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| ETF_logo_large | STATE OF WISCONSIN **Department of Employee Trust Funds**  **Robert J. Conlin**  SECRETARY | 4822 Madison Yards Way  Madison, WI 53705-9100  P. O. Box 7931  Madison, WI 53707-7931  http://etf.wi.gov |

Date: April 6, 2020

To: All Potential Proposers to ETF RFP ETI0050

RE: **ADDENDUM No. 3 to Request for Proposals (RFP) ETI0050 – Insurance Administration System**

**Acknowledgement of receipt of this Addendum No. 3:**

**Proposers must acknowledge receipt of this Addendum No. 3 by providing the required information in the**

**box below and including this Page 1 in the Tab 1 section of their Proposal.**

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| Proposer’s Company Name: |  |
|  |  |
| Authorized Person (Printed Name and Title): |  |
|  |  |
| Authorized Person’s Signature: |  |
|  | Date |

**Please note the following updates to RFP ETI0050:**

1. **ADD** to the RFP the following questions regarding RFP ETI0050 from Proposers and answers from the Department:

Vendor Q&A

| Q # | RFP Section | RFP Page | Question/Rationale | Department Answer |
| --- | --- | --- | --- | --- |
| **Q1** | **Appendix 7, #10** | **2 of 28** | 1. **How is multi-lingual content presently managed?** 2. **Which language(s) are presently supported in as alternatives to English?** 3. **What document type(s) relative to COBRA or premium billing administration presently support multi-lingual content?** | **ETF does not currently have the capability to offer multi-lingual content for printed or online documents, but we are interested in any such capabilities the Proposer’s system offers.**  **The top alternative languages for Wisconsin are:**   * **Braille** * **Spanish** * **Hmong** * **Chinese** * **German** * **Arabic** * **Russian** * **Korean** * **Vietnamese** * **Pennsylvania Dutch** * **Laotian** * **French** * **Polish** * **Hindi** * **Albanian** * **Tagalog** |
| **Q2** | **Appendix 7, #13** | **2 of 28** | **Please describe typical use case for this functionality.** | **ETF currently has only a few fillable Word documents available. We do not currently have functionality for fillable web forms or PDFs, auto-population of key account data, or any other such capabilities as described in Appendix 7, question Q13. However, we are interested in any capabilities the Proposer’s system offers in this area.**  **Any insurance-related form (e.g., application, beneficiary designation, etc.) that a customer might need to complete is a potential candidate for availability via eForm capabilities.** |
| **Q3** | **Appendix 7, #14** | **2 of 28** | **Please describe what this process looks like today (e.g., individual versus .zip batch file exchange, etc.).** | **ETF does not currently have this functionality today, but we are interested in any capabilities the Proposer’s system offers in this area.** |
| **Q4** | **Appendix 7, #17** | **2 of 28** | **Please describe the type(s) of form(s) to which e-signature processing would apply.** | **ETF does not currently have this functionality today, but we are interested in any capabilities the Proposer’s system offers related to digital signatures. Any insurance-related form (e.g., application, beneficiary designation, etc.) that, if a paper copy were used, would require a signature is a potential candidate for e-signature processing.** |
| **Q5** | **Appendix 7, #24** | **3 of 28** | **Please describe typical use case for the barcoding functionality.** | **Currently, most ETF forms contain code39 barcodes to limit manual data entry needed when scanning forms into the imaging/workflow system. Due to system limitations, however, only a few forms are populated with member-specific information included in the barcode.**  **We are interested in any functionality the Proposer’s system may offer to modernize these processes and increase efficiency and accuracy through expanded use of barcodes (e.g., 2D barcodes) or capabilities that replace their need altogether.** |
| **Q6** | **Appendix 7, #28** | **3 of 28** | **Please describe the types of messaging and widget updates as related to COBRA and/or direct billing administration.** | **ETF does not currently have the capabilities to offer customer-specific messaging or portal widget functionality, but we are interested in any such functionality the Proposer’s system may offer in this area related to insurance administration, eligibility, enrollment, coverage, premium payments, etc.** |
| **Q7** | **Appendix 7, #30** | **3 of 28** | 1. **Please describe the current process today, including anticipated invoice cycle(s) and data updates.** 2. **Are invoicing and reconciliation monthly or relative to payroll cycles?** 3. **What payment methods are presently permitted?** 4. **Does ETF expect to carry outstanding balances due from prior billing administrator forward into new IAS proposer administration?** | 1. **The current processes vary among insurance benefits and are described below. However, we are interested in any capabilities the Proposer’s system offers to streamline, enhance, and implement consistencies in invoicing dates and processes across benefits.**  * **For health insurance:**   **Currently, invoice cycles vary between local and state employers. At a high-level, the process works as follows:**   * + **Invoices are generated each month from MEBS, our current health insurance system, for employers to review.**   + **Any needed changes to coverage levels, start/end dates, etc. are made in MEBS, and a new invoice is generated.**   + **Invoices are “locked” on a pre-established date each month or when the employer has accepted the invoice, whichever is applicable for the situation.**   + **Subsequent changes are reflected in the next monthly invoice.**   + **Employers are required to pay the full amount of the invoice each month.**   **We are interested in potentially moving to a single invoicing cycle for all employers but are interested in also knowing if the Proposer’s system can handle multiple invoicing cycles.**   * **For life insurance:**   **Invoices for active employees are generated and distributed by the life insurance TPA to employers, who then submit premium payments directly back to the TPA. ETF is not currently involved in this process.**  **No invoice is currently created for retirees. For retirees receiving annuity payments, ETF submits payment each month to the life insurance TPA equal to the premiums deducted from retiree annuity payments. The TPA directly bills those retirees not receiving an annuity payment.**   * **For ICI:**   **We do not currently have an ICI enrollment database or any mechanism via which to generate a traditional invoice.**  **Currently, employers report employee counts per category or elimination period, whichever is appropriate, in MEBS. For state employers, MEBS uses that data to calculate the premiums owed. Local employers are currently on a premium holiday and do not make premium payments, although that will likely change at some point in the future.**   * **For supplemental benefits:**   + **Vision – invoicing and premium payments work in a similar manner with the Vision TPA as does life insurance with the life insurance TPA. See the “For life insurance” bullet point above for more details.**   + **Dental – employers and retirees are direct billed by the dental TPA, and all premium payments are currently made directly to that TPA.**   + **Employee Reimbursement/Commuter Benefits – No invoices are currently generated. State employers submit contributions to ETF based on the payroll deductions collected in that employer’s payroll cycle.**   **We are looking for the new IAS to compile and display financial-related information for all insurance benefits, regardless of who/which system generates the invoices and captures premium payments, in a comprehensive, cohesive view.**   1. **See answer provided in a. above.** 2. **Currently permitted methods of payment include ACH, inter-unit billing, and paper checks (for those new employers who do not yet have ACH set up). We are interested in any capabilities the Proposer’s system offers in relation to permitted payment methods and practices.** 3. **Yes, outstanding balances from our current health insurance system will need to be migrated to the new IAS.** |
| **Q8** | **Appendix 7, #33** | **4 of 28** | 1. **Please describe the sources, outside of payroll, from which premium deduction information may be received.** 2. **Does ETF have expectation that such external files would be inputs to Consolidated Billing?** | 1. **Other than payroll deduction records from employers, additional sources of premium payment information include:**  * **Employees on leave of absence, layoff, etc., who submit personal checks to employers** * **Annuity deduction** * **Life insurance conversion** * **Sick leave accounts**  1. **Yes, ETF expects that all such files and data will be inputs to the consolidated billing process in the new IAS.** |
| **Q9** | **Appendix 7, #35** | **4 of 28** | **Please clarify if ETF has custom life event requirements.** | **ETF does utilize some custom life events beyond what is required under the law. See the following for more details:** [**https://etf.wi.gov/its-your-choice/2020/state-employee-retiree-health-plan/how-choose-enroll-your-benefits/life-events-guide**](https://etf.wi.gov/its-your-choice/2020/state-employee-retiree-health-plan/how-choose-enroll-your-benefits/life-events-guide) |
| **Q10** | **Appendix 7, #37** | **4 of 28** | **Please describe typical “split contracts” use case for this functionality.** | **In general, subscribers may select any one health insurance plan listed in the Decision Guide to provide coverage for themselves and their dependents. The only exception is for retirees with split contracts (where one or more covered individuals have Medicare and one or more covered individuals do not). Such retirees may elect two (2) medical plans, of which one is a Medicare plan and the other is any other plan listed in the Decision Guide.**  **Typically, under a split contract, the individuals covered by the Medicare plan have different benefits from their family members under the non-Medicare plan.** |
| **Q11** | **Appendix 7, #44** | **5 of 28** | **Please define “Medicare coverage,” including the type of plan(s) in which ETF subscribers are enrolled.** | **ETF has a VDSA with Medicare through which Medicare regularly transmits eligibility and enrollment information to ETF. This data is incorporated into ETF systems, regardless of the covered individual’s age. This Medicare coverage information appears in employee and retiree groups, as applicable.**  **For Coordination of Benefits with Medicare, Medicare is almost always primary for retiree groups. For members enrolled in employee groups, Medicare is typically secondary under Medicare Secondary Payer rules.** |
| **Q12** | **Appendix 7, #56-60** | **6 of 28** | **Please describe ETF’s current Funds Management processes relative to the requirements described here (#56-60), including client-owned bank account interaction.** | **Today, our funds management processes cross many systems and are often manual and disjointed. We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and otherwise make these processes more efficient.**  **Currently, health insurance rates are loaded in MEBS, our existing health insurance system, which generates invoices notifying employers what to pay. See answer to question Q7 for more details. Employers are automatically notified via email when certain financial-related situations occur, such as when invoices are generated, updated or accepted; when payments are accepted or rejected, etc.**  **Employers then log into MEBS, from where they are directed to US Bank’s ePay site to make payment. The bank returns a daily file to ETF with payment data for processing.**  **ETF is interested in any capabilities the Proposer’s system offers to facilitate a link or similar connection to US Bank’s ePay site for employers to make their payments, as well as an interface that feeds invoice and payment data between IAS and US Bank. We’re interested in invoice totals locking after interfacing to US Bank so employers can’t make changes. In addition, employer payment account info must be stored in compliance with recent NACHA rule changes.**  **We are interested in any Proposer capabilities to provide these and other types of enhanced funds management capabilities, including the compilation and display of financial-related information for all insurance benefits, regardless of who/which system generates the invoices and captures premium payments, in a comprehensive, cohesive view.** |
