

**CONNECTICUT HEALTH INSURANCE EXCHANGE
d/b/a ACCESS HEALTH CT**

**REQUEST FOR INFORMATION
(RFI) FOR
CALL CENTER SERVICES**

NOVEMBER 13, 2023



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I. BACKGROUND

The primary mission of the Connecticut Health Insurance Exchange d/b/a Access Health CT (“Access Health” or the “Exchange”), Connecticut’s official state-based health insurance marketplace, is to decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best value. To accomplish this mission and meet certain requirements of the Patient Protection and Affordable Care Act (“ACA”), Access Health has developed an online shopping and enrollment experience for state residents and small businesses, as well as an extensive marketing and communication infrastructure, to raise awareness of health insurance options and facilitate consumer enrollment into healthcare coverage.

Our Values in Action

At Access Health CT, it is with our customers and our employees in mind that we seek to promote these collective values and to live by these behaviors. Our culture of acceptance welcomes and values everyone. We challenge the status quo to find new ways to grow and improve our community, our company and ourselves. Our people take pride in the service we provide, and in the spirit of the common good that we share.

- ❖ **Authenticity:** Act with sincerity, credibility and self-awareness
- ❖ **Integrity:** Commit to doing the right thing with genuine intention
- ❖ **Excellence:** Aim high and challenge the status quo
- ❖ **Ownership:** Take responsibility and initiative
- ❖ **One Team:** Collaborate to succeed
- ❖ **Passion:** Dedication to creating opportunities for great health and well-being

The ACA and its implementing regulations require state-based exchanges to provide several resources to consumers for the facilitation of enrollment into healthcare coverage. Among other things, the ACA requires the Exchange to provide for the operation of a toll-free call center that addresses the needs of consumers requesting assistance and provides information to applicants and enrollees in plain language (the “Call Center”). The Call Center regularly receives inquiries from individual consumers and answers their questions about healthcare coverage eligibility, enrollment, rates and benefits. It further assists them in enrolling in Qualified Health Plans and HUSKY Health Programs (Medicaid/Children’s Health Insurance Program (CHIP)), refers calls to Certified Independent Brokers to assist them with health plan selection, and otherwise fulfills the requirements of 45 CFR § 155.205. The Call Center must offer information in a manner that is accessible to individuals living with disabilities or with limited English proficiency.

On January 21, 2016, the Exchange issued a Request for Proposals to identify and assess potential vendors to operate its Call Center (the “RFP”). As a result of the RFP process, the Exchange selected Faneuil, Inc. (“Faneuil”) as its Call Center vendor and awarded it an initial 3-year contract. The Exchange subsequently renewed the contract for an additional two (2) years.

In 2021, the Exchange extended the Call Center vendor contract for another three (3) years with the option to extend an additional two (2) years. In December 2021, TTEC Government Solutions, LLC

("TTEC") entered into an asset purchase agreement to acquire certain assets of Faneuil, and effective April 1, 2022, Faneuil assigned, set over, and transferred to TTEC all of Faneuil's right, title and interest in, to, and under the Call Center vendor contract.

The Exchange seeks to gather information through this Request for Information ("RFI") concerning vendor capabilities, pricing, and the general options available to it regarding its current and future call center service needs. Respondents should note, this RFI is not a request for proposals (RFP) and should not be construed as such. Additionally, the Exchange makes no representation or guarantee that it will (i) issue an RFP for Call Center Services following the issuance of this RFI or (2) award a contract to a Respondent to this RFI for the operation of the Call Center.

II. CURRENT CALL CENTER ENVIRONMENT

The Call Center is one of the most public-facing elements of the Exchange's operations. It is critical for the Exchange that Call Center services consistently remain available during Call Center hours, operate efficiently and without undue delays, and are delivered according to customer expectations.

Overview of Exchange Operating Platform

The Exchange, in conjunction with the Connecticut Department of Social Services ("DSS"), has implemented an eligibility and enrollment system ("HIX"). The HIX system was built specifically for the Exchange by Deloitte Consulting LLP ("Deloitte"). Ongoing maintenance and operations for the HIX system is currently supported by Deloitte and Infosys Public Services, Inc.

The HIX system enables consumers to "self-serve" and go online to: (i) shop for health and dental plans and get a predetermination of health and dental insurance coverage eligibility, including potential premium costs; (ii) determine eligibility for HUSKY Health Programs and the Covered Connecticut Program; and (iii) determine eligibility for financial help. If a consumer is ready to enroll into healthcare coverage, the online HIX system assists the self-serve consumer with every stage of the process. Notwithstanding the foregoing, Consumers who wish to either initiate enrollment or complete an online enrollment with assistance by the Exchange may opt to do so over the telephone by calling the Exchange's Call Center.

The Call Center's customer service representatives ("CCRs") utilize the HIX system through a worker portal. CCRs also have real-time access to an Oracle Service Cloud Customer Management system ("CRM") to document calls. CCRs may not only assist consumers with enrollment, but also assist consumers with more difficult questions and transactions at any time during their relationship with the Exchange.

Upon completion and submission of the consumer's enrollment and eligibility information into the HIX system, the information is presented in real time to the Federal Data Services Hub for identity and eligibility verification. An eligibility determination is received back from the Federal Data Services Hub, instantly. This allows consumers to receive an immediate eligibility determination as well as an Advance Premium Tax Credit (APTC) dollar amount (i.e., financial help), if applicable. Once the eligibility is confirmed, the system will enable a consumer to select a health and/or dental plan, and coverage level. Those consumers who are eligible for APTCs for health coverage, will have a system generated determination of a preliminary monthly premium for them. After the enrollment is completed, an 834 file is generated nightly to the health plan carriers transmitting the consumer's enrollment data.

Overview of the Exchange Call Center Platform

TTEC currently manages the Call Center services platform and handles all inbound calls from individuals interested in applying for or renewing healthcare coverage through the Exchange. Appendix A provides a high-level overview of the volumes of calls a Call Center provider will be expected to handle for the Exchange. TTEC provides approximately between 150 (off-peak) and 400 (peak) call center representatives. The peak call period is generally November 1 through January 15 (the annual Open Enrollment Period).

The current Exchange Call Center architecture consists of several vendor/subcontractor licensed and/or owned sub-systems and interfaces. This list below is illustrative of those components and is not meant to represent a complete list at this time.

- Interactive Voice Response (IVR)
- Automatic Call Distributor (ACD)/Private Branch Exchange (PBX) Systems
- Soft Phones, IP Desk Phones and Digital Phones
- Call Management System
- Workforce Management System
- Call Recording and Agent Screen Recording System
- Reporting and Analytics System
- Intelligent Call Routing System
- Toll Free Network Service
- Toll Free Network Routing Platform
- Business Rules Engine for Hours of Operation/Per Site/Per Skill
- Outbound Dialer Notification Capabilities
- Agent, Skill Group, IVR, Call Routing and Toll-Free Reporting
- Exchange-developed Customer and Worker Portal Health Exchange platform
- Web-Based Self-Registration Application with Exchange provided registration technical assistance
- Chat and email inquiry capabilities

III. RFI GENERAL INFORMATION

The Exchange seeks to identify qualified and experienced Respondents that will submit a statement of qualifications and related pricing information for the operation of the Call Center in accordance with the Exchange's stated requirements, the ACA, implementing regulations and other federal guidance (the "Services" or "Project"). RFI responses should clearly address a Respondent's capability to deliver a Call Center that will:

1. Serve Exchange consumers with a simple and streamlined approach to ensure ease of use and customer satisfaction.
2. Facilitate the application and enrollment process and provide assistance to telephonic, web-based, and paper-based applicants.
3. Help Exchange consumers with information and choices about the overall Exchange program and low- or no-cost options, including Qualified Health Plans ("QHPs"), HUSKY Health Programs (Medicaid/Children's Health Insurance Program (CHIP)), and the Covered Connecticut Program.
4. Triage more complex questions to the Exchange's Customer Resolution Team, Certified Independent Brokers, issuers of QHPs, or the CT Department of Social Services ("DSS"), as needed.
5. Be the first point of contact for many Exchange consumers with questions about applying for, determining eligibility for, and enrolling in healthcare coverage through the Exchange.
6. Assist Exchange consumers with enrollment and information regarding insurance affordability options, including Advance Premium Tax Credits ("APTCs") and Cost Sharing Reductions ("CSRs").
7. Assist Exchange consumers with information and support during the annual IRS Form 1095 delivery period.
8. Comply with the standards set forth by the ACA and the State of Connecticut and all applicable state and federal laws, regulations, rules, and guidance.

