Bureau of Health Services Financing
RFP # 3000005492 Enrollment Broker

Addendum #3

Questions and Answers
Proposal Due Date/Time: August 15, 2016, 4:00 p.m. CT

Question Number	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
1	RFP	n/a	n/a	n/a	Does the state have an estimated budget for this project?	The state expects proposers to submit cost proposals commensurate with the scope of the RFP.
2	RFP	1.4 in its entirety (specifically 1.4.1.1.1, and 1.4.1.1.2)	Invitation to Propose	9	The requirements of this section severely limits fair and open competition for bidders who have provided the required services in similar contracts. There are only one or two vendors who can meet the five (5) year EB requirement. None of the EB RFPs released in recent months have this requirement as it gives the perception of pre-selection. Would the Department consider reducing the requirement to three (3) years to enable a larger number of vendors to respond and provide the best possible solution?	The Department confirms its requirement as specified in Section 1.4.
3	Cover Page	n/a	n/a	n/a	Please provide a corrected cover page with the revised start date and the actual dates for pricing to be provided.	See Addendum 2. Proposals are due by August 15, 2016 at 4:00pm CST. Dates for pricing are outlined in the Cost Proposal Worksheet.

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4	RFP	2.4	Schedule of Events	12	Please clarify relevant dates of the contract - is November 1st the start date of implementation or the date the contractor is expected to 'go-live'.	November 1, 2016 is the date the contractor is expected to go-live.
5	RFP	2.4	Schedule of Events	12	We request that the State please provide an implementation period of at least 90 days to ensure a seamless transition of vendors. Is LDH amenable to this request?	No, the RFP provides 70 days for transition. We believe this is sufficient.
6	RFP	3.1.1.4.2	Project Over view	13	How many face-to-face sessions were performed by the current contractor in the last year?	None. This is a new requirement.
7	RFP	3.1.1.4.2	Project Over view	13	Please confirm that visits are required within 24 hours only if requested that rapidly by the potential enrollee. Please confirm that if desired, the individual has the option to schedule a later date.	At a member's request, in-person choice counseling must be provided within 24 hours of the request. The member may specifically request a later date after being offered and declining in-person choice counseling within 24 hours of their request.
8	RFP	3.2.4.1.9	Choice Counseling	16	Is the vendor required to mail an enrollment packet to individuals that chose a plan at the time of eligibility? If so, can we include the confirmation notice with the enrollment packet?	The vendor is not required to mail an enrollment packet to individuals who choose a plan prior to eligibility determination, but is required to include a comparison chart with the confirmation letter.
9	RFP	3.2.4.1	Choice Counseling	16	Is the enrollment process outlined in this section the same process currently followed by the current contractor? If not, please highlight any changes in process, and when these changes took place.	3.2.4.1.8 – new requirement effective with implementation of the new contract.

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10	RFP	3.2.4.1.11	Choice Counseling	17	Please indicate any specific printing or mailing responsibilities of the vendor related to this section.	The contractor shall be responsible for printing and mailing materials for each managed care entity within all managed care systems. There is currently one managed care system.
11	RFP	3.2.4.2.1	Proactive Member Selection	17	Please confirm that all enrollment data is transmitted to the contractor via file exchange and not integration with eligibility systems is required	Confirmed.
12	RFP	3.2.4.6	Member Material	21	Please provide a historical volume of mailings (quantity and description) as well as expected volumes for the contract term, by type of mailing.	See Attachment I.
13	RFP	3.2.4.8	Call Center	22	Please provide monthly call volume and statistics (talk time, etc) for the last twelve months.	See Attachment II.
14	RFP	3.2.4.8	Call Center	22	Please explain how the 25,000 monthly call number was arrived at and whether it is representative of the current enrollees identified in the RFP (990,000) or the expected number of linkages that the bidder is supposed to price (1.4-1.5M).	We estimate 25,000 calls to be the average minimum per month based upon the estimated number of linkages.
15	RFP	3.2.4.8	Call Center	22	Whenever possible, we like to retain incumbent staff when transitioning a project. Please identify where the current call center is located.	The current Enrollment Broker call center is housed in Atlanta, Georgia and they also employ teleworkers in the continental US.

