callers requesting information. Please include a list of which materials that the contractor will be required to produce for this contract and the monthly volume of each set of materials.

Q: Please provide a history of mailings for each hotline, including quantities, description of materials, and postage costs.

Q: Is it expected that the Contractor maintain an inventory of handbooks, provider manuals?

Q: Please provide an inventory of all outbound and inbound mail, including volumes for each document type.

> - Who creates printed material (i.e., handbooks)?
> - What is the cost for each printed mail type?
> - Will the cost of the print mail be retained by the Department?

Answer: For the last twelve months, the CHPlus hotline distributed over 40,000 mailings that included one or more of the following: Growing Up Healthy Application (English or Spanish), Access New York Application (English or Spanish), Child Health Plus Brochure (English or Spanish), Child Health Plus Fact Sheet, Child Health Plus Renewal Form, Request for Premium Review Form, and Child Health Plus Flyer. The monthly mail volume during this time ranged from a minimum of 1,687 units to a maximum of 5,130 units.

The contractor will not be responsible for producing the CHPlus mailing materials, but will be responsible for mailings and for ordering these materials from the warehouse where they are stored to ensure the Enrollment Center has a sufficient supply to meet demand at all times.

The Family Health Plus hotline does not provide mailings, and the Medicaid hotline only provides provider listings. The Medicaid hotline has mailed, on average, 2,300 provider listings a month for the last 12 months.   The provider listings are housed in a State database, which the current Medicaid hotline supervisor is responsible for maintaining, based on the latest provider information. Hotline staff prints the list upon request, as it is constantly being updated. The contractor for the Enrollment Center will be responsible for the printing costs of the provider listing. It will receive quantities of brochures and applications from the warehouse. The Contractor will be responsible for mailing costs. Bidders should factor these costs into the per unit cost proposals. A state-staff member, located at the Enrollment Center, will be responsible for the updates to the database on an ongoing basis.

CHPlus Outbound Mailings:
  Growing Up Healthy Application (English and Spanish)
  Access New York Application (English and Spanish)
  Child Health Plus Brochure (English and Spanish)

Child Health Plus Fact Sheet
Child Health Plus Renewal Form
Request for Premium Review Form
Child Health Plus Flyer

Medicaid
Provider Listings for Medicaid

79) Q: Is the contractor responsible for cost of mailed materials to the enrollees?
Q: With regard to 'Mailings', how will mailing costs be addressed?

      -Is this a pass-thru, or is it assumed to be included in the proposed pricing?
      -What volume is expected if this is to be included within the pricing model?

Answer: The Contractor is responsible for the costs of mailing requested materials. These costs should be included in the per unit price for the Call Center.

80) Q: Is it expected that the Contractor maintain an inventory of handbooks, provider manuals, etc?

Answer: The contractor is responsible for maintaining the Enrollment Center inventory of handbooks, provider manuals, applications, flyers, etc. to send to enrollees as requested. The Department warehouse will store the items until requested from the Enrollment Center.

81) Q: What materials will be designed by the Contractor?

Answer: None of the current materials will be designed by the Contractor. As noted in the RFP, under marketing, we may ask the Contractor to produce an additional 2 page flyer and/or amend the application one time each year.

82) Q: What materials will be printed by the Contractor?

 Answer: The Contractor will be responsible for the printing of the provider listings. All other materials which are currently mailed by the CHPlus hotline will continue to be printed by the Department and mailed to the Contractor as will materials on Family Health Plus and Medicaid.

 83) Q: This Section States: "Contractor staff must mail materials about the programs, including copies of the necessary applications and/or locations of FEs and LDSS in their area, as well as other general materials about the program, if such material is requested by the callers. Requested materials must be mailed to callers no more than two (2) business days after the request is received."

 Q: Who produces the printed materials and location lists, the contractor or the State?"

Answer: The State will produce the printed materials and location lists of the FEs and LDSS. The Contractor will be responsible for on-site storage, and the mailing of the material.

84) Q: Please quantify the number of anticipated quarterly reports and give sample report formats for the Statewide Call Center.

Answer: The Call Center should have one quarterly report, unless additional ad-hoc information is requested for a specific reason. Such requests are rare.

85) Q: What telephone reporting capabilities does the state require?

Answer: The Contractor must collect and report on, at a minimum, the following information on each call:
- Date & Time
- Disposition (Abandoned, Queued, Connected, Completed)
- Time to Connect
- Duration (Connect to Finish)
- For Answered Calls: Language
- For Answered Calls: Subject (Checklist of Question/Topic/Issue/Problems)
- For Answered Calls: How caller heard of program (Checklist)
- For Answered Calls: Outcome (Complete, Referred, Requires Follow-up)
- For Answered Calls: Screened (Eligible/Ineligible/Not Screened)
- For Follow-up Calls: Follow-up Effort (Estimated Time Spent to Respond)
- For IVR Systems: Tallies of all Menu Selections

Renewal

86) Q: Is the telephone renewal process defined?

Answer: The process is defined in the RFP.

87) Q: Please provide requirements for the telephone renewal process. For example, is this an automated system done via the phone without customer service representative intervention?

Answer: While the electronic renewal tool is still under development, it is our intent that all telephone renewals will be conducted with a customer service representative and not with IVR, which can be used in the Call Center. Bidders may propose, in detail, the use of an automated system without a CSR for renewal, if they have successful experience from other states. The Department might consider the use of IVR for some renewals.