IV. RESERVATIONS OF RIGHTS BY EXCHANGE

The issuance of this RFI does not guarantee that the Exchange will engage in an RFP process or award a contract to any Respondent. The Exchange reserves the right to withdraw, extend or otherwise modify the RFI or the related schedule or process, in any manner, solely at its discretion.

The Exchange also reserves the right to:

- Consider any source of information in evaluating responses;
- Omit any planned evaluation step if, in the Exchange's view, the step is not needed;
- At its sole discretion, reject any or all responses at any time;
- Waive any immaterial defect or informality in any response or response procedure;
- Request additional information and data from any or all Respondents;
- Disqualify any Respondent who fails to provide information or data requested herein or who provides inaccurate or misleading information or data;
- Disqualify any Respondent based on any real or apparent conflict of interest; and
- Disqualify any Respondent based on past performance on other projects.
- If applicable, rely on information provided in this RFI, including pricing information, in its evaluation of Respondents to a related RFP issued by the Exchange in the future

All responses will become the sole property of the Exchange and will not be returned.

V. PROPRIETARY MATERIAL / FREEDOM OF INFORMATION

The Exchange is a quasi-public agency and its records are public records. *See, e.g.*, Conn. Gen. Stat. § 1-200, *et seq.*; Conn. Gen. Stat. § 1-210 (b)(4); Conn. Gen. Stat. § 1-210 (b)(5)(B). Due regard will be given to the protection of proprietary or confidential information contained in all RFI responses received. However, all materials associated with this RFI are subject to the terms of the Connecticut Freedom of Information Act ("FOIA") and all applicable rules, regulations and administrative decisions.

If a Respondent wishes to preserve the confidentiality of any part of its RFI response, it will not be sufficient merely to state generally in the response that the response is proprietary or confidential in nature and not, therefore, subject to release to third parties. Instead, those sentences, paragraphs, pages or sections that a vendor believes to be exempt from disclosure under FOIA must be specifically identified as such. A convincing explanation and rationale to justify each exemption consistent with § 1-210(b) of FOIA must accompany the response. The rationale and explanation must be stated in terms of the reasons the materials are legally exempt from release pursuant to FOIA. Respondents should not request that their entire response, or the majority of the response, be confidential. The Exchange has no obligation to initiate, prosecute or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information that is sought pursuant to a FOIA request. The Respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue.

In no event shall the Exchange have any liability for the disclosure of any documents or information in its possession that the Exchange believes are required to be disclosed pursuant the FOIA or any other law.

VI. RESPONSES TO RFI

Key Dates:

Activity	Date
Issuance of RFI	11/13/2023
Written Questions Due	11/27/2023 by 4:00 p.m. EST
Answers Posted	12/11/2023
RFI Response Due	12/29/2023 by 4:00 p.m. EST

How to Deliver the Response:

1. **RFI RESPONSE DUE DATE:** Responses must be received by no later than 4:00 p.m. EST on December 29, 2023. The Exchange will not consider responses received after 4:00 p.m. EST on December 29, 2023.

2. **RESPONSES MUST BE SENT BY EMAIL TO:** CallCenterRFI.AHCT@CT.gov

Responses sent by U.S. Mail will not be accepted.

3. **RESPONSE EMAIL SUBJECT LINE MUST STATE:**

<Insert Company Name> Response to Access Health CT RFI - Call Center Services 2023

4. **RESPONSES MUST BE ADDRESSED TO:** Jeanna Walsh, Director of Operations

Introductory Cover Letter

An introductory cover letter must accompany the RFI response. The cover letter must be dated and should introduce the respondent's RFI response, list a primary contact name, email address, and phone number, and should be signed by an authorized official.

Format and Content of RFI Responses

Total length of the RFI response should not exceed thirty (30) pages. The length of the introductory cover letter or the Requirement Traceability Matrix will not be counted in the thirty (30) page criteria.

Each RFI response shall provide the information described in the "Minimum Qualifications" section, below, along with the introductory cover letter and any other information required in this RFI. Clarity and completeness are important.

Written Questions and Clarifications:

1. **WRITTEN QUESTIONS DUE DATE:** Written questions must be received by email no later than 4:00 p.m. EST on November 27, 2023. The Exchange will not answer questions received after 4:00 p.m. EST on November 27, 2023.

2. **QUESTIONS MUST BE SENT BY EMAIL TO:** CallCenterRFI.AHCT@CT.gov

3. **QUESTIONS EMAIL SUBJECT LINE MUST READ:**

<Insert Company Name> Question or Clarification re: Access Health CT RFI - Call Center Services 2023

4. **QUESTIONS EMAIL MUST BE ADDRESSED TO:** Jeanna Walsh, Director of Operations

At the discretion of the Exchange, relevant questions and the corresponding answers will be made available on or before **December 11, 2023**, only in the form of one or more addenda to this RFI and made available on the Exchange's website, <https://agency.accesshealthct.com/solicitations>, under the "Contact Us" tab beneath the "Solicitations" heading.

Contact Protocol

Respondents may not contact anyone other than the person(s) identified above in this RFI with respect to inquiries and responses to this RFI. Inquiries must be made in writing via email. No questions will be answered orally. No questions will be accepted by telephone.

Failure to comply with the stated contact and response procedures articulated in this RFI will result in the Respondent being disqualified from further consideration in the sole discretion of the Exchange.

VII. MINIMUM QUALIFICATIONS

Please describe your Company's relevant experience and performance relating to the minimum qualifications for Services, for the items set forth below:

1. Your Company's relevant experience, expertise and performance in performing the types of duties described in this RFI, including at least one example of a similar project executed in the last 24 months;
2. The personnel and other resources available for the Project;
3. The experience and qualifications of your key personnel and the name of the primary contact(s) for the Exchange;
4. Identification and description of any subcontractor(s) you anticipate using on the Project, including their area of expertise, background of key personnel, and history of work with your Company;
5. Demonstration of the necessary financial resources to fulfill the obligations described in this RFI;
6. References for at least three (3), but no more than five (5), projects/engagements to which your Company has provided call center services for ACA exchanges or similar government operations servicing eligibility and enrollment processing for healthcare programs;
7. A clear overview of the types of fees and costs as well as the pricing model your Company will apply to provide Call Center Services and any associated materials. You must define the full range of acceptable pricing models that your Company would apply to estimate costs to service the requirements of the Exchange. You must be clear on those pricing models that are unacceptable. You must separately disclose and itemize any commissions or fees anticipated to be received by your Company, any mark-ups for products and services from other vendors that would be charged to the Exchange (for any service, license, product or materials), and any consideration or compensation provided to your Company from contracted vendors that you anticipate using on this Project.
 - i. Respondents should refer to the Requirements Traceability Matrix, set forth in **Appendix B**, for detailed specifications and requirements to develop the Pricing Model and Total Fees/Costs to provide the Services.
 - ii. **Respondent's Pricing Model and applicable Total Fees/Costs, including Implementation Costs, must be provided based on a 3-year contract.**
8. Your Company's process to appropriately handle the conflicts of interest that may arise on the Project and copy of your Company's conflict of interest policy. Including how the responder would plan to comply with all applicable state and federal laws, including, but not limited to, Connecticut General Statutes Title 1, Chapter 10, concerning the State's Codes of Ethics.

