PARTIAL RELEASE - NOT THE FINAL DOCUMENT

INVITATION TO NEGOTIATE
For
HEALTH CHOICES:
A Small Business Health Insurance Marketplace

PARTIAL RELEASE - NOT THE FINAL DOCUMENT

Florida Health Choices, Inc.
225 South Adams Street, Suite 250
Tallahassee, FL 32301
(850) 222-0933
www.myfloridachoices.org

TABLE OF CONTENTS

I.	Introduction.....	Page
II.	Designated Contacts.....	Page
III.	Calendar of Events.....	Page
IV.	Background.....	Page
V.	Target Population.....	Page
VI.	Offerings.....	Page
VII.	Project Specifications.....	Page
VIII.	Contract Period and Terms.....	Page
IX.	Solicitation Conditions.....	Page
X.	Proposal Content Requirements.....	Page
XI.	Evaluation.....	Page
XII.	Exhibits.....	Page

PARTIAL RELEASE - NOT THE FINAL DOCUMENT

I. INTRODUCTION

This solicitation is issued by Florida Health Choices, Inc. (Corporation) seeking a Third Party Administrator (Administrator). Because of the inherent potential for conflicts of interest, no insurer, health plan, or dental plan may hold a contract that issues from this procurement. The final authority on all matters related to this procurement rests with the Corporation.

The Corporation is committed to assuring a fair, open, and rigorous competition for the award of this contract and will use a competitive negotiation process to select a third party administrator. The competitive negotiation process is not a request for proposal. Rather, it is a dynamic competitive process through which the Corporation can evaluate and test, through a negotiation process, the strengths and weaknesses of vendors and their proposals, and make a final selection based on the selection criteria described in this document. The goal of the process is to negotiate the maximum level of service available for a competitive price. Throughout this Invitation to Negotiate (ITN), respondents are encouraged to offer alternative methods of how to provide the Corporation's desired outcomes by taking advantage of business solutions not identified by the Corporation.

The Corporation reserves the right to accept proposals as submitted. Bidders may be asked to enter into negotiations with the Corporation, to discuss any modification requested by the bidder or the Corporation, change the proposed service level or price, or to improve upon the language for the contract.

The Corporation will organize a team to conduct an analytical review and evaluation of each bidder proposal consistent with the Corporation's selection criteria. The Corporation is the sole judge of proposed changes in the scope of services and proposed alternative methods for achieving desired contractual outcomes.

The selected Administrator will be responsible for performing designated duties and functions in support of the Corporation and its programs. The six major components of this solicitation include:

1. Customer Contact Center
2. Web-based Choice Portal
3. Eligibility Determination
4. Enrollment Management
5. Financial Services
6. On-Line Calculator

A seventh optional component is the Outreach Management System.

II. DESIGNATED CONTACTS

Florida Health Choices, Inc. and its Board of Directors designate to whom all communications must be made. The allowable contacts related to a variety of subject areas are identified below:

Letters of Interest:
ITN2010@myfloridachoices.org

Participation in Bidder's Conference:
ITN2010@myfloridachoices.org

Submission of Questions:
ITN2010@myfloridachoices.org

Submission of Written Proposals:
Angela Triplett
Brewton-Plante, P.A.
225 South Adams Street, Suite 250
Tallahassee, Florida 32301

Withdrawal of Proposals:
Angela Triplett
Brewton-Plante, P.A.
225 South Adams Street, Suite 250
Tallahassee, Florida 32301

Optional Debriefing after Contract Award:
Rose M. Naff, CEO
Florida Health Choices, Inc.
225 South Adams Street, Suite 250
Tallahassee, Florida 32301
ceo@myfloridachoices.org

All other:
ITN2010@myfloridachoices.org

III. 2010 CALENDAR OF EVENTS

(Subject to Change)

Procurement Schedule

Release Date:		July 15
Written Questions Due:	5:00 p.m.	July 27
Registration for Bidder's Conference: (Optional)	5:00 p.m.	July 28
Bidder's Conference:	11:00 a.m.	July 29
Written Response to Questions:		August 2
Letters of Interest Due: (Optional)	5:00 p.m.	August 6
Proposal Submission:	2:00 p.m.	August 27

Review Schedule

Compliance Review:	August 27-30
Technical Review Begins:	August 31 –September 8
Notice of Selection for Oral Interview:	September 9
Oral Interviews:	September 15-17
Notice of Selection for Site Visit:	September 20
Negotiations Part I:	September 21-24
Site Visits:	September 27 – October 1
Negotiations Part II:	October 6-8
Finals:	October 14
Award Date:	October 15

Proposed Implementation Schedule

Quick Start – Phase One	November 2010
Mid Term – Phase Two	2011 and 2012
Long Term – Phase Three (if required)	To Be Determined

IV. BACKGROUND

A. State of Florida

The Florida Legislature created Florida Health Choices, Inc. during 2008 by enacting 408.910, Florida Statutes. Current law can be found in Exhibit A of this ITN.