| **Q13** | **Appendix 7, #65** | **6 of 28** | 1. **Please describe current lockbox ownership relative to ETF COBRA and Consolidated Billing administration.** 2. **Please define “other sources” referenced.** | 1. **Today, health plans generate bills to COBRA participants and collect premium payments directly from those subscribers. Our lockbox is not relevant to the COBRA process because health plans handle these payments directly. The health plans, however, are required to notify us if payments are not received so we can update coverage records accordingly.**   **For the Employee Reimbursement Accounts program, the member submits the COBRA form and payment(s) directly to ETF. The lockbox is not used for this COBRA process either.**   1. **The reference to “other sources” in this question includes other sources of premium payments such as annuity deduction, life insurance conversion, sick leave program credits, etc.** |
| **Q14** | **Appendix 7, #68** | **7 of 28** | **Please describe ETF’s current process and which part(s) of the process ETF wishes IAS vendor to manage.** | **Today, our processes cross many systems and are often manual.**  **We are interested in the Proposer’s capabilities to manage the entire process from invoice calculation through payment receipt and processing. While other systems, such as US Bank, currently do and will continue to handle pieces of the process (e.g., payment rejection, etc.), we are interested in any capabilities the Proposer offers to compile and display financial-related information for all insurance benefits, regardless of who/which system generates the invoices and captures premium payments, in a comprehensive, cohesive view.** |
| **Q15** | **Appendix 7, #69** | **7 of 28** | **Please describe the manner in which ETF bank account management integrates with referenced payment administrative processes.** | **Currently, ETF bank account management does not integrate with payment administrative processes.**  **We are interested in any capabilities the Proposer’s system offers to streamline, enhance, automate, and otherwise make these processes more efficient.** |
| **Q16** | **Appendix 7, #70** | **7 of 28** | **Please define “insurance payments” (i.e., claims versus premiums?).** | **The term “insurance payments” refers to premiums. Claims are outside of the scope of this RFP.** |
| **Q17** | **Appendix 7, #71** | **7 of 28** | **Please describe current practices, including cycle and frequency.** | **Currently, employers are automatically notified via email when certain financial-related situations occur, such as when invoices are generated, updated or accepted; when payments are made or rejected, etc. The frequency of such communication is whenever the corresponding trigger event occurs (e.g., invoice creation is monthly, but updated invoices or payment acceptance can occur at any time, etc.).**  **No member-specific payment related communication is generated or dispersed today, unless it is manually created.**  **We are interested in any capabilities the Proposer’s system offers to streamline, enhance, automate, and otherwise make these processes more efficient.** |
| **Q18** | **Appendix 7, #72** | **7 of 28** | **Please describe the manner in which ETF bank account management integrates with referenced payment administrative processes.** | **See response to question Q15 above.** |
| **Q19** | **Appendix 7, #73** | **7 of 28** | **Does ETF apply a 30-day or 60-day delinquency rule for termination due to non-payment of premium?** | **TPAs (health plans) apply a one (1) month delinquency rule for termination due to non-payment of premiums.** |
| **Q20** | **Appendix 7, #122** | **11 of 28** | **Please clarify the definition of “common data.”** | **Common data is information that is utilized within multiple systems at ETF and will be centrally managed in a Master Data Management solution. For example, person demographics (first name, last name, date of birth, etc.) would be 'common data'. Reference data (codes, lookup values, etc.) that is used by multiple systems would also be 'common data'.** |
| **Q21** | **Appendix 7, #124** | **11 of 28** | **Related to ETF’s responses Q12 here regarding banking/lockbox administration, please describe frequency of current payment data feeds relative to premium billing administration.** | **ETF calculates premiums on a monthly basis for participating employers. Employers then log into MEBS, our current health insurance system, from where they are directed to US Bank’s ePay site to make payment. The bank returns a daily file to ETF with payment data for processing.** |
| **Q22** | **Appendix 4, #4.1** | **1 of 2** | **Requirement states: Pursuant to Wis. Stat. § 16.705 (1r), Services will be performed within the United States.**  **Further explanation & definition of “services performed within the United States” i.e., client interactions or technical development work?** | **The requirement in Wis. Stat. § 16.705(1r) allows agencies to “purchase contractual services only if those services are performed within the United States.” This requirement applies to all services performed. ETF will review proposals to determine whether the services meet the criteria of Wis. Stat. § 16.705 (1r). Please also see RFP Addendum 1.** |
| **Q23** | **Appendix 4, #4.2** | **1 of 2** | **Requirement states: “all written reports, drafts, presentations, data, and meeting materials, etc.) shall become the property of the Department.”**  **Verify proper marking of documents to ensure protection of FOIA** | **See Appendix 2 – Proposer Required Form Section 4: Designation of Confidential and Proprietary Information. Also see RFP Section 2.3.2 Folder 2 requiring vendor to provide an electronic redacted proposal excluding any confidential information. Section 22.0(a)(2)(iv) of the Department Terms and Conditions also includes proprietary information in the definition of confidential information.** |
| **Q24** |  |  | **Is a benefit call center for employees and HR administrators (phone, email, and chat) support required? If so, please indicate if the following is in scope: Benefit question support, telephonic enrollment, language translative support, warm transfers to carriers, claims advocacy services, etc.**   1. **What is your current solution for employee call center? What is the scope of services they provide today?** 2. **Is manual review of dependent and life event verification paperwork in scope? If so, how many do you typically process each year?** 3. **Is QMCSO administration and qualification in scope? If so, how many do you typically receive each year?** 4. **Is EOI approvals and coordination in scope? If so, how many do you typically process each year?** 5. **Are employee eligibility appeals in scope? If so, how many do you typically process each year?** 6. **Is print fulfillment in scope? If so, please provide specifications and counts.** 7. **Do you have more than one Open Enrollment each year? If so, please indicate how many and length of each (weeks)** 8. **What percentage of your population is non-English speaking?** | 1. **A full benefit call center is not within the scope of this RFP. However, if the Proposer’s system offers full benefit call center functionality, please provide details in Appendix 7, Question Q113 and include any associated costs in Appendix 8.** 2. **ETF currently has a manual review process for dependent and life event paperwork. Although we don’t have any definitive statistics of volume, we estimate 2500-4000 such documents are received and manually reviewed each year.**   **We are interested in any capabilities the Proposer’s system may offer to streamline, automate, and manage this process.**   1. **Currently, ETF’s role in processing National Medical Support Notices (NMSN) is minimal. Employers are responsible for completing the forms for active employees and returning them to the appropriate court or child support agency. They also send a copy to ETF, where our staff then manually add the dependent to the health insurance contract. In the last year, we received 68 NMSNs from employers.**   **ETF completes this process for retirees. Typically, we receive less than five (5) NMSNs for retirees per year.**  **Although the volume is small, we need a way to process these transactions in the new IAS. We are interested in how the Proposer’s system can accommodate these occurrences.**   1. **ETF does not provide an Evidence of Insurability (EOI) option for the health insurance or supplemental benefit programs.**   **We do, however, have EOI for life and ICI. Our designated TPAs for those programs are responsible for the EOI review and approvals. In 2018, 892 EOI requests for life insurance were received, of which 666 were approved for coverage. Over the last five (5) years, ICI has averaged 298 EOI applications per year.**   1. **ETF does not provide an employee eligibility appeal option (we call this an “employer error”) for the health insurance or supplemental benefit programs.**   **We do, however, have a process to consider employer errors for life and ICI enrollment. We don’t have any definitive statistics on volume but estimate a few hundred per year. The ability to manage and facilitate this process and the subsequent enrollment for approved requests is within the scope of this RFP.**   1. **ETF is interested in any capabilities the Proposer’s system offers to generate applicable and appropriate insurance-related communication and to facilitate electronic distribution via customer web portals.**   **We do not expect the Proposer’s system to accommodate printing, stuffing, metering, and mailing functionality. That is outside the scope of this RFP.**   1. **ETF only offers one annual open enrollment period each year for health insurance and supplemental benefits, typically for four (4) weeks during the month of October, for coverage effective January 1st of the following year.**   **Life insurance does not offer an open enrollment period.**  **ICI offers two types of limited open enrollment opportunities for select groups of eligible employees:**   * **“Deferred coverage” enrollment for employees without ICI coverage who meet a narrowly defined set of eligibility criteria** * **“Supplemental coverage” enrollment for employees with ICI coverage who make more than the established maximum earnings threshold for basic ICI coverage**   **Both ICI open enrollment periods run during the months of January and February, for coverage effective April 1st of that year.**   1. **ETF does not have any statistics on this information.** |
| **Q25** |  |  | **Can the State provide a list of all anticipated integrations (inbound & outbound) from the IAS? Please include the following detail:**   1. **How many carrier/vendor EDI files (inbound and outbound) will there be? Please state the integration direction, benefit types per file, vendor.** 2. **What will be the system of record for indicative demographic data? How many inbound files for demographic data will be in scope?** 3. **How many outbound payroll deduction files will be required? To what system(s) will the payroll deduction data be sent?** | **The number and type of future integrations will depend on multiple factors including the vendor system capabilities as well as how members and employers will utilize the system.  Typically, ETF is supporting approximately 12-14 health insurance carriers at any one time, plus additional carriers for life, ICI, supplemental benefits, etc.**  **Indicative demographic data will be maintained in ETF's Master Data Management (MDM) solution and distributed to systems that need it.**  **Today, the three (3) largest state agency employers use file transfer processes to electronically submit enrollment and related data from their internal enrollment systems to ETF. We send response files back to them with data corrections for their records. No payroll deduction files are currently exchanged. All other employers manually enter enrollment information into our systems.**  **Going forward, we envision that all enrollment will occur within the IAS, either entered directly by the affected member or, for certain populations, entered by an employer and/or ETF staff based on paper enrollment forms. Enrollment and payroll deduction data will need to interface back to employers. Vendors must have the capability to interface this data back to employers via both outbound integration files and electronic reports, as employer needs and system capabilities will vary.** |
| **Q26** | **Appendix 7, #156.e.v**  **Appendix #149.c** | **15 of 28**  **14 of 28** | **Can the State please provide any department or policy requirements related to FEDRAMP or NIST certifications?** | **ETF is looking for a vendor with strong security policies following one or more industry-standard security guidelines such as NIST, FedRAMP, ISO or others.** |
| **Q27** | **Appendix 7, #184** | **17 of 28** | **Do you expect data conversion to be a part of the implementation of a new IAS? If so, how many years of data is required?** | **Yes, data conversion, or an acceptable alternative, will be an important part of a new IAS implementation. Detailed requirements, business and system cutover considerations, and system functionality will impact the type and number of years of data that may be converted. Current systems from which data may need to be converted hold multiple years of data.**  **Alternatives to data conversion, such as re-enrollment, are also potential options for consideration.** |