88) Q: The statement that "contractor must provide sufficient staffing such that renewals are processed by the end of the enrollee's current enrollment period" - what is the present staffing model that accommodates these renewals? Is current staffing satisfactory to accommodate this volume within the existing infrastructure and process?

Answer: Since this is a new initiative in New York State, current staffing models and their capacity are not relevant. Bidders should rely on their own experience to propose appropriate staffing levels.

89) Q: Are there any online tools used today by the members?

Answer: No

90) Q: Will the Department supply an electronic interface file of renewals due from KIDS so that the contractor may establish tracking systems of persons needing outreach to complete their renewal. If not, please define how the contractor is supplied with CHPlus members needing outreach to complete their renewal**.**

Answer: Yes.

91) Q: How will this outreach be paid for?

Answer: It should be included in your price proposal under renewal.

92) Q: Is outreach currently being done (as described on page 12/13)?

Answer: No, not specifically for renewal.

93) Q: If separate, how many FTEs currently work on renewals for each program?

Answer: This information is not available.

94) Q: Is there or will there be a standardized statewide renewal application for Medicaid/FHP or will the entities that currently produce the renewal packets have the ability to determine the content and format of their respective renewal applications and packets?

Answer: There is one standardized renewal application in NYC and one in the rest of the State for Medicaid and FHP. CHPlus has one renewal application.

95) Is there an appeal process for those deemed ineligible?

Answer: The fair hearing process is the appeal process.

96) Q: Per the RFP, currently enrollees are sent a renewal application for Medicaid/FHP 60 to 90 days prior to their renewal date. Will the timeframe for sending the renewal applications for Medicaid/FHP be standardized?

Answer: The Department is reviewing this.

97) Q: Do renewal dates occur at anytime during the month or do they fall on a specific date at the beginning or end of the month?

Answer: Renewal dates for Medicaid can be any time during a month. Renewal dates for Family Health Plus and Child Health Plus fall on the last day of the month.

98) Q: Will the successful bidder receive a list of or have access to individuals in "clock-down" status?

Answer: Yes, it is the Department's intent to provide this list.

99) Q: Is it expected that the same applications/systems will be used by the new vendor operating the call center (WMS, MABEL, RFI, CNS and eMedNY), or will other applications be necessary in the immediate future (year 1)?

Answer: The Department will provide any applications/systems necessary.

100) Q: Is the notice of renewal sent to Medicaid and FHP enrollees automatically from the CNS system?

Answer: Yes

101) Q: Does the EC have a responsibility for this?.

Answer: No.

102) Q: Where are LDSS staff who are supporting telephone renewal currently located?

Answer: Telephone renewal does not yet exist and thus, has no staff.

103) Q: What are the questions in the electronic renewal question set?

 Answer: This question set is under development., but they track the renewal application.

 104) Q: What is the definition of "processed" in the context of renewals?

 Answer: Please see RFP pages 12 through 25 for a complete discussion of the renewal function. See pages 17 through 23 for a description of the enrollment center renewal process.

105) Q: Is the contractor responsible for renewals outside of the renewals received by phone and by mail at the Enrollment Center?

Answer: No.

106) Q: Is the Enrollment Center Contractor's mailing system responsible for sending any notice of renewal to enrollees?

Answer: No. However, it will be responsible for follow-up mailings for renewals that need to submit documentation.

107) Q: Whether sent out by the Contractor or through the existing entities (LDSS and Health Plan) what phone number will be listed on the initial letters?

 Answer: For those that renew through the Enrollment Center, their notices will provide the Center's renewal phone number.

 108) Q: As noted in the last paragraph, some individuals are able to self attest as to their income and residency. How will the contractor determine who those individuals are? What are the criteria to qualify a renewal enrollee to self attest?

Answer: The Department will identify those persons able to renew with the Enrollment Center and the renewal notice sent to them will be modified to direct them to the Enrollment Center. These individuals will be identified by Code. The Department will ensure that the contractor is familiar with these codes.

109) Q: Is the renewal application for Medicaid/FHP pre-populated with the prior year's information?

Q: Will the Department or the vendor be responsible for sending out the renewal notices? How are these sent today? How much of the notice is pre-populated with information about the enrollee?

Q: Are the renewal packets populated with the most recent information available through the RFI queries?

Answer: Renewal notices will be sent by the State. The Contractor will be responsible for follow-up notices as defined in the RFP. NYC renewal applications are pre-populated; they are not pre-populated in the rest of the State. The electronic renewal tool will be pre-populated with information from prior years and from other data bases available to the EC. The renewal packets are not populated with the most recent information from the RFI, however, the electronic renewal tool will include the RFI information

110) Q: Please provide requirements for this process. For example, is this an automated system done via the phone without customer service representative intervention?

Answer: It is being designed as a live telephone interaction between the applicant and the Enrollment Center dedicated staff.

111) Q: Is any document imaging currently used? If so, are these images accessible to the Enrollment Center?

Answer: Yes, but it varies by district. The Contractor will have access to the NYC imaging system and the OTDA system. A few small districts may not be included and the Contractor may need to work with those districts to get the images.

112) Q: In the first paragraph after the bulleted list, it states that the Medicaid, FHP, and CHPlus process @ 100,000 renewals per month. Does that figure represent individuals or cases?

Answer: It represents cases.

113) Q: Are any online tools used today by the members? If so, please detail the functions of this web tool and provide screen shoots of the application.

Answer: There are none at this time.

114) Q: Will the department supply an electronic interface file of renewals due from WMS so the contractor may establish tracking of persons needing outreach to complete their renewal?

Q: If the Department does not supply an electronic interface file of renewals from WMS, please define how the contractor is supplied with members needing outreach to complete their renewals.