In establishing the Corporation and the Health Choices Program, the Florida Legislature found that a significant number of the residents of this state did not have adequate access to affordable, quality health care.

Specifically, the Florida Health Choices Program was established to:

- Expand opportunities for Floridians to purchase affordable health insurance and health services.
- Preserve the benefits of employment-sponsored insurance while easing the administrative burden for employers who offer these benefits.
- Enable individual choice in both the manner and amount of health care purchased.
- Provide for the purchase of individual, portable health care coverage.
- Disseminate information to consumers on the price and quality of health services.
- Sponsor a competitive market that stimulates product innovation, quality improvement, and efficiency in the production and delivery of health services.

The Corporation elects to implement the State program in two or three phases:

The Quick Start Phase is intended to launch a limited offering and the chosen Administrator will provide a minimal scope of services. The Corporation intends that the chosen Administrator will implement this phase during the current calendar year. An important consideration for the Corporation's evaluation will be the availability and adaptability of systems and other resources to support the Quick Start Phase.

The Mid-Term Phase will expand the type and number of products and services offered through the program and the full scope of services will be required of the chosen Administrator. The Corporation intends that the Administrator will phase in the additional services and enhanced functionality during calendar years 2011 and 2012 on a schedule to be proposed in response to this ITN. An important consideration in the Corporation's evaluation will be the innovation and scalability of the solutions offered and proven performance.

The Long-Range Phase is an unspecified period during which changes in state law may impact upon the operation of the Corporation and its Administrator. Florida is a dynamic, diverse state with a long history of innovative government programs. Program modifications and operational changes are to be expected. This phase and its elements are undefined and bidders are not required to offer a solution or price for it. However, an important consideration in the Corporation's evaluation is the proven agility and adaptability of the bidding organization, proven performance with large scale programs and proven track record with positive results in change and project management.

B. Potential Impact of Health Care Reform

Bidders are advised that Florida Health Choices, Inc. is not a State designated American Health Benefit Exchange (AHBE Exchange) for individuals or a Small Business Health Options Programs (SHOP Exchange) as defined by the Patient Protection and Affordable Care Act . Likewise, the program the Corporation implements in the Quick Start and Mid-Term phases is not subject to federal approval.

If, at any time, the Corporation and its contracted Administrator are required to conform to the requirements of the Patient Protection and Affordable Car Act, revisions would be necessary. The details of any revisions are unknown at this time. However, the following would be likely requirements:

- Significant expansion of the data required to be collected at the time of application
- Adoption of a standardized format for web-based presentation of plan options
- Screening and referral
- Acceptance of electronic referrals
- Expanded requirements for eligibility determination
- Adoption of a standardized application form
- Standardization of plan options and benefits
- Significant electronic interfaces with other state and federal agencies
- Increased reporting requirements

The above list is intended for information purposes only. Interested bidders are responsible for reviewing any federal requirements that may impact the Florida Health Choices programs in the future.

V. TARGET POPULATION

Florida law outlines the target population for enrollment in the Health Choices Program. Eligibility is voluntary and while not specifically limited to the following list of employers and individuals, the Corporation intends to target the organizations named in 408.910 Florida Statutes:

- Employees of enrolled counties designated as fiscally constrained
- Employees of enrolled school districts in fiscally constrained counties
- Employees of enrolled municipalities having fewer than 50,000 residents
- Employees of enrolled statutory rural hospitals
- Employees of enrolled employers that have 1 to 50 employees

Other individuals that may enroll include:

- Employees of the State of Florida not eligible for state health benefits
- Retirees of the State of Florida
- Medicaid reform participants who select the opt-out provision of Medicaid Reform

The State of Florida may expand this list of targeted employers and individuals at its discretion and those affected by the Gulf Oil Spill are of special concern at this time.

The quick start phase will target counties designated as fiscally constrained and their school districts, municipalities having fewer than 50,000 residents and statutory rural hospitals. During this phase the Corporation intends to launch a small scale solution capable of serving fewer than 5,000 participants.

The mid-term phase will first expand the initiative to include employers with 1 to 50 employees, and may also include state retirees, state employees who are not eligible for state health benefits and Medicaid reform participants. Based upon the experience of the Massachusetts Connector with its small employer program offering and analysis of Florida's distribution of workforce among small employers, the Corporation estimates it will serve as many as 68,000 participants statewide during this phase.