9. A clear overview of your Company's hiring, training and quality management approach. Include your Company's approach to involving the Exchange in these critical functions.
10. A clear approach and plan demonstrating that your Company has effectively managed a transition from an existing call center vendor to yours. If your Company has experience transitioning services from the Exchange's current vendor, please provide an overview of that experience. If the Company is an existing AHCT Exchange vendor, this section will not be required for consideration. Please outline your transition plan and services, including, but not limited to:
 - i. Telephonic/Telecommunications
 - ii. Data Transition and Migration
 - iii. Customer Relationship Management Platform and Data
 - iv. Knowledge Management Platform and Data
 - v. Customer Contact Information
 - vi. Historical Management Information Data and Reports
 - vii. Components of cost (one time and recurring) involved in transitioning services from a prior vendor
 - viii. Please include and illustrate any other services or value-added transition areas you would provide to the Exchange.
 - ix. Integrated Voice Response (IVR)
 - x. Call center monitoring software
 - xi. Call recording and agent recording system
11. RFI responses should also include a description of the Respondent's:
 - i. Strategy for managing Exchange call volumes (See **Appendix A** for historical Exchange call volumes); and
 - ii. Standard and Customized Reporting.

VIII. REVISIONS TO RFI

If it is necessary to revise any part of the RFI, timely addenda will be posted on the Exchange's website, <https://agency.accesshealthct.com/solicitations>, under the "Contact Us" tab beneath the "Solicitations" heading. Interested Respondents are solely responsible for checking the Exchange website for RFI changes before responding.

APPENDICES:

APPENDIX A – EXCHANGE VOLUMES (HISTORICAL)

APPENDIX B – REQUIREMENTS TRACEABILITY MATRIX

APPENDIX A – EXCHANGE VOLUMES (HISTORICAL)

The following table represents historical Exchange call volumes from October 1, 2021 through September 30, 2023:

Month/Year	Calls offered to Call Center	Month/Year	Calls offered to Call Center
October 2021	62,237	October 2022	61,439
November 2021	85,573	November 2022	82,427
December 2021	107,836	December 2022	94,083
January 2022	83,702	January 2023	95,386
February 2022	64,141	February 2023	74,239
March 2022	63,584	March 2023	80,956
April 2022	52,968	April 2023	62,144
May 2022	47,687	May 2023	77,542
June 2022	46,351	June 2023	76,234
July 2022	45,124	July 2023	78,389
August 2022	52,177	August 2023	92,481
September 2022	51,572	September 2023	88,335

It is estimated that approximately 80% of all calls are related to HUSKY Health Programs, while the remaining 20% are related to QHP enrollment. This distribution fluctuates during the months of the annual Open Enrollment Period.

APPENDIX B – REQUIREMENTS TRACEABILITY MATRIX

Requirements Matrix Index

- 1 General
- 2 Core Functionality/Operations
- 3 KPI's / Performance Guarantees
- 4 Training and Development
- 5 Staffing and Workforce Management (WFM)
- 6 Quality Assurance
- 7 Customer Relationship Management (CRM)
- 8 Knowledge Management
- 9 Reporting and Data Access
- 10 Request Escalation
- 11 Problem Management
- 12 Crisis Management
- 13 Change Management/Transition Planning
- 14 Disaster Recovery & Business Continuity
- 15 Logical Security
- 16 Misc./ Other

Requirements Matrix

1.0 General

1.1	The Respondent shall coordinate the execution of all the processes between the Respondent and the Exchange in order that the individual components that make up the services are managed in an end-to-end manner.
1.2	The Respondent shall provide support to all the Exchange consumers on both a reactive and a proactive basis.
1.3	The Respondent shall manage requests from all the Exchange consumers relating to all manners of support required.
1.4	The Call Center solution and its supporting systems shall communicate with consumers in layman language, using terms that are clearly understood by the consumers and consistent with those used by the Exchange.
1.5	The Respondent shall seamlessly coordinate and integrate the Call Center with the Exchange Consumer Support infrastructure providing services to consumers, including tools, technology and processes.
1.6	The Call Center shall seamlessly coordinate and integrate with applicable Exchange IT core system components, including Web Portal enrollment, reporting, noticing, appeals, etc.
1.7	The Respondent shall provide a Call Center with processes for service delivery and service management that are based on a standard and repeatable methodology (ex. ISO-9000 conformant).
1.8	The Call Center(s) shall be located in an off-site location(s) from the Exchange (approved by the Exchange), except for temporary periods where: <ol style="list-style-type: none"> a) Calls are overflowed to a different Call Center location to handle major outages and business releases. b) Calls that overflow to a different Call Center location are handled by Call Center personnel who have been trained and are knowledgeable on the Exchange environment as evidenced through the ongoing Training and Development reporting. No overflows will be permitted to sites that have not been verified as adequately trained by the Exchange Call Center PMO at least 60 days in advance. Personnel who have not been continuously assigned to taking calls for at least 60 days prior to an Overflow transfer date will not be considered as adequately current in training required by the Exchange.
1.9	Where more than one site is proposed for the delivery of Call Center services, any switching between the sites must be seamless to callers to the Call Center.
1.10	The Respondent shall utilize personnel that are dedicated to the Exchange and are not supplying services to multiple clients of the Respondent. Personnel, whom have a break in service on the Exchange account of more than 30 days, will not be considered to be adequately current in training required by the Exchange and therefore uncertified for taking Exchange calls.

1.11	The Respondent shall provide adequate technical infrastructure that includes at a minimum, equipment (computers, phones, headsets, web cams and others), telecommunications, internet and others based on the requirements set by the Exchange.
1.12	The Respondent shall maintain currency in its technical infrastructure in accordance with any third party/outside vendor software or services that it employs for equipment, telecommunications, internet and others based on the requirements set by the Exchange. The Exchange must be notified semi-annually of compliance to third party/outside vendor currency.
1.13	The Respondent shall provide a complete infrastructure inventory that it expects to employ in delivering a Call Center solution to the Exchange. Such inventory will provide complete details of each component such as: Component Name; Vendor/Supplier Name; Installed Version Data; Vendor Commercially Available Version Data; Date of last upgrade; Date(s) of expected future upgrades; and the like. Such inventory will be updated at least semi-annually or when a change is being implemented that affects components of the Exchange solution as delivered.
1.14	The system shall facilitate voice call tracking with work flow processing and work queue functionality.

Requirements Matrix

2.0 Core Functionality/Operations

2.1	The Respondent shall establish and operate a single 1-800 hotline for consumer assistance.
2.2	The Respondent's system and procedure shall provide call monitoring capability to the Exchange of all calls answered by Call Center personnel and Voice call recordings shall be made available to designated Exchange staff as needed and retained as per Exchange records archival requirements.
2.3	The Respondent's system and procedures shall record all call inquiry information.
2.4	The Respondent's system and procedures shall be capable of assisting consumers through integrated Interactive Voice Response (IVR) technology. IVR should be capable of being customized for Exchange functionality, include the ability to confirm status, transfer caller identification data to Call Center personnel, assist in eligibility determination, confirm enrollment, assist with automated call transfers, etc.
2.5	The Respondent's system and procedures shall have the ability to manage outbound IVR campaigns.
2.6	The Respondent's system and procedures shall have the ability to add rules to outbound campaigns to actively direct consumers to inbound IVR self-service functions or to designated Call Center personnel during the conduct of outbound automated call.
2.7	The Respondent's system and procedures shall provide virtual hold and callback features when thresholds are met for wait time to allow consumers to hang up and receive an automated call when Call Center personnel is available.
2.8	The Respondent's system and procedures shall provide consumers who make contact by phone with an estimated wait time to speak with Call Center personnel. Such wait times must reflect actual Call Center response times to within 5 minutes or less throughout the day. Exchange must be able to inspect and monitor actual wait times during 15 min intervals on a daily basis in real time.
2.9	The Respondent's system and procedures shall have the functionality to allow Exchange personnel to monitor Call Center activity on a real time basis through access to Respondent Manager/Supervisor Dashboards.
2.10	The Respondent's system and procedures shall have the functionality to issue customer service reports, and other reports required by the Exchange for basic reporting.
2.11	The Respondent's system and procedures shall have the functionality to export to the Exchange all ACD, IVR and CRM statistical data and contact information.
2.12	The Respondent's system and procedures shall have the functionality to call people based on an IVR periodic call list.
2.13	The Respondent's system and procedures shall provide language translation services whether through Call Center personnel or through a language line service; TTY shall also be provided.
2.14	The Respondent's system and procedures shall have all prompts/recordings available for English and Spanish call flows.
2.15	The Respondent's system and procedures shall assign a single service ticket to each individual call received by the call center to handle each call request and/or event.
2.16	The Respondent's system and procedures shall have the capacity to assign priority levels by skillset and provide skill based routing via a telephony solution that allows consumers to reach the appropriate skill level for the Exchange's unique call and program types.
2.17	The Respondent's system and procedures shall allow for Call Center and support staff to view information about Exchange consumer status (eligibility, enrollment, as well as plan information) in real time.
2.18	The Respondent's system and procedures shall allow call center representatives to warm transfer calls to designated broker agencies. The system shall allow calls to be routed from the IVR to designated help desks in the AHCT Customer Resolution Department (CRT).
2.19	The Respondent's system and procedures shall support inquiries for all health insurance options, including CHIP, Medicaid, QHPs, SADPs, the Covered Connecticut Program, etc. to support consumers who cross programs.
2.20	The Call Center shall provide consumers with unbiased clear information and forward calls to approved Brokers who will provide support with the selection of plans that best meets consumer's needs.

