REQUEST FOR PROPOSALS (RFP) FOR ICHRA PLATFORM

ADDENDUM NO. 1 – QUESTIONS AND ANSWERS
MARCH 28, 2024

1. As part of the submission, should vendors provide narrative directly in the RTM, particularly as it pertains to the tab titled I1_Implementation?

    ANSWER: Yes, narrative should be provided directly in the RTM document. If any external supporting documents are required/provided, please include the external document filename in the RTM document.

2. In the RTM there are broken External Links, can you confirm if any edits are required for the RTM?

    ANSWER: There are certain drop-down menus that are blank which may have resulted in a link error. Notwithstanding the foregoing, there is no missing data in the menus, and they should not prevent the document from being filled out.

3. "T1.2.5 – The platform shall be available 99.5% per year including planned maintenance, e.g., a maximum of 44 hours per annum". Would CT consider changing this requirement to exclude planned maintenance?

    ANSWER: Access Health CT would be open to discussing how planned maintenance figures into the uptime requirements during the negotiation stages. However, if this requirement were to be adjusted, there would still be a limit on how much downtime was allowed due to maintenance.

4. Could you provide more details on the existing technical architecture of Access Health CT's eligibility and enrollment system, specifically regarding any integration points that may be relevant for the ICHRA platform? Additionally, we are interested in understanding if there are anticipated integration requirements or synergies with the SHOP system, and any specific interfaces or protocols that would be essential for such integration.

    ANSWER: With respect to Access Health CT's eligibility and enrollment system, and its SHOP platform, there are currently no integration points that can be leveraged for the ICHRA platform. However, Access Health CT intends to integrate its eligibility and enrollment system with the ICHRA Platform, but this effort will require development effort on our part.

5. In regard to RTM item F1.3, which states "The platform will generate and deliver all required and relevant notices to Broker/Employer/Employees via preferred method (email, mail)," would you please describe all specific types of notices that will need to be delivered?

ANSWER: The ICHRA platform must have the ability to comply with all notice and documentation requirements including, but not limited to:

- **ICHRA Employee Notice (in compliance with 29 C.F.R. § 2590.702-2)**
- **All required notices pertaining to HRAs under ERISA, including ICHRA Plan Document, Summary Plan Description, Summary of Benefits and Coverage, Summary of Material Modifications, Summary of Material Reductions in Covered Services or Benefits**
- **Notices related to substantiation**
- **COBRA notices**
- **HIPAA notices**
- **Billing notices**
- **Termination notices**
- **Collection recovery & claims notices**

6. In regard to RTM line F1.6.2, which states "The platform will generate and deliver all materials required for regulatory compliance (ICHRA Initial Notices, Legal Plan Documents, Summary Plan Descriptions, etc.)," are these the same notices as F1.3 or are there additional notices?

   ANSWER: F1.3 is a broader category than F1.6.2, but the notices in F1.6.2 are included in F1.3.

7. Who will have ownership of the bank account?

   ANSWER: Access Health CT will have ownership of the bank account, but it is open to other arrangements if appropriate.

8. Does Access Health CT have any projections from the market for the number of enrollments they anticipate for year 1?

   ANSWER: Access Health CT does not have any projected enrollment numbers for year 1, however, this will be a new product offered by Access Health CT for the marketplace, and we anticipate that it will have significant support from the business community.

9. Are you planning to limit the ICHRA platform to only small businesses, or can businesses greater than 100 FTEs join?

   ANSWER: Access Health CT intends to offer the ICHRA Program to all businesses in the state of Connecticut.

10. What is CT's expectation for the go-live date for the platform?

ANSWER: Access Health CT will begin with a pilot program in Q4 of 2024 before the official launch in Q1 of 2025.

11. Is the vendor expected to do outreach, sales, broker support to increase enrollment?

    ANSWER: Access Health CT is open to vendor suggestions on outreach, sales, and broker support to assist with growing enrollment in the ICHRA Program.

12. Are there specific Connecticut state laws or regulations related to ICHRA that the platform needs to be specially configured to comply with, which are not already covered under general ACA guidelines?

    ANSWER: None currently.