| **Q28** | **Appendix 7, #24** | **3 of 28** | **Can the State provide additional detail into “bar coding” requirements?** | **See response to question Q5 above.** |
| **Q29** | **Appendix 7, #24** | **3 of 28** | **Are there requirements for the vendor to support and receive paper enrollment forms?** | **No, the vendor is not expected to support and receive paper enrollment forms. Any paper enrollment forms received will be processed and entered in the IAS by employer and/or ETF staff.** |
| **Q30** | **Appendix 7, #11** | **2 of 28** | **Is adherence to Web Content Accessibility Guidelines (comparable to Section 508) acceptable to the State?** | **ETF is required to be compliant with Section 508, which incorporates by reference WCAG 2.0 guidelines.** |
| **Q31** | **Appendix 7, #41** | **4 of 28** | **Are HSA banking administration services in scope? Or is the State only interested in how the system can support business rules & enrollment in HSA plans administered by the State’s current vendor?** | **No, HSA banking administration services are not within the scope of this RFP. ETF is interested in vendor functionality related to supporting business rules and enrollment in HSA plans administered by the State’s chosen vendor(s).** |
| **Q32** | **Appendix 7, #47** | **5 of 28** | **Can the State provide more detail around the ideal situation/expectation of the vendor’s ability to manage employer group participation in insurance programs? Does this mean you’re looking for the vendor be responsible in the coordination of each employer group opting in or out of all the programs offered? Would this process take place annually? How is this process managed today?** | **Currently, ETF manages employer group participation in insurance programs through a series of manual processes. Today, ETF staff:**   * **Educate local employers on eligibility requirements and how to join/drop** * **Evaluate employer resolutions to join/drop** * **Coordinate with the consulting actuary on group underwriting** * **Issue rates and application information** * **Process applications from eligible employees and retirees** * **Annually evaluate employee participation to ensure continued employer participation eligibility.**   **See response to question Q42 below for details regarding timeframes and volume of changes to employer insurance benefit participation.**  **We are interested in any capabilities the Proposer’s system offers to streamline, enhance, automate, and effectively manage these functions.** |
| **Q33** | **Appendix 7, #49** | **5 of 28** | 1. **Can the State provide detail around the “prepaid premium payment account”? Does this refer to accounts used for billing group insurance invoices?** 2. **What does “customer” refer to in this question? The State? Employer groups/** | 1. **A prepaid premium payment account holds a balance of credits at the member level that can be used to pay for the member’s state group health insurance premiums.**   **We currently have two different kinds of prepaid premium payment accounts – one funded by sick leave credits and the other by life insurance conversion.**   1. **The term “customer” in this question refers to the individual member.** |
| **Q34** | **Appendix 7, #50** | **5 of 28** | **Can the State provide any specific requirements to “integrate and coordinate with other group insurance functions” so the vendor can respond with more detail?** | **Currently, ETF does not integrate with TPAs, so we have limited involvement and visibility related to supplemental insurance program enrollment and participation. Active employees enroll in these plans through their employers, who then forward application information directly to the TPAs. Retirees submit enrollment forms directly to the TPAs, except for the ERA program where enrollment forms are sent to ETF.**  **ETF does not currently have enrollment databases for the supplemental insurance programs. Rather, we obtain member participation records via lists from the TPAs, from which we manually review certain plans to check retiree eligibility.**  **We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and effectively track, manage, and integrate supplemental insurance program participation – including enrollment databases, elimination of manual processes, if possible, and ability to display and manage member participation in these and all other insurance programs in a comprehensive, cohesive manner.** |
| **Q35** | **Appendix 7, #56-#60** | **6 of 28** | **Can the State provide additional details related to any services requiring fund management and specific scope required? (e.g. Direct Billing, Consolidated Billing, other)** | **See responses to questions Q7-Q8 and Q12-Q17 above.** |
| **Q36** | **Appendix 7, #90** | **8 of 28** | 1. **For purposes of this question, who does “customers” refer to?** 2. **What types of “accounts” is the State looking for information to be exchanged for?** | 1. **For purposes of this question, “customers” refers to both members and employers.** 2. **In this context, “accounts” relates to insurance benefit accounts, including details such as eligibility, enrollment, coverage, premium payments, etc.** |
| **Q37** | **Appendix 7, #102-3** | **10 of 28** | **Can the state provide details related to the types of training and education required by the IAS vendor?** | **ETF does not currently have this functionality today, but we are interested in any capabilities the Proposer’s system offers in this area.**  **Examples of such training and educational opportunities might include:**   * **When a new employer user is added to the system, IAS generates a notice and required trainings regarding system usage, benefit eligibility and enrollment rules, etc., and tracks user progress in completing those trainings** * **IAS evaluates and identifies trends in employer errors and produces related trainings or other educational materials to address those errors.** * **In advance of an upcoming event, such as the Annual Enrollment period, new benefit offering, etc., IAS produces member and employer trainings or other education materials to explain the event, eligibility rules, timelines, how to enroll or change coverage, etc.** * **IAS identifies when members reach the age for Medicare eligibility and produces training or other educational materials to guide them through the decision and enrollment process.**   **Proposers are encouraged to provide details of any functionality of this nature that their systems may offer.** |
| **Q38** | **ET10050** |  | **Does the State have split family scenarios where a family member is allowed to be actively enrolled in the same benefit (i.e., medical) across different employing entities at the same time?** | **Yes, there are some situations where an individual can be actively enrolled in the same benefit program across different employing entities at the same time.**  **This type of dual coverage is prohibited for the health insurance and supplemental benefit programs but is allowed for life insurance in select circumstances (e.g., simultaneous employment at two local employers or with both a state and a local employer, coverage as both the employee and the spouse of an employee, etc.).** |
| **Q39** | **ET10050,** | **5 of 33** | **How many enrolled vs. eligible subscribers and dependents are there broken out by each benefit type? i.e.: How many employees are actually eligible for Medical? We see there are 110,237 subscribers enrolled, & 128,580 dependents. Does this mean there are only 110,237 eligible employees that would ever potentially log into the new IAS to accept or decline coverage?** | **As of 12/31/19, there were 262,932 WRS-covered employees potentially eligible for one or more types of insurance benefit programs (health, life, ICI, supplemental benefits, etc.).**  **In addition, there are approximately 800-900 Non-WRS employers (mostly small employers) who can elect to offer health insurance benefits. We do not currently have the capability to track the number of potentially eligible employees at these Non-WRS employers.**  **Table 1 in the RFP lists the number of participants (subscribers and dependents) currently enrolled in health insurance.**  **Table 2 in the RFP lists the number of participants (again, subscribers and dependents) currently enrolled in the other benefit programs.**  **No, the 110,237 employees currently enrolled in health insurance are not the only employees that would ever potentially log into the new IAS to accept or decline coverage. The total number of employees who might ever log into the new IAS is an unknown value because we don’t currently have the capability to track eligible employees; instead, we can only track those employees who have enrolled. However, we are interested in any capabilities the Proposer’s system may offer to improve our ability to track eligible employees.**  **The true count of eligible employees – those who might ever potentially log into the new IAS – is some subset of the following:**   * **262,932 currently WRS-covered employees (specifically, the employee count of those employers who participate in one or more benefit programs), PLUS** * **Employees of the 800-900 Non-WRS employers (specifically, the employee count of those employers who participate in the health insurance program).** |
| **Q40** | **ET10050,** |  | **If the HR Administrators are contacting the IAS vendor directly, what types of inquiries are expected to be supported for the HR Administrators versus the state entity.** | **ETF is interested in any capabilities the Proposer’s system offers to facilitate technical help desk line functionality (for questions related to access, passwords, login issues, etc.) for employers and members.**  **At least in the early stages following go-live, we are interested in the Proposer’s capabilities to assist us in providing this support to employers and members. Depending on the features the Proposer’s system provides to facilitate these functions, we may be interested in assuming some or all this support in the long-term.**  **A full benefit call center, capable of responding to benefit-related inquiries, is not within the scope of this RFP. However, if the Proposer’s system offers such full benefit call center functionality, please provide details in Appendix 7, Question Q113 and include any associated costs in Appendix 8.** |
| **Q41** | **ET10050,** |  | **Do all employing groups have the same Annual Enrollment period?** | **Yes, all employing groups have the same Annual Enrollment period.** |
| **Q42** | **ET10050,** |  | **Are employer groups allowed to join or drop from the State plan(s) throughout the year? If so, how often does this occur?** | **For health insurance:**   * **Wisconsin Public Employers (“local employers,” i.e., cities, counties, school districts, etc.) have a quarterly opportunity to join the State’s program and an annual opportunity (on 12/31) to drop participation.**   **The number of locals that join or drop the State plan varies from year to year, but on average, we see 5-7 employers join the program each year, while another 3-4 employers drop participation.**   * **New State employer groups only enter if/when a new State agency is created. Conversely, State employer groups only drop if/when a State agency is dissolved. Such situations are uncommon, but they do periodically happen.**   **For supplemental benefits:**   * **Local employers can only join or drop supplemental plan participation during annual open enrollment.**   **Supplemental plan participation is a new option for local employers, so we don’t yet have data on expected participation changes.**  **Supplemental dental insurance was a new offering for local employers in 2020, and 66 employers enrolled. The first drop period won’t occur until Fall 2020.**  **In 2021, we will offer the supplemental accident plan to local employers for the first time.**   * **Only two (2) state employers have the option to join and/or drop supplemental benefit coverage. For all other State employers, participation in supplemental benefit programs is automatic and required.**   **For life and ICI:**   * **All state employers are required to participate in these programs. There are no opportunities to drop participation.** * **Local employers can join these programs at the first of any month and can participation at the end of any month.**   **The number of locals that join or drop these benefits varies from month to month and year to year, but on average, we see 4-5 employers join one of these programs during a given year, while another 2-3 employers drop participation.** |
| **Q43** | **ET10050,** |  | **How many COBRA subscribers?** | **Currently, there are 209 COBRA subscribers, although this number is fluid and can vary from month to month.** |
| **Q44** | **ET10050,** |  | **How many subscribers are on Direct Bill?** | **Currently, there are 2105 subscribers on direct billing, although this number is fluid and can vary from month to month.** |