Requirements Matrix	
3.0 KPIs/Performance Guarantees	
3.1	Respondent will provide a written narrative for any KPIs, corrective actions, timelines and responsible Respondent manager.
3.2	Respondent agrees the KPI period will run from contract inception to contract termination ("Performance Period")
3.3	Respondent agrees that AHCT KPIs are subject to both annual change and changes within a year as AHCT operational and financial objectives emerge.
3.4	Respondent agrees that AHCT will have review and signoff on all CSR QA protocols and measures
3.5	The Respondent will be required to provide service levels in accordance with the following Key Performance Indicators:
	1. Service Measures – Accessibility:
	<ul style="list-style-type: none"> • Blockage: weekly rate will be no more than: 2%. • Hours of Operation: available core hours of 8am to 6pm EST Monday through Friday except at Exchange approved times for system maintenance. Note: Open Enrollment hours include Saturdays 10am to 3pm and some Sundays 10am to 3pm • Abandon rate: less than 5% • Self Service: discuss readiness of Respondent to provide new platform with HIX data for self-serve
	2. Service Measures – Speed of Service:
	<ul style="list-style-type: none"> • Total Service Level: answer 90% of calls within 30 seconds, 95% of calls within 45 seconds, and 99% of calls within 60 seconds over a measurement period of each day. • Average Speed of Answer: 60 seconds or less. • Average Speed of Answer - Chat Function: average time to answer chat request 90 seconds • Ask a question service level: 72 hours • Longest Delay In Queue: Respondent must provide reason for delays and mitigation plan for future delay situations
	3. Quality Measures – Resolution:
	<ul style="list-style-type: none"> • First Call Resolution (all calls): 65% or greater. • First Call Resolution (net FCR) (resolvable calls): 85%. • Transfer Rate: to be discussed • Consumer Satisfaction: (CSAT) goal: 90% or better; min. sample size to be discussed
	4. Quality Measures – Call Process:
	<ul style="list-style-type: none"> • These will be discussed during Final planning process. • Expected to largely come from the Respondents CSR/QA Monthly Assessment process.
	5. Efficiency Measures – Contact Handling:
	<ul style="list-style-type: none"> • Average Handle Time: (AHT): 14 minutes or less (talk time before a call is resolved, closed at Tier 1 or transferred to Tier 2) • On Hold Time: the weekly average wait or hold time will not exceed 120 (one-hundred twenty) seconds per call. • After Call Work Time: Respondent CSR will adhere to 70 seconds after call for completion of case comments • Average handle time - chat function: equal to or less than 9 minutes
Requirements Matrix	
4.0 Training and Development	
4.1	The Respondent shall employ personnel that:
	a) Understand, or are trained to understand the Exchange's technology and sourcing arrangements.
	b) Monitor requests and events that are designed to meet the Exchange, Respondent and end-consumer requirements.
	c) Have adequate training on new products and services, as they become part of the Respondent's responsibilities from time to time.

	d) Are trained for a minimum of 20 work days prior to taking live calls.
	e) Are continuously trained and monitored in order to evaluate/correct quality and service-related issues. This includes Open Enrollment refresher training.
4.2	The Respondent shall ensure that Call Center personnel are properly trained on all major changes in the solutions and programs that they provide support on before the changes are effective. Respondent shall report back the completion of such training as required.
4.3	The Respondent shall have Call Center personnel that are trained and knowledgeable and able to answer questions about Exchange eligibility, benefits, services, managed care requirements, household income verification information, enrollment etc.
4.4	The Respondent shall, with Exchange approved knowledge, ensure that Call Center personnel are trained to recognize and understand comments by consumers that imply potential State and ACA rule violations and to follow the case handling procedures as explicitly documented in the Knowledge Database.
4.5	The Respondent shall, no later than March 1 of each year, and upon request by the Exchange, recommend training of knowledge and operations related to the Exchange's governance team.
4.6	The Respondent will train Call Center personnel on protocol for protecting personally identifiable and other sensitive information.
4.7	The Respondent shall continuously partner with the Exchange in the development of required training materials for Tier 1 and Tier 2 Exchange Consumer Support. All Call Center training materials will be reviewed and approved by AHCT Training area prior to staff distribution.
4.8	The Respondent shall, in collaboration with the Exchange, define the approach to training and development, including the setting (e.g. classroom, Web-based, etc.), the list of specific skills and knowledge required for each minimum skill, the personnel authorized to provide the training, and a desired outcome that can be verified. Such training components are subject to the approval of the Exchange throughout the Contract period.
4.9	The Respondent shall provide all the necessary training and development that is needed by all Call Center personnel to acquire and maintain the skills and knowledge required for their positions.
4.10	Training is to be provided in the most effective manner, including distance learning, online web cast, hands-on labs, interactive scenarios and classroom based education to insure Call Center personnel are aware and capable of resolving the Exchange consumer issues, and/or that Tier 1 or Tier 2 Exchange Consumer Support are aware of any changes impacting their online management of a request
4.11	The Respondent shall define a formal re-training plan for existing Call Center personnel if the Exchange's skill and knowledge requirements change. Monthly reports on retraining will be provided to the Exchange.
	The Respondent shall create and maintain a verification process for all Call Center personnel of their skillset and training that includes:
	a) Objective performance thresholds that are linked to the minimum requirements;
	b) Documentation of CSR performance and coaching (e.g. tests, scores, dates) that can be audited independently by the Exchange or its representatives;
	c) Action plans for Call Center personnel that fail to demonstrate the required skills and knowledge;
	d) Annual re-verification and reporting to the Exchange of skills and knowledge certification no later than 30 days prior to each annual Open Enrollment date;
	e) Re-verification of skills and knowledge following CSR break in service on the Exchange account as well as: changes in program, procedures, systems, etc. Respondent must provide weekly reporting to the Exchange on the status of all such re-verifications.