The long-range phase could include larger employers or individuals not enrolled through an employer group and other populations identified by the State of Florida. The potential scale is significantly larger than in the previous phases.

VI. Offerings

The Corporation, through the centralized marketplace, will offer various products that enable employers and their workers to pay for health care. The offerings include, but are not limited to, health insurance plans, health maintenance organization plans, prepaid services, service contracts and flexible spending accounts. The program will also provide administrative services to participating employers. In implementing the services described in this ITN, the Administrator will segregate employer offerings from employee offerings.

Employer offerings may include:

- Payroll Services
- Assistance in seeking approval of cafeteria plans
- Management of individual benefit accounts
- Worker's Compensation and other business insurance products

Employee offerings may include:

- Health insurance and health plan products
- Dental, vision and other limited benefit plans
- Life Insurance
- Flexible spending accounts
- Public programs
- Wellness programs

The Quick Start Phase may initially include a limited offering with fewer than ten products and services. A focus on products that can be offered statewide is a possibility.

During **The Mid Term Phase** the Corporation intends to increase the scope and range of offerings in subsequent phases. The complexity of offerings and, therefore, their comparisons, will increase during this phase. Up to twenty offerings are anticipated and geographic variation in offerings is likely.

The Long-Range Phase further increases the complexity of offerings when products and services number twenty or more.

VII. PROJECT SPECIFICATIONS

A. Corporate Experience, Background and Capacity

The selected Administrator and its subcontractors must have experience in benefit administration, operating contact centers, web-based choice portals, eligibility determination systems, enrollment management systems and experience managing complex data bases. It must have sufficiently demonstrated the corporate financial capacity to provide the services defined in this procurement.

The experience must include processing applications for enrollment in insurance-based programs. The experience must be sufficiently large scale so that the bidder's ability to operate can be judged on relevant experience. Proven positive performance with complex programs administered in the State of Florida or in other large and diverse states is desired.

The bidder must provide five references and information on experience in the last five years that demonstrate the background and ability to provide the tasks and functions described in this procurement.

While experience in Florida is not required, the bidder must provide a description of any projects undertaken in the last ten years that involved activities with the State of Florida, its agencies, or entities created by the State of Florida.

B. Staff Qualifications

The bidder shall ensure that the project and each of its components is adequately staffed with experienced, knowledgeable personnel who can meet the responsibilities outlined in the ITN. It is important that staff turnover be kept to a reasonable level.

Staff must include a full-time Project Manager with executive level experience in fields related to this ITN.

Supervisory staff must possess knowledge and expertise in their assigned area and have supervisory experience. Supervisory staffing must be sufficient to ensure proper direction and oversight of employees. Staff must exhibit strong communication and

interpersonal skills. The Administrator will demonstrate the ability to employ bilingual and/or multi-lingual staff.

The Administrator will employ and train staff necessary to complete the required tasks at the performance standard levels specified. The Administrator must ensure that staff is trained on an on-going basis.

C. Operate a Statewide Customer Contact Center

The Corporation, through the Administrator, will provide customer service via a toll-free hotline, email and regular U.S. mail service. The Center will:

- Assist employers with establishment and administration of cafeteria plans
- Disseminate information to consumers on the price and quality of services available
- Provide access to account information
- Assist individual participants with managing available resources
- Respond to inquiries from employers, employees and broker/agents
- Distribute materials
- Provide general program information and answer inquiries about eligibility and enrollment
- Provide account payment and coverage verification
- Return calls left on voice mail
- Refer calls to a participating agent as appropriate
- Return calls requiring additional research.

Eligible participants will receive assistance with assessing the benefits and limits of each product, including information necessary to distinguish between policies offering creditable coverage and other products available through the program.

Professional, accurate, courteous customer service is a high priority for the Corporation. The Administrator must be prepared to accurately and timely process all incoming correspondence, all outgoing correspondence, and all telephone or email inquiries.

It must have sufficiently trained and knowledgeable staff to operate a Call Center. In cases in which an inquiry requires research by the Corporation staff, the Call center will refer the questions, by phone and in some cases in writing to designated staff at the Corporation.

The Administrator will be required to locate the Statewide Customer Contact Center in the State of Florida and the schedule for accomplishing this will be negotiated.

1. **Accessibility and Staffing**

The Center must provide customer service days and hours of operation which are conducive to participant needs and include regular business hours on Monday through Friday, from 8:00 a.m. until 6:00 p.m., Eastern Standard Time excluding approved holidays. The Center must provide the option of a live call agent for all callers during these hours of operation. The option to leave a voice mail is also desired. Note: the Corporation follows the holiday schedule designated by the State of Florida with the addition of Good Friday.