| **Q45** | **ET10050,** |  | **Does the State have an expected go-live date for the new IAS?** | **ETF does not have an expected or pre-determined go-live date to which the vendor must commit. We will select the best vendor/solution based upon its capabilities, team, and pricing model.** |
| **Q46** | **ET10050,** |  | **Do all agencies offer the same exact benefit types or can certain agencies pick and choose what they want to offer to their employees? This is just for benefit type; we did see how benefit plans/carriers can vary based on region.** | **No, all employers do not offer the exact same benefit types.**  **All state agencies, other than the UW System (UW) and UW Hospitals and Clinics (UWHC), offer the same ETF-administered health, life, ICI, and supplemental benefits. These offerings fall under the scope of this RFP.**  **The UW and UWHC offer the same ETF-administered health, life, and ICI benefits (albeit with some different eligibility rules) as other state agencies. However, they have the discretion to choose which ETF-administered supplemental benefit plans to offer their employees, so their supplemental benefit offerings may be different than those of other state agencies. All such offerings fall under the scope of this RFP.**  **In addition, the UW and UWHC have the authority to offer other supplemental benefits outside of those administered by ETF. These offerings are not within the scope of this RFP.**  **Wisconsin Public Employers (local employers) have even more discretion. They can choose to offer one or more ETF-administered health, life, ICI, and supplemental benefit programs. All such offerings fall under the scope of this RFP.**  **Local employers also have the authority to offer other supplemental benefits outside of those administered by ETF. These offerings are not within the scope of this RFP.** |
| **Q47** | **ET10050,** |  | **Of all the employer group/agencies; how many of them have more than 500 employees?** | **Currently, there are four employer groups that each cover more than 500 employees – one (1) local employer, two (2) state agencies, and one (1) state employer group that covers multiple state agencies.** |
| **Q48** | **Appendix 10** |  | **Can you point to Exhibit A that is referenced in Appendix 10?** | **Currently there is no Exhibit A. Exhibit A is drafted by the Department during contract negotiations and identifies any agreed upon changes to the RFP or the selected vendor’s Proposal, negotiated terms, and any required clarifications to the Department Terms and Conditions.** |
| **Q49** | **ET10050,** |  | **Do local Wisconsin employers submitting a bid for IAS receive any additional points?** | **No, additional points will not be awarded for proposals submitted by local Wisconsin employers. All Proposers and proposals will be scored and treated equally.** |
| **Q50** | **ET10050,** |  | **Can an employee be actively employed by two different agencies at the same time? Which agency offers the benefits?** | **Yes, an individual can be actively employed by multiple employers at the same time.**  **In most cases, Wisconsin Retirement System (WRS) participation is required before the member is eligible for insurance coverage. Typically, the employer through which the member has WRS coverage or, if the member has WRS coverage through multiple employers, the employer with whom the member works the most hours, is the one who offers and manages health and life insurance benefits.**  **Currently, ICI requires a separate enrollment at each WRS covered employer. However, we are interested in streamlining this process so that ICI coverage works like life insurance where a single enrollment covers earnings at all eligible employers.**  **Proposers are encouraged to provide details regarding the functionality their systems offer to manage these types of employment and coverage scenarios.** |
| **Q51** | **ET10050,** |  | **Who manages their retiree population? The HR Administrators across each of the employing units or a separate entity?** | **Certain local employers provide health insurance coverage for their retirees for a period of time after retirement (we call these “local paid annuitants). Insurance management for these local paid annuitants is a joint effort between the former local employer and ETF.**  **All other retirees are managed by ETF.** |
| **Q52** | **ET10050,** | **5 of 33** | **Does the 110,237 number include retiree medical subscribers?** | **Yes, the 110,237 number includes all health insurance contract subscribers, including retirees.** |
| **Q53** | ***This is related more generally across all docs and not specific to one Appendix*** |  | ***Certain provisions/requirements may need to be revised to be more consistent with a Software-as-a-Service business model, such as, by way of example, but not as a limitation, revisions related to requirements specifically related to an “on-prem” solution, intellectual property terms, additions of or revisions to certain warranties, etc. Because we believe the economics of our Software-as-a-Service subscription-based business model can be beneficial to taxpayers, is the State willing to consider revisions that provide alternative, but commercially reasonable, provisions to align more closely with our Software-as-a-Service business model?*** | **ETF may be open to modifying these items. Please highlight in your proposal any items you’d like to modify, provide explanations, and details regarding how you propose the new modified language to read. We will review and evaluate your proposed changes during the overall scoring process.** |
| **Q54** | **ET10050,** | **16 of 33** | **Would you accept an electronic version of the RFP submitted electronically in zip file via secure transmission to a site hosted by Wisconsin on 4/22, with all printed material post stamped by 4/27 with a delivery to ETF of 4/29 by 2pm central?** | **See Addendum 2.** |
| **Q55** | **Appendix 7 #97-101** | **9 of 33** | 1. **How does ETF perform this function today? Is this performed by the current eligibility and enrollment system provider, employer payroll departments, combination of both, separate vendor, etc.?** 2. **Do the sick leave hours come in from one source or multiple? i.e., data comes collected from retiree system –vs- comes individually from each employer?** 3. **What frequency does the employers perform the sick leave data transfer? Daily, weekly, monthly, quarterly, semi-annually, annually, one time and only when changes, etc.?** 4. **Are any of the employers going to submit sick leave balance data manually, and if so, how many and how often?** 5. **Will the vendor be required to setup an outside bank account for this process or will the vendor receive access to a state managed and dedicated account to manage the fund transfers for premium offsets?** 6. **Will the vendor be required to calculate sick leave balance dollar amounts or will the vendor receive dollar balances from each employer for each retiree? Example: John Doe’s information is sent over as $12,421 of sick leave funding or 815 hours of sick leave?** 7. **Will the vendor be required to perform collections if the employer certified amounts were submitted in error and the funds have already been depleted?** | **The details below describe the current processes for collecting and managing sick leave conversion credit accounts. We are interested in any capabilities the Proposer’s system offers to streamline, enhance, automate, and effectively manage these functions.**   1. **Currently, state employer payroll departments manually enter a member’s information into AcSL, ETF’s current sick leave system, which then calculates the value of the sick leave account.**   **Eligibility for a member to use the credits in a sick leave account to pay for post-retirement health insurance premiums is partially determined automatically by the system (based on validations and business rules) and partially through manual review and determination by employers and ETF staff.**   1. **The sick leave hours themselves, along with certain other relevant pieces of data needed to calculate the sick leave account values for eligible employees, are manually entered by individual employers into AcSL, as currently, this data exists solely in employer payroll systems. ETF does not currently have the functionality to capture and store that data within our existing systems to interface to AcSL, nor does AcSL have the capability to accept payroll data file transfers.**   **If an eligible employee works for multiple employers under different payroll centers, each employer must individually enter and certify sick leave data in AcSL. In such situations, eligible sick leave, even from multiple employers, will ultimately populate a single sick leave account per member.**  **ETF does house within our current legacy systems certain other pieces of data used to determine eligibility to use sick leave credits to pay premiums. Currently, some of this eligibility data interfaces between AcSL and corresponding legacy systems, while other data elements are looked up manually by ETF staff as part of their sick leave processing activities.**   1. **Sick leave and related information is typically only entered by employers into AcSL one time – when a member retires or otherwise terminates as an eligible employee. Any necessary adjustments to this information can be entered by an employer at any time.**   **Certain employment situations (e.g., multiple eligible employers, return to work in an eligible position after retirement, etc.) may result in multiple employer sick leave certifications that need to ultimately populate a single sick leave account per member.**   1. **Currently, all sick leave data is manually entered by employers into AcSL. We do not currently have the capability to upload payroll data file transfers of sick leave information into AcSL.**   **We would be interested in any capabilities the Proposer’s system offers to facilitate sick leave data upload from employers into the new IAS. However, even if such capabilities exist, there may still be some small state employers who need to ability to manually enter data for their employees. How many such employers there may be and how often they might need manual entry capabilities will depend on the new IAS system design.**   1. **No, an outside bank account will not be needed. ETF will continue to use STAR, our existing financial system, for financial transactions.**   **However, we are interested in any capabilities the Proposer’s system offers to integrate financial-related data with STAR and other systems to compile and display financial-related information in a cohesive view.**  **For example, invoicing will occur in IAS while payments will be processed in other systems. We would be interested in any capabilities the Proposer’s system offers to integrate that information into a comprehensive, cohesive display that shows what was invoiced and paid, regardless of the system in which the activity occurred.**   1. **Sick leave account values are calculated based on multiple data elements, including, but not limited to, sick leave balance, highest rate of pay, additional “matched” hours derived from an eligibility table, and other factors.** 2. **While the new IAS will not be expected to perform collections processes, we would be interested in any capabilities the Proposer’s system offers to provide information regarding who, how much, why, etc., which could then be used by our existing accounts receivable processes to collect the overpayments.** |
| **Q56** | **Appendix 7 #51** | **5 of 33** | **Is there a department, team, or centralized individual responsible for confirming a subscriber status has been moved to Death? Or does this take place across each employing unit per their own confirmation process?** | **Currently, insurance-related death processing is split between multiple business areas at ETF, each responsible for different insurance benefits.**  **However, ETF is not wedded to this arrangement. If the Proposer’s system offers functionality for insurance-related death processing where automation, consolidation, and streamlining are possible, ETF is open to considering changes to our current operational assignments and division of duties.** |
| **Q57** | **ET10050** | **26 of 33** | **How will the evaluation committee be organized? What departments of the ETF business will be represented on the committee?** | **The evaluation committee is comprised of persons with technical and business knowledge. See State of Wisconsin Procurement Manual** [**PRO-307**](https://doa.wi.gov/ProcurementManual/Documents/PRO-307.pdf)**.** |
| **Q58** | **Appendix 4.1** | **1** | **In our delivery model, the solution is a product which is developed, maintained and customized outside the United States. Implementation services such as requirements confirmation, design, testing and training are done in the United States.**  **Would this model meet the standard defined in Wis. Stat. § 16.705 (1r) or is there a process for requesting a variance on the requirement?** | **The requirement in Wis. Stat. § 16.705(1r) allows agencies to “purchase contractual services only if those services are performed within the United States.” This requirement applies to all services performed. ETF will review proposals to determine whether the services meet the criteria of Wis. Stat. § 16.705 (1r). Please also see RFP Addendum 1.**  **There is no process for requesting a variance on the requirement, although there are exceptions to the criteria including those within the statute and exceptions for countries covered by the World Trade Organization Government Procurement Agreement.** |