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16	RFP	3.6	Staffing	31	Please provide the current contractor's staffing model, including FTEs by position.	As described in Section 4.17.5.2, LDH anticipates that all proposers shall be able to provide their own staffing models in response to activity demand.
17	RFP	3.7	Transition	33	Please clarify the length and approximate dates of the implementation period versus the length and corresponding dates of the operation and extension years.	The implementation period is the first thirty (30) days of the contract. The operational period is the full term of the contract which is on or about November 1, 2016- October 31, 2019.
18	RFP	4.12	Procurement Library	46	We are unable to locate the procurement library and the associated items identified. Please indicate where these items can be accessed.	http://ldh.la.gov/index.cfm/page/2413 LDH website pages and information are being updated concurrently with the release of this procurement. Proposers may also use the toolbar on the LDH homepage to search 'Enrollment Broker.'
19	RFP	4.13	Proposal Submission	46	Should the cost proposal be separately sealed or included with the technical proposal? If separately sealed, please indicate how many paper and electronic copies are required.	Please separately seal the cost proposals and provide 1 original, 5 copies, 1 redacted, and two electronic documents.
20	Appendix E	n/a	Cost Worksheet	73	Please confirm that postage as a pass-through is NOT to be included in bidder's pricing.	Confirmed. Postage is not to be included in the proposer's pricing as this will be a cost reimbursement.
21	Appendix E	n/a	Cost Worksheet	73	Are bidders to assume an operational start date of 11/1/16? This allows little time for implementation.	Yes.

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22	Appendix E	n/a	Cost Worksheet	73	Please confirm that bidders are not required to provide extension year pricing. If correct, should bidders assume that final year pricing would continue?	Confirmed and yes, proposers should assume that any contract extensions would be paid at the final year pricing, as per 3.14.2
23	Appendix E	n/a	Cost Worksheet	73	Given that the current number of linkages identified in the RFP are around 990,000, please indicate how the linkages in the cost proposal were determined.	As of 7/1/16, there were 1,292,032 linkages. The estimate provided in the cost proposal template includes the Medicaid Expansion population.
24	Appendix E	n/a	Cost Worksheet	73	Are there any special programs or initiatives (for example Medicaid expansion) that bidders would be responsible for during the term of the contract? If so, please highlight specific details surrounding mailings, call volume, etc.	Medicaid Expansion is already implemented and included in the Enrollment Broker's scope of work. Any program or initiative that the Department might undertake during the course of the terms of the contract would require impact analysis by the Enrollment Broker.
25	n/a	n/a	n/a	n/a	Are there any specific concerns, issues, or challenges that LDH would like us to address with this procurement?	As provided in Section 3.1.2, the Department would like to see innovative concepts.
26	RFP; General Information	1.3.1.4	Purpose	9	The current enrollment broker tracks future eligibility, overlapping eligibility, and handles all age-related eligibility updates. Will the future enrollment broker also perform this function?	Yes.

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27	RFP; General Information	1.5	RFP Addenda	10	The first link provided for the RFP Addenda does not seem to work and the second link ends on a page where the solicitation cannot be found. Are these the correct links?	http://ldh.la.gov/index.cfm/page/2413 LDH website pages and information are being updated concurrently with the release of this procurement. Proposers may also use the toolbar on the LDH homepage to search 'Enrollment Broker.'
28	RFP; Scope of Work	3.1.1.4	Enrollment Broker Function	13	What is the expected number of newly eligible members each month?	The Department estimates a total of 375,000 new members as a result of Medicaid Expansion. Following is the number of newly eligible members in the respective months in 2016: July – 239,662 (Medicaid Expansion) June – 17,031 May – 17,403 April – 17,471
29	RFP; Scope of Work	3.1.1.4.4	Enrollment Broker Function	13	Is the web based eligibility verification system to be provided by the EB for member use?	The web based eligibility system is now obsolete and the requirement is no longer applicable as a deliverable in the scope of work. Proposers need not include this deliverable in their proposal
30	RFP; Scope of Work	3.1.1.4.4	Enrollment Broker Function	13	How will eligibility be determined within the web based eligibility system? Will the EB have access to a state eligibility calculator to make this determination?	The web based eligibility system is now obsolete and the requirement is no longer applicable as a deliverable in the scope of work. Proposers need not include this deliverable in their proposal