Requirements Matrix

5.0 Staffing and Workforce Management (WFM)

5.1	The Respondent shall be capable of staffing, operating and providing all required Call Center services and administration during a "core range" of: 8am to 6pm Monday through Friday.
5.2	The Respondent shall be capable of flexibly adjusting days and hours of outside of the core range as required to meet shifting volume demands or special events.
5.3	The Respondent shall demonstrate in its response that it will have the required physical and technical capacity as well as staffing to provide up 12 hours per day, 8am to 8pm Monday through Saturday support (level of support may vary) consistent with hours of operation as may be required by the Exchange from time to time.
5.4	The Respondent shall provide support based on the work hours defined by the Exchange.
5.5	Respondent's proposed IVR system and procedures should have required level of access and support 24/7 to ensure consumer access during hours that are not CSR staffed by the Respondent.
5.6	The Respondent shall have the capacity to provide emergency help desk and technical support on holidays, weekends, and after hours, if necessary.
5.7	The Respondent shall provide a core base of Call Center personnel that are exclusively dedicated to the servicing the Exchange consumer year round. The Exchange expects that core base to be largely co-located in the Greater Hartford-New Haven area. The Exchange expects that the turnover rate of staff in the core base will not exceed 15%

5.8	The Respondent will demonstrate that it has a turnover history for projects of this size that do not exceed 25% overall. Respondent must clearly articulate their approach to ensuring retention of skilled staff that are knowledgeable in the Exchange’s operations by staying at or below an overall 25% turnover rate. Turnover will be calculated and defined solely by the Exchange
5.9	The Respondent shall make efficient use of staff and the scheduling of that staff. The Respondent will align staff capacity with request and event arrival patterns that will meet the agreed upon performance levels that will be established at commencement and adjusted annually and seasonally.
5.10	The Respondent shall be responsible for understanding and continuously reviewing and understanding the drivers of the historical arrival patterns of requests, and forecasting future arrival patterns for each type of request arrival mode at a frequency that is appropriate, in order to meet agreed upon performance levels.
5.11	Respondent shall describe their approach to communicating issues that are arising with respect to workforce management that are expected negatively impacting the ability of the Respondent to meet agreed upon performance levels in a proactive manner. Workforce management problems and their negative impact on performance should always be communicated PRIOR to the Exchange receiving the monthly Performance report.
5.12	Respondent shall provide a brief narrative summarizing their proposed Staffing Plan (transition and ongoing) – including recruiting, evaluation and performance
5.13	Respondent shall clearly indicate which resources it is proposing that will be dedicated to this project on a full-time equivalency basis in the Responder’s Staffing Plan. Please note that the Exchange is expecting a dedicated set of core resources – both in the Call Center and for Program oversight and development - that are committed to this project, the transition and its timely success
5.14	Respondent shall provide an organizational chart, including identification (roles, responsibilities, skills, and qualifications) and locations of all Respondent management and personnel that will be assigned to the Exchange – both for Transition and Ongoing Operations.
5.15	Respondent shall include the following in the Staffing Plan:
	a) List all roles and key resources proposed for the project. The Respondent must list the key ongoing staff as well as any interim staff needed to complete the project. Respondents list must include the full time equivalency it has included for each identified resource in the Respondent’s planning and pricing for the transition and ongoing operations separately
	b) Provide an Ongoing Operations organizational chart for this project, showing the Respondent’s team and how it will interact with the Exchange and its supporting entities. Also, include a narrative describing the Ongoing Operations organization and interactions.
	c) Provide an Transition Operations organizational chart for this project, showing the Respondent’s team and how it will interact with the Exchange and its supporting entities. Also, include a narrative describing the Transition organization and interactions.
	d) Respondent must clearly document the nature and extent of the management, administrative and/ or technical staffing support that is being proposed to provide ongoing operations and development support for changes that are inevitable over the course of the contract in the following areas it is expected to provide services for:
	i. Reporting and Analytics
	ii. Telephonics and Systems (ACD, IVR, CRM, etc.)
	iii. Quality Assurance/Audits
	e) Resumes must be included as part of the Staffing Plan that highlights relevant skills and qualifications of all key staff proposed for both Transition and Ongoing
	f) Included three (3) client references for all key staff proposed (Name, title, phone, e-mail, and project).

Requirements Matrix

6.0 Quality Assurance

6.1	The Respondents systems and procedures shall include controls for tracking service requests and inquiries for accuracy of information.
6.2	The Respondents systems and procedures shall provide the capability to automate customer surveys with the capacity to configure groups of questions at intervals as required by the Exchange from time to time.
6.3	The Respondent shall conduct surveys of consumers immediately after they have used the Call Center, and report the results of the survey to the Exchange each month. With these monthly surveys, the Respondent will include a:
	a) Minimum survey sample of 25 percent of the inbound calls reported for the month.
	b) Sample that is representative across Call Types, Call Reasons and Program Types reported for the month
	c) In those months where the automated survey sample does not meet the minimum of 25 percent of inbound calls for the month and/or is not representative of the Call Types and Program Types reported for the month – the Respondent will supplement through other survey methods to reach the required sample criteria.
6.4	The Respondent shall quantify and report on the overall consumer experience on a monthly basis through consumer surveys queried for all tickets:
	a) Measuring samples must be representative of the services performed;
	b) Measuring samples that include all types of end-consumer requests received by the Respondent;

	c) Making monthly suggestions for improvements across the Exchange and the within the Respondent provided services - based on the issues identified that the Respondent will include as part of the monthly consumer survey report to the Exchange.
6.5	The Respondent shall create and maintain a process for responding to the Exchange complaints on an individual basis. The Respondents systems and procedures shall be capable of providing the Exchange to direct access for all complaint history at an individual level.
6.6	The Respondent shall take action on end-consumer dissatisfaction that is controllable by the Respondent. Respondent will provide a list of actions that believe are to be excluded from their ability to resolve as part of the response submission and quarterly thereafter.
6.7	The Respondents systems and procedures shall collate requested information from consumers regarding suggested improvements to the Respondent's service.
6.8	The Respondent shall develop an Action Plan on a monthly basis to address these suggested improvements.
6.9	The Respondent shall review the Action Plan with the Exchange for the Exchange approval within five (5) business days at the close of each month.
6.10	The Respondent shall report monthly to the Exchange's Call Center PMO and/or its designated representative the status of all progress and improvements made.
6.11	The Respondents systems and procedures shall provide access to status updates on open tickets to consumers via email, a web link or other consumer self-serve interface.
6.12	The Respondent shall proactively solicit, evaluate, and take appropriate action on feedback obtained from Call Center personnel at least monthly. Such feedback shall be summarized and reported to the Exchange monthly for prioritization of actions to be taken.
	a) This approach will include topics on process improvement, telephonics and system (e.g., CRM; HIX; etc.) recommendations.
	b) The Respondent shall evaluate and analyze the feedback and provide action plans for addressing the feedback received that has the highest potential impact on the Exchange within five (5) business days at the close of each month.
6.13	The Respondent shall develop and execute a Quality Assurance Program that promotes performance of the proposed services at a high level of quality, focusing on measuring and continuously improving call resolution, knowledge and the call center consumer experience.
6.14	The Respondent shall perform internal audits that provide the Exchange with the assurance that the Respondent is complying with its proposed Quality Assurance procedures and standards. This includes both self-audits on the metrics gathered to support Quality Assurance activities and on Respondents efforts to improve overall quality. Such audits will demonstrate Respondent compliance with Quality Assurance requirements of the Exchange. Such audits may be carried out by an independent organization that is recognized by the Exchange as an expert in Call Center/Consumer Experience Quality Assurance methods. However, such Quality Assurance audits may not be conducted by the Respondent Team or Executives directly responsible for the management of the Exchanges services, they must be conducted by an internally
6.15	The Respondent shall participate in ongoing continuous-improvement programs that the Exchange will oversee jointly with the Respondents Quality experts, including collaborating with an independent Quality Assurance vendor as needed.
6.16	The Respondent shall, before the end of the implementation period, supply the Exchange with a Quality Assurance Plan associated with proper execution including but not limited to clear articulation of Quality Assurance performance tools, processes and knowledge.
6.17	The Respondent should supply details of any industry-recognized quality standard to which it is, or will become, compliant (including a timeframe for compliance, if not already achieved), as well as any awards received over the last 18 months. Please indicate all quality programs that are externally measured (e.g., Six Sigma, ISO 2000, ITIL, etc.) and how such certifications would directly benefit the Exchange Call Center.