Answer: The Department will provide an interface.

115) Q: Will the Department supply an electronic interface file of renewals due from MRT (for NYC) so the contractor may establish tracking of persons needing outreach to complete their renewal?

Q: If the Department does not supply an electronic interface file of renewals from MRT, please define how the contractor is supplied with NYC members needing outreach to complete their renewals.

Answer: An interface will be provided.

116) Q: Will the Department supply an electronic interface file of renewals due from KIDS so the contractor may establish tracking of persons needing outreach to complete their renewal?

Q: If the Department does not supply an electronic interface file of renewals from KIDS, please define how the contractor is supplied with CHPlus members needing outreach to complete their renewals.

Answer: The Department will provide an interface.

117) Q: Do the enrollees have the option to have their renewal done face-to-face in the Enrollment Center?

Answer: No.

118) Q: The RFP describes outreach to enrollees who may be approaching disenrollment. Is this cost assumed to be included in the proposal pricing, or will it be treated as a pass thru?

Answer: All costs should be included in your proposed pricing.

119) Q: Is there presently any type of outreach done (as described on page 12/13)?

Answer: No.

120) Q: Are there cost metrics to base our pricing response (if it is not treated as a pass-thru)?

Answer: No costs are treated as a pass- thru.

121) Q: Will Medicaid health plans continue to pre-populate and send out renewal forms?

Answer: Medicaid health plans do not send out renewal forms.

Timeline

122) Q: Is it the Department's intention that the:

- Call Center has to be live 3 months after the contract award date of 5/1/2009 so operational by 8/1/2009 (3 month implementation)?
- Renewals (phone & mail-in) has to be live after the contract award date of 5/1/2009 so operational by 11/1/2009 (6 month implementation)?
- Premium Assistance Program has to be live 3 months after the contract award date of 5/1/2009 (operational by 8/1/2009) but can be phased in?

Q: How does the date the award is made versus the date a contract is signed factor into the calculation of a start date? For instance the contract may not be signed on the same day as contract award and there may be a protest period. In that case will the implementation timeframe start from the point of contract signing rather than contract award? Please correct or confirm these assumptions.

Q: What is the timeline for start up and implementation of the major functions. Although the first three projects will be implemented in year one, renewals and premium assistance program will be phased in and not necessarily statewide (page 5). How will they be phased in?

Q: Please explain how the other four project areas will be phased in according to the progress of the first three and subject to the availability of funding?

Answer: Since this is a new initiative, the cost of which is unknown, the first year will focus on the Call Center and the Renewal function. Those projects will start when the Contract is executed. I f you substitute the words contract award date with contract execution date in those bullets, you are correct.

The RFP listed the main areas of responsibility for the Enrollment Center and the start up time for each of the functions. The Call Center has a three month start up period and must be implemented statewide after that period of time. The Renewal function (phone and mail) will have a six month start up period. Start up periods will begin with the contract execution date.

It is the State's goal that the renewal function be implemented statewide as soon as possible, however, we expect to phase it in based on available resources. We will collaborate with the Contractor on the phase in but the current thinking is that one or a small group of counties will go live to test the system followed by another group of counties up to the full budgeted amount. At least one borough in NYC will be included in the initial phase-in after the testing stage. The intent is to be as close to statewide as possible in the first year, subject to the availability of resources.

Once these functions are implemented, additional projects will be phased in, subject to availability of funding. It will be sometime after the contract execution date.

123) Q: Does the Department anticipate that the counties comprising NYC will be phased in at one time?

Answer: No. At least one borough in NYC will be included in the initial phase-in.

124) Q: Per the RFP, the (renewal function) and Premium Assistance Program "may" be phased in by county. What process will be used to determine when or if the counties will participate?

Q: The RFP states that "The renewal function and the Premium Assistance Program may be phased in by county, to be determined by the Department of Health and subject to the availability of funding." What will be the determining criteria used by the Department for a phase in? Should Contractors assume a phase in of some sort? If yes, what would the expected roll-out be? Alternatively, should the Contractor assume a complete implementation? Contractor cost structures will vary based on whether there is a phased approach.

Q: When will the process to determine what counties will participate in the renewal function and Premium Assistance Program begin?

Answer: The strategy for the phase-in of the renewal function and the premium assistance program are different. For renewal, during the start-up period, the contractor should implement the tasks required for statewide renewal. Whether the program is implemented statewide in the first year depends on the availability of resources. For renewal, the phase- in will be used to control volume to ensure that available funding meets volume.

The phase-in for the premium assistance program is not based on volume. It will be based on those counties that have indicated a need for assistance in implementation. The Department expects to begin with New York City and then move to add other counties.

125) Q: Will the State and the Enrollment Center contractor collaboratively develop an implementation plan for the phase in?

Answer: Yes.

126) Q: Will the State provide a proposed schedule and list of counties/population targeted for phasing in the renewal system and Premium Assistance Programs?

Answer: No. The State cannot do this until we determine the progress of the call center and renewal function of the Enrollment Center.

127) Q: What is the role of the Enrollment Center regarding renewal for Child Health Plus?

Answer: Since the release of the RFP, the Department has decided that renewal for CHPlus will not be included in the first year. The CHPlus renewal function will be implemented statewide in the second year. Health plans will continue to provide this function as they do today.

Changes in Priorities

128) Q: Please share the structure and process of the governance structure. The RFP states that the Department reserves the right to shift priorities within the scope of work at any time. The shifting of priorities can have a cost impact on the successful bidder. Will the selected bidder have input into the decision? Page 1 notes that 'ample' time will be given. Please define the process for accommodating change.