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31	RFP; Scope of Work	3.1.1.5	Enrollment Broker Function	13	Does LDH have any expectation as to which eligibility groups may be added during the contract period? Will the State please clarify the requirement regarding the vendor's role in eligibility calculation. Is the State asking us to provide a web-based enrollment tool? Or does the enrollment broker need to interface with a web-based eligibility system?	LDH does not have any specific expectation on future eligibility groups beyond what was provided in the RFP. The Enrollment Broker consumes eligibility information from LDH and uses the data to determine managed care eligibility. In addition, the EB is required to provide a web based tool that members can use to compare plans, choose plans, check plan linkages, and change plans.
32	RFP; Scope of Work	3.1.2.1	Innovative Concepts	13	Will functionality be required for an enrollee to both opt-in and opt-out of text messaging?	Yes.
33	RFP; Scope of Work	3.2.2.2	Auditing	14	What type of information is required for an audit? Does an audit have to be certified by an external entity? (e.g. ISO or SAS?)	The audit does not have to be certified by an external entity.
34	RFP; Scope of Work	3.2.3.2.5.1	General Requirements	14	The current enrollment broker calculates payment code information in the 834 files to the MCOs, based on member's eligibility data, age, gender, etc. using an MMIS-provided algorithm. Will the future enrollment broker also perform these functions?	Yes.

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35	RFP; Scope of Work	3.2.3.2.5.1	General Requirements	14	The current enrollment broker reconciles enrollment data and sends corrections to the MCOs if the MMIS modifies any enrollment data. Will the future enrollment broker also perform these functions?	Yes.
36	RFP; Scope of Work	3.2.3.2.5.1	General Requirements	14	The current enrollment broker passes through eligibility history data to MCOs. Will the future enrollment broker also perform these functions?	Yes.
37	RFP; Scope of Work	3.2.3.2.5.1	General Requirements	14	The current enrollment broker processes a special eligibility data file for long term care members. Will the future enrollment broker also perform this function?	Yes.
38	RFP; Scope of Work	3.2.3.2.5.2	General Requirements	15	Would a member be eligible for one MCO and not another? Will members with certain aid categories have a limited choice of MCOs?	Both of these scenarios are currently possible and would be possible in the future.
39	RFP; Scope of Work	3.2.3.2.6	General Requirements	15	It is required that the enrollment process be supplemented by additional means, including but not limited to, e-mail, facsimile, and IVR. Can LDH confirm that, due to PHI/PII concerns, enrollment transactions cannot be completed via email?	Enrollment transactions will not be required to be completed by email due to PHI concerns. The Vendor shall determine the best mode of disseminating information to the member based of the type of information being transmitted.

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40	RFP; Scope of Work	3.2.3.2.17	General Requirements	16	The current enrollment broker calculates various factors of a member's history, such as the member's 90 day grace period, anniversary date, lock-in period, and whether the member is eligible to transfer or not. Will the future enrollment broker also perform these functions?	Yes.
41	RFP; Scope of Work	3.2.3.2.18	General Requirements	16	The current enrollment broker processes retro disenrollments by checking the incarceration span, family planning span, Medicare dual span, and any long term care and other exclusion categories. In addition, the enrollment broker processes retro enrollments according to a member's eligibility data, and corrects eligibility-timing issues related to retro enrollment spans. Will the future enrollment broker also perform these functions?	Yes.
42	RFP; Scope of Work	3.2.3.2.18	General Requirements	16	The current enrollment broker manually checks and corrects enrollment linkages per DHH's instructions, checking and holding enrollments/disenrollments in spite of a member's current eligibility. Will the future enrollment broker also perform these functions?	Yes.

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43	RFP; Scope of Work	3.2.4.1.4	Choice Counseling	16	The current enrollment broker creates retro enrollment transactions into a mother's plan to the date of birth month of a newborn and handle manual linkages for newborns who do not get retro enrolled. Will the future enrollment broker perform these functions, and run any reports related to these functions?	Yes.
44	RFP; Scope of Work	3.2.4.1.8	Choice Counseling	16	Does choice counseling have to be provided within 24 hours including weekends and holidays, or only during business days?	Choice counseling shall be provided during business hours, excluding weekends and designated state holidays as determined by the Louisiana State Civil Service.
45	RFP; Scope of Work	3.2.4.1.8	Choice Counseling	16	Are group outreach meetings required if requested by an organization? What is the minimum lead time required between an outreach event request from LDH and an event?	Yes. The minimum lead time is seven days.
46	RFP; Scope of Work	3.2.4.1.8	Choice Counseling	16	How many face-to-face counseling requests should bidders assume they will need to conduct weekly and monthly?	This is a new requirement of the enrollment broker. The number of face-to-face meetings is indeterminable and is partly a function of the effectiveness of the call center and other enrollment aids.
47	RFP; Scope of Work	3.2.4.1.8	Choice Counseling	16	How many outreach events should bidders assume they will need to conduct weekly and monthly?	This information is not available.