| **Q59** | **RFP Section 1.2.1**  **Systems Enterprise**  **Technology** | **4** | ***As part of an enterprise technology initiative, the Department is seeking a Contractor who solely, or through the use of one or more clearly defined and well-managed Subcontractors, can provide a commercial, off-the-shelf, IAS and the consulting services to assist the Department in implementing that solution.***  **Question: Please provide any cloud hosting subscription access the State of Wisconsin could provide to the Department for the IAS solution.** | **ETF can procure, through the Wisconsin Department of Administration Division of Enterprise Technology either on-premise hosting in the state data center or cloud hosting services from the major providers.**  **Vendors are requested to indicate their preferred hosting option, which could include their own preferred hosting solution or one of the State-provided options noted above.** |
| **Q60** | **RFP Section**  **1.7**  **Clarification of the Specifications and Requirements/Vendor**  **Questions and Clarifying Questions** | **17** | ***Vendors must submit all questions concerning this RFP via e-mail (no phone calls) to ETFSMBProcurement@etf.wi.gov. The subject of the e-mail must state “ETI0050” and the e-mail must be received on or before the date indicated in Section 1.10 Calendar of Events, Vendor Questions and Letter of Intent Due.***  **Question: Please clarify if the Department would consider including a second opportunity to submit additional and follow-up questions.**  **This request is based on the current disruption to normal business operations due to the Coronavirus COVID-19 pandemic.** | **The Department will open the second round of vendor questions for the asking of any and all questions, instead of merely clarifying questions, to accommodate changes in normal business processes due to the pandemic.** |
| **Q61** | **RFP Section 2.4.1**  **Format Requirements** | **22** | ***Re Instructions for TAB 2:*** ***Include all documents requested in Appendix 6 – General Questionnaire and Appendix 7 – Technical Questionnaire immediately after the appendix requesting documentation and label the document provided with the section number it applies to.***  **Question: Please clarify if a document requested applies to two different questions, is your preference that we include the document twice, or that we include it once and refer to it as required.** | **If a vendor document is being used to answer more than one ETF question in Appendix 6 and/or 7, only submit it once, after the first question to which it is responsive. Refer to it in subsequent questions, as required, and label the document itself with all the sections of Appendix 6 and/or 7 to which it is responsive.** |
| **Q62** | **RFP** | **5-7** | **Can you please clarify the number of total eligible employees that will be solicited for annual enrollment? Is the 261,302 enrolled in life insurance the total number of eligible employees for one or more plans?** | **Annual enrollment is specific to health and certain supplemental benefits. As of 12/31/19, there were 262,932 WRS-covered employees potentially eligible to apply for coverage during annual enrollment period.**  **Currently, there are 261,302 participants in the life insurance program (Table 2 of the RFP). There is no annual enrollment period for life insurance.** |
| **Q63** | **RFP** | **5-7** | **Are eligible retirees included in Table 1 and Table 2? If not, please provide the count of eligible retirees in scope for this RFP.** | **The values in Tables 1 and 2 include enrolled retirees in those benefit programs. No all retirees are eligible to participate in all benefit programs.**  **See response to question Q111a for details regarding eligible retirees in scope for this RFP.** |
| **Q64** | **RFP 1.10** | **16** | **What is the intended live date of the system? With contracting taking part in the 2nd half of 2020, should we assume a system go-live during the 2nd half of 2021?** | **See response to Q45 above.** |
| **Q65** | **RFP** | **5** | **How many COBRA continuants (current count) are in scope for this RFP?** | **See response to question Q43 above.** |
| **Q66** | **RFP** | **4** | **Please confirm the number of eligible groups in scope for the RFP. Is it all 1,500 employers or only the ones mentioned on page 4 – 50 State agencies, Legislature, UW System, UW Hospitals and Clinics Authority, and 378 local employers?** | **Eligible groups in scope for this RFP include all 1,500 WRS employers and approximately 800-900 Non-WRS employers. However, not all employer groups currently offer insurance benefits, and, as described in question Q42, certain employers have opportunities to join and/or drop insurance benefit participation.**  **As noted on page four (4) of the RFP, 50 state agencies and 378 local and non-WRS employers currently participate in the health insurance program.** |
| **Q67** | **RFP** | **10** | **Regarding data transfers with employers, how is this done today? Are all employers able to send and receive electronic interfaces for demographic and payroll data? If not, how many do not have that capability?** | **Today, the three (3) largest state agency employers use file transfer processes to electronically submit enrollment and related data from their internal enrollment systems to ETF. We send response files back to them with data corrections for their records. No payroll deduction files are currently exchanged. All other employers manually enter enrollment information into our systems.**  **Going forward, we envision that all enrollment will occur within the IAS, either entered directly by the affected member or, for certain populations, entered by an employer and/or ETF staff based on paper enrollment forms. Enrollment and payroll deduction data will need to interface back to employers. Vendors must have the capability to interface this data back to employers via both outbound integration files and electronic reports, as employer needs and system capabilities will vary.** |
| **Q68** | **Appendix 7** | **11** | **Is a full customer call center requested as part of the solution – explaining benefits, helping participants and retiree enroll, etc. – or only a technical help desk line for employers?** | **See response to question Q24 a. above.** |
| **Q69** | **RFP** | **4** | **Please provide more information on the Medical carriers, plans, and pricing variations across the eligible populations. Names of the carriers, number of plans available by carrier, enrollment counts by employer, carrier, plan?** | **Please refer to the following Decision Guides for more details regarding our health insurance programs.**   * **State Active:** [**https://etf.wi.gov/its-your-choice/2020/20et-2107/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2107/direct) * **State retiree and COBRA:** [**https://etf.wi.gov/its-your-choice/2020/20et-2108/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2108/direct) * **Local Traditional Program Option (PO) 2/12:** [**https://etf.wi.gov/its-your-choice/2020/20et-2128/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2128/direct) * **Local Deductible PO 4/14:** [**https://etf.wi.gov/its-your-choice/2020/20et-2158/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2158/direct) * **Local Health Plan PO6/16:** [**https://etf.wi.gov/its-your-choice/2020/20et-2168/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2168/direct) * **Local HDHP PO7/17:** [**https://etf.wi.gov/its-your-choice/2020/20et-2169/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2169/direct) * **Local Annuitant Health Program (LAHP):** [**https://etf.wi.gov/its-your-choice/2020/20et-2156/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2156/direct) |
| **Q70** | **RFP** | **4** | **Please provide eligibility information across the various Medical plan offerings. Are all employees eligible for the same set of Medical plans, or does eligibility differ between employer groups? Within groups/divisions within an employer?** | **All State agency employees are eligible for the same medical plans.**  **For local employers, however, there can be more distinction. Plans and eligibility requirements are the same for all employees, but local employers can choose different program options within those plans for different groups of employees.** |
| **Q71** | **RFP** | **4** | **Please provide employee and employer cost sharing details for the various Medical plan offerings. Does pricing differ between employer groups? Within groups/divisions within an employer?** | **The employee vs. employer share of health insurance premiums varies between certain employer groups and between certain types or groups of employees within an employer.**  **Full-time employees of State agency employers pay a monthly premium based upon their chosen plan design. See page 4 of the State employee Health Benefits Decision Guide here:** [**https://etf.wi.gov/its-your-choice/2020/20et-2107/direct**](https://etf.wi.gov/its-your-choice/2020/20et-2107/direct)  **Certain part-time employees of State agency employers pay a different monthly premium rate (not shown in the Decision Guide).**  **Graduate Assistants, a separate group of state employees, pay yet another monthly premium rate, also listed on page 4 of the Decision Guide.**  **Local employers have the discretion to choose the employee premium rate from a defined list of options. ETF does not currently have the capability to track individual local employer decisions regarding employee premium rate options, but we are interested in any functionality the Proposer’s system may offer in this area.** |
| **Q72** | **RFP** | **4** | **Are Affordable Care Act 1094/1095 Forms Management and Distribution services required? If yes, how many 1095 forms were produced for the 2019 plan year?** | **Affordable Care Act 1094 and 1094 forms and their distribution are outside of the scope of this RFP.** |
| **Q73** | **RFP** | **6** | **Pre-Tax Savings Accounts: Do employer funding amounts and rules differ between employer groups for the Health Savings Account? If yes, can you provide details on the variations and types of employer funding arrangements?** | **Only State agency employees enrolled in the HDHP plan receive an employer HSA contribution, which is divided into 12 monthly installments made to employee HSA accounts.** |
| **Q74** | **It’s Your Choice Benefits Guide** | **9** | **The Benefits Guide outlines 18 Medical Plan offerings with detail on these plans by county on pages 5 – 8. Are the plans listed by county the only plans eligible to an employer based in that given county? Do employers within that county have the same eligibility to all of the plans or can they only choose to offer a subset of the county’s eligible Medical plans?** | **All plans listed are available to all eligible employees of a participating employer.**  **Plans listed by county reflect those plans where “in network” services are available within the county. Most subscribers choose a plan that is available in the county where they live and/or work. However, a subscriber can choose a plan available in another county instead and travel for their medical services.**  **In general, subscribers may select any one plan listed in the Decision Guide to provide coverage for themselves and their dependents. The only exception is for retirees with split contracts (where one or more covered individuals have Medicare and one or more covered individuals do not). Such retirees may elect two (2) medical plans, of which one is a Medicare plan and the other is any other plan listed in the Decision Guide.** |
| **Q75** | **RFP** | **5** | **Please provide volume of those who pay their premiums out of 1. Annuity, 2. Pay directly, 3. Convert life insurance to pay for premiums.** | **Currently, there are 13,098 members who pay premiums through annuity deductions, 2105 members who are direct billed and pay directly, and 134 members who pay premiums via life insurance conversion. These counts are fluid and vary from month to month.** |
| **Q76** | **RFP** | **5** | **Please confirm data source for accumulated sick leave conversion credits and the Department’s ability to provide an automated interface with this information.** | **Currently, employers manually enter sick leave and related data from their payroll systems into AcSL, our existing sick leave system. AcSL then calculates and stores accumulated sick leave conversion credits for members in a database. This data is available to migrate to a new IAS, or to integrate with a new IAS if functionality to replace AcSL is not available.** |