The Center will manage customer communications in a professional, culture and language sensitive manner. At a minimum, the Center must make sufficient numbers of English and Spanish speaking staff during all hours of Center operations.

A translation service such as AT&T Language Line must be available for languages not offered by the Center staff. A solution meeting the needs of hearing-impaired callers is also required.

The Administrator must have the ability to communicate timely, accurately and efficiently with non-English speaking callers, and callers that are hearing impaired. In addition, the Center's staff must be culturally sensitive and have strong communication skills to communicate effectively with a diverse population. The Administrator is encouraged to suggest to the Corporation other communication options in order to better communicate with families who have disabilities.

The Center will support web-based means by which employers, agents/brokers, applicant employees or participants can apply, report changes or update account information, and re-new on line. Web-based chat functionality provided by the Administrator is of interest to the Corporation.

The Administrator may be required to increase the number of incoming customer service lines in order to meet service standards during periods of high call volume.

2. **Integrated Voice Response and Skill-Based Routing**

The Center must use an integrated voice response system (IVR) to provide the initial message to callers. Bidders are invited to propose using IVR in other ways that have been shown to be effective within the scope of the work of this solicitation such as providing 24 hours a day, seven days a week, automated system that provides general account and payment information to callers.

At a minimum, the IVR will provide an English and Spanish option. The Corporation may require a third IVR language option in the future at no additional cost to the Corporation.

3. **Contact Management**

The Center must implement a Customer Interaction Management (CIM) system that shall log, track, refer and record resolution of all customer contacts within its operation. The contact types shall include but are not limited to telephone, Interactive Voice Response (IVR), Automatic Call Distribution (ACD), e-mail, web-based interactions and live agent assistance via the web. The CIM system shall provide the Center with a "single view" of encounters for a customer, applicant, enrollee or other inquirers. The CIM system shall track contacts from entry through final resolution. The CIM system will record and maintain at a minimum: member identification information, the nature of each inquiry or issue, the date and type of contact, status and resolution of each contact, and date of resolution. The Administrator should have the capability of generating ad hoc reports for strategic planning and analysis with the goal of improving customer service.

Call Agents will place notes in the CIM system for each phone call or account encounter (from any type of correspondence or by phone call from any person/entity). The notes shall explain each topic discussed during the encounter, resolution of each topic, and identify the staff that handled the encounter.

4. **Accept Payments**

The Center will accept and accurately processing payments over the phone or through the IVR at the caller's request.

5. **Correspondence**

The Center shall make information about each product and service available through the program in the form of printed materials and distribute requested materials in a timely manner.

The Center will process incoming correspondence from all locations including applicant employers and employees, enrolled employers and participants.

The Center will manage and process any outgoing mail. Outgoing correspondence will be mailed using first class mail and will be available, at a minimum, in English and Spanish. The Corporation may require a third language option in the future at no additional cost to the Corporation.

The Center will update information related to address changes and will manage and redirect any outgoing mail that is returned as undeliverable.

The Corporation will assist the Center in developing appropriate letter and form templates intended to address the majority of circumstances requiring outgoing correspondence and to assist an employer with establishment of a cafeteria plan. All letter and form templates are subject to the approval of the Corporation prior to their use and will be customizable to address the intended recipient.

The Center will maintain accurate copies of all incoming and outgoing correspondence and furnish copies to the Corporation upon request.

6. **Handling Complaints**

The Center will accept information on complaints about the program and provide written information on complaints to the Corporation.

7. **Quality Assurance**

The Center will implement and maintain a quality assurance (QA) program within the Center. The QA program will monitor calls, email and chat sessions, to evaluate call agents on the accuracy of information provided, quality of call handling practices and to identify agents or subject areas for additional or revised training.

The Corporation shall have the right to demand removal of any staff who the Corporation determines is rude, coarse, or impolite.

D. Establish and Maintain a Web-Based Choice Portal

The Administrator will design, deploy and maintain a web-based choice portal with a wide range of functions. The Portal presentation will be customized to utilize the

Corporation's logo, preferred color schemes, and content approved by the Corporation. The functions will include:

- Provide information to interested persons about available offerings and participating vendors
- Facilitate eligibility and enrollment of:
  - Employers
  - Employees of enrolled employers
  - Agents and Brokers
- Allow comparison of benefit and plan options utilizing a standardized presentation of information

Information about each product and service available through the program shall be made available through the interactive Internet website.

The Portal will track all user accesses, additions, deletions, and modifications.