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48	RFP; Scope of Work	3.2.4.1.11	Choice Counseling	17	How many Medicaid Eligibility offices will need to receive hard copy informational kits? Please provide the estimated number of information kits that will need to be available at each location on a monthly basis?	There are 185 offices that will need to receive hard copy informational kits. These offices include 14 Medicaid offices (11 processing offices, 2 regional offices, and the State office); 71 public health units; and 100 outstation sites. 100 packets should be made available to each site on a quarterly basis, with the option to request more informational packets if needed.
49	RFP; Scope of Work	3.2.4.1.17	Choice Counseling	17	Will barriers for enrollees or special needs be self-reported by the enrollee or will the vendor be expected to conduct a questionnaire? Should the vendor assume they will need to conduct a health-status assessment?	The vendor should assume that a basic assessment will need to be performed to ascertain if the enrollee has special needs.
50	RFP; Scope of Work	3.2.4.1.18	Choice Counseling	17	Will the vendor receive additional reimbursement for development for other managed care informational packets? How many times per year should vendors assume they will need to revise or create new member materials?	Any program or initiative that the Department undertakes during the course of the terms of the contract would require impact analysis by the Enrollment Broker and will not result in any additional reimbursement for development. Revisions or new member materials are contingent upon changes to the managed care program. While an estimate cannot be provided, the proposer may consider that there is one open enrollment period per year.
51	RFP; Scope of Work	3.2.4.4	Effective Date of Enrollment	18	Please confirm that the vendor will need to import and analyze the claims data for the purposes of auto-assigning members.	Confirmed.

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52	RFP; Scope of Work	3.2.4.4.8	Effective Date of Enrollment	18	What are LDH expectations of the EB to encourage the continuation of an existing member-provider relationship?	The EB will use claims history and prior MCO linkages in order to encourage the continuation of an existing member-provider relationship for members who do not choose an MCO at Medicaid application.
53	RFP; Scope of Work	3.2.4.4.12	Effective Date Of Enrollment	19	The RFP states that the EB should "Have a mechanism in place that allows transmittal of demographic updates to all members' current and historical MCOs." How far back in history do we have to update? Please confirm that this requirement has to do with the retro enrollment process and the need to update prior MCOs.	Demographic updates include all information related to a person, including but not limited to sex, DOB, date of death. The EB is required to send demographic updates on members to every plan with whom that member was previously linked; the managed care organization was incepted in 2012. This is separate and apart from the retro enrollment process.
54	RFP; Scope of Work	3.2.4.4.14	Effective Date of Enrollment	19	"Does the State expect live call monitoring capability? How many state representatives or designees does the state expect it will require in order to monitor/audit telephone calls?"	Yes, the State expects live call monitoring capability for up to five LDH staff.
56	RFP; Scope of Work	3.2.4.6.10	Member Related Material	22	Does the primary language of 4% for printed material mean 4% state-wide or 4% at parish level? Please clarify which languages meet the 4% requirement.	The primary language of 4% of printed material applies to statewide. The languages that currently meet these requirements are English and Spanish.
57	RFP; Scope of Work	3.2.4.7	Alternative Managed Care Program	22	For pricing purposes, please describe the alternative Managed Care programs, and provide the volumes for each.	There are currently no alternative managed care programs.