Q: How much notice should a Contractor expect if the Department decides to shift priorities and move forward with different scopes of work than originally planned?

Answer: The call center and renewal function are the highest priorities in the RFP and will remain so. The Premium Assistance Program is third. It is possible that the order of the remaining priorities will change. We will work with the Contractor to implement such changes. The length of the start-up periods for the later projects will depend on the level of readiness and similarity to functions that have already been implemented.

Miscellaneous

129) Q: What is the scope and volume of the member services call center operated by Computer Science Corporation?

Answer: CSC does not operate a member services call center. It operates a hotline to answer provider and LDSS questions on billing and claim denials. This will remain CSC's responsibility.

130) Q: Will the Enrollment Center call center be responsible for assisting members with billing questions or Medicaid card replacement?

Answer: No.

131) Q: Will the State be creating an online bidders library to provide details on state computer systems, etc.?

Answer: No

132) Q: Is the Contractor required to collect premiums for Medicaid and/or FHP?
Q: If the Contractor is required to collect premiums for Medicaid and/or FHP please provide detailed requirements for each program and the monthly volume of premium invoices and payments for each program.

Answer: There are no premiums for Medicaid and FHP.

133) Q: This paragraph states that "The Enrollment Center, as the only entity able to enter enrollment and renewal in both Medicaid and CHPlus, can serve as the mechanism to test this simplification." Please clarify what the Department's expectation is for the vendor in performing this task. Is the Department expecting the vendor to propose a process for ensuring accurate eligibility determination (e.g., when a member appears to qualify for more than one program?)

Answer: Enrollees should never be eligible for two programs. This paragraph means that for the first time, if an enrollee in one program is eligible at renewal for another program, the EC can transition the person to the other program at renewal.

Child Health Plus

134) Q: The RFP states that CHPlus premiums must be paid with the renewal to the Enrollment Center or health plan. For renewal at the Enrollment Center, should the contractor process the premiums received with the renewal or send the payment to the respective health plan for processing.

Q: What additional information can the State provide at this time regarding the processing of a CHPlus premium contribution sent to the Enrollment Center?

Q: Will the Contractor be responsible for the receipt of CHPlus premiums on an ongoing monthly basis (post renewal)?

Q: If the Contractor is responsible for CHPlus premium billing, premium collection, reporting, etc please provide estimated monthly volumes including the number of households that will receive an invoice each month, payments received, the number and type of reports required by the Department, and all program rules such as those pertaining to exceptions, refunds, payment plans, payment cycles, etc.

Q: What is the estimated monthly volume of CHPlus premium payments that will be mailed to the Enrollment Center?

Q: What is the estimated monthly volume of CHPlus premium payments on an ongoing monthly basis (post renewal)?

Q: If the Contractor is required to process the premium payments with the renewal application a lockbox function will need to be established. What would be the process by which the Contractor would submit the funds to the Health Plans and/or the Department?

Q: If the CHPlus Premium processing procedures are not defined at the time the answers are provided to potential bidders and given that this is a potentially significant cost variable, should the cost proposal for renewal assume that the Enrollment Center collects, processes and submits the family premiums to the appropriate health plan?

Answer: The Enrollment Center will not have a role in the collection of the CHPlus premium. The renewal packet will inform applicants that they should send premium contributions to the health plan directly; however, if a person sends it to the Enrollment Center, the Enrollment Center will forward it to the health plan.

135) Q: What will the health plan's involvement be if any, with CHPlus renewals?

Answer: The health plans will continue their responsibilities for CHPlus renewals in the first year of the EC. In the second year, the EC will take over this responsibility.

136) Q: Will the Contractor be responsible for generating CHPlus premium invoices and managing other aspects of CHPlus premiums such as generating invoices, managing accounts, issuing dunning notices, producing financial reports, etc on an ongoing monthly (post renewal) basis?

Answer: No.

137) Q: If the Contractor is required to process the premium payments with the renewal, how will the contractor know which people can self-attest and be able to complete their renewal with the contractor?

Answer: All CHPlus enrollees can self-attest and that is the only program with premiums. Premium payments will continue to be made to the health plans.

138) Q: Related to presumptive renewal – If an Enrollee fails to provide necessary documentation, or is determined ineligible during/after the 60 day grace period, how is disenrollment handled and what happens to payments already made to providers?

Answer: The enrollee should be disenrolled and the health plan retains the payments made for the 60 day grace period.

139) Q: How is the presumptive renewal tracked? What is the Contractor's role in this process?

Answer: The EC must develop and implement a system for such tracking and transmitting the information to the plan before the last day of the second month.

140)   Q: The requirement for presumptive renewal states, "They may be renewed without a gap in coverage for two months while the plan pursues the missing information." Should this requirement read, "…the plan or the Enrollment Center pursues the missing information"? Or, is it the State's intent that the Enrollment Center simply intake the CHPlus renewal applications and the health plans "pursuing missing information"?

Q: This Section states: "CHPlus offers "presumptive renewal," to enrollees who comply with the process in a timely manner, but may be missing a piece of information. They may be renewed without a gap in coverage for two months while the plan pursues the missing information."

Q: How is the presumptive renewal tracked? What is the Contractor's role in this process?

Answer: When the EC finds a child presumptively eligible for CHPlus at renewal, the EC will be responsible for following up to obtain the missing information. Once the information is received, the EC will convert the child to full renewal status. The KIDS system will electronically communicate the transaction to the plan. If the family does not complete the process, the EC will enter that information into KIDS and the plan will disenroll the child.