1. **Providing Information and Access**

The Portal will consist of a publicly available main page from which users will select multiple functional pages. Informational page groups may include:

- Public access pages with general program and eligibility information
- Applicants
- Participants
- Agent/brokers
- Health maintenance and wellness

2. **Presentation of Plan Options**

The presentation of plan and service options shall be limited to those approved by the Corporation and will be organized in such as fashion to allow comparison when reasonable comparisons exist. The purpose is to allow the eligible participant to search through plan and service offerings, based on a variety of search criteria to identify the product or service that best fits their individual needs.

The presentation options will permit the user to identify options available in their geographic area and may also organize the options using criteria selected by the user. Some examples might include:

- Plan or Benefit Type

- Monthly Premium Amounts
- Out of Pocket Estimates
- Carrier Name
- Coverage Groups (Individual, Individual + 1, Family)

3. **Online Applications**

In addition to accepting application through the mail, the Administrator will accept applications through an On-Line process. The Corporation estimates that the on-line method of receiving applications will be the preferred method chosen by applicants.

The information required at the time of application will be developed by the Corporation and revisions are likely as the program matures.

The Corporation prefers that the online application allow the user to suspend the session and resume completing the application at a later time. The online application should be formatted with simple navigation designed to minimize redundant data entry. Drop down options for completing questions are encouraged. The application may present follow-up questions to certain items depending on the answer provided by the applicant.

If the Corporation determines that any information collected at the time of application requires documentation, the online application process will inform the user of the documents required and method of submission. The bidder is required to have a subsequent process for obtaining documents from the applicant, manage the documents, and link them to the application. A solution that includes providing the user with the ability to attach supporting documentation to the online application, and which bypasses a separate transmission via mail or email, is of interest to the Corporation.

The Online application will accommodate multiple simultaneous users.

4. **Online Renewal**

At least annually, participants will be offered the opportunity to change their selected choice plans or services. During this period, participants will be asked to update information, select new options or change coverage levels. The web-based choice portal shall support an online renewal process.

5. **Account Access and Self-Maintenance**

A solution that permits enrolled employers, participants and the agents/brokers to access their account details and/or self-maintain certain information such as updating contact information is preferred.

6. **Capture User Data and Report**

The Administrator will capture user data and report to the Corporation. Reported elements may include number of page hits, number of unique viewers, and other relevant statistics. Report frequency is at least monthly.

7. **Availability**

The Administrator shall ensure that the web-based choice portal is available for user access no less than 98.75% of the time. The Corporation recognizes that updates and routine maintenance are necessary occurrences and requires that the Administrator schedule down time in consultation with the Corporation.

8. **Quality Assurance**

The administrator will be responsible for performing quality checks and address portal performance. In consultation with the Administrator, the Corporation will develop reasonable standards of performance that are intended to meet user performance expectations.

E. Eligibility Determination

A system to reliably determine eligibility of employers, their employees and agents/brokers is required. Eligibility rules may vary in later phases and a flexible solution is required.

1. **Eligibles and Eligibility Rules**

The criteria to be used to determine eligibility is complex and subject to modification as the program matures. Rules for use in determining eligibility will include but are not limited to the following:

- Eligibility of Employers – The Corporation may develop policies establishing incremental open enrollment periods based on the type or size of employer, geographic area or any other method to manage entry into the program. After an eligible employer is enrolled, the Corporation envisions an employer will be able to enter employee and employer contribution information.

- Employees of Eligible Employers – Employees of enrolled employers will be provided with a specified period of time during which they may elect and their plan and service options. Current law prescribes the election period as 60 days after the employee's associated employer enrolls in the program. After the expiration of the election period, the employee may still enroll however, their choices are more limited.

- Subject to Change - The Corporation reserves the right to establish other categories of eligible persons and additional eligibility criteria. These requirements are also subject to change by amendment to current law and a flexible, easily modified eligibility solution is necessary. Additional criteria may include income, residency, citizenship, geographic area, age, or participation in other programs.

2. **Applications**

Applications for enrollment will be accepted by the Administrator by electronic means through on line applications or through paper applications. An application may be submitted by the employer, employee or an agent/broker. A method to accept applications over the phone is of interest to the Corporation.

The application elements will be developed by the Corporation in consultation with the Administrator.

3. **Application processing**

Timely and accurate processing of information submitted via the online or paper application using eligibility criteria established by the Corporation is required.

3. **Determinations**

Upon determination of eligibility, the information collected during the eligibility process will generate an account for the applicant employer, employee or agent/broker.

4. **Determination Correspondence**

A determination of eligibility will generate correspondence to the applicant confirming the outcome. Correspondence transmitted by U.S. mail or electronic means is permitted provided a copy of all correspondence is maintained and retrievable.