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58	RFP; Scope of Work	3.2.4.7	Alternative Managed Care Program	22	Will LDH consider a separate or enhanced PMPM if populations under the Office of Citizens with Developmental Disabilities or the Office of Aging Adult Services are included?	The PMPM rate will not be changed during the term of the contract.
59	RFP; Scope of Work	3.2.4.8.1	Telephonic Information Hotline/Call Center	22	The monthly call activity is expected to average a minimum of 25,000 incoming and outgoing calls. Can the State breakout the expected call volumes into incoming and outgoing respectively?	The call volume may be any ratio of incoming and/or outgoing calls. However, it can be assumed that the majority of the call volume is normally comprised of incoming calls.
60	RFP; Scope of Work	3.2.4.8.2	Telephonic Information Hotline/Call Center	22	LDH cites a minimum average of 25,000 incoming and outgoing calls a month. What is the maximum call volume bidders should assume?	Proposers should assume a maximum call volume for outgoing and incoming calls of 75,000/month.
61	RFP; Scope of Work	3.2.4.8.2.2	Telephonic Information Hotline/Call Center	23	Does this mean that we canuse the resources whose work visa is already approved but not resources whose applications are pending with DHS?	Yes.
62	RFP; Scope of Work	3.2.4.8.2.5	Telephonic Information Hotline/Call Center	23	Are the hours of 8:00 AM to 5:00 PM Central Time meant to be forthe call center toll-free number only?	Yes. The IV-R and website are expected to be operational 24/7.
63	RFP; Scope of Work	3.2.4.8.2.5.3	Telephonic Information Hotline/Call Center	23	Should the roll-over of a caller to an automated attendant be at the member's choice or transferred if hold time exceeds a determined limit?	The rollover of a call to an automated attendant shall be as specified in Section 3.2.4.8.2.5, or at a member's request.

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64	RFP; Scope of Work	3.2.4.8.2.6	Telephonic Information Hotline/Call Center	23	Can LDH confirm that the definition of an "abandoned call" is a call where the caller chooses to end the call after waiting on hold for 30 or more seconds but prior to connecting to an agent?	LDH defines an "abandoned call" as a call where the caller chooses to end the call after waiting on hold for 30 or more seconds but prior to connecting to an agent.
65	RFP; Scope of Work	3.2.4.9.1.4.9	Automated Call Distribution (ACD) System	24	Does reporting on number of calls received after hours include only those callers that requested a call back?	Systems shall have the capacity to report on the number of calls received after hours, and provide additional levels of details on those who request a call back.
66	RFP; Scope of Work	3.2.4.9.1.4.11	Automated Call Distribution (ACD) System	24	Will LDH provide on hold message content?	The EB shall draft on hold message content and submit same for LDH review and approval.
67	RFP; Scope of Work	3.2.4.9.1.4.11	Automated Call Distribution (ACD) System	24	This requirement indicates that the contractor must send a notification when a caller has been on hold for 30 seconds. To whom does the notification go??? To the caller? To the call center workers?	The notification shall go to the call center staff so that staff is prompted to attend to that held call.
68	RFP; Scope of Work	3.2.4.9.1.4.12	Automated Call Distribution (ACD) System	24	3.2.4.9.1.4.12 is a duplicate of 3.2.4.9.1.4.16. Which should be used for RFP response purposes?	Proposers shall respond to 3.2.4.9.1.4.12 and disregard 3.2.4.9.1.4.16.
69	RFP; Scope of Work	3.2.4.9.1.7.3	Automated Call Distribution (ACD) System	25	Will LDH provide access to a member's Medicaid or renewal application status through a state system?	LDH will not provide access to a member’s application or renewal status upon implementation but reserves the right to share this information with the Enrollment Broker post implementation.

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70	RFP; Scope of Work	3.4.1	Technical Requirements	27	The requirement indicates that contractor must integrate with certain functional components through the EA's Enterprise Service Bus and Identity Management Components. If a web service integration is anticipated, please provide detailed architectural diagram showing the required interfaces. Is a secure file transfer (SFTP) method to exchange data acceptable to LDH instead of web service integration?	The Enterprise Architecture integration standards are SOAP and REST APIs. The method of integration with the EA identity management components is through SAML v 2.0 protocol. Simple file transfers must use a secure channel such as SFTP. All communications must be in adherence to the LA Information Security Policy.
71	RFP; Scope of Work	3.4.4	Technical Requirements	28	The RFP states that the EB must "Interface and communicate with LDH and LDH designee systems via a secure protocol". The accompanying illustration does not show any direct interfaces between the EB and the LDH systems. Please define which LDH vendor system the vendor will need to interface with, and how many interfaces will be required.	System will integrate directly with the Enterprise Service Bus (ESB). Encryption will be governed in adherence with the Louisiana Information Security Policy http://www.doa.la.gov/OTS/InformationSecurity/InformationSecurityPolicy-LA-v.1.0.pdf Please refer to question #70 for more information about the ESB.
72	RFP; Scope of Work	3.4.4.4	Technical Requirements	28	Are business partner and LDH planned and unplanned outages excluded from the file transmission success rate calculation?	Yes.
73	RFP; Scope of Work	3.4.4.14	Technical Requirements	29	Please provide more information regarding this requirement, including the daily estimate of call volume and the nature of the calls.	This is a new requirement. There is no data available.