Requirements Matrix

7.0 Customer Relationship Management (CRM)

7.1	The Respondent's systems and procedures shall track all client encounters and associated in a CRM solution.
7.2	The Respondent's systems and procedures shall analyze request trends, recommend and implement actions, with the Exchange's approval, to reduce requests, including:
	a) Increasing the availability of self-help capability, such as providing on-line FAQs and help documentation for common problems across Call Centers.
	b) Keeping consumers regularly updated with alerts advising of any new or changed information.
7.3	The Respondent shall develop and document all processes regarding interfaces, interaction, and responsibilities between Tier 1 Exchange Consumer Support personnel, Tier 2 Exchange Consumer Support personnel, Exchange IRD and any other internal or external persons or entities that may either submit a request or receive a request.
7.4	The Respondent shall provide and maintain instructions for consumers to access the services.
7.5	The Respondent shall make the instructions available to consumers via various media. Media must be approved by the Exchange and may include regular internal newsletter distribution, access via the Intranet, or inclusion in the Exchange staff training, etc.
7.6	The Respondent's systems and procedures shall, at the Respondent's expenses, provide the Exchange with appropriate licenses and/or interfaces to use the CRM solution and database (or any replacement thereof).

7.7	The Respondent shall grant the Exchange access to the CRM solution, including data, from all applicable locations where the services are performed, and allow the Exchange to independently monitor and view the knowledge database on an ongoing basis (Exchange staff will have unrestricted access to CRM platform and data sets).
7.8	The Respondent shall limit access to the CRM solution to the agreed levels for the type of users (Consumers, Exchange, other Exchange retained vendors) who require access to the Respondent's systems and procedures
7.9	The Respondent shall provide a CRM solution that will:
	a) Securely segregate the Exchange data so that it can be accessed only by those authorized to comply with Government security requirements and in accordance with the State policy.
	b) Track information for each request submitted to (or originating from) the Exchange customer service units (i.e., IRD; 1095 Teams) and the Respondents Call Center, including, at a minimum, the date and time the request was raised, a request tracking number, a description of the request, length of the call, relevant information about the consumer reporting the request, and a record of the action taken.
	c) Identify call types designated by the Exchange for expedited service.
	e) Provide functionality within the CRM solution to manage information for each service request submitted to, and originating from, the Respondent.
7.10	The Respondent's systems and procedures shall be able to follow the caller's service request resolution and tracking including detection and reporting; classification and initial support; investigation and diagnosis; resolution and recovery; request closure; post-request process, request ownership; monitoring; tracking and communication.
7.11	The Respondent's solution shall log, track, manage and document resolution of all requests related to the services.
7.12	The Respondent shall utilize and update the solution with all relevant information relating to a request.
7.13	The Respondent's systems and procedures shall be able to make an initial determination of the potential resolution to service requests.
7.14	The Respondent's systems and procedures shall categorize calls based on the consumer's initial question in order to route the call to the correct resolving group to prevent multiple misroutes or reroutes of a ticket.
7.15	The Respondent's systems and procedures shall support a call triage and routing solution that should provide automated call routing based on content and Call Center personnel skill level requirements.
7.16	The Respondent's systems and procedures shall link multiple contacts pertaining to the same request to the associated initial request record (repeat caller information).
7.17	The Respondent's systems and procedures shall link multiple requests pertaining to the same service request to the associated service request (repeat caller information).
7.18	The Respondent's systems and procedures shall resolve as many requests as appropriate during the consumer's initial contact with the Call Center, without transferring the call or using any escalation (First Contact Resolution information).
7.19	The Respondent's systems and procedures shall resolve requests requiring Tier 1 and Tier 2 Exchange Consumer Support and close the request, including service requests only after receiving confirmation from the affected consumer that the request has been resolved to their satisfaction. Unresolved requests must be clearly indicated.
7.20	The Respondent's systems and procedures shall have functionality to handle the referencing of email and written correspondence (including complaints) in addition to phone calls that are associated with each individual request.
7.21	The Respondent's systems and procedures shall promptly process all requests, in accordance with agreed upon service levels that will be established periodically, identified by the Exchange Call Center received from consumers via phone, email or web contact.
7.22	The Respondent's systems and procedures shall follow the Exchange classification of request priority, which will be based on applicable definitions.
7.23	The Respondent's systems and procedures shall adhere to Exchange Performance metrics to ensure quick resolution, appropriate decision-making, communications, and monthly debriefs to facilitate problem avoidance or process inefficiencies in the future.
7.24	The Respondent's systems and procedures shall respond promptly to requests with accurate and appropriate information so as to meet or exceed the Service Levels.
7.25	The Respondent's systems and procedures shall be capable of tracking accuracy of information captured in accordance with Exchange established protocols and other process requirements. Such accuracy data will be reported in accordance with monthly Performance metrics.
7.26	The Respondent's systems and procedures shall dispatch/forward service requests within specified time limits to the appropriate party without compromising Service Levels or security requirements.
7.27	The Respondent's systems and procedures shall close a request, including service requests, after receiving confirmation from the affected consumer that the request has been resolved.
7.28	The Respondent shall retain overall responsibility and ownership of all requests until the request is closed, subject to the Exchange approval.
7.29	The Respondent shall track and report the progress of resolution efforts and the status of all requests, including:
	a) Review proposed extended resolution time beyond initial for each request with the appropriate party and update the status accordingly.
	b) Coordinate request tracking efforts, and provide and maintain regular communications between all parties and consumers until request reaches final resolution as confirmed by the consumer.

	c) Keep the Exchange informed monthly of changes in request status throughout the request life cycle in accordance with agreed Performance levels.
	d) Keep the Exchange informed monthly of anticipated resolution times for active (unresolved) requests.
	e) Identify potential Respondent staff training requirements (e.g., lack of basic skills in Windows), and provide recommended training actions to the Exchange monthly.
7.30	The Respondent's systems and procedures shall provide Warm-Transfer support, analysis and assistance to the Tier 1 Exchange Consumer Support for requests related to State referrals and other transfers according to the Policies and Procedures established by the Exchange.
7.31	The Respondent's systems and procedures shall document and dispatch all requests with accurate and appropriate information so as to meet or exceed the Performance
7.32	On a monthly basis, the Respondent shall provide reporting on volume of requests opened and closed per week, as well as information necessary to determine compliance with Performance Levels, particularly for Open Requests (Aging & Time to Resolution), Repeat Callers and First Call Resolution rates.

Requirements Matrix

8.0 Knowledge Management

8.1	The Respondent shall develop and maintain a central knowledge database used to capture, store, and retrieve information and solutions for reuse by Call Center personnel, Exchange CRT, and other Exchange staff. This knowledge database must enable the sharing of all Call Center policies, procedures, best practices, and methods to resolve requests among Call Center personnel, Exchange CRT, and other Exchange staff.
8.2	The Respondent shall provide primary support to the Exchange in development and maintenance of the online knowledge database and its component parts in order that it is available and current to assist with inquiries, procedures, referrals, training and problem solving.
8.3	The Respondent shall incorporate the active use of a knowledge database to assist with the resolution the processing of service requests, including: <ol style="list-style-type: none"> 1. If approved by the Exchange, make the knowledge base available online to consumers for consumer self-help or FAQs. 2. Track the use of the knowledge base and report usage statistics to the Exchange on a monthly basis, or as requested by the Exchange (i.e., the number of requests resolved using the knowledge base). 3. Manage content in conjunction with the Exchange knowledge owners to insure continued accuracy applicability of knowledge elements to the State environment. 4. Provide the Exchange with portable copy upon request of all knowledge elements pertaining to the management of the Exchange requests, including but not limited to data, request resolutions, classifications and content.
8.4	The Respondent's system and procedures shall provide the ability to identify types of requests that could/should be resolved at Tier 1 but are escalated to supervisors or the Exchanges CRT unit.
8.5	The Respondent shall provide a monthly update to the Exchange with best practices as they are identified, developed, and disseminated - including updates based on "lessons learned" and experience with similar technologies active on other client projects.
8.6	The Respondent's system and procedures shall continuously educate and support the Exchange staff on review and management of the status of open tickets.
8.7	The Respondent's system and procedures shall provide a monthly update of frequently asked questions (FAQs) regarding the services.
8.8	The Respondent's system and procedures shall identify those FAQs where recommended solutions can be designed and made available to consumers -- by either the Respondent or the Exchange -- to increase their ability to self-resolve requests.
8.10	The Respondent shall provide FAQs on a platform that is directly accessible by Exchange internal personnel and systems (i.e. Web Portal, Mobile Portal, phone, etc.).
8.11	The Respondent shall recommend and publish answers to the FAQs using a media/platform that is efficient, easy to use, and easily accessible for consumers; FAQ answers will be subject to approval by the Exchange.
8.12	The Respondent shall track the use of the FAQs used by user type (consumers, brokers, CSR's, Exchange) and report usage statistics to the Exchange on a monthly basis, or as requested by the Exchange.