A method to inform the enrolled employer of eligibility outcomes for associated employees is desired.

The Corporation will assist the Administrator in developing appropriate letter templates communicating eligibility outcomes. All letters are subject to the approval of the Corporation prior to their use and will be customizable to address the intended applicant.

The Administrator will maintain accurate copies of all incoming and outgoing correspondence and furnish copies to the Corporation upon request.

5. **Referrals**

The Corporation was established to expand opportunities for Floridians to purchase affordable health insurance and health services. Cooperation with, and the offering of, other state-administered affordable care options may be required at the discretion of the Board of Directors. Two types of referrals may be required:

- Referrals To Others – To the extent the Corporation elects to partner with other health care programs, the Administrator will support additional screening and referral of individuals through electronic means. Any screening requirements, frequency and method of transmission, and referral formatting will be established by the receiving program.
- Referrals From Others – In establishing cooperation with other state-administered health care programs, the Corporation may also require the Administrator to support and accept electronic referrals from other state-administered programs for determination of eligibility and subsequent enrollment in the Florida Health Choices program. See also: Outreach Management System.

F. Enrollment Management

The Administrator shall be responsible for designing, programming, testing, installing, and maintaining a comprehensive, automated, enrollment management system (the System) to provide the core solution the Corporation is seeking.

1. System Design

The Corporation must approve the design of the System. The Administrator's system shall have the capabilities described below:

- Establish and maintain accounts for enrolled participants and their dependents
- Menu-driven records retrieval
- Security measures to meet standards of the Health Insurance Portability and Accountability Act (See also: Confidentiality)
- Cancellation/reinstatement function
- Financial services (See also: Financial Services)
- Electronic referral capability (import and export)
- Electronic screening capability for other state programs
- Electronic matching
- Insurer, plan or service provider assignment and lock-in. (In this context lock-in means the participant is assigned the chosen vendor until the next choice period and may not change insurers except under special circumstances.)
- Renewal processing
- Transmission reconciliation
- File linking (Linking scanned application/renewal images to the related electronic employer and participant accounts).
- Account maintenance
- Billing and payment options
- Correspondence generation
- Account history maintenance
- Ability to perform manual overrides
- Report generation
- Account notation. (Allows authorized users to add a note to a participant account that can be viewed immediately when someone accesses the account record.
- Late/delinquent payment notification
- Outgoing correspondence production, mailing, and history maintenance

- Mailing of Notices of Privacy Practices, including the process by which the Administrator ensures its distribution complies with federal and state laws and regulations

2. **Corporation Access**

The Corporation is also interested in the following:

- On-line access to the system for Corporation staff. At present, this includes 1 staff member, but the Administrator must plan and allow for growth from year to year. The Corporation will determine the level of access for each user. The Administrator must have a system for approving new users with the appropriate access and for reviewing all other users on a regular schedule. At present, the Corporation's user is located in Tallahassee, Florida.
- A back-up method for the Corporation to receive data if the regular access method is temporarily disabled
- On-line or other electronic method of the Corporation viewing images associated with an account

3. **Content Changes and System Changes**

When directed by the Corporation, the Administrator must modify its system to accommodate new programs and requirements including but not limited to, revising insurer offerings, insurer rate changes, and revising employer or third party contributions.

The Administrator must also make changes as directed by the Corporation due to changes in federal or state law or regulation or on any other basis, at the discretion of the Corporation. The Administrator must coordinate system change requests with the Corporation; however, the Corporation will determine the priority of system changes.

The Corporation anticipates numerous changes to the system over its life. Many of the changes may be routine and others may be much larger due to changes in state or federal law or Corporation policy. The Administrator must maintain an analysis, programming, testing and auxiliary staff to perform up to 3,000 hours of work per year, over and above the implementation of ITN requirements and maintenance work described in this ITN at no additional charge to the Corporation. This unit will work on priority projects determined by the Corporation. The Administrator is responsible for supervision of the staff. All hours worked will be separately recorded and reported.

These 3,000 hours may not be used for system implementation, maintenance, operation, or corrections as these are the responsibility of Administrator.

4. **Transmission of Data**

The Administrator will make electronic transmissions of participant information to their choice of insurer, health plan, or other service providers approved by the Corporation in a format to be determined. The Corporation proposes one regular transmission of data to each provider each month and one supplemental transmission.

At least quarterly, electronic transmission of enrollment data to the Corporation's evaluation and research subcontractor will be required.