141) Q: What is the reporting system for KIDS?

Answer: Several data files are available to provide health plans and the Contractor with information on the enrollees stored in KIDS. The following is a listing of each file available for download from the *Report System* section on the KIDS Home page on the Health Provider Network (HPN).   All report files are available in CSV or positional format.

Activity Summary Report Files
These report files include information on children that are new enrollees or who have been disenrolled from the plan as of the close of the voucher month.
\#   Report file
1   New Enrollees
2   Disenrolled Children

Non-Payment Report Files
These report files include information on children marked as non-payment for one of several reasons and are available by non-payment category (reason for non-payment).
\#   Report file
3   Children who age out
4   Children who are time barred
5   Interplan Duplicates
6   Intraplan Duplicates
7   Medicaid Duplicates
8   Children who did not Recertify
9   Children enrolled in another Plan
10 Coding Discrepancies
11 Invalid Immigration Date
12 Children with expired 'A' status
13 NYSHIP Duplicates

Informational Report Files

These report files include information on children currently enrolled in the plan who may be of special concern.

Report file

20 Children due to Recertify

21 Children coded as Temporary for more than   6 months

22 Pended Enrollments

23 Pended Enrollments Accepted

24 Pended Enrollments Denied

25 Children due to time bar

26 Suspect SSN

27 SSN Match, Different Enrollee

28 Invalid Numeric SSN

29 'A' status with invalid SSN

30 Suspect Date of Birth

33   'A' status NOPAY Warning

142) Q: How and by whom are the applications from Facilitated Enrollers entered into KIDS?

Answer: All information collected by the Facilitated Enrollers is transmitted to the health plans for processing. The plans review the information for completeness and accuracy and then enter the information into KIDS.

143) Q: Will the CHPlus plans accept HIPAA-compliant 834 formats for notices of eligibility changes or plan changes?

Answer: The contractor will be required to make changes on KIDS or the information will be transmitted internally to the health plan for further processing if required. No external transmission of information will be required.

144) Q: How are reminder and missing information notices generated for CHPlus members currently?

Answer: All correspondence sent to the enrollee's household, except the State's HIPAA notice, is transmitted by the enrollee's health plan.

145) Q: Is KIDS capable of maintaining document images associated with the case file?

Answer: No.

Systems

146) Q: Can specifications for automatic data interfaces for NYS systems requiring integration—MABEL, WMS, CNS, RFI, eMedNY, EEDSS, Centraport, KIDS, MRT, etc.—be itemized and/or made available to bidders?

Answer: The existing interfaces have been developed for specific data exchange needs. All exchanges of information between the contractor and the various systems will be accomplished via manual entry through the tools provided or via interfaces which DPH/DOS will provide. The Contractor will not be directly interfacing with the systems.

147) Q: Will the Contractor have the ability to update information in WMS and its subsystems and/or KIDS (such as beneficiary addresses or phone numbers)?

Answer: Information in WMS will be updated via the renewal tool.

148) Q: Will the Contractor be able to download beneficiary information from WMS and KIDS directly into the renewal tracking system on a daily or very frequent basis?

Answer: An interface will be provided.

149) Q: How will the two different WMS systems (downstate and update) be handled within the EEDSS intelligent interview set?

Answer: This will be incorporated into the renewal tool design.

150) Q: Will the Contractor be able to enter all renewals into the EEDSS interface or will the Contractor's staff have to distinguish between the two WMS systems and be aware of which system must be used for a particular renewal?

Answer: The renewal tool is designed to update the appropriate system.

151) Q: What options will the contractor have to integrate their systems with existing Department systems? Are there options available other than at the level of the user interface (e.g., terminal emulation)? For example, are there options for Web-services interfaces, batch imports or examples, access to shared databases, etc? What such options apply for each of the following systems?

- Centraport Client Notice System (CNS)
- Electronic Eligibility Decision Support System (EEDSS)
- eMedNY
- Knowledge and Information Data System KIDS)
- Medicaid Automated Budgeting and Eligibility Logic (MABEL)
- Resource File Integration (RFI)
- Welfare Management System (WMS)

Answer: Access, processing and integration of information from all systems will be accomplished through the new renewal tool for the Medicaid/FHP/CHPlus renewal functionality.

152) Q: Is it possible to get a demo of the WMS, MABEL, CNS, RFI systems?

Answer: The selected contractor may request demonstrations of the legacy systems if desired.

153) Q: Please provide an inventory of all current applications, including system platforms and system architecture diagrams.

Q: How are these systems accessed today (via web portal or VPN)?

Q: Please identify who maintains each of these systems (i.e., third-party vendors) and who pays for maintenance of these systems moving forward.

Answer: Please see the RFP for a description of the current systems. The detailed information requested is not necessary for developing a proposal. The Contractor will interact with these systems through the interfaces provided by the Department.

154) Q: In trying to lay out our work schedule for the contract term, will the new intelligent question set be implemented during the first year or second year of contract operations or other timeframe?

Answer: It is under development now and will be operational during the 6 month implementation period after the contract is executed.

155) Q: When will the Contractor have access to documentation for systems named in the RFP?

Answer: In the first year, the Contractor will have access to the renewal tool/interface with the Department's systems and access to the KIDS System. It may have readability of WMS during the first year, and in year one or two access to eMedNY for the premium assistance program.

156) Q: Will the State systems required for the Enrollment Center, Call Center, and Renewal Processing functions be available during all hours of operation specifically Monday through Friday, from 8 am to 8 pm, and Saturday from 12 pm to 5 pm.?