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74	RFP; Scope of Work	3.5.10	Contingency Plan	30	Please provide clarification or an example on what non-proprietary XML formatted data is required to be submitted?	The data required will be determined during contract negotiations and throughout the lifecycle of the contract. However, any data transmitted over XML must be able to be processed by Pentaho Data Integration (Kettle) tools which does support XML. Encryption of transmitted data must be in adherence with the Louisiana ISP. (See 71)
75	RFP; Scope of Work	3.5.15	Contingency Plan	31	What access to the Contractor's systems and resources is LDH expecting? Please clarify the systems and resources required, as well as the number of LDH users.	LDH is expecting access to any system/database used to capture and store enrollment data, as well as systems related to call center interactions. LDH expects access for five LDH users.
76	RFP; Scope of Work	3.5.19.3	Contingency Plan	31	Does this encryption include call center workstations or is it limited to enterprise data? What encryption standard must be met?	This applies to any device, workstation or otherwise, upon which Restricted Data can be stored locally, temporarily or otherwise, on the device must be in compliance with the LA Information Security Policy (See 71)
77	RFP; Scope of Work	3.6.7	Staffing Requirements	32	Will LDH consider combining the Key Staff Positions for Deputy Project Director and Call Center Manager?	LDH will not consider combining these key staff positions.
78	RFP; Scope of Work	3.6.7	Staffing Requirements	32	The RFP states that one staff member cannot occupy multiple key staff positions. However, in the current configuration of the project the Deputy Project Director and Call Center Manager roles are combined. Will the State allow the Deputy Project Director and Call Center Manager roles to be combined?	No, LDH will not allow any key staff member to occupy more than one key staff position.

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79	RFP; Scope of Work	3.6.11	Staffing Requirements	32	Should contractors assume that key staff will be 100% allocated to the Healthy Louisiana program?	Yes.
80	RFP; Proposals	4.12.1	Online Procurement Library/Resources Available to Proposer	46	The first link provided does not seem to work and the second link ends on a page where the solicitation cannot be found. Are these the correct links? If not, please provide. Additionally, how can vendors access any Addendums that have been released?	http://ldh.la.gov/index.cfm/page/2413 LDH website pages and information are being updated concurrently with the release of this procurement. Proposers may also use the toolbar on the LDH homepage to search 'Enrollment Broker.'
81	RFP; Proposals	4.17.4.3.6	Introduction/ Administrative Data	49	The requirement states, "If any of the Proposer's personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position title, termination date, and social security number." Did the State intend to request a social security number within the proposal response? Can this information be provided in a separate, secure document upon contract award?	The state did intend to request a social security number within the proposal response. The SSN may be provided in a separate sealed document to accompany the proposal.
82	RFP; Proposals	4.17.11	Corporate Financial Condition	52	Can we provide a link to our financial statements on the web or are we required to provide in hard copy format?	A hard copy of the financial statements is required.

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83	RFP; Appendices	Appendix F	Appendix F: Enterprise Architecture Integration Requirements	75	Will LDH provide state technical resources during project startup to answer questions regarding the Enterprise Service Bus detailed in Appendix F?	Yes. OTS' Chief Architect, enterprise architect, component architecture leads, and datacenter and network infrastructure resources may be made available as needed.
84	RFP; Appendices	Appendix F	Appendix F: Enterprise Architecture Integration Requirements	75	What interfaces does LDH expect to be developed using the enterprise Service Bus detailed in Appendix F?	Please refer to question #70.
85	Enrollment Broker RFP # 3000005492 General Information	3.2.4.9	Invitation to Propose	24	Please provide volumes by month for the last 3 years of operations for: • Average talk time • Average hold time • Number of calls • Peak times of day • Number of IVR calls • Total calls (IVR + agent calls) • Number of calls resolved in IVR • Abandon rate • Average hold time	See Attachment III.
86	Enrollment Broker RFP # 3000005492 General Information	1.4 in its entirety (specifically 1.4.1.1.1, and 1.4.1.1.2)	Invitation to Propose	9	Would the Department consider the use of subcontractor experience to meet qualifications?	Yes.