| **Q77** | **Integration** | **12** | **What type of actions is ETF looking to accomplish with API's? Group creation? Data transfer? Employee invite initiation? Is it the expectation that the vendor will develop to the integrating platforms specs? Or may the contactor provide the specs for the requestor to develop to?** | **The exact integrations will depend on the proposed solution and its capabilities, but may include the use of ETF-provided APIs called by the proposed system to support its operations, integrations with other third party applications that the proposed system will need to access to function, or other integrations needed to synchronize data or enable multi-system workflows. ETF and the vendor will work together jointly to determine the specifications for the interfaces.  If the interface is one where other systems will be 'calling into' the vendor's system, ETF expects the vendor will provide the specifications to make those calls.** |
| **Q78** | **Project Objectives and scope** | **10** | **Executing queries and other data extractions used to determine plan trends, usage patterns facilitate statistical analysis, etc. Are there any samples available?** | **ETF does not currently have the capability to determine plan trends or usage patterns, but we are interested in any such capabilities the Proposer’s system offers. Please provide details of any such offerings your solution has or can provide.** |
| **Q79** | **Project Objectives and scope** | **11** | **"Any and all necessary software customization to meet business and functionality requirements" Is this implying that contractor must able to any future customizations not scoped in the RFP?** | **No, this statement is not implying that Proposers must be able to meet future unknown need. Rather, this statement is saying that the agency is looking to partner with the best vendor/solution capable of meeting ETF’s current business and functional needs.** |
| **Q80** | **Eforms and Portal Management** | **3** | **Eforms portal management - Can you give us some examples of what eforms you would need supported?** | **See response to question Q2 above.** |
| **Q81** | **Project Objectives and scope** | **11** | **Is it a requirement that the vendor hands over code and development to ETF developers or can they assume the responsibility?** | **ETF expects the vendor to provide all development-related activities. In certain circumstances, ETF may look to take over configuration responsibilities in the future (this is unknown at this point). However, this would depend upon the model selected and the vendor’s capabilities to handoff this responsibility.** |
| **Q82** | **Intro** | **3** | **"The Department intends to use the results of this solicitation to award a Contract for an Insurance Administration System (IAS). The Contract will be administered and managed by the Department. This RFP document, its attachments, addendums, and the awarded Proposal will be incorporated into the Contract."** | **There is no question here.** |
| **Q83** | **Income Continuation** | **7** | **Is ETF looking for a solution to track member eligibility (i.e., elimination period)? Or is ETF looking to be able to enroll after elimination periods stated?** | **ETF is looking for the new IAS to manage and facilitate ICI eligibility, enrollment, invoicing, and premium payments. To do so will require the capture and tracking of multiple data elements, including, but not limited to, both eligible and enrolled employees, ICI salary basis, premium categories, elimination periods, year-end sick leave data, etc.** |
| **Q84** | **Income Continuation** | **7** | **Does solution need to track sick leave?** | **Certain sick leave data elements will be needed to accurately manage and facilitate ICI eligibility, enrollment and invoicing. Currently, that sick leave data exists solely in state employer payroll system records and does not interface with ETF systems. We are interested in any capabilities, functionality, and recommendations the Proposer’s system offers to effectively manage this benefit program.** |
| **Q85** | **Project Objectives and scope** |  | **Do all member change transactions need to be reviewed by a human, or can system validations and rules engines mitigate manual audit requirements? Also, who is required to audit in this arrangement, the Business Associate, or the Covered Entity?** | **ETF anticipates that some transactions will be candidates for automatic system validation via business rules and other validation parameters established during design sessions. However, it is not possible at this point to determine if all (or which ones, if not all) member change transactions could be handled via system processing.**  **The appropriate party to audit a particular transaction will depend on the specifics of that transaction, what system validations exist, data source, etc. Decisions regarding the appropriate party to audit a given transaction will be determined during design sessions.** |
| **Q86** | **Project Objectives and scope** | **11** | **"A warranty that starts with the rollout of the first functional capability and concludes 12 months after the rollout of the final capability." Are all of ETF's system desired functionalities required at roll out? Or can functionality outside of standard scope be rolled out through the 12 month warranty period? If so, what functionality would be required at go-live?** | **ETF anticipates there will be only one (1) functional rollout, although we are open to other alternatives recommended by the Proposer. All in-scope functionality is expected to be ready for the go-live date. There may be certain situations where non-critical functionality is pushed out for delivery during the warranty period; however, this is not ETF’s preferred model.** |
| **Q87** | **Project Objectives and scope** | **11** | **At what point in the process is the customized documentation/collateral required? For example: at initial rollout, or is this a continuous requirement as features are rolled out and therefore should be factored into pricing?** | **ETF expects these materials to be ready in draft form for use during training and delivered as final documents at cutover.**  **If the vendor is proposing a phased approach with multiple rollouts, then documentation for the functionality in that rollout is expected to be ready for the corresponding training and cutover periods. If the vendor is proposing a single rollout, then all documentation is expected to be ready for the training and cutover periods.** |
| **Q88** | **Project Objectives and scope** | **11** | **What is the expectation/role of the developers? Does the Department anticipate developers will develop features onto the vendors product suite, or will their role be geared towards data analysis?** | **Developer roles will depend on the proposed solution, vendor capabilities, business requirements, and the functionality the solution provides for customization, configuration, integration, and data analysis.** |
| **Q89** | **Project Objectives and scope** | **11** | **Will training be a requirement at initial rollout, or shall it be factored into pricing considerations as ongoing? Is the expectation that employers will be trained at install by the Contractor, or is the expectation that an X amount of webinars will be held per year?** | **ETF expects training will be conducted for each functional rollout. If the vendor is proposing a phased approach with multiple rollouts, then training for the functionality in that rollout is expected prior to each implementation. If the vendor is proposing a single rollout, then all training is expected prior to the initial go-live date.**  **ETF is open to considering the vendor’s proposed training methodology based on successful training approaches used in past engagements for training employers. We do not have a hard requirement regarding how this can or will be accomplished. Rather, we are looking for guidance and best practices from Proposers who have successfully completed this task elsewhere.** |
| **Q90** | **Project Objectives and scope** | **11** | **Is the Department willing to consider a SaaS solution where maintenance, and enhancements are managed by the vendor? Is this a non-negotiable requirement?** | **Yes, ETF understands that maintenance, enhancements, etc. will need to be managed by the vendor for a SaaS solution.** |
| **Q91** | **Communication and management** | **2** | **Please provide more details to which languages are required.** | **See response to question Q1 above.** |
| **Q92** | **RFP** | **Systems and Enterprise Technology** | **Confirm the system of record for employment/payroll data along with any variance for actives vs. retirees.** | **Employment data is currently maintained in ETF systems. Payroll data for employees is managed and maintained by individual employers. Payroll data for most annuitants is maintained in ETF systems, excluding some local employers who handle payroll directly for their annuitants.** |
| **Q93** | **RFP** | **Health, Pharmacy and Dental Insurance Programs** | **Please describe the enrollment process for the Medicare Advantage PPO (e.g. are carrier specific enrollment forms required, will the carrier accept an electronic enrollment mechanism, etc.).** | **Today, a primarily manual enrollment process is used for the Medicare Advantage PPO plan. MEBS, our existing health insurance system, is not set up to allow retirees to electronically enter their Medicare Advantage PPO enrollment, so instead retirees submit paper applications to ETF for keying into MEBS. Enrollment details are then sent electronically to the health plan via the HIPAA 834 file.**  **We would like to see these manual processes eliminated, if possible, so we are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and effectively manage these functions.** |
| **Q94** | **RFP** | **Health, Pharmacy and Dental Insurance Programs** | **Will the health benefits administration partner receive notification of employees eligible for retiree benefits (e.g. status via the HRIS system) or is support requested for determining benefits eligibility? If the latter, please describe the calculation rules and data provided in support of the calculation.** | **ETF’s primary notification that an employee may be eligible for retiree benefits is the receipt of the employee’s retirement application. This data can be interfaced from the pension system.**  **We also receive notice from employers of employee retirements via sources such as:**   * **Sick leave credits submitted via AcSL, our existing sick leave system** * **Certain transactions, termination reasons, or contract designations entered in MEBS, our existing health insurance system** * **Verification of health insurance coverage form from local employers**   **Today, these processes are very manual and reactive, often occurring after the employee has already retired. Due to the timing of when these different activities occur, sometimes new retirees experience a temporary lapse in insurance coverage.**  **We are interested in opportunities to eliminate these manual processes and proactively identify and reach out to employees nearing retirement milestones (e.g., minimum retirement or Medicare age) to better facilitate timely retiree enrollment in insurance benefits.**  **We are also interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and effectively identify and manage employee eligibility for retiree insurance benefits.** |
| **Q95** | **RFP** | **Health, Pharmacy and Dental Insurance Programs** | **Please describe the payment process, and involved parties, for those leveraging accumulated sick leave conversion credits to pay for medical benefits (e.g. how are individuals identified, how are the credits applied to premiums, etc.).** | **Currently, ETF staff manually set up a member’s health insurance contract with a group number that indicates the premium payment source. We use this group number to identify members who are using sick leave credits to pay premiums.**  **MEBS, our current health insurance system, generates a monthly invoice for all members with the designated sick leave group number. AcSL, our current sick leave system, uses that invoice information to deduct premiums from member sick leave accounts.**  **ETF finance staff move the deducted sick leave credits to the correct general ledger account for payment to the health carriers. They also manually enter the corresponding payment information in MEBS to show that the invoice was paid.**  **We are interested in any capabilities the Proposer’s system offers to streamline, enhance, automate, and effectively manage these functions.** |