The Administrator must be able to send and receive files to and from any authorized source by all of the following methods:

- Bulletin Board.
- Compact Disk.
- File Transfer Protocol (FTP) site that complies with the requirements of HIPAA, and any subsequent and other applicable state or federal laws and regulations as those relate to the Corporation's data.
- Encrypted email that complies with the requirements of HIPAA, and any subsequent and other applicable state or federal laws and regulations as those relate to the Corporation's data.
- As technology advances, the Administrator can provide alternative transmission methods for approval by the Corporation.

The Administrator will provide a data dictionary to the Corporation for approval prior to implementation, and must provide any changes to the data dictionary for the Corporation's approval prior to implementing the change.

5. **Account Maintenance**

The Administrator will be responsible for maintenance of existing accounts. At a minimum, the Administrator's account maintenance system shall accommodate all of the features listed below:

- Changes in contact information
- Process changes in vendor choice
- Account update due to change in family composition. (add/remove a family member)

- Account terminations (due to death or disenrollment)
- Linking of updated or duplicate applications and correspondence received for existing accounts
- Acceptance of special choice changes (as permitted by the Corporation) and annual choice changes during renewal periods
- Transfer enrollment to another insurer or service provider when a vendor withdraws from the program or when the participant elects a new choice
- Electronic application of changes in account data as notified by the employer or participant
- Transmittal of participant data to chosen plans and service providers in a format and frequency that will be determined by the Corporation
- File transfers will be electronically time and date stamped and archived
- All file transfers will be confirmed and reconciled
- Provide verifications to vendors
- Research documents received by the Corporation or the Administrator
- Send confidentiality forms to participants that allows a third party to access but not change account information
- Process returned mail and update address changes received from the U.S. Postal Service.
- Continuing eligibility verification
- Vendor and other third party transmissions including referrals to and from other state programs at the Corporation's option
- A renewal process

6. **Coverage and Services**

The Administrator shall maintain complete information on the offerings including effective dates, cancellations, and reinstatements by service or provider selected.

G. Financial Services

The Administrator will calculate and facilitate the collection of participant and third party contributions toward the cost of multiple program offerings. Once collected, and based upon remittance reports generated by the Administrator, the Corporation will distribute the appropriate amount to the recipient insurer and other providers of program services.

The Administrator is responsible for maintaining all financial activity on employer and participant accounts. The Administrator shall maintain account payment history and account coverage history, including manual debits for retroactive enrollment, premium credits and reimbursements as such occur on accounts. The Administrator shall provide the following financial services:

1. **Segregation of Financial Systems -** The Administrator is required to establish and maintain a separate accounting function for the Florida Health Choices program. All financial documentation and records are to remain segregated from any other business maintained by the Administrator.

2. **Segregation of Accounts –** The Administrator will deposit all funds received in bank accounts established and controlled by the Corporation. Funds may not be deposited in accounts controlled by the Administrator or comingled with any other funds.

3. **Premium Calculation –** Based upon information collected as to participant choice, and contribution amounts designated by the employer, the Administrator will calculate the amount of funds due from each source for each participant. The Administrator will make the detail available to enrolled employers and aggregate the total amount due from the employer for the payroll frequency established by the employer.

4. **Premium Collection -** Methods of accepting automated and online payments that are most convenient for employers are encouraged. Other options for premium collection may include checks, automatic deductions from checking accounts, automatic deductions from credit card accounts and any other payment methods accepted by the Administrator.

5. **Payment Processes** - Timely and accurate processing of premium payments is required to ensure timely and accurate enrollment occurs, including any customized payment services such as payroll deduction. Manual debits shall be applied when circumstances meet criteria established by the Corporation.

6. **Returned Payment Processing -** Timely and accurate processing of returned payments (insufficient funds) to ensure employer and participant accounts are correctly and timely debited.

7. **Transaction History Maintenance** – An auditable history of all financial transactions must be maintained.

8. **Financial Research** – Conduct timely and accurate research for payments that are misapplied or for payments that are received with insufficient information to identify proper application of the payment.

9. **Financial Balancing** –The Administrator will perform financial balancing on a regular and frequent basis.

10. **Remittance Processing -** At least twice monthly, the Administrator will generate detailed reports the Corporation will use for remittance of premiums and other contributions. The frequency and content of remittance reports will be developed in consultation with the Corporation and its insurance and service providers.

11. **Monthly Billing Invoice -** The Administrator will bill for its services monthly by generating a detailed invoice. Sufficient detail must be provided and allow for verification of invoice accuracy by the Corporation. The format and supporting documentation that will be required are to be determined by the Corporation.