Attachment I

HISTORICAL MAILINGS						
TYPE/YEAR/QUANTITY	**2011** (12/2011)	**2012**	**2013**	**2014**	**2015**	**2016** (as of 7/16)
Notice – Confirmation	0	704,257	152,272	133,980	307,236	156,739
Notice - Exemption Exclusion Denial	0	70	67	12	8	14
Notice - Exemption Exclusion Request	0	80	63	27	8	0
Notice – Disenrollment	0	115,935	197,563	125,363	142,776	137,761
Notice – Reinstatement	0	3,261	21,197	14,593	10,879	23,983
Notice - Reminder Postcard	0	15,436	54,268	60,273	1,533	0
Notice - Transfer Denial	0	0	0	367	1,427	0
Special Mailings	0	48,653	0	0	36,227	178,252
Open Enrollment Welcome Packet						
Welcome Letter	0	147,194	490,086	567,038	1,039,150	0
Plan Comparison Chart	0	147,194	490,086	567,038	1,039,150	0
Enrollment Form	0	147,194	490,086	567,038	1,039,150	0
Pre-paid Reply Envelope	0	147,194	490,086	567,038	1,039,150	0
HCBS Welcome Packet						
Welcome Letter	0	0	0	6,645	1,456	0
Plan Comparison Chart	0	0	0	6,645	1,456	0
Enrollment Form	0	0	0	6,645	1,456	0
Pre-paid Reply Envelope	0	0	0	6,645	1,456	0
New Enrollment Welcome Packet						
Welcome Letter	179,402	446,316	75,910	77,425	0	0
Plan Comparison Chart	179,402	446,316	75,910	77,425	0	0
Enrollment Form	179,402	446,316	75,910	77,425	0	0
Pre-paid Reply Envelope	179,402	446,316	75,910	77,425	0	0
Pregnant Women Welcome Packet						
Welcome Letter	0	14,875	36,361	32,868	24,454	5,995
Plan Comparison Chart	0	14,875	36,361	32,868	24,454	5,995
Enrollment Form	0	14,875	36,361	32,868	24,454	5,995
Pre-paid Reply Envelope	0	14,875	36,361	32,868	24,454	5,995

EXPECTED MAILINGS - 08/16 to 10/16	
TYPE	**QTY**
Notice - Confirmation	40,000
Notice - Disenrollment	30,000
Notice - Reinstatement	20,000
Notice - Transfer Denial	2,400
Open Enrollment Welcome Packet	
Welcome Letter	658,879
Plan Comparison Chart	658,879
Enrollment Form	658,879
Pre-paid Reply Envelope	658,879
HCBS Welcome Packet	
Welcome Letter	1,200
Plan Comparison Chart	1,200
Enrollment Form	1,200
Pre-paid Reply Envelope	1,200
Pregnant Women Welcome Packet	
Welcome Letter	3,000
Plan Comparison Chart	3,000
Enrollment Form	3,000
Pre-paid Reply Envelope	3,000