Requirements Matrix

9.0 Reporting and Data Access

9.1	Provide regular progress notifications to the Exchange on current status of Tier 1 and Tier 2.
9.2	Provide regular progress notifications to the Exchange on requests escalated to Tier 3, with the frequency of such notification in accordance with Service Levels.
9.3	Provide prompt notification to the Exchange of system outages on critical systems; and otherwise provide affected consumers with regular and timely progress updates that clearly indicate the following: <ol style="list-style-type: none"> a. Nature of the request b. Estimated time to completion

	c. Potential short-term alternatives
9.4	Provide the monthly report in electronic copy in a format agreed to with the Exchange, which at a minimum includes:
	a. Key issues relating to call service request management
	b. Number of service requests during the month, grouped by service, region, and classification
	c. List of service requests, short description, reference number, and a shortcut to detailed descriptions
	d. Detailed descriptions, including timing of activities
	e. Links to Problems and Known Errors
	f. Trend analysis of the service requests reported monthly
	g. Operational report identifying emerging customer service difficulties in the prior month. Focused on continual improvement.
9.5	Provide historic and real-time self-service reporting capability to the Exchange, which include at a minimum:
	a. The number of service requests/call volume
	b. Sources of the requests
	c. Frequency regarding the types or categories of requests
	d. The duration of open request (average and quantities by age)
	e. Number of requests resolved upon first contact and number of requests that required multiple contacts
	f. Abandonment rate
	g. Availability and Call Center personnel utilization
	h. Average speed of answer
	i. Consumer satisfaction and consumer feedback
	J. Percentage of IVR usage
	K. IVR peg counts (hits) of self service menu selections
	l. Skillset reports
	m. Longest wait in queue, hold and handle times
	n. Transfers – average number of and to whom the call was transferred
	o. Peak hour statistics available in real time to the Exchange for all requested measures
	p. Other pertinent information regarding service request resolution, including Service Level measurement reporting
	q. Handle Time Statistics
	r. Customer Retention Reporting (Cancellation Requests, Terminations Inquiries, etc.)
9.6	The Respondent shall review call classification and categorization with the Exchange on a quarterly basis. Contractor shall analyze call types, reasons, and categories, and make recommendations for future improvements to call classification logic based on past quarter trends/experience:
9.7	Provide Real-time Performance Management Dashboard containing at a minimum:
	a. Call Queue and Hold Times
	b. Agent/manager Activity and Handle Time
	c. Alert System Capabilities Based on Service Business Rules
9.8	Respondent shall provide effective on-demand Respondent system performance reporting for trending and analysis of voice, system, data, and infrastructure for the following metrics:
	a. System Latency
	b. System Availability
	c. Network Utilization, Availability, and Incident reporting

9.9	Respondent shall retain the ability to provide both aggregate and non-aggregated data from multiple sources (ACD, IVR, CRM, Quality Management) to the Exchange to link call center data to the Exchange's Integrated Eligibility System at the individual caller/applicant level
9.10	Respondent shall provide the Exchange with a weekly report of Respondent availability and performance of application/telephonic systems, including the CRM.
9.11	Respondent shall plan and coordinate with the Exchange to determine the most accurate and appropriate keys to join the Exchange's integrated eligibility system data with data repositories managed by the Respondent at the customer level.

Requirements Matrix

10.0 Request Escalation

10.1	The Respondent shall be responsible to escalate unresolved problems and dissatisfied consumers according to procedures established by the Exchange.
10.2	The Respondent shall support escalation, tracking, and reporting of unresolved problems according to procedures established by the Exchange.
10.3	The Respondent shall provide prompt communication to the Exchange of any requests that are unresolved or backlogged, or as requested by the Exchange.
10.4	The system shall be capable of; Identifying the creator of the request record, tracking the progress of resolution effort; ageing the request, escalating requests to the appropriate levels for resolution and closing a request.
10.5	The system shall, where necessary, coordinate with Exchange staff for request resolution for Tier 3 requests.
10.6	The Respondent shall, for requests that Respondent reasonably believes cannot be resolved, communicate to the Tier 3 support the: nature of the problem, the reason why the Respondent believes it cannot be resolved and the documentation of all efforts employed by Respondent to resolve the request to the appropriate level. Respondent then will work with the Exchange staff to determine future procedures for handling emerging issues in same/similar request types
10.7	The Respondent shall, always subject to the Exchange review and approval, develop and periodically update Request Escalation procedures and distribute such procedures to designated Respondent staff within 1 business/working day upon the release of such procedures from the Exchange.

Requirements Matrix

11.0 Problem Management

11.1	The Respondent shall be responsible to document and maintain appropriate, timely communications with the Exchange and affected consumers on all problems through final resolution.
11.2	The Respondent shall be responsible to correct all problems within the scope of the Respondent's responsibility. A problem will not be considered to be corrected until the Respondent receives validation from the Exchange that the issue is resolved.
11.3	The Respondent shall, subject to the Exchange review and approval, develop and periodically update Problem Management procedures and distribute such procedures to designated Respondent and Exchange staff.
11.4	The Respondent shall provide real time access and reporting to allow the Exchange to effectively trend and manage recurring problems identified through the Call Center.
11.5	The Respondent shall implement a robust and reportable process for Problem Management, which is approved by the Exchange to reduce the recurrence of problem
11.6	The Respondent shall implement tools accessible to Exchange Consumer Support personnel, to proactively perform Problem Management, automate the Problem Management process and identify and resolve potential Problems before they occur.
11.7	The Respondents systems and procedures shall facilitate information exchange between and among the Respondent and Exchange Consumer Support which will drive continued improvement in end-to-end Problem Management.
11.8	The Respondent shall provide monthly Problem Management reporting to the Exchange's Call Center PMO that includes:
	a) Trend analysis on the volume and category types of problem requests.
	b) Priority of Problems by business impact (as defined by the Exchange).
	c) Sources of requests and Problems by program and call type.
	d) Length of elapsed time for all open requests and Problems; and ageing report.
	e) Number of requests and Problems resolved by the Respondent; monthly and year to date.
	f) Number of requests and Problems requiring escalation to Exchange personnel or management for final resolution; monthly and year to date.
	g) Length of elapsed time for all escalated requests and Problems; and ageing report

Requirements Matrix

12.0 Crisis Management

12.1	The Respondent shall immediately notify the Exchange orally and in writing of any major Crisis event. Full write up of the event and mitigation process and milestones required by end of the day in which the event occurs.
12.2	The Respondent shall provide escalated, higher priority support services when a Crisis is declared, as requested by the Exchange and according to the Exchange specifications, if any.