12. **Monthly Billing Invoice –** The Administrator will ensure an auditable trail exists in the system by maintaining the correspondence history accurately, maintenance of telephone, email or web inquiries, maintenance of all financial transactions including employer or third party contributions, and other changes in account information. The Corporation will work with the successful bidder in determining the duration any history must be retained and the elements that must be retained in the system.

H. On Line Calculator

Establish and make available an on-line calculator to assist applicants and participants in determining the actual cost of coverage and services after the application of employer or third party contributions.

I. Outreach Management System

A tool to manage data from a variety of sources is of interest to the Corporation and is included in this ITN as an optional item for bidder consideration. The inclusion of this

service in the contract resulting from this ITN is at the discretion of the Corporation's Board of Directors.

Several sources of data have been identified that may be useful in designing and implementing marketing and outreach efforts to employers and potential participants. The Corporation proposes to establish partnerships with public and private agencies that may share information on businesses, professionals, corporations, and contractors licensed by, doing business with, or associated with the partner agency.

The Corporation intends to develop targeted marketing and outreach efforts for the purpose of educating potential participant employers and their employees about the Florida Health Choices Program. Marketing materials may be designed and distributed based on a variety of elements including county of residence, zip code, type or status of professional license, business type, association membership, etc. A method to accept, store, update, and sort the data, and the ability to document outreach efforts is preferred. This data warehouse may also be useful in managing referrals from other programs.

Based on its initial discussions with potential partner agencies, it is estimated that the initial file transfer will exceed one million records. Regularly scheduled file transfers are also anticipated and will occur on a frequent basis. The ability to accept data from a variety of sources with varying frequency may be beneficial to program's efforts and provide a potentially rich sources of information on the effectiveness of marketing and outreach efforts.

The data elements required for this component will be developed during the Mid-Term phase and the possibilities will likely include:

- Name and address of the business
- Name and address of the principal contact for the business
- Name and address of the licensed professional
- Type of business or professional license and current status
- Source of the data or referral
- Email address
- Phone

J. Other Requirements

1. Confidentiality

The Administrator shall ensure that all applicant and enrollee accounts are kept secure and confidential and are released only to authorities deemed proper by and in a manner approved by the Corporation. In addition, disclosure of account information must be accomplished in compliance with the HIPAA, and any subsequent and other applicable state or federal laws and regulations as those relate to the Corporation's data. In addition, the Administrator shall ensure the following:

- That its staff sign a confidentiality agreement (upon employment and annually thereafter) that is approved by the Corporation.
- That its staff receives a written statement, authorizing the release of account information prior to releasing such information to other individuals/entities. Such statement must be in a form approved by the Corporation.
- That the Administrator will comply with all requirements of the Health Insurance Portability and Accountability Act, including 45 CFR parts 160 and 164. (HIPAA)
- Ensure that any agent or subcontractor of the Administrator to whom Protected Health Insurance (PHI) is disclosed or creates PHI on behalf of the Administrator adheres to these requirements as if it were the Administrator itself.
- Develop and maintain a training program to ensure that all employees of the Administrator understand and adhere to the HIPAA requirements.
- Make internal practices, books, records, policies, procedures and other information related to the use and disclosure of PHI available to the Corporation upon request for the purpose of determining the Administrator's compliance with HIPAA.
- Return all PHI to the Corporation at the conclusion of the contract resulting from this solicitation, with any agreed extensions; retain no copies of the PHI; and certify to the Corporation that the Administrator no longer possesses any PHI resulting from this contract.
- Conduct quarterly privacy and security monitoring and provide the Corporation with reports to demonstrate compliance with HIPAA regulations.
- That the Administrator will comply with the confidentiality requirements of Florida Statutes.

2. **Reports**

The Administrator will provide the Corporation with periodic reports. The specific reporting formats and contents will be developed during the design phase. The reporting function will include pre-defined reports and must support ad hoc reporting capabilities. Examples of report types and frequency include the following:

- Annually –

- Financial Audit of the Corporation- The administrator must cooperate with the Corporation's independent financial auditor and any other auditor the Corporation authorizes, and provide any special reports requested.
- Audit Financial Statements of the Administrator.
- System Audit - The Administrator will be required to submit an electronic data-processing system audit certifying the integrity of the electronic data processing system.

- Monthly –
  - The Administrator will provide a report that compares its actual performance to the performance standards that will be required in the contract resulting from this ITN.
  - Regular and Supplemental Reports of Coverage and Services.
  - Refunds.
  - Remittance Reports.
  - Financial Balancing.
  - Monthly Call Center Reports.
  - Suspense Report.
- Weekly –
  - Phone statistics.
  - Applications and renewals processed and pending.
  - Reconciliations.
  - Correspondence production.
- Daily -
  - Receipts.
  - Non-sufficient funds.