Answer: These hours apply only to the Call Center. The Department plans to provide WMS readability to the Call Center. The renewal processing functions require real-time access to WMS and MBL. WMS is available from 7am to 7 pm Monday, Wednesday, Thursday and Friday, from 7am to 9 pm on Tuesdays and from 9am to 4pm on Saturday.

157) Q: Will the contractor have access to the Health Provider Network (HPN)?

Answer: The Contractor will have access to the KIDS system which is located on the HPN.

158) Q: Is the successful bidder expected to enter updated information directly into WMS, KIDS etc.? Or may the vendor create one system to manage files from Department and LDSS systems?

Answer: The successful bidder will enter information into the renewal tool and into the KIDS system.

159): Q: Please provide information about the software and hardware platforms on which the following systems run: KIDS, WMS, EMedNY, EEDSS, Centraport, MRT, Mobius Reports.

Answer: Since this information is not necessary for the project, we are not providing it.

160) Q: How do the various systems described in this section interact with each other?

Answer: Through interfaces.

161) Q: Are there interfaces established among these various systems?

Answer: Yes

162) Q: Is there any workflow capability that enables tasks to be sent from one system to another?

Answer: No.

163) Q: What is the reporting system for WMS?

Answer: All reports from WMS are produced via Cobol programs.

164) Q: Is it the Department's expectation that the tracking of notices (reminders, missing information) sent to members by the Contractor is done within (entered into) the CNS system or tracked in the Contractor's database?

Answer: They will be tracked in the Contractor's database.

165) Q: To what extent will the Department facilitate the use of data from other agencies?

Answer: All information pertinent to processing renewals will be made available via the renewal tool.

166): How are data stored in relation to a case?

Answer: Individuals are identified by a Client Identification Number (CIN), grouped into a "case" as appropriate and stored in a flat file format on the mainframe.

167) Q: Will the Contractor be updating address and telephone information in the State system?

Answer: Yes.

168) Q: What are the requirements or constraints around integration of Enrollment Center and State systems?

Answer: The vendor will not have direct access into state systems other than through the tool provided; however, extracts of data stores will be provided as necessary for the vendor to build and maintain tracking systems. **The Vendor will also have access to the KIDS system for CHPlus.**

169) Q: Who is working with the State to develop the intelligent question set specific to renewal?

Answer: The Department is developing this functionality in-house.

170) Q: Will the EEDSS system include the capability to route renewals to state workers for approval?
Q: If the EEDSS system currently does not include the capability to route renewals to state workers for approval, does the Department have any work flow processing system?
Q: How does the Department anticipate that the Department staff will know when renewals from the Contractor staff are awaiting approval?

Answer: Initially, the workflow will be accomplished manually.

171) Q: In what environment (what program) is the intelligent question set developed?

Answer: .net

172) Q: Can the Department provide clarification on the requirement to manually review the documentation and the EEDSS ability to automatically review documentation?

Answer: The worker may be presented with manual documents via mail and stored documents/information via the renewal tool.

173) Q: The RFP states that the Department is working to create an intelligent question set for EEDSS specific to renewal for all programs that will be populated with information from WMS, KIDS, and RFI for use in doing renewals by phone and mail. Can the contractor assume that the EEDSS for renewals will be available at the initiation of the Enrollment Center contract?

Answer: Yes.

174) Q: If for any reason this EEDSS intelligent question set application is delayed, what will happen to the contractor's timeline and responsibilities and how would the Department expect the Contractor to proceed?

Answer: We do not expect a delay, however should one occur, we would delay the date of start-up.

175) Q: Can the Department provide the EEDSS planning documents, a system diagram, and/or process flow including the new Intelligent Question Set?

Answer: Under development.

176) Q: Why is EEDSS not used by all LDSS offices? What implications does this have for the contractor using EEDSS and communicating with LDSS offices that do not?

Answer: The renewal tool is not EEDSS, it is an enhancement separate from EEDSS. A method of communication with the LDSS offices would need to be developed. To minimize the need for case by case interaction, the renewals have been separated into those handled exclusively by the EC and by the LDSS's.

177) Q: The Department is working to create an intelligent question set and expects the Contractor to work with the State to modify the question set as appropriate. Given the State's design intention to connect the question set with KIDS, WMS, RFI, MABEL and CNS, can the State provide high level architectural description of the interface API that the question set might expose to third party systems? (For example, is the question set or aspects therein exposed via a WSDL-described web services?)

Answer: The Department is developing this tool and will be responsible for maintaining it. The contractor's assistance in modifications will be limited to business analysis to ensure the tools are adequately supporting the required functionality.

178) Q: How long does the Department anticipate the average person renewing their eligibility will take to go through the "intelligent question set" that the Department is developing? What is the status of its development? How does this question set compare, in terms of number of questions and time to complete, to the question set used for the initial eligibility interview? Where is the

Department in its process of developing this tool? Is an initial draft of the question set and logic available for vendors?

Answer: The new tool minimizes the number of questions in favor of expedient processing and capture of pertinent information.

179) Q: "The Department is working to create an intelligent question set specific to renewal for all programs, populated with information from WMS, KIDS, and RFI." Is this a software application? If so, what technology is it built on? Does it provide real-time access to the interfacing systems? Can it push data back to the interfacing system? Does it support helping the caller to change health plans (i.e. does it capture plan lock-in period data)? Does the contractor have any responsibility in helping to create and/or support this tool?