Attachment II

Healthy Louisiana
Call Center Statistics
Monthly Summary, June 2013 - June 2016

Date	Calls Received	% of Calls Abandoned	Average Wait Time	Average Call Length
Jun-13	9,172	1.05%	0:19	4:32
Jul-13	10,273	1.11%	0:22	4:34
Aug-13	10,111	0.75%	0:16	4:27
Sep-13	9,704	1.96%	0:36	4:17
Oct-13	12,387	3.62%	1:04	4:14
Nov-13	11,722	2.69%	0:48	4:01
Dec-13	15,461	5.31%	1:49	3:57
Jan-14	16,279	8.28%	1:58	4:09
Feb-14	14,867	5.10%	1:35	3:45
Mar-14	14,656	3.81%	0:57	4:15
Apr-14	13,256	2.47%	0:51	4:29
May-14	10,781	2.47%	0:36	4:35
Jun-14	10,213	2.47%	1:33	4:36
Jul-14	11,647	4.84%	1:30	4:51
Aug-14	13,134	1.90%	0:40	4:08
Sep-14	11,990	5.73%	1:40	5:06
Oct-14	11,212	1.94%	0:40	4:52
Nov-14	11,655	5.97%	1:24	5:10
Dec-14	21,356	12.28%	2:47	4:51
Jan-15	22,471	14.52%	3:41	4:47
Feb-15	26,471	30.02%	7:13	4:56
Mar-15	13,961	5.18%	1:32	4:35
Apr-15	10,791	6.77%	1:27	4:33
May-15	9,894	7.22%	2:03	4:31
Jun-15	10,390	11.05%	1:31	4:20
Jul-15	9,684	3:38%	0:40	4:14
Aug-15	10,477	0.66%	0:04	5:35
Sep-15	23,006	0.38%	0:10	6:23
Oct-15	15,213	0.14%	0:03	5:50
Nov-15	13,842	0.03%	0:03	5:55
Dec-15	12,585	0.00%	0:02	5:22
Jan-16	11,463	0.04%	0:02	5:10
Feb-16	8,269	3.99%	0:51	5:07
Mar-16	8,896	3.71%	1:25	5:21
Apr-16	8,859	1.70%	0:35	5:00
May-16	11,051	3.19%	0:55	5:04
Jun-16	15,149	2.26%	0:42	5:19

Attachment III

[redacted] [redacted]

Report Type: **Call Volume and Transfer Statistics**

Start Date: **6/1/2013** End Date: **8/1/2016**

Summary

Date	Calls	Minutes	Avg Call Duration (mm:ss)	Transfer Total	Transfer %
June 2013	21,118	51,769	02:27	9,218	43.65%
July 2013	23,405	58,232	02:29	10,338	44.17%
August 2013	23,115	57,087	02:28	10,169	43.99%
September 2013	21,910	54,801	02:30	9,705	44.29%
October 2013	27,937	70,597	02:32	12,405	44.4%
November 2013	22,985	49,724	02:10	11,710	50.95%
December 2013	28,691	65,056	02:16	15,520	54.09%
January 2014	30,883	77,327	02:30	16,290	52.75%
February 2014	27,282	62,880	02:18	14,901	54.62%
March 2014	29,144	62,192	02:08	14,686	50.39%
April 2014	27,930	64,185	02:18	13,846	49.57%
May 2014	22,640	56,087	02:29	10,871	48.02%
June 2014	19,456	42,701	02:12	10,246	52.66%
July 2014	21,840	48,332	02:13	11,679	53.48%
August 2014	24,196	52,088	02:09	13,188	54.5%
September 2014	22,857	53,028	02:19	12,047	52.71%
October 2014	22,604	49,962	02:13	11,263	49.83%
November 2014	26,475	65,836	02:29	11,738	44.34%
December 2014	44,230	114,261	02:35	21,548	48.72%
January 2015	48,097	121,996	02:32	22,694	47.18%
February 2015	55,452	133,655	02:25	27,427	49.46%
March 2015	28,323	71,005	02:30	14,064	49.66%
April 2015	21,891	53,394	02:26	11,116	50.78%
May 2015	18,071	40,016	02:13	10,047	55.6%
June 2015	18,538	40,750	02:12	10,557	56.95%
July 2015	17,732	52,966	02:59	9,759	55.04%
August 2015	19,762	58,611	02:58	10,530	53.28%
September 2015	45,178	132,623	02:56	23,134	51.21%
October 2015	29,349	88,509	03:01	15,335	52.25%
November 2015	27,565	84,148	03:03	13,916	50.48%
December 2015	25,274	79,417	03:09	12,656	50.08%
January 2016	22,641	68,931	03:03	11,552	51.02%
February 2016	16,714	50,156	03:00	8,421	50.38%
March 2016	16,608	47,868	02:53	9,411	56.67%
April 2016	15,663	45,181	02:53	8,933	57.03%
May 2016	19,451	55,818	02:52	11,137	57.26%
June 2016	43,558	116,693	02:41	22,262	51.11%