| **Q96** | **RFP** | **Health, Pharmacy and Dental Insurance Programs** | **How are retirees paying for benefits through their annuity identified (i.e., those using sick leave conversion credits vs. payment via annuity)? Please describe any integration with the pension payroll provider requested.** | **Currently, ETF staff manually set up a retiree’s health insurance contract with a group number that indicates the premium payment source. Retirees who are using sick leave credits to pay premiums have a different group number than those who are paying via annuity deduction, are direct billed, etc.**  **When a retiree’s sick leave credits are exhausted, ETF staff manually change the group number from the sick leave group number to the appropriate new group number (e.g., annuity deduction, direct bill, etc.).**  **We are interested in any capabilities the Proposer’s system offers to streamline, enhance, automate, and effectively manage these functions.** |
| **Q97** | **RFP** | **Health, Pharmacy and Dental Insurance Programs** | **Please describe the process, and involved parties, for actives/retirees converting their life insurance for the purposes of using for the payment of benefits (e.g. cash payout from the life insurance carrier).** | **There are two options for eligible members to convert their life insurance benefit to a cash value:**   * **Living Benefits** * **Life Insurance Conversion**   **Today, members send applications for Living Benefits to ETF. However, processing those applications and making any associated payments are handled by the life insurance TPA.**  **Members also send requests for life insurance conversion to ETF, where staff evaluate the member’s eligibility and calculate the conversion value. The life insurance TPA is responsible for managing conversion accounts and forwarding monthly premiums from those accounts to ETF for health insurance premiums and/or to the long-term care insurance TPA for those plans. As the conversion account nears depletion, the life insurance TPA notifies the member and ETF so alternate sources for future premium payments can be set up.**  **We are interested in any capabilities the Proposer’s system offers to streamline, enhance, automate, and effectively manage these functions.** |
| **Q98** | **RFP** | **Health, Pharmacy and Dental Insurance Programs** | **Describe the involved parties and points of integration for the process of confirming individuals have used accumulated sick leave credits before drawing down life insurance to pay health insurance premiums.** | **Today, this is a very manual process. As described in the response to question Q96 above, member health insurance contracts are assigned a group number that indicate the premium payment source. Currently, ETF staff manually review and verify the sick leave account in AcSL, our existing sick leave system, has been depleted prior to manually changing the group number to the one assigned to life insurance conversion credits.**  **We would like to see these manual processes eliminated, if possible, so we are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and effectively manage these functions.** |
| **Q99** | **RFP** | **Health, Pharmacy and Dental Insurance Programs** | **Please describe what, if any, integration is requested with the Wellness vendor as it relates to the $150 incentive.** | **The wellness program is embedded in the health program. The current $150 wellness incentive may transition to a health premium differential after the IAS is implemented. If approved, this transition will likely take 1-3 years to expand and implement for all employee types.**  **The IAS will need to capture pertinent information regarding the incentive. As the incentive transitions to a premium differential, the IAS would need to appropriately incorporate the differential in premium calculations and invoices. Since the transition from incentive to differential would occur over an extended period, the IAS will need to be flexible enough to simultaneously manage both processes for different groups of employees. All incentive and differential data will need to be integrated between ETF and the wellness vendor.** |
| **Q100** | **Website** | **1001 Coverage Requirements to Continue** | **It appears current state Medicare enrollment information is supplied to ETF via a copy of the individual's Medicare Card and/or through the VDSA. Confirm if this process is expected to continue future state or if are you seeking additional support from the future state Benefits Administration partner (believe at a minimum VDSA support to transition).** | **Yes, current state Medicare enrollment relies on ETF receiving Medicare information from one or more possible sources, such as:**   * **Copy of an individual’s Medicare card** * **Data received from:** * **VDSA** * **Navitus, our current Pharmacy Benefit Manager** * **UHC (UnitedHealthCare), our current Medicare Advantage provider** * **Other health plan Section 111 agreements with Medicare**   **We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and effectively manage functions related to a member’s Medicare enrollment and participation.** |
| **Q101** | **Appendix 7 - Technical Questionnaire** | **Communications Management and Content On Demand (10)** | **Please confirm the languages you seek to include in multi-lingual communications.** | **See response to question Q1 above.** |
| **Q102** | **Appendix 7 - Technical Questionnaire** | **Communications Management and Content On Demand (10)** | **Please describe the paper forms currently leveraged.** | **All insurance-related forms (e.g., application, beneficiary designation, coverage notifications, etc.) are within the scope of this RFP.** |
| **Q103** | **Appendix 7 - Technical Questionnaire** | **Employer Reporting and Payroll Deductions (#32)** | **Please describe the third-party systems to which payroll premium deduction information is to be provided (noted data to ETF or third-party systems).** | **ETF envisions that all future insurance enrollment will occur within the new IAS. Enrollment and payroll deduction data will need to interface back to employers for upload/processing in their payroll systems. In addition, this enrollment and payroll deduction data will need to interface to ETF’s current annuity payroll system, and ultimately, to a new pension administration system** |
| **Q104** | **Appendix 7 - Technical Questionnaire** | **Eligibility and Enrollment (#34)** | **Please describe the "coordination of benefits" support requested as it related to Eligibility and Enrollment services.** | **Currently, ETF relies on our various insurance plan vendors to individually track and share information related to coordination of benefits, other insurance coverage that members may have, whether the ETF plan is the primary or secondary payer, etc.**  **We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and more effectively manage such functions related to coordination of benefits for members with other insurance coverage.** |
| **Q105** | **Appendix 7 - Technical Questionnaire** | **Eligibility and Enrollment (#34)** | **Please provide an example of "split contract" situations (e.g. separate elections for Pre/Post 65 family members).** | **See response to question Q10 above.** |
| **Q106** | **Appendix 7 - Technical Questionnaire** | **Eligibility and Enrollment (#44)** | **For the purposes of the VDSA, is it requested that the benefits administrator being interfacing with CMS or will ETF continue supporting this function and provide results to the benefits administrator? Are you utilizing MSP, Non-MSP and/or HEW Query Only files?** | **Currently, ETF uses the MSP (quarterly) and Non-MSP (monthly) file sharing processes with the VDSA. However, we also have the capability established to utilize the HEW Query Only file sharing process if needed.**  **While this process works, we are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and more effectively manage functions related to a member’s Medicare enrollment and participation.** |
| **Q107** | **Appendix 7 - Technical Questionnaire** | **Eligibility and Enrollment (#53)** | **Please describe your current Death Audit process.** | **Currently, ETF uses two different sources to identify and compare ETF annuity accounts against death records:**   * **Berwyn Death Audit Software (BDAS)** * **Wisconsin Department of Health Services vital records**   **ETF staff then verify the death information, create death notice workflows in our existing legacy system, and update insurance and other information accordingly.**  **The entire death audit process is primarily manually completed today.**  **We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and more effectively manage these functions.** |
| **Q108** | **Appendix 7 - Technical Questionnaire** | **Third Party** | **Please describe the purpose of requested data exchange programs (outside of VDSA which is specified) and the involved federal/state agencies. Please also describe the purposes of the data exchanges with ETF's actuaries** | **Today, ETF sends eligibility, enrollment and demographic data to IBM Watson Health (IBM), the current Group Health Insurance Program data warehouse vendor, on a monthly basis to support data analytics and program management. IBM provides ETF with access to the transformed data through a web-based portal.**  **ETF also exchanges enrollment and payment-related data with our insurance vendors and TPAs. We exchange data with state agency and other employers. See responses to questions Q25 and Q67 for more details regarding data exchange with employers.**  **In addition, we exchange data with our consulting actuaries who need certain data elements to perform actuarial valuations. This data includes, but is not limited to, data related to member demographics, active employee sick leave, and other benefit related information. Some of this data resides within our current systems, while we need to collect other pieces from employers.**  **We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, automate, and more effectively manage our collection and data exchange processes.**  **Currently, any insurance or benefit related reporting required by the federal government is fulfilled by the appropriate TPA. ETF is not involved in these processes today. We do not envision this responsibility changing; however, we are interested in knowing if the Proposer’s system has the capability to accommodate this type of reporting.** |
| **Q109** | **General** | **General** | **What is the total number of entities involved in this RFP?** | **See responses to questions Q39 and Q66 above.** |
| **Q110** | **General** | **General** | **Active Population Clarification - Please confirm the breakdown of the 630,000 current and former employee population:**   1. **Understanding that there are 110,237 participating employees in GHIP, please confirm the total eligible active employee population?** 2. **It appears there are 261,302 employees participating in life insurance.  Given the above GHIP participating employee count, is it safe to assume that there is a population that will only hold life insurance on our platform? Is this simply the different between the 231,302 (participating in life) and the 110,237 (participating in GHIP) for a total of 151,065?** 3. **Confirm the administration expectations of the population that makes up the remainder of the 630,000 current and former employees?  Will they be imported into our system?  If yes, please define the service expectations.** | 1. **See response to question Q39 above.** 2. **Member participation in insurance programs varies, based on each member’s own personal enrollment choices and which benefits are available to them through their employers. Not all employers offer the same benefit options. See response to question Q46 above for more detail on employer benefit offerings.**   **Consequently, yes, there are members who will only be enrolled in life insurance, just as there are members who will only be enrolled in health insurance, ICI, any supplemental benefit program, or some combination of benefits without being enrolled in all available benefit programs.**  **Tables 1 and 2 in the RFP list the number of participants (subscribers and dependents) currently enrolled in the various benefit programs. Some of these participants are counted in more than one program because they participate in more than one program. ETF does not have the capabilities today to produce statistics related to unique member enrollments.**   1. **ETF does not expect the IAS to import or manage the entire 630,000 population of current and former employees.**   **We do, however, expect that the IAS will import all current insurance participants and manage all current and future enrollees.**  **We are interested in understanding how the Proposer’s system will accommodate and manage eligible employees who are not currently enrolled in insurance coverage but may choose to enroll in the future. There are multiple such possible scenarios, but one such example is loss of coverage. How does the Proposer’s system facilitate enrollment for an eligible employee who does not enroll when initially eligible because he or she has coverage elsewhere, but who later then chooses to enroll when that other coverage is lost?** |