Q. What is the status of the intelligent question set? Please describe the process and system used to support the "renewal tool".

Q: With regard to the development of the 'intelligent question set' tool, is this in or out of scope for this bid?

Q: Is this being developed by a third party, and will it require any further development within the scope of our work (and will there be investment necessary on our part to integrate this tool)?

Q: Who is developing the renewal tool that is to be used by the contractor? What is the estimated go live date?

Q: At what point in the project will the electronic renewal tool be complete? Will there be an opportunity for input into the design based on the Contractor's experience with web-based enrollment tools?

Q: May the bidders have a copy of the questions used for the intelligent question set?

Answer: The software, to be developed and supported by the state, will be developed using .net and C# exposed via html and java script. It is anticipated to be available for integration testing in July/August 2009. This web application will provide real-time read access to legacy systems. Updates to the eligibility systems will still be done in batch mode in phase 1.

180) Q: Regarding new information obtained by the Enrollment Center during renewal, will the Center's updated information update the state's systems so that both are in sync?

Answer: Yes.

181) Q: In what circumstances, if any, would Centraport be used instead of EEDSS?

Answer: None that we are aware of.

182) Q: Would the State or Contractor be responsible for maintaining these materials (desk guides, resource manuals)?

Answer: The State has responsibility for updating desk guides and resource materials.

183) Q: Does MRT have the same functionality as WMS? If not, please provide a description of the full functionality of MRT. What role does MRT play in the eligibility determination process and renewal process once the Enrollment Center is established?

Answer: MRT does not have the same functionality as WMS. It plays no role in the eligibility determination process other than to close cases with a clock down if they do not respond to the renewal notice within the allotted time. It will be necessary to use the functionality in MRT for closures, client notification and eligibility extensions as warranted. It is anticipated that there will be an exchange of information between MRT and the Enrollment Center.

184) Q: Can new reports be requested from Mobius?

Answer: Yes.

185) Q: Are all reports in Mobius available in a format which can be downloaded and the data manipulated?

Answer: Yes

186) Q: Are there tools similar to Mobius for obtaining data from WMS?
 Answer: No

187) Q: Are there tools similar to Mobius for obtaining data from other systems?

Answer: No

188) Q: Does the Department have a preference as to whether to utilize the existing phone numbers or combine them under one number?

Answer: To be determined.

189) Q: The RFP indicates the contractor should propose a process to ensure that if a LDSS or Health Plan is processing a renewal that the contractor does not process the same enrollee. What systems do the LDSS and Health Plans use to process their renewals and are their indicators on those systems that a renewal is in process? What are those indicators and how would the Contractor have access to that indicator?

Answer: The Contractor will be able to identify whether a renewal has been completed by the LDSS. At this time there is no indicator of a renewal in process.

190) Q: Will the Department expose the data in the electronic renewal tool to a Contractor SOA-compliant service so we may automatically populate our notices to enrollees regarding missing information/documentation needed to complete renewals?

Answer: This functionality/data will be available in the renewal tool and can be made available to the contractor.

191) Q: Will LDSS or CHPlus Health Plans use the EEDSS system to record renewals it has received?

Answer: No

192) Q: Will all renewals, whether received by mail or phone, be entered into EEDSS or will other systems be used to register renewals for tracking purposes only?

Answer: All mail and phone renewals received by the Enrollment Center will be entered into the system through the renewal tool.

193) Q: Can the contractor modify the telephone renewal interview or must they adhere to existing departmental protocols?

Answer: The Contractor must use the renewal tool but it can make suggestions for improvement.

194) Q: Should the contractor develop a tool for addressing discrepancies during the renewal process interview?

Answer: At this time, no.

195) Q: Are images to be kept by the Contractor or loaded into the State's repository?

Answer: Images will be loaded into the State/NYC repository.

196) Q: Please explain how the Department envisions the scanning function working in relation to the state systems, if at all?

Answer: Under development.

197) Q: Does the state have a document repository tool that is currently being used to maintain images of required documentation? If so, what is it?

Answer: Currently there are multiple repositories. One for all of NYC, one for upstate NY which is in the process of being distributed and several others developed by large agencies in the upstate counties.

198) Q: If the State does not have a repository tool used to maintain images, does the State require that the contractor supply such a system?

Answer: The contractor is not expected to supply an imaging system.

199) Q: Is WMS capable of maintaining document images associated with the case file?

Answer: Documents related to cases in WMS are held in an image repository.

200) Q: Is KIDS capable of maintaining document images associated with the case file?

Answer: No.

201) Q: Is eMedNY or KIDS the system of record for the enrollment of CHPlus clients?

Answer: KIDS is the system for CHPlus.

202) Q: What address appears on the self-addressed envelope, the Department's or the contractor's?

Answer: The Contractor's address should be on the self-addressed envelope.

203) Q: What kind and how much documentation is needed for a proof of eligibility?

Answer: The renewals handled by the EC are permitted to self-attest income and residency. Most renewal will be completed without the need for documentation. Some documentation may be required if reported income materially varies from RFI and if immigration status changes.

204) Q: What specific documentation is required for changes in immigration status?

Answer: This will be provided in training, but includes the person's immigration documentation (e.g. green cards, etc.)

205) Q: How often are databases updated with new information on potential enrollees? For example, what if a person sends an application after losing employment or receiving a lower salary?

Answer: This information will be captured at the time the client is given notice to renew and will be available in the system when the client calls.

206) Q: Which items on the application is the Enrollment Center responsible for verifying?

Answer: This will be provided in training.