Requirements Matrix

13.0 Change Management/Transition Planning

13.1	The Respondent shall actively participate in the Exchange Change Management process with the OPS-PMO. The Exchange currently uses JIRA by Atlassian and would require the Respondent to be able to use this process in working with the Exchange.
13.2	The Respondent shall plan, schedule, track and report all in-scope changes impacting Call Center services using JIRA.
13.3	The Respondent shall notify the Exchange of all planned or scheduled changes including change windows, authorization of change, reporting and communication practices that impact Call Center services.
13.4	The Respondent's systems and processes shall provide data on every change impacting Call Center services that are attempted, including status of completion, cause of any problems, and measures taken to prevent recurrence that impacts Call Center operations; including status or dispatching of tickets to Exchange staff within the State, or telephony-related issues impacting the Exchange consumer community.
13.5	The Respondent shall obtain the Exchange pre-approvals for all standard changes affecting the Call Center services which pose potential risk to the Exchange consumer community or Exchange's internal Consumer Support.
13.6	The Respondent shall obtain approval from the Exchange for all Call Center Location Changes following the Exchange Change Management process; if not possible, the Respondent should document and promptly report back to the OPS - PMO.
13.7	The Respondent shall obtain approval from the Exchange for all Emergency Changes following the Exchange Change Management process; if not possible, the Respondent should document and promptly report back to the OPS - PMO.
13.8	The Respondent shall schedule planned implementations to minimize business disruption, within defined outage windows. Any planned implementations outside of the defined outage window require Exchange approval.
13.9	The Respondent shall explain how and when it will implement the required services. The Respondent will further describe how it will transition services from the Exchanges current vendor/environment to the Respondent's proposed solution. The Respondent should also describe its expectations of the Exchange in support of the transition.
13.10	The Respondent shall include in its Transition Plan the following elements:
	a) Description of Respondent transition methodology and philosophy, including knowledge transfer and aspects of risk-mitigation.
	b) Transition roles and responsibilities (including expectations of involvement and commitment of the Exchange and other stakeholders).
	d) Expected Transition Plan deliverables (including responsibility and acceptance criteria).
	e) Description of Transition approach for the Exchange, including elements such as:
	(1) Phases
	(2) Timeline (high-level)
	(3) Service changes required to move to respondents model
	(4) Process specific transition approach
	(5) Any off-site location requirements/impacts
	(6) Communication approach and responsibilities
	(7) Knowledge transfer approach and responsibilities
	(8) Readiness testing/assessment approach and responsibilities
	(9) Acceptance procedures
	(10) The Responder's suggested approach for Transition governance
13.11	Description of metrics that will be used to identify the successful establishment of a post-transition "GO LIVE" state.
13.12	The Respondent shall detail how it will execute the implementation plan, including coordinating events with all applicable Exchange process owners, vendors and third party service providers per the scheduled plan.

13.13	The Respondent shall provide an Impact Analysis and Risk Management plan, including mitigations and contingencies, to minimize the business and technical risks in the implementation of the Exchange Call Center services.
13.14	The Respondent shall describe how they will actively lead and participate in the Risk Assessments as they pertain to the transition of the Call Center Exchange Support as requested.

Requirements Matrix

14.0 Disaster Recovery & Business Continuity

14.1	The Respondent shall continuously maintain and update the DR Plans throughout the Term of the contract in order to maintain Call Center Exchange Consumer Support for the Exchange.
14.2	The Respondent shall ensure that DR Plans comply with the Exchange external audit requirements. The Respondent shall be responsible for updating the DR Plans in the event of changes to the audit requirements.
14.3	The Respondent shall acknowledge that the Exchange retains the right to approve Respondent DR plans, related communications and other activities for which the Respondent is responsible.
14.4	The Respondent shall maintain and update a list of Key Respondent Personnel contacts and notification procedures for the Exchange, which will include Respondent and third party Respondent personnel.
14.5	The Respondent shall maintain offsite copies of all information, data, configurations, processes, procedures and other materials required for full recovery of the services so as to meet or exceed the Service Levels. Offsite storage plan and inventory must be submitted at startup and updated each July 1st to the Exchange's Senior IT manager.
14.6	The Respondent shall test all DR processes at least annually against stated DR Service Levels and provide a copy of test results comparing actual test recovery times to stated DR Service Levels to the Exchange for review no later than July 1st each year.
14.7	The Respondent shall identify at time of response and appoint a single point of contact for DR Plans, related communications and execution of DR activities. Respondent shall provide the name of the Executive to whom the DR contact reports at contract and annually on July 1st . Respondent shall certify that the Exchange has direct access to the appointed individual.
14.8	The Respondent shall prepare as part of its response; and ensure that multiple alternative methods of communication are available if normal communication channels are disrupted in the event of a disaster declaration.
14.9	The Respondent shall, in the event of a disaster, execute each applicable DR Plan as specified, including restoration of equipment, software and data, and all other functions for in-scope elements.
14.10	The Respondent shall provide all additional resources necessary for the provision of services for unaffected areas and/or realign technical resources to maintain normal business operations.
14.11	The Respondent shall identify and immediately report, both verbally and in writing, any request that increases the risk of a disaster to the Exchange based on requirements in the DR Plan.
14.12	The Respondent shall, if a disaster is declared, not discuss or disclose any information about the disaster to any third party.
14.13	The Respondent shall plan and execute tests and provide improvement recommendations as determined by the DR Plans.
14.14	The Respondent shall actively participate in post-test review meetings with the Exchange and incorporate changes into the DR Plans as indicated by the results of the post-test review process and approved by the Exchange.
14.15	The Respondent shall clearly articulate and include the risks and liabilities to be assumed by the Respondent as part of its DR accountabilities.
14.16	The Respondent shall include in its DR plan the scope of disaster recovery testing and requirements of the Exchange participation in such testing.
14.17	The Respondent shall include in its DR plan the Exchange involvement in developing a Future State disaster recovery plan, as well as any actual recovery processes it deems to be the responsibility of the Exchange.
14.18	The Respondent shall include in its DR plan the details of how it plans to provide continuous operations of the services (including the underlying systems for which the Respondent is responsible).
14.19	The Respondent shall include in its DR plan the incorporation of the Exchange corporate standards/expectations of disaster recovery into the initial and on-going disaster recovery plans.
14.20	The Respondent shall include in its DR plan the details of how it plans to ensure and provide continuous operations of the services for operating components that are provided to the Respondent by third parties and are part of the Respondents proposed solution.
14.21	The Respondent shall include in its DR plan the identification of common standards it uses to develop their baseline DR policies and procedures

Requirements Matrix

15.0 Logical Security

15.1	The Respondent shall ensure that all appropriate and legally required system security controls are in place in order to protect the Exchange data and confidentiality. The Respondent shall safeguard Exchange data and confidentiality in accordance with any and all applicable federal and state laws, including, but not limited to, the Patient Protection and Affordable Care Act (ACA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Privacy Act.
15.2	The Respondent shall have a State-approved security process that enables consumers to access information by phone while protecting confidential data.
15.3	The Respondent shall collaborate with the Exchange's Risk Management and Security/Compliance Officers to establish and maintain mechanisms to safeguard against the unauthorized access, destruction, loss, or alteration of the Exchange data.
15.4	The Respondent must describe its approach to managing information security, data privacy, and Sarbanes-Oxley (SOX) compliance as part of its solution.

Requirements Matrix

16.0 Miscellaneous/Other

16.1	The Call Center shall be tightly bound (restricted) to Exchange and/or DSS market information, processes, and systems in responding to consumer-related questions.
16.2	The Respondent agrees that any communication from the Respondent to the Exchange consumer-community must be done on behalf of the Exchange and no reference to the Respondent (i.e., the consumer-community must be under the impression that they are interacting with Exchange entity.)
16.3	The Respondent shall allow the Exchange to perform a Due Diligence review of an existing Call Center operation of the Exchanges sole choice prior to contract signing. Such review will include – but not be limited to: walkthrough of a facility, hands on demonstration of key systems/processes, introduction to key site personnel, examination of selected source documents on quality, system performance, telephonic performance, customer satisfaction data, performance metrics and results.
16.4	The Respondent agrees that any communication from the Respondent to the Exchange stakeholder community must be done with the approval, knowledge of and on behalf of the Exchange and not solely on behalf of the Respondent or its singular business interests.