| **Q111** | **General** | **General** | **Retiree Population Clarification:**   1. **Please confirm the total retiree count.** 2. **How many retirees are enrolled in one of the three Medicare plan designs?** 3. **How many retirees are enrolled in life insurance only?** | * 1. **As of 12/31/18, the total retiree count was 209,059, although that number is fluid and can vary from month to month. Not all retirees are eligible for insurance benefits. We do not currently have the capability to track eligible retirees who are not enrolled in insurance benefits. However, we are interested in any such capabilities the Proposer’s system offers.**   2. **Currently, 42,954 retirees are enrolled in one of the three Medicare plan designs.**   3. **Currently, 78,510 retirees are enrolled in life insurance. Some of these retirees may also be enrolled in health or other insurance benefits. We do not currently have the capability to track how many retirees are only enrolled in a single benefit program vs. multiple programs.** |
| **Q112** | **General** | **General** | **Carrier Integration Clarification – Understanding that additional program web address detail was provided, we want to clearly understand the carrier integration requirements to administer both the current and former benefits programs. Please provide this detail by carrier and type of integration (outbound carrier file from vendor, inbound data import to vendor or single sign-on connection between vendors).** | **ETF currently interacts with multiple carriers through inbound and outbound file transfers, mainly using established ANSI EDI formats, although with some file format exceptions.**  **We do not currently have single sign-on connection with vendors, although we are interested in exploring any available functionality in this area for use with certain TPAs.**  **We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, and more effectively manage these functions.** |
| **Q113** | **General** | **General** | **Are call center services in scope? If yes, please provide any and all data that may help us understand the volume of calls expected, as well as, the reasons for top call dispositions today. Such as:**   1. **Annual Call Volume** 2. **Annual Enrollment Call Volume** 3. **Average Call Duration** 4. **Call Disposition Detail** | **See response to question Q24 a. above.** |
| **Q114** | **RFP** | **Page 5** | **Please provide a description of how the sick leave conversion process is handled today (overall data flow, how “claims” against the balance are incurred, etc.).** | **Currently, employers manually enter sick leave hours and other relevant data in AcSL, ETF’s existing sick leave system, which then calculates the corresponding sick leave account balance and creates a sick leave account for the member.**  **Eligibility to use these sick leave credits to pay health insurance premiums is determined partly by data interfaced between AcSL and corresponding legacy systems, and partly by data that ETF staff manually look up as part of their sick leave processing activities.**  **Sick leave accounts are managed in AcSL through various account statuses (e.g., active, escrowed, closed, etc.).**  **Monthly, AcSL accesses invoices from MEBS, ETF’s current health insurance system and deducts health insurance premiums from member’s accounts.**  **AcSL recalculates and maintains current account balances as monthly premiums are deducted and adjustments (to original information submitted by employers, prior month premiums, etc.) are made.**  **Periodic member correspondence (depletion letters, annual account statements, etc.) are generated and maintained within AcSL.**  **We are interested in any capabilities the Proposer’s system may offer in this area.** |
| **Q115** | **Appendix 7 -Technical Questionnaire** | **Page 9** | **Regarding the sick leave conversion process, please provide more information on “combine, split, and merge accounts” including examples and estimates of the volume of how often these processes occur.** | **Currently, when a member dies, any remaining value in the sick leave account is transferred to the surviving dependents, mostly typically to the surviving spouse. At times, the surviving spouse may already, or in the future, own another sick leave account (e.g., his or her own member account, another account transferred from another previously deceased spouse, etc.).**  **Today, multiple accounts owned by the same individual remain as separate and distinct accounts, although they are “linked” together to provide a holistic view of the total sick leave credit value and to facilitate premium payments. Health insurance premiums are paid from one account until it is depleted before automatically switching to the next account.**  **In 2019, 167 sick leave accounts were transferred to survivors. Of those, 28 individuals already owned another sick leave account. Although we have no definitive statistics, we estimate another 15-20 of these individuals may acquire another sick account in the future.**  **We are interested in any capabilities the Proposer’s system may offer to streamline, enhance, and more effectively manage these functions and facilitate a comprehensive, cohesive view of an individual’s total sick leave account ownership.**  **In addition, we periodically receive requests to split a sick leave account among surviving dependents after the member dies. We do not allow this today, either by law or system capabilities, but it is something that has been periodically considered. We are interested in knowing whether the Proposer’s system could accommodate such functionality in the future.** |
| **Q116** | **RFP** | **Page 12** | **Regarding item 1.4.3 about source code escrow, would this apply to a SaaS provider? We understand that this typically only applies to an on-premises solution.** | **ETF believes the source code escrow request applies to both on-premise and SaaS offerings.** |
| **Q117** | **RFP** | **Page 5** | **From which system would data regarding the Sick Leave Conversion Credit originate? Is it stored in the HRIS or payroll system, or would it be another third-party system?** | **Currently, the sick leave hours themselves, along with certain other relevant pieces of data needed to calculate the sick leave account values for eligible employees exist solely in employer payroll systems. Employers manually enter that information into AcSL, ETF’s existing sick leave system.**  **AcSL then calculates and maintains the Sick Leave Conversion Credit account values.**  **See the responses to questions Q55 and Q114 for more detail.** |
| **Q118** | **Appendix 7** | **1** | 1. **In order to propose a fixed price for the required system, we believe it necessary to have a definitive set of requirements to which all bidders must comply.** 2. **Appendix 7 asks for many descriptions of solution functionality but does not mandate specific standards. For example, item #10 states in part, “Include details regarding tracking and maintaining versioning and multi-lingual content.” From this we cannot determine if multi-lingual content is required. If it is required, what languages must the solution support?** 3. **In many other requirements, the requirements end with “etc.” Should we assume that the requirement is not complete and that additional functionality may be requested after the project begins?** 4. **Can you provide some guidance on how to respond so that all parties can be assured that what is proposed is the limit to what must be provided?** | * 1. **There is no question stated here.**   2. **See response to question Q1 above.**   3. **The questions asked throughout the RFP and its appendices are designed to provide ETF with insight into the capabilities and functionality available as part of the Proposer’s core system solution. We are interested in how the Proposer’s system fundamentally works in relation to a variety of insurance related processes.**   **ETF will select the Proposer whose system provides the capabilities that appear to best fit our business needs with minimal (preferably no) customization required. The intent is not to increase scope after the project starts but instead work with the vendor to utilize their best practices and knowledge to enable ETF to complete our required work (which may result in new processing methods and steps on our part) using the Proposer’s model and solution design.**   * 1. **See response to point c. above.**   **It is not ETF’s intent to increase scope once the project begins nor to ask for items the Proposer has indicated in their proposal they cannot provide. We recommend that Proposers provide detailed explanations regarding what their staff and solution can and cannot provide as a part of their core solution and offerings while answering the questions within this RFP.** |
| **Q119** | **Appendix 5 – Table** | **1** | **Where are the ‘contractual deliverables’ referenced in D11 listed with the percentage of the contract to be paid for those deliverables?** | **ETF is not providing a predefined set of payment points for this project. Rather, we are allowing proposers to provide their suggested/preferred payment points or milestone payment schedule along with their proposals. ETF may wish to negotiate with the winning proposer regarding the payment point schedule as a part of contract negotiations.** |
| **Q120** | **1.21** | **4** | **Is an existing stand-alone IAS being replaced by this system or is the IAS functionality a subset of a larger legacy system?** | **ETF currently maintains 17 legacy applications. As a part of our modernization plan, these legacy systems are being replaced in logical chunks as part of a larger best-of-breed approach. The IAS functionality being requested in this RFP will replace a subset of ETF’s 17 legacy applications and will integrate with current and future systems as the modernization effort continues.** |
| **Q121** | **1.21** | **4** | 1. **Can you describe the legacy data stores?** 2. **Is the data in a single database or in multiple data bases?** 3. **Is the data shared with other systems?** 4. **When the IAS is implemented will all of its data be the source of truth for IAS or will it rely on data from the pension system or elsewhere? For example, where will the addresses be stored for individuals who are both members of the pension system and covered employees in the insurance system?** | **Most legacy data is housed in DB2 in a variety of tables.  Depending on the IAS capabilities and data conversion approach, there may be some data that will be loaded into the IAS from Access, SQL Server, or other data stores as well.  The DB2 data is shared with other systems.**  **The source of the truth for all common data that is utilized by multiple applications at ETF will be the Master Data Management (MDM) system.  To utilize the example provided, the source of the truth for addresses (since they are used by multiple systems) would be the MDM system.  The intent is to have the IAS and other systems feed data to the MDM and get 'golden' or 'master' data back (data that has been curated to create the best possible set of information).**  **For data that is solely utilized by the IAS, the IAS will be the source of the truth.** |
| **Q122** | **Appendix 7** | **3** | 1. **Does your existing system have a single file format for employer reporting?** 2. **Is employer reporting for insurance done independently of reporting for the pension administration system?** | 1. **We utilize a single file format today for employers who utilize electronic insurance reporting.** 2. **Yes, employer insurance reporting is currently independent of employer reporting for our existing legacy pension system. However, we are interested in any capabilities the Proposer’s system offers to streamline and integrate insurance reporting with other systems (e.g., legacy systems, TPA systems, future PAS, etc.) and employer reporting processes.** |
| **Q123** | **Appendix 7** |  | **For any requested functional description where we currently to do not provide such functionality but can develop it as a customization should we describe our ‘to be’ view of that functionality or simply note that it can be developed during the project?** | **Proposers should note in their responses that the functionality in question is not a part of their core system but can be developed via customization efforts. Proposers are encouraged to provide some level of detail regarding their ‘to be’ view of that functionality so the agency can get an understanding of what is possible. Accordingly, the estimated costs of providing these customizations should be included in their submitted cost proposal.** |
| **Q124** | **Appendix 8**  **Schedule 1** |  | **Our application support model is customized to the needs of each client. In some cases, we take complete responsibility for the application (source code) maintenance. For some clients we share the responsibility and in others the client maintains the solution independently from us.**  **What level of support does ETF require?** | **ETF is interested in learning about all available support options. Proposers are encouraged to provide details and associated costs for all current support offerings.** |