207) Q: The RFP requires any items received from the enrollee to be "imaged into the case file." Please clarify what system houses this case file.

Answer: Items received from enrollees to be imaged will be stored in the state image repository.

208) Q: RFP states that "The question set will have imbedded logic to determine eligibility for Medicaid, FHP, and CHPlus and enable applicants to move to another program at renewal. The responses to the questions will populate WMS and enable enrollment in KIDS." In the renewal process is the Enrollment Center staff not responsible for entering renewal info directly into WMS or KIDS because the responses are auto populated into those systems during the interview process? Or is there another process to input information into WMS?

Note: It appears the Enrollment Center is only responsible for interacting with the renewal tool, WMS for checking for duplicates and Medicaid plan changes, MRT for NY City resident duplicate checking, and the appropriate health plans for CHPlus health plan changes. They have access to all the systems for verifying information and other research needed. Please confirm or correct these assumptions.

Answer: The enrollment information for Medicaid and FHP will be automatically entered into the appropriate WMS system by the renewal tool. It is not anticipated that the Enrollment Center will have direct access to any state systems.

209) Q: Does the Contractor update demographic information in the renewal tool or directly into the WMS?

Answer: Through the renewal tool.

210) Q: The RFP implies that CSR's will have real-time access to the RFI when the renewal is being done – is this in fact the case?

Answer: It is not "real-time"; however, it will be automatically updated by the system when the recipient is sent their notification and made available by the time the call/mail reaches the Enrollment Center.

211) Q: Is the CNS system a computer system that sends files to a mail house? Or is it a complete system that generates both a letter file and prints notices?

Answer: CNS is a system that produces notices based on codes determined by WMS through the batch update process. The notices are printed by the state and sent to a vendor for stuffing/mailing.

212) Q: Can bidders obtain a copy of notices sent via the Client Notification System (CNS)

Answer: No. It is unclear to the Department the reason this is being requested.

213) Q: Are there either routine or future mailings that affect or will affect the call volume at the Call Center?

Answer: No mailings are anticipated at this time.

214) Q: How are reminder and missing information notices generated for MA/FHP members currently?

Answer: A checklist is generated by the system and the interviewer hands it to the client.

215) Q: How will the Contractor obtain the coverage end date for prioritization in processing? Is that pre-printed on the renewal form or is that a required look-up in WMS?

Answer: The information will be managed by the enrollment tool.
216) Q: Is the Enrollment Center responsible for mailing CNS notices or are these notices generated and mailed by the Department or another entity? If the contractor is responsible, can the Department provide volumes and/or postage costs?

Answer: The vendor will not be responsible for CNS notices.

217) Q: Does KIDS generate 834 transactions?

Answer: No

218) Q: Does the EEDSS or WMS provide the capability to maintain notes about conversations with the client, or is it assumed that the contractor will provide a CRM tool?

Answer: The tool will provide the ability to store client comments/history.

219) Q: The RFP states that when a CHPlus enrollee wishes to change plans the Contractor must notify the plan directly. This process is different from Medicaid and FHP where the information is just entered into WMS. Could the Department please briefly describe the current process for enrolling children in CHPlus and how that enrollment process differs from Medicaid and FHP? Also, how many plans are available for each of the programs in each of the counties? What is the required format for reporting a change in enrollment to a health plan?

Answer: CHPlus eligibility is determined by a health plan, not by the LDSS as Medicaid and FHP are. The health plan is responsible for processing the CHPlus application, including screening for Medicaid eligibility, ensuring that all required documentation has been provided, determining the CHPlus monthly premium contribution (if applicable) and ultimately determining if the child is eligible for participation in the program. The health plan enters the information regarding the enrollment into the Knowledge, Information and Data System (KIDS).

Currently, to change health plans in CHPlus, the family must request disenrollment from the health plan the child is currently enrolled in and must reapply for coverage with the new health plan. All renewals either into the same plan or a different plan, processed by the EC will occur electronically. There will be an interface between the EC and the health plan indicating at renewal of a change of plan. The EC is not required to manually communicate with the health plan.

Attached are two lists, one for New York City, one for the rest of the state, of the participating health plans by county and the products they offer. (See Attachment No. 7)

220) Q: All mailing documents are to be recorded and archived for proof of enrollment. Can these documents be stored in electronic format and maintained within a database? Should the contractor assume this information will be provided to State and Federal audits upon request?

Answer: Yes.

221) Q: In saying the "Contractor shall develop a tracking system for renewals including procedures and systems" does the Department mean
1. The contractor shall implement a systematic business process that tracks renewals?
2. The contractor shall implement an information system that tracks renewals? In the latter case, what options are available to integrate with state systems such as WMS to provide end-to-end visibility?

Answer: The contractor will be provided with an interface of individuals that are in clock-down to use in their tracking systems.

222) Q: If the contractor is required to maintain a separate tracking system for renewals, would the state consider receipt of a file to update its EEDSS or WMS system to avoid dual data entry?

Answer: It is anticipated that the renewal population would be loaded via an interface to the tracking system and would be updated in the tracking system by the renewal tool.

223) Q: Will the department be willing to expose WMS and KIDS member identifying data to a Contractor SOA-compliant service so we may build our client telephone and renewal contact tracking database at the point of receipt of a call or receipt of a document?

Answer: Yes. Information could be made available through an IVR via a SOA compliant service.

224) Q: Will EEDSS enable renewal of members in special circumstances?

Answer: Yes.

225) Q: When is the expected delivery for an automatic renewal data base feature?

Answer: August 09.

Additional questions and answers will be issued no later than January 15, 2009.